

Virginia Medicaid Web Portal
Provider Enrollment
(Group 6)

Enrollment Form Instructions

BEFORE YOU BEGIN THIS APPLICATION

- If your organization is applying to enroll for one of the three DD Waiver Services: Building Independence Waiver, Community Living Waiver, Family and Individual Supports Waiver, or Developmental Disabilities Case Management and is not licensed through the Department of Behavioral Health and Developmental Services (DBHDS) you will need to complete the enrollment application that is required for your organization provider type and service. Applications can be found on the Virginia Medicaid Web portal <http://www.viriniamedicaid.dmas.virginia.gov> by selecting Provider Services, Provider Enrollment Forms and then select from the drop down provider type.
- If your organization is actively enrolled for service location and provider type for a DD Waiver service listed below, you can render those services under your active Atypical Provider Identification Number (API) or National Provider Identification (NPI) with Virginia Medicaid for the three DD Waiver Services or Developmental Disabilities Case Management Services. No new enrollment application is required.

Type of DD Waiver Service	Type of Enrollment Application to be completed.
Assistive Technology	Durable Medical Equipment (DME) Supplier Enrollment Application Note: A Community Services Board (CBS) can provide this service under current enrollment, no new enrollment is necessary.
Companion Services (Agency Directed)	Personal Care or Respite Care Enrollment Application.
Consumer-Directed Service Facilitation	Consumer-Directed Support Coordination Enrollment Application.
Electronic Home-Based Services (EHBS)	Durable Medical Equipment (DME) Supplier, Home Health Agency, Personal Care or Personal Emergency Response System (PERS) Enrollment Application. Note: A CSB can provide this service under current enrollment, no new enrollment is necessary. A Center for Independent Living provider would complete DD Waiver Service enrollment application.
Environmental Modifications	Durable Medical Equipment (DME) Supplier Enrollment Application. Note: A Community Services Board (CSB) can provide this service under current enrollment, no new enrollment is necessary.
Individual and Family Caregiver Training	Individual and Family Caregiver Training Enrollment Application

Personal Assistance Services (Agency Directed)	Personal Care or Respite Care Enrollment Application.
Personal Emergency Response System (PERS)	Home Health Provider, Personal Care, Durable Medical Equipment (DME), hospital, or PERS Manufacturer enrollment applications.
Respite Services (Agency Directed)	Personal Care or Respite Care Enrollment Application.

SECTION I: PROVIDER DEMOGRAPHIC INFORMATION

1. National Provider Identifier (NPI) or Atypical Provider Identifier (API)

Atypical Provider Identifier (API) Leave this section blank if you have not obtained a National Provider Identifier (NPI) and are enrolling for one or more of the services listed below. These services have been identified as belonging to an Atypical Provider Category. A ten digit API will be assigned to your organization once application and services have been approved. This new ten-digit API number will be used on all Medicaid business transactions (claims, Automated Response System telephone service (ARS), Virginia Medicaid web portal, etc.).

- Benefits Planning
- Community Coaching
- Community Engagement
- Community Guide
- Companion Services (Agency-Directed)
- 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)
- Respite Services (Agency-Directed)
- Shared Living
- Sponsored Residential
- Sponsored Living Residential
- Transition Services
- Workplace Assistance

National Provider Identifier (NPI) Enter your 10-digit NPI.

If your organization is enrolling for the services listed below enter your organization's NPI. To participate as a provider of medical or health services for the Department of Medical Assistance Services (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. More information about the NPI and how to obtain one can be found at <http://www.cms.gov> under Regulations and Guidance, HIPAA Administrative Simplification, National Provider Identifier Standard (NPI).

- Assistive Technology
- Center-Based Crisis Supports
- Community Based Crisis Supports
- Crisis Support Services
- Developmental Disabilities Case Management – CSBs Only
- Electronic Home-Based Supports
- Environmental Modifications
- Personal Emergency Response System (PERS)
- Private Duty Nursing

- Skilled Nursing Services
- Therapeutic Consultation

2. Individual Provider Name (Required for Individuals) or Organization Name (Required for Organizations)

Enter the individual name or organization which identifies you to the public. This name will be used on the Virginia Medicaid Provider Directory Search.

3. Primary Servicing Address (Required)

Enter your Primary Servicing Address in this section.

- A Post Office Box address is not acceptable as a service location.
- The email address is required in order to receive important Medicaid information via our blast email system. The email address entered may differ between the Primary Servicing, Correspondence, Pay To, or Remittance Advices address.

4. Correspondence Address (Required)

Enter the address to which you would like correspondence (Medicaid Manual updates, Medicaid memos, etc.) sent.

- A Post Office Box is acceptable for this type of address.
- Only one Correspondence Address is allowed per NPI.
- The email address is required in order to receive important Medicaid information via our blast email system. The email address entered may differ between the Primary Servicing, Correspondence, Pay To, or Remittance Advices address.
- If the Correspondence Address is the same as the Primary Servicing Address, enter SAME on the Attention line.

Indicate if you wish to receive Medicaid correspondence at this address. If you select 'No' then all Medicaid correspondence associated with your enrollment will be suppressed.

5. Pay to Address

Enter the address to which you would like payments sent for services rendered.

- Only one Pay to Address is permitted per NPI.
- The email address is required in order to receive important Medicaid information via our blast email system. The email address entered may differ between the Primary Servicing, Correspondence, Pay To, or Remittance Advices address.
- If the Pay to Address is the same as the Correspondence Address, enter SAME on the Attention line.

6. Remittance Advice Address

Enter the address to which you would like Remittance Advice sent for services

rendered.

- Only one Remittance Advice Address is allowed per NPI.
- The email address is required in order to receive important Medicaid information via our blast email system. The email address entered may differ between the Primary Servicing, Correspondence, Pay To, or Remittance Advices address.
- If the Remittance Address is the same as the Pay to Address, enter SAME on the Attention line.

7. Social Security Number (SSN) and Date of Birth (Required for individual providers without a TIN)

Enter the Social Security Number (SSN) and Date of Birth of the individual provider if the provider is not personally incorporated under a Taxpayer Identification Number (TIN).

8. IRS Name (Required for Organizations)

Enter the IRS name associated with the tax ID registered with the IRS.

9. Taxpayer Identification Number (TIN) (Required for Organizations)

Enter your nine-digit Taxpayer Identification Number (TIN). This may also be called your Employer Identification Number (EIN), Federal Employer Identification Number (FEIN), or Federal Tax Identification Number (FTIN).

10. Doing Business as (DBA) Name

Enter the name under which the business or operation is conducted and presented to the community. This name will be used on the Virginia Medicaid Provider Search Directory.

11. Requested Effective Date of Enrollment (Required)

Enter the date that you are requesting your enrollment to begin.

- Effective date cannot be more than one year past the current date.
- Effective date will never be before the effective date of your license.

**12. Three DD Waivers Services, DD Case Management and Corresponding License Requirements (Required)
(Required for Services Below)**

Select the services you are applying to provide and choose a type of license and enter the license number, effective date and end date.

Benefits Planning

An eligible provider for this service shall be one of the following: A nationally certified Social Security Administration (SSA) Community Work Incentive Coordinators (CWIC); or A Department for Aging and Rehabilitative Services (DARS) certified

Work Incentive Specialist Advocate (WISA) approved vendor.

Must have one of the following credentials:

- DARS written verification for certified Work Incentive Specialist Advocates (WISA)
- SSA certification provided by Community Work Incentives Coordinators (CWIC)

Center-Based Crisis Supports

Providers of this service who are licensed through DBHDS as one of the following:

- Group Home Service - REACH
- REACH Children's Residential Services

Community-Based Crisis Supports

Providers of this service who are licensed through DBHDS as the following:

- Outpatient Services/Crisis Stabilization - REACH

Community Coaching

Providers of this service who are licensed through DBHDS as the following:

- Non-centered based day support services

Community Engagement

Providers of this service who are licensed through DBHDS as the following:

- Non-centered based day support services

Community Guide

Providers of this service must have a signed provider participation agreement with DMAS. The provider designated in the Participation Agreement must directly provide the services and bill DMAS for reimbursement.

Companion Services (Agency-Directed)

Providers of service who are licensed through DBHDS as one of the following:

- Group Home Residential Services
- Non-Center Based Day Support
- Respite Services License
- Supportive In-Home Residential Services

Crisis Support Services

Providers of this service must be licensed through DBHDS as one of the following:

- Non-residential Crisis Stabilization Services
- Residential Crisis Stabilization Service
- Outpatient Crisis Stabilization Services - REACH

Developmental Disabilities Case Management – CSBs Only

Only Community Services Board providers who are licensed through DBHDS for the following:

- Case Management Services

Electronic Home-Based Services (EHBS)

- Community Services Board/Behavioral Health Authority
- Center for Independent Living

Group Day Services

Providers of this service who are licensed by DBHDS as the following:

- Center-based and/or non-center based day support services

If you are a new provider, you must attach a copy of the HCBS compliance letter from DBHDS before this application for enrollment can be approved.

Group Home Residential

Providers of this service who are licensed by DBHDS as the following:

- Group Home Residential

Or, provider who are licensed through Department of Social Services (DSS) as the following:

- DSS Approved as an Adult Foster Care Home

If you are a new provider, you must attach a copy of the HCBS compliance letter from DBHDS before this application for enrollment can be approved.

Group Supported Employment

Providers of this service who hold an agreement through the Department of Agency and Rehabilitation Services (DARS) of Virginia as the following:

- DARS supported employment services vendor agreement

If you are a new provider, you must attach a copy of the HCBS compliance letter from DBHDS before this application for enrollment can be approved.

Independent Living Supports

Providers of this service who are licensed by DBHDS as the following:

- Supportive In-Home Residential Services

Individual Supported Employment

Providers of this service who hold an agreement through the Department of Agency and Rehabilitation Services (DARS) of Virginia as the following:

- DARS Supported Employment Services Vendor Agreement

In-Home Support

Providers of this service who are licensed by DBHDS as the following:

- Supportive In-Home Residential Services

Peer Mentor Supports

The administering agency shall be a DBHDS licensed provider of DD waiver services or Center for Independent Living.

Providers of this service must provide one of the following:

- Providers of this service who are licensed through DBHDS must provide a copy of their license and enter the begin date and end date of the license
- Providers of this service that are not licensed by the DBHDS must attach a copy of their Articles of Incorporation and provide the begin date and for the end date insert 09/30/9999 under the Center for Independent Living section

Personal Assistance Services-Agency Directed

Providers of this service who are licensed through DBHDS as one of the following:

- Group Home Residential Services
- Supportive In-Home Residential Services

Private Duty Nursing

Providers selecting this service are attesting that they meet all of the requirements set out in 12 VAC 30-122-110 through 12 VAC 30-122-140 and D.1.2.3.

Providers of this service who are licensed through DBHDS as one of the following:

- Day Support Services
- Residential Services
- Respite Services

Respite Services (Select all that apply)

Providers of this service who are licensed through DBHDS as one of the following:

- Center-Based Respite Services
- In-home Respite Services
- Out-of-home Respite Services
- Residential Services
- Supportive In-home Residential Services

Or, who are licensed through the Department of Social Services (DSS):

- Foster Care Home for Children
- Adult Foster Care Home (for individuals outside of that home)

Shared Living

Providers of this service who are licensed through DBHDS

Skilled Nursing Services

Providers selecting this service are attesting that they meet all of the requirements set out in 12 VAC 30-122-1320 and D.1.2.3.

Providers of this service who are licensed through DBHDS as one of the following:

- Day Support Services
- Residential Services
- Respite Services

Sponsored Residential

Providers of this service who are licensed by DBHDS as the following:

- Sponsored Residential Home Services License

If you are a new provider, you must attach a copy of the HCBS compliance letter from DBHDS before this application for enrollment can be approved.

Supported Living Residential

Providers of this service who are licensed by DBHDS as the following:

- Supervised Living Residential Services License

If you are a new provider, you must attach a copy of the HCBS compliance letter from DBHDS before this application for enrollment can be approved.

Transition Services

No license is required. Must complete and submit this application.

Workplace Assistance Services

Providers of this service who hold an agreement through DARS as the following:

- DARS Supported Employment services vendor agreement

Or, who are licensed through DBHDS as the following:

- Non-Center Based Day Support license

Therapeutic Consultation Services

Providers with Therapeutic Consultation Services would complete the following question.

13. Therapeutic Consultation Services and Corresponding License (Required for Below Services)

Select service for which you are licensed and applying to provide. Choose a type of license and enter the license number, effective date and end date.

Behavioral Consultation – (Select all that apply)

Providers of this service who are licensed through one of the following:

- Board Certified Behavioral Analyst (BCBA)
- Board Certified Associate Behavior Analyst (BCABA)
- Licensed through Department of Health Professions (DHP) of Virginia as one of the following:
 - Licensed Clinical Social Worker
 - Licensed Professional Counselor
 - Psychiatrist
 - Psychiatric Clinical Nurse Specialist
 - Psychologist
- Positive Behavioral Supports Facilitator endorsed by the Partnership for People with Disabilities at Virginia Commonwealth University or other recognized PBS training organization.

Physical Therapy Consultation

Providers of this service who are licensed through DHP of Virginia as a Physical Therapist

Psychology Consultation

Providers of this service who are licensed through the DHP of Virginia as one of the following:

- Licensed Clinical Social Worker
- Licensed Professional Counselor
- Psychiatrist
- Psychiatric Clinical Nurse Specialist
- Psychologist

Occupational Therapy Consultation

Providers of this service who are licensed through DHP of Virginia as an Occupational Therapist.

Therapeutic Recreation Consultation

Providers of this service who are certified through the National Council for Therapeutic Recreation Certification (NCTRC) as a Therapeutic Recreational Specialist.

Rehabilitation Consultation

Providers of this service who are certified through the Virginia Department for Aging and Rehabilitative Services (DARS) Certification as one of the following:

- Certified Rehabilitation Specialist
- Rehabilitation Engineer

Speech Therapy Consultation

Providers of this service who are licensed through DHP of Virginia as a Speech Language Pathologist.

14. Type of Applicant (Required)

Indicate the Type of Applicant: Corporation, Limited Liability Company, Partnership, Individual or Government Entity.

- Corporation is defined as a legal entity or structure under the authority of the laws of a state consisting of a person or group of persons who become shareholders.
- Limited Liability Company is defined as a business structure allowed by state statute whose owners have limited personal liability for the debts and actions of the Limited Liability Company.
- Partnership is defined as the relationship existing between two or more persons who join and carry on a trade or business.
- Individual is defined as a single practitioner operating under his/her own SSN or TIN.
- Government Entity is defined as a “legally authorized or recognized agency, instrumentality, or other entity of Federal State, or local government (including multijurisdictional agencies, instrumentalities, and entities)”.

15. Languages Other Than English Spoken at Practice

Select all that apply for languages that are spoken at your organization. If no language is selected, English only will be recorded.

16. Signature Waiver (Required)

Signature Waiver allows for the submission of claim(s) which will contain the provider's computer generated stamped or typed signature instead of hand written signature.

SECTION II: DISCLOSURE OF OWNERSHIP AND CONTROL INFORMATION FOR DISCLOSING ENTITY, AUTHORIZED BY 42 C.F.R. §455.104 AND 42 C.F.R. §455.106

This section must be completed by an authorized representative. An authorized representative is defined as an individual with designated authority to act on behalf of the individual, group of practitioners, or disclosing entity. If not a solo practitioner, then the authorized representative must be a partner, president, or secretary of the group of practitioners or disclosing entity.

17. Ownership and Control Information for Disclosing Entity (Required)

Does any managing employee and/or any individual(s) or organization(s) have any ownership or controlling interest in this provider entity or in any subcontractor? The term "managing employee" means any person with management oversight, (i.e. general manager, business manager, administrator, director, or other individual) who exercises operational or managerial control over the day-to-day operations or administrative oversight of the provider/business office, as an employee, under contract with or through any other contractual arrangement. The ownership or controlling interest is an ownership interest of 5% or more in this provider entity.

If yes include:

- First and last name or organization name
- Title (i.e. CEO, MD, Pres.), date of birth and SSN for an individual or
- Tax ID (TIN) for an organization
- Type of ownership (Board of Directors, Controlling Interest, Managing Employee, Owner or Other)
- Address
- Percentage of ownership (Owners with 5% or greater ownership only)

If your organization is a non-profit or not-for-profit organization in accordance with Section 501(c)(3)

- Enter each member of your board of directors, including first name, last name or organization name, title (i.e. CEO, Pres.), and date of birth, SSN for individuals or Tax ID (TIN) for organizations, and address.

18. Relationships (Required if applicable)

Are any of the individuals named in the previous question related to each other?

If yes include:

- Name from previous question
- Relationship (spouse, parent, child, or sibling)

- Name of the person from previous question to whom they are related

19. Subcontractor (Required)

Does any individuals with an ownership or controlling interest in any subcontractor that the disclosing entity has direct or indirect ownership of 5% or more?

If yes include:

- First and last name or organization name
- Title (i.e. CEO, MD, Pres.), date of birth and SSN for an individual or
- Tax ID (TIN) for an organization
- Address
- Percentage of ownership

20. Other Disclosing Entity (Required)

Does the name, title, SSN/TIN, address and percentage of ownership of any other disclosing entity in which a person, with an ownership or controlling interest in this disclosing entity, has an ownership or control interest of at least 5% or more?

If yes include:

- First and last name or organization name
- Title (i.e. CEO, MD, Pres.), date of birth and SSN for an individual or
- Tax ID (TIN) for an organization
- Address
- Percentage of ownership

21. Criminal Offenses of Persons with Ownership or Controlling Interest (Required)

Does any individual or organization listed previously have any ownership or controlling interest in the applicant that has been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State healthcare program due to fraud, obstruction of an investigation, a controlled substance violation or any other crime or misconduct?

Criminal offenses that must be included are:

- Convictions for any health related crimes or misconduct
- Assessment of fines or penalties for any health related crimes or misconduct
- Exclusion from any Federal or State healthcare program due to:
 - Fraud
 - Obstruction of an investigation
 - Controlled substance violation
 - Any other crime or misconduct

If yes include:

- First and last name or organization name
- Title (i.e. CEO, MD, Pres.), date of birth and SSN for an individual or
- Tax ID (TIN) for an organization
- Address

Attach a copy of the final disposition.

22. Criminal Offenses of Any Other Connected Individuals or Organizations (Required)

Has any individual or contractor connected with your practice that has been convicted or assessed fines or penalties for any health related crimes or misconduct, or is excluded from any Federal or State healthcare program due to fraud, obstruction of an investigation, a controlled substance violation or any other crime or misconduct?

Criminal offenses that must be included are:

- Convictions for any health related crimes or misconduct
- Assessment of fines or penalties for any health related crimes or misconduct
- Exclusion from any Federal or State healthcare program due to:
 - Fraud
 - Obstruction of an investigation
 - Controlled substance violation
 - Any other crime or misconduct

If yes include:

- First and last name or organization name
- Date of birth and SSN for an individual or
- Tax ID (TIN) for an organization
- Address

Attach a copy of the final disposition.

23. Adverse Legal Actions (Required)

Check Yes if the applicant has had any adverse legal actions imposed by:

- Medicare
- Medicaid
- Federal agency or program
- Any state's agency or program
- Any licensing or certification agency

If Yes is checked, attach a copy of the final disposition.

SECTION III: CLAIM PAYMENT AND PROCESSING INFORMATION

All Virginia Medicaid providers that enroll must submit all claims electronically by Electronic Data Interchange (EDI) through a clearing house, or Direct Data Entry (DDE) through the Virginia Medicaid web portal (www.viriniamedicaid.dmas.virginia.gov). Providers must also enroll to receive their payments via Electronic Funds Transfer (EFT) for payment of those services. Any provider who cannot comply with these requirements for good cause must request an exemption describing why they cannot comply.

24. Electronic Funds Transfer (Required)

If you select to participate in the Electronic Funds Transfer (EFT) of

payments directly deposited into your account, you must provide:

- Financial Institution – The name of the financial institution that will receive your EFT deposits
- Routing or ABA Number – The routing or ABA number of the financial institution above. Your banking institution's 9-digit routing number is sometimes called the ABA number. The routing number must begin with numbers that fall in the ranges 01-12, 21-32 or 61-72 (for example 079986597). Note the number on your deposit slip is not a valid routing number.
- Account Number - The Account Number is a code identifying the account that will be accepting your direct deposit.

If you select not to participate in EFT you must apply for an exemption and show good cause.

- Good cause may include, but is not limited to:
 - The unavailability of a banking institution capable of transacting business via EFT.
- To apply for an exemption, attach to this application either a letter from the financial institution or a letter from the applicant for consideration. The letter must:
 - Be on letterhead, either a financial institutions or the applicants
 - Be signed
 - Be dated
 - Include the applicant's NPI
 - Include a description of the good cause

25. Electronic Claims Submission (Required)

For more information on how to submit claims through Electronic Data Interchange (EDI) through a clearing house or through Direct Data Entry (DDE) at no cost on the Virginia Medicaid Web Portal, visit www.virginiamedicaid.dmas.virginia.gov. This information is located in the Quick Links menu, Provider Services, EDI Support.

Check if you will submit claims using (EDI) through a clearing house or DDE through the Virginia Medicaid Web Portal, www.virginiamedicaid.dmas.virginia.gov.

If you select to apply for an exemption you must show good cause.

- Good cause may include, but is not limited to:
 - Unavailability of necessary infrastructure in the geographic region
 - No mechanism to electronically submit for a particular claim type
 - Financial hardship
- To apply for an exemption, attach a letter to this application for consideration. The letter must:
 - Be on the applicant's letterhead
 - Be signed
 - Be dated
 - Include the applicant's NPI

- Include a description of the good cause

26. Electronic Remittance Advice (ERA)

Check to request participation in electronic remittance advices as part of your enrollment with Virginia Medicaid and FAMIS and enter the Service Center Name and ID Number.

27. Remarks

Enter any additional information you would like to be considered as part of your enrollment application.