

Pennsylvania School-Based ACCESS Program

Provider Type 35
Application

Agenda

- Provider Type (PT) Application for LEA Providers
- Common Application Questions
- Ownership and Controlling Interest Application Pages
- Federal Requirement for Revalidation
- Contact Information

How to Enroll and Revalidate

Initial enrollment, reactivation, and revalidation use the same application form. The PT 35 application and required forms can be found on the DHS website:

<http://www.dhs.pa.gov/provider/promise/enrollmentinformation/providerenrollmentdocuments/index.htm>. Note that applications may only be submitted via paper; the online portal does not accept PT 35 applications.

Please be sure to answer all questions on the PT 35 application. Some fields are pre-populated by DHS. Incomplete applications will be returned and may result in delays that could jeopardize meeting the required deadline.

Pages 1 and 2 provide step-by-step instructions for completing the application.

Application Questions

Q: For question 2, which box should I check?

A: Check “initial enrollment” if this is your first time participating in the Pennsylvania Medical Assistance Program and the School-Based ACCESS Program. Check “Revalidation” if you are currently enrolled or were previously enrolled in the program and need to reactivate your enrollment.

Q: Where do I find my Provider Number?

A: Your 13-digit Medical Assistance Provider Number can be found on your PROMISE provider portal at <https://promise.dpw.state.pa.us/>.

Q: For question 4, what is the requested effective date?

A: Please enter the date you wish your enrollment to become effective. This is often the date that you are completing the application.

Application Questions

Q: On page 5, what address should I enter for the “Service Location/Mailing/Home Office Address?”

A: Your service location address is the address where services are being provided. This is often the physical school building address. Please note that the zip code must contain 9 digits. If your LEA’s office mailing address is a post office box, please fill out page 8.

Q: Should I utilize the Electronic Funds Transfer Direct Deposit option?

A: Please ignore this statement on the application; it does not apply to public schools.

Application Questions

Q: Who should sign all necessary pages?

A: The confidential information page and the provider agreement must be signed by an individual with authority on behalf of the LEA. This can be the business manager, the superintendent, or special education director.

Ownership and Controlling Interest Requests

All LEAs should complete Section 1 – Section I (Page 13). Any individual who meets the definitions of “managing employee” or “agent” as per Page 11 must be listed in Section I. Please note this is a federal requirement. The purpose is to conduct screening activities in accordance with 42 CFR 455.436. That would include a superintendent and business manager per the Centers for Medicare & Medicaid Services (CMS); however, it may not necessarily include board members. It is up to the LEA to determine, based upon their structure, who else may meet the definitions.

- **Corporations – Section I and II**

Only registered corporations should complete Pages 14-19 and must include board members.

- **Non-profits that are not corporations – Section I and Section III**

Only registered non-profits should complete Page 20 and must include board members.

What is revalidation?

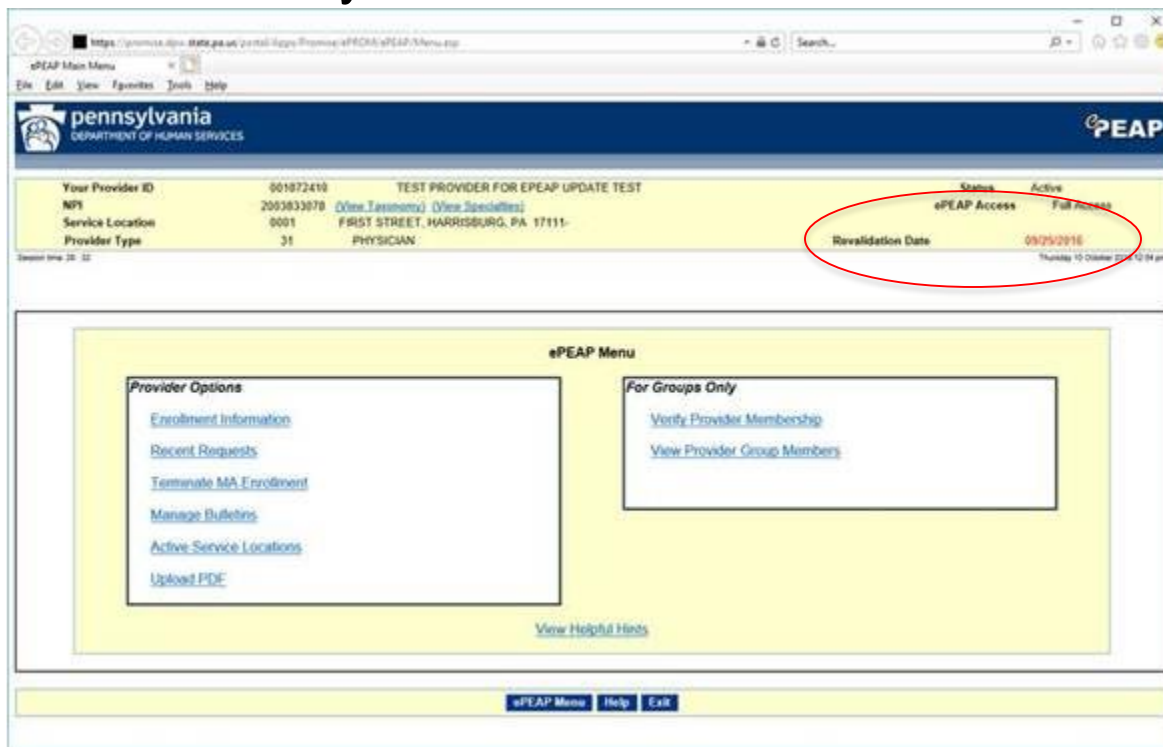
The Department of Human Services (DHS) issued Medical Assistance (MA) Bulletin 99-14-06. The bulletin outlines revalidation requirements for providers to participate with DHS. This revalidation requirement includes all LEA providers enrolled as PT 35 - Public School. A copy of the Pennsylvania MA Bulletin can be found at http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_074003.pdf

Providers must first be enrolled in the MA program. MA providers are then required to ensure their enrollment information is accurate and up-to-date. Section 6401 of the Patient Protection and Affordable Care Act (ACA) requires all providers to revalidate enrollment information at least every five (5) years. If a provider fails to revalidate every 5 years, their enrollment will become inactive and they will not be paid for services rendered.

When Should I Submit My Revalidation?

Your revalidation date is 5 years after your initial enrollment date or last revalidation date, whichever is later. To find your revalidation date go to the PROMISE provider portal at <https://promise.dpw.state.pa.us>. On the menu screen, the revalidation date can be found on the top, right-hand corner.

Providers may also contact DHS' enrollment division at 800-537-8862.



The screenshot shows the ePEAP Main Menu in a web browser. The browser address bar displays <https://promise.dpw.state.pa.us/portal/apps/Promise/ePEAP/ePEAPMenu.asp>. The page header includes the Pennsylvania Department of Human Services logo and the ePEAP logo. A yellow information bar displays the following details:

Your Provider ID	001872410	TEST PROVIDER FOR EPEAP UPDATE TEST	Status	Active
NPI	2053833878	View License(s) View Specialties	ePEAP Access	Full Access
Service Location	0001	FIRST STREET, HARRISBURG, PA 17111	Revalidation Date	09/25/2016
Provider Type	31	PHYSICIAN		Thursday 10 October 2016 12:04 pm

The 'Revalidation Date' field is circled in red. Below the information bar is the 'ePEAP Menu' with two columns of links:

- Provider Options**
 - [Enrollment Information](#)
 - [Recent Requests](#)
 - [Terminate MA Enrollment](#)
 - [Manage Bulletins](#)
 - [Active Service Locations](#)
 - [Upload PDE](#)
- For Groups Only**
 - [Verify Provider Membership](#)
 - [View Provider Group Members](#)

At the bottom of the menu area is a link for [View Helpful Hints](#). The footer contains buttons for 'ePEAP Menu', 'Help', and 'Exit'.

Reminders

Before your LEA submits an enrollment or revalidation application package to DHS, be sure it includes:

- A completed PROMISe™ Provider Enrollment Public School Application (PT 35) and any supporting documentation required.
 - Remember to include any document (except W-9) generated by the IRS containing the LEA name and Tax Identification Number.
- A signed Provider Agreement for Outpatient Providers form (with original signature).
- A completed Ownership and Control Interest Disclosure form.

Please also be sure to check page 21 of the application for any other documents that are required to process your application.

How to submit completed application?

DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045
-or-
Fax: (717) 265-8284
-or-
Email: RA-ProvApp@pa.gov

Contact Information

For all general MA enrollment questions, including the PT 35 application, contact the Provider Enrollment Hotline at
1-800-537-8862

Hours of operation: Monday - Friday, 8 AM-4:30 PM

For all other School-Based ACCESS Program inquiries please contact RA-PWSBAP@pa.gov.