



PROVIDER QUICK TIPS

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Revalidation of Multiple Locations

If you are enrolled as a group or individual and meet the following criteria, you will be able to revalidate multiple locations with one application.

GROUP Match Criteria for Additional Service Locations to Display

For an additional service location to be displayed for selection, the following data elements must match the base application.

- Service Location Must be Active
- Tax ID is FEIN and the number matches the tax ID from the application
- Provider Type
- Provider Eligibility Program (PEP)
- Has at least one active group member
- Risk Level is Limited
 - o Has no current sanction
 - o Has no outstanding payments due
 - o Type and Specialty do not require a Site Visit
- Service Location Physical Address has an entity name, not a personal name
- Service Location Physical Address State is PA
- Service Location Mail-to Address has an Email Address
- Has an Active NPI
- Does not have an active submitted revalidation application with the Department

To review any of this information, please refer to the Enrollment Summary for the service location in question.

INDIVIDUAL w/SSN Match Criteria for Additional Service Locations to Display

For an additional service location to be displayed for selection, the following data elements must match the base application.



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- Service Location Must be Active
- Tax ID type is SSN, and the number matches the tax ID from the application
- Provider Type/Specialty
- Provider Eligibility Program (PEP)
- Provider licenses (state, source, and number) match and the source is DOS
- DEA and CLIA is not changing
- Risk Level is Limited
 - o Has no current sanction
 - o Has no outstanding payments due
 - o Type and Specialty do not require a Site Visit
- Service Location Physical Address has a personal name, not an entity name
- Service Location Physical Address State is PA
- Service Location Mail-to Address has an Email Address
- Has an Active NPI
- Has an active fee assignment if the application is initiated by a Group
- Does not have an active submitted revalidation application with the Department

To review any of this information, please refer to the Enrollment Summary for the service location in question.

When you have finished the ownership/control interest section of the application on your revalidation application you will see a new screen.

Additional Revalidations Page

Download button opens a PDF file with the criteria used to determine if a service location will display for selection.

Enrollment Summary must be reviewed before the button 'Select to Revalidate' is enabled.



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pennsylvania DEPARTMENT OF HUMAN SERVICES Enrollment Information ▾ Contact Information ▾ Help

- Welcome
- Request Information
- Service Location Address
- Other Addresses
- Specialties
- Provider Eligibility Program (PEP)
- Provider Identification
- Additional Information
- Provider Disclosures
- Ownership / Control Interest
- Additional Revalidations
- Attachments
- Summary

ATN: 1000007860 Provider Number: 300290894-0156 Type: Revalidation Start Date: 08/17/2023 Completion By: 10/18/2023

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.

Additional Revalidations

Allows multiple active service locations with the same tax ID to be processed with a single revalidation application. If you have a service location which is not appearing, click below to download the match criteria used to display the additional service locations available for revalidation.

Download

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.

Additional Service Location(s) for Revalidation

The following service location(s) can be revalidated along with this application by selecting the checkbox next to each location. Prior to selecting an additional location for revalidation, you are required to select the icon next to each location and review the Enrollment Summary PDF for correctness. Once you have validated the information in the Enrollment Summary PDF is correct, click the 'Select to revalidate' checkbox. If the information in Enrollment Summary PDF is not correct, do not click the 'Select to revalidate' checkbox as you will be required to submit a revalidation application specific for this location in order to make corrections.

A maximum of 10 additional service locations will appear on this page. If you have more service locations than the maximum number allowed, you will need to submit another revalidation application.

	Select to Revalidate	Provider Name	Revalidation Date	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Joe Fred Clinic	07/27/2028	
		300290894-0154	NPI 1477261352	
		238 Vesper Rd	Room/Suite	
		Hershey	17033-2153	
		State PA - Pennsylvania	Zip+4	
<input type="checkbox"/>	<input type="checkbox"/>	Joe Fred Clinic	08/17/2028	
		300290894-0155	NPI 1477261352	
		249 Harvey Dr	Room/Suite	
		Seneca	16346-2709	
		State PA - Pennsylvania	Zip+4	

Finish Later

Save & Continue

If you have additional questions, you may contact Provider Enrollment at 1-800-537-8862 Option 1, Option 4.

Thank you for your service to our MA recipients.
We value your participation.
Check the Department's website often at: www.dhs.pa.gov.

