



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

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PROVIDER ENROLLMENT USER INTERFACE (US) INFORMATIONAL  
FIELD TEXT HELP DOCUMENT  
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VERSION 1.4

## 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
Version 1.3	02/28/2019	Cover page, 3, 4, 7, 8	Updated organization name and logo on cover page; Updated Tax Identifier section to include SSN and note; Updated Request Information section statement under Passwords that passwords cannot be reset; Updated Fee Assignments section to include group enrollment; Updated Resume Application and Application Status sections to include reCAPTCHA and removed statement that passwords cannot be reset; Added Application Password Reset section	Documentation Team
Version 1.4	08/09/2022		Rebranded from DXC to Gainwell Technologies	Christy Matthews

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# 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) Or Social Security Number (SSN)	Y	Enter the Federal Tax Identification Number (FEIN), also known as an Employer Identification Number (EIN), or SSN used to identify the enrolling Provider. <b>Note:</b> The SSN/FEIN must be 9 non-repeating numeric digits.
	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

Page	Section	Field Name	Informational Field Text Required Y /N	Informational (Bubble) Text
		First Name	Y	Enter the first name of the contact person who can assist with questions regarding this application
		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.
<b>Service Location Address</b>	<b>Service Location Physical Address</b>	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

Page	Section	Field Name	Informational Field Text Required Y /N	Informational (Bubble) Text
<b>Specialties</b>	<b>Associated Specialties</b>	Specialty	Y	Select the specialty(s) of the enrolling provider
		Number	Y	Enter the medical license, certificate or permit number of the enrolling provider
		Issuing Entity	Y	Select the source of the medical license certificate or permit
<b>Provider Eligibility Program (PEP)</b>	<b>Enrollment Effective Date</b>	Requested Effective Date	Y	Enter the date the enrolling provider is requesting to begin participation with the Medical Assistance (MA) program
	<b>Associated PEPs</b>	Provider Eligibility Program (PEP)	Y	Select the Provider Eligibility Program(s) of the enrolling provider
<b>Provider Identification</b>	<b>Provider IRS/Legal Name and Address</b>	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
	<b>Contact IRS/Legal Name and Address</b>	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
	<b>Organizational Structure</b>	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



Page	Section	Field Name	Informational Field Text Required Y /N	Informational (Bubble) Text
		Permit Number	Y	Enter the statement / permit number for the enrolling provider operating under a fictitious / business (d/b/a) name
		Permit Name	Y	Enter the statement / permit name for the enrolling provider operating under a fictitious / business (d/b/a) name
	<b>NPI</b>	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
	<b>CLIA Certification</b>	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
	<b>DEA</b>	DEA #	Y if the provider has a DEA #	Enter the Drug Enforcement Agency (DEA) Number of the enrolling provider

Page	Section	Field Name	Informational Field Text Required Y /N	Informational (Bubble) Text
	<b>CMS</b>	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
<b>Additional Information</b>	<b>Fee Assignments</b>	Provider Number	Y if the individual provider wants to be linked and fee assigned to a provider group	Enter the 13-digit existing group provider number to be linked and fee assigned to the enrolling provider
		Provider Number	Y if the provider group wants to link and fee assign individual members to the group	Enter the 13-digit existing individual provider number to be linked and fee assigned to the enrolling provider group
<b>Agreements</b>	<b>All Provider Agreements Types</b>	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
<b>Resume Application</b>	<b>Resume Application</b>	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.
		reCAPTCHA	Y	Check the I am Human reCAPTCHA checkbox

Page	Section	Field Name	Informational Field Text Required Y /N	Informational (Bubble) Text
<b>Application Status</b>	<b>Application Status</b>	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.
		reCAPTCHA	Y	Check the I am Human reCAPTCHA checkbox
<b>Application Password Reset</b>	<b>Application Password Reset</b>	Application Tracking Number (ATN)	Y	Enter the unique number assigned to the application when it was initially started
		Contact Email	Y	Enter the contact email provided on the application
		SSN or FEIN	Y	Enter the Social Security Number or Federal Tax Identification Number that was entered to identify the enrolling provider
		Provider Type	Y	Enter the provider type selected on the application
		Do you have a password reset code?	Y	Answer "Yes" if you have received a reset code via email or "No" to request a reset code
		Password	Y	Enter and confirm New Password then click Request Reset Code
		reCAPTCHA	Y	Check the I am Human reCAPTCHA checkbox
		Password Reset Code	Y	After requesting reset code, retrieve reset code from email and enter in this field then click Complete Password Reset