

Maine Integrated Health Management Solution

User Guide for Provider Maintenance

Version 6.0



Revision History

Version	Date	Author	Action/Summary of Changes	Status
1.0	12/11/2009	Unattributed	Published first edition to support Re-enrollment.	Final
1.1	09/08/2010	Kari Leighton	Updated for business and system changes.	Draft
1.1	09/09/2010	R.J. Roy	Quality review	Draft
1.1	09/16/2010	S. Savage	QA	Draft
1.2	11/23/2010	K. Keller	Revisions to add updated system screenshots	Draft
1.3	04/04/2011	R.J. Roy C Eisenhart	Reviewed for State business requirements and all final edits applied.	Draft
2.0	04/06/2011	R.J. Roy	State approval received. Finalized second edition to support ongoing Re-enrollments and new enrollments.	Final
2.1	04/27/2011	R.J. Roy	Minor revisions.	Draft
3.0	04/28/2011	R.J. Roy	State approval received. Finalized third edition.	Final
4.1	07/06/2011	R.J. Roy	Reviewed for Change Request impacts. Version incremented for doc set issuance matching.	Draft
4.2	07/14/2011	R.J. Roy	Make State-requested revisions	Draft
5.0	7/21/2011	R.J. Roy	State approved 7/21/2011 based on revisions and all prior reviews. Finalized for publication.	Final
5.1	12/05/2014	Ryan Albrecht	Updates per CR33834 CAQH CORE III and to current documentation standards	Draft
6.0	01/20/2015	Ryan Albrecht	Finalization per State acceptance email dated 01/20/2015	Final

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By accessing the Maine Health PAS Online Portal, all users agree to protect the privacy and security of the data contained within as required by law. Access to information on this site is only allowed for necessary business reasons, and is restricted to those persons with a valid user name and password.

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1. Introduction

In order to perform Provider Maintenance a provider must have already submitted an enrollment or re-enrollment application and be approved as a MaineCare provider. The provider will also need to have registered as a Trading Partner. For details on how to register as a Trading Partner, refer to the [Trading Partner Guide](#) on the MIHMS Health PAS Online Portal (online portal) on the Provider tab under the Provider Documents link, select Trading Partner Guides link.

Providers, with appropriate security, will be able to view their provider data and submit and/or update their provider file. Some simple changes, such as telephone numbers or updating the office contact, can take place with minimal enrollment staff intervention. Other changes, such as adding a new service location, will be submitted online by the provider and validated by designated Provider Enrollment staff.

The Provider Maintenance feature pulls information that was approved during the enrollment process and allows editing of provider information. For detailed instructions on completing individual screens within the application refer to the appropriate [Provider Enrollment User Guide](#) on the online portal. Screen illustrations in this User Guide are samples and the specific appearance and content of certain screens may change from time to time.

2. About the User Interface

2.1 Change the Text Size

Every screen of the Provider Maintenance application allows the user to customize the size of the displayed text.



Figure 2-1: Text Size Buttons in Title Bar

Initially, the text is shown in its smallest available size and only the Increase Text Size button appears in the title bar. If the user clicks the Increase Text Size button, the text size increases and the Decrease Text Size button appears.

Adjust the text size to suit as needed. The selection endures until it is changed again.

2.2 Use the Navigation Features

Every screen of the enrollment application has a set of standard navigation features, including:

- **The left menu.** Shown on the left side of each page, the left menu provides a list of all the enrollment steps displaying progress through each step.

NOTE: Although the menu items are clickable, it is recommended not to skip from one step to another during the initial completion of the enrollment application.

- **The standard buttons.** Located below the fields on each enrollment application screen are a set of buttons that enable the performance of certain actions. The available actions depend on the purpose of the screen. However, most screens include the Next, Previous, and Save and Close buttons, which allow navigation to the next screen, go back to the previous screen, or save the application in its incomplete state, respectively.

The locations of these features are shown in [Figure 2-2](#) below:

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Maine Provider Enrollment

Owner Business Questions (Enumerated As: Type 1 - NPI Individual)

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

Business Questions

1. Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX or XX? * Yes No
2. Are there any directors, officers, agents or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX or XX? * Yes No
3. Are there any individuals currently employed by the institution, agency or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only) * Yes No
4. Has there been a change in ownership or control within the last year? * Yes No
5. Do you anticipate any change of ownership or control within the year? * Yes No
6. Do you anticipate filing for bankruptcy within the year? * Yes No
7. Is this facility operated by a management company, or leased in whole or part by another organization? * Yes No
8. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year? * Yes No
9. Is this facility chain affiliated?
Was the facility ever affiliated with a chain? * Yes No
10. Have you increased your bed capacity by 10 percent or more or by 10 beds, whichever is greater, within the last 2 years? * Yes No

Standard buttons: Next Previous Save and Close

Figure 2-2: Locations of the Left Menu & Standard Buttons

Notice that there are header fields, which will appear on every provider enrollment screen.

Maine Provider Enrollment

Owner Business Questions Enumerated As: Type 1 - NPI Individual

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

Header fields

Figure 2-3: Header Fields

The header fields appear in [Figure 2-3](#) above:

- The top line shows the screen name and an indicator of how the provider enumerated their NPI.
- The second line shows the Pay-To provider ID, the enrollment case number, and the enrollment application status.

Additional information, such as service location name or rendering provider name, can appear in the header fields, depending on the screen being viewed. The header field content is appropriate to the context of the window.

3. Trading Partner Login

Once the account is activated, log in to the secure trading partner features by entering the user name and password in the online portal Provider page fields, see [Figure 3-1](#) below, and then click the **Sign In** button.

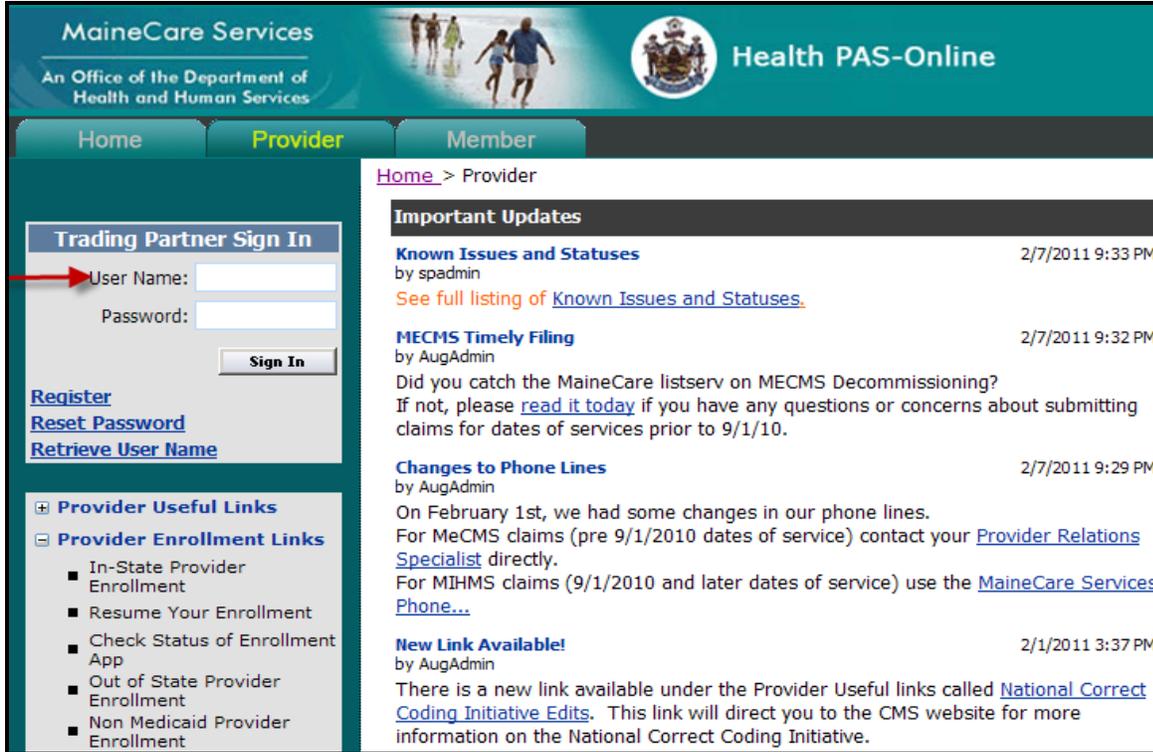


Figure 3-1: User Name and Password

The Welcome to Trading Partner screen appears, as shown in [Figure 3-2](#) below:

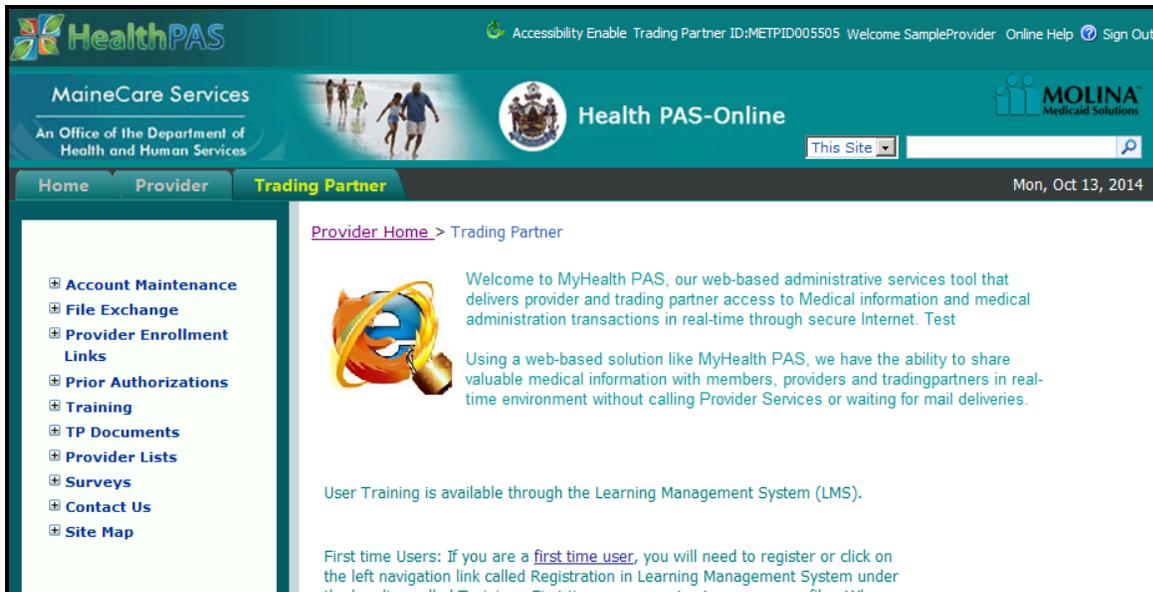


Figure 3-2: Welcome to Trading Partner

3.1 Manual Password Reset

Users may reset their password by one of two methods:

- If the current password is known, the user will enter their current username and password. Once authenticated, the user is prompted to select another password.
- If the current password is unknown, the user must enter their user ID and answer the password reset question supplied during initial registration.

Users who are unable to successfully reset their password will be directed to the EDI Helpdesk for assistance.

3.2 Mandatory Password Reset

Users will be required to change their password every 60 days. Users will be prompted during logon to change their password if the current password is greater than 60 days old.

3.3 Trading Partner Logoff

When logged in as a trading partner, the top status bar changes to indicate both the trading partner ID (TPID) and the user name for the person that is currently logged in. See sample status bar in [Figure 3-3](#) below:

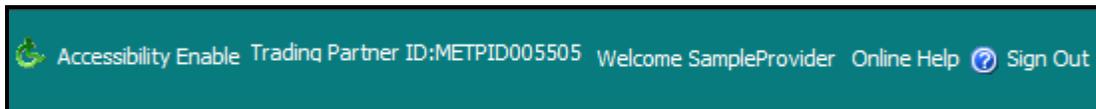


Figure 3-3: Trading Partner ID and User Name

3.4 Automatic Logoff

Users will be logged off automatically after 15 minutes of inactivity.

Some other logoffs could occur for reasons not apparent to the user because inactivity is detected both at the Trading Partner session level (which includes Provider Enrollment/Maintenance and Prior Authorization Criteria sheets) and within the Health PAS applications.

Transmitting data back to Health PAS (for example, by pressing Previous, Next, Save, Submit, Search, Adjudicate) counts as Health PAS activity, but clicking, scrolling, browsing, or taking a long time to fill a single form do not count as activity.

Trading Partner inactivity is tracked on a separate timer. Using the document libraries or changing tabs counts as activity. A logged off Trading Partner session will not refresh the screen and it will appear as if the user is still logged in. If the session has timed out, the next attempted action will fail. The user will either have to log back in or wait until the system will allow the user to log back in, if this message is displayed during a subsequent logon attempt.



Figure 3-4: Automatic Logoff Error Message

Automatic logoff protects the security of the user’s credentials as well as Member personal health information (PHI) and confidential provider financial and credentialing/licensing information.

3.5 Unsuccessful Logon Attempt, Account Lockout

After five unsuccessful logon attempts, the user will be locked out of the Trading Partner account and will have to contact the EDI helpdesk at MaineCareSupport@molinahealthcare.com to have the account re-activated.

4. Save and Close Feature

During Provider Maintenance, if the application must be closed for any reason, click the Save and Close button on the lower right side of the screen. This feature will save the information entered for a period of 30 days. The user can’t sign into the Trading Partner account to resume Provider Maintenance, access it via the Resume Your Enrollment link on the Provider tab of the online portal, under Provider Enrollment Links.

If the Provider Maintenance link is used again, the following error message is shown:

“The provider already has a full maintenance in progress. You must resume to access this application”.

To resume Provider Maintenance, the following information is needed:

- The email address as specified in the original enrollment
- Tax ID number
- Pay-To Provider NPI
- New enrollment case number (will be assigned during any Provider Maintenance - Full and Provider Demographic functions and sent in an email to the Contact Email Address. It is recommended to make a note of it when it appears on the screen).

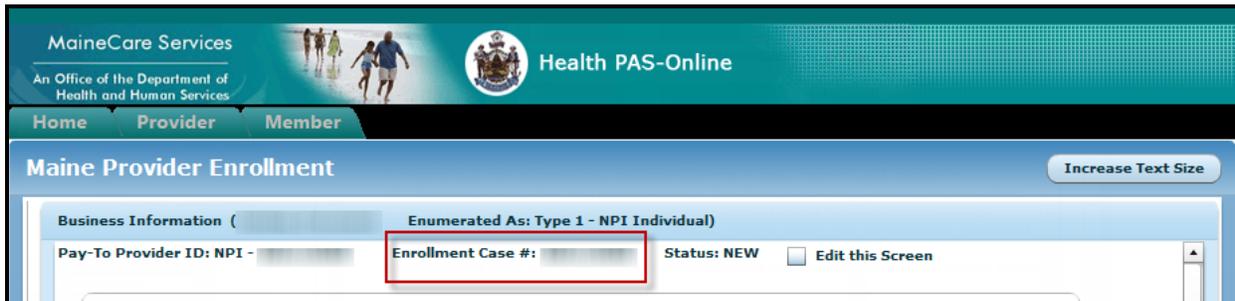


Figure 4-1: Write Down Enrollment Case #

5. Provider Maintenance

Once logged into the trading partner account, the user is in the secure portion of the portal under the Trading Partner tab. Under Provider Enrollment Links there are two options for Maintenance.



Figure 5-1: Provider Menu Options

Choose from 'Provider Maintenance – Demographic', reference Section [5.1: Provider Maintenance – Demographic](#) or 'Provider Maintenance – Full', reference Section [5.2: Provider Maintenance – Full](#).

The following fields will be locked and cannot be edited:

- Provider or Business Name
- Authorized Registrant First Name
- Authorized Registrant Last Name
- Provider ID
- Tax ID

The data is displayed but 'grayed-out.' If the information in a locked field changes, please contact Provider Services.

5.1 Provider Maintenance – Demographic

Provider demographic data can be self-maintained through the online portal. These are the items that may be updated in Provider Maintenance – Demographic:

- Contact name

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- Telephone number
- Email address
- Service location address
- Office hours
- Patient restrictions
- Languages spoken
- Rendering provider address
- Rendering provider phone number
- Rendering provider email address
- Whether a service location or rendering provider is accepting new patients or not

5.1.1 Select Provider Maintenance – Demographic

From the Secure page of the online portal, click on the link for ‘Provider Maintenance – Demographic’.

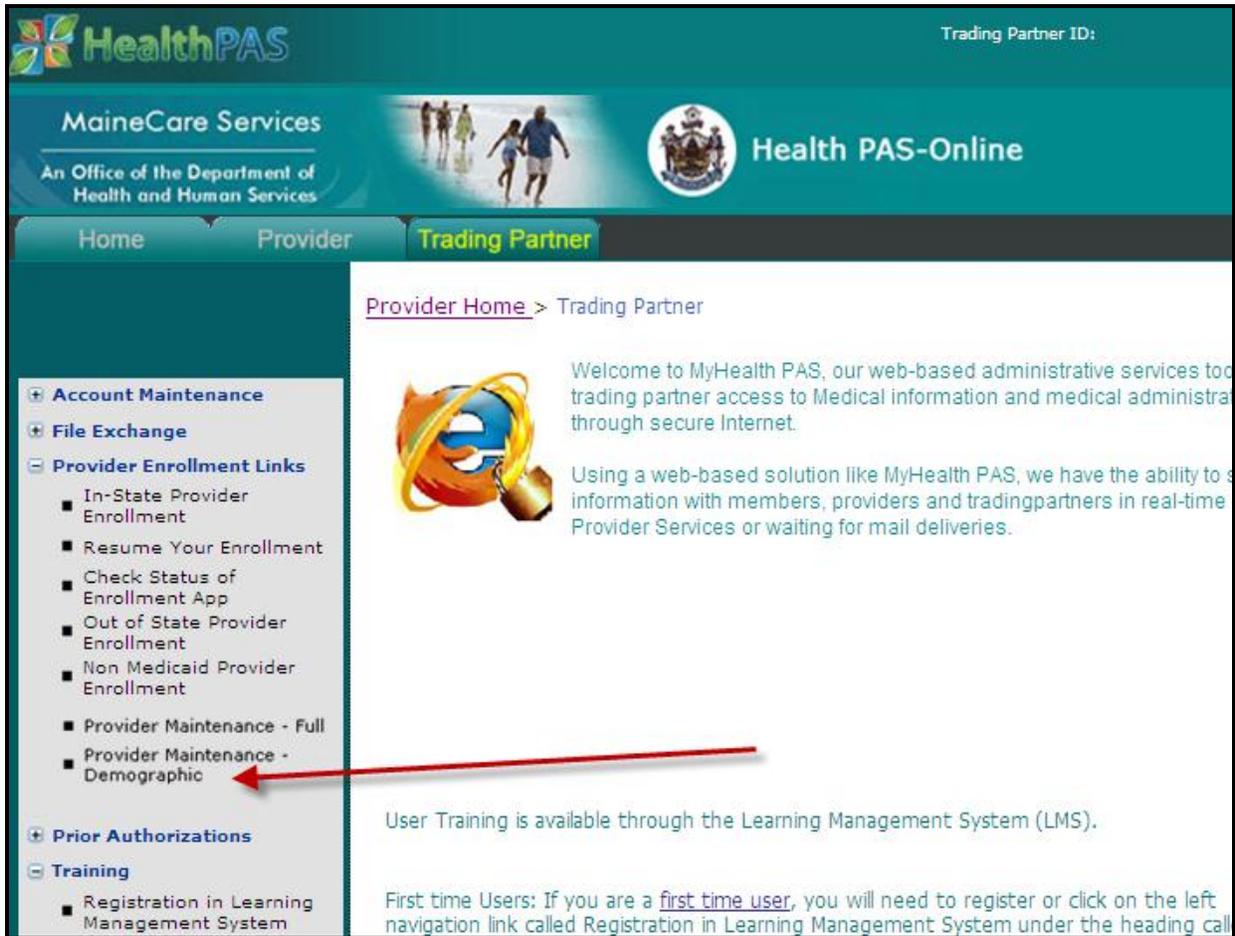


Figure 5-2: Provider Maintenance - Demographic

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Complete the fields necessary to identify the enrollment application. Validation fields are:

- Contact email address (as provided in original enrollment application)
- Pay-To-Provider NPI
- Tax Identification Type (select either SSN or FEIN used in original enrollment)
- SSN or FEIN entered in original enrollment

The screenshot shows a web application window titled "Maine Provider Enrollment" with a sub-header "Maintenance". On the left, there is a sidebar with a "Pay-To Provider(s)" icon and a list of five dots. The main content area contains the following text and form elements:

- Welcome to Maine Online Enrollment**
- Please review the User Guides for complete instructions.*
- For assistance with the enrollment process, contact a Provider Representative at 1-866-690-5585 Option 1.*
- Email Address *** [Text Input Field]
- Pay-To-NPI or Atypical Provider ID *** [Text Input Field]
- Tax ID Type *** [Dropdown Menu: Please Select a Tax ID Type]
- FEIN *** [Text Input Field] **Retype FEIN *** [Text Input Field]
- Start Maintenance** [Button]
- Cancel** [Button]

At the top right of the window is an "Increase Text Size" button. At the bottom of the window is a scrollbar.

Figure 5-3: Validation Fields

5.1.2 Select Required Enrollment Section

The Business Information screen is displayed enabling demographic fields on this screen to be modified. Click Next to move to the next screen or select the screen requiring updates from the left navigation pane (see Section 2.2: Use the Navigation Features)

Guidance on field content may be found in the relevant [Provider Enrollment User Guide](#) posted on the online portal.

Maine Provider Enrollment Increase Text Size

Pay-To Provider(s)
NPI

- Address Information
- Ownership/Board
- Service Location(s)
- Rendering Provider(s)
- Additional Terms
- Financial Agreement
- Documentation
- Signature and Submission
- Summary

Business Information (Testing, Document Enumerated As: Type 1 - NPI Individual)

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW Edit this Screen

Tax ID Type
Your FEIN is displayed but cannot be changed. You may add your SSN to this application if you wish.

FEIN SSN Retype SSN

Name
The name shown, Document Testing, was either extracted from our records or the CMS NPI Registry. This name must match the name on your W-9.

Please check this button if you need to modify the CMS-supplied name shown in the fields below. The changes made on this screen only affect MaineCare data. In order to change or correct the provider's name in the NPI Registry, you must contact CMS.

You must supply your Last Name and First Name as it appears on your W-9 on the line labeled "Name (as shown on your income tax return)"

First Name
Last Name

Office Contact

Contact Name *
Title
Email *
Retype Email *

An email will be sent to this address containing your Enrollment Case Number. You will be asked for this case number as a security check, when updating or modifying your Enrollment Application.

Pay-To

Primary Phone *
Secondary Phone
Emergency Phone
Mobile Phone
Fax

Figure 5-4: Business Information

5.1.3 Update Demographic Data

NOTE: Fields cannot be modified under Provider Maintenance - Demographic if grayed out.

Navigate through the screens by using the navigation buttons on lower right, or select the screen requiring updates from the left navigation pane (see Section 2.2: [Use the Navigation Features](#)). Make any changes as necessary.

The screenshot displays the 'Maine Provider Enrollment' interface. On the left is a navigation pane with categories like 'Pay-To Provider(s)', 'NPI', 'Address Information', 'Ownership/Board', 'Service Location(s)', 'Provider Type', 'Programs', 'Facility or Group', 'PCCM Information', 'Rendering Provider(s)', 'Additional Terms', 'Financial Agreement', 'Documentation', 'Signature and Submitter', and 'Summary'. The main area is titled 'Service Location' and contains the following sections:

- Service Location Information:** Includes 'Pay-To Provider ID: NPI', 'Enrollment Case #', 'Status: NEW', and an 'Edit this Screen' checkbox.
- Physical Address:** Fields for Address 1, Address 2, ZIP/Postal Code, City, County, State/Province, Country (set to 'United States'), Phone, and Fax. A button 'Set same as Pay-To W9 Address' is present.
- Mailing Address:** Similar fields to the physical address, also with a 'Set same as Pay-To W9 Address' button.
- Current Medicaid IDs for This Service Location:** A table with a 'Delete' button and an 'Add' button for entering new IDs.
- Office Hours:** A table with columns for 'Day of Week', 'Closed?', and 'Open From Time - To Time HH:MM followed by AM or PM'.

Day of Week	Closed?	Open From Time - To Time HH:MM followed by AM or PM
Monday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>
Tuesday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>
Wednesday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>
Thursday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>
Friday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>
Saturday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>
Sunday	<input type="checkbox"/> Closed	<input type="text"/> - <input type="text"/>
- Additional Information:** Radio buttons for 'Handicap Accessible?' (Yes/No), 'Accepting New Patients?' (Yes/No), 'Patient Age' (Min: 0, Max: 112 Years), and 'Gender Restriction' (None, Female Only, Male Only).
- Additional Languages Spoken:** A list box containing 'ACHOLI', 'AFRIKAANS', and 'ALBANIAN'.

At the bottom right, there are navigation buttons: 'Next', 'Previous', 'Save and Close', and 'Delete'.

Figure 5-5: Sample Service Location Update

Rendering provider demographic information can be updated through the main Rendering Provider screen. Although the first and last name of the rendering provider can be changed, the rendering provider NPI cannot be changed.

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Maine Provider Enrollment Increase Text Size

▼ Pay-To Provider(s)

- ▼ NPI [redacted]
- Address Information
- Ownership/Board
- Service Location(s)
- ▼ Rendering Provider(s)
- NPI [redacted]
- Additional Terms
- Financial Agreement
- Documentation
- Signature and Submission
- Summary

Rendering Provider ([redacted] / NPI - [redacted])

Pay-To Provider ID: NPI - [redacted] Enrollment Case #: [redacted] Status: NEW Edit this Screen

First Name * [text input]
Last Name * [text input]
Address 1 * [text input]
Address 2 [text input]
ZIP/Postal Code * [text input]
City * [dropdown menu]
County * [dropdown menu]
State * [dropdown menu]
Country * United States [dropdown menu]

NPI [text input]
Medicaid ID [text input]
Email [text input]
Gender * [dropdown menu]
Phone * [text input]
Fax [text input]
Emergency Phone [text input]
Status ENROLLED

Next Previous Save and Close Delete

Figure 5-6: Rendering Provider Demographic Update

5.1.4 Signature and Submission

The Signature and Submission screens must be completed. The enrollment modification must be electronically signed again by entering Provider Name, Signatory Name, Signatory SSN or FEIN and current date (must be today's date). Click the Submit button.

Once the maintenance application is submitted, demographic data is immediately updated in HealthPAS Administrator and, if applicable, the updated data is displayed in the Provider Directory.

The screenshot shows the 'Maine Provider Enrollment' application interface. On the left is a navigation pane with a tree view containing folders like 'Pay-To Provider(s)', 'NPI', and 'Address Information', and document icons for 'Address Information', 'Ownership/Board', 'Service Location(s)', 'Rendering Provider(s)', 'Additional Terms', 'Financial Agreement', 'Documentation', 'Signature and Submission', and 'Summary'. The 'Signature and Submission' document icon is selected. The main content area is titled 'Signature and Submission (Enumerated As: Type 1 - NPI Individual)'. It displays 'Pay-To Provider ID: NPI -', 'Enrollment Case #:', and 'Status: NEW'. A scrollable text area contains a certification statement: 'I certify that the information contained herein is true, correct and complete. If I become aware that any information in this form is not true, correct or complete, I agree to notify the Medicaid Provider Enrollment Unit of this fact immediately. I authorize the Medicaid Provider Enrollment Unit to verify the information contained herein. I understand that a change in the incorporation of my organization or my status as an'. Below this is the 'Provider Application Electronic Signature' section with four input fields: 'Provider Name *', 'Signatory Name *', 'Signatory SSN or FEIN *', and 'Date *'. At the bottom are three buttons: 'Submit', 'Previous', and 'Save and Close'. An 'Increase Text Size' button is in the top right corner.

Figure 5-7: Signature and Submission

5.1.5 Summary

After successfully submitting the enrollment modification application the Summary screen is displayed. It explains how to view the status of the application and lists any required documents for approval.

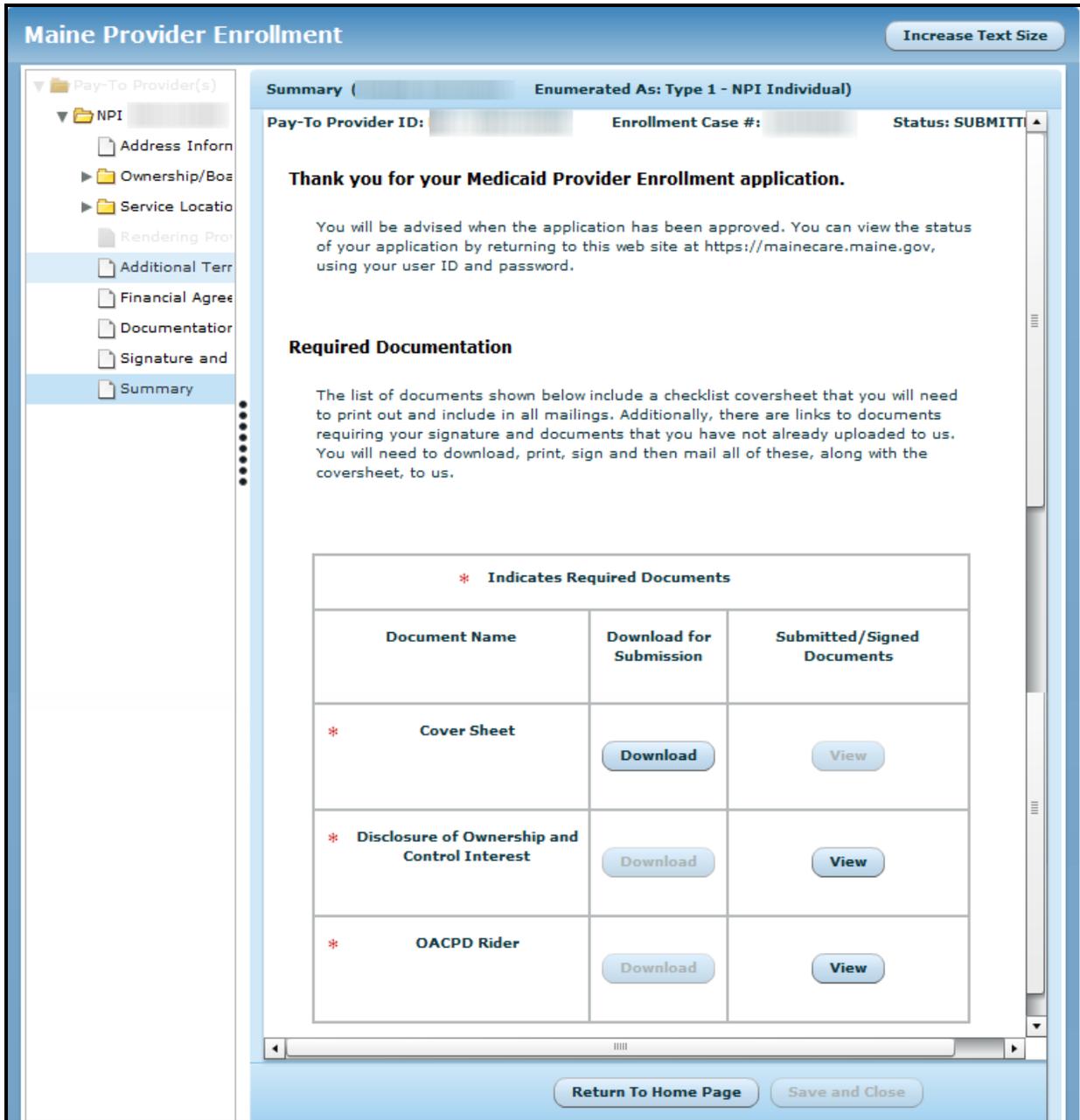


Figure 5-8: Summary

5.2 Provider Maintenance – Full

Providers, with appropriate security, will be able to view their provider data and submit changes. All changes in Provider Maintenance – Full, such as adding a new service location or rendering provider, will be submitted online by the provider and validated by DHHS (Department of Health and Human Services) staff.

Provider Maintenance - Full must be used for changes like:

- Add or remove (term out) an Owner or Board Member or change response about Owner/Board Member
- Add or remove a Service Location
- Add or remove a Rendering Provider
- Add or delete a Rendering Provider specialty at a Service Location
- Update license or certification information
- Update Financial information

A Provider Maintenance – Full application cannot be started while a previous submission is waiting to be approved. From the Provider page of the online portal, click the Provider Maintenance – Full link, see [Figure 5-9](#) below.

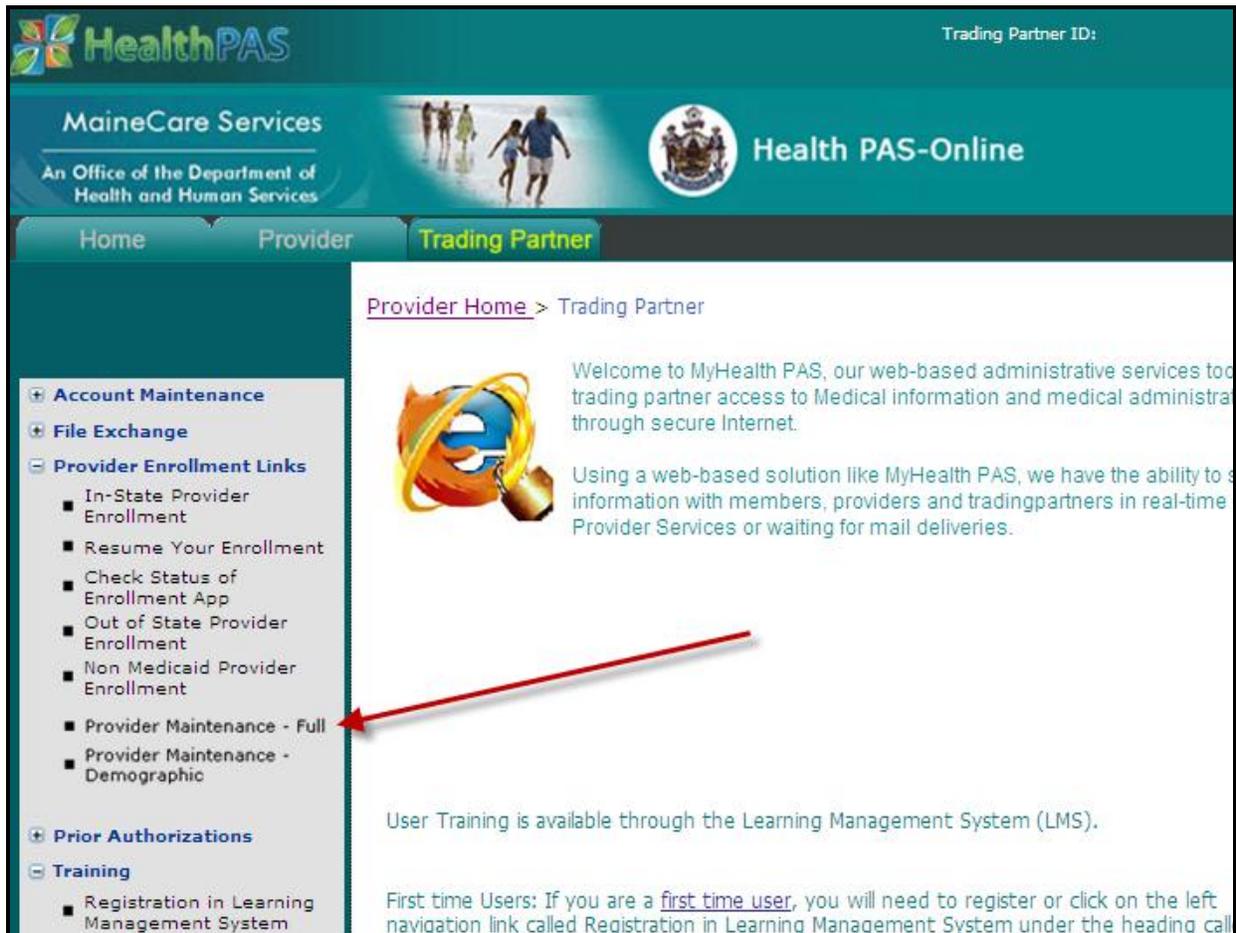


Figure 5-9: Provider Maintenance - Full option

Complete the fields necessary to identify the enrollment application. Validation fields are:

- Contact email address (as provided in original enrollment application)
- Pay-To-Provider NPI
- Tax ID Type (either SSN or FEIN)
- SSN or FEIN

The screenshot shows the 'Maine Provider Enrollment' application window. The title bar includes 'Maine Provider Enrollment' and an 'Increase Text Size' button. The main content area is titled 'Maintenance' and contains the following text: 'Welcome to Maine Online Enrollment', 'Please review the User Guides for complete instructions.', and 'For assistance with the enrollment process, contact a Provider Representative at 1-866-690-5585 Option 1.' Below this text are four validation fields, each marked with a red asterisk: 'Email Address', 'Pay-To-NPI or Atypical Provider ID', 'Tax ID Type' (a dropdown menu currently showing 'Please Select a Tax ID Type'), and 'FEIN' (with a 'Retype FEIN' field next to it). A 'Start Maintenance' button is located below the FEIN fields. A 'Cancel' button is located at the bottom right of the window. On the left side of the window, there is a sidebar with a 'Pay-To Provider(s)' icon and a vertical list of dots.

Figure 5-10: Validation Fields

The Provider Maintenance – Full application produces a full set of provider enrollment screens with all fields pre-populated with current provider enrollment data.

During Provider Maintenance – Full, demographic data is grayed-out and non-modifiable.

These fields are updated under the Provider Maintenance – Demographic functionality (see Section [5.1: Provider Maintenance – Demographic](#)).

A new case number is assigned to each new instance of Provider Maintenance – Full. The Enrollment Case # (ECN) field shows the application’s case number. This number is needed later to perform such actions as continuing or modifying the maintenance application. Make note of this number while online so in the event the session is interrupted the ECN is not lost, see [Figure 5-11](#) below. An email containing the new Provider Maintenance Case # will be sent to the Contact Email Address.

To change data on the screen, check the box Edit this Screen, see [Figure 5-11](#) below.

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Screens displayed during Provider Maintenance are the same screens completed during Provider Enrollment/Re-enrollment. If there are questions about the data to be entered in these screens, refer to the appropriate [Provider Enrollment User Guide](#) for detailed instructions.

The screenshot displays the 'Maine Provider Enrollment' interface. At the top, there is a blue header with the title and an 'Increase Text Size' button. Below the header, a navigation pane on the left shows a tree view with 'Pay-To Provider' and 'NPI' folders. The main content area is titled 'Business Information' and includes a sub-header 'Enumerated As: Type 1 - NPI Individual'. Below this, there are several fields: 'Pay-To Provider ID: NPI -', 'Enrollment Case #:' (highlighted with a red box), and 'Status: NEW'. To the right of the status is an 'Edit this Screen' checkbox (also highlighted with a red box). The form contains two main sections: 'Tax ID Type' and 'Name'. The 'Tax ID Type' section includes a note about FEIN and SSN, with input fields for 'FEIN', 'SSN', and 'Retype SSN'. The 'Name' section includes a checkbox for modifying the CMS-supplied name and a note about matching the name on a W-9. At the bottom, there are input fields for 'First Name' and 'Last Name'.

Figure 5-11: Edit the Screen check box, Enrollment Case Number

5.2.1 Address Information

Data elements on the Pay-to/W-9 screen are displayed below. Ensure that all data values entered here **exactly match** information submitted to the IRS.

Using the left navigation pane, select a folder to open a specific enrollment page.

The screenshot displays the 'Maine Provider Enrollment' interface. The left-hand navigation pane is expanded to show the 'Address Information' folder under the 'NPI' category. The main content area is titled 'Address Information (Testing, Document Enumerated As: Type 1 - NPI Individual)'. It includes fields for 'Pay-To Provider ID: NPI', 'Enrollment Case #', and 'Status: NEW'. A warning message states: 'Fields on this screen must be updated using the AdvantageME Vendor Activation Form. A link to this form can be found under "Provider Useful Links" on the Provider Page. Please sign out before proceeding to the Provider Page.' Below this is the 'Pay-To / W-9 Information (Must match W-9 form)' section, which contains several input fields: 'Pay-To / W-9 Name', 'W-9 Business Name', 'Address 1', 'Address 2', 'ZIP/Postal Code', 'City', 'County', 'State/Province', and 'Country'. To the right of these fields are dropdown menus for 'Type of Tax Entity' (currently set to 'Individual/Sole Proprietor') and 'Exempt Payee?' (with radio buttons for 'Yes' and 'No'). At the bottom of the form are three buttons: 'Next', 'Previous', and 'Save and Close'. An 'Increase Text Size' button is located in the top right corner of the window.

Figure 5-12: W-9 Info Screen (non-modifiable)

5.2.2 Ownership/Board

Edit an existing Owner/Board Member by clicking on existing record in the Owner/Board Member list. Data for that Owner/Board Member will populate the data fields which can be modified and saved. New owners or board members can be added and existing owners/board members can be deleted.

NOTE: Once a new owner/board member record is started, all related fields must be completed before moving to other screens. For detailed screen information, see the appropriate [Provider Enrollment User Guide](#) on the online portal.

Ownership Information (Enumerated As: Type 1 - NPI Individual)

Pay-To Provider ID: NPI - [] Enrollment Case #: [] Status: NEW Edit this Screen

Ownership Information

In accordance with Form CMS1513 - Ownership and Control Interest Statement, list the names of all individuals and organizations having direct or indirect ownership interest, or controlling interest separately or in combination amounting to an ownership interest of 5 percent or more in the disclosing entity.

At least one Owner/Board member record is required.

First Name	Last Name	Address
[]	[]	[]
[]	[]	[]
[]	[]	[]

Type * Owner Board Member

First Name * [] Last Name * []

FEIN / SSN []

Begin Date (MM/DD/YYYY) * [] Term Date (MM/DD/YYYY) []

Address 1 * [] Address 2 []

ZIP/Postal Code * []

City * [] County * []

State Or Province * [] Country * United States

Has this person ever been sanctioned, excluded or convicted of a criminal offense related to Medicare, Medicaid, or any federal agency or program (42 CFR 455.106)? * Yes No

Save Owner/Board Member Cancel Edit Delete

Next Previous Save and Close

Figure 5-13: Ownership Information

5.2.3 Service Location

5.2.3.1 Adding a Service Location

New Service Locations can be added from the Service Location summary screen. A three-digit Service Location number will automatically be added. Existing Service Locations can be terminated from the same Service Location summary screen.

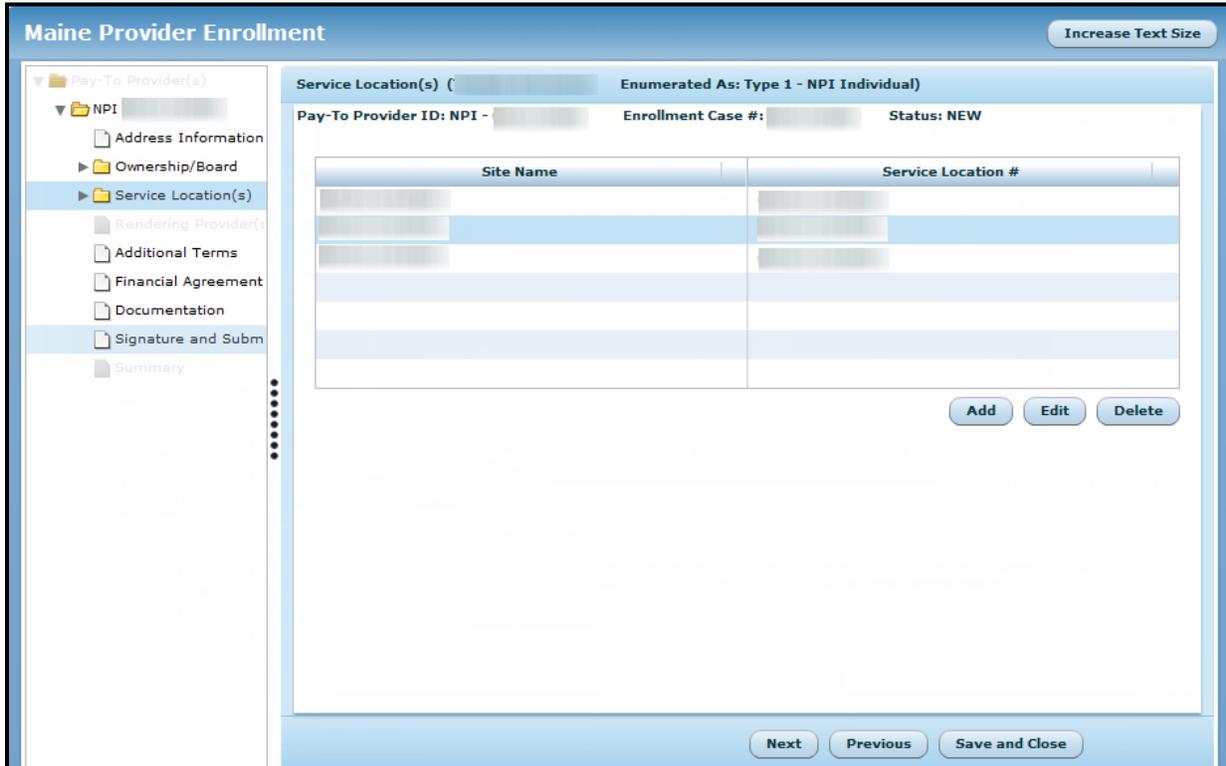


Figure 5-14: Service Location Summary

Data related to existing Service Locations can be modified by opening the appropriate Service Location folder (from the left navigation pane) and modifying the required field on the Service Location main screen, Service Location provider type and specialty screen or Service Location program screens.

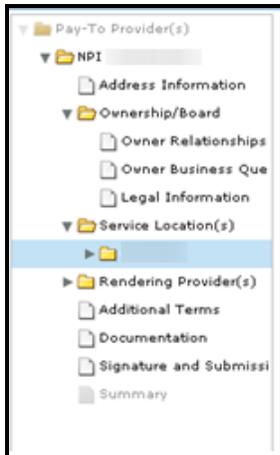


Figure 5-15: Service location folder on navigation pane

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The Specialty cannot be modified for an existing enrollment but an existing Specialty can be terminated and one or more Specialties can be added to the existing Service Location record.

While this should be rare, a Provider Type may be terminated after associated Specialties are individually terminated using end dates.

The screenshot shows the 'Maine Provider Enrollment' interface. On the left is a navigation tree with categories like 'Pay-To Provider(s)', 'NPI', 'Address Information', 'Ownership/Board', 'Service Location(s)', 'Provider Type & Specialty', 'Programs', 'Facility or Group Information', 'PCCM Information', 'Rendering Provider(s)', 'Additional Terms', 'Financial Agreement', 'Documentation', 'Signature and Submission', and 'Summary'. The main area is titled 'Provider Type & Specialty' and includes fields for 'Pay-To Provider ID: NPI -', 'Enrollment Case #:', 'Status: NEW', and a checked 'Edit this Screen' option. Below this is a 'Specialties' section with the instruction 'To edit a specialty, select it (single click) from the list below.' A table lists specialties with columns for 'Provider Type', 'Specialty', 'Begin Date (MM/DD/YYYY)', and 'Term Date (MM/DD/YYYY)'. One entry is visible: 'Waiver Services Provider' with specialty 'IID Supports Waiver' and begin date '01/01/2014'. Below the table are form fields for 'Provider Type' (set to 'Waiver Services Provider'), 'Specialty' (set to 'Please select a Specialty'), 'Begin Date (MM/DD/YYYY)', and 'Term Date (MM/DD/YYYY)'. There are 'Add This Specialty' and 'Cancel Add' buttons. At the bottom are 'Next', 'Previous', and 'Save and Close' buttons.

Provider Type	Specialty	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)
Waiver Services Provider	IID Supports Waiver	01/01/2014	

Figure 5-16: Provider Type and Specialty screen

Each Specialty is associated with start and end dates.

Depending on the additional Specialties added, additional questions or specialized questions, licensing and certification information may display.

Specialized questions may relate generally to specific services and products provided at the Service Location (anything from lab services to drug dispensing), the demographics of patients location is willing to treat (elderly, homeless), and the expertise of staff employed.

5.2.4 Terminating a Service Location

Service Locations can be terminated from the Service Location summary screen.

To terminate a Service location:

1. Highlight the required Service Location record and click the Delete button.

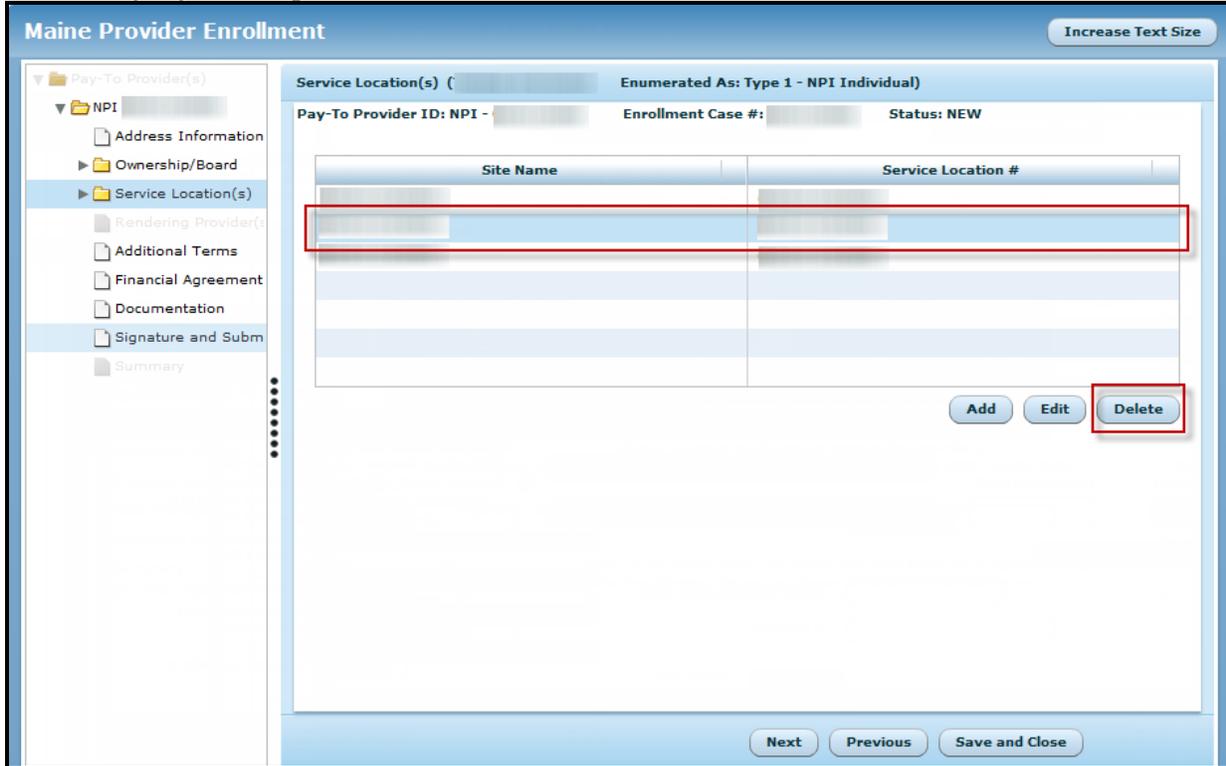


Figure 5-17: Terminate Service Location

2. Terminating an existing Service Location displays a confirmation screen, select Yes to confirm deletion of service location.

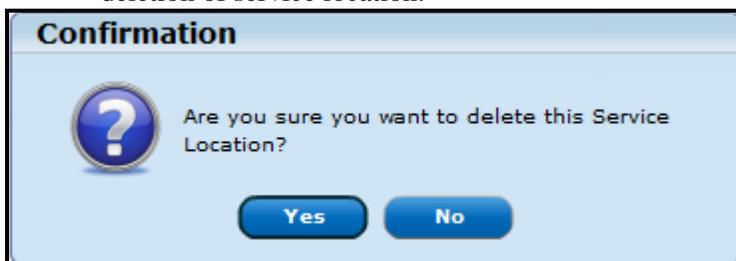


Figure 5-18: Termination confirmation

5.2.5 Rendering Provider

The screenshot shows the 'Maine Provider Enrollment' application. The main window is titled 'Rendering Provider Type & Specialty'. At the top, there are fields for 'Pay-To Provider ID: NPI -', 'Enrollment Case #:', and 'Status: NEW'. Below this is a 'Specialties' section with a table and form fields. A red box highlights the 'License Type', 'License #', 'Education', and 'Medicare Cert #' fields.

Provider Type	Specialty	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)
Chiropractor	CHIROPRACTOR	01/01/2010	

Below the table, there are form fields for 'Provider Type' (Chiropractor), 'Specialty' (CHIROPRACTOR), 'Begin Date', 'Term Date', and 'Level'. A red box highlights the 'License Type' (Maine Board of Licensure in Medicine), 'License #', 'Education', and 'Medicare Cert #' fields. At the bottom, there are buttons for 'Save This Specialty', 'Cancel Edit', 'Delete', 'Next', 'Previous', and 'Save and Close'.

Figure 5-19: Rendering Provider Screen

If the practice terminates the services of a Rendering Provider, the Rendering Provider is not terminated with MaineCare, but their affiliation to the practice is terminated. Terminating a Rendering Provider's Affiliation to a Pay-To-Provider is done by entering a Term Date on the Provider Type/Specialty screen.

NOTE: To update a Specialty for a Rendering Provider, terminate and end-date the original Specialty and open up the new Specialty.

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The screenshot displays the 'Affiliations' screen for a specific NPI. The left sidebar shows a navigation tree with 'Affiliations' selected. The main content area includes a header with 'Pay-To Provider ID', 'Enrollment Case #', and 'Status: NEW'. Below this is a table of affiliations. A red box highlights the 'Term Date' field for 'SITE 2', which is set to '01/01/2020'.

Site Name	Affiliated?	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)
* SITE 1	<input type="checkbox"/>		
* SITE 2	<input checked="" type="checkbox"/>	* 01/01/2010	01/01/2020

Figure 5-20: Provider Affiliations

5.2.6 Additional Terms

Depending on the changes made during the Provider Maintenance session, the user may be required to attest to additional MaineCare agreement clauses. These will be displayed in the Additional Terms Screen.

The screenshot shows the 'Maine Provider Enrollment' interface. On the left is a navigation pane with folders like 'Pay-To Provider(s)', 'NPI', 'Address Information', 'Ownership/Board', 'Service Location(s)', 'Rendering Provider(s)', 'Additional Terms', 'Financial Agreement', 'Documentation', 'Signature and Submis', and 'Summary'. The 'Additional Terms' folder is selected. The main content area is titled 'Additional Terms (Enumerated As: Type 1 - NPI Individual)'. It shows fields for 'Pay-To Provider ID: NPI -', 'Enrollment Case #:', and 'Status: NEW'. There is an 'Edit this Screen' checkbox. Below are several terms for attestation:

- Ch. I - General Administrative Policies and Procedures** (Click to Read)
 - * Attest -- I attest that I have read and agree to abide by the terms and conditions of the linked document(s).
- Ch. II - Section 29: Community Support Benefits for Members with Mental Retardation and Autistic Disorder** (Click to Read)
 - * Attest -- I attest that I have read and agree to abide by the terms and conditions of the linked document(s).
- Ch. II - Section 15: Chiropractic Services** (Click to Read)
 - * Attest -- I attest that I have read and agree to abide by the terms and conditions of the linked document(s).
- Ch. II - Section 90: Physician Services** (Click to Read)
 - * Attest -- I attest that I have read and agree to abide by the terms and conditions of the linked document(s).

Figure 5-21: Additional Terms

5.2.7 Financial Agreement

On the Financial Agreement window, banking information for automatic deposits can be updated. An example of this window is shown in [Figure 5-22](#) below.

The screenshot shows the 'Maine Provider Enrollment' window with the 'Financial Agreement' tab selected. The window title is 'Maine Provider Enrollment' and the subtitle is 'Financial Agreement (Enumerated As: Type 2 - Organization operating as a Group or Facility/Agency)'. The status is 'NEW' and 'EFT Enrollment Status: Approved'. The main question is 'Do you wish to have your payments automatically deposited to your bank?' with 'Yes' selected. Below this is a checkbox: 'If the ONLY update you are making is your vendor email address, please check this box.' The form contains two sections for account information. The first section is for the current account, with fields for Account Number, Name On Account, Telephone Number, Institution Name, Street Address 1, ZIP Code, City, State/Province, Type of Account, and Routing Number. The second section is for an old account, with fields for Account Number, Name On Account, Institution Name, Type of Account, and Routing Number. A 'Vendor/Provider Email Address for EFT Information' field is also present. The bottom of the window has 'Next', 'Previous', and 'Save and Close' buttons. Red boxes highlight the required fields in the first section.

Figure 5-22: Financial Information

If the vendor email address is the only update, select the check box to only change email. All other fields will be grayed out, enter the new email address and select Next.

When updating financial information, enter in the new account information along with the old account information and select Next. The red border fields above in [Figure 5-22](#) are required fields.

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To stop automatic deposits completely select No next to “Do you wish to have your payments automatically deposited to your bank?”. Today’s date is automatically entered into the Termination Date, select the Next button, see [Figure 5-23](#) below.

The screenshot displays the 'Maine Provider Enrollment' interface. The main content area is titled 'Financial Agreement (Enumerated As: Type 2 - Organization operating as a Group or Facility/Agency)'. It shows a 'Pay-To Provider ID: NPI - [redacted]' and 'Enrollment Case #: [redacted]'. The status is 'NEW' and 'EFT Enrollment Status: Approved'. A question asks, 'Do you wish to have your payments automatically deposited to your bank?' with radio buttons for 'Yes' and 'No', where 'No' is selected. A red box highlights the 'Termination Date (MM/DD/YYYY)' field, which contains '12/22/2014'. Below this are various input fields for financial institution details, including account number, name on account, telephone number, street address, ZIP code, city, state/province, and effective date. At the bottom, there is a text box for 'Vendor/Provider Email Address for EFT Information' and buttons for 'Next', 'Previous', and 'Save and Close'.

Figure 5-23: Terminate Automatic Deposits

5.2.8 Documentation

The Documentation screen is displayed for information purposes only, see [Figure 5-24](#) below.

Maine Provider Enrollment Increase Text Size

Documentation (Enumerated As: Type 2 - Organization operating as a Group or Facility/Agency)

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW Edit this Screen

The following documents are required as part of your Provider Enrollment application. Images of documents can be uploaded with your electronic application. However, documents that are marked with an 'X' in the Document Mail-In column are required to be printed, signed by the applicant, and mailed to:

MaineCare Provider Enrollment
P.O. Box 1024
Augusta, ME 04332-1024

Also Note: You must mail in a copy of ALL Certificates and any License type entered as 'Other' or 'Multiple'. Include these documents with your Cover Sheet and Provider Agreement.

* Indicates Required Documents				
Document Name	Download for Submission	Method of Submission	Upload	Submitted/Signed Documents
* Disclosure of Ownership and Control Interest	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	Review Before Signing
* Medicaid Provider Agreement	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	View

[Next](#) [Previous](#) [Save and Close](#)

Figure 5-24: Required Documentation

5.2.9 Signature and Submission

The Signature and Submission screens must be completed. The enrollment modification must be electronically signed by entering Provider Name, Signatory Name, Signatory SSN or FEIN and current date (must be today's date).

Maine Provider Enrollment Increase Text Size

Signature and Submission (Enumerated As: Type 1 - NPI Individual)

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

I certify that the information contained herein is true, correct and complete.
If I become aware that any information in this form is not true, correct or complete,
I agree to notify the Medicaid Provider Enrollment Unit of this fact immediately.
I authorize the Medicaid Provider Enrollment Unit to verify the information contained
herein.
I understand that a change in the incorporation of my organization or my status as an

Provider Application Electronic Signature

Provider Name *

Signatory Name *

Signatory SSN or FEIN *

Date *

Figure 5-25: Signature and Submission

5.2.10 Summary

After successfully submitting the enrollment modification application the Summary screen is displayed. It explains how to view the status of the application and lists any required documents for approval.

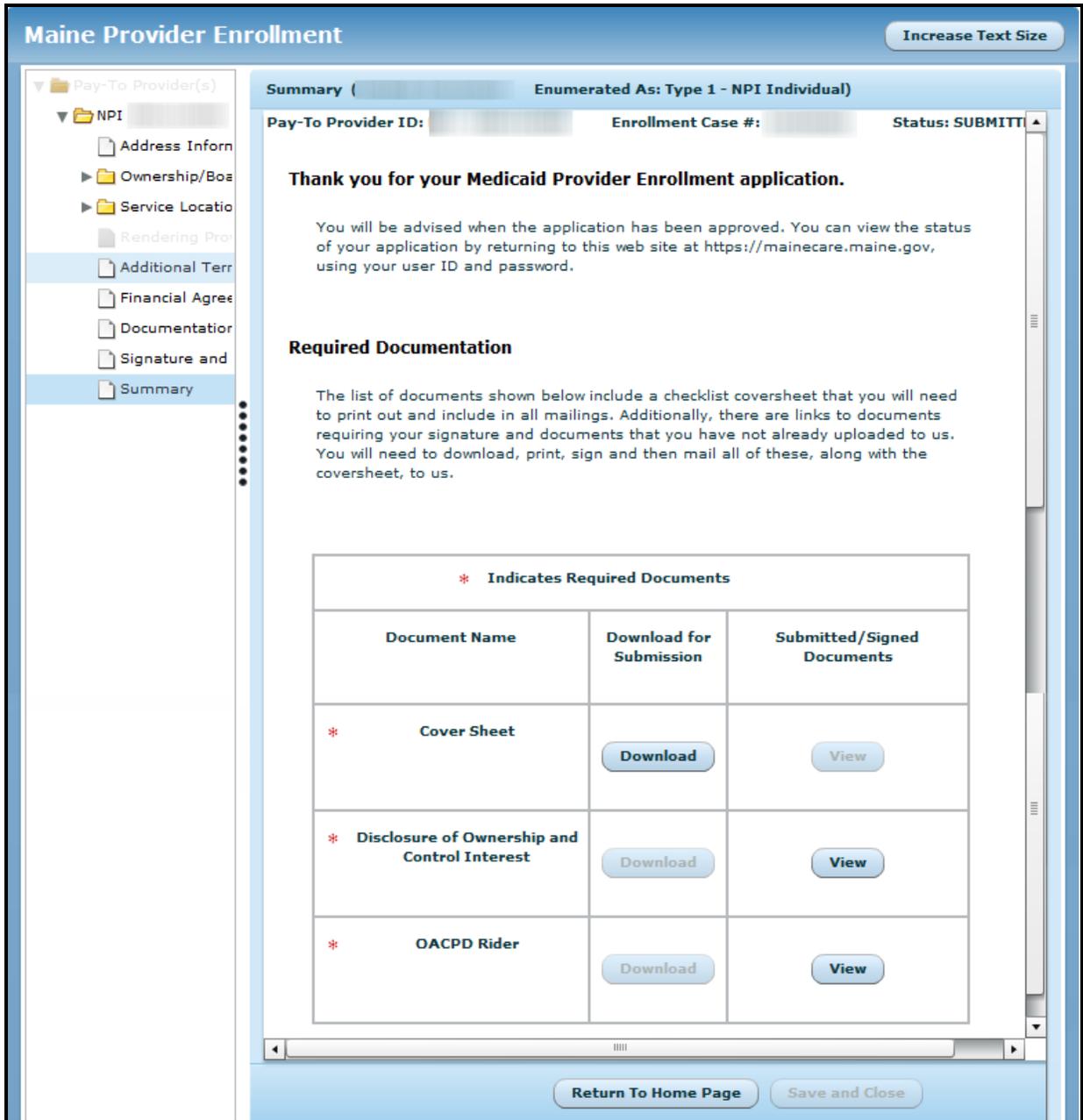


Figure 5-26: Summary