


## MI – Provider Re-enrollment Medicaid Instructions

1. Logon to Medicaid Secure Website  
<https://www.medicaid.alabamaservices.org/ALPortal>
2. Medicaid website – enter your logon name and password.

Alabama Medicaid Agency

# Medicaid



Thursday, September 06, 2012  
You have approximately 14 minutes until your session will expire.

Home NDC Look Up Information Provider Search Account

Home Account Setup Reset Password Secure Site

### Login

The Alabama Medicaid Interactive secure site is intended for providers, clerks and billing agents.

For first time users who have received a Personal Identification Number (PIN) letter, click the Setup Account button. First time users who have not received a PIN letter must contact the EMC Helpdesk for support. Refer to the Contact Us page, from the Information menu, for contact information.

[setup account](#)

User Name\*

Password\*

[login](#)

If you have forgotten your password, please click the Reset Password button.

[reset password](#)


1). Logon to Medicaid Secure Website  
<https://www.medicaid.alabamaservices.org/ALPortal>

2). Enter logon name and password

3. Select Trade Files
4. Select from drop down Download

Alabama Medicaid Agency

# Medicaid



alsecprod\1083765689

Thursday, September 06, 2012  
You have approximately 4 minutes until your session will expire.

Home NDC Look Up Information Provider Search Account Claims Eligibility Trade Files Prior Authorization Providers

Home ProviderMaintenance [Download](#)


3). Using your cursor select Trade Files.

4). Drop down window select Download

Messages

\*\*\* No rows found \*\*\*

- Select down arrow, dropdown box  
Select PRV-A035-M – Provider Reenrollment Facsimile
- Select Search

Alabama Medicaid Agency  Thursday, September 06, 2012  
You have approximately 19 minutes until your session will expire.

Home | NDC Look Up | Information | Provider Search | Account | Claims | Eligibility | Trade Files | Prior Authorization | Providers

Home | Download

**File Download Search** ? ⌵

Transaction Type\* PRV-A035-M - Provider Reenrollment Facsimile

**5). Select arrow, dropdown, select facsimile**  
**6). Select Search Button**

search  
clear

- Select Search

Home | NDC Look Up | Information | Provider Search | Account | Claims | Eligibility | Trade Files | Prior Authorization | Providers

Home | Download

**File Download Search** ? ⌵

Transaction Type\* PRV-A035-M - Provider Reenrollment Facsimile

Group Member Provider ID [ Search ]

**7). Select Search**

search  
clear

- Enter YOUR Provider NPI number then select Search

Home | NDC Look Up | Information | Provider Search | Account | Claims | Eligibility | Trade Files | Prior Authorization | Providers

Home | Download

**File Download Search** ? ⌵

Transaction Type\* PRV-A035-M - Provider Reenrollment Facsimile

Group Member Provider ID [ Search ]

**8). Enter YOUR Provider NPI Number then select Search**

**Group Member Provider ID** [ Close ]

Group Member Provider ID ? ⌵

Provider ID  Business OR Last Name   
First, MI

search  
clear

9. Your Provider information will appear on the line select by clicking on it.

**File Download Search** ? ⌵

Transaction Type\* PRV-A035-M - Provider Reenrollment Facsimile

Group Member Provider ID  [ Search ] search

**Group Member Provider ID** [ Close ]

**Group Member Provider ID** ? ⌵

Provider ID  Business OR Last Name   
 First, MI   search clear

**Search Results**

Group Member National Provider ID	Group Member Medicaid Provider ID	Group Member Base Provider ID	Group Member Name	Address	City	State	Zip
112						AL	35603

Your Provider Information will appear on this line select it

10. Your NPI number will appear in the Group Member Provider ID select the Search button

You have approximately 15 minutes until your session will expire.

Home NDC Look Up Information Provider Search Account Claims Eligibility Trade Files Prior Authorization Providers

Home Download

**File Download Search** ? ⌵

Transaction Type\* PRV-A035-M - Provider Reenrollment Facsimile

Group Member Provider ID  search clear

10). Your NPI number will appear in this field select Search

11. Your reenrollment facsimile will appear select the facsimile

Home NDC Look Up Information Provider Search Account Claims Eligibility Trade Files Prior Authorization Providers

Home Download

**File Download Search** ? ⌵

Transaction Type\* PRV-A035-M - Provider Reenrollment Facsimile

Group Member Provider ID  search clear

11). Your reenrollment facsimile will appear select the facsimile

You will need Adobe Acrobat Reader on your computer to view and/or download reports in PDF format.

Files are listed in order of the date they become available.

**Current Reports Available for Download**

File Name	Transaction Type	Provider ID	Payee ID	Report Date
<input type="text"/>	PROVIDER REENROLLMENT FACSIMILE	<input type="text"/>		09/01/2012

## 12. Select Open

Alabama Medicaid Agency  
**Medicaid**

12). Select OPEN

Thursday, September 06, 2012  
Your session will expire in 17 minutes.

File Download

Do you want to open or save this file?

Name: 1083781786.09012012.pdf  
Type: Adobe Acrobat Document, 14.0KB  
From: www.medicaid.alabamaservices.org

Open Save Cancel

While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. [What's the risk?](#)

File Name	Transaction Type	Provider ID	Payee ID	Report Date
	PROVIDER REENROLLMENT FACSIMILE			09/01/2012

13. Your facsimile will display select printer (icon) to print facsimile. Please follow the instructions on facsimile except DO NOT MAIL to HP please follow mailing instructions at the end of this document.

9012012[1].pdf - Adobe Reader

File Edit View Document Tools Window Help

13). Select Printer (icon) to print facsimile

Report : PRV-A035-M  
Process : PRVJMA35  
Location: PRVRENRLFAC

ALABAMA MEDICAID AGENCY  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REENROLLMENT FACSIMILE  
REPORT PERIOD: 09/01/2012

Run Date: 09/01/2012  
Run Time: 23:50:49  
Page: 1

NPI	MCD ID	NAME

Below is the information Alabama Medicaid currently has on file for the above named provider. As an Alabama Medicaid provider you MUST review this information to determine the accuracy. If all information is accurate, please print and sign this report and submit along with any required supplemental documentation. If this information is not accurate, take action as needed based on directions below. All providers MUST take action in order for the provider number shown below to remain active.

ALL REPORTS, WHETHER CHANGED OR NOT, MUST BE SIGNED AND SUBMITTED WITH SUPPLEMENTAL DOCUMENTATION TO HP ENTERPRISE SERVICES, ATTN: PROVIDER ENROLLMENT AT: PO BOX 242577, MONTGOMERY, AL 36124

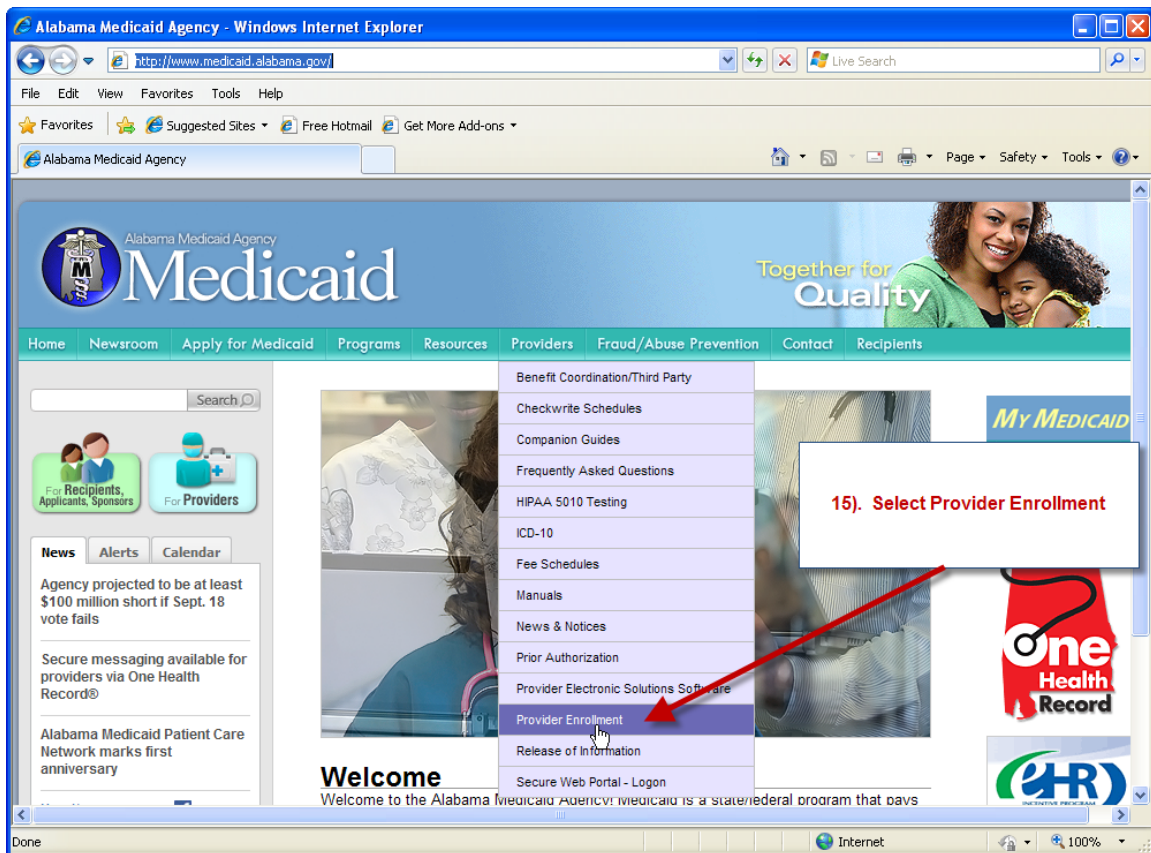
ALL DOCUMENTS/FORMS/LISTS MENTIONED IN THIS DOCUMENT THAT YOU MAY NEED TO COMPLETE OR REFER TO FOR GUIDANCE CAN BE FOUND AT: [http://medicaid.alabama.gov/CONTENT/5.0\\_Resources/5.4\\_Forms\\_Library/5.4.6\\_Provider\\_Enrollment\\_Forms.aspx](http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.6_Provider_Enrollment_Forms.aspx)

A change to data in this section constitutes the need for a new enrollment application and closure of this provider number. To close this provider number, indicate the reason for closure and the date (mm/dd/ccyy) on this form prior to submission. To complete a new enrollment application visit: [www.medicaidhcp.alabamaservices.org/ProviderEnrollment](http://www.medicaidhcp.alabamaservices.org/ProviderEnrollment)

14. Logon to Medicaid website  
<http://www.medicaid.alabama.gov/>



15. Dropdown select Provider Enrollment



16. Select Forms for Provider Enrollment

Alabama Medicaid Agency  
**Medicaid**  
Together for Quality

Home Newsroom Apply for Medicaid Programs Resources Providers Fraud/Abuse Prevention Contact Recipients

Search

For Recipients, Applicants, Sponsors For Providers

News Alerts Calendar

Agency projected to be at least \$100 million short if Sept. 18 vote fails

Secure messaging available for providers via One Health

### Provider Enrollment

Provider Enrollment Phone Numbers:  
(888) 223-3630 (Nationwide Toll-Free)  
(334) 215-0111

Hours: (all times Central)  
Monday-Friday 8 a.m. to 5 p.m.

Supervisor: Jeff Kochik - (334) 215-4152 - [Click to send e-mail](#)

- Forms for Provider Enrollment
- Electronic Provider Enrollment Application Portal
- Provider Enrollment Web Portal Training Manual

16). Select Forms for Provider Enrollment

One Health

17. Scroll down list for Reenrollment Forms select and print Provider Disclosure and Provider Agreement forms.

17). Scroll down list for Reenrollment Forms. Select and Print Provider Disclosure Form and Provider Agreement.

Reenrollment Forms	
	<a href="#">Documentation Requirements</a>
	<a href="#">Downloading Provider Reenrollment Facsimile</a>
	<a href="#">Provider Disclosure Form</a>
	<a href="#">Provider Agreement</a>
	<a href="#">EPSDT Agreement</a>
	<a href="#">Individual Disclosure Information</a>
	<a href="#">Plan First Program Agreement</a>
	<a href="#">Corporate Board of Directors Resolution</a>

## Provider Disclosure Form

18. Enter Provider NPI, Medicaid ID and DMH Tax ID number 636000619  
 19. Complete form for each following individuals: Owners, Agents, Managing Employees, Officers, Directors or Shareholders.

<b>PROVIDER DISCLOSURE FORM</b>															
<p>Providers who operate as a corporation, organization, institution, agency, partnership, professional association, or similar entity must complete the following information for each of the following individuals: (Print/Make additional copies as necessary)</p> <p>Owners Agents Managing Employees</p> <p>Officers Directors Shareholders with 5% or more controlling interest</p> <p><b>This form must be completed for anyone who holds one of the above listed positions.</b> Anyone who holds one of the above listed positions must also be listed on the Board Members page of the Web Portal Enrollment Application.</p> <p>Submit to HPES' Provider Enrollment Department at:            P O Box 242577, Montgomery, AL 36124</p>															
<p><b>The completion of this section is required to establish a new group or payee.</b></p>															
NPI:	Enter Provider NPI Number	Medicaid ID:	Enter Provider Medicaid ID Number												
Name:	Title:														
Home Address:	Business Address:														
Social Security Number:	Employer's Tax ID:	636000619													
Driver's License Number & Issuer:	Driver's License Expiration Date:														
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female														
Previous Home Address:	Previous Business Address:														
<p>List the name and address of each person with an ownership or controlling interest in the disclosing entity or in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more. This includes relatives.</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>				Name	Address										
Name	Address														
<p>List the names of <b>any other disclosing</b> entity in which person with an ownership or control interest in the disclosing entity also has an ownership or control interest of at least 5% or more.</p> <p>NOTE: Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under the title V, XVIII, or XX of the Act.</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> <th>Tax ID</th> <th>%</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Name	Address	Tax ID	%								
Name	Address	Tax ID	%												
<p>Are you related as spouse, parent, child, or sibling to any other owner, officer, agent, managing employee, director or shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give names and relationships (Attach additional pages if necessary):</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>				Name	Relationship										
Name	Relationship														

**Provider Agreement (One provider agreement for each provider).**

21. Enter Provider Name, NPI and Medicaid ID.

22. Last page will need to be signed and dated.

21). Enter Provider Name, NPI and Medicaid ID. Once you have read the agreement the last page will need to be signed and dated.

**PROVIDER AGREEMENT**

Enter Provider Name

Name of Provider: \_\_\_\_\_

NPI: Provider NPI number

Medicaid ID: Provider Medicaid ID

As a condition for participation as a provider under the Alabama Medicaid Program (MEDICAID), the provider (Provider) agrees to comply with all terms and conditions of this Agreement.

**I. ALL PROVIDERS**

**1.1 Agreement and Documents Constituting Agreement.**

A copy of the current *Alabama Medicaid Provider Manual* and the *Alabama Medicaid Administrative Code* has been or will be furnished to the Provider. This Agreement is deemed to include the applicable provisions of the State Plan, *Alabama Medicaid Administrative Code*, and *Alabama Medicaid Provider Manual*, as amended, and all State and Federal laws and regulations. If this Agreement is deemed to be in violation of any of said provisions, then this Agreement is deemed amended so as to comply therewith. Invalidity of any portion of this Agreement shall not affect the validity, effectiveness, or enforceability of any other provision. Provider agrees to comply with all of the requirements of the above authorities governing or regulating MEDICAID. Provider is responsible for ensuring that employees or agents acting on behalf of the Provider comply with all of the requirements of the above authorities.

**1.2 State and Federal Regulatory Requirements.**

1.2.1 Provider has not been excluded or debarred from participation in any program under Title XVIII (Medicare) or any program under Title XIX (Medicaid) under any of the provisions of Section

After completing the forms Provider Reenrollment Facsimile, Provider Disclosure and Provider Agreement please email (scan forms) or mail to:

Email: [Melanie.Harrison@mh.alabama.gov](mailto:Melanie.Harrison@mh.alabama.gov)

Mailing address: Alabama Department of Mental Health  
Attn: Melanie Harrison  
100 North Union Street  
Suite 468  
Montgomery, AL 36130