

# Pennsylvania Department of Human Services (DHS)

## Electronic Provider Enrollment Application

### User Interface (UI) Provider Training

## Housekeeping Rules

- Cordless phones can introduce static at times – if possible use landlines
- Utilize the mute button/press \*6 to mute and/or unmute
- The PowerPoint presentation is available in the handouts section of the Virtual Room and can be accessed by saving first, and then printing



- Objectives
- Overview
- Types of Provider Enrollment Applications
- Site Navigation Key Points
- Application Session Manager
- Provider User Interface Pages
- Online Application Emails
- Resources

# Course Objectives



- Introduce providers to the new DHS Electronic Provider Enrollment Application User Interface (UI)
- Gain navigation skills within the online provider application
- Understand the features and functionality of the online provider application

The federally mandated Affordable Care Act (ACA) requires that all states comply with the provider screening and enrollment regulations found at 42 Code of Regulations (CFR) 455, Subpart E – Provider Screening and Enrollment.

DHS implemented the Electronic Provider Enrollment Application to help streamline enrollment processes, make updates to provider applications, conduct the required screening activities, obtain the required documentation and ensure compliance with the ACA.

## The DHS Electronic Provider Enrollment User Interface will:

- facilitate more effective and efficient measures for enrolling new providers as well as revalidation and reactivation
- allow providers to complete their Medical Assistance (MA) enrollment online
- perform systematic checks to determine the provider's compliance with the ACA Provider Screening and Enrollment regulations.

# Types of Enrollment Applications



- New application – brand new provider never enrolled with PA Medicaid
- Revalidation application – provider currently enrolled with PA Medicaid
- Reactivation application – provider re-enrolling with PA Medicaid

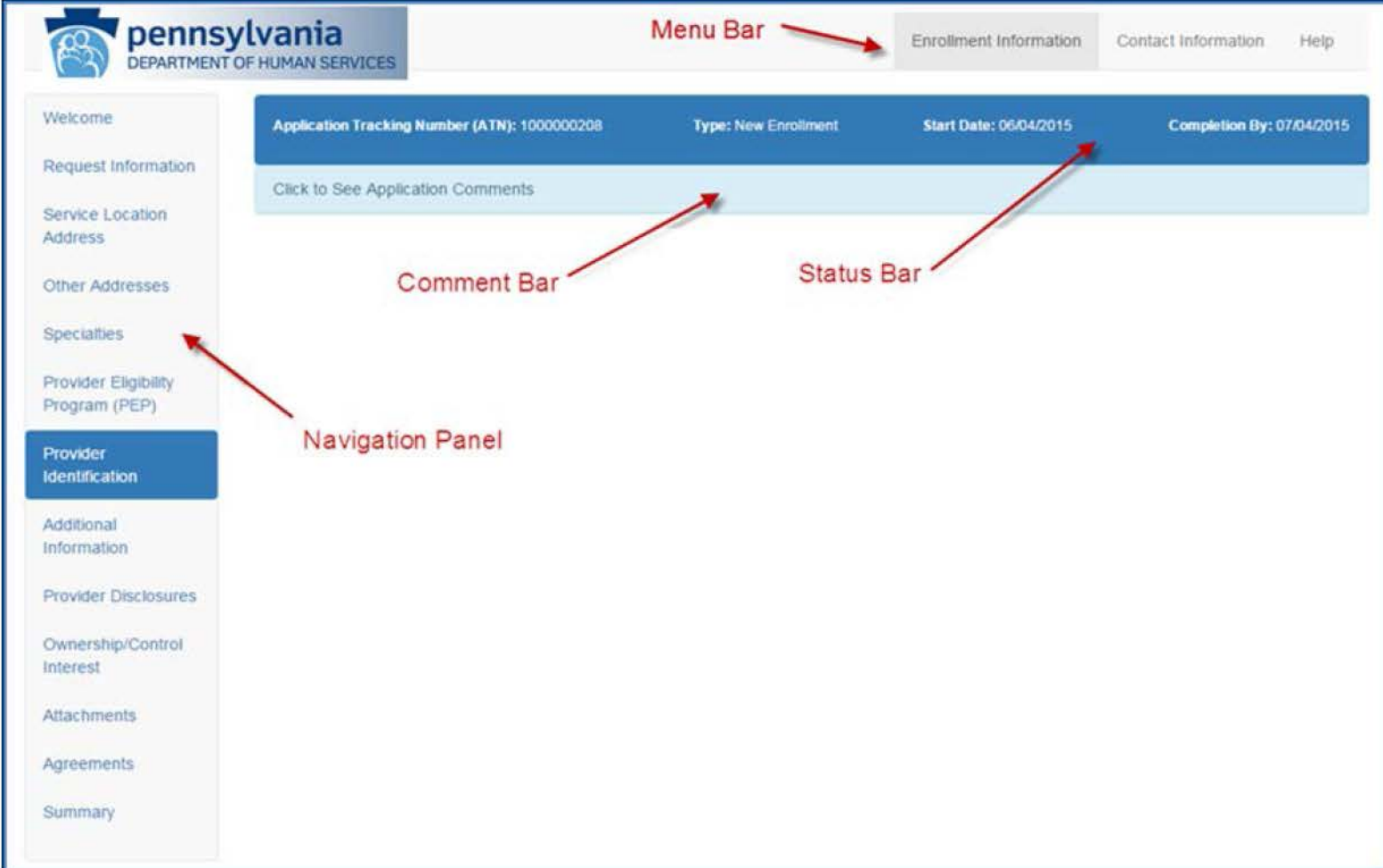
- The Electronic Provider Enrollment Application UI is accessed from a secure internet site:  
**<https://provider.enrollment.dpw.state.pa.us>**
- Providers will need to create a password for each application
- Each online provider enrollment application is assigned a unique Application Tracking Number (ATN)
- Providers will be able to resume a previously started application or check status of a submitted application



- The application consists of multiple pages that guide the user through completing their online enrollment
- The application only displays appropriate pages and questions that are collected from the user based on the provider type and provider specialty selected
- Providers will have the ability to upload supplemental documents required for enrollment based upon information collected during the application process

- The user must click *Finish Later* or *Save and Continue* after completing the information on each page of the application in order for the page information to be saved
- If a user is inactive for more than 25 minutes, the user will receive a message requiring them to respond in order to continue the session
- If a user does not respond within 5 minutes, the user's session will be ended and the user will need to resume their application at a later time

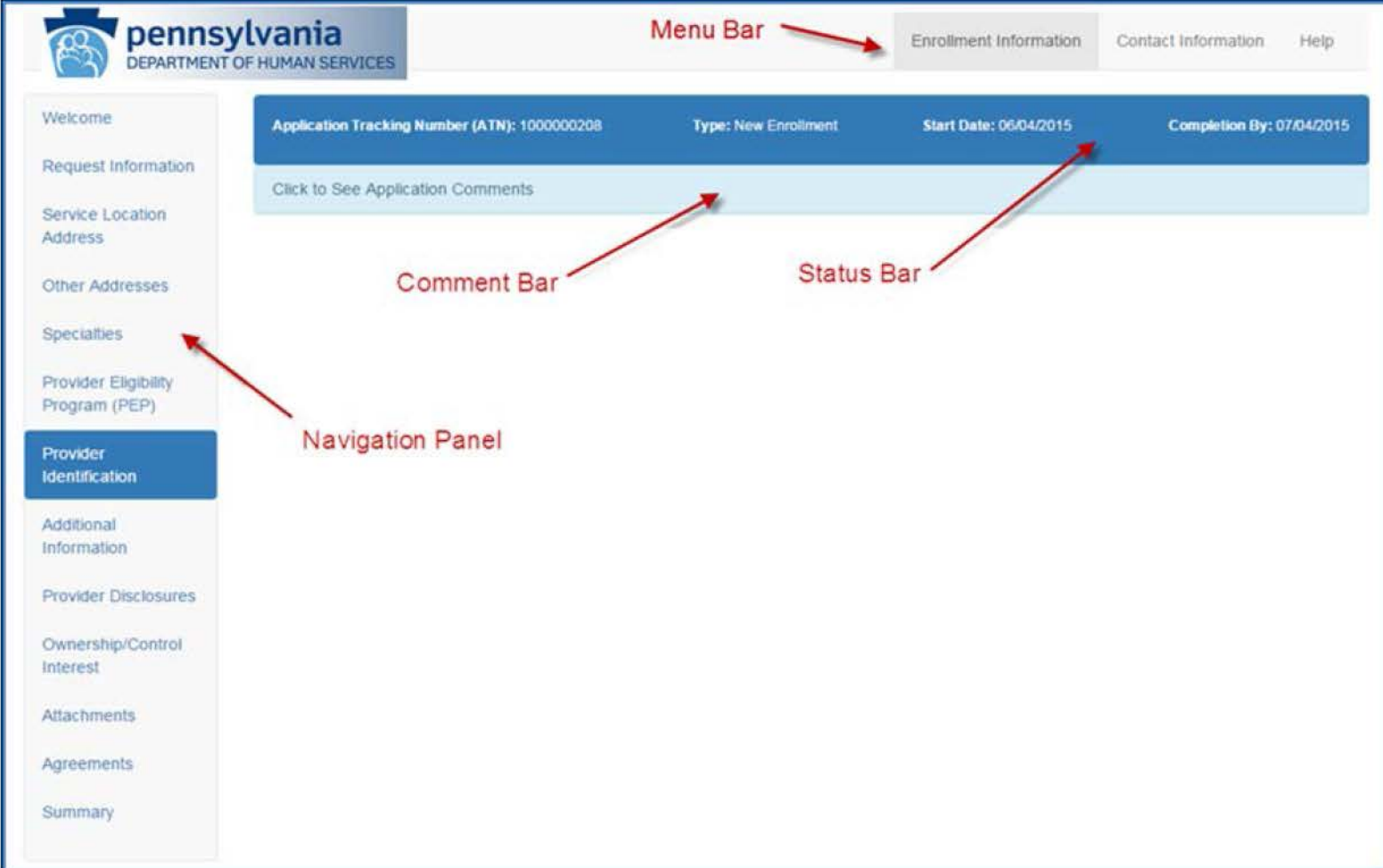
# Common Page Elements



The screenshot displays the Pennsylvania Department of Human Services application tracking interface. The page is annotated with red arrows and labels identifying key elements:

- Menu Bar:** Located at the top right, containing links for "Enrollment Information", "Contact Information", and "Help".
- Navigation Panel:** A vertical sidebar on the left containing a list of menu items: "Welcome", "Request Information", "Service Location Address", "Other Addresses", "Specialties", "Provider Eligibility Program (PEP)", "Provider Identification" (highlighted in blue), "Additional Information", "Provider Disclosures", "Ownership/Control Interest", "Attachments", "Agreements", and "Summary".
- Status Bar:** A blue horizontal bar at the top of the main content area displaying application details: "Application Tracking Number (ATN): 1000000208", "Type: New Enrollment", "Start Date: 06/04/2015", and "Completion By: 07/04/2015".
- Comment Bar:** A light blue horizontal bar below the status bar with the text "Click to See Application Comments".

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## Welcome to the Pennsylvania (PA) Department of Human Service (DHS)

### Medical Assistance (MA) Program On-line Provider Enrollment Application

In order for providers to participate with the Department of Human Services, they must first enroll. To be eligible to enroll, practitioners in Pennsylvania must be licensed and currently registered by the appropriate state agency. Out-of-state practitioners must be licensed and currently registered by the appropriate agency in their state and they must provide documentation that they participate in that state's Medicaid program. Other providers must be approved, licensed, issued a permit, certified by the appropriate state agency, or if applicable certified under Medicare.

To enroll, providers can complete an on-line provider enrollment application and supply any required supporting documentation. This includes providers who are not billing PA Medicaid but provide services to beneficiaries. All applications will be screened based on Federal and State guidelines prior to an enrollment decision. Please retain copies of your application materials for your records. You will receive a response upon approval or denial of your enrollment with PA Medicaid.

#### Types of Provider Enrollment Applications

There are three types of enrollment applications and each requires a provider to complete an entire application. Please click the appropriate navigation item on the left hand side of the page to start a "New Application", "Revalidation" or "Reactivation".

- **"New Application"** - Brand new provider never enrolled with PA Medicaid
- **"Revalidation"** - Provider currently enrolled with PA Medicaid
- **"Reactivation"** - Provider re-enrolling with PA Medicaid

#### Tracking Provider Enrollment Applications

A unique number called the "Application Tracking Number" (ATN) will be assigned when a "New Application", "Revalidation" or "Reactivation" is started. Prior to exiting the application, write down this number and keep it for your records. If you need to access the application later, please click the appropriate navigation item on the left hand side of the page to **"Resume Application"** or to check the **"Application Status"**. **Note:** Information will not be retained and the application will be deleted if the provider does not complete the application, supply the required supporting documentation and click the "Submit Application" button on the "Summary" page when finished.

#### Additional Information

The following buttons will open a web page in a new browser window so information can be viewed while continuing with the application. Please click the appropriate heading at the top of the page to obtain additional information.

- **"Enrollment Information"** - Opens the DHS website provider "Enrollment Information" page
- **"Contact Information"** - Opens the DHS "Contact Information/Help for MA Providers" page; includes telephone number and address information
- **"Help"** - Opens the document that provides navigation tips for the on-line provider electronic enrollment application.

If you have any questions about completing an application, please refer to "Contact Information" and call the appropriate toll free number for your provider type.

#### System Requirements

At a minimum this site requires Microsoft Internet Explorer version 11 with 256 bit encryption. All enrollment attachments must be uploaded in Adobe PDF format. You must have a copy of Adobe Acrobat Reader installed on your system to view certain supporting documents.

# Request Information Page



**Application Tracking Number (ATN):** 100000435    **Type:** New Enrollment    **Start Date:** 01/07/2016    **Completion By:** 02/06/2016

### Request Information

You are initiating a provider enrollment application for the Pennsylvania Department of Human Services (DHS) Medical Assistance (MA) program. Complete the fields on this page and select the Save and Continue button to continue with this application. If you exit the application before it has been submitted, you can resume your provider enrollment application at a later time by providing the system generated Application Tracking Number (ATN), the Federal Tax Identification Number (FEIN or SSN) and password you established.

- \* Indicates a required field.
- 📎 Indicates an attachment is required.

### Initial Enrollment Information

Verify your provider type and enrollment type selections prior to saving this page. Once this information is saved, it cannot be changed. If this information is incorrect, you will need to begin a [brand new](#) application.

\* **Provider Type**

\* **Enrollment Type**

### Tax Identifier

Based on the Enrollment Type selected above, you are required to specify either a Social Security Number (SSN) or Federal Tax Identification Number (FEIN). A Federal Tax Identification Number (FEIN) is used to identify a business entity. A Social Security Number (SSN) is used to identify an individual.

\* **Social Security Number (SSN)**  📎

\* **Confirm Social Security Number (SSN)**

### Name of Enrollee

Based on the Enrollment Type selected above, you are required to specify either an Entity Name or an Individual's Name.

\* **Last Name**

\* **First Name**     **Middle Initial**

### Contact Information

Contact information will be used for correspondence regarding this application. Please provide a contact person who can assist with questions regarding this application.

\* **Last Name**

\* **First Name**

**TITLE**

\* **Phone Number**     **Phone Extension**

**Toll Free Number**     **Toll Free Extension**

**Fax Number**

\* **Email**

\* **Confirm Email**



# Service Location Address Page



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DEPARTMENT OF HUMAN SERVICES

Enrollment Information | Contact Information | Help

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Welcome

Request Information

**Service Location Address**

Other Addresses

Specialties

Provider Eligibility Program (PEP)

Provider Identification

Additional Information

Provider Disclosures

Ownership / Control Interest

Attachments

Agreements

Summary

Application Tracking Number (ATN): 100000452
Type: New Enrollment
Start Date: 01/07/2018
Completion By: 02/08/2018

### Service Location Address

Complete the fields on this page and select the Save and Continue button to continue with this application.

- \* Indicates a required field.
- 📎 Indicates an attachment is required.

### Service Location Physical Address

This address must be a physical address where a practitioner maintains an office, holds office hours/sets appointments and renders services. A post office box is not a valid Service Location Physical Address.

Verify your selection of the service location physical address state prior to saving this page. Once this information is saved, it cannot be changed. If this information is incorrect, you will need to begin a [brand new](#) application.

<span style="color: red;">*</span> Street	<input type="text" value="123 Main St Ste 1"/>	Room/Suite	<input type="text"/>
<span style="color: red;">*</span> City	<input type="text" value="Anytown"/>	<span style="color: red;">*</span> State	<input type="text" value="PA - Pennsylvania"/>
<span style="color: red;">*</span> Zip+4	<input type="text" value="23320-1338"/>	<span style="color: red;">*</span> County	<input type="text" value="Dauphin"/>
<span style="color: red;">*</span> Email	<input type="text" value="dr@office@email.com"/>	<span style="color: red;">*</span> Confirm Email	<input type="text" value="dr@office@email.com"/>
<span style="color: red;">*</span> Phone Number	<input type="text" value="222-222-2224"/>	Phone Extension	<input type="text"/>
Fax Number	<input type="text" value="222-222-2229"/>		

### General & Historical Questions

The following questions pertain to the service location you are enrolling.

After this information is saved, you will have the option to enter different address information for Mail-To, Pay-To, and Home Office Addresses on a separate page.

- \* For providers whose primary practice is in Pennsylvania, do you participate with the Medicaid Care Availability and Reduction of Error Act (MCare)?  Yes  No
- \* Does the office have exterior steps leading to the main entrance doorway?  Yes  No
- \* Does the office have interior steps leading to the main entrance doorway?  Yes  No
- \* Is this address an active Rural Health Clinic or FQHC?  Yes  No

Has screening been performed at this location for this provider within the last 12 months by:

- \* Medicare?  Yes  No
- \* Children's Health Insurance Program (CHIP)?  Yes  No
- \* Another State's Medicaid?  Yes  No


Finish Later
Save & Continue

October 2016

www.dhs.pa.gov

15

# Other Addresses Page



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Enrollment Information   Contact Information   Help

Application Tracking Number (ATN): 100000452   Type: New Enrollment   Start Date: 01/07/2016   Completion By: 02/06/2016

**Other Addresses**

On this page you have the option to assign a Mail-To, Pay-To or Home Office address that is different from the Service Location Physical Address.

Below is the physical address of your service location. This address is currently being set as the default address for all other address types. If you would like to specify a different address, please check the box next to the corresponding address type. Leaving a box unchecked will default that address to your service locations address.

Complete the fields on this page and select the Save and Continue button to continue with this application.

\* indicates a required field.

**Service Location Physical Address**

Street	123 Main St Ste 1	Room/Suite	
City	Anytown	State	PA - Pennsylvania
Zip+4	23220-1336	County	Dauphin

**Other Address Information**

Select the address type that you would like to be different than the Service Location Physical Address:

Mail-To  
 Pay-To  
 Home Office

If you wish to utilize the Electronic Funds Transfer Direct Deposit Option please visit the following link for further information:  
<http://www.dhs.pa.gov/provider/electronicfundstransferdirectdepositinformation/index.htm>


Once enrolled, you can retrieve RAs from PROMiSe™ online. If you require paper RAs, please call 1.800.537.8862 option 1 to see if you meet the requirements.

\*Would you like to receive E-Mail notification of new bulletins to the email address assigned to your mail-to address? If you did not provide a different address for your mail-to address, the email address assigned to your service location address will be used.  Yes  No

[Finish Later](#) [Save & Continue](#)



# Specialties Page



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Enrollment Information    Contact Information    Help

Application Tracking Number (AIN): 1000000452    Type: New Enrollment    Start Date: 01/07/2018    Completion By: 02/09/2018

### Specialties

The provider type was established on the Request Information page. Specialties that may be associated with this provider type can be added on this page. At least one specialty is required for enrollment. The first specialty assigned will be designated as the primary specialty. Not all specialties allowed for a provider type can be designated as the primary specialty.

Additional specialties can be assigned by selecting the add button once the primary specialty has been established. For specialties requiring a license, a license must be added. Pennsylvania Medicaid requires you to be licensed by the state where you perform services. Therefore, the issuing state for the license will automatically be set to the state assigned to the Service Location Address on the address page.

Complete the fields on this page and select the Save and Continue button to continue with this application.

- \* Indicates a required field.
- 📎 Indicates an attachment is required.

#### Associated Specialties

Specialty	Sub-Specialty	Primary
322 - Internal Medicine	122 - Gastroenterology	Yes

ProviderType 31 - Physician

\* Specialty     Sub-Specialty

#### License, Certificate & Permit Information

\* Number  📎    \* Issuing Entity

\* Issuing Date  📅    \* Expiration Date  📅

Issuing State PA

[+ Add Specialty](#)

[Finish Later](#)    [Save & Continue](#)

# Provider Eligibility Program Page



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Enrollment Information    Contact Information    Help

Application Tracking Number (AIN): 1000000438    Type: New Enrollment    Start Date: 01/07/2018    Completion By: 02/06/2018

### Provider Eligibility Program (PEP)

Provider Eligibility Programs (PEPs) that may be associated with the provider type and specialties selected earlier in the application process can be added on this page. At least one PEP is required for enrollment.

Complete the fields on this page and select the Save and Continue button to continue with this application.

\* Indicates a required field.

### Requested Effective Date

By default, the requested effective date for this application will be set to the submission date of the application when the application is submitted.

\* Is a requested effective date prior to the application submission date required for this enrollment?  Yes  No

### Associated PEPs

You may select more than one Provider Eligibility Program (PEP) by clicking on the appropriate PEPs.

\* Provider Eligibility Program (PEP)

- Fee For Service
- Adult Autism Waiver
- Aging Waiver, Formerly called PDA Waiver/Bridge.
- Aids Waiver

Click [here](#) now to download a listing of the Provider Eligibility Programs (PEP) and their descriptions.

[Download](#)

[Finish Later](#)    [Save & Continue](#)

# Provider Identification Page



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DEPARTMENT OF HUMAN SERVICES

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DEPARTMENT OF HUMAN SERVICES

Enrollment Information    Contact Information    Help

Application Tracking Number (AIM): 100000452    Type: New Enrollment    Start Date: 01/07/2018    Completion By: 02/06/2018

### Provider Identification

Additional information identifying the provider is collected on this page. Complete the fields on this page and select the Save and Continue button to continue with this application.

\* Indicates a required field.  
📎 Indicates an attachment is required.

#### Provider IRS/Legal Name and Address

Enter the Legal Name as it is filed with the IRS and as it appears on the IRS generated document. The address entered below is where your 1099 tax document will be sent.

*Last Name	<input type="text" value="Dr"/>	Middle Initial	<input type="text"/>
*First Name	<input type="text" value="Doctor"/>	Room/Suite	<input type="text"/>
*Street	<input type="text" value="123 Main St"/>	*State	<input type="text" value="PA - Pennsylvania"/>
*City	<input type="text" value="Anytown"/>		
*Zip+4	<input type="text" value="23220-1335"/>		

#### Contact IRS/Legal Name and Address

Enter the contact information for the IRS address.

*Last Name	<input type="text" value="Dr"/>		
*First Name	<input type="text" value="Doctor"/>		
Title	<input type="text" value="Doctor"/>		
*Phone Number	<input type="text" value="222-222-2234"/>	Phone Extension	<input type="text"/>
Toll Free Number	<input type="text" value="www.aaa.bbbb"/>	Toll Free Extension	<input type="text"/>
Fax Number	<input type="text" value="www.aaa.bbbb"/>		
*Email	<input type="text" value="drc@email.com"/>		
*Confirm Email	<input type="text" value="drc@email.com"/>		

# Provider Identification Page



**Individual Provider**

\* Birth Date: 02/01/1980

\* Gender: Male

Title/Degree: MD

\* Are you Board Certified?  Yes  No

\* Issuing Date: 01/01/2014

Expiration Date: 12/31/2016

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**NPI**

NPI is a unique identification number for healthcare providers.

\* NPI: 1033000621

\* Taxonomy

You may select more than one Taxonomy by clicking on the appropriate taxonomies.

- 207R00100X - Allopathic & Osteo. Physcns : Internal Medicine : Gastroenterology
- 193200000X - Group : Multi-Spcity : Default Spcity Cd
- 193400000X - Group : Single-Spcity : Default Spcity Cd
- 202K00000X - Allopathic & Osteo. Physcians : Phlebotomy : Default Spcity Cd
- 207R00000X - Allopathic & Osteo. Physcns : Internal Medicine : Default Spcity Cd
- 207RA0000X - Allopathic & Osteo. Physcns : Internal Medicine : Adolescent Medicine
- 207RA0201X - Allopathic & Osteo. Physcns : Internal Medicine : Allergy & Immunology
- 207RA0401X - Allopathic & Osteo. Physcns : Internal Medicine : Addiction Medicine

\* Do you want Medicare claims to proccover to this location?  Yes  No

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**CLIA Certification**

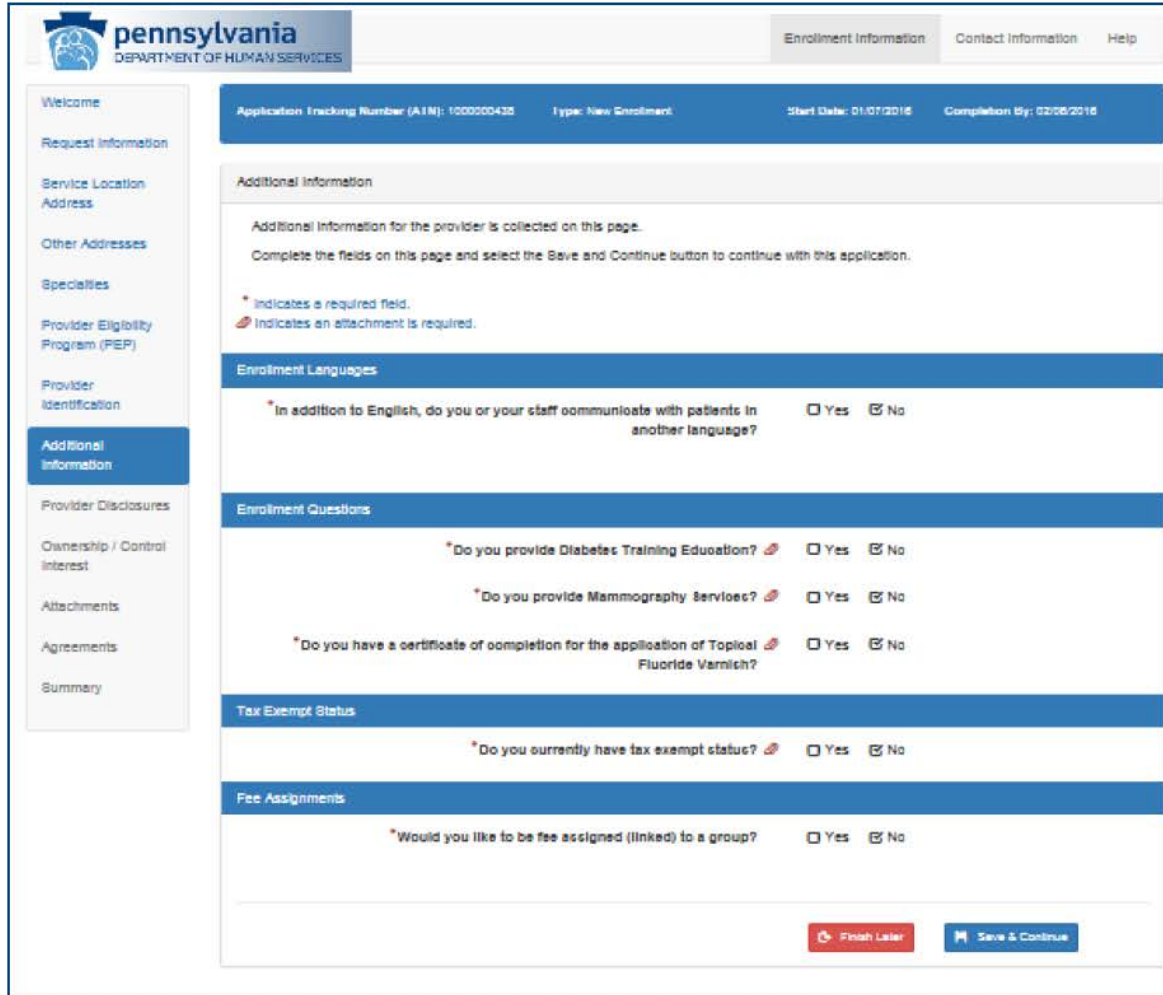
\* Are a CLIA Certificate and a Pennsylvania Department of Health Lab Permit associated with this Service Location?  Yes  No

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**DEA Number**

\* Is a Drug Enforcement Administration (DEA) Number associated with this provider?  Yes  No

# Additional Information Page



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Enrollment Information | Contact Information | Help

Application Tracking Number (ATN): 100000435    Type: New Enrollment    Start Date: 01/07/2016    Completion By: 02/06/2016

### Additional Information

Additional information for the provider is collected on this page.  
Complete the fields on this page and select the Save and Continue button to continue with this application.

\* Indicates a required field.  
📎 Indicates an attachment is required.

#### Enrollment Languages

\* In addition to English, do you or your staff communicate with patients in another language?     Yes     No

#### Enrollment Questions

\* Do you provide Diabetes Training Education? 📎     Yes     No

\* Do you provide Mammography Services? 📎     Yes     No

\* Do you have a certificate of completion for the application of Topical Fluoride Varnish? 📎     Yes     No

#### Tax Exempt Status

\* Do you currently have tax exempt status? 📎     Yes     No

#### Fee Assignments

\* Would you like to be fee assigned (linked) to a group?     Yes     No

[Finish Later](#)    [Save & Continue](#)

# Fee Determination Page



The screenshot shows a web application interface for the Pennsylvania Department of Human Services. At the top left is the department's logo and name. To the right are navigation tabs for "Enrollment Information", "Contact Information", and "Help". Below the logo is a sidebar menu with various options like "Welcome", "Request Information", "Service Location", etc. The main content area is titled "Fee Determination" and contains several sections: a header with application tracking details, a paragraph about the Affordable Care Act (ACA), a legend for field indicators, a yellow notification box about a previously paid application fee, a question about previous payments to CHIP or Medicaid, a question about claiming a hardship exception, a text box explaining the hardship process, and a final statement about the \$0.00 fee. At the bottom right are "Finish Later" and "Save & Continue" buttons.

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Enrollment Information | Contact Information | Help

Application Tracking Number (ATN): 1000000171 | Type: New Enrollment | Start Date: 04/07/2016 | Completion By: 05/07/2016

### Fee Determination

The Affordable Care Act (ACA) provides guidelines for requirements related to the collection of an application fee.

\* Indicates a required field.  
📎 Indicates an attachment is required.

**An application fee was already paid for this application on MM/DD/YYYY.**  
📎 [Click Here](#) to download a copy of the receipt of the Application Fee you submitted as a PDF.

\* In the past 12 months, have you previously paid an application fee to CHIP or another state's Medicaid?  Yes  No

\* Do you wish to claim a Hardship Exception for the application fee payment?  Yes  No

A Hardship Coversheet and application instructions will be provided as a downloadable document from the attachments page. Note, CMS hardship requests may delay processing of the application pending a response from CMS.


A fee of \$0.00 will be required upon submission of this application.

[Finish Later](#) [Save & Continue](#)



# Fee Determination – Copy Application




**pennsylvania**  
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Enrollment Information | Contact Information | Help

Application Tracking Number (ATN): 1000000171    Type: New Enrollment    Start Date: 04/07/2016    Completion By: 05/07/2016

### Fee Determination

The Affordable Care Act (ACA) provides guidelines for requirements related to the collection of an application fee.


- \* Indicates a required field.
-  Indicates an attachment is required.

**An application fee has been submitted for ATN ##### within the last 7 calendar days.**

Since this ATN is associated with this application, an additional application fee will not be collected if this application is submitted on or before MM/DD/YYYY. If this application is submitted after this date, an additional application fee will be required.

[Finish Later](#)    [Save & Continue](#)

# Provider Disclosures Page



**pennsylvania**  
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[Enrollment Information](#) [Contact Information](#) [Help](#)

Welcome

Request Information

Service Location Address

Other Addresses

Specialties

Provider Eligibility Program (PEP)

Provider Identification

Additional Information

**Provider Disclosures**

Ownership / Control Interest

Attachments

Agreements

Summary

Application Tracking Number (AIN): 100000438    Type: New Enrollment    Start Date: 01/07/2016    Completion By: 02/05/2018

### Provider Disclosures

Respond to the following provider disclosure questions and select the Save and Continue button to continue with this application.

\* Indicates a required field.  
📎 Indicates an attachment is required.

#### ▼ Definitions

**Agent** means any person who has been delegated the authority to obligate or act on behalf of a provider.

**Managing employee** means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.

### Have you ever:

- \* Had clinical privileges or hospital privileges denied, suspended, restricted, revoked, or not renewed; either voluntarily or involuntarily for an agreed to definite or indefinite period of time?  Yes  No
- \* Had any judgments entered against you or settlements been agreed to in any professional liability cases?  Yes  No
- \* Are there any professional liability lawsuits pending against you at the present time?  Yes  No
- \* Do you have physical or mental health condition(s) which in any way impairs your ability to practice your profession, with or without accommodations?  Yes  No
- \* Do you have any physical or mental health condition(s) which in any way poses a risk of harm to your patients?  Yes  No
- \* Are you currently using, or have you used in the past five years, drugs or any other chemical substance that has or may impair your ability to practice your profession?  Yes  No



# Provider Disclosures Page



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DEPARTMENT OF HUMAN SERVICES

Have you or anyone in your employ ever:

- \*Been terminated, excluded, precluded, suspended, debarred from or had your participation in any federal or state health care program or hospital privileges limited in any way, including voluntary withdrawal from a program for an agreed to definite or indefinite period of time?  Yes  No
- \*Been the subject of a disciplinary proceeding by any licensing or certifying agency, had your license limited in any way, or surrendered a license in anticipation of or after the commencement of a formal disciplinary proceeding before a licensing or certifying authority (e.g., license revocations, suspensions, or other loss of license or any limitation on the right to apply for or renew license or surrender of a license related to a formal disciplinary proceeding)?  Yes  No
- \*Had a controlled drug license withdrawn?  Yes  No
- \*Been convicted of a criminal offense related to Medicare or Medicaid, or a state health care program?  Yes  No
- \*Been convicted of a criminal offense relating to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance?  Yes  No
- \*Been convicted of interference with or obstruction of any investigation?  Yes  No
- \*In connection with the delivery of a health care item or service, or with respect to any act or omission in a health care program, been convicted of any criminal offense relating to neglect or abuse of patients or fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?  Yes  No
- \*Been in default on repayments of scholarship obligations or loans in connection with your education as a health professional?  Yes  No
- \*Been subject to a civil penalty or assessment for any act or omission related to Medicare, Medicaid, or a state health care program?  Yes  No

Finish Later

Save & Continue

# Ownership/Control Interest Page



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[Enrollment Information](#) | [Contact Information](#) | [Help](#)

Application Tracking Number (ATN): 100000430
Type: New Enrollment
Start Date: 01/07/2018
Completion By: 03/06/2018

**Ownership/Control Interest**

Note: Ownership and control information is required in accordance with Federal Regulations 42 CFR Part 455, Subpart B published July 17, 1979, and expanded through additional subparts on February 02, 2011 through the Provider Enrollment and Screening provisions of the Affordable Care Act.

\* Indicates a required field.

📎 Indicates an attachment is required.

**▼ Definitions**

The definitions below are designed to clarify certain questions on the following Ownership and Control Disclosure forms. The full text of the regulations governing the disclosure of information by providers and fiscal agents can be found in 42 CFR Part 455 Subpart B.

**Agent** means any person who has been delegated the authority to obligate or act on behalf of a provider.

**Managing employee** means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.

**Significant business transaction** means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of a provider's total operating expenses.

**Subcontractor** means:

- a. An individual, agency, or organization to which a provider has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- b. An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

**Supplier** means an individual, agency, or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds, or a pharmaceutical firm).

**Wholly owned supplier** means a supplier whose total ownership interest is held by a provider or by a person, persons, or other entity with an ownership or control interest in a provider.

**Managing Employee or Agent Disclosure**

\* Does the enrolling individual practitioner have any Managing Employees or Agents?  Yes  No

**Direct Or Indirect Ownership**

\* Are there any subcontractors in which the enrolling individual practitioner has a direct or indirect ownership interest of 5% or more?  Yes  No

**Criminal Offense**

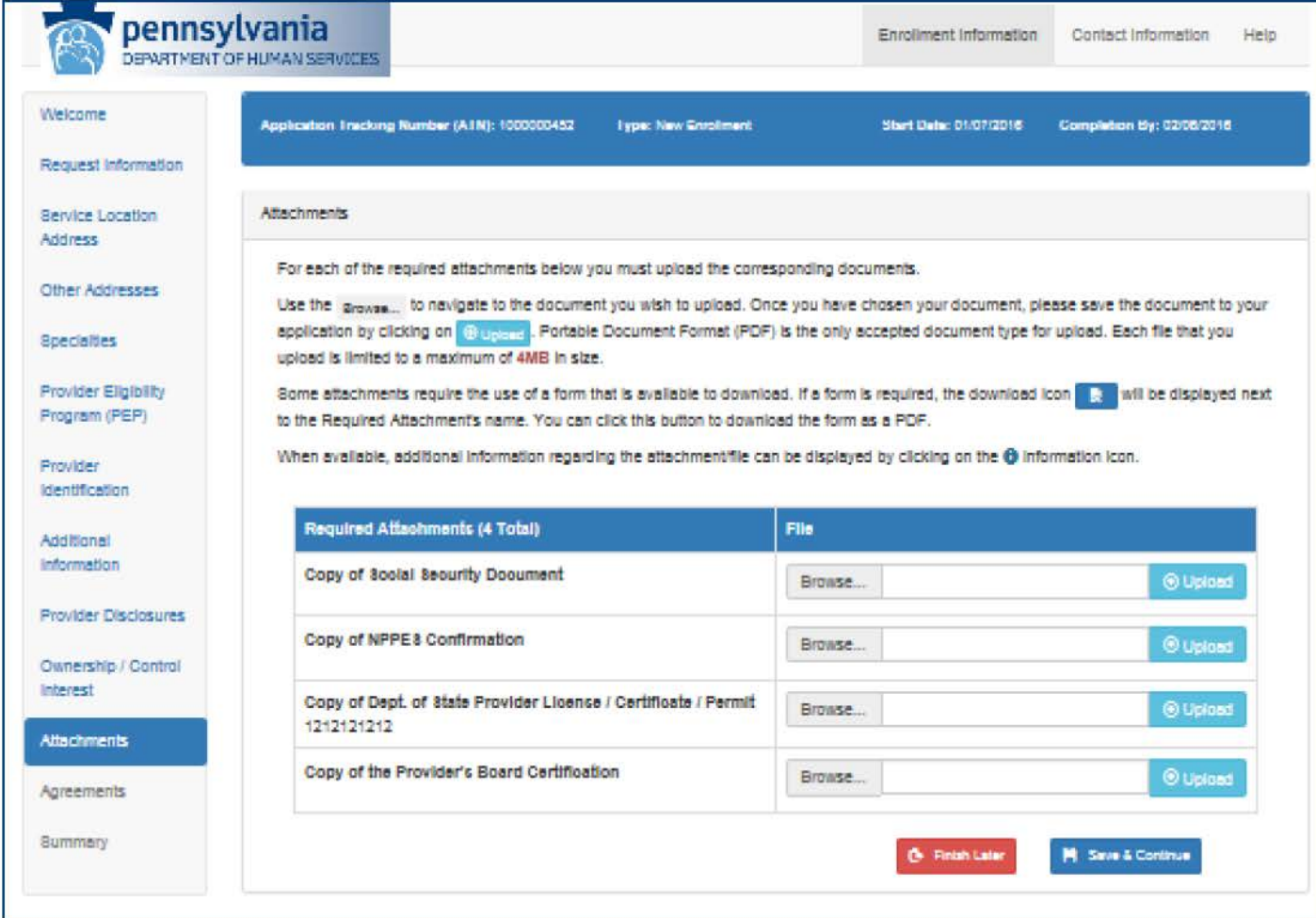
\* Has the enrolling individual practitioner been convicted of a criminal offense related to Medicare, Medicaid, Title XX, Title XXI (CHIP), or a state health care program?  Yes  No

**Significant Business Transactions**

\* Has the enrolling individual practitioner had any significant business transactions with any wholly owned supplier or with any subcontractor during the preceding five year period?  Yes  No

Finish Later
Save & Continue

# Attachments Page




The screenshot shows the 'Attachments' page in the Pennsylvania Department of Human Services portal. The page header includes the department logo and navigation links for 'Enrollment Information', 'Contact Information', and 'Help'. A sidebar on the left lists various application sections, with 'Attachments' highlighted. The main content area displays application details: Application Tracking Number (ATN): 100000452, Type: New Enrollment, Start Date: 01/07/2016, and Completion By: 02/06/2016. Below this, the 'Attachments' section provides instructions for uploading documents, noting that PDF is the only accepted format and files are limited to 4MB. It also mentions that some attachments require downloadable forms. A table lists four required attachments, each with a 'Browse...' button and an 'Upload' button. At the bottom right, there are buttons for 'Finish Later' and 'Save & Continue'.

Application Tracking Number (ATN): 100000452    Type: New Enrollment    Start Date: 01/07/2016    Completion By: 02/06/2016

**Attachments**

For each of the required attachments below you must upload the corresponding documents.


Use the [browse...](#) to navigate to the document you wish to upload. Once you have chosen your document, please save the document to your application by clicking on [Upload](#). Portable Document Format (PDF) is the only accepted document type for upload. Each file that you upload is limited to a maximum of 4MB in size.

Some attachments require the use of a form that is available to download. If a form is required, the download icon  will be displayed next to the Required Attachment's name. You can click this button to download the form as a PDF.

When available, additional information regarding the attachment file can be displayed by clicking on the [i](#) information icon.

Required Attachments (4 Total)	File
Copy of Social Security Document	<input type="text" value="Browse..."/> <a href="#">Upload</a>
Copy of NPPE& Confirmation	<input type="text" value="Browse..."/> <a href="#">Upload</a>
Copy of Dept. of State Provider Licence / Certificate / Permit 1212121212	<input type="text" value="Browse..."/> <a href="#">Upload</a>
Copy of the Provider's Board Certification	<input type="text" value="Browse..."/> <a href="#">Upload</a>

[Finish Later](#)    [Save & Continue](#)



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

[Enrollment information](#) | [Contact information](#) | [Help](#)

Welcome

Request Information

Service Location Address

Other Addresses

Specialties

Provider Eligibility Program (PEP)

Provider Identification

Additional Information

Provider Disclosures

Ownership / Control Interest

Attachments

**Agreements**

Summary

Application Tracking Number (ATN): 100000434    Type: New Enrollment    Start Date: 08/07/2015    Completion By: 09/06/2015

### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES OFFICE OF MEDICAL ASSISTANCE PROGRAMS

#### Provider Agreement for Outpatient Providers

This Agreement, made by and between the Department of Human Services (hereinafter the "Department") and **John Smith** (hereinafter the "Provider") sets forth the terms and conditions governing participation in the Medical Assistance Program. The parties to this Agreement, intending to be legally bound, agree as follows:

- The Provider agrees to comply with all applicable State and Federal statutes and regulations, and policies which pertain to participation in the Pennsylvania Medical Assistance Program.
- The Provider agrees to keep any records necessary to disclose the extent of services the Provider furnishes to recipients.
- The Provider agrees upon request, furnish to the Department, the United States Department of Health and Human Services, the Medicaid Fraud Control Unit, any other authorized governmental agencies and the designee of any of the foregoing, any information maintained under the paragraph above and any information regarding payments claimed by the Provider for furnishing services under the Pennsylvania Medical Assistance Program.
- To the extent applicable, the Provider agrees to comply with the advance directive requirements for hospitals, nursing facilities, Providers of home health care and personal care services and hospices as specified in 42 C.F.R. § 489, subpart I.
- The Provider agrees to comply with the disclosure requirements specified in 42 CFR, Part 455, Subpart B (relating to Disclosure of Information by Providers and Fiscal Agents), or any amendments thereto.
- The Provider agrees that it will submit within 35 days of the date of request by the Department or the United States Department of Health and Human Services Secretary full and complete information about the following:
  - the ownership of any subcontractor with whom the Provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
  - any significant business transactions between the Provider and any wholly owned supplier, or between the Provider and any subcontractor, during the 5-year period ending on the date of the request.
- The Provider agrees that it will allow the Centers for Medicare and Medicaid Services, its agents and its contractor and the Department to conduct unannounced on-site inspections of any and all of its locations, including locations where services are provided.
- The Provider agrees that it will consent to criminal background checks, including fingerprinting, of individuals with an ownership interest in the Provider, and will provide to the Department any information needed for the Department to conduct a background check of the Provider and its owners.
- The Provider agrees that upon written request from the Department it will disclose the identity of any person who has an ownership or control interest in the Provider or is an agent or managing employee of the Provider that has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XX, or Title XXI (CHIP).
- The Provider agrees that if there is any change in the ownership or control of the Provider, it will submit updated disclosure information to the Department within 35 days of the change in ownership or control of the Provider.
- This agreement shall continue in effect unless and until it is terminated by either the Provider or the Department. Either the Provider or the Department may terminate this agreement, without cause, upon thirty days prior written notice to the other. The Provider's participation in the Pennsylvania Medical Assistance Program may also be terminated by the Department, with cause, as set forth in applicable Federal and State law and regulations.

The Provider represents and warrants that the person signing this agreement is a duly authorized representative of the Provider and has the authority to enter into a legal, valid, and binding obligation on behalf of the Provider.

\* Please sign by typing your full name here:       Today's Date: 9/9/2015

[Finish Later](#)    [Save & Continue](#)



# Summary Page



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Enrollment Information | Contact Information | Help

Application Tracking Number (ATN): 1000000208    Type: New Enrollment    Start Date: 06/04/2015    Completion By: 07/04/2015

Application Comments Provided by Pennsylvania Department of Human Services (DHS) Medical Assistance (MA)

This is a test of the emergency broadcast system!

**Summary**

▼ **Provider Information**

<b>Provider Type</b>	31 - Physician	<b>Enrollment Type</b>	Individual with SSN	
<b>Last Name</b>	Kent	<b>First Name</b>	Clark	<b>Middle Initial</b>
<b>Social Security Number (SSN)</b>		123456789		

▼ **Contact Information**

<b>Last Name</b>	The Dark Knight	<b>First Name</b>	u00pp	<b>Title</b>	
<b>Phone Number</b>	(123) 456-7890	<b>Extension</b>	4664		
<b>Toll Free Number</b>	(979) 797-0707	<b>Extension</b>	7979		
<b>Fax Number</b>	(101) 632-0013				
<b>Email</b>	lois@thedailyplanet.edufr				

▼ **Service Location**

<b>Street</b>	123 Reality Drive	<b>Room/Suite</b>			
<b>City</b>	Morning Heights	<b>State</b>	PA - Pennsylvania		
<b>Zip+4</b>	12346-5796	<b>County</b>	Adams		
<b>Email</b>	homer@simpson.biz				
<b>Phone Number</b>	(123) 465-7980	<b>Extension</b>			
<b>Fax Number</b>					

Welcome

Request Information

Service Location Address

Other Addresses

Specialties

Provider Eligibility Program (PEP)

Provider Identification

Additional Information

Provider Disclosures

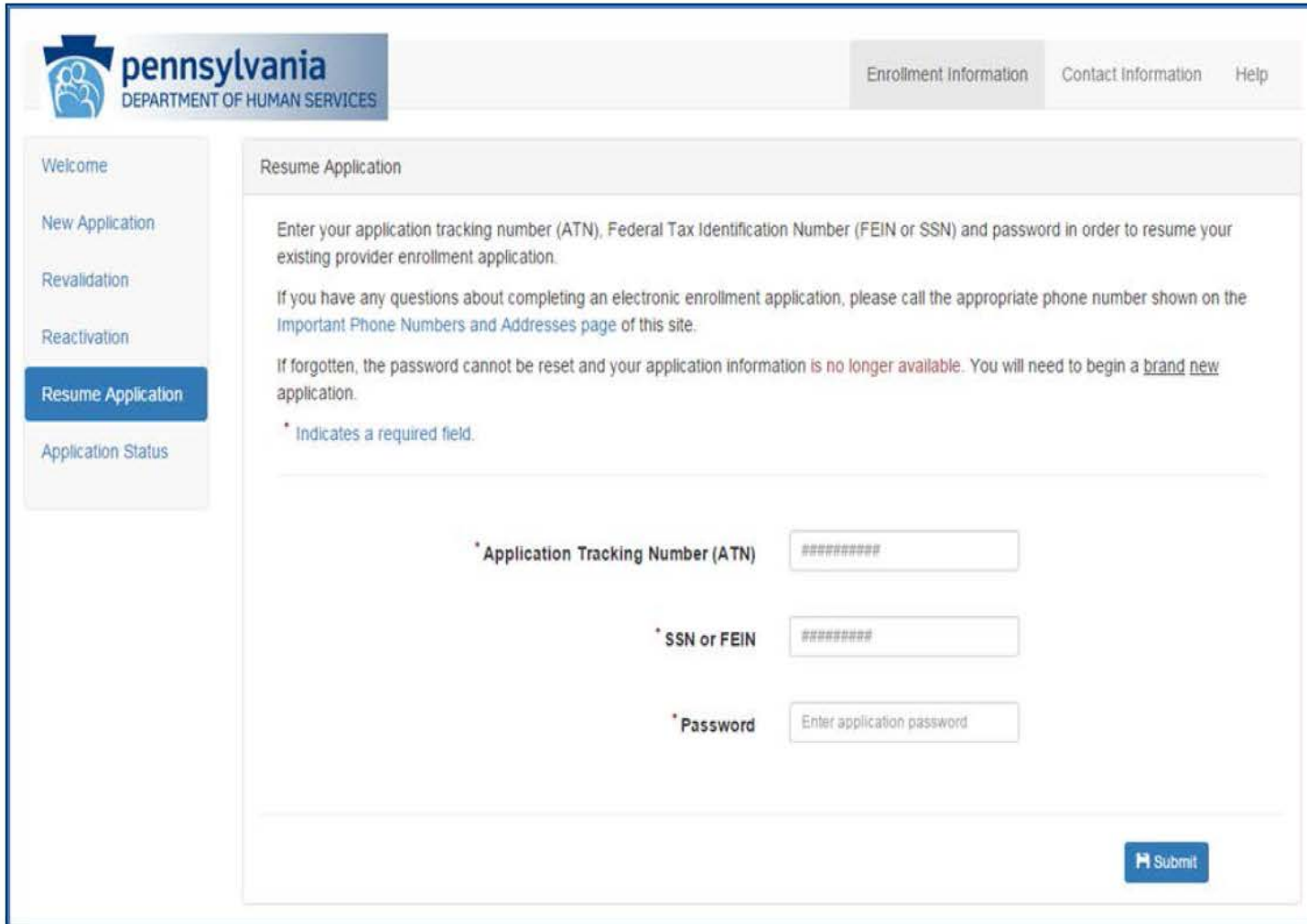
Ownership / Control Interest

Attachments

Agreements

Summary

# Resume Application Page



The screenshot shows the 'Resume Application' page on the Pennsylvania Department of Human Services website. The page features a navigation menu on the left with options: Welcome, New Application, Revalidation, Reactivation, Resume Application (highlighted), and Application Status. The main content area is titled 'Resume Application' and contains the following text:

Enter your application tracking number (ATN), Federal Tax Identification Number (FEIN or SSN) and password in order to resume your existing provider enrollment application.

If you have any questions about completing an electronic enrollment application, please call the appropriate phone number shown on the [Important Phone Numbers and Addresses](#) page of this site.

If forgotten, the password cannot be reset and your application information is **no longer available**. You will need to begin a [brand new](#) application.

\* Indicates a required field.

The form includes three input fields:


- \* Application Tracking Number (ATN) [input field with asterisks]
- \* SSN or FEIN [input field with asterisks]
- \* Password [input field with placeholder text 'Enter application password']

A 'Submit' button is located at the bottom right of the form area.

# Application Status Page



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES



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DEPARTMENT OF HUMAN SERVICES

[Enrollment Information](#) [Contact Information](#) [Help](#)

[Welcome](#)  
[New Application](#)  
[Revalidation](#)  
[Reactivation](#)  
[Resume Application](#)  
**[Application Status](#)**

### Application Status

Enter your application tracking number (ATN), Federal Tax Identification Number (FEIN or SSN) and password in order to review your application status.

If you have any questions about completing an electronic enrollment application, please call the appropriate phone number shown on the [Important Phone Numbers and Addresses](#) page of this site.

If forgotten, the password cannot be reset and your application information is **no longer available**. You will need to begin a [brand new](#) application.

\* Indicates a required field.


\* Application Tracking Number (ATN)

\* SSN or FEIN

\* Password

# Application Status Summary



Enrollment Information Contact Information Help

Welcome

New Application

Revalidation

Reactivation

Resume Application

**Application Status**

### Application Status

Enter your application tracking number (ATN), Federal Tax Identification Number (FEIN or SSN) and password in order to review your application status.

If you have any questions about completing an electronic enrollment application, please call the appropriate phone number shown on the Important Phone Numbers and Addresses page of this site.

If forgotten, the password cannot be reset and your application information is no longer available. You will need to begin a brand new application.

\* Indicates a required field.

\* Application Tracking Number (ATN)

\* SSN or FEIN

\* Password

### Application Status Summary

This is the most current information regarding your PA Medicaid provider enrollment application.

<b>Application Tracking Number (ATN)</b>	-	1000000208
<b>Start Date</b>	-	06/04/2015
<b>Date Submitted</b>	-	07/01/2015
<b>Status</b>	-	Application Under Review
<b>Status Date</b>	-	07/02/2015
<b>Application Submission PDF</b>	-	<a href="#">Download</a>
<b>Comment</b>	-	This is a test of the emergency broadcast system!



# Application Status Summary



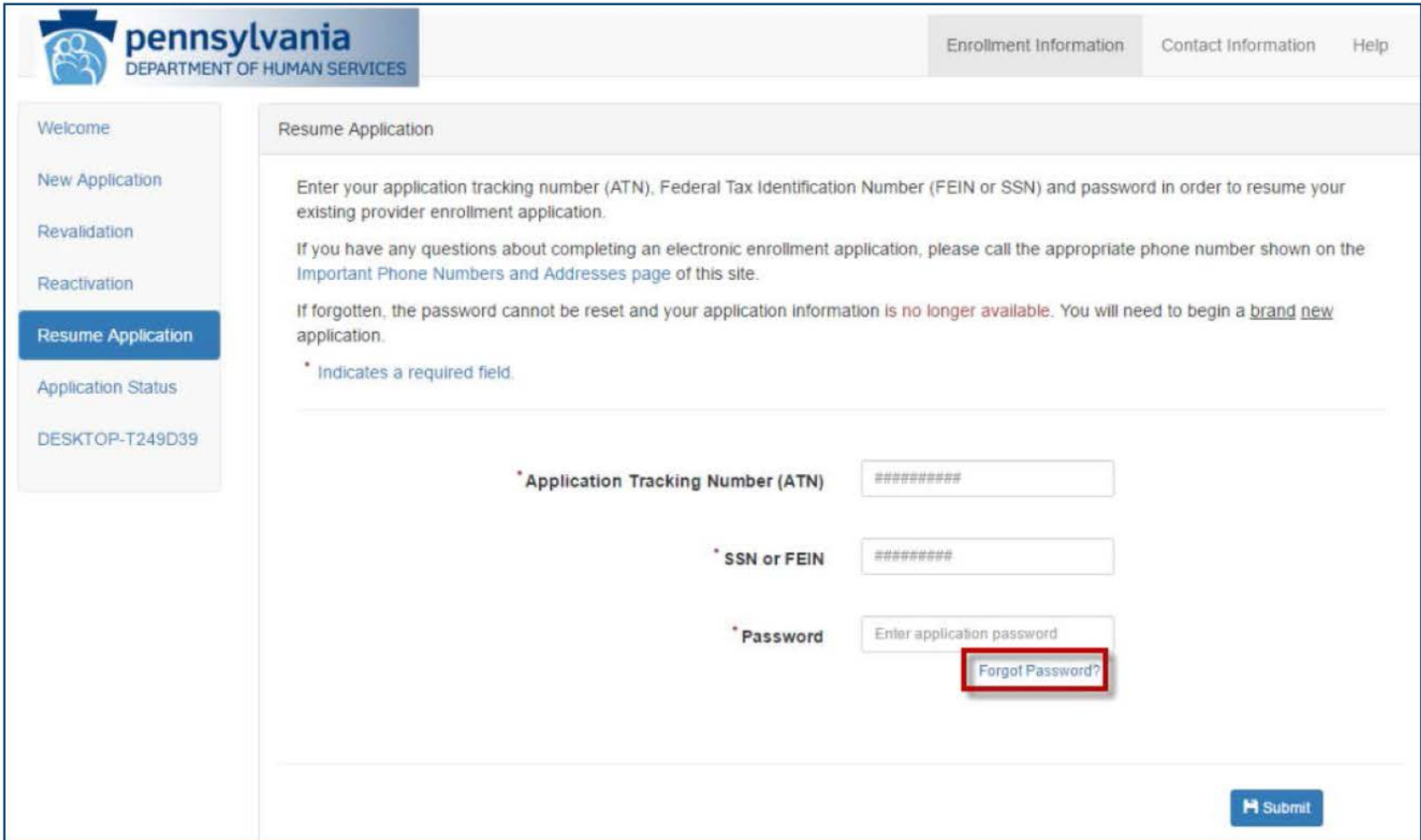
**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

## Application Status Summary

This is the most current information regarding your PA Medicaid provider enrollment application. To resume your existing application, please [Click Here](#)

<b>Application Tracking Number (ATN)</b>	-	1000000217
<b>Start Date</b>	-	06/05/2015
<b>Date Submitted</b>	-	Not Submitted
<b>Status</b>	-	Incomplete Application
<b>Status Date</b>	-	06/09/2015

# Resetting a Password



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DEPARTMENT OF HUMAN SERVICES

Enrollment Information   Contact Information   Help

Welcome

New Application

Revalidation

Reactivation

**Resume Application**

Application Status

DESKTOP-T249D39

### Resume Application

Enter your application tracking number (ATN), Federal Tax Identification Number (FEIN or SSN) and password in order to resume your existing provider enrollment application.

If you have any questions about completing an electronic enrollment application, please call the appropriate phone number shown on the [Important Phone Numbers and Addresses](#) page of this site.

If forgotten, the password cannot be reset and your application information is **no longer available**. You will need to begin a [brand new](#) application.

\* Indicates a required field.

\* Application Tracking Number (ATN)

\* SSN or FEIN

\* Password

[Forgot Password?](#)

# Resetting a Password (cont.)



## Application Password Reset

To reset your password, you must provide the Application Tracking Number (ATN) that identifies your application. In addition, you must also provide the Email Address, SSN or FEIN and Provider Type provided when the application was first submitted. Furthermore, you will need to provide and confirm a new password for your application. Upon submission of the correct information, you will receive an email to the email address on file for this application with a password reset code. After receiving this code, you will need to enter it below. When submitting your reset code, you must also provide the ATN, Email, SSN or FEIN, and Provider Type submitted on the original application.

\* Application Tracking Number (ATN)

Contact Email

\* SSN or FEIN

\* Provider Type

Do you have a password reset code?  Yes  No

## Application Password Reset

To reset your password, you must provide the Application Tracking Number (ATN) that identifies your application. In addition, you must also provide the Email Address, SSN or FEIN and Provider Type provided when the application was first submitted. Furthermore, you will need to provide and confirm a new password for your application. Upon submission of the correct information, you will receive an email to the email address on file for this application with a password reset code. After receiving this code, you will need to enter it below. When submitting your reset code, you must also provide the ATN, Email, SSN or FEIN, and Provider Type submitted on the original application.

\* Application Tracking Number (ATN)

Contact Email

\* SSN or FEIN

\* Provider Type

Do you have a password reset code?  Yes  No

\* New Password

- ✗ One Lowercase Letter
- ✗ One Number
- ✗ (8-20) Characters Long
- ✗ One Uppercase Letter

\* Confirm New Password

✗ Passwords Match

Request Reset Code

# Resetting a Password (cont.)



### Application Password Reset

To reset your password, you must provide the Application Tracking Number (ATN) that identifies your application. In addition, you must also provide the Email Address, SSN or FEIN and Provider Type provided when the application was first submitted. Furthermore, you will need to provide and confirm a new password for your application. Upon submission of the correct information, you will receive an email to the email address on file for this application with a password reset code. After receiving this code, you will need to enter it below. When submitting your reset code, you must also provide the ATN, Email, SSN or FEIN, and Provider Type submitted on the original application.

\* Application Tracking Number (ATN)

Contact Email

\* SSN or FEIN

\* Provider Type

Your password reset request was successfully submitted. Please check your e-mail for your password reset code and enter it below.

Do you have a password reset code?  Yes  No

Password Reset Code

[Complete Password Reset](#)

The electronic provider enrollment application will send email notification to the contact email the user enters at key points during the application submission and determination process. The emails will be generated from a 'do not reply' email address. The following are the types of emails generated:

- Online Application Initiated
- Online Application Submitted
- Online Application Returned to Provider for Revisions
- Online Application Initiated – Expiring
- Online Application Returned to Provider – Expiring

## Electronic Provider Enrollment Application

- <https://provider.enrollment.dpw.state.pa.us>

## Provider Enrollment Information

- <http://www.dhs.pa.gov/provider/healthcaremedicalassistance/enrollmentinformation/index.htm>
- Includes information regarding requirements for each Provider Type and links to the Department's provider enrollment forms

## Provider Enrollment and Screening Requirements of the Affordable Care Act

- <http://www.dhs.pa.gov/provider/providerenrollmentandscreeningrequirementssoftheaffordablecareact/index.htm>
- Includes the most current information from the Department relating to the ACA federally mandated regulations

## Medicaid Information

- <http://www.medicaid.gov/affordablecareact/affordable-care-act.html>
- Provides information about the ACA federally mandated regulations and how they relate to the Medicaid program

## Department of Human Services Website

- <http://www.dhs.pa.gov/>

## MAB 99-14-06 – Re-enrollment/Revalidation of Medical Assistance (MA) Providers

- [http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin\\_admin/c\\_074003.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_074003.pdf)

## Provider Enrollment Questions

- <http://www.dhs.pa.gov/learnaboutdhs/helpfultelephonenumber/contactinformationhelpformaproviders/index.htm#.Vp-jk01li70>
- Includes contact information and help for MA Providers