

# Pennsylvania Department of Human Services (DHS)

## Electronic Provider Enrollment Application Manual

Version 1.1

## Revision History

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## 1. Introduction

The Electronic Provider Enrollment (PE) Application:

- Streamlines the enrollment process by allowing providers to complete their Medical Assistance (MA) and Children’s Health Insurance Program (CHIP) enrollment online.
- Performs systematic checks to determine the provider’s compliance with the Provider Screening and Enrollment regulations of the Affordable Care Act (ACA).
- Allows required documentation to be uploaded during the application process.

## 2. Types of Enrollment Applications:

- New application – brand new provider never enrolled with PA Medicaid or CHIP
- New service location application – provider currently enrolled who needs to complete an application for a new service location
- Revalidation application – providers currently enrolled who must revalidate their enrollment. (Providers are required to revalidate their information every five years and be rescreened by DHS).
- Reactivation application – existing provider who must re-activate a previously closed service location
- Change Request – existing provider wishing to change current enrollment information

## 3. Accessing the Provider Electronic Application:

### 3.1 New Providers or Providers Reactivating After Being Closed for Two Years or Longer (see figure 1 – PROMISE™ Provider Portal Landing Page)

New providers and those providers reactivating a service location that has been closed for 2 years or longer can access the Electronic PE Application from the PROMISE™ Provider Portal landing page (<https://promise.dpw.state.pa.us/>) in the Provider Enrollment section on the left, which does not require a login to the Provider Portal.

#### Provider Enrollment Section

- New Application – for those never enrolled
- Reactivation – for those previously enrolled, but closed for 2 years or longer

From the Provider Enrollment Section providers may also:

- Resume a previously started application – see section 6.16
- Review the status of an application – see section 6.17

**Figure 1 - PROMISE™ Provider Portal Landing Page**



### 3.2 Existing Providers (see figure 2 – PROMISE™ Provider Portal “My Home” Page)

Existing providers who want to take one of the following actions, must first logon to the PROMISE™ Provider Portal to access the Electronic PE Application, which is available from the “My Home” page - in the Provider Services section :

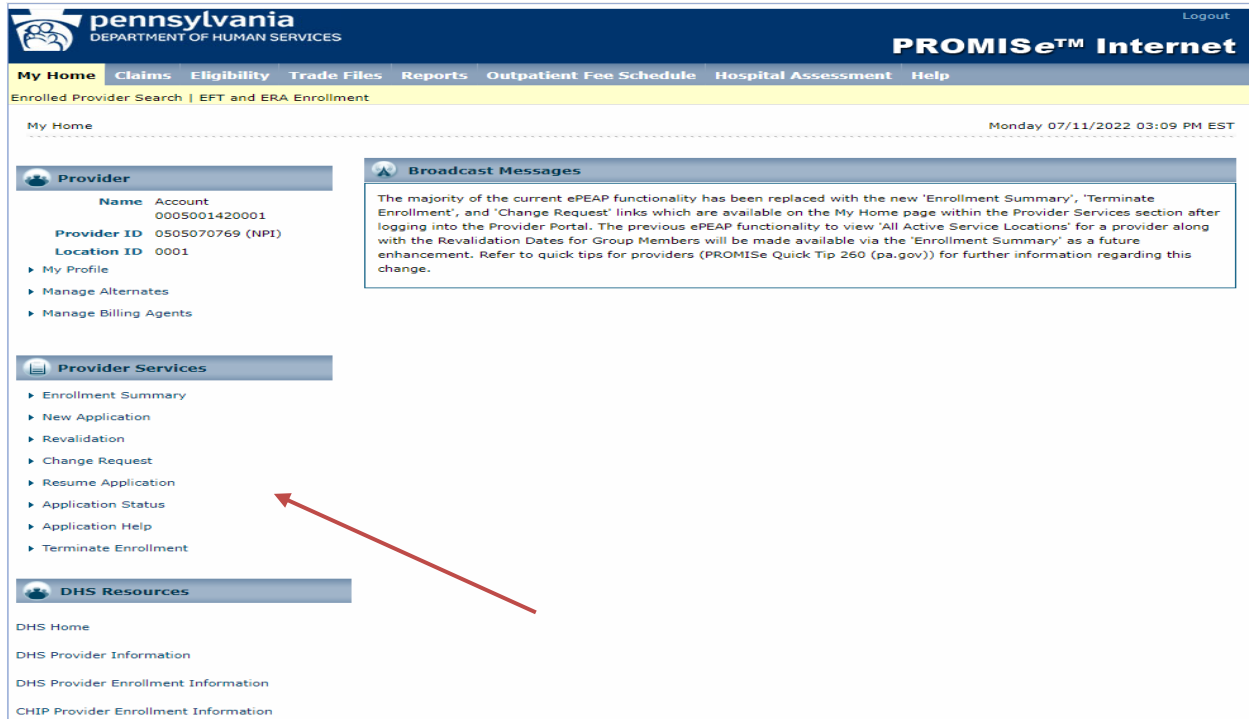
- Enroll a new service location
- Revalidate an existing service location
- Reactivate a service location that has been closed less than 2 years
- Make a change to an existing service location (change request)
- Terminate Enrollment

\*Please note that the New Application, Revalidation, Change Request, and Reactivation (where applicable) may contain pre-populated data from PROMISE.

From the Provider Services Section providers may also:

- Access their Enrollment Summary information – see section 6.21
- Resume a previously started application – see section 6.16
- Review the status of an application – see section 6.17
- Access Help

Figure 2 - PROMISE™ Provider Portal “My Home” Page



## 4. Site Navigation Key Points

- The “Request Information” page is the 1<sup>st</sup> page of each enrollment application, which includes information about program type, provider type, enrollment type of the provider being enrolled as well as requiring the tax ID/SSN and name of the provider and contact information for the person completing the application, including a password.
- Once this initial page is saved, a unique Application Tracking Number (ATN) is created for that application
- Providers will be able to resume a previously started application or check the status of a submitted application by entering the ATN, tax ID/SSN and password.
- 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, they will receive a message requiring them to respond in order to continue the session

- If a user does not respond within 5 minutes, their session will be ended, and they will need to resume the application at a later time
- Descriptions and Definitions
  - Throughout the application, the pages display a header with descriptions, definitions and helpful webpage links when applicable.
  - Fields are marked with an asterisk if a response is required.
  - Fields are marked with a paperclip if an attachment will be required for submission.
  - Additional help or informational text may be displayed dependent on how a question is answered

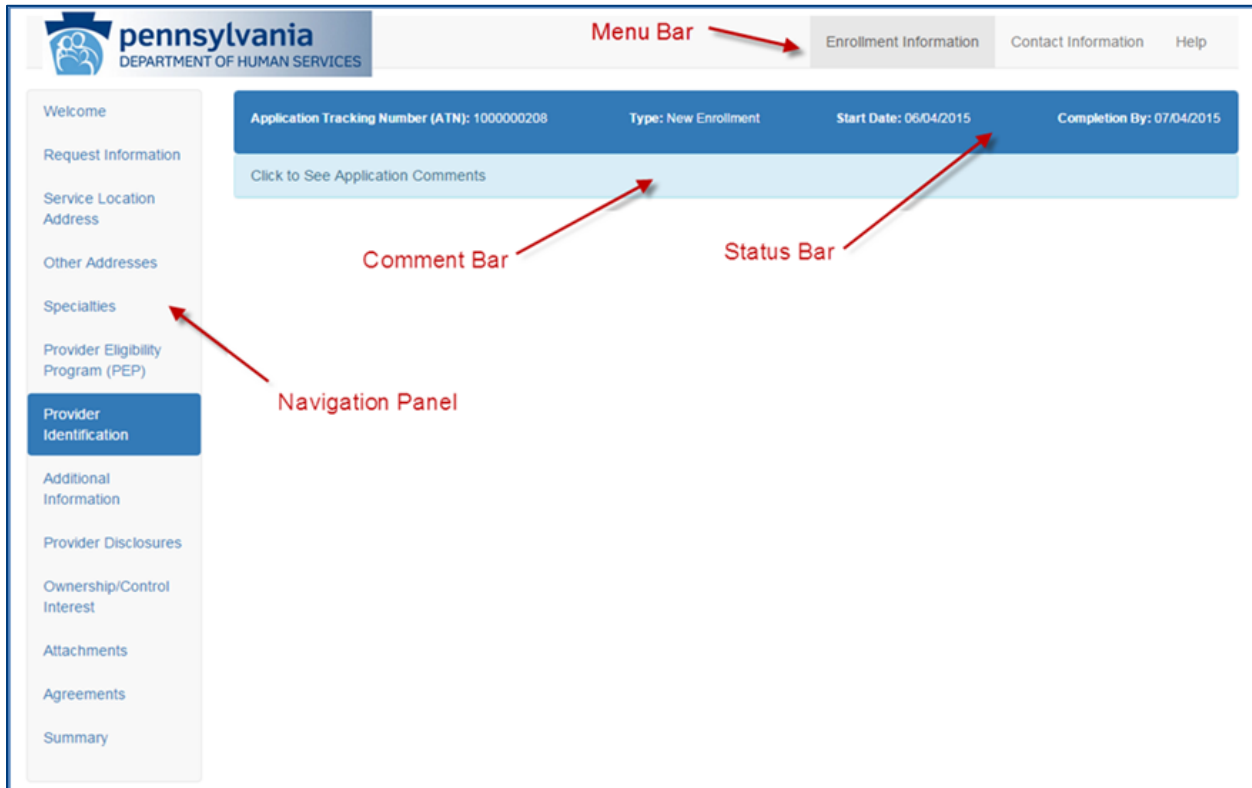
## 5. Electronic PE Application Common Elements

Throughout the application, many common elements will be displayed to assist the user's progress, which include the following (see Figure 3 – Electronic PE Application Common Elements)

- The Application Menu Bar displays across the top of the page and contains the following options:
  - Enrollment Information– opens the DHS provider enrollment information page or the Children's Health Insurance Program (CHIP) page that includes all the provider enrollment applications and their associated instructions
  - Contact Information – opens the DHS Contact Information/Help for MA or CHIP Providers website
  - Help – opens the electronic provider enrollment application field text help document. This document contains the punctuation standards and field text help required for completing a provider enrollment application.
- The Application Navigation Panel shows the user's progress through the application. Pages which the user has already completed can be selected to view or update. Users can always move back in the navigation process but can never jump ahead.
- The Application Status Bar contains the following information:
  - Application Tracking Number (ATN) – the unique number assigned to the application
  - Application Type – indicates new application, revalidation, reactivation or change request
  - Start Date – date the user began the application
  - Completion By Date – date when the application needs to be completed by
- The Application Comment Bar will display comments associated with the current status of the application and any comments from enrollment staff if the application was returned for corrections. The application comment bar will not be visible if there are no current comments for the application. The application comment bar can be clicked to either display or hide the comments.



**Figure 3 – Electronic PE Application Common Elements**



## 6. Electronic PE Application Pages

### 6.1 Request Information Page (see Figure 4 – Electronic PE Application – Request Information Page)

The Request Information Page collects the basic initial information required to start the provider enrollment application.

- Program Type: MA or CHIP
- Provider Type: includes a drop-down list that displays the 2-character provider type and description.
  - \*\*Once the program type and provider type information is saved, it cannot be changed. If this information is incorrect, you will need to begin a brand-new application.
- Enrollment Type: includes a drop-down list that displays the enrollment types associated with the provider type selected.
- Tax Identifier
- Name of Enrollee/Entity Name: will be requested based on the enrollment type selected.
- Contact Information
  - The Contact information will be used for correspondence regarding this application. This is not required to be the provider’s contact information, but rather,

should be the contact information of the person completing the application who can assist with questions regarding this application.

- In addition, email notifications will be sent to the contact email address the user provided, at key points during the application process – see section 8:
- The password will be selected when the application is initially started and must be supplied to re-access the application. The password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 upper case letter, and 1 lowercase letter.

**NOTE:** In order for the user to resume an application or check the status of a submitted application, the user must have their Application Tracking Number (ATN), FEIN/SSN and their password. If the password is forgotten, the user may reset the password in order to access/resume the application (see section 6.20 for additional information).

**Figure 4 – Electronic PE Application - Request Information Page**

The screenshot shows the 'Request Information' page for a provider enrollment application. The page is titled 'Request Information' and includes a navigation menu on the left with options like 'Welcome', 'Request Information', 'Service Location Address', 'Other Addresses', 'Specialties', 'Provider Eligibility Program (PEP)', 'Provider Identification', 'Additional Information', 'Provider Disclosures', 'Ownership / Control Interest', 'Attachments', and 'Summary'. The main content area is divided into several sections:

- Request Information:** A introductory text explaining the application process and providing instructions on how to resume an application if it is not completed.
- Initial Enrollment Information:** A section where users must verify their program type, provider type, and enrollment type before saving. It includes dropdown menus for 'Program Type' (set to 'Pennsylvania Medical Assistance (PA/MA)'), 'Provider Type', and 'Enrollment Type'.
- Tax Identifier:** A section where users must specify either a Social Security Number (SSN) or Federal Tax Identification Number (FEIN) based on the enrollment type selected.
- Name of Enrolled:** A section where users must specify either an Entity Name or an Individual's Name based on the enrollment type selected.
- Medicare Enrollment Information:** A section with a checkbox question: 'Are you a Medicare participating Provider?' with 'Yes' and 'No' options.
- Contact Information:** A section where users must provide contact details for correspondence. It includes input fields for 'Last Name', 'First Name', 'Title', 'Phone Number', 'Phone Extension', 'Toll Free Number', 'Toll Free Extension', 'Fax Number', 'Email', 'Confirm Email', 'Password', and 'Confirm Password'. The password field has a list of requirements: 'One Lowercase Letter', 'One Number', 'One Uppercase Letter', and '(8-20) Characters Long'. A 'Passwords Match' indicator is also present.

At the bottom of the page, there are two buttons: 'Finish Later' and 'Save & Continue'.

## 6.2 Service Location Address Page (see Figure 5 – Electronic PE Application – Service Location Address Page)

The Service Location Address page collects the physical address of the provider’s practice as well as general & historical questions pertaining to the service location. If the practice has more than one physical address, a new application is required for each service location. The address entered must be a physical location, not a post office (PO) box. Punctuation cannot be entered in the address fields (no periods, commas, symbols, etc.).

**Figure 5 – Electronic PE Application - Service Location Address Page**

**Application Tracking Number (ATN):** 1105781238    **Type:** Renewal/Extension    **Start Date:** 06/28/2022    **Completion By:** 07/28/2022

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

This application has been prepopulated with data from our system. It must be reviewed and updated accordingly prior to submission.

**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.

|                       |   |                        |  |
|-----------------------|---|------------------------|--|
| * <b>Street</b>       | <input type="text" value="123 Main St"/>    | <b>Room/Suite</b>      | <input type="text"/>                           |
| * <b>City</b>         | <input type="text" value="Camp Hill"/>      | * <b>State</b>         | <input type="text" value="PA - Pennsylvania"/> |
| * <b>Zip+4</b>        | <input type="text" value="17011-0000"/>     | * <b>County</b>        | <input type="text" value="Cumberland"/>        |
| * <b>Email</b>        | <input type="text" value="email3@web.com"/> | * <b>Confirm Email</b> | <input type="text" value="mail3@web.com"/>     |
| * <b>Phone Number</b> | <input type="text" value="717-772-8132"/>   | <b>Phone Extension</b> | <input type="text"/>                           |
| <b>Fax Number</b>     | <input type="text" value="717-772-2234"/>   |                        |  |

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.

**Co-location Providers**

If the service location you are enrolling is already occupied by another enrolled provider group that has a different owner than the provider group you work for, you are sharing space, (co-located) and an attestation is required per Medical Assistance Bulletin 99-16-04 titled Enrollment of Co-location Providers.

\* **Are you sharing space with another provider?**     Yes     No

By answering YES, you are confirming that you are co-located with another provider, and will be paid under a separate TAX ID (i.e., not assigned to the same group). For more information regarding co-located providers, please refer to PA MEDICAL ASSISTANCE BULLETIN - Enrollment of Co-Located Providers. If this is not correct, please select 'No' for this question.

**General & Historical Questions**

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

- \* **For providers whose primary practice is in Pennsylvania, do you participate with the Medical Care Availability and Reduction of Error Act (MCARE)?**     Yes     No
- \* **Do you bill for a mobile medical unit from this location?**     Yes     No
- \* **Do you bill for a mobile dental unit from this location?**     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
- \* **Is the service location address being updated to support the 911 addressing system?**     Yes     No

By answering YES, you are indicating that you have changed your service location address and this change was to support the 911 addressing system. If this is incorrect, please select 'No' for this question.

### 6.3 Other Addresses Page (see Figure 6 – Electronic PE Application – Other Addresses Page)

The Other Addresses page allows the user to assign additional address(es) such as a Mail-To, Pay-To or Home Office address. If the physical location service address should be used as all other addresses you are not required to enter any additional addresses on this page.

If any additional address(es) are different for the other address types, select the appropriate address type that you would like to be different than the Service Location Physical Address.

- Mail-To – is the address where all mailed correspondence from DHS will be sent.
- Pay-To - is the address where all mailed payment and remittance advices from DHS will be sent.
- Home Office - is the address used on IRS documentation.

**\*Note** - By answering “NO” to the question *Would you like to receive E-Mail notification of new bulletins to the email address assigned to your mail-to address?* you are agreeing to be responsible to check for new Medical Assistance Bulletins (MABs) on your own by visiting the following website: [Bulletin Search \(pa.gov\)](#) OR by signing up to receive notifications of new MABs through the MA Electronic Bulletins Listserv. If you wish to continue receive paper bulletins call 1-800-537-8862 option 2 to see if you meet the requirements.

**Figure 6 – Electronic PE Application – Other Addresses Page**

The screenshot displays the 'Other Addresses' page in the Pennsylvania Department of Human Services (DHS) Electronic Provider Enrollment (PE) application. The page header includes the DHS logo and navigation links for 'Enrollment Information', 'Contact Information', and 'Help'. A sidebar on the left lists various application sections, with 'Other Addresses' currently selected. The main content area is divided into several sections:

- Application Tracking Information:** Shows Application Tracking Number (ATN): 1100781238, Type: Revalidation, Start Date: 06/28/2022, and Completion By: 07/28/2022.
- Application Comments:** A message stating the application has been prepopulated with data from the system and must be reviewed and updated before submission.
- Other Addresses:** A section explaining the option to assign a Mail-To, Pay-To, or Home Office address different from the Service Location Physical Address. It includes instructions on how to specify a different address and a note that leaving a box unchecked will default to the service location address.
- Service Location Physical Address:** A table with the following information:
 

| Street      | City      | Zip+4      | Room/Suite | State             |
|-------------|-----------|------------|------------|-------------------|
| 123 Main St | Camp Hill | 17011-0000 |            | PA - Pennsylvania |
- Other Address Information:** A section asking the user to select an address type (Mail-To, Pay-To, or Home Office) that they would like to be different than the Service Location Physical Address. It includes a question about receiving E-Mail notifications of new bulletins, with 'Yes' and 'No' radio button options.

At the bottom of the page, there are two buttons: 'Finish Later' and 'Save & Continue'.

### 6.4 Specialties Page (see Figure 7 – Electronic PE Application – Specialties Page)

- The Specialties Page will collect the specialties associated with the provider type previously selected on the Request Information page.
- Only specialties that are allowed to be associated with the provider type can be added by selecting from the drop-down list. The first specialty assigned by the user will be designated as the primary specialty, then the user may add additional secondary specialties by clicking the add specialty button. Not all specialties allowed for a provider type can be designated as the primary specialty.
- This page will also collect the required license information for the specialties selected. For specialties requiring a license, a license must be added.

**Figure 7 – Electronic PE Application – Specialties Page**

The screenshot displays the 'Specialties' page of the Pennsylvania Department of Human Services' Electronic PE Application. The header includes the state logo and navigation links for 'Enrollment Information', 'Contact Information', and 'Help'. A blue banner at the top shows application details: 'Application Tracking Number (ATN): 1000004015', 'Type: New Enrollment', 'Start Date: 03/14/2019', and 'Completion By: 05/13/2019'. A left sidebar lists navigation options, with 'Specialties' highlighted. The main content area contains instructions: '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.' Below the instructions are two legends: a red asterisk for required fields and a red icon for attachments. The 'Associated Specialties' section features a table with columns for 'Specialty', 'Sub-Specialty', and 'Primary'. A dropdown menu is open under 'Specialty', showing 'ProviderType 31 - Physician' and a 'Specialty' field with a dropdown menu set to 'Select a Specialty type'. The 'Sub-Specialty' field is set to 'Not Applicable'. A green '+ Add Additional Specialty' button is located below the table. At the bottom, there are 'Finish Later' and 'Save & Continue' buttons.

### 6.5 Provider Eligibility Program (PEP) Page (see Figure 8 – Electronic PE Application – Provider Eligibility Program (PEP) Page)

- The Provider Eligibility Program (PEP) Page collects the user’s requested effective date for the enrollment and the PEPs associated with the provider.
- If the enrollment effective date being requested is more than 30 days prior to the date the provider application is submitted, users are required to upload an exception request in writing. The information must include written justification for why an earlier date is being requested. Please note, if the user attempts to add a date more than 30 days prior to the application submitted date, the date will not be accepted by the system.
- PEPs associated with the provider type and specialties that were selected on earlier pages can be added on this page. A provider must be approved for the PEP requested in order to be reimbursed for services to beneficiaries of that program.
- Users may download a list of all PEPs and their full descriptions from this page.

**Figure 8 – Electronic PE Application – Provider Eligibility Program (PEP) Page**

The screenshot displays the 'Provider Eligibility Program (PEP) Page' within the Pennsylvania Department of Human Services application. The top navigation bar includes the state logo and links for 'Enrollment Information', 'Contact Information', and 'Help'. A blue header bar contains application details: 'Application Tracking Number (ATN): 1000004010', 'Type: New Enrollment', 'Start Date: 03/14/2019', and 'Completion By: 05/13/2019'. A left sidebar lists navigation options, with 'Provider Eligibility Program (PEP)' highlighted. The main content area is divided into several sections:
 

- Provider Eligibility Program (PEP):** Explains that PEPs can be added on this page and requires completion of fields. A red asterisk indicates a required field.
- Requested Effective Date:** States that the default date is the submission date. A question asks if a requested effective date prior to the submission date is required, with 'Yes' selected.
- Associated PEPs:** Allows selection of more than one PEP. A red asterisk indicates a required field. Two options are shown: 'Enrollment Not Paid' and 'Fee For Service', both with radio buttons.

 At the bottom, there is a 'Download' button to get a listing of PEPs and their descriptions, and 'Finish Later' and 'Save & Continue' buttons.

### 6.6 Provider Identification Page (see Figure 9 – Electronic PE Application – Provider Identification Page)

- On the Provider Identification Page the user will enter additional information identifying the provider including Provider IRS/Legal Name and Address, Contact IRS/Legal Name and Address, Organizational Structure, and verification of numbers/certifications for NPI, CLIA Certification, DEA Number, CMS Certificate, etc. where appropriate.
- In the Provider IRS/Legal Name and Address section, the user must enter the legal Name as it is filed with the IRS and as it appears on the IRS generated document. This is the address where your 1099 tax document will be sent.

Figure 9 – Electronic PE Application – Provider Identification Page

The screenshot shows the Pennsylvania Department of Human Services' Provider Identification Page. The page is divided into several sections:

- Header:** Pennsylvania Department of Human Services logo and navigation tabs for Enrollment Information, Contact Information, and Help.
- Left Navigation Menu:** A vertical list of options including Welcome, Request Information, Service Location Address, Other Addresses, Specialties, Provider Eligibility Program (PEP), **Provider Identification** (highlighted), Additional Information, Provider Disclosures, Ownership / Control Interest, Attachments, Agreements, and Summary.
- Application Tracking:** A blue bar at the top of the main content area showing: Application Tracking Number (AIN): 1000000452, Type: New Enrollment, Start Date: 01/07/2016, and Completion By: 02/06/2016.
- Provider Identification Section:** Contains instructions: "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." It also includes a legend: "\* Indicates a required field." and "Indicates an attachment is required."
- Provider IRS/Legal Name and Address Section:** A blue header with instructions: "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." This section contains the following fields:
  - \* Last Name:
  - \* First Name:  Middle Initial:
  - \* Street:  Room/Suite:
  - \* City:  \* State:
  - \* Zip+4:
- Contact IRS/Legal Name and Address Section:** A blue header with instructions: "Enter the contact information for the IRS address." This section contains the following fields:
  - \* Last Name:
  - \* First Name:
  - Title:
  - \* Phone Number:  Phone Extension:
  - Toll Free Number:  Toll Free Extension:
  - Fax Number:
  - \* Email:
  - \* Confirm Email:

**Individual Provider**

**\* Birth Date**

**\* Gender**

**Title/Degree**

**\* Are you Board Certified?**  Yes  No

---

**\* Issuing Date**

**Expiration Date**

**NPI**

NPI is a unique identification number for healthcare providers.

**\* NPI**

**\* 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 : Phlebology : 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 crossover to this location?**  Yes  No

**CLIA Certification**

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

**DEA Number**

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

Finish Later
Save & Continue



**6.7 Additional Information Page** (see Figure 10 – Electronic PE Application – Additional Information Page)

The Additional Information Page collects additional information if applicable regarding the provider’s enrollment such as, enrollment languages, enrollment questions, tax exempt status, fee assignments, etc.

**Figure 10 – Electronic PE Application – Additional Information Page**

The screenshot displays the 'Additional Information' page of an electronic provider enrollment application. At the top, the Pennsylvania Department of Human Services logo is visible on the left, and navigation links for 'Enrollment Information', 'Contact Information', and 'Help' are on the right. A blue header bar contains application details: 'Application Tracking Number (ATN): 1000004015', 'Type: New Enrollment', 'Start Date: 03/14/2019', and 'Completion By: 05/13/2019'. A left-hand navigation menu lists various application steps, with 'Additional Information' currently selected. The main content area is titled 'Additional Information' and includes instructions: '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.' Below this, a legend indicates that an asterisk (\*) denotes a required field and a red paperclip icon denotes a required attachment. The form is divided into three sections: 'Enrollment Languages' with a question about communicating in another language; 'Enrollment Questions' with three questions regarding Diabetes Training Education, Mammography Services, and Topical Fluoride Varnish; and 'Fee Assignments' with a question about being assigned to a group. At the bottom, there are two buttons: 'Finish Later' (red) and 'Save & Continue' (blue).

### 6.8 Fee Determination Page (see Figure 11 – Electronic PE Application – Fee Determination Page)

The Fee Determination Page is used to determine if a fee is required to be paid along with the application. This page will display when all of the following conditions are met:

- On the Request Information Page, the provider answers “No” to the question, “Are you a Medicare participating provider?”
- At least one of the provider type and specialties for the application requires an application fee.

The Fee Determination Page displays if the application was returned to the provider and an application fee was already paid for the application, regardless of if the above conditions are met.

In most cases when a fee may be required, the user is presented with a series of questions to determine if a fee will be collected at the end of the application process.

In the event this is an application that was returned to the provider, where the user previously paid an application fee, the user will be presented information about their previous payment regardless of their answers to the questions on the page.

**Figure 11 – Electronic PE Application – Fee Determination Page**

The screenshot displays the Pennsylvania Department of Human Services' Fee Determination page. At the top, the Pennsylvania logo and 'DEPARTMENT OF HUMAN SERVICES' are visible. Navigation tabs include 'Enrollment Information', 'Contact Information', and 'Help'. A blue header bar contains application details: 'Application Tracking Number (ATN): 1000000171', 'Type: New Enrollment', 'Start Date: 04/07/2016', and 'Completion By: 05/07/2016'. A left sidebar lists navigation options such as 'Welcome', 'Request Information', 'Service Location Address', 'Other Addresses', 'Specialties', 'Provider Eligibility Program (PEP)', 'Provider Identification', 'Additional Information', 'Fee Determination', 'Provider Disclosures', 'Ownership / Control Interest', 'Attachments', 'Agreements', and 'Summary'. The main content area is titled 'Fee Determination' and includes the following text: 'The Affordable Care Act (ACA) provides guidelines for requirements related to the collection of an application fee.' Below this, there are two legend items: '\* Indicates a required field.' and '\* Indicates an attachment is required.' A yellow highlighted box states: '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.' A question follows: '\* In the past 12 months, have you previously paid an application fee to CHIP or another state's Medicaid?' with radio buttons for 'Yes' and 'No'. Another question asks: '\* Do you wish to claim a Hardship Exception for the application fee payment?' with radio buttons for 'Yes' and 'No'. Below these questions, there are two informational boxes: '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.' and 'A fee of \$0.00 will be required upon submission of this application.' At the bottom right, there are two buttons: 'Finish Later' and 'Save & Continue'.

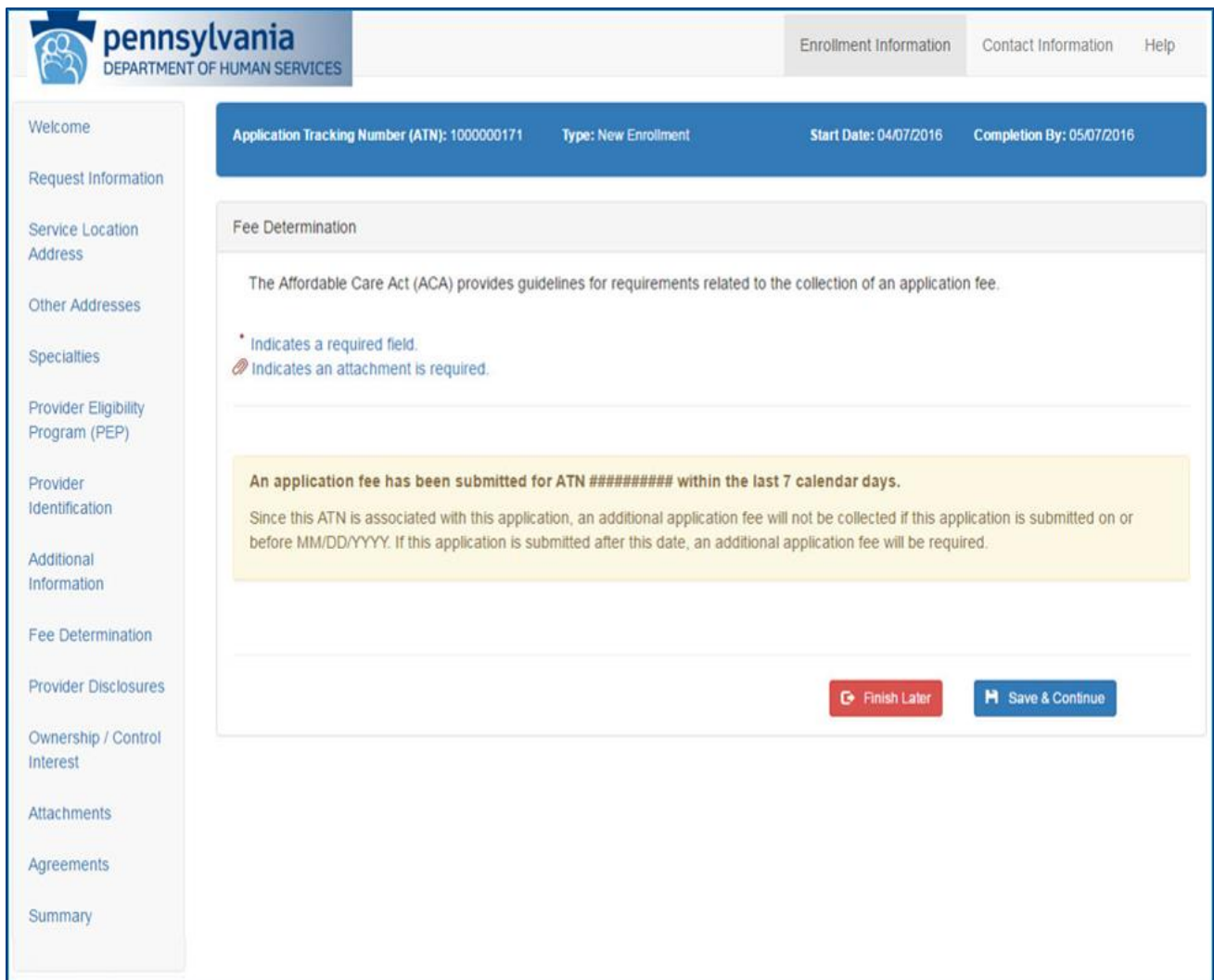
**6.9 Fee Determination – Copy Application** (see Figure 12 – Electronic PE Application – Fee Determination Copy Application Page)

The Fee Determination Page will only display information to the provider regarding a previously submitted associated payment if either of the following two conditions are met:

- This is a copy of another application where the copied ancestors paid an application fee within the last 7 days of the current date.
- This is a Return to Provider application where the copied ancestors paid an application fee within 7 days of the initial submission date.

If the copied application is not submitted within seven days of the ancestor application (fee paid), the page will not display and the standard fee determination page will be presented.

**Figure 12 – Electronic PE Application – Fee Determination Copy Application Page**



**6.10 Provider Disclosures Page** (see Figure 13 – Electronic PE Application – Provider Disclosures Page)

The Provider Disclosures Page collects the user’s responses to the disclosure questions required for the provider’s enrollment.

Definitions for Agent and Managing Employee have been provided in the top section of the page to assist the user in answering the questions following.

Users must answer each disclosure question by selecting yes or no. If the user answers yes, a detailed explanation must be submitted along with three statements from professional associates or peer review bodies giving factual evidence of why they believe the violation(s) will not be repeated.

**Figure 13 – Electronic PE Application – Provider Disclosures Page**

The screenshot displays the 'Provider Disclosures' page within the Pennsylvania Department of Human Services application. The page features a top navigation bar with 'Enrollment Information', 'Contact Information', and 'Help'. A left-hand navigation menu lists various application steps, with 'Provider Disclosures' currently selected. The main content area includes a blue header bar showing application details: Application Tracking Number (ATN): 100000435, Type: New Enrollment, Start Date: 01/07/2018, and Completion By: 02/06/2018. Below this, the 'Provider Disclosures' section contains instructions to respond to questions and select 'Save and Continue'. It also includes a 'Definitions' section defining 'Agent' and 'Managing employee'. The 'Have you ever:' section contains six disclosure questions, each with a 'Yes' and 'No' radio button option. The questions are:
 

- 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?
- Had any judgments entered against you or settlements been agreed to in any professional liability cases?
- Are there any professional liability lawsuits pending against you at the present time?
- Do you have physical or mental health condition(s) which in any way impairs your ability to practice your profession, with or without accommodations?
- Do you have any physical or mental health condition(s) which in any way poses a risk of harm to your patients?
- 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?

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](#)

**6.11 Ownership/Control Interest Page** (see Figure 14 – Electronic PE Application – Ownership/Control Interest Page)

- On the Ownership / Control Interest Page the user will answer questions related to ownership, controlling interest and managing employee or agent information. Ownership and control information is required in accordance with Federal Regulations 42 CFR Part 455 Subpart B through the Provider Screening and Enrollment provisions of the Affordable Care Act.
- The definitions provided are designed to clarify questions on the Ownership/Control Interest Page.

**Figure 14 – Electronic PE Application – Ownership/Control Interest Page**

The screenshot displays the 'Ownership/Control Interest' page within the Pennsylvania Department of Human Services' electronic provider enrollment system. The page includes a sidebar with navigation options, a top navigation bar with 'Enrollment Information', 'Contact Information', and 'Help'. The main content area features a header with application tracking details (Application Tracking Number: 1000000435, Type: New Enrollment, Start Date: 01/07/2016, Completion By: 02/06/2016). Below this, there is a section for 'Ownership/Control Interest' with a note about federal regulations and a 'Definitions' section. The 'Definitions' section explains terms like Agent, Managing employee, Significant business transaction, Subcontractor, Supplier, and Wholly owned supplier. Following the definitions are several questions with radio button options for 'Yes' and 'No':

- 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 Medicaid, 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)

At the bottom right, there are two buttons: 'Finish Later' and 'Save & Continue'.

**6.12 Background Checks** (see Figure 15 – Electronic PE Application – Background Checks Page)

The Background Checks Page will be used to determine if background check information is required to be submitted along with the application. This page will display when the following conditions are met:

- The service location is determined to be a high-risk level
- The provider has an enrollment type equal to “Individual with SSN” or “Individual with FEIN” OR the application has at least one Individual with 5% or more direct or indirect interest in the Provider

Once it is determined that the background page needs to display, the page will determine if background check screening information needs to be collected.

**Figure 15 – Electronic PE Application – Background Checks Page**

The screenshot displays the 'Background Checks' page in the Pennsylvania Department of Human Services application. The top navigation bar includes 'Enrollment Information', 'Contact Information', and 'Help'. The application details bar shows: Application Tracking Number (ATN): 100004536, Type: New Enrollment, Start Date: 03/03/2019, and Complete By: 05/19/2019.

The main content area is titled 'Criminal Background Checks' and contains the following text:

It has been determined that you are required to obtain a FBI criminal background check for all individuals listed on this page. For more information about the Fingerprint-based Criminal Background Checks and criteria used to assign a provider to the "high" categorical risk level, please see the [Implementation of Fingerprint-based Criminal Background Checks for Providers Assigned ACA Categorical Risk Level of High Medical Assistance Bulletin](#).

If the system was able to determine that a FBI criminal background check was performed by the Department within the last 60 months, the required information has been auto-populated. Please review and update this information as needed. For any individuals where a FBI criminal background check was performed by the Department within the last 60 months and the information has not been auto-populated, please enter it below. For all remaining individuals below, a new FBI criminal background check will be required.

To obtain a FBI criminal background check, a provider and any person with a 5% or more ownership interest in the provider should visit the Department's Provider Enrollment website at <http://www.dhs.pa.gov/provider/promise/enrollmentinformation/index.htm>. Click the link for the FBI criminal background check and follow the instructions provided by the vendor for obtaining a fingerprint-based criminal background check for Pennsylvania Department of Human Services Medical Assistance providers. This along with the completed application will need to be submitted on or before **05/19/2019**.

Along with a FBI criminal background check, each individual listed below will be required to obtain a Pennsylvania State Police Criminal Record Check and upload the results on the Attachments page of this electronic application.

If the system was able to determine that a Pennsylvania State Police Criminal Record Check was performed by the Department within the last 60 months, the required attachment will be auto-populated. Please review and update the attachment as needed. For any individuals where a Pennsylvania State Police Criminal Record Check was performed by the Department within the last 60 months, and the information has not been attached, please upload it on the Attachments page of this electronic application. For all remaining individuals below, a new Pennsylvania State Police Criminal Record Check will be required.

To obtain a Pennsylvania State Police Criminal Record Check, please visit the Department's Provider Enrollment website at <http://www.dhs.pa.gov/provider/promise/enrollmentinformation/index.htm> and click on the link for a Pennsylvania State Police Criminal Record Check.

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

The 'Provider' table is as follows:

| Name             | SSN       | *Fingerprint Registration Number | *Fingerprint Collection Date    |
|------------------|-----------|----------------------------------|---------------------------------|
| Test, Provider 📎 | 588235588 | <input type="text"/>             | mm/dd/yyyy <input type="text"/> |

At the bottom of the page, there are buttons for 'Fresh Later' and 'Save & Continue'.

### 6.13 Attachments Page (see Figure 16 – Electronic PE Application – Attachments Page)

- The Attachments Page collects all required supplemental documentation that the user must upload for their application. The list of required attachments is based upon information collected during the application process.
- For each required attachment that the user uploads, all of the necessary pages need to be included in one file.
- To upload the required documents, use the Browse button to navigate to the document(s) stored on the user’s computer. Once the appropriate document has been selected, save the document to the enrollment application by clicking the Upload button. Please note the only acceptable document type for upload is Portable Document Format (PDF) and each file that is uploaded is limited to a maximum size of 4MB.

**Figure 16 – Electronic PE Application – Attachments Page**

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

The screenshot displays the Attachments page for a provider enrollment application. At the top, the Pennsylvania Department of Human Services logo is visible. The page header includes navigation links for Enrollment Information, Contact Information, and Help. A blue banner displays application details: Application Tracking Number (ATN): 1100774018, Type: Change Request, Start Date: 06/13/2022, and Completion By: 07/13/2022. Below this, a light blue box contains application comments: "Application Comments Provided by Pennsylvania Department of Human Services (DHS) Medical Assistance (MA)" and a note: "This application has been prepopulated with data from our system. It must be reviewed and updated accordingly prior to submission."

The main section is titled "Attachments" and contains instructions: "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. Click on the appropriate link for more information on creating a PDF document when using Microsoft Windows or Apple macOS. Some attachments require the use of a form that is available to download. If a form is required, the download icon [R] 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."

Below the instructions is a table of required attachments:

| Required Attachments (4 Total)                  | File               |
|---|--------------------|
| Copy of Federal IRS Tax Document                | Browse... [Upload] |
| Copy of Diabetes Training Education Certificate | Browse... [Upload] |
| Copy of Mammography Certificate                 | Browse... [Upload] |
| Completed Group Members Form [R]                | Browse... [Upload] |

At the bottom of the page, there are two buttons: "Finish Later" and "Save & Continue".



### 6.14 Agreements Page (see Figure 17 – Electronic PE Application – Agreements Page)

- The Agreements Page displays the appropriate provider agreement(s) for the enrollment application. Once the user has read the agreement(s) they have the ability to electronically sign verifying the information is accurate, and that the user agrees to the terms of the provider agreement. The person signing the provider agreement must be a duly authorized representative of the provider and have the authority to enter into a legal, valid and binding obligation on behalf of the provider.
- An application with an enrollment type of ‘Group’ will not display a provider agreement but will instead display the standard electronic signature box.

Figure 17 – Electronic PE Application – Agreements Page

The screenshot shows the 'Agreements Page' for a provider enrollment application. The header includes the Pennsylvania Department of Human Services logo and navigation tabs for 'Enrollment Information', 'Contact Information', and 'Help'. A sidebar on the left lists various application sections, with 'Agreements' highlighted. The main content area displays the 'COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES OFFICE OF MEDICAL ASSISTANCE PROGRAMS' and the title 'Provider Agreement for Outpatient Providers'. The agreement text states it is made between the Department and 'John Smith' (the Provider). It lists 11 terms of agreement, including compliance with state and federal regulations, record-keeping, fraud prevention, disclosure requirements, and background checks. At the bottom, a signature box contains a text input field with the prompt '\* Please sign by typing your full name here:' and a date field showing 'Today's Date: 9/9/2015'. Two buttons, 'Finish Later' and 'Save & Continue', are located at the bottom right of the page.

### 6.15 Summary Page (see Figure 18 – Electronic PE Application – Summary Page)

- The Summary Page displays the information entered while completing the application. If any changes are required while viewing the Summary page, select the appropriate section from the Application Navigation Panel. Once the user is in the correct section, make the appropriate changes to the application. Please note that navigating back in the enrollment application will require you to proceed through previously completed enrollment application pages.
- After the user has successfully reviewed and signed the application, the application may be submitted for processing by clicking the ‘Submit Application’ button. A pdf copy of the application should be saved for the user’s records. As part of the submission process, the system will capture the submission date and will also save a copy of the application in pdf format for DHS to view.

**Figure 18 – Electronic PE Application – Summary Page**

The screenshot displays the 'Enrollment Summary' page for the Pennsylvania Department of Human Services. At the top, there is a navigation bar with the department's logo and name, and links for 'Enrollment Information', 'Contact Information', and 'Help'. Below this, a blue header bar contains the 'Provider Number: 000897610-0010', 'Type: Enrollment Summary', and 'Revalidation Date: 03/18/2024'. The main content area is titled 'Enrollment Summary' and is divided into two main sections: 'Provider Information' and 'Service Location'. The 'Provider Information' section includes fields for Program Type (Pennsylvania Medical Assistance (PA MA)), Provider Type (31 - Physician), Enrollment Type (Individual with SSN), Last Name (Loser), First Name (Jeffrey), Middle Initial, Social Security Number (SSN) (\*\*\*\*\*45), and Provider Number (000897610-0010). The 'Service Location' section includes fields for Street (320 Woodruff Way), City (Harrisburg), Room/Suite (Suite 303), State (PA - Pennsylvania), Zip+4 (17112-8971), County (Dauphin), Email (EKISS@DXC.COM), Phone Number ((215) 648-7878), Extension (2258), and Fax Number ((717) 258-4688). Below these sections, there are two questions: 'Co-location Providers: Are you sharing space with another provider?' (No) and 'General & Historical Questions: Will you be performing services only as an ordering, referring, or prescribing provider (i.e. you are not the rendering provider on the bill)?' (No). At the bottom, there is a question: 'Is this address an active Rural Health Clinic or FQHC?' (No).

### 6.16 Resume application Page (see Figure 19 – Electronic PE Application – Resume Application Page)

- From the PROMISE™ Portal logon page or Provider Services Section on the My Home page of the PROMISE™ Portal , a user may select Resume Application. This will allow the user to continue an incomplete enrollment application and submit the application. Also, the user may view an application returned to the provider for corrections, view comments from provider enrollment staff, make the appropriate updates and resubmit the application.
- To resume an application, the user must enter the ATN, SSN/FEIN, and Password fields correctly and select the Submit button. Once the user has successfully entered the information, the user will be redirected to the Request Information page and will be allowed to proceed through the application. Any information successfully saved during an earlier session will be visible in the application.

**Figure 19 – Electronic PE Application – Resume Application Page**

Enrollment Information ▾ Contact Information ▾ Help

Welcome  
New Application  
Revalidation  
Reactivation  
**Resume Application**  
Application Status

### 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.

\* Indicates a required field.

\* Application Tracking Number (ATN)

\* SSN or FEIN

\* Password  [Forgot Password?](#)

I'm not a robot  [Privacy](#) [Terms](#)

### 6.17 Application Status Page (see Figure 20 – Electronic PE Application – Application Status Page)

The Application Status Page can also be selected from the logon page of the PROMISe™ Portal or Provider Services on the My Home page of the PROMISe™ Portal and it allows a user to view the current status of their application. In order to view a submitted application status, the user must enter the ATN, SSN/FEIN, and the Password fields correctly.

**Figure 20 – Electronic PE Application – Application Status Page**

The screenshot shows the 'Application Status' page of the Pennsylvania Department of Human Services. The page has a header with the state logo and navigation tabs for 'Enrollment Information', 'Contact Information', and 'Help'. A left-hand navigation menu includes 'Welcome', 'New Application', 'Revalidation', 'Reactivation', 'Resume Application', and 'Application Status' (which is highlighted). The main content area is titled 'Application Status' and contains the following text:

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.

The form contains three input fields:

- \* Application Tracking Number (ATN) [masked with #]
- \* SSN or FEIN [masked with #]
- \* Password [text: Enter application password]

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

**6.18 Application Status Summary** (see Figure 21 – Electronic PE Application – Application Status Summary Page)

Once the user has successfully entered their ATN, SSN/FEIN and Password and selected the “Submit” button, the Application Status Summary section will display on the page showing the current status of the application.

**Figure 21 – Electronic PE Application – Application Status Summary Page**

The screenshot displays the 'Application Status' page on the Pennsylvania Department of Human Services website. The page includes a navigation menu on the left with options like 'Welcome', 'New Application', 'Revalidation', 'Reactivation', 'Resume Application', and 'Application Status'. The main content area is titled 'Application Status' and contains a form for entering the application tracking number (ATN), SSN or FEIN, and password. Below the form is a 'Search' button. The 'Application Status Summary' section provides details for an approved application, including the ATN (1000005249), Start Date (02/22/2021), Date Submitted (02/22/2021), Status (Application Approved), Status Date (02/22/2021), and a download link for the Application Submission PDF. The 'Approved Application Summary' section shows the Provider ID (300443447-0002), Effective Date (02/22/2021), and Revalidation Date (02/22/2026). At the bottom, there is an 'Initiate Additional Application' section with a link to start a new application.

**6.19 Resetting a Password Initial Application** (see Figure 22 – Electronic PE Application – Application Password Reset Page)

When an application is initially started and before a tracking ID has been established, the user is prompted to create a password under the “Contact Information” section on the *Request Information* page of the Provider Electronic Enrollment Application.

Functionality is available that allows the provider to reset the password if it’s forgotten.

To reset the password: The user clicks on “Forgot Password?” displayed under the “Password” field on the *Resume Application* page.

The “Application Password Reset” window displays.

**Figure 22 – Electronic PE Application – Application Password Reset Page**

✕

## 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                     | myemail@domain.com  |
| * SSN or FEIN                       | #####   |
| * Provider Type                     | Select a Provider Type <span style="float: right;">▼</span> |

Do you have a password reset code?  Yes  No

**6.20 Password Reset Procedure** (see Figure 23 – Electronic PE Application – Application Password Reset Page Step 2)

The “Application Password Reset” requires the user to input the Application Tracking Number (ATN), Contact Email address, SSN or FEIN and Provider Type.

The user checks ‘No’ next to the question “Do you have a password reset code?” also displayed on the “Application Password Reset” window.

The user is then prompted to provide a New Password and to Confirm the New Password.

User has to select the checkbox and do selections as per the instructions given by reCAPTCHA and finish the validation. .

**NOTE** – The new password must contain at least one lower case letter, one number, one uppercase letter, and be 8-10 characters long.

If a match is achieved against the four fields above, an email is sent to the contact user email address with a case sensitive alpha-numeric reset code.

**Figure 23 – Electronic PE Application – Application Password Reset Page Step 2**

**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) 1000000129

Contact Email ekiss@hpe.com

\* SSN or FEIN 225487877

\* Provider Type 25 - Dme/Medical Supplies

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

The “Application Password Reset” window now automatically displays ‘Yes’ next to the question “Do you have a password reset code?” and a text box to enter the Reset Code is displayed. (see Figure 24 – Electronic PE Application – Application Password Reset Code Page)

The user types the reset code sent via email in the “Password Reset Code” field and upon successful submission, the user is notified that the password was reset and will be provided with either a link to resume the application or check the status depending on the page the user is visiting. User has to select the checkbox and do selections as per the instructions given by reCAPTCHA and finish the validation. Visible: Always. Required: Yes.

An email is sent to the contact email address notifying the user that the password was successfully reset.

**Figure 24 – Electronic PE Application – Application Password Reset Code Page**

**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

\* Password Reset Code

I'm not a robot 

**Complete Password Reset**



**6.21 Enrollment Summary** (see Figure 25 – Enrollment Summary)

The Enrollment Summary can be accessed from the Provider Services Section on the “My Home” page of the PROMISE™ Portal. The enrollment summary provides information on current enrollment data to allow a provider to review and download a PDF of the information for their use.

Users may also download an extract of all active service locations associated with their 9-digit provider ID and for group providers, download an extract of all providers associated with their service location within the last 2 years.

**Figure 25 – Enrollment Summary**

The screenshot displays the 'Enrollment Summary' page for a provider. At the top, the Pennsylvania Department of Human Services logo is visible on the left, and navigation links for 'Enrollment Information', 'Contact Information', and 'Help' are on the right. A blue header bar contains the following details: 'Provider Number: 300461580-0001', 'Type: Enrollment Summary', and 'Revalidation Date: 09/18/2021'. Below this, the 'Enrollment Summary' section is expanded to show 'Provider Information' and 'Service Location'.

| Provider Information |   |
|----------------------|---|
| Program Type         | Pennsylvania Medical Assistance (PA MA) |
| Provider Type        | 31 - Physician                          |
| Enrollment Type      | Group                                   |
| Entity Name          | Zajic Healthcare Co 22013 003           |
| FEIN                 | *****16                                 |
| Provider Number      | 300461580-0001                          |

| Service Location |                  |            |                   |
|------------------|------------------|------------|-------------------|
| Street           | 3721 Market St   | Room/Suite | Ste 600           |
| City             | Camp Hill        | State      | PA - Pennsylvania |
| Zip+4            | 17011-4326       | County     | Cumberland        |
| Email            | TIM.ZAJIC@HP.COM |            |                   |
| Phone Number     | (916) 863-0802   | Extension  |                   |
| Fax Number       |                  |            |                   |

Co-location Providers

Are you sharing space with another provider? No

General & Historical Questions

Do you bill for a mobile medical unit from this location? No

Do you bill for a mobile dental unit from this location? No

Is this address an active Rural Health Clinic or FQHC? No

▼ Other Addresses

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

Mail-To Address :

|              |                                |            |                   |
|--------------|--------------------------------|------------|-------------------|
| Street       | 2301 Page St                   | Room/Suite | Ste 400           |
| City         | Camp Hill                      | State      | PA - Pennsylvania |
| Zip+4        | 17011-3645                     | County     |                   |
| Email        | EKISS@GAINWELLTECHNOLOGIES.COM |            |                   |
| Phone Number | (916) 863-0802                 | Extension  |                   |
| Fax Number   |                                |            |                   |

Pay-To Address :

|              |                                |            |                   |
|--------------|--------------------------------|------------|-------------------|
| Street       | 3721 Market St                 | Room/Suite | Ste 500           |
| City         | Camp Hill                      | State      | PA - Pennsylvania |
| Zip+4        | 17011-4326                     | County     |                   |
| Email        | EKISS@GAINWELLTECHNOLOGIES.COM |            |                   |
| Phone Number | (555) 789-4444                 | Extension  |                   |
| Fax Number   | (555) 464-7777                 |            |                   |

Home-Office Address :

|              |                  |            |                   |
|--------------|------------------|------------|-------------------|
| Street       | 3721 Market St   | Room/Suite | Ste 300           |
| City         | Camp Hill        | State      | PA - Pennsylvania |
| Zip+4        | 17011-4326       | County     |                   |
| Email        | TIM.ZAJIC@HP.COM |            |                   |
| Phone Number | (916) 863-0802   | Extension  |                   |
| Fax Number   |                  |            |                   |

▼ Specialties

| Primary Specialty         | Sub-Specialty           | Primary       |
|---------------------------|-------------------------|---------------|
| ▼ 316 - Family Practice   |                         | Yes           |
| ProviderType              | 31 - Physician          |               |
| Specialty                 | 316 - Family Practice   | Sub-Specialty |
| ▼ 322 - Internal Medicine |                         | No            |
| ProviderType              | 31 - Physician          |               |
| Specialty                 | 322 - Internal Medicine | Sub-Specialty |

▼ Provider Eligibility Program (PEP)

Associated PEPs

Provider Eligibility Program (PEP)

|                   |            |          |            |
|-------------------|------------|----------|------------|
| ▼ Fee For Service |            |          |            |
| Effective Date    | 11/01/2015 | End Date | 12/31/2299 |

▼ Provider Identification

Provider IRS/Legal Name and Address

|             |                  |            |                   |
|-------------|------------------|------------|-------------------|
| Entity Name | Zajic Healthcare |            |                   |
| Street      | 3721 Market St   | Room/Suite |                   |
| City        | Camp Hill        | State      | PA - Pennsylvania |
| Zip+4       | 17011-4326       |            |                   |

Contact IRS/Legal Name and Address

|           |            |       |
|-----------|------------|-------|
| Last Name | First Name | Title |
| Email     |            |       |

Organizational Structure

Type Business Corporation, For Profit  
 Does the provider operate under a Fictitious business / doing business as (d/b/a) name? No

**NPI**

NPI 1194989434

**Taxonomy**

- 193200000X - Group : Multi-Spcilty : Default Spclty Cd
- 207Q00000X - Allopathic & Osteo. Physcns : Family Medicine : Default Spclty Cd
- 207R00000X - Allopathic & Osteo. Physcns : Internal Medicine : Default Spclty Cd
- 204C00000X - Allopathic And Osteopathic Physicians Neuromusculoskeletal Medicine, Sports Medicine Default Code
- 204D00000X - Allopathic And Osteopathic Physicians Neuromusculoskeletal Medicine & Omm Default Speciality Code
- 207QA0505X - Allopathic & Osteo. Physcns : Family Medicine : Adult Medicine

Do you want Medicare claims to crossover to this location? Yes

**Additional Information**

**Enrollment Languages**

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

**Enrollment Questions**

Do you provide Diabetes Training Education? No

Do you provide Mammography Services? No

Do you have a certificate of completion for the application of Topical Fluoride Varnish? No

**Tax Exempt Status**

Do you currently have tax exempt status? No

**Fee Assignments**

Are members associated to your group? Yes

| * Provider Number |                  |
|-------------------|------------------|
| 300458824-0001    | Zajic, Elizabeth |
| 300532690-0001    | Williams, Mary   |
| 300532690-0002    | Williams, Mary   |

A maximum of 20 group members who are actively associated to the group will be displayed. To download a Comma Separated Values (CSV) file containing the complete list of group members who have been associated with the group in the last 2 years, select the download icon (download not available from PDF):



**Active Service Locations**

To download a Comma Separated Values (CSV) file containing the complete list of the active service locations for this provider, select the download icon (download not available from PDF):



View PDF

## 7. Instructions to Terminate Enrollment (see Figure 26 – Instructions to Terminate Enrollment)

The Terminate Enrollment window will display as a hyperlink under Provider Services on the My Home page of the PROMISE™ Portal and navigate the user to their current enrollment summary information along with the additional section on the page which will allow the user to terminate their enrollment. The link will only appear for active individual providers.

\*Please note that the page may contain pre-populated data.

**Figure 26 – Instructions to Terminate Enrollment**

**Instructions to Terminate Enrollment**

Once you have reviewed the content for this service location, entered the date of termination and signed the application, select 'Terminate Enrollment' to submit the enrollment termination for processing.

I understand that any false statements or omissions may be subject to prosecution under applicable state or federal law, including 18 Pa. C.S. § 4504, relating to any unsworn falsifications to authorities.

\* Please sign by typing your full name here:

Today's Date: 8/10/2022

\* Terminate Date:

[View PDF](#) [Terminate Enrollment](#)

## 8. Email notifications

The Electronic PE Application sends email notifications 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

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 – Once a user has completed and successfully saved the first page of the electronic application, an email will be automatically generated and sent to the contact email provided.

- Online Application Submitted – After the application is completed and successfully submitted, an email is automatically generated and sent to the contact email provided.
- Online Application Returned to Provider for Revisions – When a user’s electronic application has gone to the enrollment staff for review but is returned to the provider for revisions, an email will automatically be generated and sent to the contact email provided.
- Online Application Initiated – Expiring – When a user has initiated an electronic application but has not actually submitted the application, a warning message email is sent when the application is about to expire. The user has thirty (30) calendar days from the date the application was initiated to submit it and will receive an email on day 23 if they have not yet submitted it. The user will have seven (7) calendar days from the date this email is sent to complete and submit the application before it expires.
- Online Application Returned to Provider – Expiring – When a user’s electronic application was previously returned for revisions, a warning message is sent when the application is about to expire. The user has thirty (30) calendar days from the date the application was returned to make corrections and resubmit the application and will receive an email on day 23 if they have not yet resubmitted it. The user will have seven (7) calendar days from the date this email is sent to update the application with the required information or supplemental documents and resubmit it before it expires.

## **9. Resources**

### **PROMISE™ Portal**

- <https://promise.dpw.state.pa.us>

**Provider Enrollment Information** – Includes information regarding requirements for each Provider Type and links to the Department’s provider enrollment forms

- <http://www.dhs.pa.gov/provider/healthcaremedicalassistance/enrollmentinformation/index.htm>

### **Department of Human Services Website**

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

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

- [c\\_074003.pdf \(pa.gov\)](#)

### **Provider Services Center 800/537-8826 option 2 then option 4 for Enrollment**