



Alaska Medicaid Provider Enrollment Portal

Instructions for Community Health Aides/Practitioners



As a Community Health Aide/Practitioner (CHA/P) you can now enroll in Alaska Medicaid via the internet. The Provider Enrollment Portal (PEP) is an easy to use online tool that streamlines the enrollment process for you.

This quick reference guide provides important information and tips about the enrollment process.

Getting Started

Before you start the enrollment process take a few minutes and review the training material and other resources on the PEP site. These resources provide information to help you enroll.

1. Go to <http://enroll.medicaidalaska.com>.
2. Click the **Help** link in the upper right hand corner. The Provider Enrollment Help page displays some key learning tools:
 - **Introduction to the Provider Enrollment Portal** – Click to watch the computer based training (CBT) course.
 - **Individual Provider Enrollment Instructions** – Click to view a complete guide to enrolling as an individual provider.

10 Steps to Enrollment

1. Watch the PEP CBT for an overview of the system
2. Gather required documentation such as SSN, National Provider Identifier (NPI), affiliations, and certifications
3. Launch your web browser and go to <http://enroll.medicaidalaska.com>
4. Create a new account
5. Complete the enrollment application
6. Copy the Tracking Number and store it securely
7. Submit the application online
8. Print and complete the signature page (needs your signature and group signatures)
9. Print a copy of the application for your records
10. Mail the signed signature page (must be the original) and a copy of your certification to ACS:

Provider Enrollment
ACS, A Xerox Company
P.O. Box 240867
Anchorage, AK 99524-0867



Creating a New Account

The first step in enrolling is to create an account.

1. Go to <http://enroll.medicaidalaska.com> and click **Create Account**.
2. In the Authorization pane,
 - a. Select **Individual/Sole Proprietor** and enter your SSN.
 - b. Certify whether you are the provider or a designee and click **Accept**.
3. Complete the fields in the User Account Information pane and click **Create User Account**.
4. Click **Continue** on the next two pages.

Enrolling

Now that you've created an account, the next step is to enroll.

Note: To enroll later, follow the instructions in the sidebar on the lower right.

1. On the Provider Information – Part 1 page, select **Community Health Aide/Practitioner** in the *Provider Type* field.
2. As you complete your enrollment, use the following tips to ensure an accurate and complete enrollment.

Tips for Enrolling

- Affiliations
 - Select **Group Practice to Individual Provider** as the Affiliation type.
 - Search for the provider by NPI, Medicaid ID, or name of the group.
 - Select the **Tribal Medical Group** that is in your service area. Be sure to verify the Medicaid ID and NPI. Contact your agency if you need help.
- Signature page
 - You *and* the group with which you are affiliated must sign.
 - Mail the original, signed signature page to ACS. Do not send a copy.
- Make a copy of your certification. You must mail this with your signature page to complete your enrollment.
- If you are a group enrolling an individual, once all documentation is received, processed, and approved, you will receive notification of approval by letter. Please notify the individual practitioner of the approval and the Medicaid ID.

Getting Additional Help

If you need additional help, please contact ACS Provider Enrollment Unit Monday through Friday, between 8:00 a.m. – 5:00 p.m. AKST at:

Within Anchorage 907-644-5993

Outside Anchorage 888-944-6877

1 Creating a new account

User Account Creation

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Authorization

The account being created is permanently associated with the

*Account Is For: Individual/Sole Proprietor *Provider's SSN: -----

Authorization to enroll in the Alaska Medical Assistance Program includes: Medicaid services, Chronic and Acute Medical Assistance

I certify that I am the provider.
A provider is a person, organization, or institution that must be approved by the State of Alaska for enrollment. I certify that the information submitted herein is complete and accurate.

I certify that I am the provider's designee.
A designee is a person the provider assigns the responsibility for the provider's enrollment in the Alaska Medical Assistance Program. I certify that the information submitted herein is complete and accurate.

If you are the provider's designee, this account belongs to the provider. I agree to sign and certify on behalf of the provider to signify my understanding of this agreement.

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User Account Information

Please retain the User Name and Password that you enter here. You will need them for future applications.

*User Name: _____ *Password: _____
User Name must be at least 5 characters and contain only 0-9, a-z and "." Password must be at least 8 characters and contain at least 1 digit and 1 lowercase letter.

Account Contact Information

*Last Name: _____ *First Name: _____

E-Mail Address: _____ Confirmed E-Mail Address: _____

*Security Question: What school did you attend for seventh grade? *Answer: _____
If you forget your password, the Provider Enrollment Helpline will be able to help you.

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Provider Information - Part 1 (Step 1 of 4)

Provider Information

*Provider Type: _____

*Last Name: _____ *First Name: _____

*Date of Birth: _____ Gender: Female Male

*Country of Birth: _____ State of Birth: _____

*SSN/ITIN: _____

*E-Mail Address: _____

Enrolling Later

1. Go to <http://enroll.medicaidalaska.com>.
2. Enter your user name, password and click **Log In**.
3. On the Provider Enrollment page, click **Individual Provider Enrollment**.