# **Provider enrollment application**

A new, quick, and intuitive way to enroll and become a participating provider with Wellpoint



Digital provider enrollment is a way to enroll to become a participating provider with Wellpoint to serve Medicaid members. The tool is hosted in the Availity Essentials.\* It uses Council for Affordable Quality Healthcare, Inc. (CAQH) ProView<sup>®</sup> to extract data from the provider's CAQH profile.

#### You can use the application to:

- Add new providers to an existing participating group.
- Contract and enroll as a new individual provider or group of providers.

Currently, ancillary and facility providers are the only excluded provider types. These providers should continue to use the current enrollment process.



## General rules for submitting an application

If the provider has a CAQH profile (PCPs and specialists):

- Ensure the CAQH ProView profile is in Initial Profile Complete or Re-Attestation status.
- Ensure the CAQH ProView profile is attested and Wellpoint is authorized to access.

For information on how to attest and authorize Wellpoint to access the data, please refer to the <u>CAQH ProView Provider User Guide</u>.

The CAQH ProView profile data must be correct and complete with all specialty information saved into the profile. **Primary specialty is mandatory.** 

New profiles will remain in *Profile Data Submitted* status until CAQH has approved the profile.



### General rules for submitting an application (cont.)

For help, visit **CAQH ProView for Providers** and Practice Managers.

The organization must be registered with Availity and have an Availity login ID under the organization. The Availity user ID should be assigned the role of *Provider Enrollment*.

For additional information on Availity, review the Availity New User Guide.



#### Before you get started

- Register your organization on https://www.availity.com:
  - Create your personal user account under your organization within Availity:
    - Under More, select Add User or Maintain User.
    - Assign the user the role of **Provider Enrollment**.
- 2. Update your CAQH profile and complete the following:
  - Review and attest your CAQH profile.
  - Ensure Wellpoint is authorized to view your CAQH data.
  - Select a primary specialty.
- 3. Start your *Provider Enrollment* application process:
  - Under Payer Spaces, select the Wellpoint logo, then select Applications and Provider Enrollment.

Roles	for
	Choose the best option:   This user needs a new set of roles.  This user needs the same set of roles as an existing user.
•	Role(s)
User Roles	
1	Base Role
	Authorization and Referral Inquiry
	Authorization and Referral Request
	Claim Status
	Claims
	Clinician
	EDI Management
	Eligibility and Benefits
	Express Entry
	Medical Staff
	New Eligibility and Benefits
	Office Staff
	Physician
	Provider Data Management
	Provider Enrollment
	Prevides Facelles at and Contraction

## General rules for submitting an application (cont.)

The enrollment application is located on the Availity Essentials:

- Navigate to https://www.availity.com.
- After logging in, select **Payer Spaces**.
- Select the **Wellpoint logo**.
- Select Applications, then Provider Enrollment.



#### **Enrollment dashboard**



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#### Begin the enrollment process



#### Choose an application type

#### Which organization is this for? 😧

Select Organization

#### What is the tax ID for this? 😧

Choose Tax ID

What type of provider are you?

Provider Type

#### Application type 😧

Import my CAQH profile

Use State Application



Return to dashboard

-

-

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Select one of the application types to start the application process.

Import the provider's CAQH data into the application automatically.

Submit the provider's Provider Source data as part of the application.



#### What would you like to do?



#### **Begin new application**

#### The application process

The stage bar indicates where you are in the process.

The navigation bar prompts for the information that is required throughout the application process.

Depending on the application type, these choices will vary.

Get Treate		Step One: Group Information
n this : ew gr	step, you will enter required information for the oup that your providers want to join.	Please enter your group information to help identify the creation of the new provider group. Group/Legal Entity Name
Ø	Group Information	Doing Business As (DBA) Name 🕢
×	Provider Information	Group NPI (Type 2) Group Tax ID
×	Address Information	Group Website
×	Network Selections	Mounto Provider Information
	Poview All Information	



## Step 1: getting started — group information

Getting Started Create a new provider group In this step, you will enter required information for the ew group that your providers want to join.		Step One: Group Information		
		Please enter your group information to help identify the creation of the new provider group. Group/Legal Entity Name		
Ø	Group Information	Doing Business As (DBA) Name 📀		
×	Provider Information	Group NPI (Type 2) Group Tax ID		
×	Address Information	Group Website		
<	Network Selections	Move to Provider Information		
<	Review All Information			

Provide group information when you are adding a provider to an existing group or enrolling a new provider group.

### Step 1: getting started — provider information

Getting Started Join an existing group	(i) You must select one or more providers before assigning them to your existing group.	
be collecting information already captured in their CAQH profile. An up-to-date and attested CAQH profile is necessary in the enrollment process.	Step Two: Provider Information How many providers will you be adding to your existing group?	Select the number of providers to enroll.
Group Information	Provider 1 - Jane Doe	
Provider Information	CAQH Number Individual NPI (Type 1) Clear Provider 1122334455 1234567890 Anticipated Mire Date	
Select Providers     Review CAQH Information		Select <b>Find Provider</b> — This pulls data from CAQH.
X Address Information	Provider Remove X	
	CAQH Number Individual NPI (Type 1) End Provider	Providers must have an attested
nter the CAQH and NPI Umber for the provider.	Anticipated Hire Date  MM/DD/YYYY	Wellpoint to access their data.



### Step 1: getting started — provider information (cont.)





#### Step 1: getting started — address information



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#### Step 1: getting started — network selections

Getting Started	Step Four: Network Selections	Some applications
Create a new provider group In this step, you will see the available network(s) for your contract. These network selections are based on the information you have provided.	To become a participating provider, select one or more networks to join.           Network 1           Network 2	require contracts. If prompted, select the provider networks in which they will participate.
Group Information	Network 3 Network 4	
Provider Information		The network selections will reflect the products available in
Address Information		are applying.
Network Selections		
X Review All Information	Return to bashooang   Terms of Use	

#### Step 1: getting started — review all information

Setting Started	Step Five: Review All Information		
reate a new provider group this step, you are reviewing all group and provider	Group Information	100	
formation added. Please review the information to the sure it is accurate prior to submitting.	Group Name Less group		
Group Information	Group NP1 Group Tax ID 1356343610 111111111		Review the data and select a of the <i>Edit</i> buttons to edit the
Provider Information	Added providers	1.01	data in that section.
Address Information	Jane Doe		
Network Selections	Address Information	100	
Review All Information	Primary Practice Address 1201 BROAD ROCK BLVD, RICHMOND, VA 23249		
	Email Address Phone Number (344) 334-3436		
	General Correspondence		

## Step 2: additional information — documents required

My Dashboard 1 Getting Started	2 Additional Information 3 Application Complete	ion	In stage two documents
Additional Information Create a new provider group	Documents found in CAQH were behalf. Please provide all missing	uploaded on your documents.	<ul> <li>and additional information are collected:</li> <li>Documents are collected</li> </ul>
each provider. Some documents have been pulled	Step One: Documents Required		group level.
documents have been uploaded.	Jane Doe	1 Document(s) Needed 🔹	Drag and drop files or
Documents Required	Group Name	1 Document(s) Needed 🔺	add documents to the application.
X Hospital Affiliations	W-9 Drop file here or <u>Upload a file</u>		
× Service Locations			
× Contract Signer	Move to Hospital Affliations		

### Step 2: additional information — hospital affiliations

Move to Service Locations

Add	itional Information	Step Two: Hospital Affiliations			
Create	a new provider group	Jane Doe			
In this provide	tep, you can assign the hospitals where the r is affiliated.	NPI Number CAQH Number 1254667850 1125554466			
Ø	Documents Required	Primary Hospital Affiliations		If prompted, review each provider's hospital	
	Hospital Affiliations	Arizona State Hospital	•	affiliation information and provide any missing	
	D Eric Jones	Other Current Affiliations		information.	
×	Service Locations	Andalusia Regional Hospital	•		
		Previous Affiliations			
×	Contract Signer	Benson Hospital	•		

## Step 2: additional information — service locations

Additional Information Create a new provider group	All addresses listed below were found in CAQH. Please select all locations that the provider is currently practicing at.	If prompted, there are	
In this step, you can assign the service locatio the provider will be practicing.	Step Three: Service Locations	Service Locations: • Select the actual	
Documents Required	I 300 MASTERS CT, CHESAPEAKE, VA 23320 Group Primary	addresses where providers practice.	
	1970 ROANOKE BLVD, Chesape	Review information     for a rach logartion t	
Hospital Affiliations	Move to Review Information	ensure the accurac	
Service Locations	•	<ul> <li>Assign providers to</li> </ul>	
Select Addresses		those service	
Review Information	Return to dashboard   Terms of Use	locations.	
Assign Providers			

#### Step 2: additional information — contract signer

My Dashboard 1 Getting Started 2	Additional Information 3 Application Completion	
Additional Information	Step Four: Contract Signer	
In this step, we are collecting information so we can send out the contract for e-signature. The contract can	Please provide the name and address for the individual authorized to sign the contract.	
only be signed by an authorized signer.	Contact Details First Name Last Name	require contracts. If
Documents Required	Job Title 🕑	prompted, supply the name and information
Hospital Affiliations	Email Address	for the person authorized to sign the
Service Locations	Confirm Email Address	contract when enrolling a new solo provider or
Contract Signer	Signatory Address	provider group.
	Primary Practice Address     1201 BROAD ROCK BLVD, RICHM	Choose the address for
	O Correspondence Address 1970 ROANOKE BLVD, SALEM, VA 24153	the signatory or enter a new one.
	Billing/Remittance Address           123 East Main Street, , VA 22212	
	Add Address	

#### **Step 3: Completion**





#### Before you are ready to see members

- You must complete the *Provider Enrollment* application.
- You must pass credentialing if applicable to your specialty type:
  - For providers that require credentialing, refer to the provider manual available at <u>https://provider.wellpoint.com/WA/.</u>
- You must have a fully executed contract:
  - The contract is not valid until signed by provider and Wellpoint, and the provider has met credentialing requirements.

# Troubleshooting tips

When working in the application, you may run into technical issues or questions. These quick tips will help you navigate this new platform by addressing some of the commonly asked questions:

- If you see an error message when adding provider information, ensure:
  - A **primary specialty** has been selected in CAQH ProView.
  - The provider's CAQH ProView profile has been **attested**.
  - The provider's CAQH ProView profile has **designated Wellpoint** as an authorized user.
  - The provider's CAQH profile is in Initial Profile Complete status. If the profile is new, CAQH reviews the profile before moving it to Initial Profile Complete status.
  - All documentation has been uploaded in CAQH.
- If the system is down, you will receive a System Not Available message. Your application will be saved, but you will need to finish at a later time. If you experience issues with Availity organization registration, call Availity support at **800-282-4548** (**800-AVAILITY**) or visit the Contact Us page on the Availity Essentials.



For CAQH issues:

- If you see error messages after you select **Find Provider**, check if there is no primary specialty chosen in CAQH or if the primary specialty information is incomplete:
  - The CAQH profile must be in either *Initial Profile Complete* or *Re-Attestation* status.
  - *Profile Data Submitted* status is shown when a new profile has been created and submitted to CAQH, but the profile has not been approved by CAQH.

Provider Name	Birth Date	Primary Practice State	Roster Status	Provider Status
Joe Smith	07/23/1969	TN	Active	Profile Data Submitted

#### PROVIDER SEARCH RESULTS





provider.wellpoint.com/wa/

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