

# CHECK LIST FOR INDIVIDUAL SOLE PROPRIETOR PROVIDER ENROLLMENT

1.  **SINGLE SIGN ON(SSO) USER ID AND PASSWORD**
2.  First Name, Last Name
3.  Social Security Number
4.  Date of Birth
5.  National Provider Identifier (NPI)
6.  Applicant Type
7.  Email Address
8. **Add Provider Location**
  - a.  Location Type (must have Primary Practice Location)
  - b.  Address
  - c.  Zip Code
  - d.  Office Manager First Name
  - e.  Office Manager Last Name
  - f.  Office Manager SSN
  - g.  Office Phone Number
9. **Add Address Location Types** (must have Pay to and Correspondence Addresses)
  - a.  Pay To
  - b.  Correspondence
  - c. Remittance Advice – Optional
10.  **Provider Type**
  - a. Chiropractic
  - b. Dental
  - c. Non-Physicians
  - d. Optometry
  - e. Physicians
  - f. Podiatry
11. **Provider Specialty/Subspecialty Information for Physicians**
  - a.  If you select Provider Type (Physicians), then Board Certified and Certificate number may be required.
12. **Associate Billing Provider**
  - a.  Billing Provider NPI number
  - b.  Start Date(when the association began)

**13. License/Certification Numbers**

a.  Depending on Provider Type

Provider Type	Required	Optional		Provider Type	Required	Optional
<b>Physicians</b>				<b>Chiropractic</b>		
Medical Professional License	X			License	X	
DEA		X		<b>Optometry</b>		
CLIA		X		License	X	
<b>Non-Physicians</b>				<b>Podiatry</b>		
<b>Nurse Practitioners/ Clinical Nurse Specialists - Acute Care</b>						
License	X			License	X	
State Certificate	X			<b>Dental Physicians</b>		
<b>Certified Nurse Midwife</b>						
License	X			License	X	
State Certificate	X					

b.  License/Certification #

c.  Effective Date & Expiration Date

**14.  Mode of Claim Submission**

- a. Data Exchange Gateway (DEG) - How Medicaid receives electronic claims from Billing Agents
- b. Electronic Batch – Electric batch submitted directly from a Provider/Entity
- c. Billing Agent – If a Provider uses a Billing Agent for electronic claim submissions
- d. Online Direct Data Entry – Provider can submit their primary, secondary or tertiary claims to Medicaid one claim at a time on a claim form
- e. Paper - Provider submits their claim on paper

**15. Associate Billing Agent**

a.  Start Date (when the association began)

b.  You can be your own Billing Agent – Billing Agent ID #

16. **Owner Type**
  - a. Corporate – Charitable 501 [c] 3 – (Not for Profit)
  - b. Corporate – Non Charitable
  - c. Corporate
  - d. Foreign, Nonresident Alien
  - e. Government
  - f. Individual/sole Proprietor
  - g. Partnership
17. **Add Provider Owner Details**
  - a. Legal Entity Name
  - b. Entity Business Name
  - c. Percentage Owned of Practice - Has to be at least 5% and no more than 100%
  - d. Start Date of the Ownership
  - e. Address, City, State and Zip Code
  - f. Phone number of the practice
  - g. Social Security Number of the Owner(s) (Please specify SSN if owner is individual/Sole Proprietor or EIN/TIN if owner is Entity/Corporation)
18. **Taxonomy Code(s)**
  - a. Taxonomy code number(s)
  - b. Start Date you reported the Taxonomy Code to Medicaid
19. **Enrollment Checklist Questions:**
  - a. Do you need to request a Retro Enrollment Date? If yes, enter the requested Retro Enrollment Date in the comment field.
  - b. Are you accepting new clients?
  - c. Have you had any malpractice settlement, judgment or agreement? If yes, enter dollar amount(s) and date(s) in the comment field.
  - d. If a Nurse Practitioner or Nurse Midwife a collaborative agreement is required.
  - e. Are you currently excluded from any State program?
  - f. Are you currently excluded from any Federal program?
  - g. Have you ever had a criminal or health related conviction?
  - h. Have you ever had a judgment under any false claims act?
  - i. Have you ever had a program exclusion/debarment?
  - j. Have you ever had a civil monetary penalty?
  - k. Are you applying as a Private Duty Nurse (LPN/RN) for private duty services?
  - l. Do you have ownership interest in other entities reimbursable by Medicaid and/ Medicare? If so, provide details in “Add Ownership Details” step.

**REQUIRED INFORMATION**