



Hewlett Packard
Enterprise

Provider Enrollment User Interface (UI) Informational Field Text Help Document

LIBRARY REFERENCE NUMBER: [0000911]
PROVIDER ENROLLMENT USER INTERFACE (US) INFORMATIONAL FIELD
TEXT HELP DOCUMENT
REVISION DATE: [01/29/2016]
VERSION 1.2

Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	10/21/2015		New Document	Documentation Team
Version 1.1	01/06/2016	Pages 1 – 3	Inserted TOC and Punctuation Standards	Documentation Team
Version 1.2	01/29/2016	All	Corrected Page numbers, changed zip code text	Documentation Team

Contents

1	MPI-PROMISE™ Punctuation Standards	1
1.1	Names (IRS, Legal Entity, Service Location):.....	1
1.2	Addresses (Address 1, Address 2):.....	1
1.3	City Names:.....	2
2	User Interface Field Help.....	3

1 MPI-PROMISe™ Punctuation Standards

1.1 Names (IRS, Legal Entity, Service Location):

The only allowable characters are:

1. Letters
2. Numbers
3. Spaces
 - Cannot be the first or last character
 - Cannot be consecutive
4. Ampersand (&)
 - Cannot be the first or last character
 - Must be preceded and followed by a space
5. Hyphen (–)
 - Cannot be the first or last character
 - Must be preceded and followed by letters or numbers
6. Forward Slash (/)
 - Cannot be the first or last character
 - Must be preceded and followed by letters or numbers

Periods and commas are *not* allowed in the name fields.

1.2 Addresses (Address 1, Address 2):

The only allowable characters are:

- 1) Letters
- 2) Numbers
- 3) Spaces
 - Cannot be the first or last character
 - Cannot be consecutive
- 4) Pound (#)
 - Cannot be the first or last character
 - Must be preceded and followed by a space
- 5) Hyphen (–)
 - Cannot be the first or last character
 - Must be preceded and followed by letters or numbers
- 6) Forward Slash (/)
 - Cannot be the first or last character
 - Must be preceded and followed by letters or numbers

All other punctuation should be omitted.

1.3 City Names:

The only allowable characters are:

- 1) Letters
- 2) Numbers
- 3) Spaces
 - Cannot be the first or last character
 - Cannot be consecutive

All other punctuation should be omitted.

2 User Interface Field Help

Page	Section	Field Name	Informational Field Text Required Y /N	Informational (Bubble) Text
Request for Information	Initial Enrollment Information	Provider Type	Y	Select the type of provider being enrolled
		Enrollment Type	Y	Select the type of enrollment being requested
	Tax Identifier	Federal Tax ID (FEIN)	Y	Enter the Federal Tax Identification Number (FEIN), also known as an Employer Identification Number (EIN), used to identify the enrolling provider
	Name of Enrollee	Last Name	Y if enrollment type = individual w/SSN or individual w/FEIN	Enter the last name of the enrolling provider as it is filed with the IRS and as it appears on IRS documents
		First Name	Y if enrollment type = individual w/SSN or individual w/FEIN	Enter the first name of the enrolling provider as it is filed with the IRS and as it appears on IRS documents
		Entity Name	Y if enrollment type = group or facility	Enter the complete name of the enrolling provider organization
	Medicaid Enrollment Information	Provider Number	Y if application = revalidation or reactivation	Enter the 13-digit Medical Assistance ID Number of the enrolling provider
	Contact Information	Last Name	Y	Enter the last name of the contact person who can assist with questions regarding this application
		First Name	Y	Enter the first name of the contact person who can assist with questions regarding this application

Page	Section	Field Name	Informational Field Text Required Y /N	Informational (Bubble) Text
		Email	Y	Enter the email address of the contact person who can assist with questions regarding this application
		Confirm Email	Y	Enter the email address of the contact person who can assist with questions regarding this application
		Password	Y	Enter a unique password 8 - 20 characters in length. The password must contain one numeric digit, one upper case letter and one lowercase letter. This password must be used to resume a saved application or to view the status of a submitted application. The password cannot be reset.
Service Location Address	Service Location Physical Address	Street	Y	Enter the physical street address where the enrolling provider holds an office / sets appointments and renders services
		Zip+4	Y	Enter the 5 + 4 digit zip code of the physical address where the enrolling provider holds an office / sets appointments and renders services
		Email	Y	Enter the email address of the enrolling provider
		Confirm Email	Y	Enter the email address of the enrolling provider
Specialties	Associated Specialties	Specialty	Y	Select the specialty(s) of the enrolling provider
		Number	Y	Enter the medical license, certificate or permit number of the enrolling provider

Page	Section	Field Name	Informational Field Text Required Y /N	Informational (Bubble) Text
		Issuing Entity	Y	Select the source of the medical license certificate or permit
Provider Eligibility Program (PEP)	Enrollment Effective Date	Requested Effective Date	Y	Enter the date the enrolling provider is requesting to begin participation with the Medical Assistance (MA) program
	Associated PEPs	Provider Eligibility Program (PEP)	Y	Select the Provider Eligibility Program(s) of the enrolling provider
Provider Identification	Provider IRS/Legal Name and Address	Entity Name	Y	Enter the Legal Name of the enrolling Provider Entity as it is filed with the IRS and as it appears on IRS generated documents
		Street	Y	Enter the Street Address where the 1099 tax document will be sent
	Contact IRS/Legal Name and Address	Last Name	Y	Enter the last name for the IRS contact
		First	Y	Enter the first name for the IRS contact
		Email	Y	Enter the email address for the IRS contact
		Confirm Email	Y	Enter the email address for the IRS contact
	Organizational Structure	Type	Y when enrollment type = Facility or Group	Select the appropriate practice organization
		(d/d/a) Name	Y	Enter the fictitious business / doing business as (dba) name
		Permit Number	Y	Enter the statement / permit number for the enrolling provider operating under a fictitious / business (d/b/a) name

Page	Section	Field Name	Informational Field Text Required Y /N	Informational (Bubble) Text
		Permit Name	Y	Enter the statement / permit name for the enrolling provider operating under a fictitious / business (d/b/a) name
	NPI	NPI	Y	Enter the unique National Provider Identifier (NPI) Number for the enrolling provider or group
		Taxonomy	Y	Select the appropriate taxonomy(s) of the enrolling provider
	CLIA Certification	CLIA Number	Y if the provider's SL has a CLIA Certificate and DOH Lab Permit	Enter the Clinical Laboratory Improvement Act (CLIA) Number of the enrolling provider
		DOH Lab Permit Number	Y if the provider's SL has a CLIA Certificate and DOH Lab Permit	Enter the Department of Health (DOH) Lab Permit Number of the enrolling provider
		OOS Lab Permit Number	Y if home state permit = Yes	Enter the out of state lab permit number of the enrolling provider
		Issuing State	Y if home state permit = Yes	Enter the issuing state for the out of state lab permit of the enrolling provider
	DEA	DEA #	Y if the provider has a DEA #	Enter the Drug Enforcement Agency (DEA) Number of the enrolling provider
	CMS	CMS Certification Number	Y if the provider has a CMS certification number	Enter the Centers for Medicare and Medicaid Services (CMS) Certification Number of the enrolling provider
Additional Information	Fee Assignments	Provider Number	Y if the individual provider wants	Enter the 13-digit existing group provider number to be linked and

Page	Section	Field Name	Informational Field Text Required Y /N	Informational (Bubble) Text
			to be linked and fee assigned to a provider group	fee assigned to the enrolling provider
Agreements	All Provider Agreements Types	Please sign by typing your full name here	Y	Enter the full name of the enrolling provider or the full name of a duly authorized representative of the enrolling provider
Resume Application	Resume Application	Application Tracking Number (ATN)	Y	Enter the unique number assigned to the application when it was initially started
		SSN or FEIN	Y	Enter the Social Security Number or Federal Tax Identification Number that was entered to identify the enrolling provider
		Password	Y	Enter the unique password established when the application was started. Passwords cannot be reset.
Application Status	Application Status	Application Tracking Number (ATN)	Y	Enter the unique number assigned to the application when it was initially started
		SSN or FEIN	Y	Enter the Social Security Number or Federal Tax Identification Number that was entered to identify the enrolling provider
		Password	Y	Enter the unique password established when the application was started. Passwords cannot be reset.