

IHSC System Phase 1.1 New Provider Enrollment Quick Reference Guide

This Quick Reference Guide (QRG) provides step-by-step instructions for enrolling in the IHSC eCAMS HCE Provider Portal. The guide covers initial provider registration, completion of the Business Process Wizard (BPW) enrollment steps and new provider enrollment.

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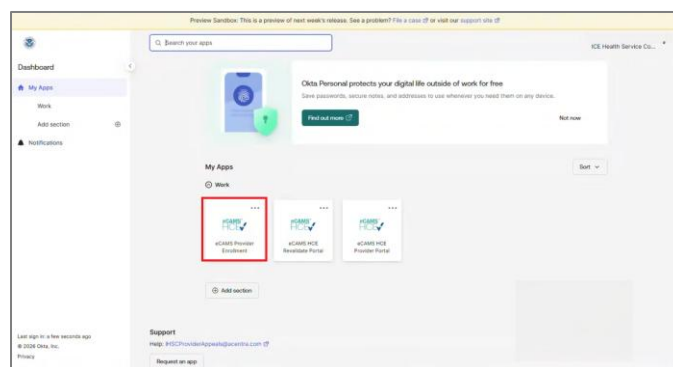
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Note: This QRG is intended for non-vendorized providers who have never received an electronic fund transfer payment from a previous program.

Provider Enrollment for Not Vendorized Providers (you never received an EFT payment from the prior system).

1. Go to the IHSC eCAMS HCE Provider Portal website and enter your Username and Password. Select **Sign In** to enter the website.

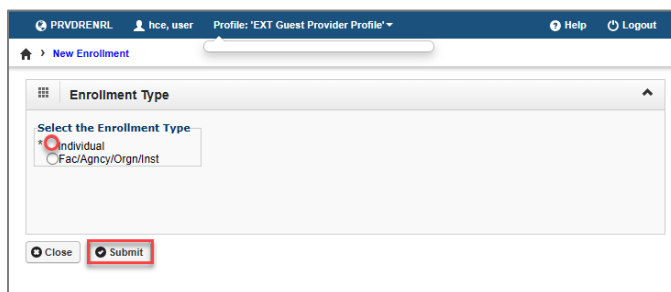
2. After logging in, navigate to the **Dashboard**, which displays available applications for completing the enrollment process. Select the **eCAMS HCE Provider Enrollment** application.



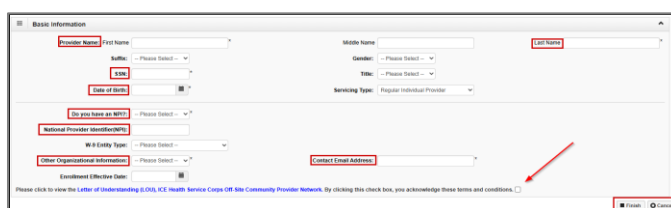
3. Select **New Enrollment** on the welcome screen to begin a new provider enrollment application. Review all selected options carefully throughout the enrollment process, as certain selections may affect subsequent application steps. Some options cannot be modified after submission and may require a new application to be submitted.



4. Select the appropriate enrollment type: **Individual** or **Facility / Agency / Organization / Institution**. Select **Individual** when enrolling as an individual provider. Select **Facility / Agency / Organization / Institution** when enrolling on behalf of an organization, clinic, hospital, or other entity. Select **Submit** to continue with the enrollment process.



5. Complete the **Basic Information** section. Required information includes **First and Last Name**, **Social Security Number**, whether you have an **NPI**, your **Email Address**, and **Other Organization-Related Information**. Additional optional fields are available and may be completed as needed. Select **Finish** to continue.



Note: Enter all required information in fields marked with an asterisk (*). Required fields must be completed before proceeding to the next step.

- A confirmation message will appear and you will be given an **Application ID**. Record the information displayed in the confirmation message for future reference, as it may be needed later. A confirmation email may also be sent. Select **Next** to continue.

Business Process Wizard (BPW)

- Use the **Business Process Wizard (BPW)** to submit the information required to complete enrollment. The **BPW** is a guided, step-by-step process used to review, validate, and update provider information. The wizard consists of 10 steps. Complete each step in sequence before proceeding to the next step. All required steps must be completed before the enrollment can be submitted for review. To avoid interruptions, complete the enrollment during the initial session whenever possible; however, the application may be accessed later to continue the process if needed.

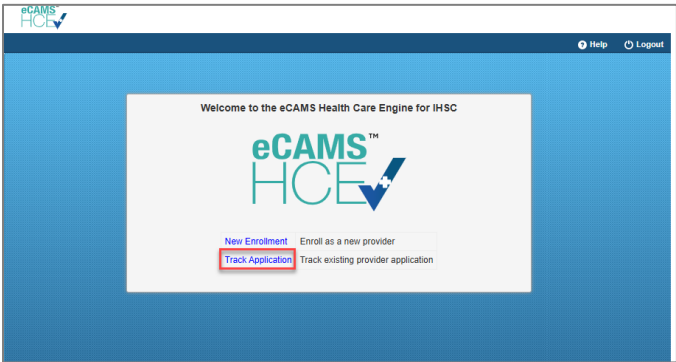
Step	Required	Start Date	End Date	Status	Step Remarks
Step 1: Provider Basic Information	Required	07/01/2025	07/01/2025	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Taxonomy	Required			Incomplete	
Step 4: Add Professional Licenses and Certifications	Optional			Incomplete	
Step 5: Add Payment and Reimbursement Details	Required			Incomplete	
Step 6: View/Upload Attachments	Optional			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Training and Education	Required			Incomplete	
Step 9: Complete Provider Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Review	Required			Incomplete	

- Review the information displayed in the **Business Process Wizard (BPW)**. The wizard lists all 10 enrollment steps and tracks the progress of each step throughout the enrollment process. Use the information in each column to determine which steps are required, review completion status, and identify any outstanding items that must be addressed before the enrollment can be submitted.

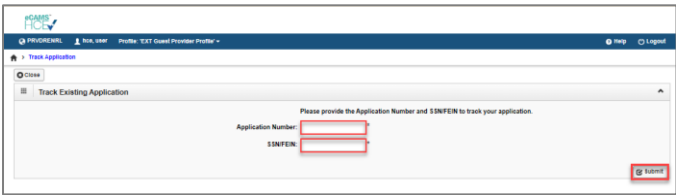
Step	Required	Start Date	End Date	Status	Step Remarks
Step 1: Provider Basic Information	Required	07/01/2025	07/01/2025	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Taxonomy	Required			Incomplete	
Step 4: Add Professional Licenses and Certifications	Optional			Incomplete	
Step 5: Add Payment and Reimbursement Details	Required			Incomplete	
Step 6: View/Upload Attachments	Optional			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Training and Education	Required			Incomplete	
Step 9: Complete Provider Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Review	Required			Incomplete	

Note: The Required column identifies whether a step must be completed before the enrollment can be submitted. The Start Date and End Date columns track when work began on a step and when the step was completed. The Status column indicates whether a step is complete or incomplete. The Step Remark column provides additional details about a step and may identify missing information that must be entered before the step can be completed.

3. To resume an application or review the status of an existing application, access the **eCAMS HCE Provider Enrollment** application and select **Track Application**.

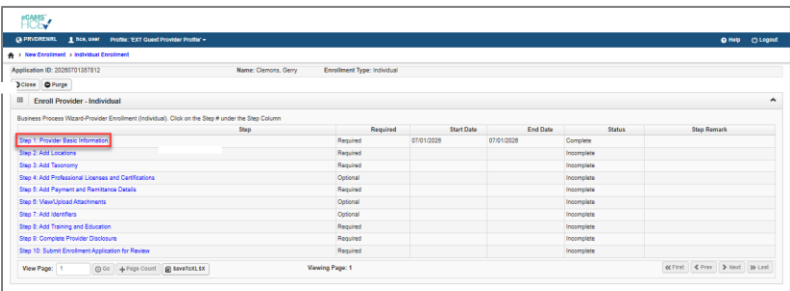


4. Enter the previously assigned application number and the **Social Security Number (SSN) or Federal Employer Identification Number (FEIN)** used during enrollment. Select **Submit** to reopen the application.



Step 1: Provider Basic Information

1. Select **Step 1: Provider Basic Information** to review provider information. This step may already be marked as complete because it is populated using information entered during the initial enrollment process.



- Review the information and verify that all information is accurate. Make any necessary updates before proceeding. Once the review is complete, select **Finish** to return to the **Business Process Wizard (BPW)**.

Note: Review all information for accuracy, even if **Step 1: Provider Basic Information** is already marked as complete. Update any information as needed before proceeding to the next step.

Step 2: Add Locations

- Select **Step 2: Add Locations** to enter the physical address associated with the provider account. From the **Business Process Wizard (BPW)**, select **Add Locations** to begin.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/01/2025	07/01/2025	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Primary	Optional			Incomplete	
Step 4: Add Professional Licenses and Certifications	Optional			Incomplete	
Step 5: Add Payment and Remittance Details	Optional			Incomplete	
Step 6: View/Upload Attachments	Optional			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Training and Education	Optional			Incomplete	
Step 9: Complete Provider Disclosure	Optional			Incomplete	
Step 10: Submit Enrollment Application for Review	Optional			Incomplete	

- On the next screen, select **Add** to add your location.

Location Number	Location Name	Location Type	Location Details	End Date
No Records Found!				

3. Enter the **Business Name** and contact's **First and Last Name**. Then, select **Address** to enter location details.

4. An **Address Details** window will open. Enter the street number and street name in **Address Line 1**, then enter the ZIP code. Select **Validate Address** to verify the address information.

5. The system uses USPS address validation to verify the entered address (**Address Line 1, City/Town, State/Providence, County, Country, and Zip Code**). Review the validated address information and confirm that it is correct. Enter any additional location details, such as building numbers, suite numbers, or other address information, in **Address Line 2** or **Address Line 3**, if applicable.

6. Once the address information is complete, select **OK**.

7. Continue entering or verifying required location information, including the **E-Mail Address** and **Telephone Number**. Select **OK** to save the information and continue.

8. Select **Add Locations** again, then select the **Location Number** associated with the existing location to review or update the location information.

9. Select the appropriate address type. For this address, select **Mailing**.

Note: The **Mailing** address is used only for the provider's **1099 tax form**. No other correspondence will be sent to this address.

If the mailing address is the same as the physical location address, select **Copy from Location Address**. If the mailing address is different, enter the address information and complete the USPS address validation process. Once the mailing address information is complete, select **OK**.

10. The screen will display both addresses associated with the profile. Verify that the information is correct, then select **Close** to return to the **Business Process Wizard (BPW)**.

11. The **Status** for Step 2 is now shown as **Complete**.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/30/2026	06/30/2026	Complete	
Step 2: Add Location	Required	06/30/2026	06/30/2026	Complete	
Step 3: Add Taxonomy	Required			Incomplete	
Step 4: Add Professional License and Certifications	Required			Incomplete	
Step 5: Add Payment and Remittance Details	Required			Incomplete	
Step 6: Upload Attachments	Required			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Training and Education	Optional			Incomplete	
Step 9: Complete Provider Disclosure	Required			Incomplete	
Step 10: Submit Enrollment Application for Review	Required			Incomplete	

Step 3: Add Taxonomy

1. Select **Step 3: Add Taxonomy** to enter taxonomy information that identifies the provider's specialty and subspecialty. From the **Business Process Wizard (BPW)**, select **Add Taxonomy** to begin.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/30/2026	06/30/2026	Complete	
Step 2: Add Locations	Required	06/30/2026	06/30/2026	Complete	
Step 3: Add Taxonomy	Required			Incomplete	
Step 4: Add Professional Licenses and Certifications	Required			Incomplete	
Step 5: Add Payment and Remittance Details	Required			Incomplete	
Step 6: View/Upload Attachments	Required			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Training and Education	Optional			Incomplete	
Step 9: Complete Provider Disclosure	Required			Incomplete	
Step 10: Submit Enrollment Application for Review	Required			Incomplete	

2. In the next window, select **Add** to begin selecting the taxonomy.

Application ID: 2020061043743 Name: Franklin, Benjamin Enrollment Type: Individual

Close Add Update Note: Taxonomy Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List

Filter By: [Dropdown] Go

Clear Filter Save Filter My Filters

Taxonomy Code	Taxonomy Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date	Primary Taxonomy
No Records Found!							

3. Select a **Taxonomy Type** from the drop-down menu. Depending on the selected taxonomy type, a **Specialty** may also be required. After selecting the appropriate taxonomy type and specialty, the corresponding taxonomy code will be displayed in the **Available Taxonomy Codes** table.

III Add Specialty/Subspecialty

Location: 00001-Eye Spy

Administration: IHSC Provider Management-IHSC PHE

Taxonomy Type: [Dropdown]

Specialty: [Dropdown]

Primary Taxonomy: [Dropdown]

End Date: [Date Picker]

III Add Taxonomy Code

Available Taxonomy Codes

Associated Taxonomy Codes

OK Cancel

- 10-Behavioral Health & Social Service Providers
- 11-Chiropractic Providers
- 12-Dental Providers
- 13-Dietary & Nutritional Service Providers
- 14-Emergency Medical Service Providers
- 15-Eye and Vision Services Providers
- 16-Nursing Service Providers
- 17-Other Service Providers
- 18-Pharmacy Service Providers
- 19-Group
- 20-Allopathic & Osteopathic Physicians
- 21-Pediatric Medicine & Surgery Service Providers
- 22-Respiratory, Developmental, Rehabilitative and Restorative Service Providers
- 23-Speech, Language and Hearing Service Providers
- 24-Technologists, Technicians & Other Technical Service Providers
- 25-Agencies
- 26-Ambulatory Health Care Facilities
- 27-Hospital Units
- 28-Hospitals

- Once a **Taxonomy Type** is selected, select a **Specialty**. A list of available specialties will display in a drop-down menu.

The screenshot shows the 'Add Specialty/Subspecialty' form. The 'Location' is '00001-Eye Spy'. The 'Administration' is 'IHSC Provider Management-IHSC Pw'. The 'Taxonomy Type' is '15-Eye and Vision Services Provider'. The 'Specialty' dropdown is open, showing '2W-Optometrist' and '6F-Technician/Technologist'. The 'Primary Taxonomy' is '2W-Optometrist' and the 'End Date' is '6F-Technician/Technologist'.

- In the **Available Taxonomy Codes** box, select the desired taxonomy code(s) associated with the specialty chosen. Use the right facing arrows to move the codes to the **Associated Taxonomy Codes** box. To remove a taxonomy code from the **Associated Taxonomy Codes** box, click the code and then click the left pointing arrow and the taxonomy code will be moved back to the **Available Taxonomy Codes** box. Select the **OK** button once complete.

The screenshot shows the 'Add Specialty/Subspecialty' form. The 'Location' is '00001-Eye Spy'. The 'Administration' is 'IHSC Provider Management-IHSC Pw'. The 'Taxonomy Type' is '15-Eye and Vision Services Provider'. The 'Specialty' is '2W-Optometrist'. The 'Primary Taxonomy' is '2W-Optometrist' and the 'End Date' is '6F-Technician/Technologist'. The 'Available Taxonomy Codes' box contains a list of codes: 152W0000X-Optometrist, 152WC080X-Corneal and Contact Management, 152WL0500X-Low Vision Rehabilitation, 152WP020X-Pediatrics, 152WS000X-Sports Vision, 152WV0400X-Vision Therapy, and 152WV030X-Occupational Vision. The 'Associated Taxonomy Codes' box is empty. The right-facing arrow button is highlighted with a red box and a red arrow.

- A primary taxonomy is not required but if the user would like to add a primary taxonomy, select a **Specialty** (which is required) and then select "Yes" from the drop-down menu in the **Primary Taxonomy** field.

The screenshot shows the 'Add Specialty/Subspecialty' form. The 'Location' is '00001-Healthy Life'. The 'Administration' is 'IHSC Provider Management-IHSC I'. The 'Taxonomy Type' is '15-Eye and Vision Services Provide'. The 'Specialty' dropdown is highlighted with a red box. The 'Primary Taxonomy' dropdown is open, showing '2W-Optometrist' and '6F-Technician/Technologist'. The 'End Date' is '6F-Technician/Technologist'. The 'Available Taxonomy Codes' box contains a list of codes: 152W0000X-Optometrist, 152WC080X-Corneal and Contact Management, 152WL0500X-Low Vision Rehabilitation, 152WP020X-Pediatrics, 152WS000X-Sports Vision, 152WV0400X-Vision Therapy, and 152WV030X-Occupational Vision. The 'Associated Taxonomy Codes' box is empty.

- From the **Available Taxonomy Codes** box, select the primary taxonomy and select **OK**. Only one taxonomy code can be selected as the primary taxonomy.

- If additional taxonomies are required, select **Add** and repeat the process. After all applicable taxonomies have been entered, select **Close** to complete the step and return to the **Business Process Wizard (BPW)**.

Application ID: 2026053443743 Name: Franklin, Benjamin Enrollment Type: Individual

Close Add Update Note: Taxonomy Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List

Filter By: [v] [Go]

Taxonomy Code	Taxonomy Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date	Primary Taxonomy
208D00000X	20-Allopathic & Osteopathic Physicians	ID-General Practice/00000-General Practice	00001	Alpha Beta Clinic	IHSC Provider Management	12/31/2999	

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- The primary taxonomy selected will appear in the **Specialty/Subspecialty List** page. It will display “Yes” in the Primary Taxonomy column to indicate the taxonomy listed is the primary taxonomy. To add additional taxonomies, the user will need to select the **Add** button to open the **Add Specialty/Subspecialty** page.

Close Add Update Note: Taxonomy Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List

Filter By: [v] [Go]

Taxonomy Code	Taxonomy Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date	Primary Taxonomy
152W00000X	15-Eye and Vision Services Providers	20-Ophthalmologist/00000-Ophthalmologist	00001	Healthy Life	IHSC Provider Management	12/31/2999	Yes

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- When adding additional taxonomies, select the **Specialty** to populate the list of associated taxonomies under the **Available Taxonomy Codes** box. Select “No” for the **Primary Taxonomy** and then select the desired taxonomies and use the right facing arrows to move the taxonomies to the **Associated Taxonomy Codes** box. Select **OK** once complete.

- On the **Specialty/Subspecialty List** page all the taxonomies selected by the user will be listed. The **Primary Taxonomy** column will show which taxonomy is primary. If no changes are needed, select close to return to the **Enroll Provider** page.

Specialty/Subspecialty List

Filter By: -- Please Select --

Clear Filter Save Filter My Filters

Taxonomy Code	Taxonomy Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date	Primary Taxonomy
152W000000	15-Eye and Vision Services Providers - Z9H-Optometrist/00000-Optometrist	00001	Healthy Life	IHSC Provider Management	12/31/2999	Yes	
152W000000	15-Eye and Vision Services Providers - Z9H-Optometrist/PQ000-Pediatrics	00001	Healthy Life	IHSC Provider Management	12/31/2999	No	
152W000000	15-Eye and Vision Services Providers - Z9H-Optometrist/V0400-Vision Therapy	00001	Healthy Life	IHSC Provider Management	12/31/2999	No	

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Step 4: Add Professional Licenses & Certifications

- Select **Step 4: Add Professional Licenses and Certifications** to enter license and certification information for the provider record. From the **Business Process Wizard (BPW)**, select **Add Professional Licenses and Certifications** to begin.

Application ID: 2019030403743 Name: Franklin, Benjamin Enrollment Type: Individual

Enroll Provider - Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/30/2026	06/30/2026	Complete	
Step 2: Add Locations	Required	06/30/2026	06/30/2026	Complete	
Step 3: Add Taxonomy	Required	06/30/2026	06/30/2026	Complete	
Step 4: Add Professional Licenses and Certifications	Required	06/30/2026	06/30/2026	Complete	
Step 5: Add Payment and Performance Details	Required			Incomplete	
Step 6: View/Upload Attachments	Required			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Training and Education	Optional			Incomplete	
Step 9: Complete Provider Disclosure	Required			Incomplete	
Step 10: Submit Enrollment Application for Review	Required			Incomplete	

View Page: 1 Go Page Count Save to XLX Viewing Page: 1

- In the next window, select **Add**.

Application ID: 2019030403743 Name: Franklin, Benjamin Enrollment Type: Individual

License/Certification List

Filter By: -- Please Select --

Clear Filter Save Filter My Filters

License/Certification #	License/Certification Type	Location Number	Location Name	Effective Date	End Date
No Records Found!					

- On the **Add License/Certification** page the location will default to the location information previously entered on the application. The user will need to enter the **License/Certification Type**, **License/Certification #** and the license/certification **Effective Date** and **End Date**

Add License/Certification

Location: 00001-Healthy Life

State of Licensure: -- Please Select --

License/Certification Type: ABCD Certification

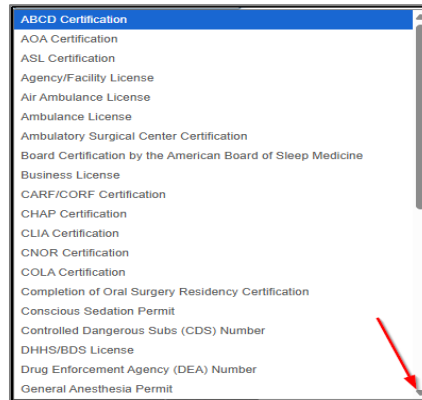
License/Certification #:

Effective Date:

End Date:

OK Cancel

- To view a list of licensing and certifying entities, click the down arrow in the **License/Certification Type** field. To view the entire list, use the arrow or bar on the right side of the window to scroll down.



- Select **OK** when the license/certification information has been selected. The user will be redirected to the **License/Certification List**. The license/certification information that was entered will be listed. If no changes are needed, click **Close** to exit the page and begin the next step of the application.

Step 5: Add Payment and Remittance Details

- Select **Step 5: Add Payment and Remittance Details** to enter or update banking information used for provider payments. From the **Business Process Wizard (BPW)**, select **Add Payment and Remittance Details** to begin.

- Select **Add** to continue.

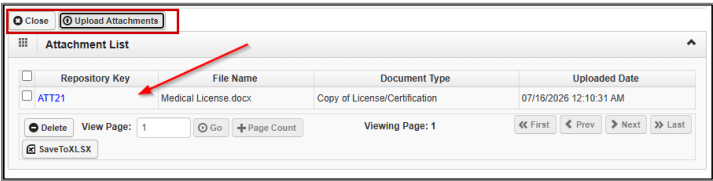
- The details for **Provider Information**, **Provider Identifiers Information** and **Identify Payment Details** sections will be pre-populated. The user will need to complete the **Financial Institution Information** and **Submission Information** sections.

- For the **Type of Account at Financial Institution** field, the entry will default to checking. However, clicking the down arrow will allow the user to select savings. For the **Authorized Signature**, type the name of the authorized signer. Select **OK** when complete.

- The **Payment Details** page will display, and **Electronic Funds Transfer (Direct Deposit)** will be listed in the **Payment Method** column. If no changes are needed, select **Close** to exit the page and begin the next step of the application.

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- The uploaded document will be listed on the **Attachment List** page. To add another document, click the **Upload Attachments** button to open the **Attachment** window and follow the same steps above to upload another document. When all documents have been uploaded, select the **Close** button to go to the next step of the application.



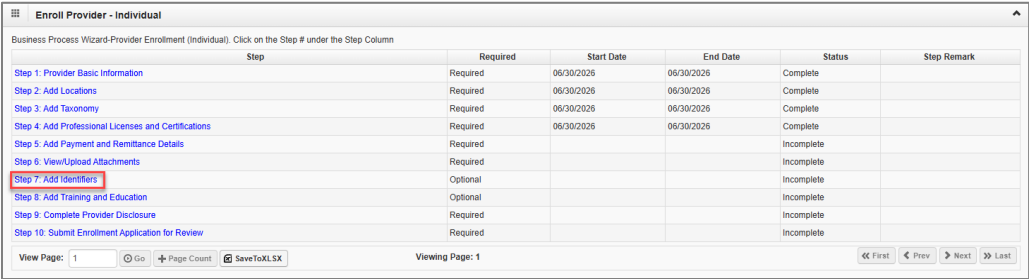
- Once the document has been uploaded, select **OK** to return to the BPW.



Note: Files must meet the system's accepted file type requirements before they can be uploaded. If a document cannot be attached, verify that the file uses a supported file extension and complies with the file format requirements displayed in the system.

Step 7 Add Identifiers (Optional)

- Select **Step 7: Add Identifiers** to review or enter identifier information associated with the provider record. This step is optional and may not require any action. Because identifier information is not required for enrollment, the step may already be marked as complete. Review any existing information and update it if needed before returning to the **Business Process Wizard (BPW)**.



- The **Location** field will be pre-populated. Use the down arrow in the **Identifier Type** field to select an identifier type. Then, enter the identifier number in the **Identifier Value** field. Enter the effective date of the identifier being entered in the **Start Date** field.

A complete list of identifier types can be viewed by clicking the down arrow in the **Identifier Type** field.

Step 8: Add Training and Education (Optional)

- Select **Step 8: Training and Education** to review or enter training and education information associated with the provider record. This step is optional and may not require any action. However, review the available fields to determine whether training or education information should be added. In some cases, opening and closing the step may be necessary for the step to display as complete in the **Business Process Wizard (BPW)**. Select **Step 8: Training and Education**.

Enroll Provider - Individual						
Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column						
Step	Required	Start Date	End Date	Status	Step Remark	
Step 1: Provider Basic Information	Required	06/30/2026	06/30/2026	Complete		
Step 2: Add Locations	Required	06/30/2026	06/30/2026	Complete		
Step 3: Add Taxonomy	Required	06/30/2026	06/30/2026	Complete		
Step 4: Add Professional Licenses and Certifications	Required	06/30/2026	06/30/2026	Complete		
Step 5: Add Payment and Remittance Details	Required			Incomplete		
Step 6: View/Upload Attachments	Required			Incomplete		
Step 7: Add Identifiers	Optional			Incomplete		
Step 8: Add Training and Education	Optional			Incomplete		
Step 9: Complete Provider Disclosure	Required			Incomplete		
Step 10: Submit Enrollment Application for Review	Required			Incomplete		

- The user will need to complete the following fields: **Training/Education Type** – type of degree or certification earned. **Name of Institution** – name of school or institution the education or training took place. **Place Completed** – location where the education was completed (e.g., city and state). **Date Completed** – date the education or training was completed. **End Date** – expiration date of an education or training certificate.

- To view a list of training and education types, click the down arrow in the **Training/Education Type** field.

Step 9: Complete Provider Disclosures

- Select **Step 9: Provider Disclosures** to review and respond to disclosure questions related to compliance and eligibility requirements. Select **Step 9: Provider Disclosures** to open the disclosure questions.

Enroll Provider - Individual						
Business Process Wizard Provider Enrollment (Individual): Click on the Step # under the Step Column						
Step	Required	Start Date	End Date	Status	Step Remark	
Step 1: Provider Basic Information	Required	06/30/2026	06/30/2026	Complete		
Step 2: Add Locations	Required	06/30/2026	06/30/2026	Complete		
Step 3: Add Taxonomy	Required	06/30/2026	06/30/2026	Complete		
Step 4: Add Professional Licenses and Certifications	Required	06/30/2026	06/30/2026	Complete		
Step 5: Add Payment and Remittance Details	Required	06/30/2026	06/30/2026	Incomplete		
Step 6: View/Upload Attachments	Required			Incomplete		
Step 7: Add Identifiers	Optional			Incomplete		
Step 8: Add Training and Education	Optional			Incomplete		
Step 9: Complete Provider Disclosures	Required			Incomplete		
Step 10: Submit Enrollment Application for Review	Required			Incomplete		

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First | Previous | Next | Last

- The **Provider Disclosure** section contains a list of questions regarding fraud and abuse. Users must provide a “Yes” or “No” answer to each question. If the user answers “Yes” to any question, supporting documentation must be uploaded to provide additional information. The **Comments** field can be used to provide additional details, but there is a limit of fifty (50) characters.

If you select **Yes** for any question, provide the required details in the comments section, including: (1) The type of action. (2) The agency involved, (3) The date of the action.

The **Comments** field can be used to provide additional details, but there is a limit of fifty (50) characters. After completing all disclosure questions, select **Save**, then **Close** to return to the BPW.

Provider Disclosure

If you answer Yes to any of the disclosure questions, provide details including type of action, the agency who assigned the adverse action, and the date of action.

Question	Answer	Comments
Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction, (2) a liability finding in civil proceedings, or (3) a settlement entered into in lieu of conviction?	Not Completed	
Have you had any voluntary or involuntary relinquishment of license or registration?	Not Completed	
Have you had any voluntary or involuntary termination of medical staff membership at another organization?	Not Completed	
Have you had any voluntary or involuntary limitation, reduction, or loss of clinical privileges?	Not Completed	
Have you had any professional liability actions that resulted in a final judgment against you?	Not Completed	

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SaveToXLSX

- Select the down arrow in each **Answer** field to select either “Yes” or “No” for each question. If “Yes” is selected for any question, upload supporting documentation to provide further clarification and provide additional details

Provider Disclosure

If you answer Yes to any of the disclosure questions, provide details including type of action, the agency who assigned the adverse action, and the date of action.

Question	Answer	Comments
Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction, (2) a liability finding in civil proceedings, or (3) a settlement entered into in lieu of conviction?	Not Completed	
Have you had any voluntary or involuntary relinquishment of license or registration?	Not Completed	
Have you had any voluntary or involuntary termination of medical staff membership at another organization?	Not Completed	
Have you had any voluntary or involuntary limitation, reduction, or loss of clinical privileges?	Not Completed	
Have you had any professional liability actions that resulted in a final judgment against you?	Not Completed	

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SaveToXLSX

- When all the questions have been answered, select the **Save** button and then **Close** to go to the next step of the application.

Provider Disclosure

If you answer Yes to any of the disclosure questions, provide details including type of action, the agency who assigned the adverse action, and the date of action.

Question	Answer	Comments
Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction, (2) a liability finding in civil proceedings, or (3) a settlement entered into in lieu of conviction?	No	
Have you had any voluntary or involuntary relinquishment of license or registration?	No	
Have you had any voluntary or involuntary termination of medical staff membership at another organization?	No	
Have you had any voluntary or involuntary limitation, reduction, or loss of clinical privileges?	No	
Have you had any professional liability actions that resulted in a final judgment against you?	No	

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SaveToXLSX

Step 10: Submit Enrollment Application for Review

Select **Step 10: Submit Application for Review** to submit the provider enrollment application for review. After submission, provider information cannot be updated unless the application is returned for correction. Select **Step 10: Submit Application for Review** to begin the submission process.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/30/2025	06/30/2025	Complete	
Step 2: Add Locations	Required	06/30/2025	06/30/2025	Complete	
Step 3: Add Taxonomy	Required	06/30/2025	06/30/2025	Complete	
Step 4: Add Professional Licenses and Certifications	Required	06/30/2025	06/30/2025	Complete	
Step 5: Add Payment and Remittance Details	Required			Incomplete	
Step 6: View/Upload Attachments	Required			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Training and Education	Optional			Incomplete	
Step 9: Complete Provider Disclosure	Required			Incomplete	
Step 10: Submit Enrollment Application for Review	Required			Incomplete	

- After all required enrollment steps have been completed, select **Submit Enrollment**. On the confirmation screen, review the notice displayed and verify the information before proceeding. Select **Submit Enrollment** to submit the application for review.

Application ID: 2026050453743 Name: Franklin, Benjamin Enrollment Type: Individual

Final Submission

Application #: 2026050453743 Enrollment Type: Individual

By clicking on the button "Submit Enrollment", you are agreeing that the information submitted is accurate. Then click "Close" to complete the process.

Submit Enrollment

- Monitor the status of the submitted application through the **Provider Portal** while the review process is underway.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/30/2025	06/30/2025	Complete	
Step 2: Add Locations	Required	06/30/2025	06/30/2025	Complete	
Step 3: Add Taxonomy	Required	06/30/2025	06/30/2025	Complete	
Step 4: Add Professional Licenses and Certifications	Required	06/30/2025	06/30/2025	Complete	
Step 5: Add Payment and Remittance Details	Required	06/30/2025	06/30/2025	Complete	
Step 6: View/Upload Attachments	Required	06/30/2025	06/30/2025	Complete	
Step 7: Add Identifiers	Optional	06/30/2025	06/30/2025	Complete	
Step 8: Add Training and Education	Optional	06/30/2025	06/30/2025	Complete	
Step 9: Complete Provider Disclosure	Required	06/30/2025	06/30/2025	Complete	
Step 10: Submit Enrollment Application for Review	Required	06/30/2025	06/30/2025	Complete	

Note: Submission is final once **Submit Enrollment** is selected. Review all information carefully before submission to ensure accuracy and completeness, as applications returned for correction may delay the review and approval process.