

# Welcome to Pennsylvania Certified Perinatal Doula Enrollment Training

# **Topics**



# Primary topics:

- Affordable Care Act Overview
- What is a Perinatal Doula?
- Perinatal Doula Enrollment Requirements
- Accessing the Enrollment Application
- Enrollment Application Completion
- Resume Application
- Check Application Status
- Resources

# **ACA - Overview**



- In accordance with federal Medicaid requirements at 42 CFR §§
  438.602(b) and 438.608(b), relating to state responsibilities and
  program integrity requirements under the contract, with regard to
  the screening, enrollment and revalidation of providers, a provider
  must be enrolled in the MA Program as a condition of being
  enrolled in a managed care network.
- Pennsylvania Certified Perinatal Doulas who wish to participate as MCO network providers to render services to MA beneficiaries under the MA managed care delivery system must be enrolled in the MA Program.
- The ACA and implementing regulations require states to revalidate the enrollment of providers every five years.

Please Note: This training does not address MCO credentialing or contracting questions or concerns.

# What is a Certified Perinatal Doula?



# What is a Perinatal Doula?

- Perinatal Doulas are trained professionals who provide non-medical support and guidance to pregnant individuals in various aspects including reproductive health and family services.
- Perinatal Doula services include emotional, physical, and informational support and guidance, advocacy, evidence-based education, and connections to any needed resources.

# Perinatal Doula Enrollment Requirements



- Effective February 1, 2024, Perinatal Doulas may enroll in the Medical Assistance (MA) Program to allow for participation in the managed care networks within the MA managed care delivery system.
- Must have current certification from the Pennsylvania Certification Board as a Certified Perinatal Doula.
  - Provider Type 13 Non-Traditional Provider
  - Specialty Code 130 Certified Doula

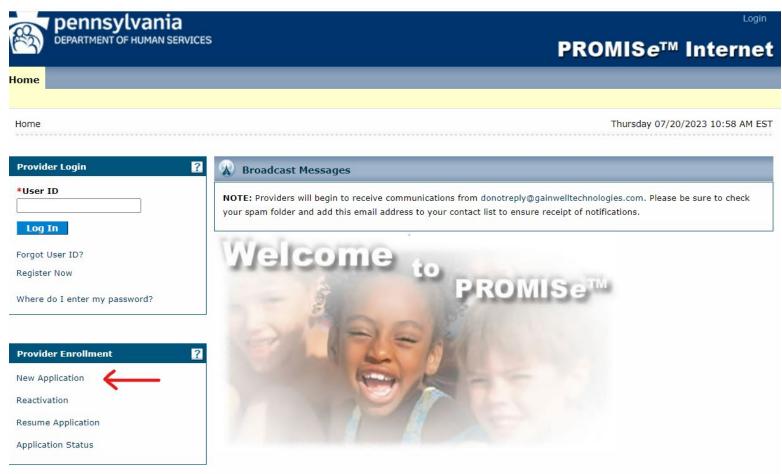
# Accessing Enrollment Application



- Perinatal Doulas wishing to enroll will need to complete a new enrollment application
  - Step 1:
    - Go to the Landing page of the PROMISe<sup>™</sup> Portal.
      - website: promise.dpw.state.pa.us
  - Step 2:
    - Select "New Application" from the Provider Enrollment Section of the Landing Page.
  - Step 3:
    - Complete the application using the Doulas' information and submit.

# Accessing Enrollment Application





The Commonwealth of Pennsylvania Department of Human Services offers state of the art technology with PROMISe™, the claims

# Application Tracking Number (ATN)



- Each online provider enrollment application is assigned a unique Application Tracking Number (ATN).
- An email containing the 10-digit ATN will be sent to the email address entered in the Contact Information.
- Additionally, the ATN will display at the top of the application.
- The ATN is required to resume or check the status of the application.

# **Email Notifications**



The electronic enrollment system will send email notices to providers 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:

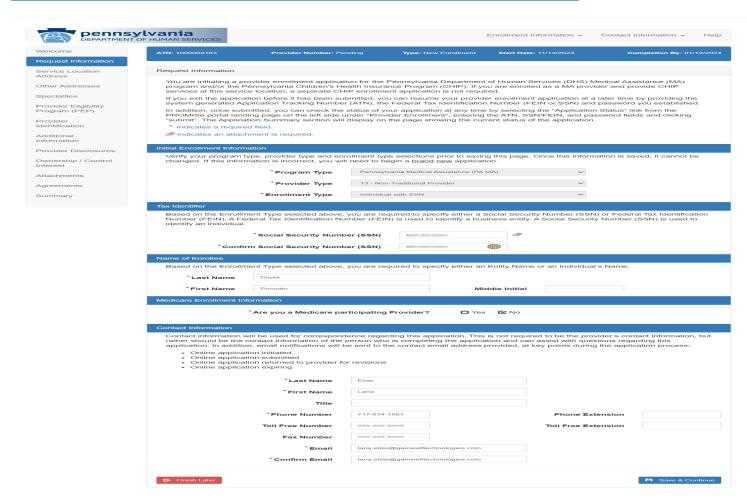
- Online Application Initiated
- Online Application Submitted
- Online Application Returned to Provider for Revisions
- Online Application Initiated Expiring
- Online Application Returned to Provider Expiring



# Perinatal Doula Enrollment Application Completion

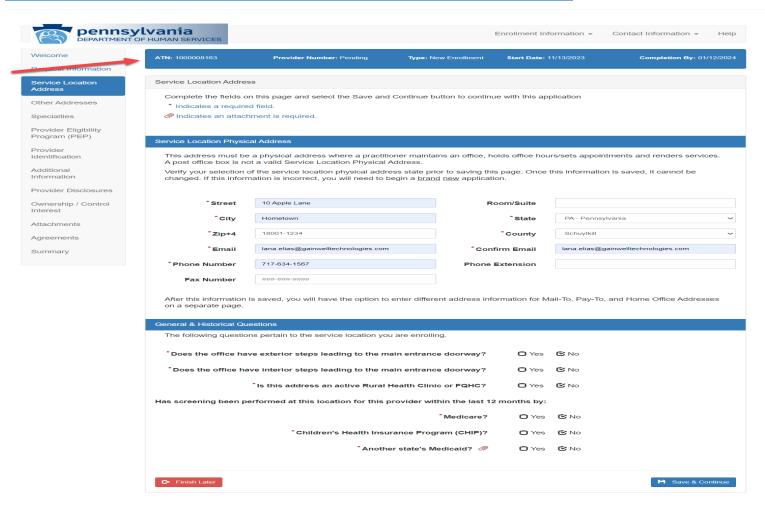
# Request Information Page





# Service Location Address Page





# Other Addresses Page

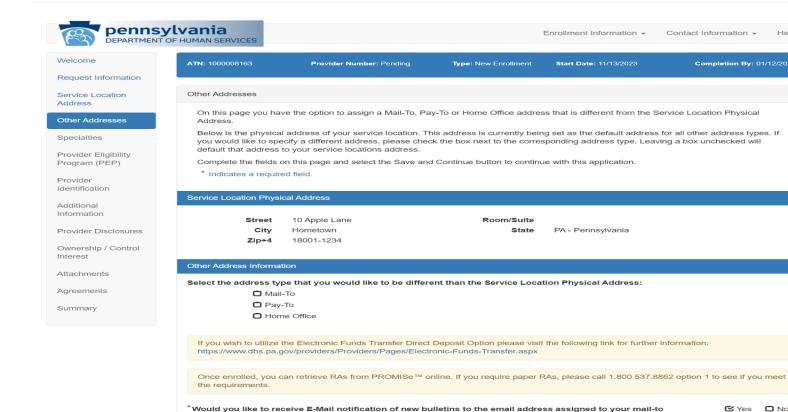


Contact Information -

Completion By: 01/12/2024

Yes O No

H Save & Continue



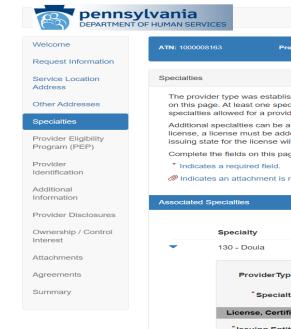
service location address will be used.

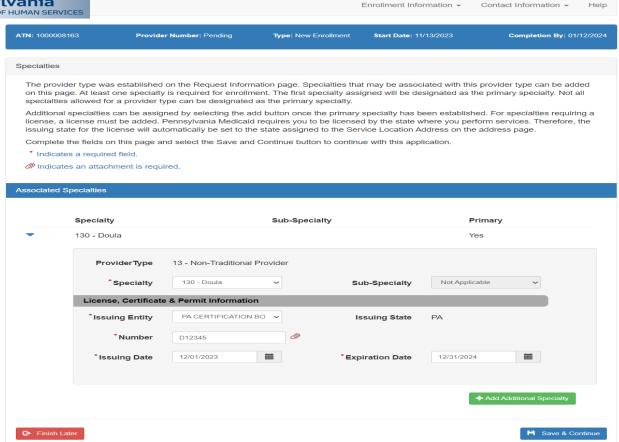
Finish Later

address? If you did not provide a different address for your mail-to address, the email address assigned to your

# **Specialties Page**

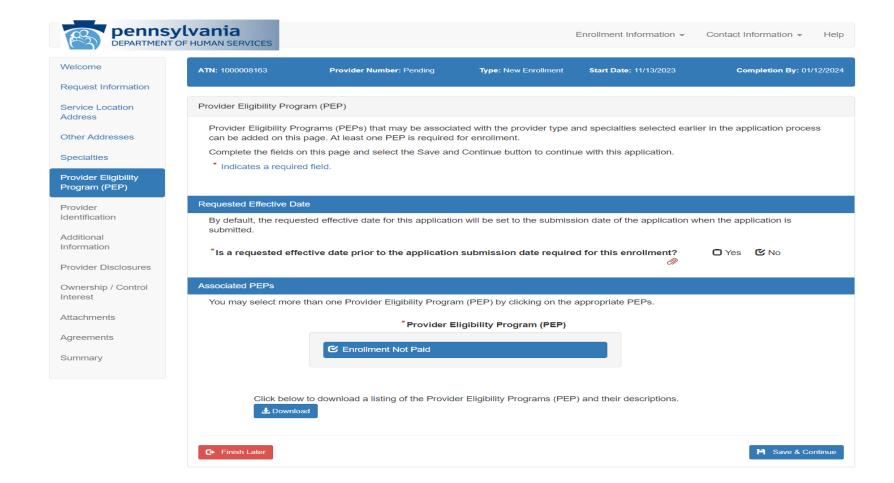






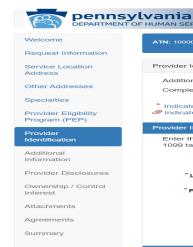
# Program Eligibility Program (PEP) Page

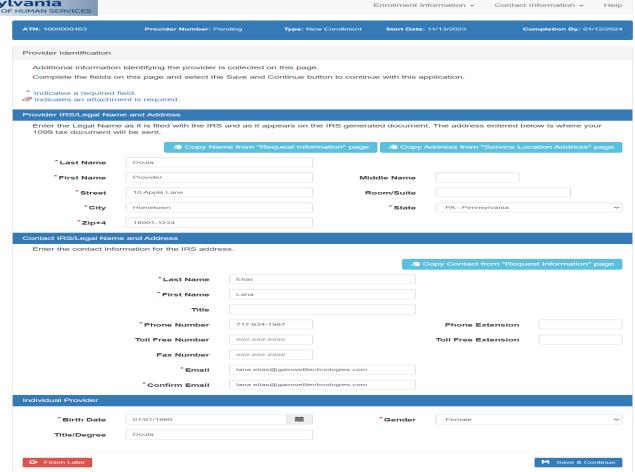




# Provider Identification Page

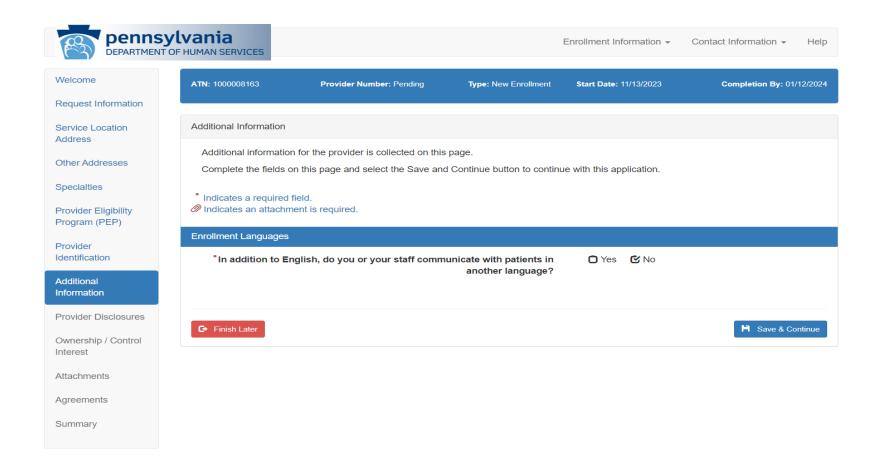






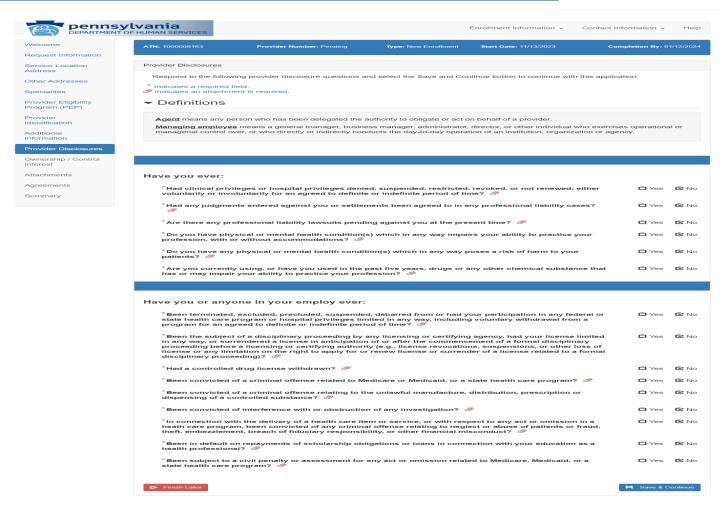
# **Additional Information Page**





# Provider Disclosure Page





# Ownership/Control Interest Page

Service Location

Other Addresses Specialties

Provider Eligibility Program (PEP)

Identification

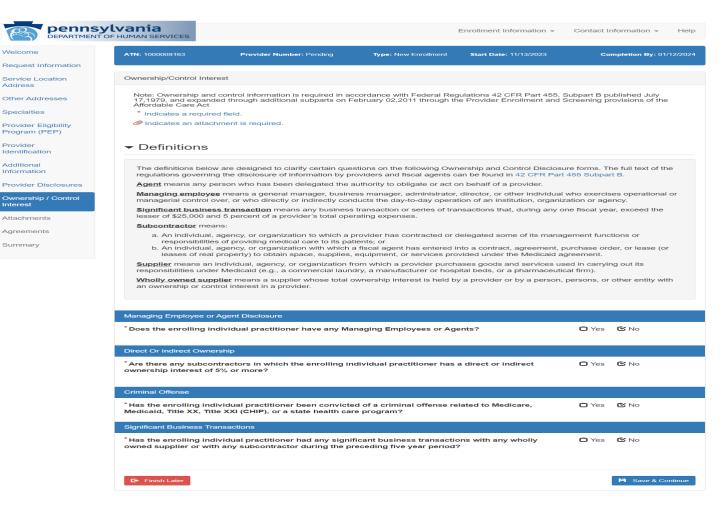
Information

Attachments

Agreements

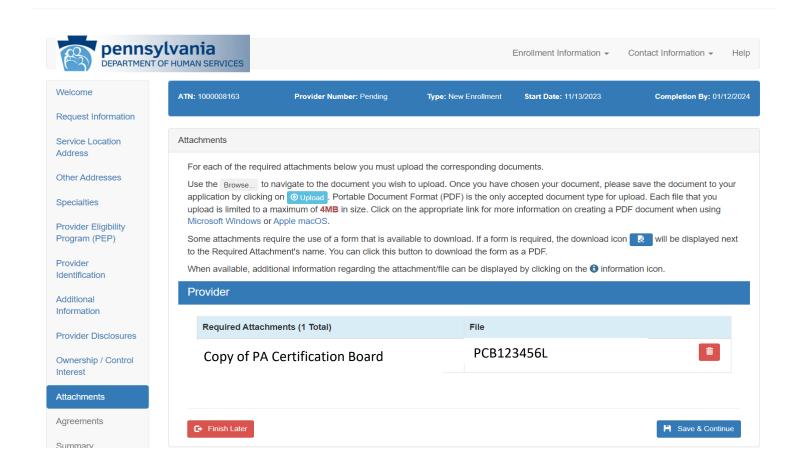
Summary





# Attachments Page





# Agreements Page

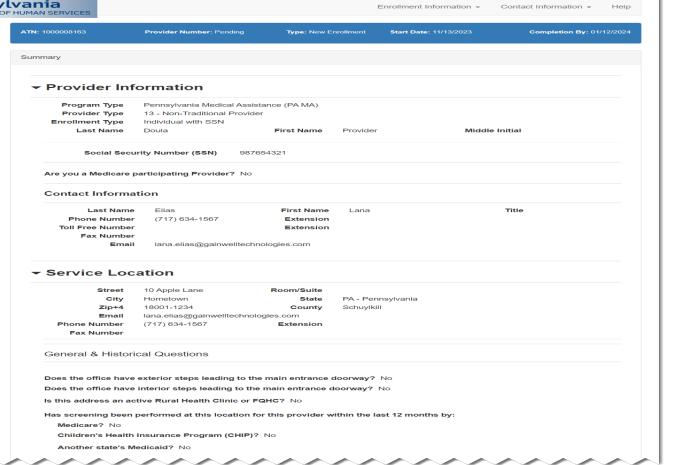




# Summary Page









# Enrollment Application Individual

# **Provider and Contact Information**



ATN: 1100000000 Provider Number: Pending Type: New Enrollment Start Date: 11/16/2023 Completion By: 12/16/2023

#### **Provider Information**

Program Type Pennsylvania Medical Assistance (PA MA)

Provider Type 13 Certified Perinatal Doula

Enrollment Type SSN

Last Name Smith First Name John Middle Initial

Social Security Number (SSN)

Are you a Medicare participating Provider? Yes

#### **Contact Information**

Last Name Smith First Name John Title credentialing

Phone Number (215) 111-1111 Extension
Toll Free Number Extension

Fax Number

Email JJohn@newapp

# **Service Location Information**



#### **Service Location**

Street 111 Holiday Ave Room/Suite

City Philadelphia State PA - Pennsylvania

Zip+4 11111-2434 County Philadelphia

Email ekiss@gainwelltechnologies.com

Phone Number (215) 7894897 Extension

**Fax Number** 

## **General & Historical Questions**



#### **General & Historical Questions**

Does the office have exterior steps leading to the main entrance doorway? No

Does the office have interior steps leading to the main entrance doorway? No

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

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

Medicare? No

Children's Health Insurance Program (CHIP)? No

Another state's Medicaid? No

# Other Addresses



#### Other Addresses

If you wish to utilize the Electronic Funds Transfer Direct Deposit Option please visit the following link for further information: Electronic Funds Direct Transfer (https://www.dhs.pa.gov/providers/Providers/Pages/Electronic-Funds-Transfer.aspx)

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

#### Mail-To Address:

Street 111 B Street Room/Suite

City Philadelphia State PA - Pennsylvania

Zip+4 11111-4106 County Philadelphia

Email

Phone Number (215) 707-2433 Extension

Fax Number

• Check here if this address should be applied to all active service locations associated with this legal entity.

# Specialties



#### **Specialties**

Primary Specialty Sub-Specialty Primary

130 - Certified Doula Yes

ProviderType 13 - Non-Traditional Provider

Specialty 130 - Certified Doula Sub-Specialty

License, Certificate & Permit Information

Issuing Entity PA CERTIFICATION BOARD Issuing State PA

Number PCB123456L

Issuing Date 01/01/2018 Expiration Date 12/31/2035

# Provider Eligibility Program (PEP)



## **Provider Eligibility Program (PEP)**

Requested Effective Date	
Is a requested effective date prior to the application submission date required for this enrollment? No	
Associated PEPs	
Provider Eligibility Program (PEP)	
<b>ⓒ</b> Enrollment Not Paid	

## Provider Identification



#### Provider Identification

#### Provider IRS/Legal Name and Address

Last Name First Name Middle Name

Street Room/Suite

City State PA - Pennsylvania

Zip+4

#### Contact IRS/Legal Name and Address

Last Name First Name Title

Phone Number Extension
Toll Free Number Extension

Fax Number

Email ekiss@gainwelltechnologies.com

We DO NOT accept a W9 as verification of the Tax ID

# **Provider Identification**



**Individual Provider** 

**Birth Date** 04/02/1987 **Title/Degree** 

Gender M

NPI

**NPI** 1609853225 **Taxonomy** 

☐374J00000X - Nursing Service Related Providers: Doula

# **CLIA Certification/Enrollment Question**



#### Additional Information

#### **Enrollment Languages**

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

#### Fee Assignments

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

# Provider Disclosures



#### Provider Disclosures

#### 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? No

Had any judgments entered against you or settlements been agreed to in any professional liability cases? No

Are there any professional liability lawsuits pending against you at the present time? 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? No

Do you have any physical or mental health condition(s) which in any way poses a risk of harm to your patients? 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? No

# Provider Disclosures (cont.)



#### 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? 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)? No

Had a controlled drug license withdrawn? No

Been convicted of a criminal offense related to Medicare or Medicaid, or a state health care program? No

Been convicted of a criminal offense relating to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance? No

Been convicted of interference with or obstruction of any investigation? No

In connection with the delivery of a health care item or service, or with respect to any act or omission in a heath 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? No

Been in default on repayments of scholarship obligations or loans in connection with your education as a health professional? No

Been subject to a civil penalty or assessment for any act or omission related to Medicare, Medicaid, or a state health care program? No

# Ownership/Managing Individuals

with any subcontractor during the preceding five year period? No



#### Ownership / Managing Individuals

Managing Employee or Agent Disclosure Does the enrolling individual practitioner have any Managing Employees or Agents? 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? 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? No Significant Business Transactions Has the enrolling individual practitioner had any significant business transactions with any wholly owned supplier or

# Attachments



#### **Provider**

**Required Attachment** 

Copy of PA CERTIFICATION BOARD

**Uploaded File Name** 

PCB123456L

# Provider Agreement



#### 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.
- 3. 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:
  - A. 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
  - B. 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.

# Provider Agreement (cont.)



- 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).
- 10. 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.
- 11. 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:	John Smith	Today's Date: 11/16/2023

### **Submission Details**



#### Submission Details

I have reviewed the information in this enrollment application and affirm that the information submitted in or with this application is true, accurate and complete.

I understand that I am responsible for notifying the Department of Human Services if any information included in this enrollment application changes or if I become aware that any of the information is not true, accurate or complete.

I understand that any false statements or omissions may be subject to prosecution under applicable state or federal law, including 18 Pa. C.S. § 4904, relating to any unsworn falsifications to authorities.

I understand that knowingly and willfully providing incomplete or false information in this application may result in the denial of enrollment or termination of my enrollment in the Pennsylvania Medical Assistance (PA MA).

Please sign by typing your full name here: John Smith Date of Submission: 11/16/2023

⚠ Prepared on 11/16/2023 by the PA Department of Human Services Provider Enrollment On-line Application.



# **Enrollment Application Group**

### **Provider and Contact Information**



### **Provider Information**

Program Type Pennsylvania Medical Assistance (PA MA)

Provider Type 13 - Non-Traditional Provider

Enrollment Type Group

Entity Name Doula Group

FEIN 254131333

Are you a Medicare participating Provider? Yes

#### **Contact Information**

Last Name doula First Name darla Title

Phone Number (254) 131-3334 Extension
Toll Free Number Extension

Fax Number

Email ekiss@gainwelltechnologies.com

### **Service Location Information**



### Service Location

Street 320 woodruff way Room/Suite

City harrisburg State PA - Pennsylvania

Zip+4 17112-1234 County Dauphin

Email ekiss@gainwelltechnologies.com

Phone Number (254) 131-3133 Extension

**Fax Number** 

### General & Historical Questions



#### 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

Does the office have exterior steps leading to the main entrance doorway? No

Does the office have interior steps leading to the main entrance doorway? No

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

### Other Addresses



#### Other Addresses

If you wish to utilize the Electronic Funds Transfer Direct Deposit Option please visit the following link for further information: Electronic Funds Direct Transfer (https://www.dhs.pa.gov/providers/Providers/Pages/Electronic-Funds-Transfer.aspx)

Once enrolled, you can retrieve RAs from PROMISe $^{\text{TM}}$  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

■ Mail-To Address: Same As Service Location

■ Pay-To Address : Same As Service Location

☐ Home-Office Address : Same As Service Location

# **Specialties**



### **Specialties**

Primary Specialty 130 - Certified Doula	Sub-Speci	alty	<b>Primary</b> Yes
ProviderType	13 - Non-Traditional Provider		
Specialty	130 - Certified Doula	Sub-Specialty	

### Provider Eligibility Program (PEP)

Requested Effective Date	
Is a requested effective date prior to the application submission date required for this enrollment?	ю
Associated PEPs	
Provider Eligibility Program (PEP)	

### Provider Identification



#### Provider Identification

#### **Provider IRS/Legal Name and Address**

Entity Name Doula Group

Street 320 woodruff way

City harrisburg

Zip+4 17112-1234

Room/Suite

State PA - Pennsylvania

#### Contact IRS/Legal Name and Address

Last Name doula First Name darla Title

Phone Number (254) 131-3334 Extension
Toll Free Number Extension

Fax Number

Email ekiss@gainwelltechnologies.com

We DO NOT accept a W9 as verification of the Tax ID

# Organizational Structure



#### **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 1821872698

Taxonomy

☑ 374J00000X - Nursing Service Related Providers: Doula

### **Additional Information**



Enro	llment	Land	luades
			uugco

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

#### **Tax Exempt Status**

Do you currently have tax exempt status? No

#### Fee Assignments

Would you like to associate members to your group? Yes

\* Provider Number

300604780-0001

Ekiss, Doula

#### **Provider Disclosures**



#### Have you, any agent, or managing employee ever:

Been terminated, excluded, precluded, suspended, debarred from or had their participation in any federal or state health care program limited in any way, including voluntary withdrawal from a program for an agreed to definite or indefinite period of time?

Been the subject of a disciplinary proceeding by any licensing or certifying agency, had his/her 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)? No

Had a controlled drug license withdrawn? No

Been convicted of a criminal offense related to Medicare or Medicaid; practice of the provider's profession; unlawful manufacture, distribution, prescription or dispensing of a controlled substance; or interference with or obstruction of any investigation? No

In connection with the delivery of a health care item or service, been convicted of a criminal offense relating to neglect or abuse of patients or fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct? No



Managing Employee or Agent Disclosure

Does the enrolling disclosing entity have any Managing Employees or Agents? Yes

oula	d	ebbie	Mana	aging Employee
Last Name	doula	First Name	debbie	Middle Initial
Birth Date	1983-01-09			
Social Socurity	Number (SSN)	552178787		
Social Security	(221)			
Street	320 woodruff wa	y	Room/Suite	
	. ,	у	Room/Suite	PA - Pennsylvania

Has the individual listed above been convicted of a criminal offense related to that person's involvement in Medicare, Medicaid, Title XX, Title XXI (CHIP), or a state health care program? No



Individuals with an Ownership or Control Interest in The Disclosing Entity

Do any individuals have at least 5% direct or indirect ownership and/or control interest (i.e. serve as officers/board members) in the disclosing entity? Yes

doula donnald

Last Name doula First Name donnald Middle Initial

Birth Date 1987-08-15

Social Security Number (SSN) 870011548

Street 320 woodruff way Room/Suite

City harrisburg State PA - Pennsylvania

Zip+4 17112-1234



If the individual listed above has an ownership interest in the disclosing entity, please enter the percentage and ownership type that the individual listed above has in the disclosing entity. If the individual listed above has no ownership interest but has a controlling interest (i.e. holds a position as board member, director, or officer), please enter 0% ownership.

Direct Percent 100
Indirect Percent 0
Name of Entity Owned

What position is held by the individual listed above?

Is the individual listed above the spouse, parent, child, or sibling of any other individual with at least 5% direct or indirect ownership or a control interest in the disclosing entity? No

Is the individual listed above the spouse, parent, child or sibling of any other individuals with at least 5% direct or indirect ownership or a control interest in any subcontractor of the disclosing entity? No

Does the individual listed above have an ownership or control interest in other Medicare or Medicaid providers, fiscal agents, managed care entities, or any "other disclosing entities"? No

Has the individual listed above been convicted of a criminal offense related to that person's involvement in Medicare, Medicaid, Title XX, Title XXI (CHIP), or a state health care program? No



Corporate Entities with Ownership or Control Interest in Disclosing Entity

Do any corporate entities have at least 5% direct or indirect ownership interest in the disclosing entity? No

Individuals with an Ownership or Control Interest in Subcontractors

Are there any individuals with an ownership or control interest in any subcontractor in which the disclosing entity has a direct or indirect ownership interest of 5% or more? No

Corporate Entities with an Ownership or Control Interest in Subcontractors

Are there any corporate entities with an ownership or control interest in any subcontractor which the disclosing entity has a direct or indirect ownership interest of 5% or more? No

Subcontractors of Disclosing Entity

Does the disclosing entity have a direct or indirect ownership interest of 5% or more in any subcontractors? No

Ownership or Control Interest in Other Entities

Does the disclosing entity have an ownership or control interest in other Medicare or Medicaid providers, fiscal agents, managed care entities, or any "other disclosing entities"? No

Significant Business Transactions

Has the disclosing entity had any significant business transactions with any wholly owned supplier or with any subcontractor during the preceding five year period? No



### Corporate Entities with Ownership or Control Interest in Disclosing Entity

Do any corporate entities have at least 5% direct or indirect ownership interest in the disclosing entity?

This question is followed by questions regarding Subcontractor ownership.

These questions are asking about the disclosed Corporate owner and if they own other entitles.

After this section is completed, you will need to upload verification documentation to be able to submit the application. Please note as you answer questions in the portal any item that has a paperclip will require a document to be uploaded here.

All entity and individual provider applications will require signature of a provider Agreement. This agreement must be signed by the individual or on an entity application the signature must be from an individual in the organization that can make

Business decisions on behalf of the entity.

# Attachments



#### Provider

Required Attachment	Uploaded File Name
Copy of Federal IRS Tax Document	Enroll Attach.pdf
Copy of Department of State Corporation Bureau or Business Partnership Agreement	Enroll Attach.pdf
Completed Group Members Form	Enroll Attach.pdf

### **Submission Details**



The provider represents and warrants that the person signing this application 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 that is seeking to enroll in the Pennsylvania Medical Assistance (PA MA).

I have reviewed the information in this enrollment application and affirm on behalf of the provider seeking to enroll in the Pennsylvania Medical Assistance (PA MA) that the information submitted in or with this application is true, accurate and complete.

I understand that the provider is responsible for notifying the Department of Human Services if any information included in this enrollment application changes or if the provider becomes aware that any of the information is not true, accurate or complete

I understand that any false statements or omissions may be subject to prosecution under applicable state or federal law, including 18 Pa. C.S. § 4904, relating to any unsworn falsifications to authorities.

I understand that knowingly and willfully providing incomplete or false information in this application may result in the denial of enrollment or termination of the provider from the Pennsylvania Medical Assistance (PA MA).

Please sign by typing your full name here: donald doula Date of Submission: 12/21/2023

Title ceo

⚠ Prepared on 12/21/2023 by the PA Department of Human Services Provider Enrollment On-line Application.



After the agreement and the application is signed, you will have to review all of the sections of the application prior to submitting it to the department.

Please note: All application pass through automated checks that can take Up to 15 days prior to appearing in the departments work queues.

The Department cannot see an ATN prior to the ATN being completed and submitted.



# How to Resume or Check Enrollment Application Status



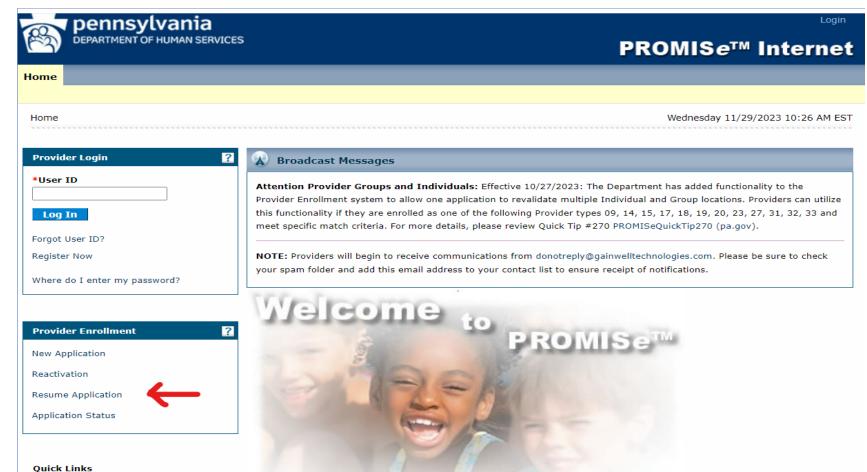
# Resume application

- Allows a provider to resume an application that has been started but not yet submitted.
- Or resume an application that was returned to the provider for corrections.
- Items needs to Resume Application
  - Application Tracking Number (ATN)
  - FEIN or SSN of provider on the application
  - Password created when saving the application

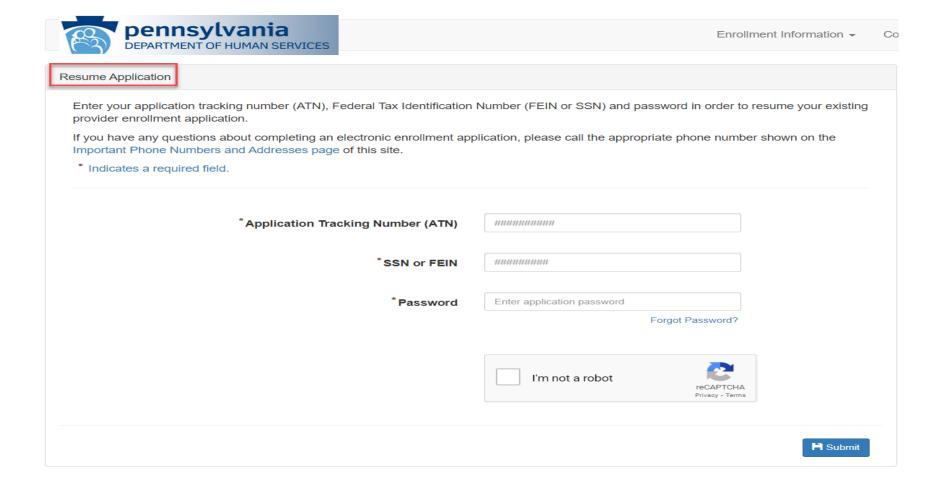


- To resume an application
  - Step 1:
    - Go to the Landing page of the PROMISe™ Portal
      - website: promise.dpw.state.pa.us
  - Step 2:
    - Select "Resume Application" from the Provider Enrollment Section of the Landing Page
  - Step 3:
    - This link opens a window requesting the Application Tracking Number (ATN), Tax Id or SSN and Password
    - Once supplied and verified, the provider can resume an application that has not been submitted or resume and application that has been returned for corrections











- Application Status
  - Allows a provider to check on the status of an existing application either submitted or incomplete.
  - Items needs to check Application Status
    - Application Tracking Number (ATN)
    - FEIN or SSN of provider on the application
    - Password created when saving the application



- To check the status of a submitted application
  - Step 1:
    - Go to the Landing page of the PROMISe™ Portal
      - website: promise.dpw.state.pa.us

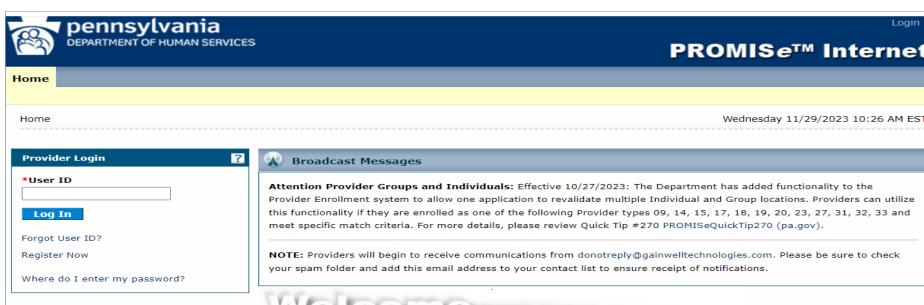
# – Step 2:

 Select "Application Status" from the Provider Enrollment Section of the Landing Page

# – Step 3:

- This link opens a window requesting the Application Tracking Number (ATN), tax Id or SSN and Password.
- Once supplied and verified, the provider can view the status of a current application whether submitted or not. The provider can also view the application PDF of a submitted application from this page.



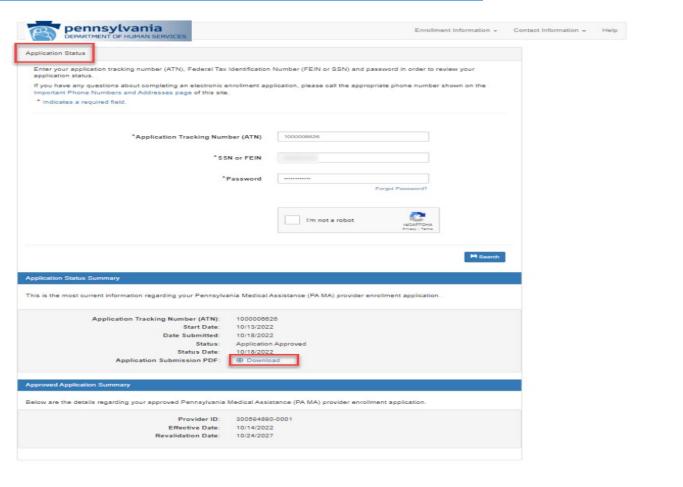




**Quick Links** 









# Resources

# Resources



#### **Electronic Provider Enrollment Application**

https://promise.dpw.state.pa.us

#### **Provider Enrollment Information**

- Enrollment Information (pa.gov)
- Includes information regarding requirements for each Provider Type

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

- ACAforproviders (pa.gov)
- Includes the most current information from the Department relating to the ACA federally mandated regulations

#### **Medicaid Information**

- Medicaid | Medicaid
- Provides information about the ACA federally mandated regulations and how they relate to the Medicaid program

# Resources (continued)



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

http://www.dhs.pa.gov/

#### **Provider Quick Tip**

#265 - How to Check the Status of Your Electronic Provider Enrollment Application/Actions to Take if Your Application Was Returned for Additional Information

Quick Tips (pa.gov)

#### **Medical Assistance Bulletins**

MAB xx-xx-xx – Doula Enrollment in the Medical Assistance (MA) Program MAB 99-16-10 – Revalidation of Medical Assistance (MA) Providers

Bulletin Search (pa.gov)

DHS Provider Services Center – 800/537-8862 option 2; option 4 for Enrollment



# Questions