maximus

District of Columbia

Department of Health Care Finance

Provider Data Management System (PDMS)

How to Enroll in DC Medicaid Using the DC Provider Screening and Enrollment Web Portal (DBH Streamlined Applications)

Version 1

March 14, 2023

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Overview

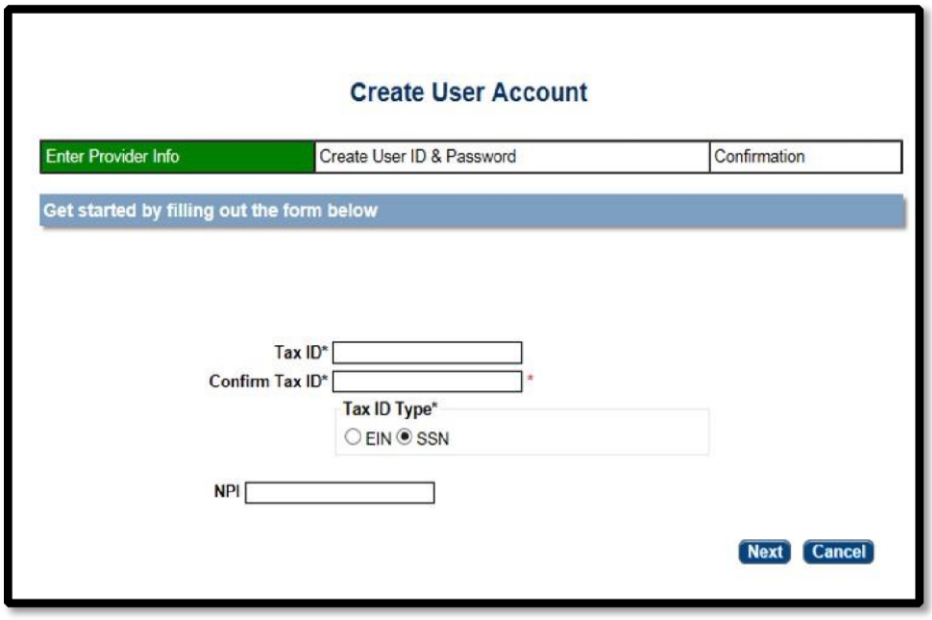
The PDMS Web Portal user guide provides step by step instructions on how to submit an electronic application. The PDMS dashboard displays data for each stage of the enrollment process and allows providers to start a new application or take action on previously submitted applications and re-enrollments. From their dashboard, Provider Enrollment Specialists can view the current status of new provider applications as well as initial/ongoing re-enrollments. Their dashboard tracks the aging of each provider application based on the workflow step/status of the application.

Creating a User Account

The first step to submitting an online application is to create User Account in the DC Provider Data Management System (PDMS) Web Portal.

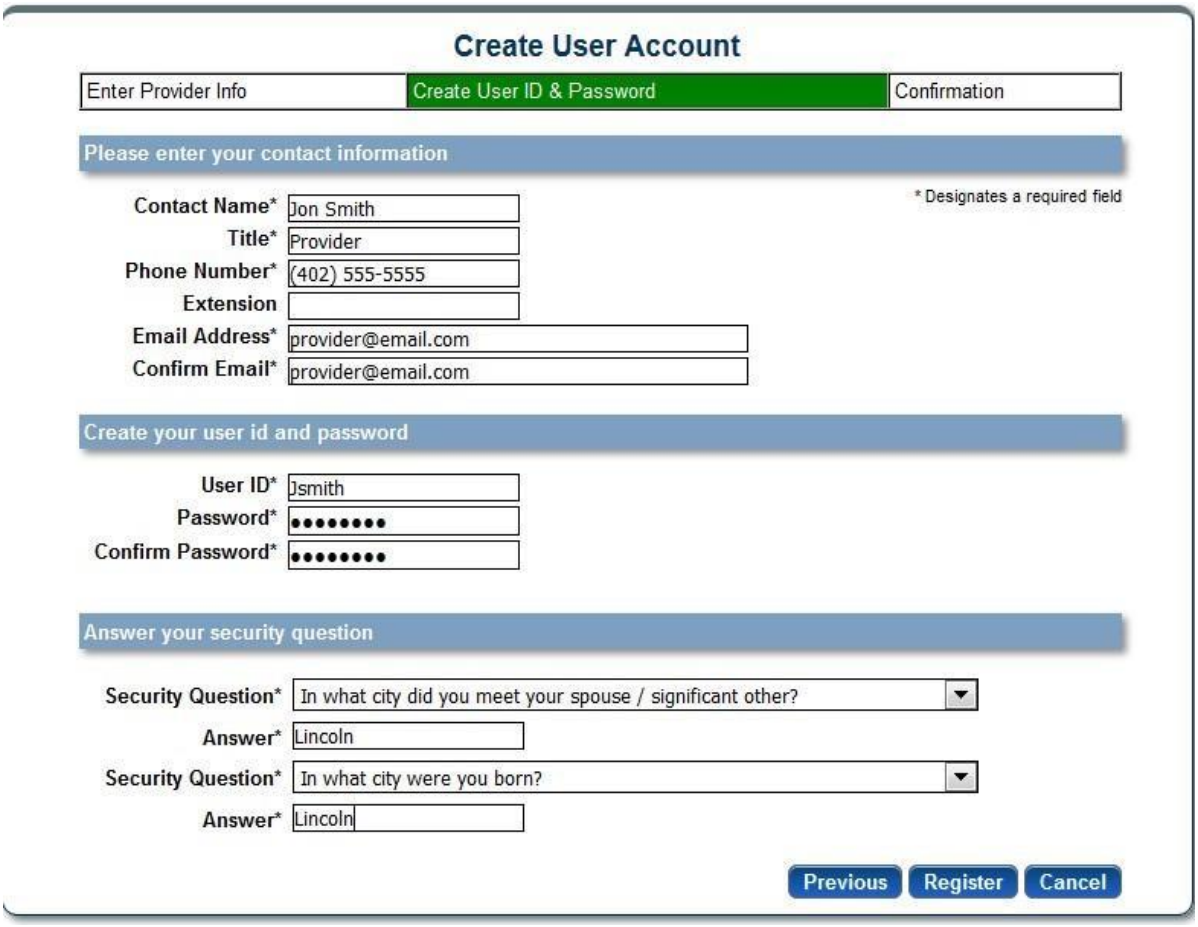
Click on Create Account

- **Enter your Tax ID – Either your Social Security Number (Individual) or EIN (Organization)**
- **Select the correct Tax ID Type**
- **Enter your NPI**
- **Click Next**



Creating a User Account Conti.

- Enter all required Information. See example below.
- Click Register.



After successfully creating the account, a notifcation will appear and a confirmation email will be sent to the email address provided.

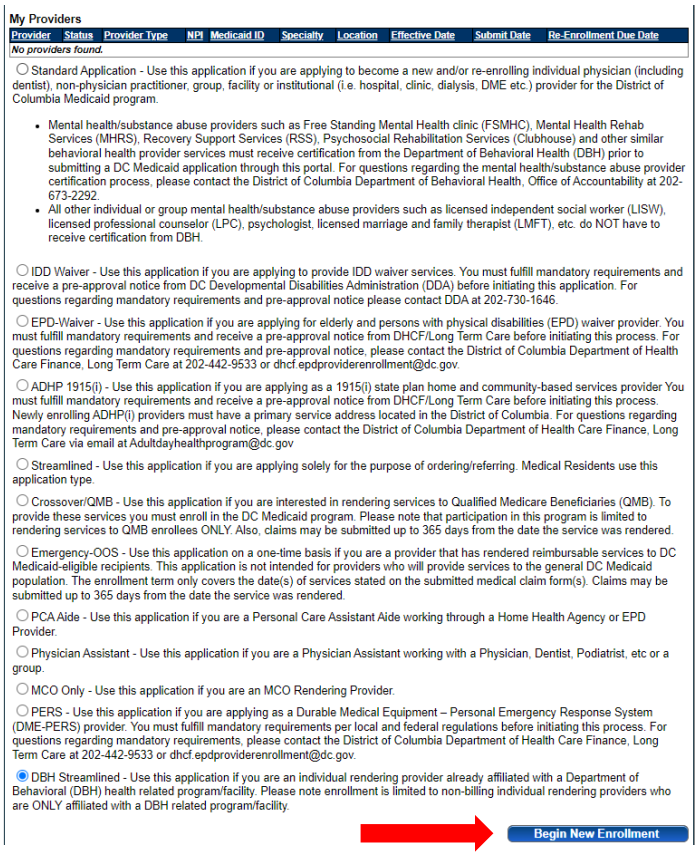
The email contains a link to the web portal to log in to your account using the user ID and password you created.

- Enter the User ID and password you created
- Click Log In

Provider Management Home Page

To ensure you are selecting the correct application please review the summary next to each application description, this summary will include any specific instructions for that application type.

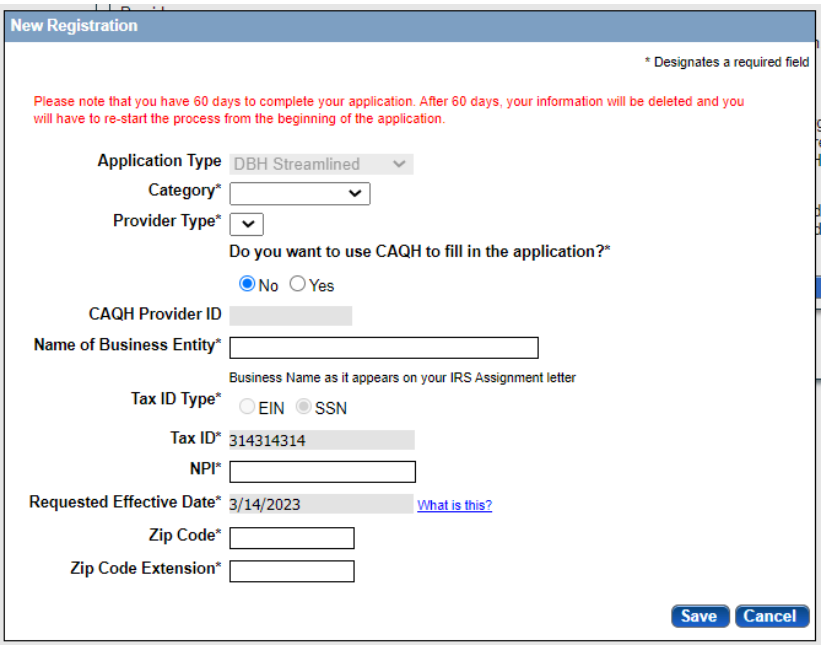
Once you have selected your application, click ***Begin New Enrollment***



Application and Provider Types

Enter information in all required fields.

Please note that you have 60 days to complete your application. After 60 days, your information will be deleted and you will have to re-start the process from the beginning of the application.

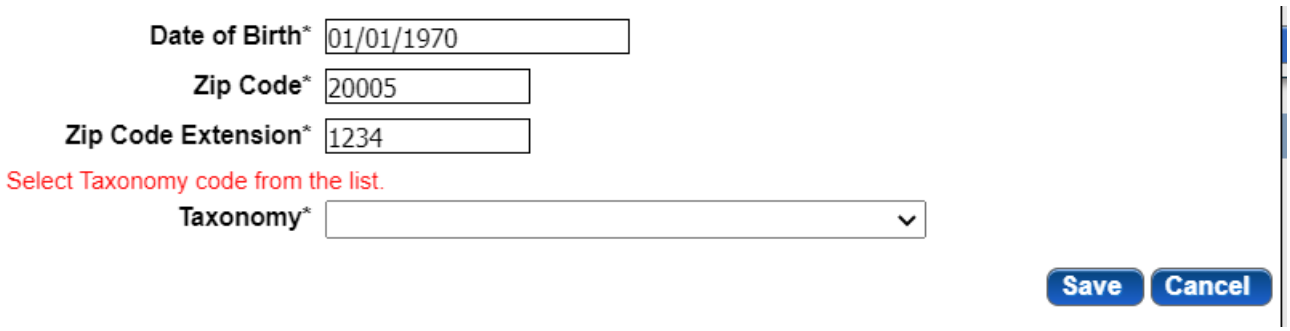


For each required field select and enter the appropriate information

- Category: Individual/Solo, Group, Facility/Institution, Pharmacy
- Provider Type
- Name of Business Entity (Or First and Last Name if Individual/Solo)
- Tax ID Type (EIN or SSN)
- Tax ID
- NPI (If applicable)
- Requested Effective Date [The date in the field will be auto populated with today's date. If you are requesting a retro effective date enter the date manually.
- Zip Code

Zip Code (If 4-digit extension is unknown, use 1234. The system will validate the address and populate the correct 4-digit extension)

Click Save.

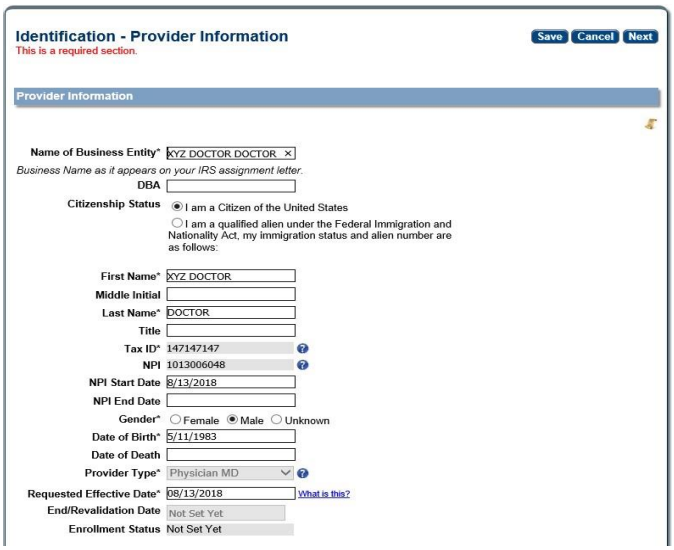


A drop-down menu will appear for you to select a taxonomy.

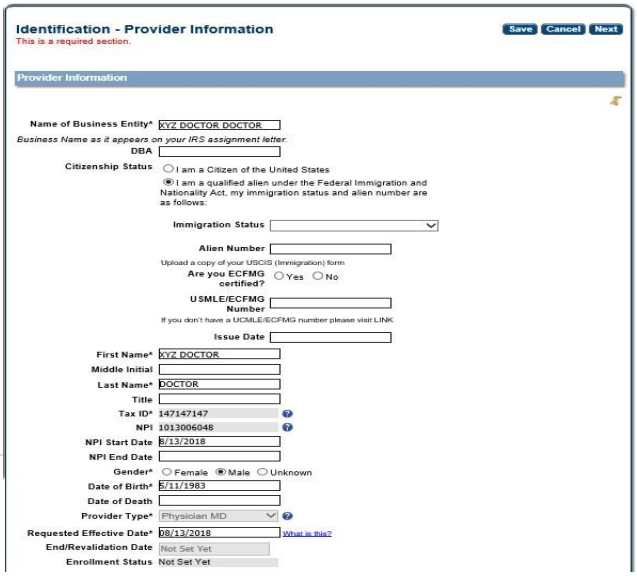
Please note that only the taxonomies you have listed in the NPPES NPI Registry are available to select. Click save.

Identification- Provider Information Screen

US Citizen

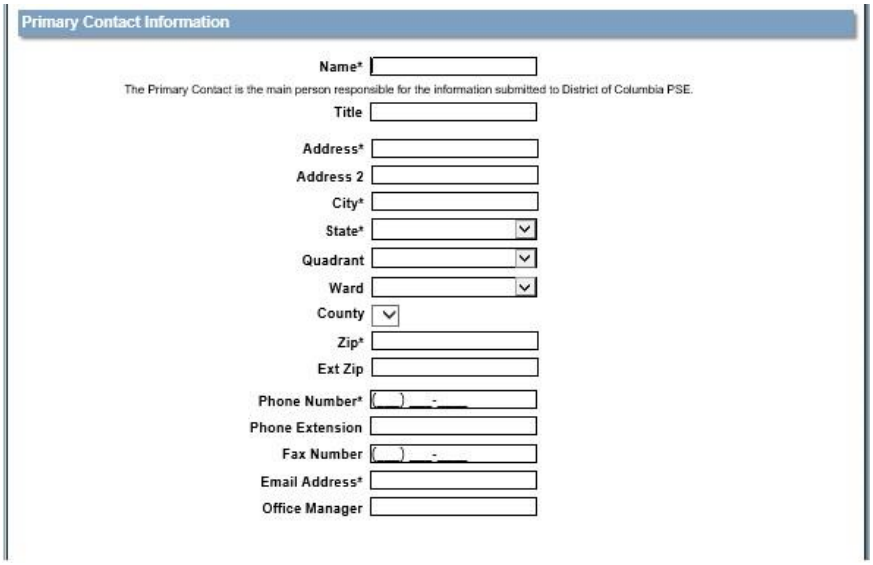


Qualified Alien

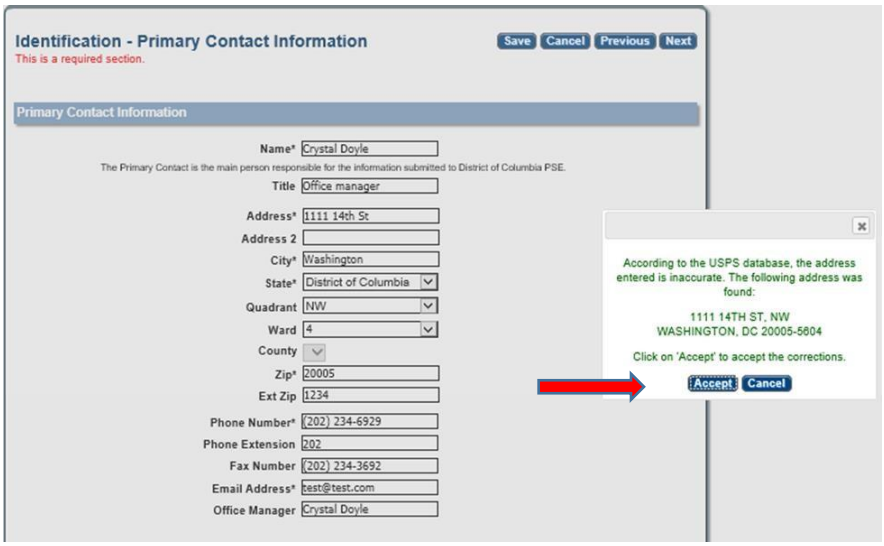


Identification - Primary Contact Information

Complete all required (*) fields in the Primary Contact Information section.
Click Save.



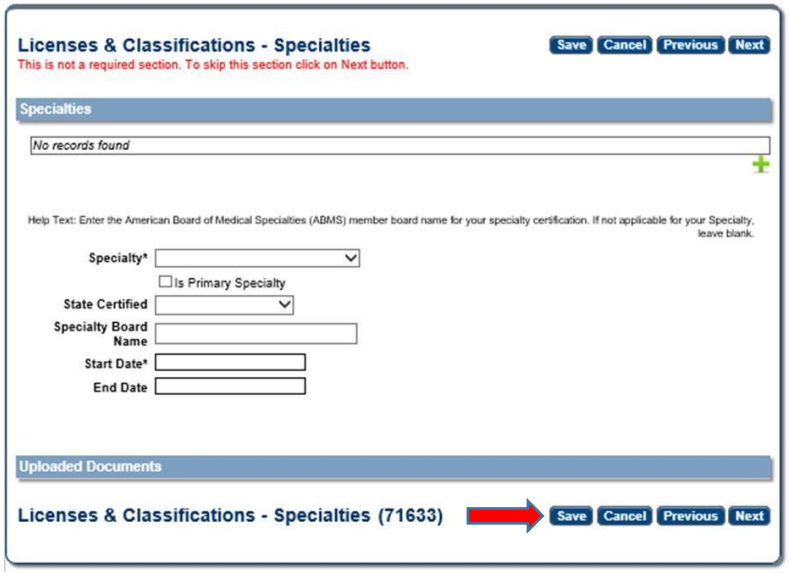
Address validation via USPS



Licenses & Classifications – Specialties

Click the green symbol to add specialty

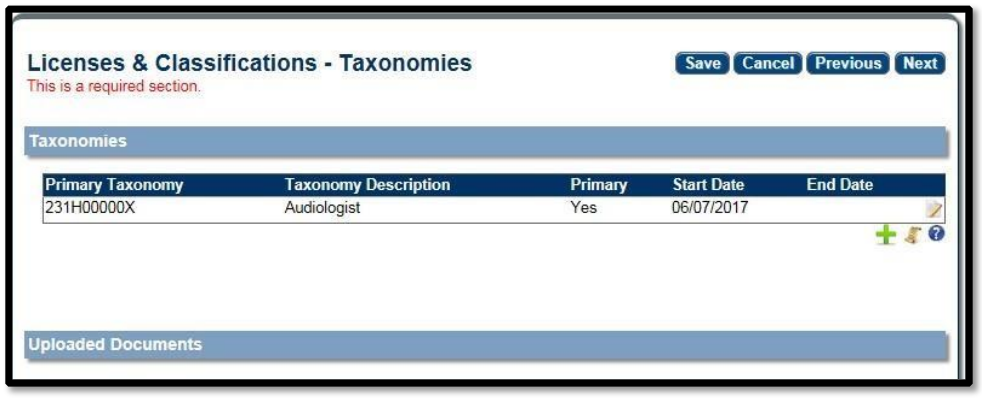
Fill out each section of the page via the available fields & drop-down menus and select "**save**"



License and Classifications- Taxonomies

Click on the symbol to add any additional Taxonomy

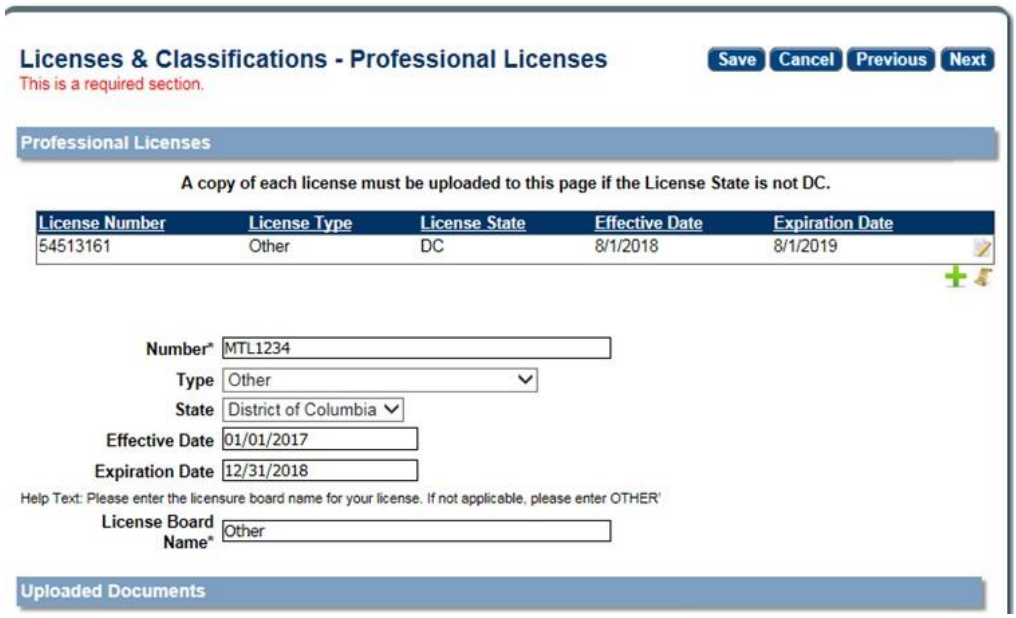
Click Save and then click "Next"



Professional Licenses

Click on the  symbol to add all professional Licenses

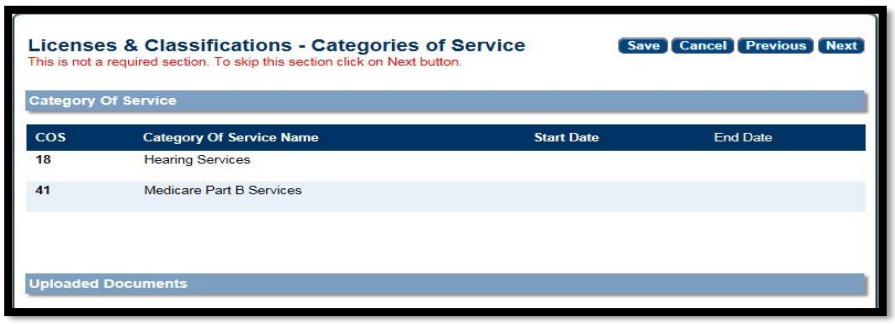
Click Save and then click “Next”



Note: A copy of each license must be uploaded to this page if the License State is not DC.

Licenses and Classifications- Categories of Service

The Categories of Service is auto populated based on the provider type chosen. No actions should be taken in this section.

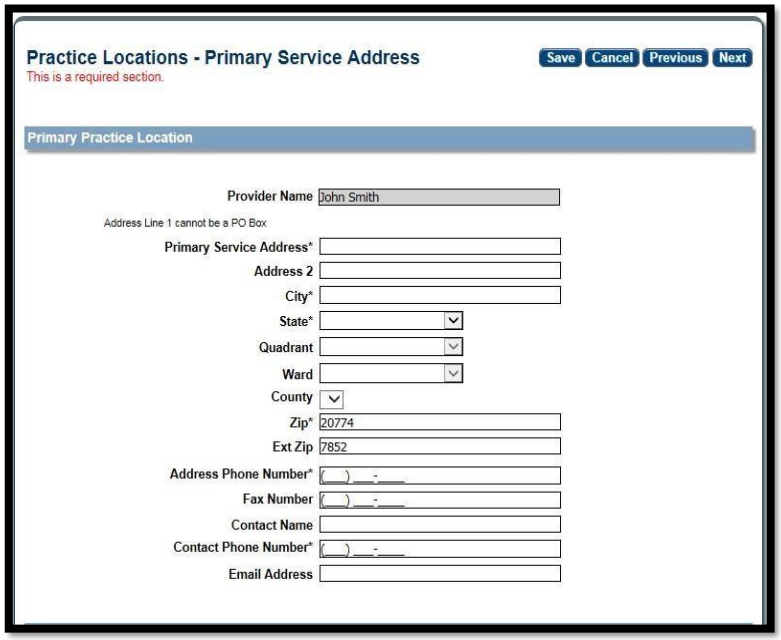


Practice Locations- Primary Service Address

Primary Services Address is required. Billing/Payment Contact Information, Correspondence Information, Remittance Address and Other Address will be auto populated with the primary service address. To use a different address in those sections, clear the text box and type the new address.

Enter information in the required fields.

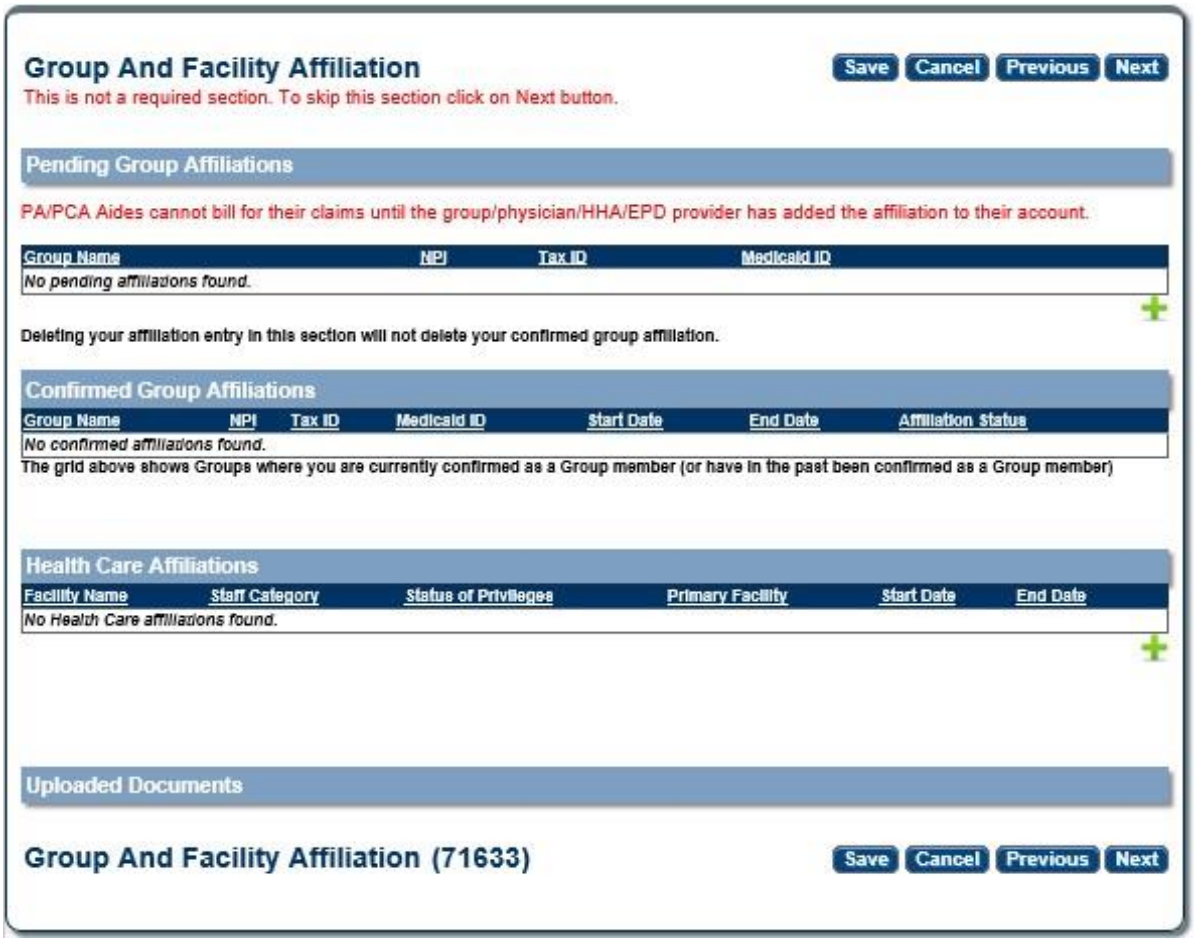
Zip Code (If 4-digit extension is unknown, use 1234. The system will validate the address and populate the correct 4-digit extension)



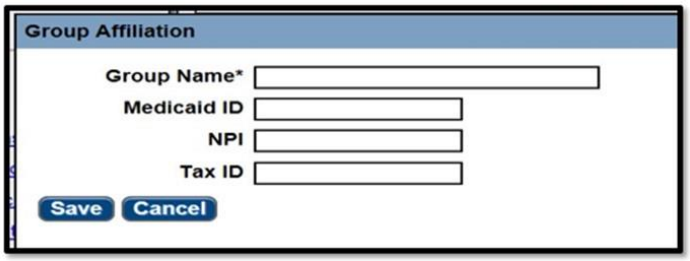
Affiliation Screen

1. **1. Click the ‘ ’ to add your group member information.**

Please note that all affiliations should be made from the group’s registration after both the individual and the group have been approved to provide services.



2. **Group Affiliation**
   Add Group Name
   Add Medicaid ID of the group
   Include NPI number if applicable
   Enter Tax ID of the group



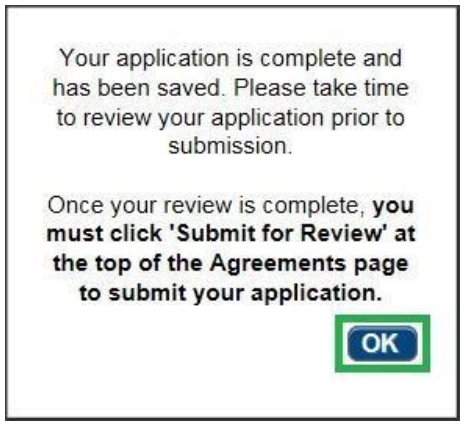
Upload Required Documents

If other documents are needed for your application. You will upload them to this page

Agreements

Check the box to agree and place the signature or initials of the person authorized to sign the form in the designated signature box. Enter characters in the image. Enter the password you used to log into the web portal. Click Save.

Application complete pop up will appear



Click “OK”

Scroll back to the top of the page

Click “Submit for Review”

Submission Confirmation Screen

The Submission Confirmation screen lets you know that you have successfully submitted your application.

Click on Return to Home Page