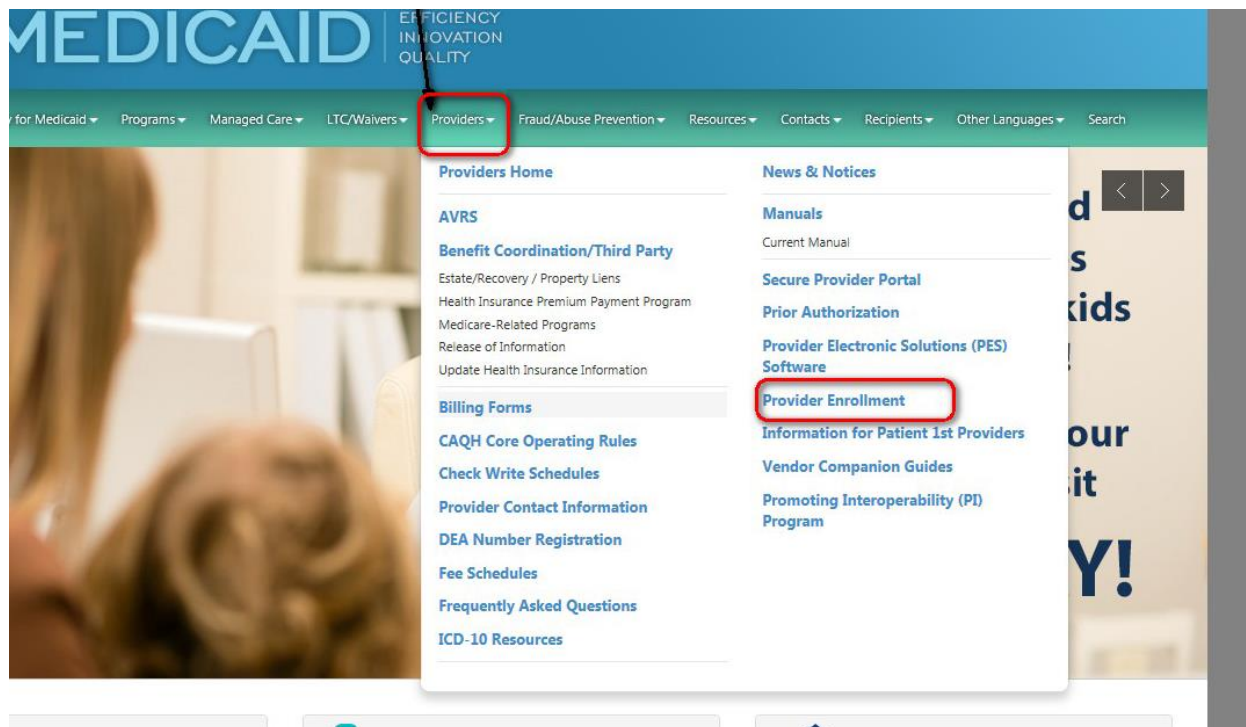


**Instruction for enrollment using the web site for individuals under a RHC.**

[www.medicaid.alabama.gov](http://www.medicaid.alabama.gov)

- > Click **Providers**
- > Click **Provider Enrollment**
- > Click **Electronic Provider Enrollment Application Portal**
- > Click **Enrollment Application**



# Provider Enrollment and Forms

Federal law requires all physicians and other practitioners who prescribe or order services for Medicaid recipients, or who refer Medicaid recipients to other providers, must be enrolled as a Medicaid provider.

## Provider Enrollment Contact Information:

- (888) 223-3630 (Nationwide Toll-Free)
- Hours (All times Central) - Monday - Friday 8 a.m. to 5 p.m.
- Supervisor: Jeff Kochik - (334) 215-4152 [Click here to email Provider Enrollment](#)
- [Frequently Asked Questions about Provider Enrollment](#)

## Enrolling as a Medicaid Provider

- [Forms for Provider Enrollment and Re-Enrollment](#)
- [Electronic Provider Enrollment Application Portal](#)
- [Provider Enrollment Web Portal Training Manual](#)
- [Providers Required to Submit an Application Fee](#)
- [Rural Health Clinic Cost Report](#) - Useful information to help new providers establish the rate for reimbursement
- [DEA Number Registration](#) - Prescribers of controlled substances are mandated to re-register their DEA License every three years. To ensure your DEA is on file at Medicaid, upload a copy of the provider's DEA Registration Certificate to the Medicaid Interactive Web Portal or fax to (334) 215-7416 with the barcode cover sheet that is provided in the Interactive Web Portal at the end of the Enrollment Updates request. Please be sure to include the provider's name,

The screenshot shows the Alabama Medicaid Agency website. At the top right, there is a logo for the Alabama Medicaid Agency and a photo of a woman and a child. Below the logo, the text "Alabama Medicaid Agency" is displayed. The main navigation bar includes "Home" and "Provider Enrollment". The current page is "Provider Enrollment", and the date and time are "Friday 03/22/2019 05:25 PM C".

**Important Announcements**

The system requirements and notes below are provided to assist in ensuring the best possible user-experience while working in the Provider Enrollment Portal:

- Microsoft Internet Explorer version 7.0 or later.
- Mozilla Firefox 2.0 and later.
- Screen Resolution 1024 x 768 pixels (optimal).
- Do not attempt to use the back/forward buttons in the browser. Doing so may cause you to lose your progress. Instead, use the navigation section within the application.
- Inactivity on pages may also cause you to lose your progress.
- Be aware that if a password has been created, it cannot be reset and Enrollment does not have access to the password.
- Be aware that you will only be able to save your progress one time. Once you exit and resume an application the save option is not available. The application must be completed and submitted or cancelled.

**Provider Enrollment**

- [Enrollment Application](#)  
Initiate a new electronic enrollment application.
- [EFT Enrollment Application](#)  
Initiate an EFT Enrollment application.
- [ERA Enrollment Application](#)  
Initiate an ERA Enrollment application.
- [Resume Enrollment](#)  
Resume an existing electronic enrollment application that has not been submitted.

This will take you to the home screen once you hit continue this will be where you will enter the enrollment type for the individuals under the RHC as listed below.

IndividualWithinGroup  
Rural Health Clinic (RHC)

Home > [Provider Enrollment](#) > Enrollment Request Information Friday 03/22/2019 05:55 PM CST

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**Provider Enrollment: Request Information** ?

<a href="#">Welcome</a>	<p>You are initiating, resuming, or revising an electronic enrollment application. All required fields below must be completed in order to "Continue" or "Finish Later". Before selecting "Continue" be sure to have ready information you may possibly need to complete the next page listed in the table of contents to the left. If you choose to "Finish Later" be aware that you will be required to enter your tax ID and create a password in order to resume the application at another time. A tracking number will also be assigned. If you, at any time, choose to "Cancel" no data will be saved.</p> <p>Select carefully the Enrollment Type as this selection will drive what information you will be required to complete going forward. Provide accurate contact information, including the email address, as it will be used for any concerns/questions or notifications regarding this application. Be aware that although you are asked to provide a "Requesting Enrollment Effective Date" you are NOT guaranteed this effective date.</p> <p>* Indicates a required field.</p> <p><b>Initial Enrollment Information</b></p> <p>*Enrollment Type <input type="text" value="IndividualWithinGroup"/></p> <p>*Provider Type <input type="text" value="Rural Health Clinic (RHC)"/></p> <p>*Requesting Enrollment Effective Date <input type="text" value="03/22/2019"/></p>
<b>Request Information</b>	
Specialties	
Provider Identification	
Addresses	
Other Information	
Disclosures	
Agreement	
Summary	

The specialty is where you will choose the individuals profession. I did two samples. One for a Doctor and one for a nurse. Then just follow the steps.

Home > [Provider Enrollment](#) > Enrollment Specialties Friday 03/22/2019 05:49 PM CST

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**Provider Enrollment: Specialties** ?

<a href="#">Welcome</a>	<p><b>Specialties</b></p> <p>The provider type is established on the Request Information screen. All subsequent specialties available for the selected provider type can be added on this screen. Only one specialty can be designated as the primary specialty.</p> <p>When selecting specialties such as EPSDT, additional qualifications must be met and additional documentation will be required. Be aware if you select a specialty for which the provider applicant does not qualify this application may be rejected. It is suggested you view the <a href="#">Alabama Medicaid Participation Requirements</a> chart to determine if supplemental documentation, such as specialty certification, is required for the specialty selected.</p> <p>* Indicates a required field. <input checked="" type="checkbox"/> Indicates a primary record.</p> <p>Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.</p> <table border="1"><thead><tr><th>Specialty</th><th>Taxonomy Code</th><th>Action</th></tr></thead><tbody><tr><td colspan="3">Click to collapse.</td></tr><tr><td>Type Rural Health Clinic (RHC)</td><td>*Specialty <input type="text" value="General Practitioner"/></td><td>Primary <input type="checkbox"/></td></tr></tbody></table> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p>	Specialty	Taxonomy Code	Action	Click to collapse.			Type Rural Health Clinic (RHC)	*Specialty <input type="text" value="General Practitioner"/>	Primary <input type="checkbox"/>
Specialty		Taxonomy Code	Action							
Click to collapse.										
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<a href="#">Request Information</a>										
<b>Specialties</b>										
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Other Information										
Disclosures										
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Provider Enrollment: Specialties



- [Welcome](#)
- [Request Information](#)
- Specialties**
- [Provider Identification](#)
- [Addresses](#)
- [Other Information](#)
- [Disclosures](#)
- [Agreement](#)
- [Summary](#)

**Specialties**

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- \* Indicates a required field.
- Indicates a primary record.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.

Specialty	Taxonomy Code	Action
<input type="checkbox"/> Click to collapse.		
Type Rural Health Clinic (RHC)		*Specialty <input type="text" value="Nurse Practitioner (Other)"/>
*Taxonomy Code <input type="text"/>		Primary <input type="checkbox"/>
<input type="button" value="Add"/> <input type="button" value="Reset"/>		