



# CRISIS 101

A LIHEAP Vendor's Guide to Submitting  
Crisis Claims through PROMISe™  
LIHEAP 2016-17

The Crisis component of LIHEAP is available for households who are in a home heating emergency during the LIHEAP Season from:

Tuesday, Nov. 1, 2016 – Friday, March 31, 2017

Fuel deliveries or utility termination resolutions that are paid in whole or in part with LIHEAP Crisis funds must be data entered by vendors into PROMISe™ to initiate payment.

**NOTE:** When an emergency is resolved with a combination of LIHEAP Cash and Crisis grants, only the amount of the delivery paid with Crisis funds is data-entered in PROMISe™.

The amount of a Crisis authorization is based on the minimum amount needed to prevent or stop the home-heating emergency and may not exceed the 2016/17 season maximum of \$500.

- A household may receive multiple Crisis authorizations during the season, however the total Crisis benefit for the season may not exceed \$500.
- Every Crisis Authorization Number is good for only one delivery, pickup or utility-shut off issue.
- Crisis claims must be submitted in the exact dollar amount. Do not round up the Crisis claim (i.e., if fuel was delivered totaling \$498.97, the claim should be submitted for exactly that amount, not \$500).

## PROMISe™

- To submit a Crisis claim in PROMISe™, LIHEAP vendors must first register as an approved LIHEAP vendor in PROMISe™ using their Vendor ID and obtain a password
- Each service location will have a separate log on and password
- Crisis Claims must be entered in PROMISe™ on a computer using Internet Explorer at the web address:  
<http://LIHEAP.dpw.state.pa.us>

**NOTE:** This website will not allow data entry from an Apple product or access using Mozilla Firefox or Google Chrome.

# Crisis Authorization Number



- The County Assistance Office (CAO) must contact the vendor and provide approval for a Crisis grant before fuel is delivered or picked up.
- Fuel deliveries or fuel pickup made prior to CAO approval will not be paid.
- Every approval will be given a Crisis Authorization Number.
- The Authorization number can be seen in PROMISe™ the day after the CAO processes it. In some instances, the CAO can provide the vendor with the Crisis Authorization #.

NOTE: Contact the LIHEAP Vendor Unit at 1-877-537-9517 if you cannot locate the Authorization #.

- Once the Crisis Authorization is visible in PROMISe™, the vendor may file a Crisis claim. This involves data entry in PROMISe™ and then either uploading proof of delivery on the website or faxing or mailing the proof along with a system-generated cover sheet.



Via Website - <http://LIHEAP.dpw.state.pa.us>

The screenshot shows the LIHEAP website interface. At the top left is the Pennsylvania Department of Human Services logo. Below it is the LIHEAP logo, which is a house outline with the word "LIHEAP" in large orange letters inside. Underneath the LIHEAP logo is the text "Low-Income Home Energy Assistance Program". To the right of the LIHEAP logo is a "Quick Links" section with two links: "DHS LIHEAP Main Page" and "LIHEAP Vendor information". Below the "Quick Links" section is a text box that says "Select one of these links to obtain LIHEAP related information." with a red arrow pointing up to the "LIHEAP Vendor information" link. Below the "Quick Links" section is a text box that says "Select this link to process or inquire on a LIHEAP claim; update account information; change password." with a red arrow pointing left to the link "Log on to PROMISe™/LIHEAP Internet". Below the LIHEAP logo is a paragraph of text: "The Commonwealth of Pennsylvania Department of Human Services offers state of the art technology with the introduction of PROMISe™/LIHEAP, a new claims processing and management information system."

# Log On Screen

**Need Help?** Use the Internet Help Manuals [Here](#)  
Vendor Crisis Attachment Upload Process [Here](#)

**PLEASE READ IMPORTANT VENDOR INFORMATION!**

**Important Reminders:**

**1. Submitting documentation for a Crisis authorization may be done in one of three ways:**

- Attached by uploading the document onto PROMISe when submitting the claim is the quickest way to get paid for a crisis authorization
- Sent with the LIHEAP Cover Sheet specific to the crisis authorization (write the Authorization # on the documentation) by:
  - Fax to 717-207-7997 or 717-207-7994

**Note:** When faxing, the LIHEAP Cover Sheet must be the 1st document, followed by the metered trip ticket or other documentation. Multiple LIHEAP Crisis Claims may be sent on the same fax transaction (up to 30 pages)

- US Mail to DHS-LIHEAP Crisis Claims, PO Box 69028, Harrisburg, PA 17106

**2. Your password must begin with an alpha character, be between six and eight characters in length, and contain at least two numeric characters. If you have trouble resetting your password, call 1-800-248-2152.**

**Already registered?**

If you have already set up your account or a vendor has set one up for you, log on here.

Logon ID:  (13 digit Vendor ID or 9 digit Alternate ID)

Password:  [Forgot Password?](#)

**Log On**

**Not yet registered?** [Create your user account now.](#)

This site requires, at minimum, Internet Explorer version 6 with 128-bit encryption.

This page contains important information for vendors. It is also the logon page where you will type in your 13 digit Vendor ID and password, then click the “Log-On” button.

# Submitting a Crisis claim



[Main](#) [Account](#) [Help](#) [Log Off](#)

Sunday 18 October 2015 9:56 pm

After log on, this screen will appear.

Select “Express Process” to initiate a Crisis claim.

Submit all Claims & Attachments within 30 days of Authorization!

<b>LIHEAP Main Menu</b>	
Vendor ID: 0006644680004	
<b>Inquire on Existing Claims</b>	
<a href="#">Claims Inquiry</a>	
<b>Submit new Claim</b>	
<u>Online submission of a LIHEAP claim requires completion of the following steps:</u>	
<ol style="list-style-type: none"><li>1. Obtain an <b>Active Crisis Authorization Number (AAN)</b></li><li>2. Generate an <b>Attachment Control Number (ACN)</b></li><li>3. Submit a Claim, including the AAN from Step 1 and the ACN from Step 2 on the Claim Form where indicated.</li></ol>	
<b>Option 1. EXPRESS Process:</b>	<b>Option 2. Manual Process:</b>
<a href="#">Guides Me through the Process and Pre-populates Claim Data</a>	<ol style="list-style-type: none"><li>1. Active Crisis Authorizations</li><li>2. Attachment Control Numbers</li><li>3. Claim Submission</li></ol>



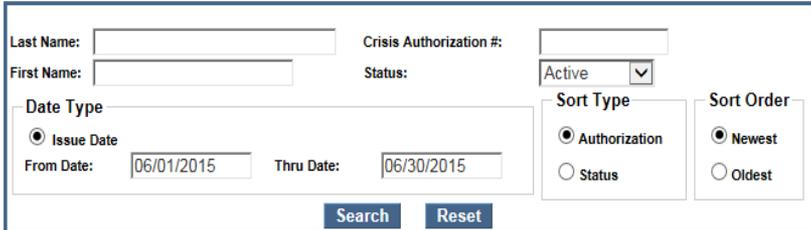
# Submitting a Crisis Claim cont...

1. Search for a customer's Crisis Authorization using one of the following search criteria:
  - Crisis Authorization Number and “Active” status.
  - First name, last name, 30-day date range and “Active” status.
  - 30-day date range and “Active” status.

**Submit all Claims & Attachments within 30 days of Authorization!**

Account: 0006644680004

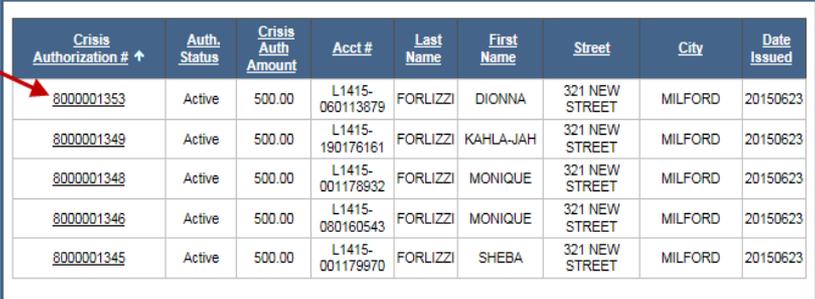
Step 1: Search for existing Active Crisis Authorization Numbers.



The search form includes the following fields and options:

- Last Name:
- First Name:
- Crisis Authorization #:
- Status:
- Date Type:  Issue Date
- From Date:
- Thru Date:
- Sort Type:  Authorization,  Status
- Sort Order:  Newest,  Oldest
- Buttons: Search, Reset

Step 2: Select the link for the Crisis Authorization Number in order to initiate a Claim Submission request:



<a href="#">Crisis Authorization #</a> ↑	<a href="#">Auth. Status</a>	<a href="#">Crisis Auth Amount</a>	<a href="#">Acct #</a>	<a href="#">Last Name</a>	<a href="#">First Name</a>	<a href="#">Street</a>	<a href="#">City</a>	<a href="#">Date Issued</a>
<a href="#">8000001353</a>	Active	500.00	L1415-060113879	FORLIZZI	DIONNA	321 NEW STREET	MILFORD	20150623
<a href="#">8000001349</a>	Active	500.00	L1415-190178161	FORLIZZI	KAHLA-JAH	321 NEW STREET	MILFORD	20150623
<a href="#">8000001348</a>	Active	500.00	L1415-001178932	FORLIZZI	MONIQUE	321 NEW STREET	MILFORD	20150623
<a href="#">8000001346</a>	Active	500.00	L1415-080160543	FORLIZZI	MONIQUE	321 NEW STREET	MILFORD	20150623
<a href="#">8000001345</a>	Active	500.00	L1415-001179970	FORLIZZI	SHEBA	321 NEW STREET	MILFORD	20150623

2. When the results display, click the link on the Crisis Authorization # related to the customer whose claim you want to process.

# Attachment Control Number



**pennsylvania**  
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## 3. Request an Attachment Control Number (ACN) or search for an existing ACN.

**IMPORTANT:** An ACN may only be requested one (1) time per active authorization. After an ACN has been requested, subsequent activity on this page must be with the search button.

Account: **0006644680004**

### Step 1:

1. Request an Attachment Control Number (ACN), or search for an existing ACN that has already been requested:

Request and Search Criteria			
Last Name	<input type="text" value="FORLIZZI"/>	Attachment Control Number	<input type="text"/>
First Name	<input type="text" value="JORDAN"/>		
Crisis Authorization #	<input type="text" value="8000001352"/>		

**Request**

**Search**

### Step 2 Options:

#### Mail/Fax (If mailing/faxing attachments follow the steps below)

1. Select "Print Form" (under "Attachment Control Number") to view and print the desired ACN Form
2. Retain the printed ACN Form for later use
3. Select "Continue" (under "Online Claim") to submit a new claim
4. After submitting the claim, mail the printed attachments (and the ACN form) to the address indicated on the cover sheet OR fax the printed attachments (and the ACN form) to the fax number provided on the DHS LIHEAP website

#### Submit/Re-Submit Attachment(s) (If electronically submitting attachments follow the steps below)

1. Select "Submit Attachment(s)" to upload attachments OR Select "Re-Submit Attachment(s)" to resend attachments (ACN Form will be systematically generated and transmitted)
2. Select "Continue" (under "Online Claim") to submit a new claim

**IMPORTANT:** Do **NOT** print **this** page to send in with your attachments!

# Attaching verification



Account: 0006644680004

4. Requesting an ACN will provide you with options to print a Cover Sheet or Upload documentation.

- Only print the cover sheet if you plan to mail or fax documentation associated with this customer's Crisis Authorization Number.
- Attaching documentation to PROMISe via Upload does not require a cover sheet.

Step 1:

1. Request an Attachment Control Number (ACN), or search for an existing ACN that has already been requested.

Request and Search Criteria			
Last Name	<input type="text" value="FORLIZZI"/>	Attachment Control Number	<input type="text"/>
First Name	<input type="text" value="JORDAN"/>		<input type="text"/>
Crisis Authorization #	<input type="text" value="8000001352"/>		

Request

Search

Step 2 Options:

Mail/Fax (if mailing/faxing attachments follow the steps below)

1. Select "Print Form" (under "Attachment Control Number") to view and print the desired ACN Form
2. Retain the printed ACN Form for later use
3. Select "Continue" (under "Online Claim") to submit a new claim
4. After submitting the claim, mail the printed attachments (and the ACN form) to the address indicated on the cover sheet OR fax the printed attachments (and the ACN form) to the fax number provided on the DHS LIHEAP website

Submit/Re-Submit Attachment(s) (if electronically submitting attachments follow the steps below)

1. Select "Submit Attachment(s)" to upload attachments OR Select "Re-Submit Attachment(s)" to resend attachments (ACN Form will be systematically generated and transmitted)
2. Select "Continue" (under "Online Claim") to submit a new claim

**IMPORTANT:** Do NOT print this page to send in with your attachments!

Attachment Control Number	Status	Crisis Authorization # ID	Last Name	First Name	Date Issued	Date Received	Online Claim
800003386 Print Form OR Submit Attachment(s)	ISSUED	800001352	FORLIZZI	JORDAN	20151018	0	Continue

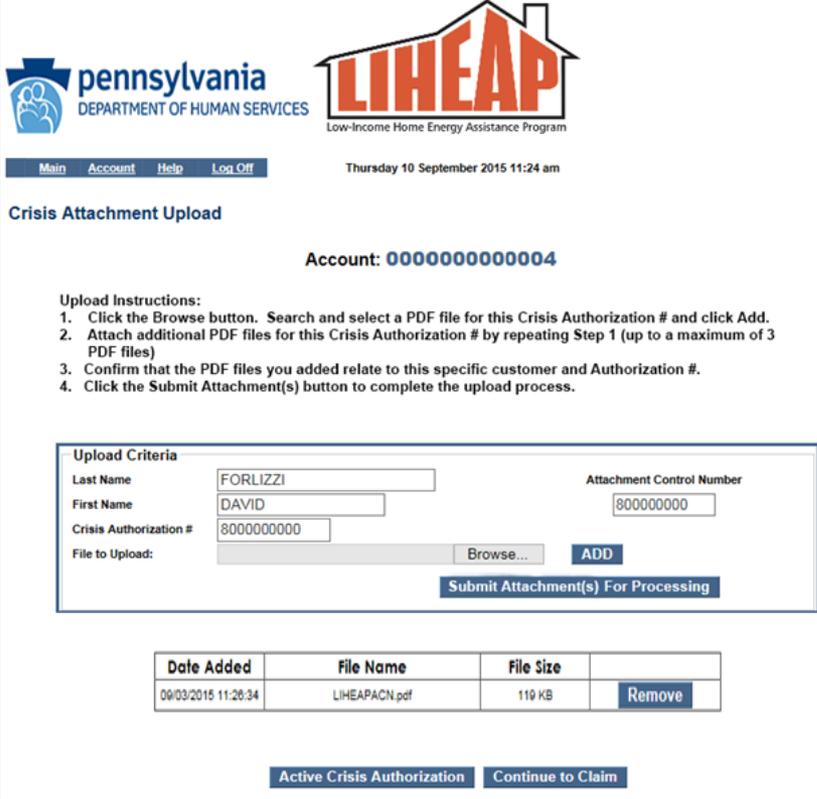
To view and print the ACN form, you will need to install the Acrobat Reader software:



# Uploading verification

## 5. Follow these steps to Upload documents:

- Scan and store delivery tickets/utility bills onto your computer or on a flash drive, naming the file by the Authorization number and name of the person who was authorized for the Crisis benefit. Example: 123123123MaryJones.pdf
- Locate files(s) on your computer or flash drive and add PDF files one at a time (up to 3 PDF files) by clicking the ADD button.
- Review files that appear under the Upload Criteria box to verify that the files you added are correct.
- Click the Submit Attachment(s) For Processing button to complete the upload process.
- The message “Successfully Uploaded attachments” will appear in red to let you know they were submitted.
- Click the “Continue to Claim: button to navigate to the Claim Submission page. Skip to Slide 16



The screenshot shows the 'Crisis Attachment Upload' page for the LIHEAP program. At the top, there are navigation links for 'Main', 'Account', 'Help', and 'Log Off', along with the date and time: 'Thursday 10 September 2015 11:24 am'. The account number is displayed as '0000000000004'. Below this, 'Upload Instructions' are provided, detailing the steps from selecting a PDF file to submitting it. The 'Upload Criteria' section contains a form with fields for 'Last Name' (FORLIZZI), 'First Name' (DAVID), and 'Crisis Authorization #' (8000000000). An 'Attachment Control Number' field contains '800000000'. There are 'Browse...' and 'ADD' buttons next to the file upload field, and a 'Submit Attachment(s) For Processing' button at the bottom of the form. Below the form is a table listing the uploaded file:

Date Added	File Name	File Size	
09/03/2015 11:26:34	LIHEAPACN.pdf	119 KB	Remove

At the bottom of the page, there are two buttons: 'Active Crisis Authorization' and 'Continue to Claim'.

# Manually Submitting verification



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

6. If you plan to fax or mail the documentation associated with this Crisis Authorization, click "Print Form" to obtain a copy of the ACN cover sheet.

PROMISe fax lines are dedicated to claims attachment process only. Please do not fax anything other than cover sheets accompanied by trip tickets. A cover sheet must be the first page immediately followed by the corresponding trip ticket:

➤ **PROMISe™ Fax:**

- 717-207-7994 or
- 717-207-7997

➤ **PROMISe™ Mail:**

DHS – LIHEAP Crisis Claims  
PO Box 69028  
Harrisburg, PA 17106

The screenshot shows the LIHEAP web application interface. At the top, there are logos for Pennsylvania Department of Human Services and LIHEAP (Low-Income Home Energy Assistance Program). The page title is "Vendor Claim Attachment Number Request". The account number is 0006644680004. The interface is divided into Step 1 and Step 2 Options.

**Step 1:** Request an Attachment Control Number (ACN), or search for an existing ACN that has already been requested.

**Request and Search Criteria:**

Last Name	<input type="text" value="FORLIZZI"/>	Attachment Control Number	<input type="text"/>
First Name	<input type="text" value="JORDAN"/>		<input type="text"/>
Crisis Authorization #	<input type="text" value="8000001352"/>		

Buttons: Request, Search

**Step 2 Options:**

**Mail/Fax** (if mailing/faxing attachments follow the steps below)

1. Select "Print Form" (under "Attachment Control Number") to view and print the desired ACN Form
2. Retain the printed ACN Form for later use
3. Select "Continue" (under "Online Claim") to submit a new claim
4. After submitting the claim, mail the printed attachments (and the ACN form) to the address indicated on the cover sheet OR fax the printed attachments (and the ACN form) to the fax number provided on the DHS LIHEAP website

**Submit/Re-Submit Attachment(s)** (if electronically submitting attachments follow the steps below)

1. Select "Submit Attachment(s)" to upload attachments OR Select "Re-Submit Attachment(s)" to resend attachments (ACN Form will be systematically generated and transmitted)
2. Select "Continue" (under "Online Claim") to submit a new claim

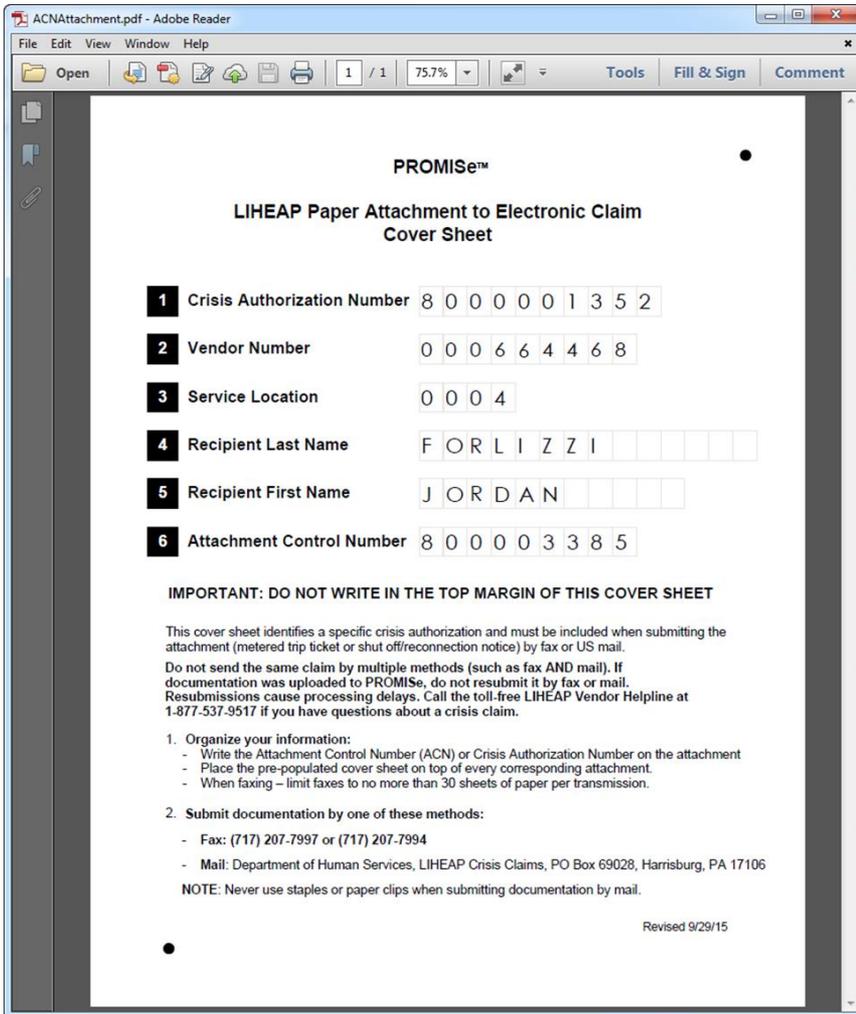
**IMPORTANT:** Do NOT print this page to send in with your attachments!

Attachment Control Number	Status	Crisis Authorization # ID	Last Name	First Name	Date Issued	Date Received	Online Claim
800003388 <a href="#">Print Form</a> <a href="#">Submit Attachment(s)</a>	ISSUED	8000001352	FORLIZZI	JORDAN	20151018	0	<a href="#">Continue</a>

To view and print the ACN form, you will need to install the Acrobat Reader software:



# Manually Submitting Verification



ACNAttachment.pdf - Adobe Reader

File Edit View Window Help

Open [Icons] 1 / 1 75.7% Tools Fill & Sign Comment

PROMISe™

LIHEAP Paper Attachment to Electronic Claim Cover Sheet

1 Crisis Authorization Number 8 0 0 0 0 0 1 3 5 2

2 Vendor Number 0 0 0 6 6 4 4 6 8

3 Service Location 0 0 0 4

4 Recipient Last Name F O R L I Z Z I

5 Recipient First Name J O R D A N

6 Attachment Control Number 8 0 0 0 0 3 3 8 5

**IMPORTANT: DO NOT WRITE IN THE TOP MARGIN OF THIS COVER SHEET**

This cover sheet identifies a specific crisis authorization and must be included when submitting the attachment (metered trip ticket or shut off/reconnection notice) by fax or US mail.  
Do not send the same claim by multiple methods (such as fax AND mail). If documentation was uploaded to PROMISe, do not resubmit it by fax or mail. Resubmissions cause processing delays. Call the toll-free LIHEAP Vendor Helpline at 1-877-537-9517 if you have questions about a crisis claim.

1. Organize your information:
  - Write the Attachment Control Number (ACN) or Crisis Authorization Number on the attachment
  - Place the pre-populated cover sheet on top of every corresponding attachment.
  - When faxing – limit faxes to no more than 30 sheets of paper per transmission.
2. Submit documentation by one of these methods:
  - Fax: (717) 207-7997 or (717) 207-7994
  - Mail: Department of Human Services, LIHEAP Crisis Claims, PO Box 69028, Harrisburg, PA 17106

NOTE: Never use staples or paper clips when submitting documentation by mail.

Revised 9/29/15

- Clicking on 'Print Form' will display the LIHEAP Cover Sheet that must accompany verification submitted by mail or fax.
- The LIHEAP Cover Sheet is system-completed with the recipient's name and numbers appearing in blocks.
- If the blocks are not pre-populated, ensure that your Adobe Reader is updated. If the problem continues, contact the LIHEAP Vendor Unit.
- **IMPORTANT:** Never write on this cover sheet.

# 7. After printing the LIHEAP Cover Sheet you return to this page. Click Continue.



[Main](#) [Account](#) [Help](#) [Log Off](#)

Sunday 18 October 2015 11:07 pm

**Vendor Claim Attachment Number Request**

**Account: 0006644680004**

**Step 1:**

- Request an Attachment Control Number (ACN), or search for an existing ACN that has already been requested.

**Request and Search Criteria**

Last Name	<input type="text" value="FORLIZZI"/>	Attachment Control Number	<input type="text"/>
First Name	<input type="text" value="JORDAN"/>		<input type="text"/>
Crisis Authorization #	<input type="text" value="8000001352"/>		

[Request](#)      [Search](#)

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**Step 2 Options:**

**Mail/Fax** (if mailing/faxing attachments follow the steps below)

- Select "Print Form" (under "Attachment Control Number") to view and print the desired ACN Form
- Retain the printed ACN Form for later use
- Select "Continue" (under "Online Claim") to submit a new claim
- After submitting the claim, mail the printed attachments (and the ACN form) to the address indicated on the cover sheet OR fax the printed attachments (and the ACN form) to the fax number provided on the DHS LIHEAP website

**Submit/Re-Submit Attachment(s)** (if electronically submitting attachments follow the steps below)

- Select "Submit Attachment(s)" to upload attachments OR Select "Re-Submit Attachment(s)" to resend attachments (ACN Form will be systematically generated and transmitted)
- Select "Continue" (under "Online Claim") to submit a new claim

**IMPORTANT:** Do NOT print this page to send in with your attachments!

Attachment Control Number	Status	Crisis Authorization # ID	Last Name	First Name	Date Issued	Date Received	Online Claim
<a href="#">Print Form</a> <a href="#">Submit Attachment(s)</a>	ISSUED	8000001352	FORLIZZI	JORDAN	20151018	0	<a href="#">Continue</a>

To view and print the ACN form, you will need to install the Acrobat Reader software:



# Submitting a Crisis claim



LIHEAP Claim [Need help submitting a claim? View sample claim submissions here.](#)

**Billing Information**

Vendor: 0006644680004 Attachment Control #: 800003385

Claim Frequency: 1 - Original Crisis Authorization #: 8000001352

Original Claim #: [Redacted] Delivery Date (MM/DD/YYYY): [Redacted]

Customer Account #: L1415-960114266 Total Crisis Billed to LIHEAP: [Redacted]

Last Name: FORLIZZI

First Name: JORDAN

Middle Initial: [Redacted]

**Service Lines**

Delivery Date	Service Code	Basis of Measurement	Units	Price per Unit	Billed Amount
1			1		

Add Remove

Service Code: [Redacted]

Basis of Measurement: [Redacted]

Units: (decimal only) 1

Price per Unit: [Redacted]

Crisis Amount Billed: [Redacted]

Submit Active Crisis Authorization Submit Attachment(s)

**Claim Status Information**

Claim Status Not Submitted yet.

Show XML:  Yes  No

8: Complete this screen with details about the delivery or utility termination to be paid with **Crisis funds**. (Do not include the amount paid by another source such as the LIHEAP Cash grant or the customer.)

- Some fields have drop-down menus.
- Update "Customer Account #" if incomplete or incorrect.
- Total Crisis billed to LIHEAP may not exceed \$500.
- Continued on next slide....

# Service Code Options:



[Main](#) [Account](#) [Help](#) [Log Off](#)

Sunday 18 October 2015 11:12 pm

## LIHEAP Claim

Need help submitting a claim? [View sample claim submissions here.](#)

Billing Information	
Vendor: <b>0006644680004</b>	Attachment Control #: <input type="text" value="800003385"/>
Claim Frequency: <input type="text" value="1 - Original"/>	Crisis Authorization #: <input type="text" value="8000001352"/>
Original Claim #: <input type="text"/>	Delivery Date (MM/DD/YYYY): <input type="text"/>
Customer Account #: <input type="text" value="L1415-960114266"/>	Total Crisis Billed to LIHEAP: <input type="text"/>
Last Name: <input type="text" value="FORLIZZI"/>	
First Name: <input type="text" value="JORDAN"/>	
Middle Initial: <input type="text"/>	

Service Lines						
Delivery Date	Service Code	Basis of Measurement	Units	Price per Unit	Billed Amount	
1			1			

Service Code:	Y9000 - Electric
Basis of Measurement:	Y9001 - Natural Gas
	Y9002 - Oil
Units: (decimal only)	Y9003 - Wood, other
	Y9004 - Coal
Price per Unit:	Y9005 - Propane, Bottled Gas
	Y9006 - Kerosene
Crisis Amount Billed:	Y9007 - Blended Fuel
	Y9008 - Delivery Fee: Coal, Oil, Wood/Other, Propane/Bottled Gas, Kerosene & Blended Fuel
	Y9009 - Reconnect Fee: Electric & Natural Gas
	Y9010 - Start Up Fee: Oil, Propane, & Kerosene
	Y9011 - Additive (Oil, Kerosene, Blended Fuel)

## Claim Status Information

Claim Status

- Select Service Code to indicate heating type
- If the total cost of the delivery includes costs/fees in addition to fuel, click the “Add” button at right and select the additional cost from the drop-down menu within the “Service Code” options

**NOTE:** The sum of all of the Service Lines should equal the “Total Crisis Billed to LIHEAP” field in upper right.

**Remember:** Subtract the amount of the delivery paid with the LIHEAP Cash grant and only enter the amount you are requesting to be paid with Crisis funds.

# Submitting a Crisis claim

9: Click the submit button after completing all fields on the claim submission page.

This message should appear.

Please wait while we process your request...  
Do not hit the browser's back or refresh button, or press the F5 key



# Submitting a Crisis claim



Main Account Help Log Off

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**LIHEAP Claim** [Need help submitting a claim? View sample claim submissions here.](#)

**Billing Information**

Vendor: **0006644680004** Attachment Control #: 800003385

Claim Frequency: 1 - Original Crisis Authorization #: 8000001352

Original Claim #: [Redacted] Delivery Date (MM/DD/YYYY): 10/18/2015

Customer Account #: L1415-960114266 Total Crisis Billed to LIHEAP: 500.00

Last Name: FORLIZZI

First Name: JORDAN

Middle Initial: [Redacted]

**Service Lines**

	Delivery Date	Service Code	Basis of Measurement	Units	Price per Unit	Billed Amount
1	10/18/2015	Y9000	OT	1	450.00	450.00
2	10/18/2015	Y9009	OT	1	50.00	50.00

Service Code: Y9009 - Reconnect Fee: Electric & Natural Gas

Basis of Measurement: Other

Units: (decimal only) 1

Price per Unit: 50.00

Crisis Amount Billed: 50.00

Submit Active Crisis Authorization Submit Attachment(s)

**Claim Status Information**

Claim Status: **Suspended** ←

Claim ICN: 2815291000012

Paid Amount: [Redacted]

Paid Date: [Redacted]

Allowed Amount: [Redacted]

Hdr/Dtl	ESC	Description	Disposition
Header - 1	6104	REQ'D ATTACHMENT NOT REC'D/FINALIZED	Suspended
Detail 1 - 1	4021	RECIPIENT NOT ELIGIBLE FOR SERVICE PROVIDED	Suspended
Detail 2 - 1	4021	RECIPIENT NOT ELIGIBLE FOR SERVICE PROVIDED	Suspended

10. This screen will be displayed.

- Claim status should be **“Suspended.”** Payments for Crisis Claims submitted with uploaded documents will typically be paid by Treasury within 3-4 weeks.
- If the Claim Status does not say “Suspended”:
  - Check to make sure the sum of the service lines equal the figure entered in the Total Crisis Billed to LIHEAP field at upper right.
  - Verify that the name matches the account number listed.
  - Call the LIHEAP Vendor Helpline at 877-537-9517 for mismatches
- Click “Active Crisis Authorization” button if you want to submit a claim for another Crisis Authorization.

## Need Additional Information?

- The Vendor Website is a valuable resource for vendors:  
<http://www.dhs.pa.gov/provider/informationforliheapvendors>
- Refund forms and other correspondence can be faxed to the LIHEAP Vendor Unit at 717-231-5516
- Contact the LIHEAP Vendor Helpline by phone or email Monday – Friday from 8:00 – 4:00:
  - 1-877-537-9517      Email: [RA-LIHEAPVendors@pa.gov](mailto:RA-LIHEAPVendors@pa.gov)