

PROVIDER QUICK TIPS



MEDICAL ASSISTANCE (MA) PROVIDERS ARE REMINDED TO ENSURE THEIR CONTACT INFORMATION IS UPDATED

To avoid the possibility of not receiving MA payments, 1099 forms, remittance advices, etc., it is imperative that providers routinely update the information on their provider file. All MA providers should verify the following items *now* to avoid problems in the future:

- Mail-to address, phone and fax number
- o Pay-to address, phone and fax number
- o Internal Revenue Service (IRS) address, phone and fax number

To update mail-to and pay-to information: Providers may log onto ePEAP via the PROMISe™ website: https://promise.dpw.state.pa.us/default.asp. Providers may also fax a letter to the Provider Enrollment Unit at (717) 772-6765 to request an update to their provider file. This letter should be printed on official letterhead and signed by the appropriate personnel.

To update your IRS address:

Note: IRS address and contact information cannot be updated via ePEAP. Updating the mail-to and/or pay-to address in ePEAP does not update the IRS information. Providers **must** fax a letter with the new address information to the Enrollment Unit at (717) 772-6765. This letter should be printed on official letterhead and signed by the appropriate personnel. In addition, if the Federal Employer Identification Number (FEIN) has changed, providers will need to submit IRS verification to the Provider Enrollment Unit via the fax number above.

The Office of Medical Assistance programs has received a large volume of returned mail, the bulk of which were 1099 forms for calendar year 2009. The 1099 forms were mailed in January 2010. If you have not received your 1099, please call the Provider Enrollment Unit immediately at (800) 537-8862. Providers will need to update their IRS address, phone/fax numbers and FEIN (if applicable) before the 1099 can be resent.

Thank you for your service to our Medical Assistance Recipients.

We value your participation. Check the department's Web site often: www.dhs.pa.gov



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