

October 24, 2011

Community Health Aides/Practitioners and Dental Health Aides/Therapists

New Requirements for Alaska Medicaid Enrollment

In accordance with the Patient Protection and Affordable Care Act and the National Correct Coding Initiative (NCCI), all providers including those employed as Community Health Aides/Practitioners (CHA/Ps) or Dental Health Aides/Therapists (DHA/Ts) are required to enroll as individual rendering providers with Alaska Medicaid. Beginning November 1, 2011, CHA/P and DHA/T providers with the following certification types must enroll:

Provider Type	Certification Types
Community Health Aide	<ul style="list-style-type: none"> Community Health Aide, Level III Certification Community Health Aide, Level IV Certification Community Health Practitioner Certification
Dental Health Aide/Therapist	<ul style="list-style-type: none"> Primary Dental Health Aide, Level I (PDHA I) Certification Primary Dental Health Aide, Level II (PDHA II) Certification Expanded Function Dental Health Aide, Level I (EFDHA I) Certification Expanded Function Dental Health Aide, Level II (EFDHA II) Certification Dental Health Aide Hygienist (DHAH) Certification Dental Health Aide Therapist (DHAT) Certification

Taxonomy Code & NPI (National Provider Identifier)

You will be required to identify your correct taxonomy code when you apply for an NPI as well as enrollment for Alaska Medicaid. Taxonomy codes are national 10-digit alpha-numeric codes that classify health care providers according to the primary services they render.

Provider	Taxonomy Code
Community Health Aide	172V00000X
Dental Health Aide/Therapist	247200000X

If you have not obtained your NPI please do so immediately as this will be required for your upcoming enrollment with Alaska Medicaid.

Obtain your NPI at the National Plan and Provider Enumeration System (NPPES) website: <https://nppes.cms.hhs.gov>. You may contact the NPI Enumerator as follows:


By phone: 800.465.3203 (NPI Toll-Free) 800.692.2326 (NPI TTY)	By email: customerservice@npienumerator.com	By mail: NPI Enumerator PO Box 6059 Fargo, ND 58108-6059
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Information Required to Enroll

To enroll, visit <https://enroll.medicaidalaska.com> and complete the online enrollment.

Enrollment for these provider types begins **November 1, 2011**.

The CHA/P or DHA/T will be asked in Part 1 of the enrollment application if they bill claims that will be paid and reported under their SSN; it is important to answer “NO” to this question. Answering no to this question will ensure accurate enrollment as a rendering provider. Refer to the image below:

PART 1: INDIVIDUAL INFORMATION				
PART 1, STEP 1: IDENTIFYING INFORMATION				
Provider Type (Refer to Page 1 for a complete list):			Email address:	
Provider's Last Name:	First Name:	MI:	Suffix:	
Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	May gender information be shared with members (recipients)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Country of Birth: <input type="checkbox"/> USA <input type="checkbox"/> Other	State of birth (if USA):	Social Security Number: - -		
If your provider type is restricted to rendering services only, answer NO for the following question. See Individual Provider Enrollment Application Instructions for list of restricted rendering provider types.				
Do you bill claims that will be paid and reported under your SSN? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If you have an EIN, please enter it here: _____				
Your SSN/ITIN will be linked to your Alaska Medical Assistance provider number. All claims paid to your provider number will be reported as income to the IRS under your SSN/ITIN.				
If you plan to render services for a group, you must list the group in the Affiliations part of this application. If your services are billed using the group's provider number, the claims will be paid to the group and will be reported as income to the IRS under the group's FEIN. The group also must complete a separate application and list you as an affiliated provider.				

You will need the following information to complete your enrollment:

- CHA/P or DHA/T Certification, Certification number, and Certification Effective and Expiration Date
- Social Security Number
- National Provider Identifier (NPI)
- Taxonomy Number
- The following documents must be submitted to ACS after you complete the online enrollment:
- A copy of your current CHA/P or DHA/T Certification
- The Enrollment Signature Page with original signatures from you and your tribal organization representative. Once you submit your enrollment you will be directed to print your signature page.

Other Resources

A Computer Based Training (CBT) course entitled Introduction to the Provider Enrollment Portal is recommended to help you get started. Please visit <http://medicaidalaska.com>, then select Providers > Enrollment and click the Online Training link.

For more information about the National Correct Coding Initiative (NCCI), visit <http://medicaidalaska.com>, then select Providers > NCCI.

Please direct questions regarding the enrollment process to Provider Enrollment at 907.644.6800, option 2 or 800.770.5650, option 1, 3 (toll-free in Alaska).