EE Provider Enrollment	
Enroll Provider	
Item	**Details**
Description	The **Enroll Provider** business process is responsible for enrolling providers into Medicaid that includes:
	• Determination of contracting parameters (e.g., Provider taxonomy, type, category of service that the Provider can bill).
	• Establishment of payment rates and funding sources, taking into consideration service area, incentives or discounts.
	• Alert sent to **Manage Contract** business process to negotiate contracts.
	• Supporting receipt and verification of program contractor's Provider enrollment roster information (e.g., from Managed Care Organization (MCO) and Home and Community-Based Services (HCBS)).
	• Alert sent to **Manage Provider Information** business process to load initial and modified enrollment information, including Providers contracted with program contractors into the Provider data store.
	• Alert sent to **Manage Provider Information** business process to provide timely and accurate notification, or to make enrollment information required for operations available to all parties and affiliated business processes, including:
	o Alert sent to **Prepare Provider Payment** business process for capitation and premium payments.
	o To prepare Provider Electronic Funds Transfer (EFT) or check with the **Manage Accounts Payable Disbursement** business process.
	o The appropriate communications and outreach processes for follow-up with the affected parties, including informing parties of their procedural rights.
	• Periodic review is due or receipt of request to:
	o Negotiate payment rates.
	o Notify Provider of enrollment determination.
	Enroll Provider business process supports receipt and verification of program contractor's Provider enrollment roster information (e.g., name, identification, contract information, type, specialty and services) from Managed Care Organization (MCO) and HCBS organizations.
Trigger Event	Interaction-based Trigger Events:
	• Receive newly eligible Provider from **Determine Provider Eligibility** business process.
	• Receive newly eligibility contractor from **Award Contract** business process.
	• Receive alert from **Manage Performance Measures** to revalidate provider.
	Environment-based Trigger Events:

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	• Periodic review is due or receipt of to:
	
	  o Renegotiate payment rates.
	
	  o Reevaluate enrollment based criteria such as performance measures, or triggered by date such as anniversary date based on Medicaid policy to verify information based on a contractual duration (e.g. year or months).
	
	• Receive program enrollment or disenrollment information from Medicaid or CHIP.
	
	• Receive request for provider's enrollment roster information.

Result	• Enrolled, re-enrolled, suspended, or denied enrollment of provider or contractor into programs. • If applicable, alert sent to notify provider via **Manage Provider Communication** business process of enrollment determination. • If applicable, alert sent to notify contractor via **Manage Contractor Communication** business process of enrollment determination. • If applicable, alert sent to **Manage Contractor Payment** for payment arrangement. • Alert sent to **Perform Provider Outreach** to send relevant state policy information. • Alert sent to **Manage Contract** business process to negotiate contract. • If applicable, send response for Provider enrollment roster information. • Alert sent to notify Health Insurance Exchange (HIX) of provider enrollment information. • Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	1. **START:** Determine contracting parameters (e.g., Provider taxonomy, categories of service for which the Provider can bill), eligible Provider types, payment types, contract terms and maximums, member enrollment levels, panel size, and any contractor specific benefit packages and procedures. 2. Assign any identifiers used internally. 3. Determine if there are enrollment limits due to moratoriums issued. If yes, skip to step 9. 4. Assign to programs and determine rates: Includes identifying type of rate (e.g., negotiated, Medicare, percent of charges, case management fee, other via look-ups in the reference and benefit repositories). 5. If applicable, send alert to **Manage Contractor Payment** business process for payment arrangement.

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	6. Send alert to **Perform Provider Outreach** business process to send relevant state policy information.
	7. Send alert to **Manage Contract** business process to negotiate contract.
	8. If applicable, send alert to notify contractor via **Manage Contractor Communication** business process of enrollment determination.
	9. If applicable, provide response to request for Provider enrollment roster information.
	10. Send alert to notify Health Insurance Exchange (HIX) of provider enrollment information.
	11. **END:** Send alert to notify provider via **Manage Provider Communication** business process of enrollment determination.

Shared Data	Provider data store including:
	
	 • Provider demographics
	 • Provider network
	 • Contract information
	  o Type
	  o Specialty
	  o Enrolled Program
	  o Jurisdiction
	  o Payment Information
	 • Provider taxonomy
	 • Service Location Information
	  o Category of Service
	  o Services
	  o Limitations
	  o Business Arrangement
	
	 Contractor data store including provider network information
	
	 Plan data store including health benefit and fees information
	
	 Moratorium data store including Caps and Limits information
	
	 Health Insurance Exchange (HIX) including provider enrollment information

Predecessor	**Determine Provider Eligibility** **Manage Provider Communication**

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	Manage Performance Measures
	Award Contract
Successor	*Manage Provider Information*
	Manage Provider Communication
	Manage Contractor Information
	Manage Contractor Communication
	Perform Provider Outreach
	Manage Contract
Constraints	The Provider enrollment process will accommodate the full range of Provider types, organizations, specialties, different types of applicants (e.g., the primary Provider, billing agent, pay-to entity), and care settings (e.g., solo office practice, group practice, rural health clinic) as well as different types of applications (e.g., New, Modification, Cancellation, Update). Different business rules may apply to each of these different types. Affiliations – MCO or subpart relationship.
Failures	*Enroll Provider* business process results in a denied or suspended enrollment request for reasons such as: ● Lack of applicable rates. ● Provider meets caps or limits moratorium.
Performance Measures	● Time to complete Enrollment process = within __ days ● Accuracy with which edits are applied = ___% ● Consistency of decisions and disposition = ___% ● Error rate = __% or less

Provider Enrollment Variations		
Type	**Subtypes**	**Information**
Institutional Provider	The Institutional Provider application will accommodate a range of institutional Provider types (e.g., inpatient, nursing home, day care), different types of applicants (e.g., the primary Provider, billing agent, pay-to entity), and care settings (e.g., outpatient, emergency room, assisted living).	NPI, entity type, taxonomy, type of facility, bed size, equipment, type of institutional services, ownership, trading partner information, billing and payment information, tax code, DRG or other payment type
Individual Provider	The Individual Billing Provider application will accommodate a range of professional billing Provider types (e.g., Physician, Osteopath, Podiatrist, Chiropractor, Clinic, Lab, Radiology, other).	NPI, entity type, taxonomy, affiliation, location, trading partner information, billing and payment information
Individual	The Individual Rendering Provider application	NPI, entity type, taxonomy,

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Rendering Provider	will accommodate a range of professional rendering Provider types (e.g. Physician, Osteopath, Podiatrist, Chiropractor, Clinic, Lab, Radiology, other) Enumerate a group health practice separately from the individual physicians associated with it.	affiliation, location, equipment
Pharmacy	The Pharmacy application will accommodate a range of types (e.g., major chain with hundreds of stores, community pharmacy), different types of applicants (e.g., the primary Provider, billing agent, pay-to entity), and care settings (e.g., retail store, outpatient facility, nursing home). **NOTE:** The NPI enumeration will give one number to the individual drug store. It does not enumerate the individual pharmacist.	NPI, entity type, ownership, location, unit dose, mail order, DEA information, DUR compliance, trading partner information, billing and payment information
Atypical	The atypical Provider application will accommodate a range of types of programs (e.g., waiver, assistance in the home), different kinds of service Providers (e.g., family care-taker, taxi cab, plumber, carpenter, meals on wheels), different types of relationships (e.g., the primary Provider, billing agent, pay-to entity), and care settings (e.g., in the home, day care center). **NOTE:** The NPI enumeration does not provide ID numbers for atypical Providers at this time.	Provider ID, SSN, specialty, type of service Provider, allowed services, invoicing method
Suppliers	The DME suppliers and manufacturers supply or manufacturers application will accommodate a range of durable medical equipment, prosthetics, orthotics, supplies (DME Ops) types.	NPI, entity type, EIN, DME license, supplies, trading partner information, billing and payment information, ownership
Medical Transportation	The Medical Transportation Provider application will accommodate a range of transportation modes that include Air, Ambulance, Law, Pedestrian, Private or Public Transport. It should accommodate different types of vehicles, aircraft, licensing, and inspection information.	EIN, entity type, license type and number, inspection, vehicle, aircraft, and/or ambulance information