COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

Web Portal
Provider Enrollment
Users Guide

Version 11.0
Updated: 06/06/2018

HIPAA Privacy Rules

The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule[1] provides protection for personal health information. The regulations became effective April 14, 2003. Conduent developed HIPAA Privacy Policies and Procedures to ensure operations are in compliance with the legislative mandate.

Protected health information (PHI) includes any health information whether verbal, written, or electronic, that is created, received, or maintained by Conduent. It is health care data, plus identifying information that allows someone using the data to tie the medical information to a particular person. PHI relates to the past, present, and future physical or mental health of any individual or recipient; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Claims data, prior authorization information, and attachments such as medical records and consent forms are all PHI.

The Privacy Rule permits a covered entity to use and disclose PHI, within certain limits and providing certain protections, for treatment, payment, and health care operations activities. It also permits covered entities to disclose PHI without authorization for certain public health and workers' compensation purposes, and other specifically identified activities.
[1]

---

[1] 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule

Revision History

Document Version	Date	Name	Comments
1.0	06/27/2011	Conduent Transition Web Portal Team	Initial Document Creation
2.0	07/11/2011	Conduent Transition Web Portal Team	Updated based on DMAS feedback
3.0	09/14/2011	Conduent Transition Web Portal Team	Updated based on PE navigation updates from UAT defects
4.0	07/09/2013	Conduent Transition Web Portal Team	Updated based on Provider Screening initiative
4.1	02/26/2014	Conduent Transition Web Portal Team	Updated based on PSR comments
4.2	03/05/2014	Conduent Transition Web Portal Team	Updated based on PSR Change Request #5
5.0	03/05/2014	Conduent Web Portal Development Team	Updated based on Release 61 – Telemedicine changes
5.1	04/14/2014	Conduent Web Portal Development Team	Updated based on DMAS comments
6.0	02/05/2015	Conduent Web Portal Development Team	Updated based on Release 71
7.0	05/11/2016	Conduent Web Portal Development Team	Updated based on EWO 2016-054-003-W Consumer Directed Services Facilitation Certification
8.0	07/11/2016	Conduent Web Portal Development Team	Updated based on EWO 2016-131-001-W DD Waiver
9.0	07/26/2016	Conduent Web	Updated based on

		Portal Development Team	EWO 2015-310-001-W 12 Month Rule
10.0	05/02/2017	Conduent Web Portal Development Team	Updated based on Release 83 – Board of Directors and Government Entity Enhancements
11.0	06/06/2018	Conduent Web Portal Development Team	Updated based on EWO 2018-124-001-W Provider Enrollment – DD Waiver Additions

Table of Contents

0.0 Introduction

The Commonwealth of Virginia's Medicaid Web Portal is a web based system that gives providers and their user organizations access to secured provider services.

The Portal extends the business capabilities of Virginia providers by offering user-friendly tools and resources. You will have access to the secured interactive features of the portal including:

- Claims Status Inquiry

- Claims Direct Data Entry

- Member Eligibility, Co-Pay Amounts and Member Service Limits

- Service Authorization Log and Pharmacy Web PA Request

- Provider Payment History

- EHR Incentive Program

- Remittance Advice (RA) Messages

- Provider Maintenance

- Provider Enrollment

- Level of Care Review

- Pre-Admission Screening

In order to take advantage of the Portal and its functions, users must be part of the security structure.

If you are currently a user supporting an organization associated with a Medicaid provider enrolled with the Department of Medical Assistance Services, for more information about the overall web registration process and navigation; please refer to the Web Registration User Guide located on the portal at the following location.

https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/Webregistration

If you are a user supporting an organization associated with a provider who is registering in order to submit a Medicaid enrollment application, please follow the following outlined registration process.

For the sake of this document, a 'user' is defined as any person that will access and use the Web Portal.

If at any time during the registration process you have questions or issues, please contact the Virginia Medicaid Helpdesk toll free at 866-352-0496.

0.1 Overall Registration Process

The Web Registration process for new provider organizations must be completed by the Primary Account Holder.

A Primary Account Holder is the person who will perform the initial web registration. He/she will establish the security needed for the services accessed.

Each provider organization can have only one Primary Account Holder. Security roles are further defined in section 0.3 User Roles.

The registration process involves the completion of the following step:
1. Establish a User ID, password and security profile

After the enrollment application is approved, you must then complete the remaining registration steps noted below:

2. Request secured access for your organization
3. Successfully complete a one-time verification process of 3 questions
4. Upon receipt of confirmation email, click link within email
5. Sign in to the secured portal

For more information about steps 2 through 5 in the registration process, please refer to the Web Registration User Guide located on the portal at the following location.

https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/Webregistration

Step 1 - Establish a User ID, Password and Security Profile

As the Primary Account Holder you must first create a User ID and password and answer three unique security questions which will enable you to access the system if you forget your User ID or password.

For more details, please see 2.3 *Creating a User Profile* or *2.4 Creating a Security Profile*.

While awaiting receipt of the approved enrollment application, you may begin to establish your user organization. To begin creating a user organization security structure, please refer to section *5.0 Establishing a User Organization* in the Web Registration User Guide located on the portal at the following location.

https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/Webregistration

.

0.2   Security Structure

The security structure of the Web Portal is provider centric versus user centric.

Security access for the Web Portal is based upon a provider organization. A 'provider organization' is defined as either an individual billing or servicing provider or group provider (and the user community in support of them).

The provider organization can be associated with either a NPI (National Provider Identifier) or an API (Atypical Provider Identifier – assigned by the Commonwealth of Virginia for providers that are not eligible for a NPI, such as a transportation provider).

A unique User ID will need to be established for each provider organization a user supports. Any users added to the organization will have the ability to access services based on the role they are assigned.

0.3   User Roles

There is a three-tiered security structure associated with each provider organization. Additional roles may be provided as new services are added.

Primary Account Holder – A Primary Account Holder is the person who will perform the initial web registration. He/she will establish the security needed for the services accessed.

Each provider organization can have only one Primary Account Holder.   To change a Primary Account Holder, the Provider will need to notify Conduent, in writing. Please contact the Virginia Medicaid Help Desk (toll free) at 866-352-0496 for additional information and forms.

The Primary Account Holder can
  - Establish Organization Administrators and/or Authorized Users for their organization
  - Change roles for any user
  - Reset passwords for any user
  - Activate and/or deactivate any user
  - Unlock any User ID
  - Access to all secured provider functionality

Organization Administrator – An Organization Administrator is established by the Primary Account Holder.

An Organization Administrator is not required for a provider organization - some organizations may only have a Primary Account Holder and associated Authorized Users.   A provider organization can have one-to-many Organization Administrators, if so desired. Organization Administrators tier up to the Primary Account Holder.

The Organization Administrator has the following capabilities associated with only Authorized Users:
  - Can establish Authorized Users for their organization
  - Can change roles for any Authorized User
  - Can reset passwords for any Authorized User
  - Can activate and/or deactivate any Authorized User
  - Can unlock any Authorized User ID
  - Has access to all secured provider functionality

Authorized User - The Authorized User is responsible for performing provider support functions, in an inquiry capacity.

Authorized Users are not required for a provider organization, but an organization can have one-to-many Authorized Users, if so desired. Authorized Users tier up to the Organization Administrators.
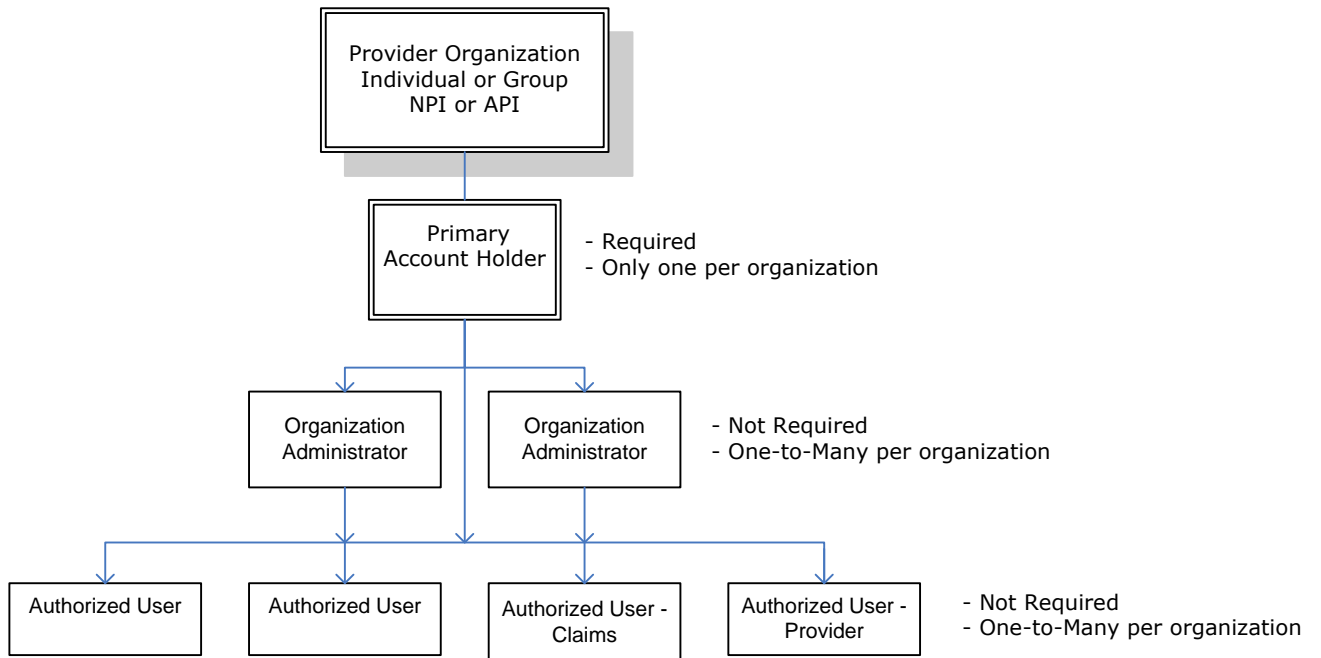
The Authorized User has the following capabilities:
- Has access to all secured provider inquiry functionality

Authorized User – Claims – The Authorized User – Claims role is established by either the Primary Account Holder or Organization administrator for performing claims submission on behalf of the provider organization.

The Authorized User - Claims role is not required for a provider organization, but an organization can have one-to-many Authorized User - Claims, if so desired. Authorized User - Claims tier up to the Organization Administrators.

The Authorized User – Claims has the following capabilities:
- Can submit claims through the Claims Direct Data Entry (DDE)
- Has access to all secured provider inquiry functionality

Authorized User – Provider – The Authorized User – Provider role is established by either the Primary Account Holder or Organization administrator for performing demographic, disclosure and revalidation updates on behalf of the provider organization, using the Provider Maintenance functionality.

The Authorized User - Provider role is not required for a provider organization, but an organization can have one-to-many Authorized User – Provider roles, if so desired. The Authorized User - Provider tier up to the Organization Administrators.

The Authorized User – Provider has the following capabilities:
- Can make updates to the provider's demographic information, including:
  - Updates to correspondence information
  - Updates to remittance information
  - Updates to pay-to information
  - Note: updates to service information for most provider types will still be submitted via the enrollment process
  - Updates to disclosure information
  - Revalidation verification (when due)
- Has access to all secured provider functionality

Within the provider organization's security structure, the users within each tier are accessible within the system to all users in the tiers above. All Authorized Users, Authorized User - Provider & Authorized User - Claims can be accessed and user maintenance performed for them by all Organization Administrators and the Primary Account Holder.

The following reflects the security structure for each provider organization.

Provider Organization's
Security Structure

```
┌─────────────────────────┐
│  Provider Organization  │
│   Individual or Group   │
│       NPI or API        │
└─────────────────────────┘
             │
┌─────────────────────────┐
│        Primary          │   - Required
│    Account Holder       │   - Only one per organization
└─────────────────────────┘
             │
    ┌────────┴────────┐
┌──────────────┐  ┌──────────────┐
│ Organization │  │ Organization │   - Not Required
│Administrator │  │Administrator │   - One-to-Many per organization
└──────────────┘  └──────────────┘

┌──────────────┐ ┌──────────────┐ ┌──────────────┐ ┌──────────────┐
│  Authorized  │ │  Authorized  │ │ Authorized   │ │ Authorized   │   - Not Required
│     User     │ │     User     │ │  User -      │ │  User -      │   - One-to-Many per organization
│              │ │              │ │   Claims     │ │  Provider    │
└──────────────┘ └──────────────┘ └──────────────┘ └──────────────┘
```

1.0 Web Portal Access

The Virginia Medicaid Web Portal can be accessed through the following link:
www.virginiamedicaid.dmas.virginia.gov

The Web Portal is available daily 24 x 7 with the exception of routine maintenance which will be posted in advance.

The Web Portal currently only supports Internet Explorer browser version 6 and higher. Versions 9 and above may need to utilize the following:

Note for Internet Explorer 9 users:

In order to use IE9 for the Web Portal the following settings are suggested:

1) Security settings set to Medium-High
    a. Open an IE9 browser session
    b. Click Tools->Internet Options.
    c. Click the Security Tab
    d. Verify/change to Medium-High
2) Verify Java is installed
    a. Go to www.java.com
    b. Press the option that says "Do I have Java?"

> c. Once the page refreshes, if Java is installed, the Java version will be displayed.
> d. If Java is not installed, press the free java download button.

3) Add Virginia.gov to Compatibility View Settings
> a. Open an IE9 browser session
> b. Click Tools->Compatibility View settings.
> c. Type 'virginia.gov' and click 'Add'.
> d. Click 'Close'
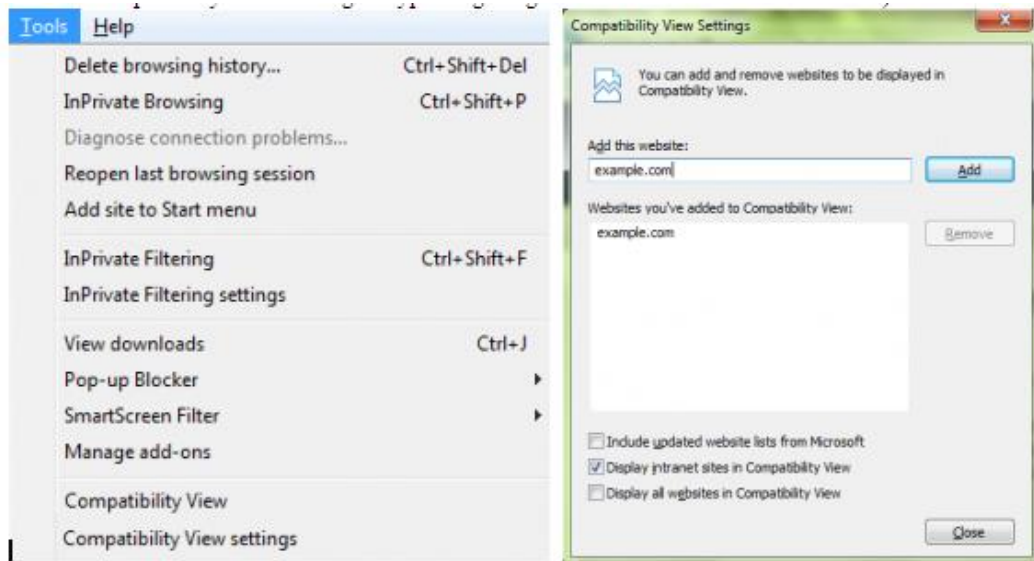
If you have any questions, please contact the Virginia Medicaid helpdesk at 866-352-0496.

The following sections will outline the basic functionality of the portal.

1.1 Medicaid Web Portal – Home Page

The Commonwealth of Virginia Medicaid Web Portal's home page contains various portlets (sections within a portal page) and navigational tabs.

The Web Portal's Home Page is reflected below:

1.1.1 Navigation Tabs

Provider Services – This tab provides access to the following:

- Provider Enrollment Forms– access to provider enrollment applications for downloading
- Provider Manuals – access to provider manuals, service center user manuals, dental manuals and forms
- Provider Forms Search – access to provider related forms
- Medicaid Memos to Providers – Medicaid Memorandums from DMAS to the provider community
- DMAS Provider Services – link to Provider Services on the Department of Medical Assistance Services web site

- DMAS Pharmacy Services – link to Pharmacy Services on the Department of Medical Assistance Services web site

Provider Resources – This tab provides access to the following:

- Provider Manuals – access to provider manuals, service center user manuals, dental manuals and forms
- Provider Links – links to Center of Medicare and Medicaid Services, DMAS and Virginia.gov websites
- Provider Training – access to the provider training library
- Web Registration – access to Registration FAQ, a Registration Quick Reference Guide, this Registration User's Guide and access to the Registration tutorial
- Automated Response System (ARS) – access to the ARS Users Guide, ARS FAQ and ARS tutorials
- Claims DDE – access to the Claims DDE Users Guide, Claims DDE FAQ and Claims DDE tutorial
- Provider Maintenance – access to the Provider Maintenance Users Guide, Provider Maintenance FAQ and Provider Maintenance tutorial
- Search for Provider – access to the VA MMIS Search for Providers to search for providers by provider type, location, etc.
- Level of Care Review Instrument (LOCERI) – access to the LOCERI User Guide, LOCERI FAQ and the LOCERI tutorial
- Provider Enrollment Resources – access to the Provider Enrollment Users Guide, Provider Enrollment FAQ and Provider Enrollment tutorial
- Provider Screening and Fee Rpt – access to the report for State Medicaid Agencies that want to verify screenings and fees.
- ICD-10 – access to the Information and Frequently Asked Questions and the Testing Procedures
- Pre-Admission Screening – access to the Pre-Admission Screening User Guides, Pre-Admission Screening FAQ and Pre-Admission Screening tutorial

EDI Support – This tab provides access to the following:

- EDI Companion Guides – links to the EDI companion guides for support of EDI transactions
- EDI FAQ – Frequently Asked Questions on EDI transactions
- EDI Testing – Guidelines for EDI testing
- EDI Forms and Links – access to EDI forms and links
- EDI HIPAA Changes – access to the VAMMIS HIPAA Operating Rules Trading Partner Notification

Documentation – This tab provides access to the following:

- Provider Enrollment Forms – access to various forms in support of provider services
- Paper Claim Forms – access to various claims forms for download

EHR Incentive Program - This tab furnishes providers with information regarding the Electronic Health Records provider incentive program

FAQ – This tab provides access to the following:

- ARS FAQ
- Claims DDE FAQ
- Provider Maintenance FAQ
- Provider Enrollment FAQ
- EDI FAQ
- Web Portal Registration FAQ
- VAMMIS File Transfer System FAQ
- Search for Providers FAQ
- Level of Care Review Instrument (LOCERI) FAQ
- ORP FAQ
- Pre-Admission Screening FAQ

Provider Enrollment - This tab furnishes providers access to the online provider enrollment applications, once logged in, or a link to the paper versio of the applications.

1.1.2 Home Page Portlets – Physician Primary Care Increase

Physician Primary Care Increase Attestation – this portlet contains information regarding the Physician Primary Care Increase attestation, including reference links, forms for filing, etc.

1.1.3 Home Page Portlets – Web Announcements

Web Announcements – this portlet contains any information that is applicable to all portal users such as maintenance down time, new policies, etc.

1.1.4 Home Page Portlets – Quick Links

Quick Links – this portlet list links to documents or websites that are applicable to the audience viewing this portal page. Quick Links will be located on various portal pages. For consistency and availability to common information, the first six (6) links will always be the same as the navigation tabs:

- Provider Services
- Provider Resources
- EDI Support
- Documentation
- EHR Incentive Program
- FAQ

In addition there are links that are applicable to that portal page.

For the Home Page, the additional quick links are the following:

- **Search for Providers** – access to the VA MMIS Search for Providers to search for providers by provider type, location, etc.
- **Provider Forms Search** – access to the provider forms with the capability to limit searches by category, form type, etc.
- **Web Registration Reference Material** - access to Registration FAQ, a Registration Quick Reference Guide, this Registration User's Guide and access to the Registration tutorial
- **DMAS Web Site** – link to the website for the Department for Medical Assistance Services
- **ICD-10** – access to the Information and Frequently Asked Questions and the Testing Procedures
- **DME and Pharmacy Audits** – access to information associated with DME and pharmacy audits and reports

1.1.5 Home Page Portlets – Login

This portlet is used for logging in to the pages needed for secured login. The login choice is based upon the user's role. For registration and access to secured provider functionality, select the 'Provider' role.

1.2 Medicaid Web Portal – Provider Login Page

After selecting the 'Provider' role in the Web Portal Home Page, the provider and the supporting user community are directed to the Provider Login Page.

The Provider Login Page is reflected below:

There are three portlets on this page different from the Web Portal Home Page.
- Welcome portlet
- First Time User Registration portlet
- Existing User Login portlet

1.2.1 Welcome Portlet

The Welcome portlet is reflected below:
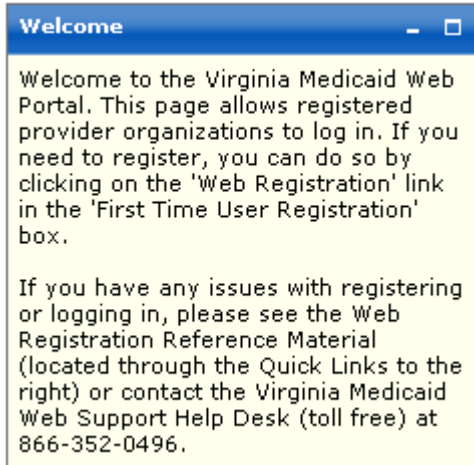
This portlet contains general instructions as well as mechanisms to handling issues or questions:
- Web Registration Reference Material – from the quick links
- Virginia Medicaid Help Desk – toll free number

1.2.2 First Time User Registration Portlet

The First Time User Registration portlet is reflected below:

First Time User Registration   — □

By registering you will be designated as the Primary Account Holder for your organization. As the designated Primary Account Holder, you can add, delete or modify user access.

If you are currently a user supporting an organization associated with a Medicaid provider enrolled with the Department of Medical Assistance Services, then as a new Primary Account Holder registrant, you must complete the following steps:
1. Establish a User ID, Password and security profile
2. Request secured access for your organization
3. Successfully complete a one-time verification process of 3 questions
4. Upon receipt of confirmation email, click link within email
5. Sign in to the secured portal

If you are a user supporting an organization associated with a provider who is registering in order to submit a Medicaid enrollment application, then as a new Primary Account Holder registrant, you need only complete the following step:
1. Establish a User ID, Password and security profile

After the enrollment application is approved, you must then complete the remaining registration steps noted below:
2. Request secured access for your organization
3. Successfully complete a one-time verification process of 3 questions
4. Upon receipt of confirmation email, click link within email
5. Sign in to the secured portal

If you are not the Primary Account Holder for your organization then you should not register. If your organization already has a Primary Account Holder, please see them for your User ID and Password to log in.

▶ Web Registration

This portlet outlines the steps needed for completing the registration process. Only the user designated as the Primary Account Holder should complete the registration process.

Users that are not designated as the Primary Account Holder should contact their Primary Account Holder or Organization Administrator for their User ID and temporary password.

As the Primary Account Holder, not previously registered, you'd select 'Web Registration' link on this portlet.

1.2.3 Existing User Login Portlet

Once you have established your User and Security Profiles, you will have access to the public portal functionality for such things as access to online provider enrollment or requesting secured access to other portal functionality.

The Existing User Login portlet is reflected below:

First Time User? – For users that have not registered for the portal, this link will take you to the start of the registration process.

This portlet is used for applying a registered user's User ID and password. Both are required fields (indicated with a red asterisk *) for the login process.

User ID – this is the User ID created during the registration process when establishing your User Profile (see section 2.3 Creating a User Profile).

Password – this is the Password created during the registration process when establishing your User Profile.

Enter your User ID and Password and click 'Submit'

The Forgot User ID and Forgot Password are addressed in further detail in sections 2.5 Forgot User ID and 2.6 Forgot Password.

1.3 Log Out

The log out functionality is available on any secured web portal page. The Log Out link is reflected below:

If you are not logged in and are still on public pages, this link is not available as it's not applicable until you've accessed secured portal pages.

2.0 Registration Process

2.1   Who Can Register?

Only the user designated as the Primary Account Holder should complete the registration process.

Users that are not designated as the Primary Account Holder should not register and should contact their Primary Account Holder or Organization Administrator for their User ID and temporary password.

2.2   Why Would I Need to Register?

You will need to be a registered portal user, in order to gain access to the online enrollment applications and the application status tracking functionality. After application approval, secured provider functions such as member eligibility and service limits, claims status inquiry, service authorization inquiry and payment history will also be available to you and your provider organization.

After enrollment application approval, requesting a Security ID and applying that Security ID, the system has the mechanism to authenticate you as the Primary Account Holder.

While waiting for application approval, as the Primary Account Holder, you will be able to establish your provider organization. Once application approval and registration authentication is complete, all the users within your organization will automatically have access to secured functionality, based on their specific role.

2.3 Creating a User Profile

Once you've clicked on 'Web Registration' from the First Time User Registration portlet (see section 1.2.2 First Time User Registration Portlet) you will be directed to the User Profile.

The User Profile portal page is reflected below:

The User Profile is part of the registration process and contains the following information. Any information that is required (noted with a red asterisk *) will need to be supplied by you at the initial login. Any optional fields that are known are recommended to be completed at this time as well.

- Provider ID (NPI/API)
- User ID *
- NPI's FEIN
- Password *
- First Name *
- Last Name *
- Middle Initial
- Phone Number *
- Extension
- Preferred email *

Provider ID (NPI/API) (optional) – Though this field is not a required field at this point, in order to complete the authentication process your User ID will need to be associated to an individual or group NPI (or API).

If the NPI (or API) is known at this time, it should be entered at this time.

In the case of an atypical provider, an API number might not yet be assigned. The authentication process can not be completed until the NPI or API is entered, but the User and Security Profiles can be established in the interim.

Create User ID * (required) **–** You will need to establish a unique User ID that will be associated with this individual or group provider.

The User ID must be a minimum of 6 characters and a maximum of 16 characters. It can include hyphens, underscores or periods. The User ID can not start with special characters nor can it contain spaces.

FEIN (optional) - Enter the FEIN associated with the individual or group provider

Create Password * (required) – Establish a password to be used in conjunction with your User ID to authenticate you at the time of login.

The portal password must be a minimum of 8 characters and must include three (3) of the following four (4) requirements:

- Capital/Upper case letter
- Lower case letter
- Number
- Special character (!, $, #, %)

Re-type Password * (required) – Re-enter the password from the 'Create Password' box as a secondary check

First Name * (required) – Enter your first name

Last Name * (required) – Enter your last name

Middle Initial (optional) – Enter your middle initial

Phone Number * (required) – Enter your contact phone number

Ext (Extension) (optional) – If the phone number entered is a work number with a corresponding extension, enter the extension here

Preferred E-mail * (required) – Enter the email address where you wish to receive messages. This will be used only for sending temporary passwords in the case of a forgotten password or sending the User ID associated to this provider in the case of a forgotten ID

After completing all required and known/applicable optional fields, click on 'Continue'.

You will be taken to the Security Profile to continue the registration process.

2.4 Creating a Security Profile

The Security Profile is used to gather three (3) different security questions. These questions will be used for user self-help with forgotten passwords and User IDs.

The User Profile portlet is reflected below:

You will need to complete all three security questions. Each question must be unique.

The question choices are as follows:

- What is your Pet's Name?
- Where did you meet your spouse?
- Who was your childhood hero?
- What is your favorite pastime?
- What is your favorite sports team?
- What is your father's middle name?
- What is your high school mascot?
- What make was your first car or bike?

After completing the three security questions, click 'Submit' to complete your Security Profile. This completes the registration process.

You will be taken to the Primary Account Holder's Welcome Page (below). Until application approval is received, you will not be able to start the second step in the authentication process, requesting a Security ID.

At this point you can either log out to return later or proceed to the online provider enrollment applications (see section 1.0 Accessing the Provider Enrollment Online Application).

Dec 19, 2014

| Home | Contact Us | Log out

Virginia Medicaid

| Home | EHR Incentive Program | Provider Enrollment | Level of Care Review ▸ | Pre-Admission Screening ▸ |

Quick Links
- Provider Services
- Provider Resources
- EDI Support
- Documentation
- FAQ
- Newborn E-213
- Hospital Presumptive Eligibility
- Search for Providers
- Provider Forms Search
- DMAS Web Site
- Change Password
- Request Secured Access
- Add Users
- View/Edit Users

News

Welcome to the Virginia Medicaid Web Portal.

If you have any issues continuing with the registration process, please see the Web Registration Reference Material (located at the Provider Resources Quick Links above) or contact the Virginia Medicaid Web Support Help Desk (toll free) at 866-352-0496.

Welcome to the Virginia DMAS Medicaid Web Portal

Thank you for registering for access to the Virginia Medicaid Web Portal. You've successfully completed the first step in the registration process.

If registering in order to enroll as Medicaid provider, please click here to be routed to the online application functionality: Provider Enrollment Application

As the Primary Account Holder for your organization, you will need to initiate and complete the authentication process for access to secured functionality. For more complete instructions, please refer to the Web Registration Quick Reference.

After the enrollment application is approved, you must then complete the remaining registration steps below. While waiting for completion of the enrollment process, you may begin to create (or modifying) your organization. To begin creating (or modifying) a user organization, click 'Add New Users' or 'View/Edit Users' from the Quick Links on the left. For more complete instructions, please refer to the Quick Reference for Establishing a Provider Organization. Once secured access is gained, all users associated with the provider organization will have the secured access associated to their security role.

If you are a new user associated with a provider not currently enrolled in the Virginia Medicaid Program, you will need to wait for Provider Enrollment Services to approve your application before you can request secured access.

Step 2 - Request secured access for your organization - click here to Request Secured Access or on the Request secured access link in the Quick Links on the left. Your security profile will be displayed along with three validation questions.

Step 3 - Successfully complete a one-time verification process of 3 questions - select three unique questions from the provider related questions. Complete answers as they relate to the NPI associated to the organization. After clicking 'Submit' the answers will be validated against the information on the Medicaid provider files. If validation is unsuccessful, you will need to contact the provider for accurate answers and re-request secured access. If validation is successful, you will receive a confirmation message and an email will be generated and sent to your email address.

Step 4 - Upon receipt of confirmation email, click link within email - upon receipt of the confirmation email, click on the link within it. This link will navigate you to the web portal sign in screen.

Step 5 - Sign in to the secured portal - signing in to the web portal will activate the secured access for you and the rest of the provider's organization. You should now see all secured functionality (i.e. Claims Status, Member Eligibility, etc.). If not, please contact the Web Portal Support help desk at 866-352-0496.

If you haven't done so already, you can begin/continue creating (or modifying) your user organization. Click 'Add New Users' or 'View/Edit Users' from the Quick Links on the left. For more complete instructions, please refer to the Quick Reference for for Establishing a Provider Organization.

2.5 Forgot User ID

Once you've completed your User and Security Profiles, you are able to leverage the user self help capabilities of the portal. Authorized Users who forget their User ID can get with their Primary Account Holder or any Organization Administrator associated with this provider organization. They have the capability to look up the User IDs. An Organization Administrator can check with the Primary Account Holder.

All roles have the ability to also request their User ID be emailed to them.

On the Provider Login Page, in the Existing Users Login portlet there is an option for Forgot User ID?

Select 'Forgot User ID?'

Enter your Email Address: - this must be the preferred email that was entered in your User Profile at the time of initial entry (or the last update to your User Profile).

Provider ID (NPI/API): - enter the NPI or API associated with your User ID

For new atypical providers that are not eligible for NPIs, the Department of Medical Assistance Services (DMAS) will issue an Atypical Provider ID. Until this API has been issued, this self-help function will not be available to the user. Please contact the Virginia Medicaid Help Desk (toll free) at 866-352-0496 for information on your User ID.

Click 'Continue' and you will be routed to the portlet below.

This portlet will display the three questions you chose when establishing your Security Profile.

You must complete all three of these questions, giving the same answers (case sensitive) as you established in your Security Profile.

Upon completing the answers, click 'Continue' to invoke the validation of answers to your Security Profile.

After successful validation you will receive the following portlet:

Your User ID will be emailed to the email address entered in your User Profile.

The following is a sample email with the User ID removed:

Your Forgot User ID request has been processed.

Your User ID is :

Please use this to log in to the Virginia Medicaid Web Portal at
https://www.virginiamedicaid.dmas.virginia.gov .Please contact the ACS Web Support Call Center, toll free, at 1-866-352-0496 if you have any questions or problems regarding your web portal registration.

Note: This is an auto-generated email, please do not reply.

2.6 Forgot Password

Once you've completed your User and Security Profiles, you are able to leverage the user self help capabilities of the portal. Authorized Users who forget their password can get with their Primary Account Holder or any Organization Administrator associated with this provider organization. They have the capability to generate a temporary password. An Organization Administrator can check with the Primary Account Holder.

All roles have the ability to also request their password be emailed to them.

On the Provider Login Page, in the Existing Users Login portlet there is an option for Forgot Password?

Select 'Forgot Password?'

Enter your User ID: - enter your User ID created in your User Profile

Click 'Continue' and you will be routed to the following portlet:

This portlet will display the three questions you chose when establishing your Security Profile.

You must complete all three of these questions, giving the same answers (case sensitive) as you established in your Security Profile.

Upon completing the answers, click 'Continue' to invoke the validation of answers to your Security Profile.

After successful validation you will receive the following portlet:

A temporary/one-time use password will be emailed to the email address entered in your User Profile.

The following is a sample email:
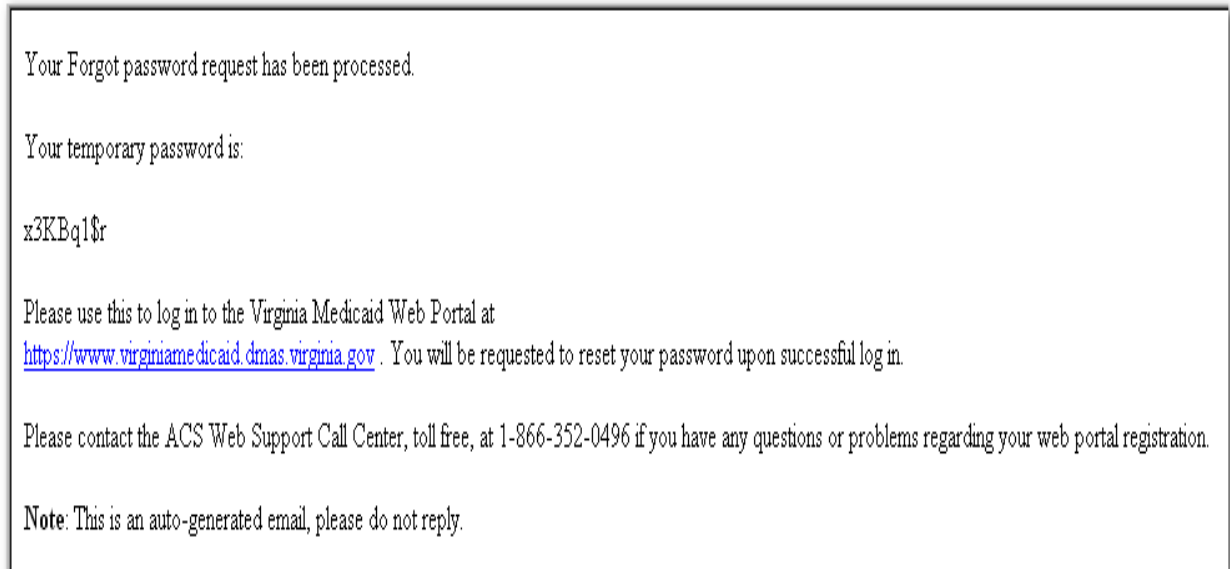
This temporary password will be used for login. You will immediately be taken to your User Profile and will be required to enter another password.

3.0 Accessing the Provider Enrollment Online Application

Upon successful login you will be directed to the secured Provider Welcome Page.

The Provider Welcome page consists of the navigation tabs that are the menu to the functionalities available to the user.

The Provider Enrollment tab will route you to the Provider Enrollment Status page where you can select the appropriate application for submission or check the status of any applications that are in process.

3.1 Adding a New Application
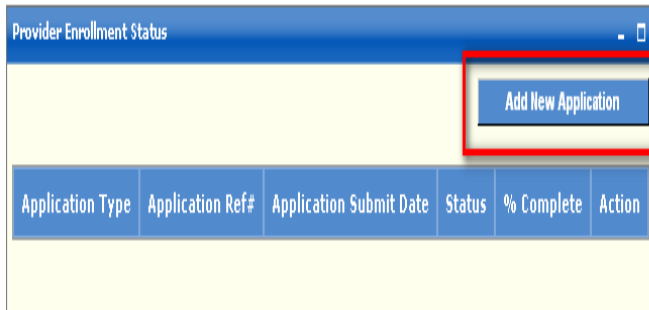
The Provider Enrollment Status page is where you can initiate the online application enrollment process.

Click on the 'Add New Application' button to navigate to the Become a Provider page.

3.2 Become a Provider Page

The following sections detail the functions available from this page:
- Link to paper application forms for downloading and mailing
- Link to frequently asked questions pertaining to provider enrollment
- Link to general instructions associated to the enrollment completion
- Drop down list of application forms by provider type that are available for online enrollment

3.2.1 Paper Application Forms Link

To complete and mail or fax a paper version of the enrollment application, you can click on the designated link.

Clicking on this link will route you to the same location as the Provider Services tab, Provider Enrollment link on the main portal page (see section 1.1.1 Navigation Tabs).

3.2.2   Frequently Asked Questions (FAQ) Link

Clicking on the 'FAQ' link will navigate you to the frequently asked questions, associated to the online provider enrollment function.
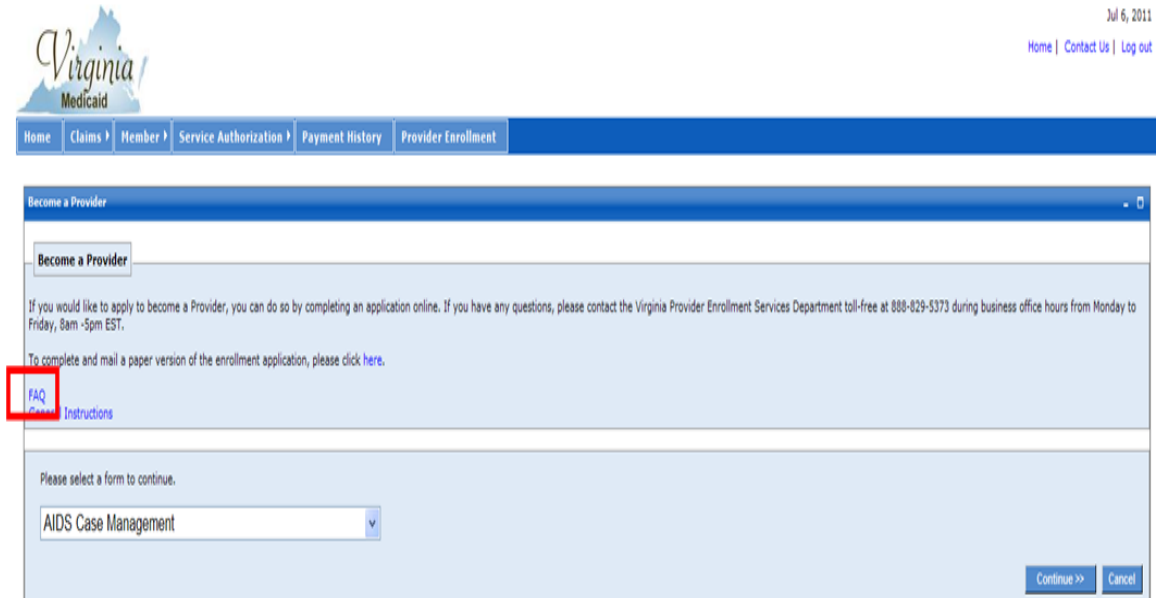
See Appendix B for the FAQ detail.

3.2.3   General Instructions Link

Clicking on the 'General Instructions' link will navigate you to a list of general instructions applicable to all applications, regardless of provider type.
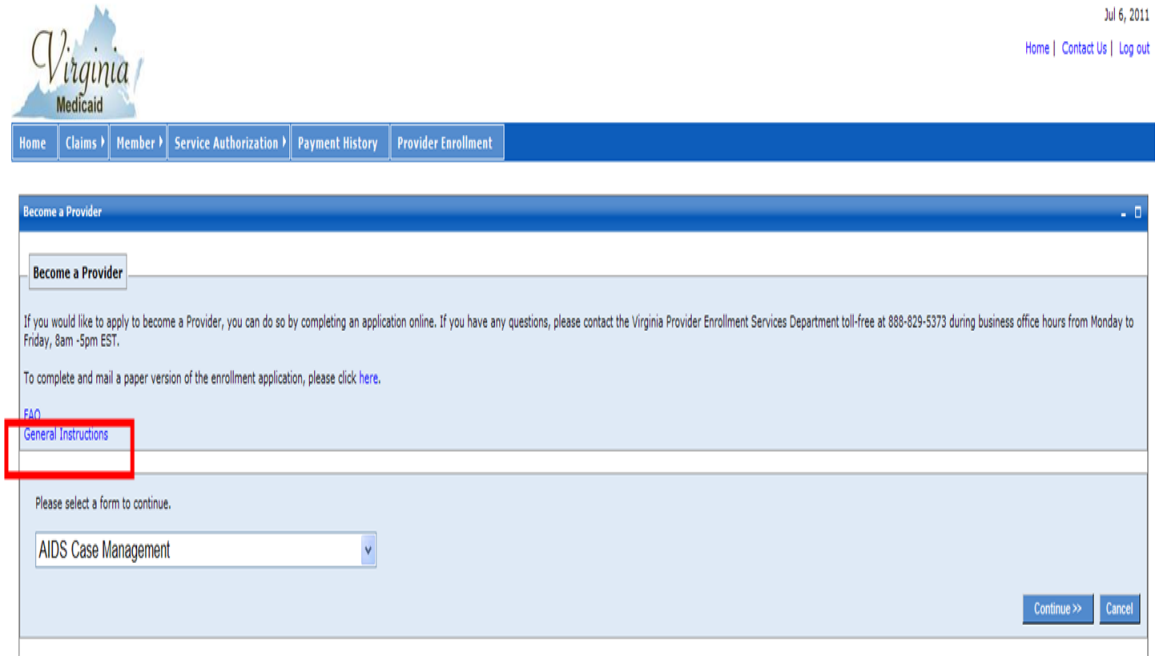
Virginia Medicaid Web Portal
Provider Enrollment

General Instructions

- If you are applying for both an individual provider number and a group provider number you must complete a separate application for each number.

- For all date fields, please use the date format (mm/dd/yyyy) unless otherwise indicated.

- Individual Provider Applications must be signed by the Individual applying for the Provider Number.

- Please complete all areas of the application, unless otherwise indicated.

- After completing each page of your application, click the "Next" button to continue the application process and follow the steps to validate your application.

3.2.4   Provider Enrollment Application Drop Down

Clicking on the drop down box will open up a list of all provider types for which online enrollment applications can be submitted.
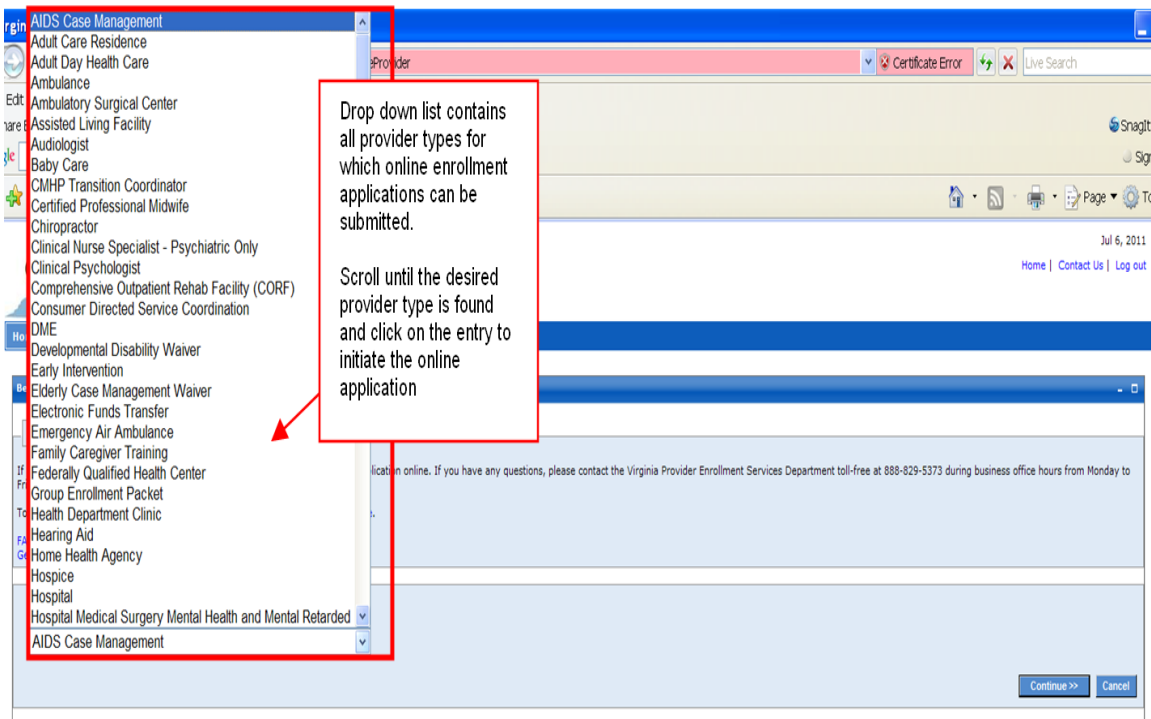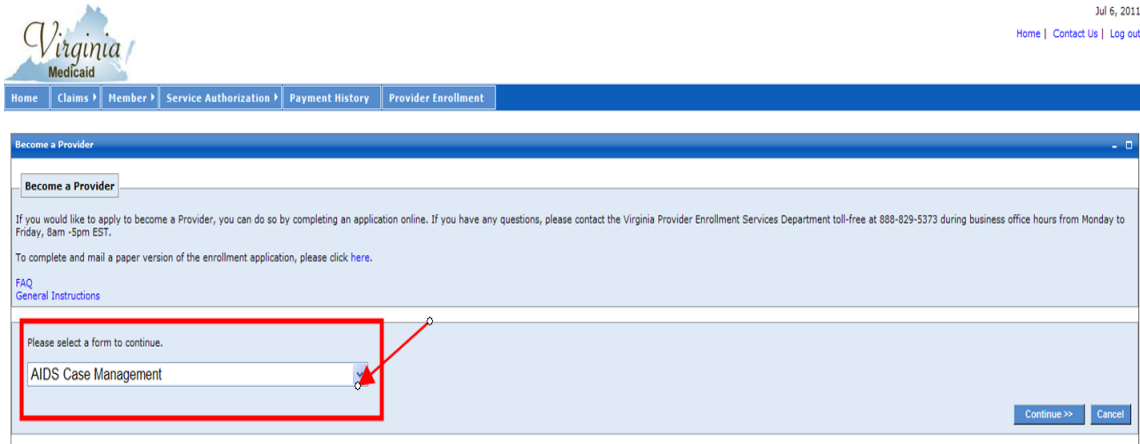
Scroll through the drop down list until the desired provider type is found. Once found, click on the entry to initiate the online application.

3.3 Online Application

To add a new application, select the provider type from the drop down list and click Continue.

You will be transferred to the Become a Provider page.

An application number will be generated and the Provider Enrollment Instructions will display. Click Continue. The system will display the Enrollment Application Online entry form.

3.3.1   Online Provider Enrollment Page

The Online Provider Enrollment Welcome page will appear for the selected provider type. (For the sake of this documentation, the physician application is being displayed.)   The information outlined below will be applicable for whichever provider type is selected.

The Application Links on the left of the screen can be used to maneuver to the screen selected. When completing an online application, this function can be used to navigate within the applications various sections.

For detailed instructions regarding how to complete the application, click on the 'Instructions' link and the instructions for each of the application sections will be displayed in a new browser window for usage throughout the application completion process.

Or for detailed instructions on completing an enrollment application, a user could click on the ENROLLMENT FORM INSTRUCTIONS link.

For detailed instructions on completing your enrollment application click here (ENROLLMENT FORM INSTRUCTIONS), or at any time during your enrollment process you may access detailed instructions by clicking on the Information Icon. All fields denoted with an * asterisk and fields highlighted in yellow are mandatory.

The Enrollment Form Instructions Page will appear in a separate browser window.

Either way you navigate to the instructions, instructions may be viewed and/or printed via the browser print function.

To print all or part of the application, while viewing the page, click the Current Page under the Print page.

The information icon ⓘ also exists on many of the application's fields. This icon can be tabbed to be opened to display detailed instructions for that particular field.

Windows Internet Explorer

⚠ Enter your 10-digit NPI. If you are a business, enter your organization (Type 2) NPI. If you are an individual, enter your individual (Type 1) NPI. To participate as a provider of medical or health services for the Commonwealth of Virginia Department of Medical Assistance Program (DMAS), you are required to obtain an NPI. DMAS has adopted the NPI as the standard for identifying all providers on all transactions, including paper claims. Therefore, you are required to obtain an NPI to participate in Medicaid and other DMAS programs even if you do not use electronic transactions. Please note that while an NPI may be associated with multiple service locations, DMAS is requiring the following set of primary information to be unique for an NPI:

- Provider Name
- Mail-To Address
- Pay-To Address
- Remittance Advice Address
- Electronic Funds Transfer (EFT) Account Number
- TIN/SSN for Tax/1099 purposes
- Service Center/Receiver for electronic transactions sent to you by Virginia Medicaid

OK

Each field also has hover help which will give the user direction as to what type of entry may be needed for that field.

Online Provider Enrollment

Application Links

- Welcome
- Provider Demographic
- Ownership
- Payment
- Reassignment Of Benefits
- Participation Agreement
- Attachment Instructions

Instructions
Print
Entire Document

SECTION I: PROVIDER DEMOGRAPHIC INFORMATION

For detailed instructions on completing your enrollment application click here   Provider Demographic Instructions

1. NATIONAL PROVIDER IDENTIFIER (NPI): ⓘ *

This information is mandatory.
Enter NPI in the following format: ##########.

2. INDIVIDUAL NAME: ⓘ *

First *   MI Last *   Suffix   Title

3. PRIMARY SERVICING ADDRESS (Physical location where provider renders services) ⓘ

If you are a member of a group practice, enter the group practice NPI for this servicing address: Delete
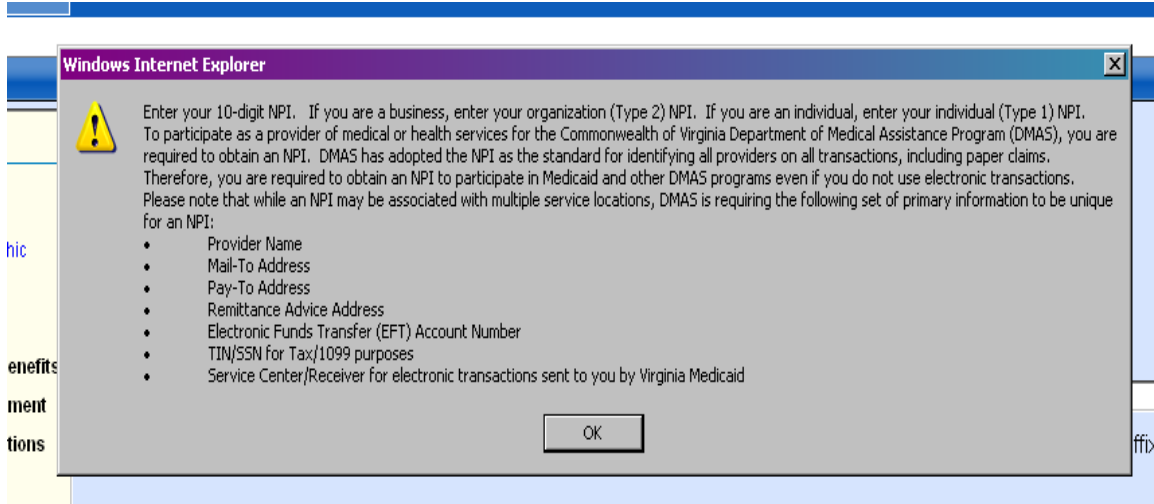
From the Enrollment Application form, click next and the Provider Demographic Information page will appear.

Click Close to discard all changes since the last save and return to the Provider Enrollment home page.

3.3.2   Provider Demographic Information Page

All the required fields in the sections below are identified with a yellow highlight and a red asterisk*.   The fields without asterisk are optional/situational fields.

Note: Please keep in mind that the specific questions within each of these sections may differ depending on the provider type requested.

Complete all the required fields.

For details regarding field-by-field definitions please refer Provider Demographic Instructions.

For providers enrolling for the DD Waiver, they will see the following questions specific to the Community Living Waiver, the Family and Individual Supports Waiver and/or Building Independence Waiver and their license and certification requirements. For details regarding field-by-field definitions please refer to the DD Waiver Provider Demographic Instructions.

12. Developmental Disabilities (DD) Waiver Services, Developmental Disabilities Case Management and Corresponding License. Choose the service(s) you wish to provide and enter the license or certification information for each.

Attach a copy of your license if indicated. Acronyms are defined in the Instructions.

You must attach a copy of your compliance letter from DBHDS if you are requesting to be enrolled for any of the Home and Community Based Services (Group Home Residential, Sponsored Residential, Supported Living Residential, Group Day Services, Group Supported Employment) prior to submission of this enrollment application.

☐ Benefits Planning

☐ Center-Based Crisis Support

☐ Community-Based Crisis Supports

☐ Community Coaching

☐ Community Engagement

☐ Community Guide

☐ Companion Services (Agency-Directed)

☐ Crisis Supports Services

☐ Developmental Disabilities Case Management – CSBs Only

☐ Electronic Home Based Services

☐ Group Day Services

☐ Group Home Residential

☐ Group Supported Employment

☐ Independent Living Supports

☐ Individual Supported Employment

☐ In-Home Supports

☐ Peer Mentor Supports

☐ Personal Assistance Services (Agency-Directed)

☐ Private Duty Nursing

☐ Respite Services (Agency-Directed)

☐ Shared Living

☐ Skilled Nursing Services

For some other provider types, a user may be required to select a practice type such as one of the following (may vary depending on the provider type):

Where indicated, a user may also click on the button to display detailed instructions for that particular field.

For providers subject to the provider screening regulations, two additional questions will display at the end of this section.

If the Application Fee question is answered with a 'No' selection, the following questions will display.

Depending on the selection additional information may be requested (i.e. date Hardship Exception Request letter was submitted.)

If the 'I will pay the application fee to Virginia Medicaid' is selected, the financial screens will display allowing for the option to pay by credit card online, pay by credit card via mail or pay by check via mail. See section 3.3.8 Financial Pages.

If the Application Fee question is answered with a 'Yes' selection, the following questions will display.

Click Prev to go back to the previous page – one page at a time.

Click Next to proceed to next page.

Click Save to navigate to the Save Completed portlet and save all entered information into the portal database.

Click Close to discard all changes since the last save and return to the Provider Enrollment home page.

Once required fields are populated with valid data, click the Next button. The Ownership page will appear.

3.3.3   Ownership Page

All the required fields in the sections below are identified with a yellow highlight and a red asterisk*.   The fields without asterisk are optional/situational fields.

For any of the questions on the Ownership Page that are answered "Yes", additional fields will display with required fields.

Online Provider Enrollment

Application Links

- Welcome
- Provider Demographic
- ● Ownership
- Payment
- Reassignment Of Benefits
- Participation Agreement
- Attachment Instructions

Instructions

Print

Entire Document
Current Page

SECTION II: OWNERSHIP AND CONTROL INFORMATION FOR DISCLOSING ENTITY. 42 C.F.R. §455.104 ⓘ

18. Does the provider entity have any managing employees and/or any individual(s) or organization(s) with ownership or controlling interests of 5% or more?

ⓘ

○ No ◉ Yes * Please provide the requested information below.

First Name	Last/Organization Name*	Title *	Date of Birth	SSN/TIN*	Ownership *

Address: * Street	City	State	Zip	Percent *	
		Select State ▾			Delete

Add Row

19. Relationships: Are any individuals named in the previous question related to each other? (spouse, parent, child or sibling). 42 C.F.R. §455.104.

ⓘ

○ No ◉ Yes * Please provide the requested information below.

First Name*	Last Name *	Relationship*	First Name*	Last Name *	
		▾			Delete

Add Row

20. Subcontractor: Does any individual have ownership or controlling interest in any subcontractor that the disclosing entity has direct or indirect ownership of 5% or more? 42 C.F.R. §455.104

ⓘ

○ No ◉ Yes * Please provide the requested information below.

First Name*	Last Name *	Title*	Date of Birth *	SSN/TIN *

Address:* Street	City	State	Zip	Percent *	
		Select State ▾			Delete

21. Other Disclosing Entity: Does any other disclosing entity in which a person, with an ownership or controlling interest in this disclosing entity, have ownership or control interest of at least 5% or more? 42 C.F.R. §455.104 ⓘ

○ No ◉ Yes * Please provide the requested information below.

First Name *	Last Name *		Title *	Date of Birth *	SSN/TIN*	
Address:* Street		City		State	Zip	Percent *
				Select State ▾		Delete

Add Row

22. Criminal Offenses: Has any individual or organization who has any ownership or controlling interest in the applicant ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any other crime or misconduct? 42 C.F.R. §455.106 ⓘ

○ No ◉ Yes * Please provide the requested information below.

First Name *	Last Name*		Title *	Date of Birth*	SSN/TIN *
Address:* Street		City		State	Zip
				Select State ▾	Delete

Add Row

23. Has any individual or contractor connected with your practice ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any other crime or misconduct?   42 C.F.R. §455.106 ⓘ

○ No ◉ Yes * Please provide the requested information below.

First Name*	Last Name*		Date of Birth*	SSN (or TIN if an organization) *
Address:* Street		City	State	Zip
			Select State ▾	Delete

Add Row

24. Has the applicant ever had any adverse legal actions imposed by Medicare, Medicaid, or any other Federal or State agency or program, or any licensing or certification agency? 42 C.F.R. §455.106 ⓘ

○ No ◉ Yes * Please attach a copy of any final relevant disposition documentation on the Attachment Instructions page.

<<Prev   Next >>   Save   Close

For details regarding field-by-field definitions please refer Ownership & Control Instructions.

Where indicated, a user may also click on the ⓘ* button for details regarding that particular field.

In order to add detail to any question with a 'yes' response, click the 'Add' button to display the fields to be supplied. If an error is made, the 'Delete' button allows the user the capability to remove that entry segment.

Click Prev to go back to the previous page – one page at a time.

Click Next to proceed to next page.

Click Save to navigate to the Save Completed portlet and save all entered information into the portal database.

Click Close to discard all changes since the last save and return to the Provider Enrollment home page.

Once required fields are populated with valid data, click the Next button. The Payment page will appear.

3.3.4   Payment Page

All the required fields in the sections below are indicated by a yellow highlighted field and a red asterisk *. The fields without asterisk are optional/situational.

For details regarding field-by-field definitions please refer to the Payment Instructions Page.

Where indicated, a user may also click on the [i *] button for details regarding that particular field.

Click Prev to go back to the previous page – one page at a time.

Click Next to proceed to next page.

Click Save to navigate to the Save Completed portlet and save all entered information into the portal database.

Click Close to discard all changes since the last save and return to the Provider Enrollment home page.

Once required fields are populated with valid data, click the Next button to navigate to the Reassignment of Benefits Page.

3.3.5 Reassignment of Benefits/ Home and Community Based Care Services Demographics

3.3.5.1 Reassignment of Benefits

For details regarding field-by-field definitions please refer to the Reassignment of Benefits Instructions Page.

Where indicated, a user may also click on the [i] button for details regarding that particular field.

Click Prev to go back to the previous page.

Click Next to proceed to next page.

Click Save to navigate to the Save Completed portlet and save all entered information into the portal database.

Click Close to discard all changes since the last save and return to the Provider Enrollment home page.

Click the Next button to navigate to the Participation Agreement Page.

3.3.5.2 Community Based Care Services Demographics

For details regarding field-by-field definitions please refer to the Home and Community Based Care Services Demographics Instructions Page.

Where indicated, a user may also click on the ⓘ * button for details regarding that particular field.

Online Provider Enrollment

Application Links

- Welcome
- Provider Demographic
- Ownership
- Payment
- Home Community
- Participation Agreement
- Attachment Instructions

Instructions

Print
Entire Document
Current Page

27. Geographic Areas to be Served (Must have at least one) ⓘ *

[   ] Delete Add

28. Ownership Name and Percentage (Must Equal 100 Percent) ⓘ *

First Name* [   ] Last Name* [   ] Percent (must equal 100)* [   ] Delete

Address:* Street [   ] City [   ] State Select State ▾ Zip [   ]

Add Row

29. Criminal Offense Disclosure ⓘ *

Has anyone associated with your organization (owner, operators, managers or employees) been convicted of a criminal offense?

◯ No ◯ Yes

<<Prev Next >> Save Close

Online Provider Enrollment

Application Links

- Welcome
- Provider Demographic
- Ownership
- Payment
- Home Community
- Participation Agreement
- Attachment Instructions

Instructions

Print
Entire Document
Current Page

30. Staffing Credentials ⓘ *

Name * [   ] Delete
License ☐ No ☐ Yes License # [   ] ☐ Full Time ☐ Part Time
Degree ☐ No ☐ Yes If Yes, Degree Type [   ]
Amount/Type of Clinical Experience [   ]

Add Row

Service Facilitators Attestation

☐ * By checking this box and entering your name on the participation agreement, you attest that you possess the required degree and experience as outlined in the following Virginia Administrative Codes: 12VAC30-120-770, 12VAC30-120-935, 12VAC30-120-1060.

☐ * By checking this box and entering your name on the participation agreement, you attest that you have completed the required training and competency assessments and achieved a score of at least 80% on each of the individual modules as outlined in the following Virginia Administrative Codes: 12VAC30-120-770, 12VAC30-120-935, 12VAC30-120-1060.

Any person who knowingly submits this application containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

31. Compliance with Federal Regulations Regarding Rates ⓘ * ○ Yes

I certify as authorized administrator that the chief administrative agent of the organization understands that in order to comply with federal regulations, it will not charge DMAS a higher rate for Home and Community Based Care Services than is charged the private sector for the same services.

32. Insolvency or Bankruptcy Verification ⓘ * ○ Yes

I certify as authorized administrator that there is neither a judgment or pending action of insolvency or bankruptcy in a state or federal court and that the provider of services agrees to inform DMAS immediately if court proceedings to make a judgment of insolvency or bankruptcy are instituted with respect to the provider of services.

33. Validation of Program Description and Accurate Completion of Enrollment Application ⓘ * ○ Yes

I certify as authorized administrator that the chief administrative agent and professional staff have received and reviewed the program description materials of the Home and Community Based Care services, and that all information within this application is accurate, truthful, and complete.

34. Remarks: Please limit to 500 characters. ⓘ

<<Prev Next >> Save Close

Click Prev to go back to the previous page.

Click Next to proceed to next page.

Click Save to navigate to the Save Completed portlet and save all entered information into the portal database.
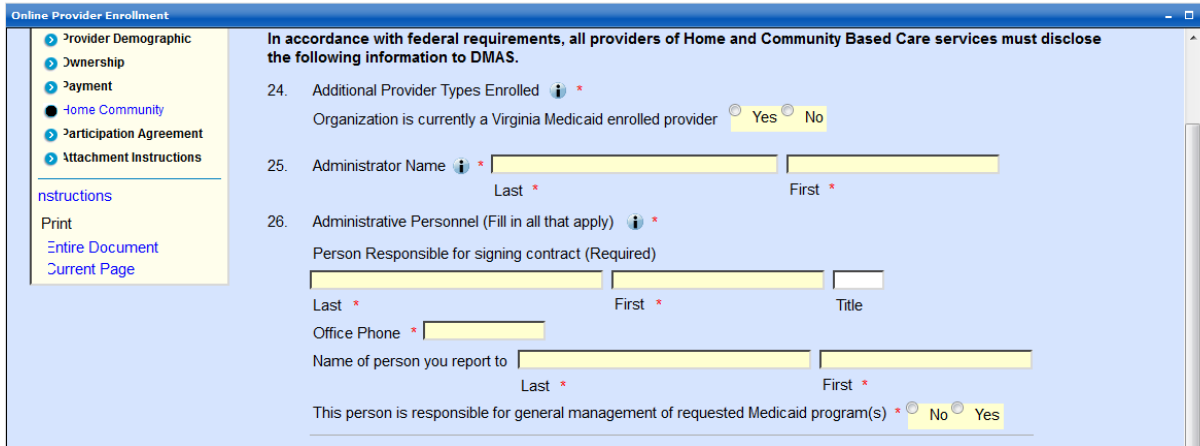
Click Close to discard all changes since the last save and return to the Provider Enrollment home page.

Click the Next button to navigate to the Participation Agreement Page.

3.3.6 Participation Agreement Page

For a printable copy of the Print Participation Agreement, click the Print Participation Agreement button.

Click Prev to go back to the previous page – one page at a time.

Click Next to proceed to next page.

Click Save to navigate to the Save Completed portlet and save all entered information into the portal database.

Click Close to discard all changes since the last save and return to the Provider Enrollment home page.

Click the Next button to navigate to the Attachment Instructions Page. You will be able to print a copy of the Participation Agreement from the Attachments page as well.

3.3.7   Attachment Instructions Page
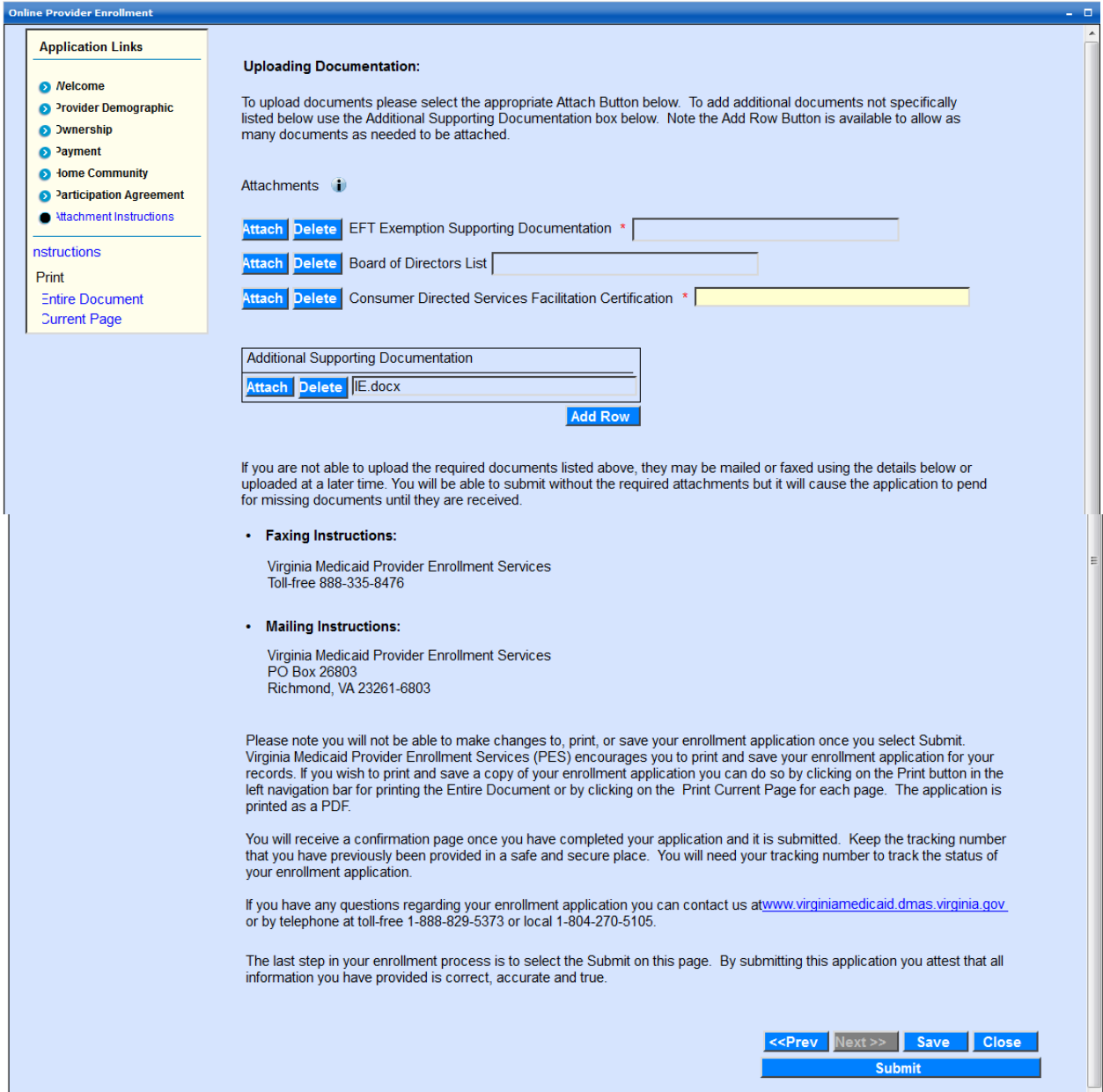
Providers are able to submit multiple attachments, each with a maximum size of 3MB. Attachments can be uploaded both while submitting online applications as well as after submission of an application.

The Web portal enables easy electronic submission of attachments and serves as a mechanism for Providers to deliver/upload subsequently needed documents in electronic form by using the upload button from the Enrollment Status Portlet.

The attachment page displays all the required documents for reviewing and approving the application.

Note: The application can be submitted without attaching most required documents at the time of submission but the application cannot be approved until the required documents are received.

The attachments are automatically associated with a Provider's application for efficient handling.

To upload an attachment, click the Attach button

Uploading Documentation:

To upload documents please select the appropriate Attach Button below. To add additional documents not specifically listed below use the Additional Supporting Documentation box below. Note the Add Row Button is available to allow as many documents as needed to be attached.

Attachments

Additional Supporting Documentation

Attach Delete

Add Row

A Browser field will appear. The user can browse for the applicable document on their computer.
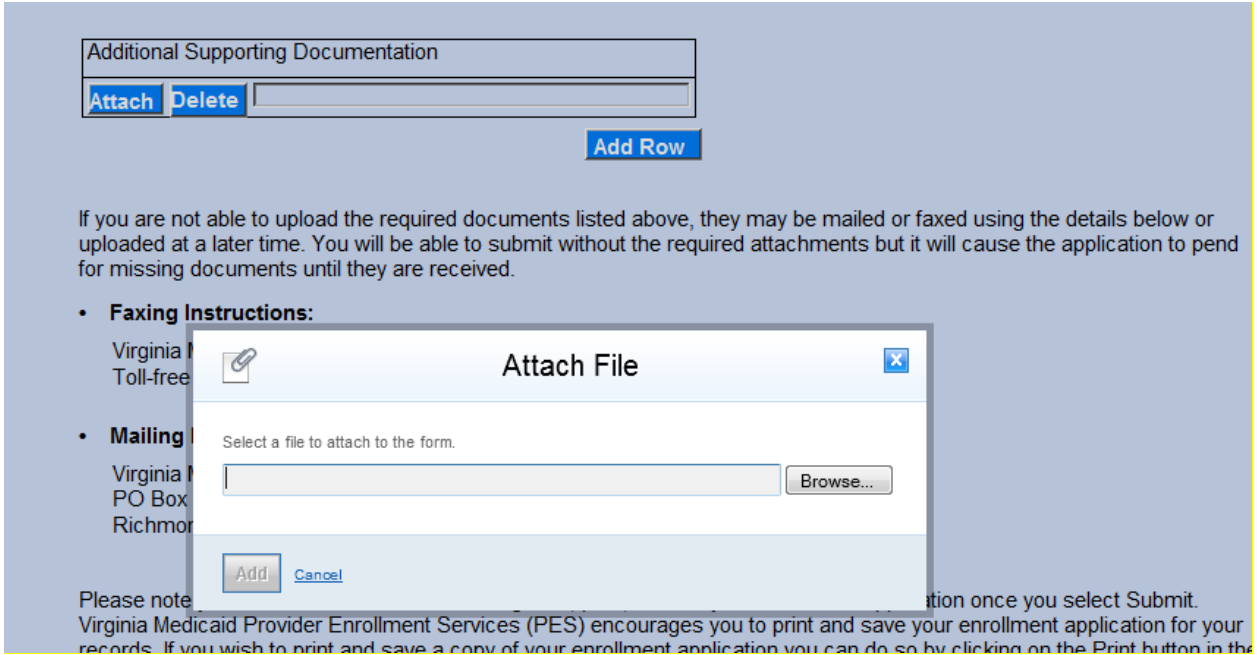
Once the document is located, highlight the document click Open and then click the Add button.
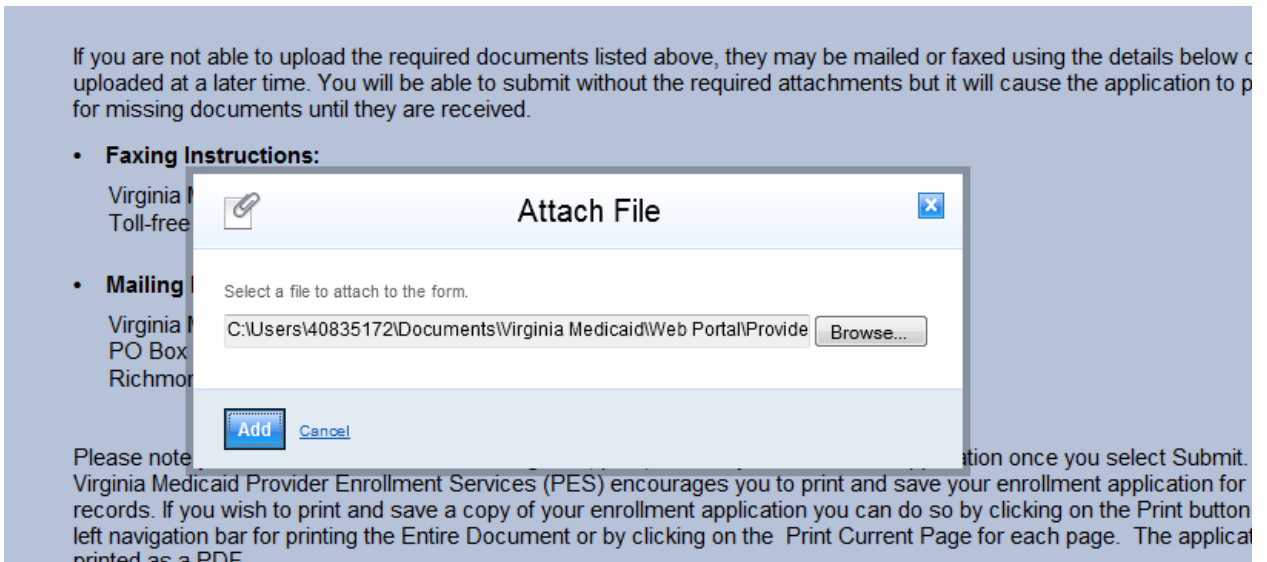
The attached document will display in the Filename field.
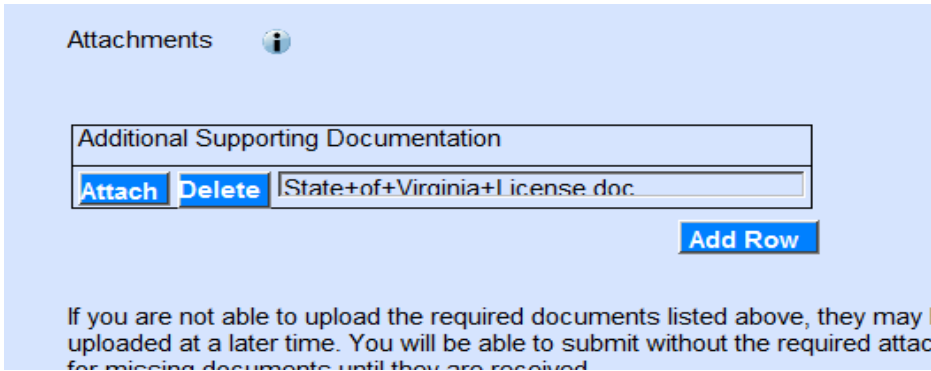
Additional documents can be added by clicking the Add Row button and repeating the previous described steps. If a wrong document is added it can be removed by clicking the Delete button.

After attaching all documents and/or printing the participation agreement, you are ready to complete the application process.

On the bottom of the Attachments page, you will find the following navigation buttons.
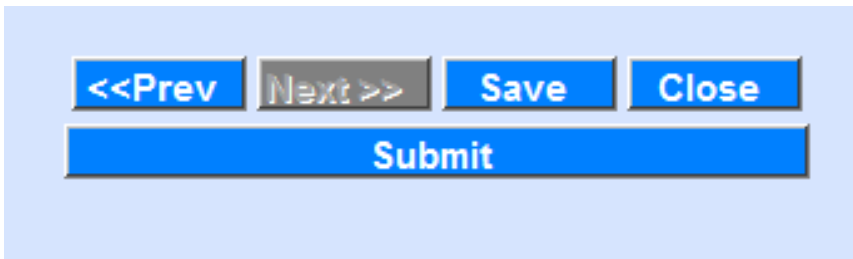
Click Prev to go back to the previous page – one page at a time.

Click Save to navigate to the Save Completed portlet and save all entered information into the portal database for later retrieval and submission.

Click Close to discard all changes since the last save and return to the Provider Enrollment home page.

Click the Submit button to submit the online application. The Submit Complete portlet will appear once the application is successfully completed.

For providers that are required to make a payment, this button will display 'Make Payment and Submit'. Once hit, the user will be routed to the financial screens (see section 3.3.8 – Financial Screens).

Note: Once submitted the application will not be available for modification or changes.

3.3.8   Financial Pages

For providers subject to the provider screening regulations who have previously not paid the application fee, the financial pages will be displayed.

3.3.8.1 Financial Menu

The initial financial screen is a menu that will let the provider choose the method of payment: pay by check, pay by credit card online or pay by credit via mail. For both payments by check and credit card payments by mail, the system will generate a coversheet that can be used to accompany the payment to ensure proper credit.
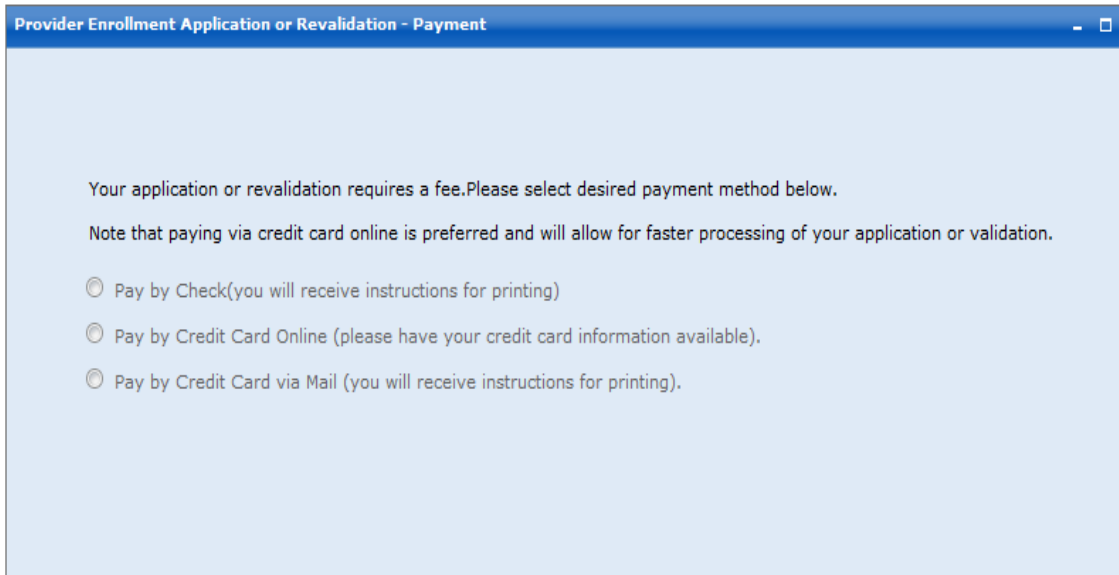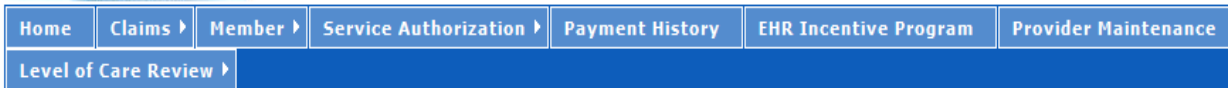
3.3.8.2 Pay by Check

Providers that wish to make payment via a check can print this coversheet to accompany the payment. Using this coversheet ensures proper credit.

The coversheet contains the NPI, the Last Name or Organization Name, the application tracking number associated with the provider's application, the amount due and a space for the check number.

The check and printed form needs to be mailed to:

> Application Fee
> Provider Enrollment Services
> P. O. Box 26803
> Richmond, VA 23261-6803

Application/Revalidation - Check Payment	_ ☐

Print   Done

COMMONWEALTH of Virginia
Department of Medical Assistance Services

NPI -   Name/Org -

To pay the application/revalidation fee by mail, please follow the instructions below.

- Print this page and include a copy with the check when it is mailed.
- To ensure that the payment is credited to the correct application.
  - o Add the Application/Revalidation Tracking Number to the memo line on the check

    Application/Revalidation Tracking # 2015006234

  - o Once this page is printed , print the check number in the space below.

    Paying amount due of $553 by Check#_____

Please mail the check and this printed page to:

Application fee
Provider Enrollment Services
PO Box 26803
Richmond, VA, 23261-6803

Your Application/Revalidation will begin processing once the check has cleared the bank. You will note the application or revalidation status will then show as 'Submitted'. You can monitor the status from the appropriate
(Provider Enrollment or Revalidation) Status Tracking Screen.

For further information, please call Provider Enrollment Services at 1-888-829-5373

3.3.8.3 Pay by Credit Card via Mail

Providers that wish to make a credit card payment via the mail can print this coversheet to accompany the payment. Using this coversheet ensures proper credit.

The coversheet contains the NPI, the Last Name or Organization Name and the application tracking number associated with the provider's application.

The provider will need to complete the following information for credit card processing. Note: All information is required:
- Credit Card Type
  - MasterCard, Visa, Discover and American Express are the only forms of credit cards that can be accepted
- Credit Card Number
- Credit Card Expiration Date
- CVV
  - Card verification value
  - For MasterCard, Visa and Discover it's a three digit number located on the back of the card
  - For American Express it's a four digit number located on the front of the card
- Cardholder's Name
  - As it's displayed on the card
- Cardholder's Billing Address
  - Street, City, State and Zip Code
- Cardholder's Phone Number
  - Including Area Code
- Cardholder's Email
  - Used for email receipt once payment has been processed

The completed form needs to be mailed to:

Application Fee
Provider Enrollment Services
P. O. Box 26803
Richmond, VA 23261-6803

Application/Revalidation - Credit Card Payment by Mail

Print   Done

COMMONWEALTH of Virginia

Department of Medical Assistance Services

NPI - [ ]   Name/Org [ ]

Application/Revalidation Tracking Number # 2015006234

To pay the application/revalidation fee by mail, please follow the instructions below.

Credit Card Type (i.e. MasterCard, Visa, Discover, Amex):_____

Credit Card Number : _____

Expiration Date : _____

CVV : _____

 Amount : $553

Credit Card holder's Name: _____

Credit Card holder's Billing Address: _____

Credit Card holder's Phone Number : _____

Email Address : _____

• Please mail this printed page to:

Application fee
Provider Enrollment Services
PO Box 26803
Richmond, VA, 23261-6803

Your Application/Revalidation will begin processing once payment was made.

Please note that the application or revalidation status will then show as 'submitted'. You can monitor the status from the appropriate (Provider Enrollment or Revalidation) Status Tracking Screen.

For further information, please call Provider Enrollment Services at 1-888-829-5373

3.3.8.4 Pay by Credit Card Online

Providers that wish to make a credit card payment online can make their payment immediately through a secured website.

The portal page will display the NPI, the Last Name or Organization Name and the application tracking number associated with the provider's application.

The provider will need to complete the following information for credit card processing:
- Credit Card Type * (required)
  - Select appropriate credit card from drop down options
  - MasterCard, Visa, Discover and American Express are the only forms of credit cards that can be accepted
- Credit Card Number * (required)
- Credit Card Expiration Date * (required)
  - MMYY format
- Amount (not enterable)
  - Populated with the amount due for screening
- CVV * (required)
  - Card verification value
  - For MasterCard, Visa and Discover it's a three digit number located on the back of the card
  - For American Express it's a four digit number located on the front of the card
- Invoice Number (not enterable)
  - Populated with the provider's application tracking number
- Hospital/Facility Name (optional)
- Cardholder's First Name * (required)
  - As it's displayed on the card
- Cardholder's Last Name * (required)
  - As it's displayed on the card
- Cardholder's Address 1 * (required)
  - Building number and street address associated with the cardholder's billing address
- Cardholder's Address 2 (optional)
- City * (required)
  - City associated with cardholder's billing address
- State * (required)
  - State associated with cardholder's billing address
- Postal Code * (required)
  - Zip Code associated with cardholder's billing address
- Country (optional)
- Cardholder's Phone Number * (required)
  - Including Area Code

- Cardholder's Email * (required)
  - o Used for email receipt once payment has been processed

3.3.8.4.1 Pay by Credit Card Online – successful payment

If credit card payment online is successful, the user will receive a message indicating so.
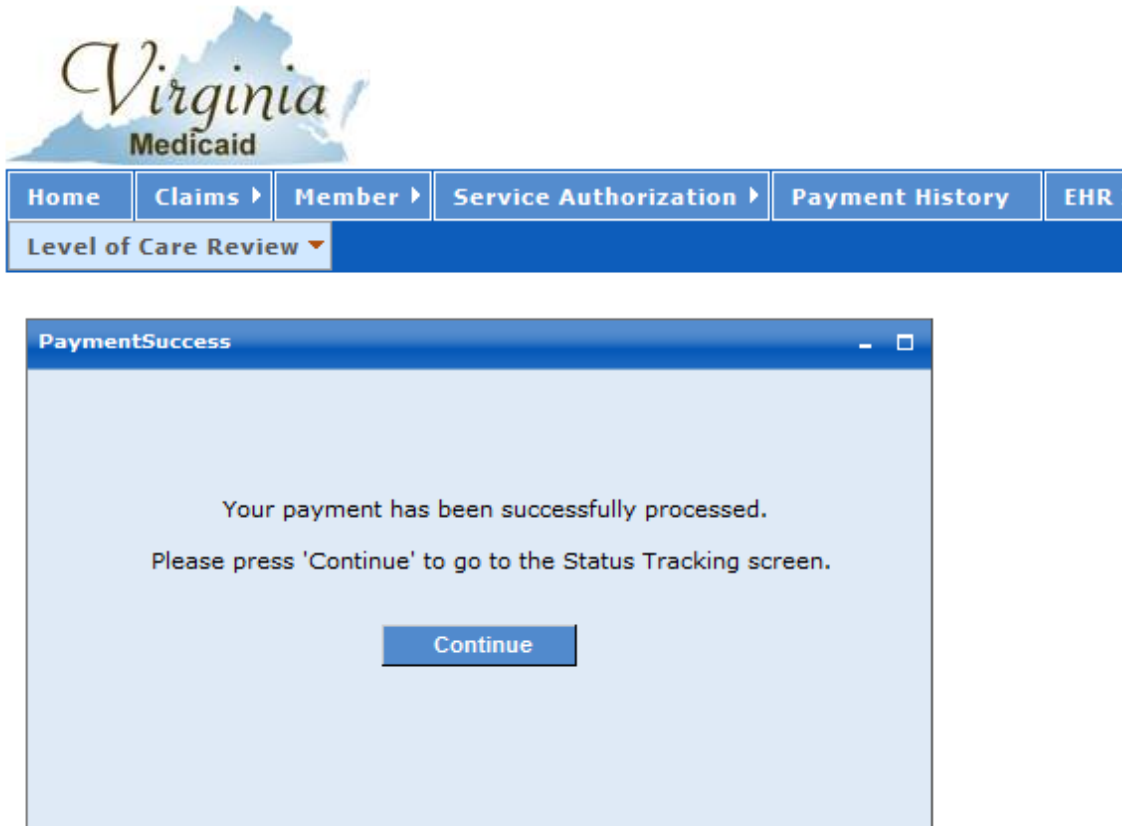
After clicking 'Continue' the user is routed to the Application Status Tracking screen (see section 4.0 - Provider Enrollment Status).

3.3.8.4.2 Pay by Credit Card Online – successful payment email

In addition to the payment successful message the user who's email address was used during the online process will receive an email confirming payment. This serves as the provider's receipt.

From:

To:

Cc:

Subject: Order Confirmation

Payment is successful

Order Results

Profile Name:	Commonwealth of VA Medicaid
Transaction ID:	AA49315-6B2ED53B-2C6A-446C-8957-A40724274D04
Date/Time:	03/06/2014 10:08:09 AM
Transaction Type:	SALE
Approval Message:	APPROVAL
Approval Code:	CVI902
ECI:	

Credit Card Details

Card Type :	VISA
Card Number :	41**********9990
Amount :	$542.00USD
Invoice Number :	2014021182
Get Token :	N
webtrack :	2014021182

Billing Address

Hospital/Facility Name :	
First Name :	
Last name :	
Address1 :	123 Doctor's Drive
City :	Richmond
State/Province :	(VA) Virginia
Postal Code :	23219
Country :	United States
Phone :	8045551212
Email Address :	

3.3.9   Instructions

Note: The instructions detailed in each of the sections will be specific to the fields associated with the application for your specific provider type. For demonstration purposes, these instructions are those associated to the Physician application.

The instructions are established as a pdf and can be viewed or printed to assist in the application completion.

Virginia Medicaid Web Portal
Provider Enrollment

Enrollment Form Instructions

SECTION I: PROVIDER DEMOGRAPHIC INFORMATION

1. National Provider Identifier (NPI)

Enter your 10-digit NPI.   If you are a business, enter your organization (Type 2) NPI. If you are an individual, enter your individual (Type 1) NPI.

To participate as a provider of medical or health services for the Commonwealth of Virginia Department of Medical Assistance Program (DMAS), you are required to obtain an NPI. DMAS has adopted the NPI as the standard for identifying all providers on all transactions, including paper claims. Therefore, you are required to obtain an NPI to participate in Medicaid and other DMAS programs even if you do not use electronic transactions.

Please note that while an NPI may be associated with multiple service locations, DMAS is requiring the following set of primary information to be unique for an NPI:

- Provider Name
- Mail-To Address
- Pay-To Address
- Remittance Advice Address
- Electronic Funds Transfer (EFT) Account Number
- TIN/SSN for Tax/1099 purposes
- Service Center/Receiver for electronic transactions sent to you by Virginia Medicaid

2. Individual Provider Name

If you have entered an individual (Type 1) NPI in field #1, you must enter an individual name. Individual providers are enrolled under their first name, middle initial, last name, suffix, title (4 spaces). Please note that if you are an individual enrolling to participate in a Group Practice, you must complete the Reassignment of Benefits (ROB) section identifying the NPI of the Group Practice in which you participate.

3.3.10   Submit Complete Portlet

Below is the portlet displayed after you've clicked on the submit button from the Online Enrollment form after entering all the required information.

You should take note of the Application Tracking Number as this will be needed in order to check on the status of an application.

3.3.11   Save Completed Portlet

Below is the portlet displayed after you've clicked on the 'Save' button from any page of the Online Enrollment Application form.
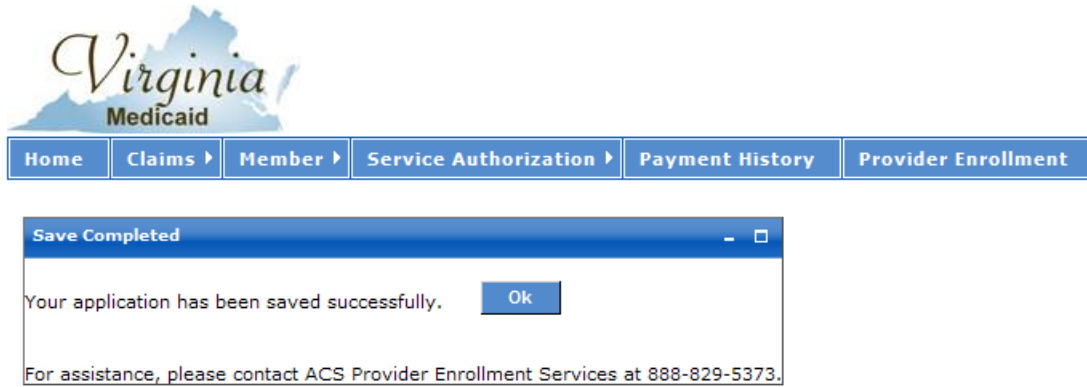
Once saved, the application can be 'recalled' and completed from the Provider Enrollment Status screen.
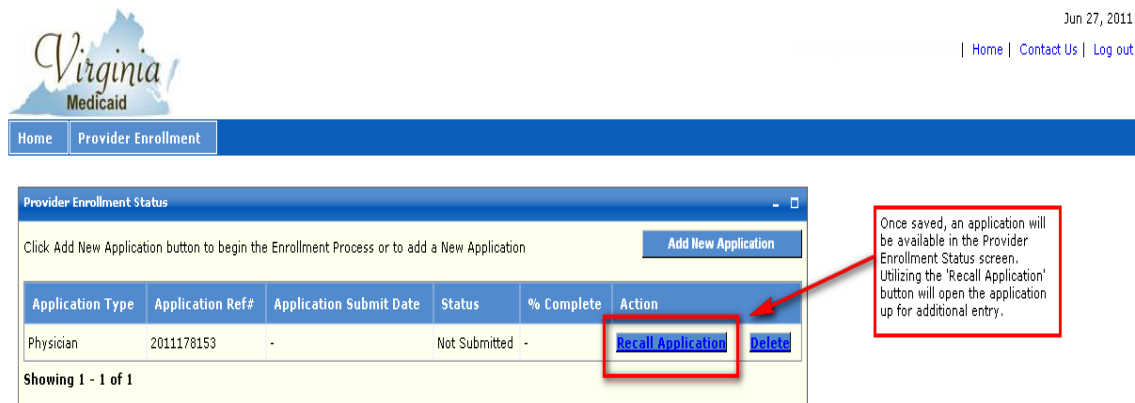
4.0 Provider Enrollment Status

The DMAS Medicaid Web Portal Provider Enrollment Services serves as an application tracking tool to providers.

When a user first logs into Provider Enrollment, the Provider Enrollment Status portlet is displayed as shown below.

The enrollment status tracking information available to providers includes the "status" of the application (e.g., In Review, Submitted, Rejected, Pended etc…) as well as a "percent complete" value that is based upon the progression of the application through the Provider Enrollment application approval process.

When the application status is 'Pended', the system displays the Upload button in the action column of the status portlet which will allow a provider to attach documents and submit in order to continue processing of the application.

'Not Submitted' status application row displays 'Recall Application' & 'Delete' buttons. When the provider clicks on the 'Recall Application' button it will pull up previously saved information from the portal database and display it in the enrollment application screen.

'Delete' button deletes the application from the portal database after confirmation. Once the application is deleted, you will not be able to access this application from the Enrollment Status portlet.

The following is a chart of the various Status and % Complete that could be encountered during the application process.

Workflow Status	Portal Status	% Value
(not in ECM)	Submitted	0%
Awaiting Payment	Awaiting Payment	0%
Awaiting Payment – NSF	Awaiting Payment – Prior Payment Not Processed	0%
Awaiting Hardship Exception Response	Awaiting Hardship Exception Response	0%
Send for Verification	Sent for Verification	20%
Pend Application Nursing Facility – Awaiting Documentation	Pended	25%
Hardship Exception Denied	Pending Action - Hardship Exception Denied	0%
Hardship Exception Appeal	Pending Hardship Appeal Approval	0%
Send to Manager for Review	In Review	50%
Send to DMAS for Review	In Review	50%
Send to PES Specialist	In Review	70%
Approve Application & Send to Conduent	Awaiting Approval	75%
Screening In-process CMS / Other SMA	Awaiting Screening Completion	5%
Awaiting Criminal Background Check Results	Awaiting Criminal Background Check Results	75%
Reject Application & Send to Conduent	In Review	75%
Approve Application	Approved	100%
Reject Application	Rejected	100%
Deny Application	Denied	100%
Other	Revalidation Invalid	100%
Terminate Application	Application Invalid	100%

Appendix A – Glossary of Terms

Term	Definition
API	Atypical Provider Identifier – assigned by the Commonwealth of Virginia for providers that are not eligible for an NPI (i.e. transportation providers)
EDI	Electronic Data Interchange
FEIN	Federal Employer Identification Number
Navigational Tabs	Tabs on a portal page that will take the user to other sections in the portal or bring up documents.
NPI	National Provider Identifier
Organization Administrator (OrgAdmin)	The person who can also establish the Authorized User role and can reset the passwords, activate and deactivate users and lock and unlock user IDs for Authorized Users.
Portlets	Sections or 'boxes' that comprise a web portal page
Primary Account Holder	The person who will perform the initial web registration and will establish the security needed to allow the access to secured provider functionality
Provider Organization	Either an individual provider or group provider and the user community in support of them
SSN	Social Security Number
User	Any person that will access the Web Portal and leverage the functionality within it

Appendix B – Provider Enrollment FAQ

<div>

Virginia Medicaid Web Portal
Provider Enrollment
Frequently Asked Questions
Revised 04/17/2014

</div>

General Questions

How do I access the new Virginia Medicaid Web Portal?

The Virginia Medicaid Web Portal can be accessed through the following link:
www.virginiamedicaid.dmas.virginia.gov

As a provider that has not previously enrolled as a Medicaid provider with the Department of Medicaid Assistance Services (DMAS), do I need to complete the web portal registration process?

Yes, though you won't complete the entire process.

The registration process involves the completion of the following step:

2. Establish a User ID, password and security profile

After the enrollment application is approved, you must then complete the remaining registration steps noted below:

2. Initiate the authentication process

3. Complete identity authentication with the Security ID generated and mailed to the provider

Where do I go to get assistance on the enrollment application, specific to certain fields?

There are 4 different ways to get assistance while completing the enrollment application.

1. Navigate to the 'Information' link from the Application Links portlet on the left side of the application screen.

2. Some fields contain the information icon. When this tab is present and clicked, it will display information specific to that field (i.e. definition, field formats, etc).

3. Each field on the application contains hover help. Place the cursor over the field in question and a field help will be displayed with information specific to that field (i.e. specific formatting requirements)

4. If at any time during the registration process you have questions or issues, please contact the Virginia Medicaid Helpdesk toll free at 866-352-0496.

My computer has Windows 7 operating system with IE9 and I am having trouble accessing the portal. Is there something I can do?

In order to use IE9 for the Web Portal the following settings are suggested:

4) Security settings set to Medium-High
     o Open an IE9 browser session
     o Click Tools->Internet Options.
     o Click the Security Tab
     o Verify/change to Medium-High
5) Verify Java is installed
     o Go to www.java.com
     o Press the option that says "Do I have Java?"
     o Once the page refreshes, if Java is installed, the Java version will be displayed.
     o If Java is not installed, press the free java download button.
6) Add Virginia.gov to Compatibility View Settings
     o Open an IE9 browser session
     o Click Tools->Compatibility View settings.
     o Type 'virginia.gov' and click 'Add'.
     o Click 'Close'
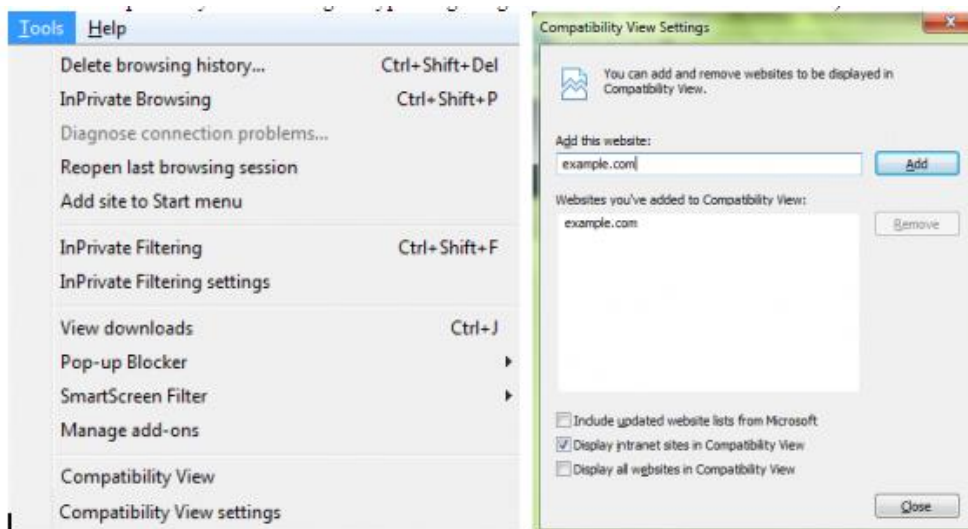
If you have any questions, please contact the Virginia Medicaid helpdesk at 866-352-0496.

Provider Enrollment Applications

If I am applying for both an individual provider number and a group provider number can I complete just one application?

No, you must complete a separate application for each number.

Is there a particular format that dates must be entered in?

For all date fields, please use the date format (mm/dd/yyyy) unless otherwise indicated.

Can anyone associated with the provider requesting an individual provider enrollment sign the application?

No, Individual Provider Applications must be signed by the individual applying for enrollment.

How do I initiate a provider enrollment application?

To begin the process to submit an application, you will need to follow the steps detailed below:

1. Sign in to the portal, using your provider user id (selected during the registration process)

2. Select the 'Provider Enrollment' tab from the navigation bar

3. From the 'Enrollment Status' portal page, click the 'Add New Application' button

4. From the 'Become a Provider' portal page, select the provider type that you wish to enroll for

5. Complete all appropriate information on the online application

I'm a physician with a telemedicine specialty; do I need to do something additional?

For in-state physician with a VA license, or out-of-state physicians located within 50 miles of the VA border that possess a license in their state, nothing else is needed. For physician's that operate out-of-state (more than 50 miles from the VA border) you will need to submit both your out-of-state license (based on your servicing address) as well as your VA license in order to operate as a telemedicine provider with the Commonwealth of VA.

For physician's that operate out-of-state (more than 50 miles from the VA border) you will also need to attest to enrollment in your resident state Medicaid program.

I receive an attachment page with a list of attachments that I need for application approval. Can I submit my application and submit these later?

The attachment page displays all the required documents for reviewing and approving the application.

The application can be submitted without attaching the required documents at the time of submission but the application cannot be approved until the required documents are received.

The attachments are automatically associated with a Provider's application for efficient handling.

I receive an application tracking number at the beginning of the enrollment process. Do I need that to make note of that?

You should take note of the Application Tracking Number as this will be needed in order to check on the status of your application.

Provider Enrollment Status

How can I tell where my application is in the review and approval process?

The enrollment tracking information available to providers includes the "status" of the application (e.g., In Review, Submitted, Denied, Pended etc…) as well as a "percent complete" value that is based upon the progression of the application through the Provider Enrollment application approval process.

What are the various status that I might see in the Enrollment Status portal?

The following is a chart of the various Status and % Complete that could be encountered during the application process.

Portal Status	% Value
Submitted	0%
Awaiting Payment	0%
Awaiting Payment – Prior Payment Not Processed	0%
Awaiting Hardship Exception Response	0%
Sent for Verification	20%
Pended	25%
Pending Action - Hardship Exception Denied	0%
Pending Hardship Appeal Approval	0%
In Review	50%
In Review	50%
In Review	70%
Awaiting Approval	75%
Awaiting Screening Completion	5%
Awaiting Criminal Background Check Results	75%
In Review	75%
Approved	100%
Rejected	100%
Denied	100%
Revalidation Invalid	100%
Application Invalid	100%

My application is listed in 'Pended' status and an 'Upload' button is appearing. What is this for?

When the application status is 'Pended', the system displays the Upload button in the action column of the status portlet which will allow a provider to attach documents and submit in order to continue processing of the application.