

PA PROMISe™

User Manual



Hewlett Packard
Enterprise

PA PROMISe™ Provider Internet User Manual

SYSTEM DOCUMENTATION LIBRARY REFERENCE NUMBER: [00000164]

SECTION: 4-5B

LIBRARY REFERENCE NUMBER: [0000082]

PROVIDER INTERNET USER MANUAL

REVISION DATE: [06/01/2016]

VERSION 5.24

Library Reference Number: [00000082]

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Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 5.6c	8/6/2010		New Document	HP Documentation Team
Version 5.7	1/1/2012		Updates for 5010	HP Documentation Team
Version 5.8	2/7/2012	94	Updated Surgical Codes	HP Documentation Team
Version 5.9	4/19/2012	141, 1	Took out “Newborn”, Changed sentence structure	HP Documentation Team
Version 5.10	8/8/2012		Added Copy function information	HP Documentation Team
Version 5.11	10/4/2012		Updated EVS information	HP Documentation Team
Version 5.12	1/4/2013		Added information relating to NPI processing and new EVS search criterion	HP Documentation Team
Version 5.13	2/4/2013		Updated NPI fields to indicate they’re required	HP Documentation Team
Version 5.14	3/6/2013		Updated Portal Login information	HP Documentation Team
Version 5.15	9/20/2013		Integrated ePEAP Manual Added information on Attestation Form	HP Documentation Team
Version 5.16	10/30/2013		Updated per CO 13689	HP Documentation Team
Version 5.17	12/17/2013		Updated for 14597	HP Documentation Team
Version 5.18	04/08/2014		Updated for enhancements to the fee schedule	HP Documentation Team

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 5.19	07/03/2014		Updated PO Box on ACN form	HP Documentation Team
Version 5.20	04/22/2015		Updated ACN Form, logo, and Department name	HP Documentation Team
Version 5.21	06/08/2015		Updated ePEAP screens	HP Documentation Team
Version 5.22	07/22/2015		Updated ICN information	HP Documentation Team
Version 5.23	11/06/2015		Updated Registration section, updated logo and organization from HP to HPE	HPE Documentation Team
Version 5.24	06/01/2016		Updated ePEAP section to include Revalidation Date field	HPE Documentation Team

Table of Contents

1	Introduction.....	1
1.1	Key Features and Benefits	1
1.2	Secured External Web site	1
1.3	Windows	2
1.4	About Field Edits	3
1.4.1	Sample Error Message Scenario.....	4
1.4.2	Sample Field Edits Table	4
1.5	The Menu Bar and other Functions	5
1.5.1	The Menu Bar.....	5
1.5.2	Where Do I Enter My Password? Link	6
	Logout Link.....	6
1.6	Timeout Notifications	6
2	Registering for and Logging On to the PROMISe™ Provider Portal.....	8
2.1	Process for Registering and Obtaining a Password - Providers.....	9
2.2	Process for Registering and Obtaining a Password – Billing Agents.....	13
2.3	Process for Registering and Obtaining a Password – OON Providers	17
2.4	About Alternates	21
2.4.1	Creating an Alternate	21
	Adding a New Alternate	22
2.4.2	Adding a Registered Alternate	25
2.4.3	First Time Access for Alternates – Initial Password.....	26
2.5	Forgotten Passwords	30
2.6	Forgot User ID	31
2.7	Changing a Password.....	32
2.8	Denial of Access	34
2.9	How to Log On To PA PROMISe™	35
2.10	Submitting Claims Electronically Using PA PROMISe™	39
2.10.1	About Dental Claims.....	39
2.10.2	About Institutional Claims	39
2.10.3	About Pharmacy Claims.....	39
2.10.4	About Professional Claims.....	39
2.10.5	About the Copy Function	40
3	Enrolling for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) on the PROMISe™ Portal.....	41

3.1 About the Electronic Funds Transfer Enrollment Application Window 41

 3.1.1 Layout 41

 3.1.2 Accessibility and Use 41

 To Access the Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Enrollment Application Window 42

 3.1.3 Field Descriptions 42

3.2 Enrolling for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) On the PROMISe™ Portal 44

 3.2.1 Layout 45

 3.2.2 Accessibility and Use 46

 To Open the Electronic Funds Transfer (EFT) Enrollment Application Window 46

 To Complete the Electronic Funds Transfer (EFT) Enrollment Application 46

 3.2.3 Layout (Authorization) 51

 3.2.4 Field Descriptions 51

3.3 Electronic Remittance Advice (ERA) Enrollment Application Window 55

 3.3.1 Layout 56

 3.3.2 Accessibility and Use 56

 To Open the Electronic Remittance Advice (ERA) Enrollment Application Window 56

 3.3.3 Layout (EFT Enrollment Application) 57

 To Complete the Electronic Remittance Advice (ERA) Enrollment Application 58

 3.3.4 Layout (Authorization) 64

 3.3.5 Field Descriptions 65

4 Provider Inquiries 70

 4.1 About Internal Control Numbers (ICNs) 70

 4.2 Using the Provider Claim Inquiry Window 70

 4.2.1 Layout 71

 To Search for a Claim by Recipient ID 71

 To Search for a Claim by Patient Account Number 71

 To Search for a Claim by ICN 72

 To View Recipient Eligibility 72

 To Submit a Claim Adjustment 72

 4.3 Recipient Eligibility Verification 73

 4.3.1 Layout 74

5 Provider Reports 76

 5.1 About the Provider Report Index Window 76

 5.1.1 Layout 76

6 PA PROMISe™ Internet Windows 77

 6.1 My Profile (My Profile) 77

 6.1.1 Layout 78

6.1.2	Field Descriptions	78
6.1.3	Field Edits	78
6.1.4	Accessibility and Use	79
	To Access My Profile Window	79
6.2	Alternate No Access (Alternate No Access).....	79
6.2.1	Layout	79
6.2.2	Field Descriptions	80
6.2.3	Field Edits	80
6.3	Billing Agent No Access (Billing Agent No Access).....	80
6.3.1	Layout	80
6.3.2	Field Descriptions	81
6.3.3	Field Edits	81
6.4	File Download (File Download)	81
6.4.1	Layout	81
6.4.2	Field Descriptions	82
6.4.3	Field Edits	82
6.4.4	Accessibility and Use	82
	To Access File Download Window	82
	To View Downloaded File Information.....	82
6.5	Provider Claim Attachment Number Request (Provider Claim Attachment Number Request) 82	
6.5.1	Layout	83
6.5.2	Field Descriptions	85
6.5.3	Field Edits	85
6.5.4	Accessibility and Use	85
	To Access Provider Claim Attachment Number Request Window	85
	To Search for ACN Details.....	86
	To Search for All Provider Attachment Numbers	86
	To Search for New Claim Attachment Number	86
6.6	Provider Claim Inquiry (inquiry.asp).....	86
6.6.1	Layout	87
6.6.2	Field Descriptions	87
6.6.3	Field Edits	88
6.6.4	Accessibility and Use	89
	To Access Provider Claim Inquiry Window.....	89
	To Search for a Fee-for-Service Claim by Recipient ID	89
	To Search for a Fee-for-Service Claim by Patient Account Number	89
	To Search for a Fee-for-Service Claim by ICN	90
	To View Next Fee-for-Service Claim.....	90
	To View Recipient Eligibility.....	90
	To Submit a Fee-for-Service Claim Adjustment	90
6.7	Provider Dental Claim (Dental.asp).....	91

6.7.1	Layout	92
6.7.2	Field Descriptions	94
6.7.3	Field Edits	101
6.7.4	Accessibility and Use	106
	To Access Provider Dental Claim Window.....	107
	To Complete Claim Billing Information	107
	To Complete Claim Service Information.....	107
	To Complete Diagnosis	107
	To Complete Claim Accident Information	107
	To Add Claim Other Insurance Information.....	108
	To Remove Other Insurance Information	108
	To Add Claim Service Lines Information	108
	To Remove Service Lines Information.....	108
	To Add Claim Service Adjustments Information.....	108
	To Remove Claim Service Adjustments Information.....	108
	To Submit Claim	108
	To Create New Claim Form	109
	To Copy a Paid Claim.....	109
6.8	Provider Help (Provider Help).....	109
	6.8.1 Layout	109
	6.8.2 Accessibility and Use	109
	To Access Help Window	110
6.9	Provider Institutional Claim (Institutional.asp)	110
	6.9.1 Layout	111
	6.9.2 Field Descriptions	113
	6.9.3 Field Edits	127
	6.9.4 Accessibility and Use	141
	To Access Provider Institutional Claim Window	141
	To Complete Claim Billing Information	141
	To Complete Claim Service Information.....	141
	To Complete Admission/Discharge Information.....	141
	To Complete Claim Diagnosis Information.....	142
	To Add Claim Surgical Code/Date Information.....	142
	To Add Occurrence Code/Date Information	142
	To Add Occurrence Span/Code Information	142
	To Add Condition Code Information	142
	To Add Value Code/Amount Information.....	142
	To Add Days Information.....	142
	To Add Patient Information (Newborn Only)	142
	To Remove Patient Information	143
	To Add Other Insurance Information	143
	To Remove Other Insurance Information.....	143
	To Add Medicare Information.....	143
	To Complete Claim Service Lines Information.....	143
	To Submit Claim	143
	To Create New Claim Form	143
	To Copy a Paid Claim.....	143

6.10 Switch Provider Number..... 144

 6.10.1 Layout 144

 6.10.2 Field Descriptions 145

 6.10.3 Field Edits 145

 6.10.4 Accessibility and Use 145

 To Access Provider Number Management Window 145

 To Switch Provider Number 145

6.11 Provider Pharmacy Claim (Pharmacy.asp) 145

 6.11.1 Layout 146

 6.11.2 Field Descriptions 147

 6.11.3 Field Edits 153

 6.11.4 Accessibility and Use 154

 To Access Provider Pharmacy Claim Window 154

 To Complete Claim Billing Information 154

 To Add Claim Details Information 154

 To Complete Claim DUR/PPS Information 155

 To Complete Clinical Information..... 155

 To Complete COB Information 155

 To Submit Claim 155

 To Bill for Compound Drugs..... 155

 To Copy a Paid Claim..... 155

6.12 Provider ProDUR Warning (Provider ProDUR Warning) 156

 6.12.1 Layout 156

 6.12.2 Field Descriptions 156

 6.12.3 Field Edits 156

6.13 Provider Professional Claim (Professional.asp)..... 156

 6.13.1 Layout 157

 6.13.2 Field Descriptions 159

 6.13.3 Field Edits 168

 6.13.4 Accessibility and Use 171

 To Access Provider Professional Claim Window..... 172

 To Complete Claim Billing Information 172

 To Complete the Claim Diagnosis Information..... 172

 To Complete Claim Service Information..... 172

 To Complete Claim Accident Information 172

 To Complete Claim Ambulance Information 173

 To Add Patient Information (Newborn Only) 173

 To Remove Patient Information 173

 To Add Claim Other Insurance Information..... 173

 To Remove Other Insurance Information..... 173

 To Complete Claim Home Health Treatment Plan Information..... 173

 To Complete Claim Home Health Service Delivery Information 174

 To Add Claim Service Lines Information 174

 To Remove Service Lines Information..... 174

 To Add Claim Service Adjustments Information 174

	To Remove Claim Service Adjustments Information.....	175
	To Submit Claim	175
	To Copy a Paid Claim.....	175
6.14	Provider Rate Disclaimer (rate_disclaimer).....	175
6.14.1	Layout	176
6.14.2	Field Descriptions	180
6.14.3	Field Edits	180
6.14.4	Accessibility and Use	180
	To Access Rate Information Disclaimer Window.....	180
	To Accept/Reject Terms and Conditions and Access the Outpatient Fee Schedule Download Window	180
6.15	Provider Rate File (Provider_Rate_File)	181
6.15.1	Layout	182
6.15.2	Field Descriptions	183
6.15.3	Field Edits	183
6.15.4	Accessibility and Use	183
	To Access Outpatient Fee Schedule Download Window	183
	To Download Outpatient Fee Schedule in Excel Format	183
	To Download Outpatient Fee Schedule in PDF Format	184
	To Download Outpatient Fee Schedule in Comma Delimited Format.....	184
	To Download Comma Delimited Layout	184
6.16	Provider Recipient Eligibility Verification (Provider Recipient Eligibility Verification).....	184
6.16.1	Layout	185
6.16.2	Field Descriptions	187
6.16.3	Field Edits	191
6.16.4	Accessibility and Use	192
	To Access Provider Recipient Eligibility Verification Window	192
	To Search by Recipient ID and Card Number.....	192
	To Search by Recipient ID and Date of Birth.....	193
	To Search by SSN.....	193
	To Search by Recipient Name	193
	To Clear Window for New Search	194
6.17	Provider Report Index (Provider Report Index)	194
6.17.1	Layout	195
6.17.2	Field Descriptions	195
6.17.3	Field Edits	195
6.17.4	Accessibility and Use	195
	To Access Provider Report Index Window	195
	To View Provider Reports.....	196
6.18	Provider Report Request (Provider Report Request).....	196
6.18.1	Layout	196
6.18.2	Field Descriptions	196

6.18.3 Field Edits 197

6.18.4 Accessibility and Use 197

 To Access Provider Report Request Window 197

 To View Provider Reports 198

6.19 Report View (Report View)..... 198

 6.19.1 Layout 198

 6.19.2 Field Descriptions 198

 6.19.3 Field Edits 199

 6.19.4 Accessibility and Use 199

 To Access Provider Report Request Window 199

6.20 ePEAP Menu..... 199

 6.20.1 Layout 200

 6.20.2 Layout (Groups Only) 201

 6.20.3 Accessibility and Use 201

 To Access the ePEAP Menu 201

 6.20.4 ePEAP Menu Field Descriptions..... 203

6.21 Using the ePEAP Enrollment Information Options 204

 6.21.1 Layout 204

 6.21.2 Field Descriptions 204

 6.21.3 Accessibility and Use 205

 To Access the ePEAP Enrollment Information Window 205

6.22 ePEAP Basic Enrollment Information 206

 6.22.1 Layout 207

 6.22.2 Formats for Medicare Indicator Information Display: 207

 6.22.3 Field Descriptions 208

 6.22.4 Accessibility and Use 211

 To Access the ePEAP Basic Enrollment Information Window..... 211

 To Enter Enrollment Changes 211

6.23 ePEAP Provider Address Information 213

 6.23.1 Layout 214

 6.23.2 Field Descriptions 214

 6.23.3 Accessibility and Use 215

 Other Options 216

6.24 ePEAP Manage Active Addresses 216

 6.24.1 Layout 217

 6.24.2 Field Descriptions 217

 6.24.3 Accessibility and Use 218

 Other Options 219

6.25 ePEAP Add a New Address..... 219

 6.25.1 Layout 220

6.25.2	Field Descriptions	221
6.25.3	Accessibility and Use	221
	To Update Address Information	222
	Other Options	223
6.26	ePEAP Edit Address - Related Information.....	223
6.26.1	Layout	224
6.26.2	Field Descriptions	224
6.26.3	Accessibility and Use	225
	To Change Address-Related Information	226
	Other Options	226
6.27	ePEAP Manage Email Address	226
6.27.1	Layout	227
6.27.2	Field Descriptions	227
6.27.3	Accessibility and Use	228
	To Access the Manage E-mail Address	228
	To Add or Modify E-mail Address:.....	228
	Other Options	229
6.28	ePEAP Fee Assignment Information	229
6.28.1	Layout	230
6.28.2	Field Descriptions	230
6.28.3	Accessibility and Use	230
	To Access the ePEAP Fee Assignment Information Window.....	231
6.29	ePEAP Add a Group for Fee Assignment.....	231
6.29.1	Layout	232
6.29.2	Field Descriptions	233
6.29.3	Accessibility and Use	233
	To Access the Add a Group for Fee Assignment Window.....	233
	To Add a Group for Fee Assignment Information	234
	Other Options	234
6.30	ePEAP Manage Fee Assignments.....	234
6.30.1	Layout (Initial)	235
6.30.2	Layout (After Selection).....	236
6.30.3	Field Descriptions	236
6.30.4	Accessibility and Use	237
	To Access the Manage Fee Assignment Window	237
	Terminate a Fee Assignment	237
	Other Options	238
6.31	ePEAP Manage NPI Taxonomy	238
6.31.1	Layout	239
	Error Messages:	239
6.31.2	Field Descriptions	240

6.31.3 Accessibility and Use 240
 To Access the Manage NPI and Taxonomy Codes Window 240
 Other Options 243

6.32 ePEAP Review Changes 243

6.32.1 Layout 244

6.32.2 Field Descriptions 246

6.32.3 Accessibility and Use 247
 To Access the Review Your Changes Window 247
 To Review, Approve, and Submit Your Changes 247

6.33 ePEAP Recent Request Window 248

6.33.1 Layout 248

6.33.2 Field Descriptions 249

6.33.3 Accessibility and Use 250
 To Access the ePEAP Recent Request window 250
 Cancel Requests 251
 Other Options 251

6.34 ePEAP Terminate Medical Assistance Participation 251

6.34.1 Layout 252

6.34.2 Field Descriptions 252

6.34.3 Accessibility and Use 252
 To Access the ePEAP Terminate Medical Assistance Participation Window 253
 Other Options 253

6.35 ePEAP Manage Remittance Advice 253

6.35.1 Layout (Manage Remittance Advice Only) 254

6.35.2 Field Descriptions 255

6.35.3 Accessibility and Use 255
 To Access the ePEAP Manage Remittance Advice Window 255
 To Discontinue Delivery of Paper Remittance Advices 255
 To Restart Delivery of Paper Remittance Advices 256

6.36 ePEAP Active Service Location 256

6.36.1 Layout 256

6.36.2 Field Descriptions 257

6.36.3 Accessibility and Use 257
 To Access the ePEAP Active Service Locations Window 257

6.37 ePEAP SelectPlan for Women Directory 258

6.37.1 Layout 260

6.37.2 Field Descriptions 260

6.37.3 Accessibility and Use 261

6.38 ePEAP Verify Provider Membership 266

6.38.1 Layout 267

6.38.2	Field Descriptions	267
6.38.3	Accessibility and Use	268
	To Access the ePEAP Verify Provider Membership in My Group Window	268
	Other Options	268
6.39	ePEAP Provider Group Members	268
6.39.1	Layout	269
6.39.2	Field Descriptions	269
6.39.3	Accessibility and Use	270
	To Access the ePEAP Provider Group Members Window	270
	Other Options	270
6.40	ePEAP Upload PDF	270
6.40.1	Layout	271
6.40.2	Field Descriptions	272
6.40.3	Accessibility and Use	273
	To Access the ePEAP Upload PDF Window	273
6.41	ePEAP Field Edits.....	273

1 Introduction

The PROMISe™ Provider Portal allows providers, alternates, billing agents, and out-of-network (OON) providers with the proper security access to submit claims, verify recipient eligibility, check on claim status, and update enrollment information.

Specifically, users can use the Internet to:

- Electronically file claims for all claim types and adjustments in either a real-time or an interactive mode from any location connected to the Internet.
- View the status of any claim or adjustment regardless of its method of submission.
- Access computer-based training programs that will let users complete training courses from your desktop at your convenience.
- Update specific provider enrollment information electronically.
- Verify recipient eligibility within seconds of querying.

1.1 Key Features and Benefits

The interactive features on the PROMISe™ Provider Portal provide easy access and exchange of up-to-date information previously unavailable between providers, DHS, and drug manufacturers. One of the immediate advantages you will realize is that you do not need to purchase, install, or develop special software or applications to use the PA PROMISe™ Internet application.

The PA PROMISe™ Internet solution allows you to log on using a standard Internet browser to enter or request information. Any information you pull from this application is specific to your provider number and will not be shared with others.

If you have an account that was already established for the PROMISe™ Provider Internet, there is no need to re-register, as your information will be migrated over to the new portal.

1.2 Secured External Web site

PA PROMISe™ provides security to the Internet Web-based application through an external Web site. Through the use of your unique user logon ID, password, and site certificate features, this secure, external-facing Web site is accessible through the public Internet. The options and activities listed below are available to PROMISe™ providers, managed care organizations, and drug labeler and manufacturer communities who have received authorization to access this site.

Providers and Managed Care Organizations

- Receive messages and informational notices from the Department of Human Services (DHS). These messages are displayed when a provider arrives at the PROMISe™ Welcome window.
- Maintain passwords, and, if authorized as a provider, out-of-network (OON) provider, or billing agent, create and manage user accounts for others (alternates) in their organization.
- Review the status of claims submitted to DHS for payment, and review specific Error Status Codes (ESC) and HIPAA Adjustment Reason Codes for rejected claims.

- Submit claims for payment, or adjustments for services and prescriptions directly through the secure Web site’s Claims Menu, or search for prescriber ID numbers. Pharmacy claims are automatically reviewed for ProDUR (Prospective Drug Utilization Review) alerts and overrides at the time of entry, and corrections can be made before final submission. Assuming successful completion of a claim submission, the total allowed amount of the claim, and any adjustment information, will be displayed to the submitting provider. This prompt response to a claim’s submission significantly reduces the time required for providers to submit properly completed claims, and allows faster processing.
- Review information for eligibility limitation information, ePEAP, and provider information from the Provider My Home Page.
- Verify the eligibility status of recipients. Inquiries can be made by Recipient ID, SSN/Date of Birth, or Recipient Name/Date of Birth.
- Download MA Program Outpatient Fee Schedules from the Provider My Home Page.
- Providers can download or review Provider manuals, claim forms, etc., from the DHS Web site, which is accessed from the Provider My Home Page.

1.3 Windows

The provider Internet windows give you the ability to electronically file claims and manage your online account. This manual will lead you through the process of filing a claim, and maintaining passwords and permissions for your account.

[Section 5](#) of this manual provides detailed information for each window in the PA PROMISe™ Provider Internet Portal. Documentation for each window includes:

Window Narrative	Brief description of the window, its purpose, and use
Layout	Sample “screen shot” of the window that illustrates all data fields and controls (buttons, drop-down boxes, etc.)
Field Description Table	Detailed description of each data field and object within the window, including field lengths and data types. The Field Descriptions help you understand the information requested in the windows, and explain the information you are asked to provide in the window fields. All field description tables are located in Section 5, Provider Internet Windows
Field Edits	The Field Edits tables explain what to do if you encounter error messages while using a window. Error Messages, Error Codes, and Corrective Actions to fix incorrect/invalid entries or actions are listed in these tables, which are included following the Field Descriptions in the window documentation in Section 5, Provider Internet Windows of this document. See Section 1.4 below for more detailed information about Field Edits
Features	Additional functions available through menu options, where applicable

<p>Accessibility and Use Narrative, Step/Action Tables</p>	<p>Description of how the window is accessed, followed by systematic instructions to navigate within and between windows and perform basic functions and operations within the window</p>
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1.4 About Field Edits

All relevant Field Edits for the windows in the Provider Internet User Manual are listed after the Field Descriptions for each window in [Section 5](#), if Field Edits are applicable to the window being described. Not all windows are subject to Field Edits. If Field Edits do not apply to a window, the Field Edits table states “No Field Edits found for this window.” Windows that do not require field edit information are usually windows that do not contain fields in which you enter or save information.

Field Edits are a combination of error messages, which the system detects and communicates, and the corrective actions that should be taken to remedy them. The columns of information in the Field Edits tables should be used to understand the error messages you may receive while using the PA PROMISe™ Internet application, and what to do about them.

The **Field** column reflects the name of a field found in one or more of the windows of this application

The **Error Code** is a numeric value the system uses to identify the correct error message to display

The **Error Message** column shows the message displayed by PA PROMISe™ to tell you the error has occurred. The content of each error message is specific to the field in which the error occurred

The **To Correct** column describes how to correct the detected error

1.4.1 Sample Error Message Scenario

The following scenario depicts a sample of when an error message occurs and how to correct it:

You are working in a window that contains the field **Adjustment Group Code**. When you finish entering information in the window and attempt to go to another window or complete the action on which you are working, the following error message appears:

“Adjustment Group Code [#] is a required field”

This error message indicates to you that you have forgotten to enter information in this field, or that the information you entered is not correct and the system requires this information to correctly process the task you are performing. To correct the error, locate the Adjustment Group Code field in the Field Edits table for that window, and follow the instruction in the **To Correct** column. For this field and error, the instructions are:

“Enter a valid Adjustment Group Code”

Go back to that field in the window and enter the correct information. You may then proceed to the next task you want to perform in the system.

1.4.2 Sample Field Edits Table

Field	Error Code	Error Message	To Correct
Add (ingredients)	1	This claim type can have a maximum of 25 Service Lines.	This claim type can have a maximum of 25 Service Lines
Admission Date	0	Admission Date must be less than or equal to today's date	Enter an Admission Date less than or equal to today's date
	0	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date
Adjustment Group Code (repeats up to 3 times)	0	Adjustment Group Code [#] is a required field.	Enter a valid Adjustment Group Code
Amount 1	1	Amount must be greater than 0.	Need to enter an amount greater than 0

1.5 The Menu Bar and other Functions

Common to almost all PA PROMISe™ Provider Internet windows are the tab options found on the Menu Bar, which is shown below. This Menu Bar is located below the “Pennsylvania Department of Human Services” window banner. Additionally, the “Logout” links appears on most pages.

1.5.1 The Menu Bar



The Menu Bar contains the headings for eight window functions. Additional features, commands, and window options appear in horizontal sub-menus, and take you to a specific function or window. Available Menu Bar options will vary depending on your user role (i.e. Provider, Billing Agent, or Out of Network Provider).

Select a command or window option in the following manner:

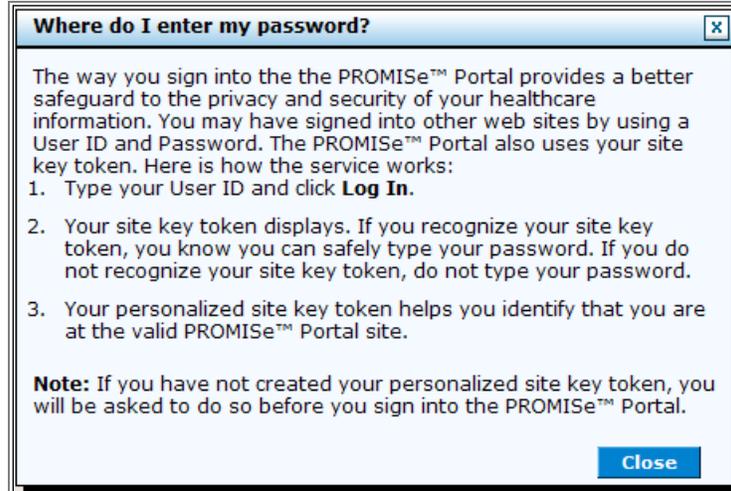
1. Drag the cursor over the desired command on the Menu Bar
2. A horizontal menu appears with secondary options for the Claims, Eligibility, and Trade Files menus. Select the desired option

The table below describes the menu and window options that are accessible from the Menu Bar.

Menu Selection	
My Home	Displays or returns to the Provider My Home Page
Claims	
– Claim Inquiry	Displays the Claim Inquiry function
– Submit Institutional	Displays the online Institutional Claim form in a new window
– Submit Professional	Displays the online Professional Claim form
– Submit Dental	Displays the online Dental Claim form in a new window
– Submit Pharmacy	Displays the online Pharmacy Claim form in a new window
– Search/Request Attachment Control Number	Displays the Provider Claim Attachment Number Request function. A search for an existing attachment control number may also be performed
Eligibility	
– Inquiry	Displays the Recipient Eligibility Verification function
Trade Files	
– Download	Displays the Web-based file download function. Files that are available to the provider who is identified in the logon information are displayed. Select the desired file to download
Reports	Displays the Report function. Only reports that are available to the provider who is identified in the logon information are displayed. Select the desired report
Outpatient Fee Schedule	Displays the Outpatient Fee Schedule
ePEAP	Displays the ePEAP Menu window
Help	Opens the PA PROMISe™ Internet Help function

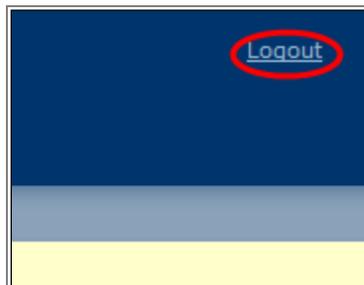
1.5.2 Where Do I Enter My Password? Link

The “Where do I enter my password?” link is located at the bottom of the Provider Login box on the left-hand side of the PROMISe™ Welcome Page. Clicking it displays a dialogue box that includes a brief explanation of the login process.

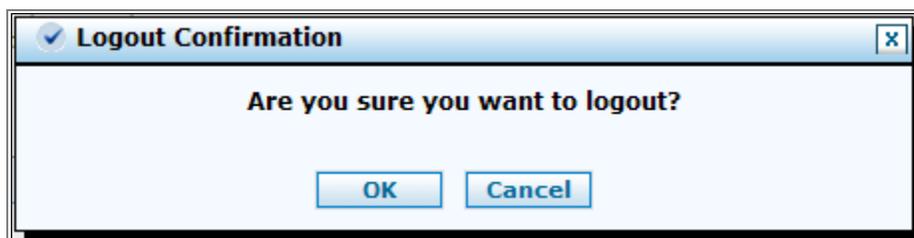


Logout Link

The Logout link is located in the upper-right corner of most PROMISe™ Internet windows.



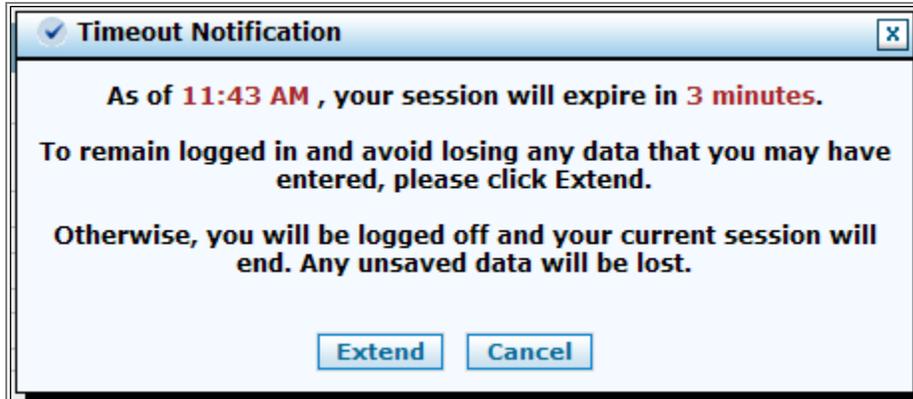
Clicking this link will cause the following confirmation message to appear:



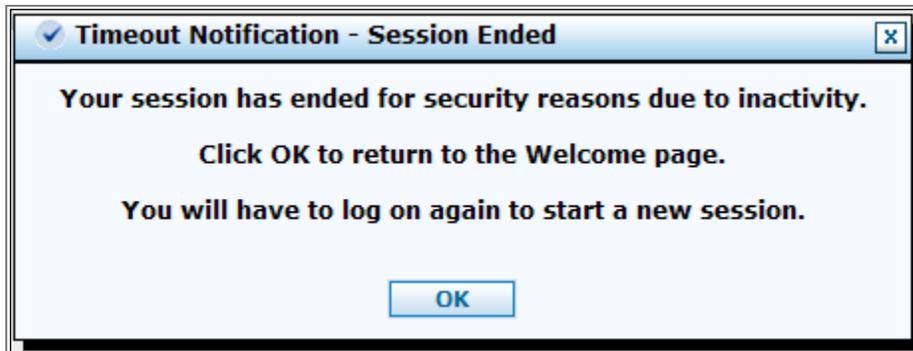
Click the OK button to logout. You will be returned to the PROMISe™ Welcome Page in a logged-out status.

1.6 Timeout Notifications

If you step away from your PC or stop working in the Provider Portal for more than 25 minutes, you’ll receive a “Timeout Notification” instructing you to click the Extend button to continue working in the portal.



If you step away from your PC or stop working in the Provider Portal for more than 30 minutes, the system will log you out, and you'll receive a "Timeout Notification – Session Ended" message. Any work that has not yet been submitted will be lost.



1. Click the OK button.
2. Click the Home tab.
3. You will be returned to the Welcome to PROMISe™ Page.

2 Registering for and Logging On to the PROMISe™ Provider Portal

Providers must follow the security process to be granted access to the PROMISe™ Provider Portal application. Please follow the steps listed below to attain this access:

- You must be registered with the Commonwealth or Pennsylvania as an enrolled and valid provider.
- You must have a provider ID and service location(s). This information becomes very important when you request authorization for a logon ID and password.
- You must have a computer with access to the Internet, and an active Internet account.

Use this link – <http://promise.dpw.state.pa.us/> - to access the PROMISe™ Welcome Page.

Home Wednesday 04/15/2015 07:36 AM EST

Provider Login

*User ID

Log In

Forgot User ID?
Register Now
Where do I enter my password?

Quick Links

Need Help?
Download the Internet Help Manual here
(Requires Adobe Acrobat)

Implementation of Healthy PA
Implementation of Healthy PA (PDF version)

e-Learning courses:

- PA PROMISe™ Internet
- CMS-1500 02/12
- CMS-1500 02/12 Waivers
- UB-04 Outpatient
- UB-04 LTC

These courses require the Flash player. Click here to download Flash.

Provider Electronic Solutions Software
Department of Human Services

Broadcast Messages

Attention providers who support the Pennsylvania Medical Assistance Fee-for-Service Delivery System

If one of the following scenarios applies to you:

- A newly enrolled provider in the Pennsylvania Medical Assistance Program.
- A provider who has new billing personnel with limited or no medical assistance billing experience,
- A provider experiencing an unusually high denial rate on your medical assistance claims,

The Department of Human Services offers training at no cost to you. To accommodate your busy schedule, training is available by appointment on-site at your office, via the HP Virtual Room, or teleconference. To request training e-mail promiseprovidertraining@hp.com.

MAPIR NOTIFICATION:

If you have applied at CMS's EHR Incentive Program Registration and Attestation (R&A) website (more than 1-2 days ago) for a HIT incentive payment and do not see the MAPIR link at left, please email the MA HIT Initiative Support Center at ramaHealthit@pa.gov

NOTE: In order to apply for the EHR Incentive payment via MAPIR, the individual provider who registered at the R&A must have a PROMISe Internet account ID. A group practice internet account ID will not display the MAPIR link. If the EP does not have an individual PROMISe™ Internet account ID, you may register for one at <http://promise.dpw.state.pa.us>. more...

Welcome to PROMISe™

The Commonwealth of Pennsylvania Department of Human Services offers state of the art technology with PROMISe™, the claims processing and management information system. Please take advantage of online training to use the system to its full advantage.

This site requires, at minimum, Internet Explorer version 6 with 128-bit encryption.

Establishing a New Provider User Account

If you have not established an account previously, you will need to go through the Registration process.

Note: PA PROMISe™ supports user IDs issued from both PA PROMISe™ and DHS Unified Security. Because a provider user ID is comprised of the nine-digit PROMISe™ provider number plus a four-digit service location, providers with more than one service location may create more than one account.

Click the Register Now link located under the Log In button on the PROMISe™ Welcome Page. The Registration Selector window will display.

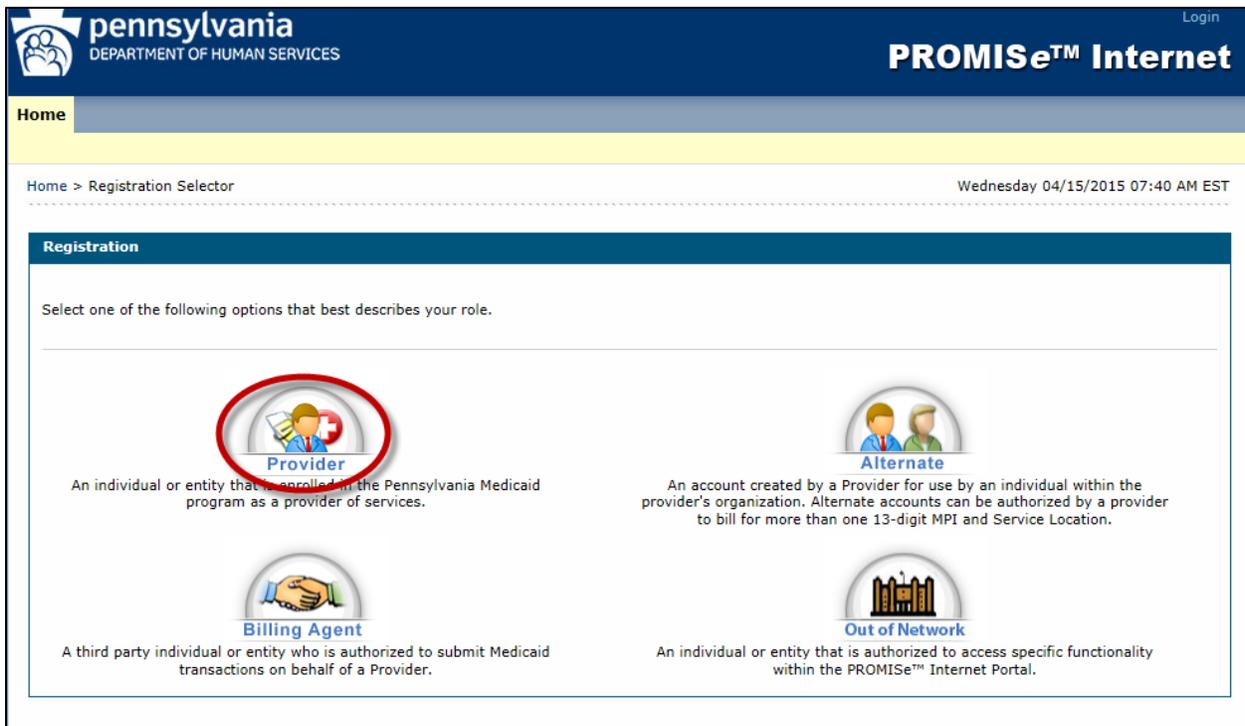
2.1 Process for Registering and Obtaining a Password - Providers

The User Registration process allows providers, OON providers, and billing agents to request access to the PA PROMISe™ Web site by submitting the necessary entity information requested in these online forms. You are asked to fill in the Web form with identifying information, email address, and to confirm that you have read and understand the disclaimers presented.

Note: This section addresses the registration process for providers; the processes for OON providers, billing agents, and alternates will be discussed in subsequent sections.

A provider is defined as an individual, state or local agency, corporate, or business entity that is enrolled in the healthcare program as a provider of services.

1. Click the Register Now link located under the Log In button on the PROMISe™ Welcome Page. The Registration Selector window will appear.



2. Select the Provider option. The Registration – Personal Information window will appear.

The screenshot shows the 'Registration Step 1 of 2 - Personal Information' form. At the top left is the Pennsylvania Department of Human Services logo. The page title is 'PROMISE™ Internet'. A breadcrumb trail reads 'Home > Registration Selector > Registration'. The date and time are 'Wednesday 04/15/2015 07:42 AM EST'. The form title is 'Registration Step 1 of 2 - Personal Information'. A note states '* Indicates a required field.' Below this, it says 'Please provide the following information to get started!'. There are four required fields: '*First Name', '*Last Name', '*Provider ID', and '*SSN/EIN', each with an adjacent text input box. At the bottom of the form are two buttons: 'Continue' and 'Cancel'.

3. Enter the name of the group practice or business name in the First and Last Name fields.

Example: For the group practice ABC Physicians Associates, enter ABC in the First Name field and Physicians Associates in the Last Name field. **Do not** enter the name of an individual person if registering a group or business.

The 13-digit Provider ID number and social security number (SSN) or employer identification number (EIN) are also entered into the applicable fields.

4. Click the **Continue** button. The Registration – Security Information window opens. The Display Name field is already populated with the first and last name or group/business name entered in the Registration – Personal Information window.

 **pennsylvania**
DEPARTMENT OF PUBLIC WELFARE [Logout](#)

Home

[Home](#) > [Registration Selector](#) > Registration Wednesday 04/15/2015 07:55 AM EST

Registration Step 2 of 2 - Security Information ?

* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

*User ID

*Password

*Confirm Password

Please provide your contact information below.

*Display Name

*Phone Number

*Email

*Confirm Email

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the PROMISE™ Internet portal.

* Site Key: 

*Passphrase

Please select a unique challenge question and provide an answer for each of the question groups below.

*Challenge Question #1
*Answer to #1

*Challenge Question #2
*Answer to #2

*Challenge Question #3
*Answer to #3

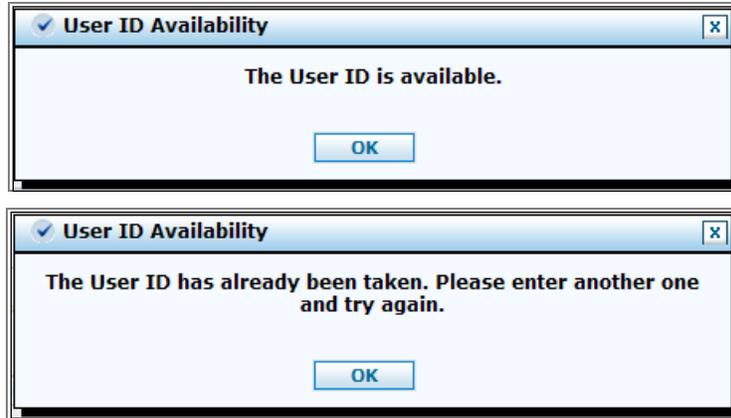
User Agreement

By checking the box provided below and transmitting this form electronically, I state, I am the person whom I represent myself to be herein, and I affirm the information within this web application is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

By entering my full name in the space provided below and transmitting this form electronically, I state that, I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.

*Please sign by typing your full name here:

5. Create a user ID and enter it into the User ID field.
 - The User ID must be 6 to 20 characters in length and contain only letters and numbers.
 - The User ID and Password cannot be the same.
 - Once you've entered text in the User ID field, click the Check Availability button to see whether the User ID you selected is already in use. If it is not in use, the first confirmation message below will appear; if it is in use, the second confirmation message will appear.



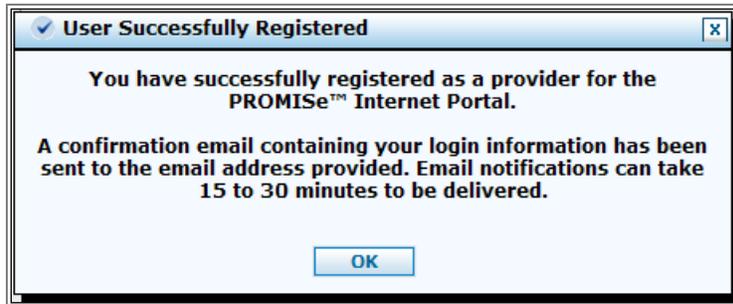
6. Create a password, and enter it into the Password and Confirm Password fields.

The password:

- Cannot be the same as the user's User ID
 - Must be between 8 and 20 characters in length
 - Can only contain letters and numbers
 - Must contain one capital letter, one lowercase letter, and one numeric digit
7. Type your phone number and email address into the fields indicated.
 8. Select three secret questions from lists provided in the window, and enter answers. This information is used by the system to verify the identity of the provider at a future time when resetting a password.

Note: You must select three distinct questions, or you will be unable to proceed.
 9. After completing the Registration form, read the User Agreement, enter your name into the "Please sign by typing your full name here" field, and click the Submit button to submit the form electronically. If all required information is present, you will be able to gain access to the PA PROMISe™ Web application.

The following confirmation message should appear:



2.2 Process for Registering and Obtaining a Password – Billing Agents

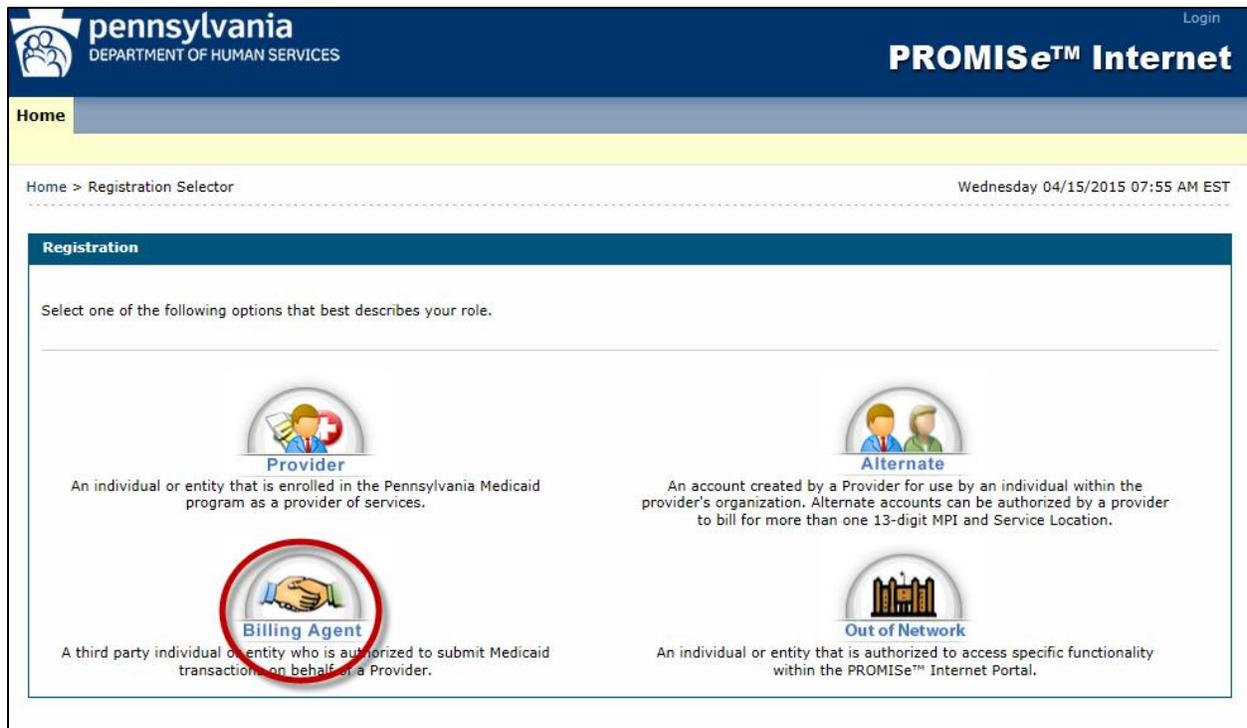
Providers who are DHS billing agents – formerly known as “business partners” – must follow the instructions in this section to log on to the PA PROMISe™ Internet site.

A billing agent is an entity with whom an organization exchanges data electronically. The billing agent may send or receive information electronically.

Billing agents include the following provider types who do business with DHS:

- HCSIS
- PH
- BH MCO

On the PROMISe™ Welcome Page, click the Register Now link. The Registration Selector window displays.



1. Select the Billing Agent option. The Registration – Personal Information window appears

The screenshot shows the 'Registration Step 1 of 2 - Personal Information' form. At the top left is the Pennsylvania Department of Human Services logo. The page title is 'PROMISe™ Internet'. A navigation bar includes 'Home' and a breadcrumb trail: 'Home > Registration Selector > Registration'. The date and time are 'Wednesday 04/15/2015 09:08 AM EST'. The form contains a legend: '* Indicates a required field.' and the instruction: 'Please provide the following information to get started!'. There are four required text input fields: '*First Name', '*Last Name', '*Provider ID', and '*SSN/EIN'. At the bottom are 'Continue' and 'Cancel' buttons.

2. Enter the billing agent group or business name in the First and Last Name fields.

Example: For billing agent EZ Billing, enter EZ in the First Name field and Billing in the Last Name field. **Do not** enter the name of an individual person if registering a group or business.

The Billing Agent ID and social security number (SSN) or employer identification number (EIN) are also entered into the applicable fields.

3. Click the Continue button

4. The Registration – Security Information window appears


Logout

Home

Home > Registration Selector > Registration Wednesday 04/15/2015 07:55 AM EST

Registration Step 2 of 2 - Security Information
?

* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

*User ID Check Availability

*Password

*Confirm Password

Please provide your contact information below.

*Display Name

*Phone Number

*Email

*Confirm Email

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the PROMISE™ Internet portal.

* Site Key:


 Apple


 Balloon


 Balloons


 Baseball


 Billiards

*Passphrase

Please select a unique challenge question and provide an answer for each of the question groups below.

*Challenge Question #1 What is your mother's maiden name? v

*Answer to #1

*Challenge Question #2 Who was your first employer? v

*Answer to #2

*Challenge Question #3 What is the name of your favorite school teacher? v

*Answer to #3

User Agreement

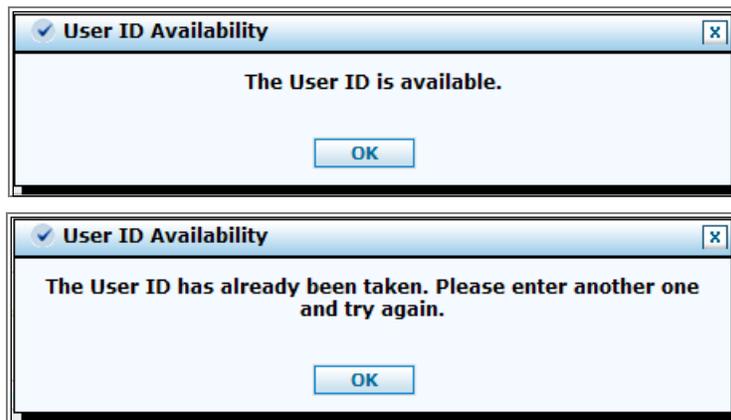
By checking the box provided below and transmitting this form electronically, I state, I am the person whom I represent myself to be herein, and I affirm the information within this web application is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

By entering my full name in the space provided below and transmitting this form electronically, I state that, I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.

*Please sign by typing your full name here:

Submit
Cancel

5. The Display Name field is already populated with the first and last name or group/business name you entered on the first Registration window.
6. Create and enter a User ID into the User ID field.
 - The User ID must be 6 to 20 characters in length and contain only letters and numbers
 - The User ID and Password cannot be the same.
 - Once you've entered text in the User ID field, click the Check Availability button to see whether the User ID you selected is already in use. If it is not in use, the first confirmation message will appear; if it is in use, the second confirmation message will appear.



Create a password, and enter it into the Password and Confirm Password fields. The password:

- Cannot be the same as the user's User ID
- Must be between 8 and 20 characters in length
- Can only contain letters and numbers
- Must contain one capital letter, one lowercase letter, and one numeric digit

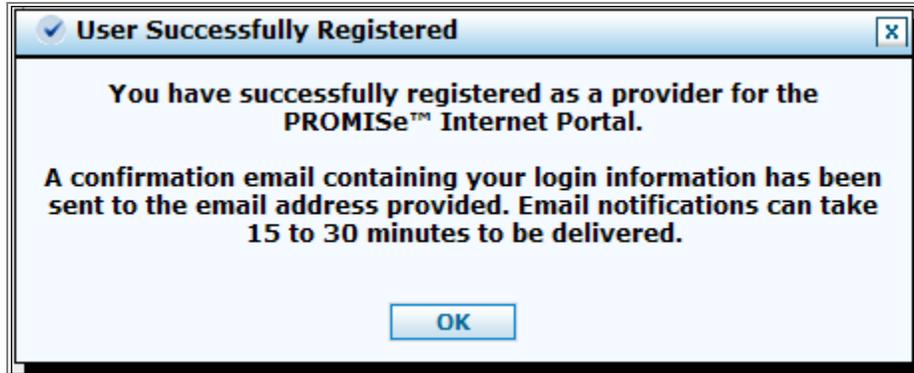
Type your phone number and email address into the fields indicated.

Select three challenge questions from lists provided in the window, and enter answers. This information is used by the system to verify the identity of the billing agent at a future time when resetting a password.

Note: You must select three distinct questions, or you will be unable to proceed.

After completing the Registration form, read the User Agreement, enter your name in the "Please sign by typing your full name here" field, and click the Submit button to submit the form electronically. If all required information is present, you will be able to gain access to the PA PROMISe™ Web application.

The following confirmation message should appear:

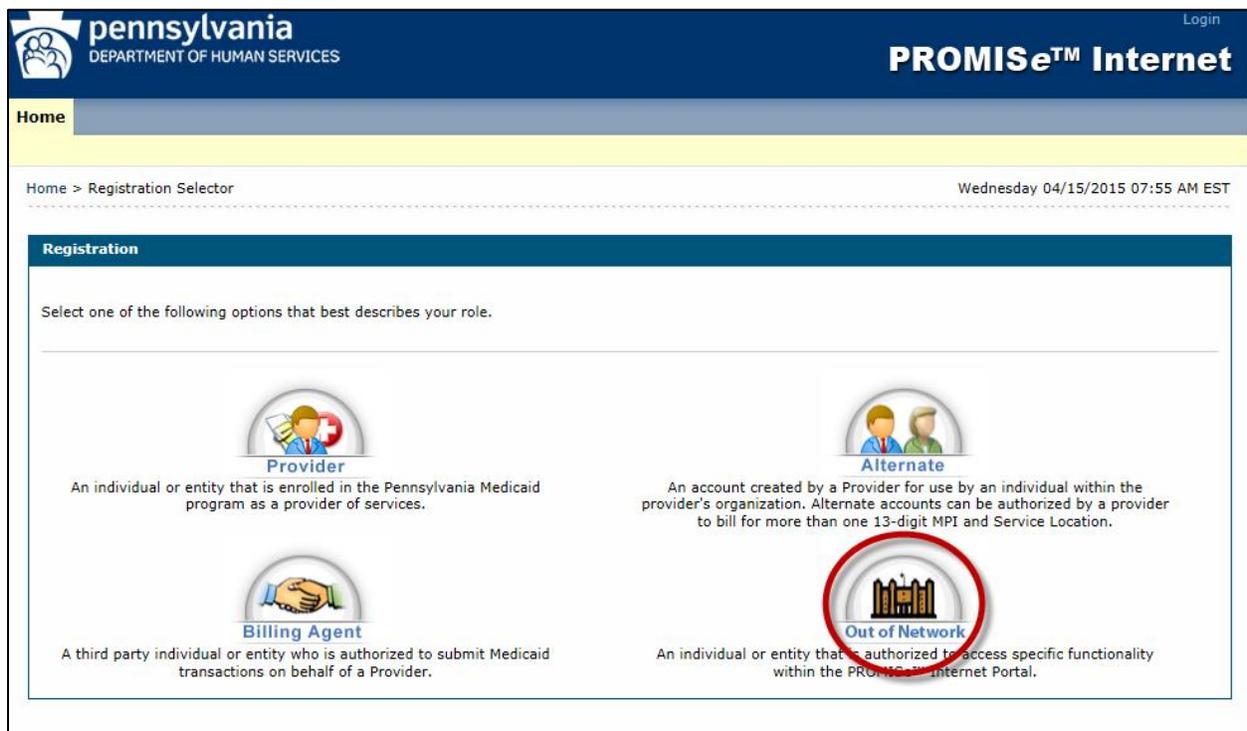


2.3 Process for Registering and Obtaining a Password – OON Providers

An OON provider is defined as an out-of-network business entity that is enrolled in the Healthcare program as a provider of services.

To register as an OON provider, click the Register Now link on the PROMISe™ Welcome Page.

1. The Registration Selector window displays.



2. Select the OON Provider option.
3. The Registration – Personal Information window displays.

The screenshot shows the Pennsylvania Department of Human Services PROMISe™ Internet portal. The header includes the state logo and 'DEPARTMENT OF HUMAN SERVICES' on the left, and 'PROMISe™ Internet' with a 'Login' link on the right. Below the header is a 'Home' button and a breadcrumb trail: 'Home > Registration Selector > Registration'. The date and time 'Wednesday 04/15/2015 08:00 AM EST' are displayed in the top right. The main content area is titled 'Registration Step 1 of 2 - Personal Information' and contains a help icon. A note states '* Indicates a required field.' Below this, a prompt reads 'Please provide the following information to get started!'. There are four input fields: '*First Name', '*Last Name', '*Provider ID', and '*OON Code'. At the bottom of the form are 'Continue' and 'Cancel' buttons.

4. Enter the name of the group practice or business name in the First and Last Name fields.

Example: For the group practice XYZ Physicians Associates, enter XYZ in the First Name field and Physicians Associates in the Last Name field. **Do not** enter the name of an individual person if registering a group or business.

The 13-digit Provider ID number and social security number (SSN) or employer identification number (EIN) are also entered into the applicable fields.

5. Click the Continue button.

6. The Registration – Security Information window displays.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Logout

Home

Home > Registration Selector > Registration
Wednesday 04/15/2015 07:55 AM EST

Registration Step 2 of 2 - Security Information
?

* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

***User ID** Check Availability

***Password**

***Confirm Password**

Please provide your contact information below.

***Display Name**

***Phone Number**

***Email**

***Confirm Email**

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the PROMISE™ Internet portal.

*** Site Key:**



Apple



Balloon



Balloons



Baseball



Billiards

***Passphrase**

Please select a unique challenge question and provide an answer for each of the question groups below.

***Challenge Question #1** What is your mother's maiden name? ▼

***Answer to #1**

***Challenge Question #2** Who was your first employer? ▼

***Answer to #2**

***Challenge Question #3** What is the name of your favorite school teacher? ▼

***Answer to #3**

User Agreement

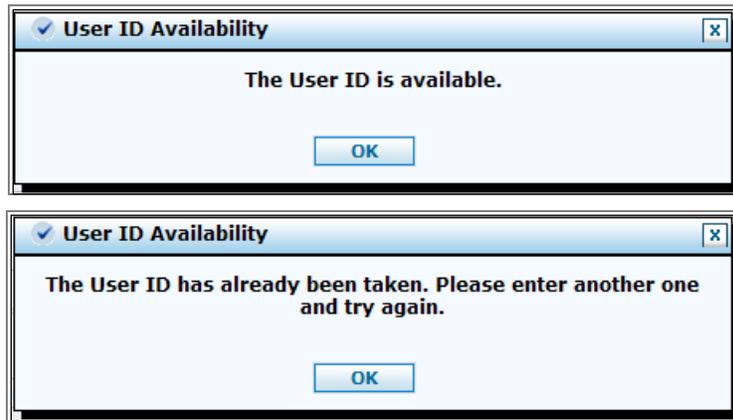
By checking the box provided below and transmitting this form electronically, I state, I am the person whom I represent myself to be herein, and I affirm the information within this web application is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

By entering my full name in the space provided below and transmitting this form electronically, I state that, I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.

***Please sign by typing your full name here:**

Submit
Cancel

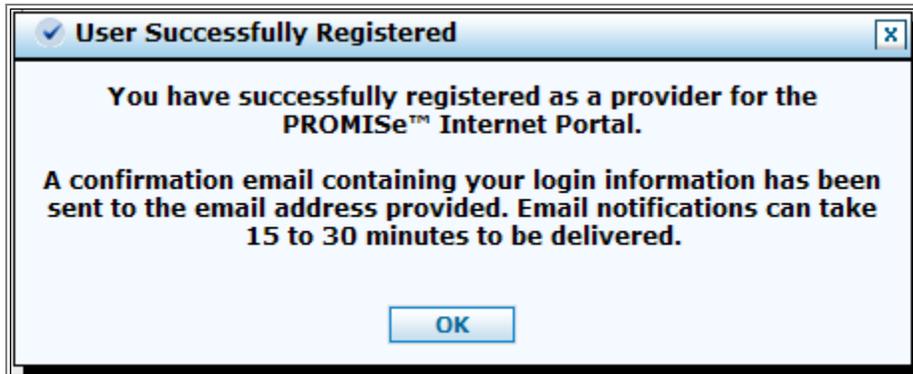
7. The Display Name field is already populated with the first and last name or group/business name you entered in the first Registration window.
8. Create and enter a User ID into the User ID field.
 - The User ID must be 6 to 20 characters in length and contain only letters and numbers
 - The User ID and Password cannot be the same.
 - Once you've entered text in the User ID field, click the Check Availability button to see whether the User ID you selected is already in use. If it is not in use, the first confirmation message will appear; if it is in use, the second confirmation message will appear.



9. Create a password, and enter it into the Password and Confirm Password fields. The password:
 - Cannot be the same as the user's User ID
 - Must be between 8 and 20 characters in length
 - Can only contain letters and numbers
 - Must contain one capital letter, one lowercase letter, and one numeric digit
10. Enter your phone number and email address into the fields indicated.
11. Select three challenge questions from lists provided in the window, and type in answers. This information is used by the system to verify the identity of the OON provider at a future time when resetting a password.

Note: You must select three distinct questions, or you will be unable to proceed.
12. After completing the Registration form, read the User Agreement, enter your name into the "Please sign by typing your full name here" field, and click the **Submit** button to submit the form electronically. If all required information is present, you will be able to gain access to the PA PROMISe™ Web application.

13. The following confirmation message should appear:



2.4 About Alternates

An alternate is an account created by a Provider for use by an individual within the provider's organization. Alternate accounts can be authorized by a provider to bill for more than one 13-digit MPI and Service Location. The alternate is responsible for ensuring patient privacy information accessed via this Web site is used only for legitimate business reasons.

Important Note: After creating a *new* alternate account, the provider, OON provider, and billing agent must supply the alternate with the unique four-digit PIN and five-digit Alternate Code generated during the alternate account creation process. The alternate needs these codes in order to register in the PROMISe™ Provider Portal.

2.4.1 Creating an Alternate

Providers, OON providers, and billing agents can create alternates. Follow the steps below to assign an alternate to your account. These steps are identical for providers, OON providers, and billing agents.

1. On the Provider My Home Page, click the Manage Alternates link to open the Manage Accounts window.

Alternate Assignment [Back to My Home](#) ?

* Indicates a required field.

Enter the Last Name and the Alternate Code to add that alternate to your alternate list then click **Submit** to proceed.

*Last Name

*Alternate Code

Alternates

Click the Alternate's **name** to change the status of the alternate.

#	Name ▲	Display Name	Birth Date	Unique PIN	Alternate Code	Status
1	Alternate, David	David Alternate	01/01/1990	0000	10118	Active
2	Alternate, Test	Test Alternate	09/03/1982	4646	10199	Active - Pending
3	Oonprov, Altfor	Altfor Oonprov	02/29/1960	5555	10081	Active

Adding a New Alternate

1. The Add New Alternate tab is selected by default.
2. Enter the alternate's first name, last name, birth date, and a unique, four-digit number into the specified fields.
3. Click the Submit button.
4. A confirmation window appears.

Alternate Assignment [Back to My Home](#) ?

Add New Alternate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

First Name Alt
Last Name Standin
Birth Date 00/00/0000
 Unique PIN 9876

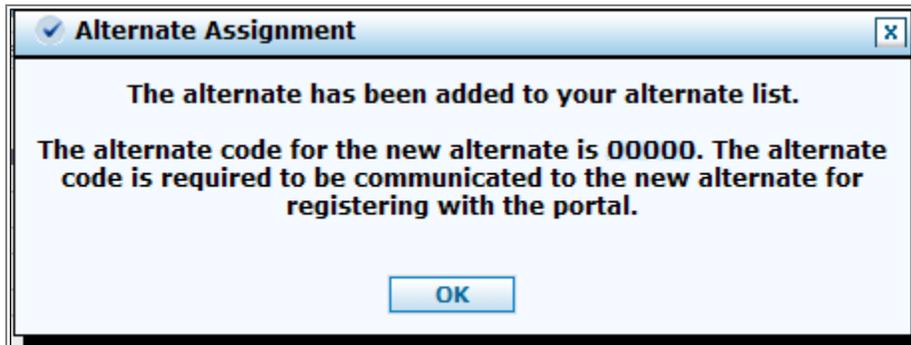
Edit **Confirm** **Cancel**

Alternates

Click the Alternate's **name** to change the status of the alternate.

#	Name ▲	Display Name	Birth Date	Unique PIN	Alternate Code	Status
1	Alternate, David	David Alternate	01/01/1990	0000	10118	Active
2	Alternate, Test	Test Alternate	09/03/1982	4646	10199	Active - Pending
3	Oonprov, Altfor	Altfor Oonprov	02/29/1960	5555	10081	Active

5. To change the information displayed, click the **Edit** button. To cancel the request, click the **Cancel** button. To confirm the request, click the **Confirm** button.
6. A confirmation message will appear.



- Click the OK button. The Manage Alternates screen appears again; however, a Delegates sub-window appears at the bottom, listing the alternate’s name, birth date, unique PIN, alternate code, and status.

Alternate Assignment [Back to My Home](#) ?

Add New Alternate | Add Registered Alternate

* Indicates a required field.
Enter the fields below and click **Submit** to generate the alternate code for the new alternate to register.

*First Name

*Last Name

*Birth Date

*Unique PIN

Submit **Cancel**

Delegates

Click the Alternate's **name** to change the status of the alternate.

#	Name ▲	Birth Date	Unique PIN	Alternate Code	Status
1	Alt Standin	00/00/0000	9876	00000	Active - In Progress

- To change an alternate’s status, click his or her name.

Edit Alternate [Back to My Home](#) ?

Click **Inactivate** to release the alternate listed below.

First Name Sample
Last Name User
Birth Date 01/01/19
Unique PIN 1234
Alternate Code 00000

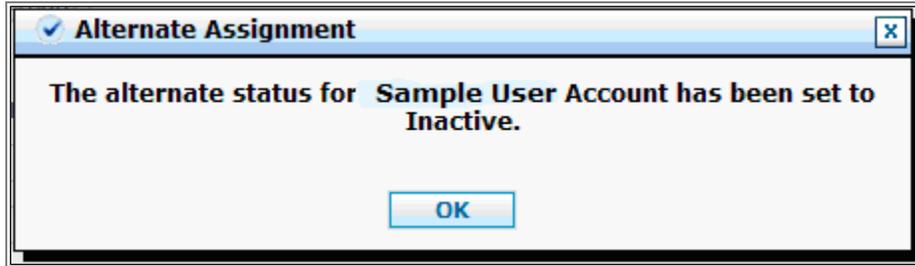
Inactivate **Cancel**

Alternates

Click the Alternate's **name** to change the status of the alternate.

#	Name ▲	Birth Date	Unique PIN	Alternate Code	Status
1	User, Sample	01/01/1918	1234	00000	Active

9. Click the Inactivate button to deactivate a given alternate.
10. A confirmation pop-up box displays, confirming the action.



11. The Inactivate button is replaced by the Reactivate button; to reactivate the alternate, click the Reactivate button.

2.4.2 Adding a Registered Alternate

Providers, billing agents, and OON providers have the option of either creating a new alternate login or of granting permission to an existing one. The Add Registered Alternate function is used to grant permission to an existing alternate.

1. Log on to PROMISe™ via the Welcome to PROMISe™ Welcome Page.
2. Click the Manage Alternates link to access the Manage Accounts window.
3. The Add New Alternate tab is selected by default. Select the Add Registered Alternate tab.

Alternate Assignment [Back to My Home](#) ?

[Add New Alternate](#) | [Add Registered Alternate](#)

* Indicates a required field.

Enter the Last Name and the Alternate Code to add that alternate to your alternate list then click **Submit** to proceed.

*Last Name

*Alternate Code

Alternates

Click the Alternate's **name** to change the status of the alternate.

#	Name ▲	Birth Date	Unique PIN	Alternate Code	Status
1	User_Sample	01/01/1918	1234	00000	Active

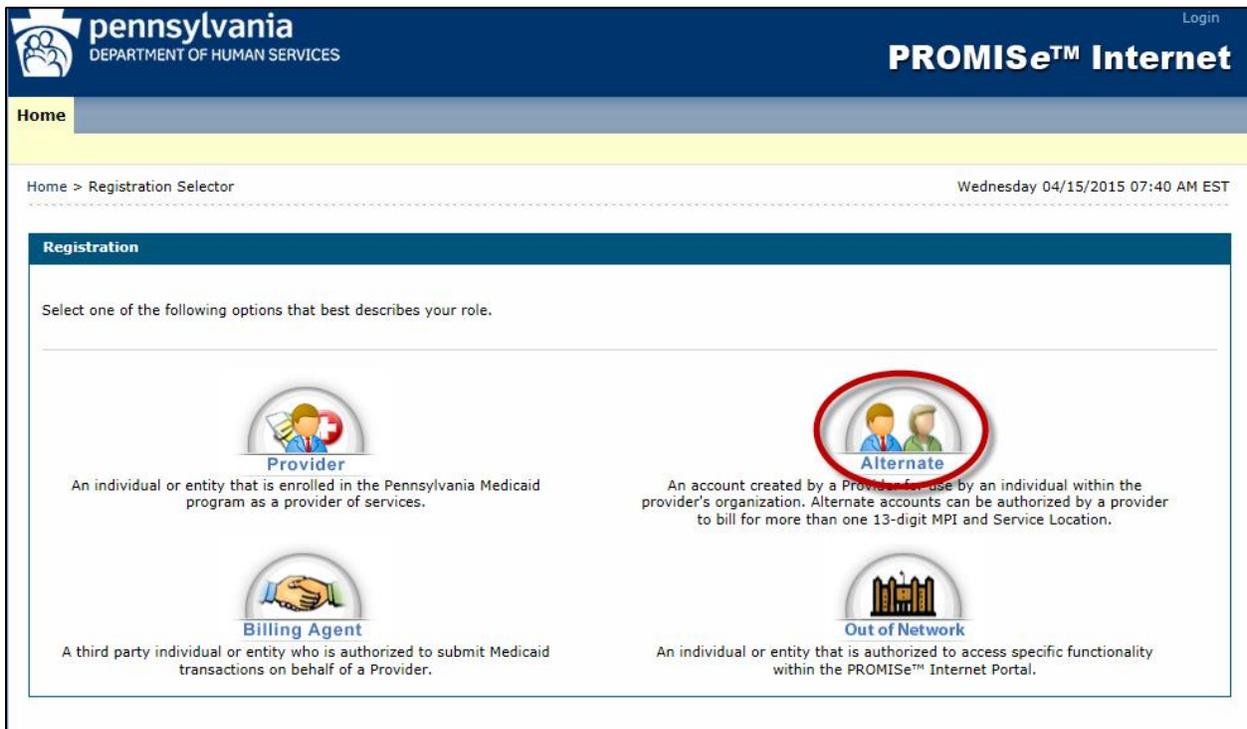
4. Enter the alternate’s last name and Alternate Code into the relevant fields, and click the Submit button.
5. A modified version of the Add Registered Alternate tab appears that allows the user to confirm the values entered.

6. Review the values displayed.
7. To edit further, click the Edit button.
8. To cancel the operation and return to the Add Registered Alternate tab, click the Cancel button.
9. If no changes are necessary, click the Confirm button.
10. An “Alternate Confirmation” pop-up box appears, confirming that the registered alternate has been added to the user’s alternate list.
11. A row of information about the added registered alternate appears at the bottom of the Manage Alternates window.
12. To change an alternate’s status, click his or her hyperlinked name.
13. Click the Inactivate button to deactivate a given alternate.
14. A confirmation pop-up box displays, confirming the action.
15. The Inactivate button is replaced by the Reactivate button; to reactivate the alternate, click the Reactivate button.

2.4.3 First Time Access for Alternates – Initial Password

Once an alternate has been created for a provider, billing agent, or OON provider in PROMISe™, the alternate must go through the registration process.

1. On the PROMISe™ Welcome Page, click the **Register Now** link. The Registration Selector window displays.



2. The Registration – Personal Information window for alternates displays.

The screenshot shows the Pennsylvania Department of Human Services PROMISe™ Internet portal. The header includes the state logo and 'DEPARTMENT OF HUMAN SERVICES' on the left, and 'Login' and 'PROMISe™ Internet' on the right. Below the header is a 'Home' button and a breadcrumb trail: 'Home > Registration Selector > Registration'. The date and time 'Wednesday 04/15/2015 08:16 AM EST' are displayed in the top right. The main content area is titled 'Registration Step 1 of 2 - Personal Information' and contains a help icon. A note states '* Indicates a required field.' Below this, a message says 'Please provide the following information to get started!'. The form fields are:

- *First Name: [text input]
- *Last Name: [text input]
- *Birth Date: [calendar icon] [text input]
- *Unique PIN: [text input]
- *Alternate Code: [text input]

 At the bottom of the form are two buttons: 'Continue' and 'Cancel'.

3. Enter first name, last name, date of birth, the unique four-digit PIN number created by the provider, billing agent, or OON provider, and the alternate code generated when the provider created the alternate role into the applicable fields.
4. Click the **Continue** button.
5. The Registration – Security Information window displays, with the Display Name field already completed.

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Home

Home > Registration Selector > Registration Wednesday 04/15/2015 07:55 AM EST

Registration Step 2 of 2 - Security Information

* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

*User ID [Check Availability](#)

*Password

*Confirm Password

Please provide your contact information below.

*Display Name

*Phone Number

*Email

*Confirm Email

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the PROMISe™ Internet portal.

* Site Key:

<input checked="" type="radio"/> Apple	<input type="radio"/> Balloon	<input type="radio"/> Balloons	<input type="radio"/> Baseball	<input type="radio"/> Billiards

*Passphrase

Please select a unique challenge question and provide an answer for each of the question groups below.

*Challenge Question #1
 *Answer to #1

*Challenge Question #2
 *Answer to #2

*Challenge Question #3
 *Answer to #3

User Agreement

By checking the box provided below and transmitting this form electronically, I state, I am the person whom I represent myself to be herein, and I affirm the information within this web application is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

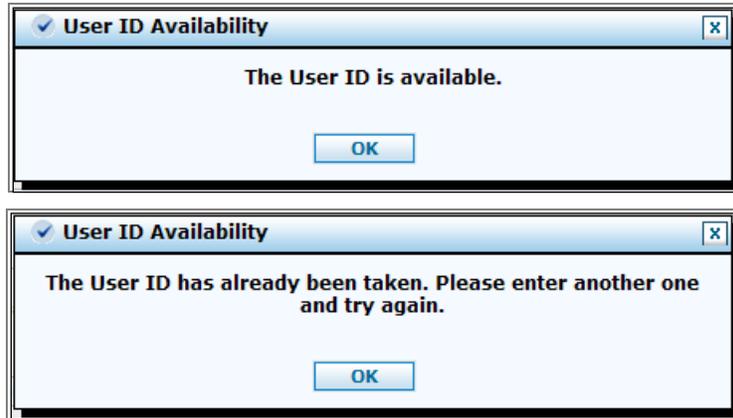
By entering my full name in the space provided below and transmitting this form electronically, I state that, I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.

*Please sign by typing your full name here:

6. Create and enter a User ID into the User ID field.

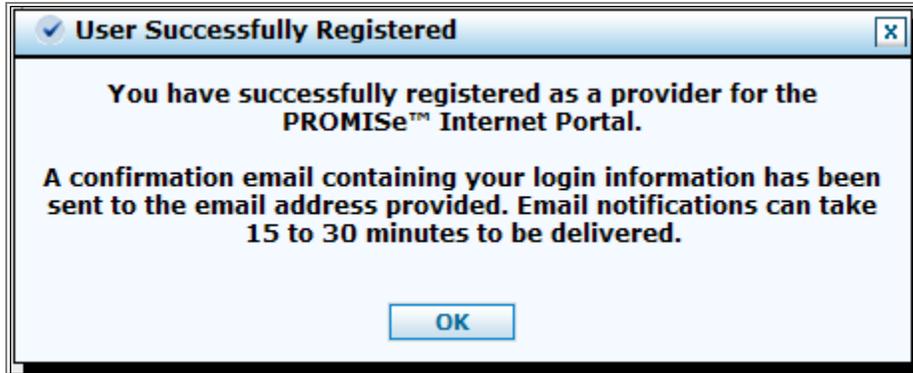
- The User ID must be 6 to 20 characters in length and contain only letters and numbers.

- The User ID and Password cannot be the same.
- Once you've entered text in the User ID field, click the Check Availability button to see whether the User ID you selected is already in use. If it is not in use, the first confirmation message will appear; if it is in use, the second confirmation message will appear.



7. Create a password, and enter it into the Password and Confirm Password fields. The password:
 - Cannot be the same as the user's User ID
 - Must be between 8 and 20 characters in length
 - Can only contain letters and numbers
 - Must contain one capital letter, one lowercase letter, and one numeric digit
8. Enter your phone number and email address into the fields indicated.
9. Select three challenge questions from lists provided in the window, and type in answers. This information is used by the system to verify the identity of the OON provider at a future time when resetting a password.

Note: You must select three distinct questions, or you will be unable to proceed.
10. After completing the Registration form, read the User Agreement, enter your name into the "Please sign by typing your full name here" field, and click the Submit button to submit the form electronically. If all required information is present, you will be able to gain access to the PA PROMISe™ Web application.
11. A registration confirmation message appears.

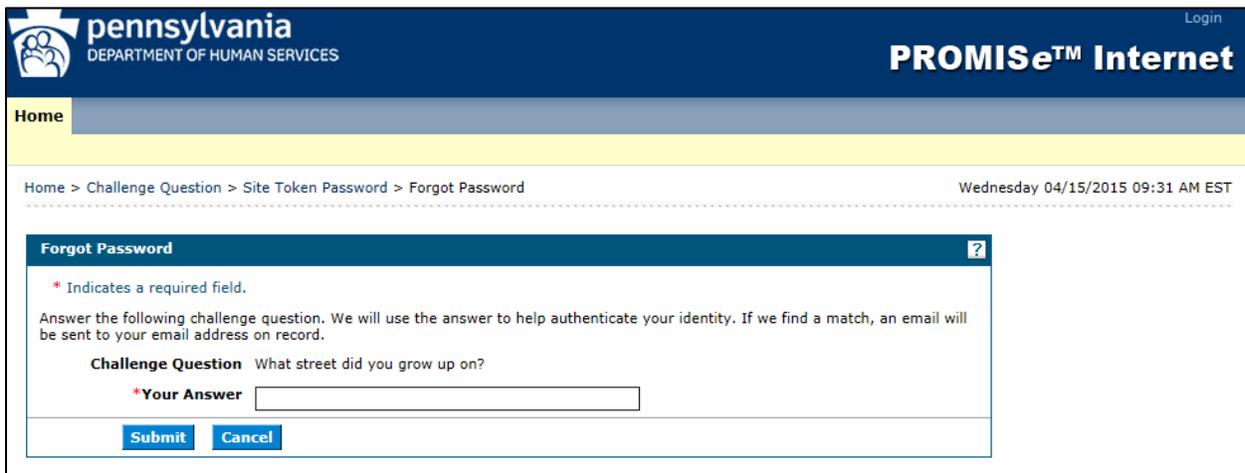


12. The user will be returned to the initial “Welcome to PROMISe™” page, and will need to logon.

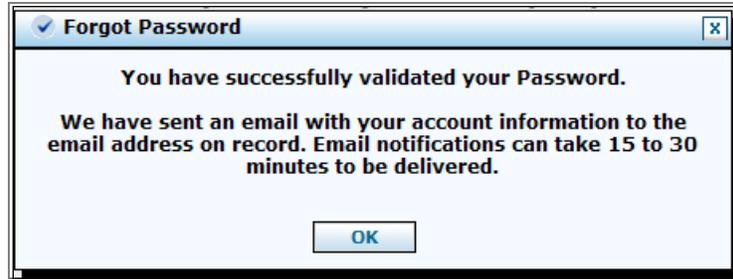
2.5 Forgotten Passwords

In the event that you forget your password, follow the steps below. These steps apply to providers, OON providers, billing agents, and alternates.

1. On the PROMISe™ Welcome Page, enter your user ID in the User ID field and click the **Log In** button.
2. On the Challenge Question page, enter the answer to the challenge question posed in the Your Answer field; click the **Continue** button.
3. On the Site Token Password page, click the **Forgot Password?** link. The Forgot Password page appears.



4. On the Forgot Password page, another challenge question will be posed. Enter the answer to the question in the Your Answer field, and click the **Submit** button.
5. A validation message appears, stating that the password will be sent to your email account.



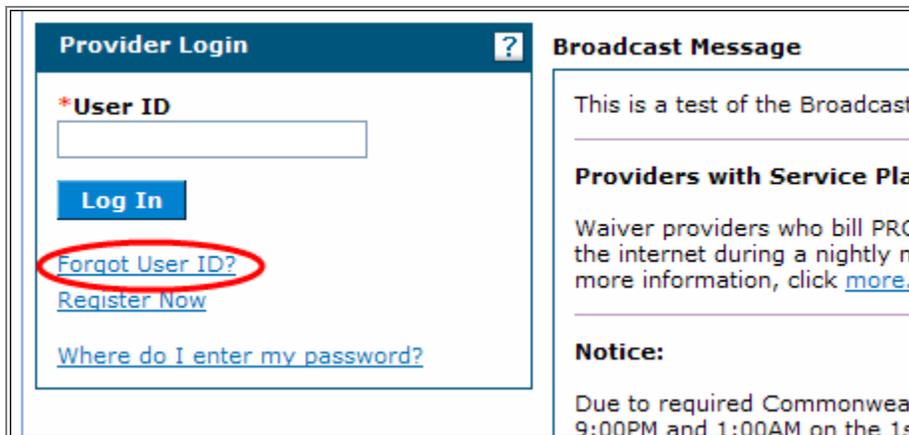
The email message you receive should read, in part, as follows:

This email was sent to confirm that we have reset your password in the PROMISe™ Internet Portal. Your temporary password is listed below. You need to login to the portal as soon as possible and enter a new password. The next time you login, you will be prompted to change your password.

2.6 Forgot User ID

In the event that you've forgotten your User ID, follow the steps below.

1. Access the PROMISe™ Welcome Page.
2. Click the **Forgot User ID?** link.



3. The Forgot User ID window displays.

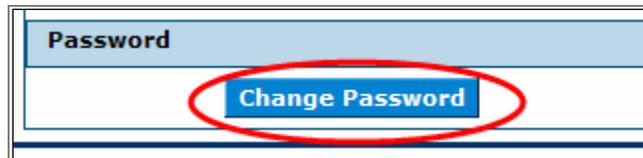
4. Select your user type from the User Type drop-down field.
5. Enter your 13-digit provider ID in the Provider ID field.
6. Click the **Submit** button.
7. A conformation message will appear, and an email message containing your User ID will be sent to you.

2.7 Changing a Password

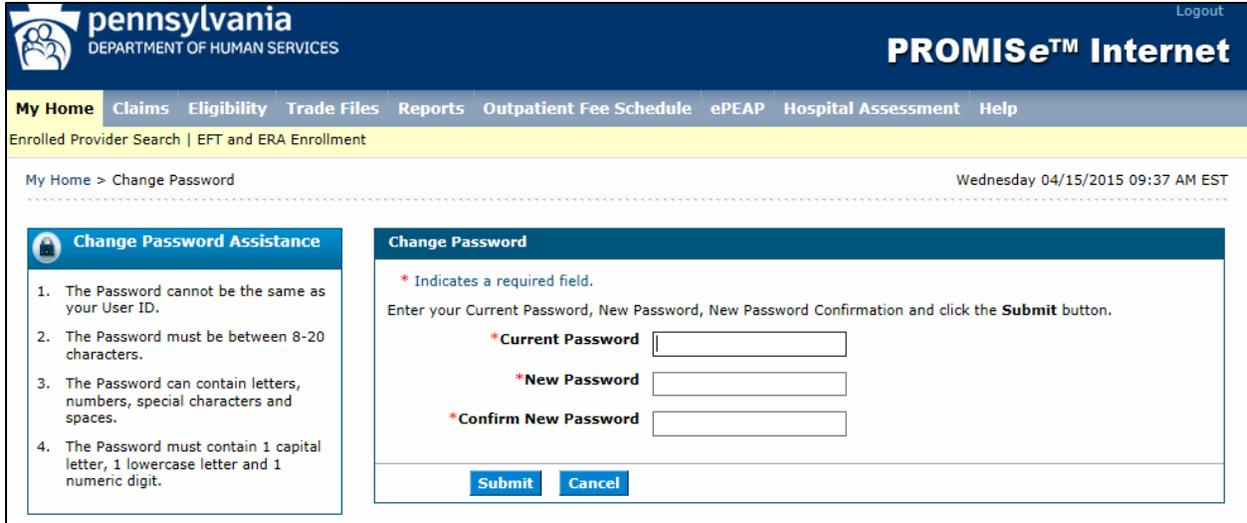
To change a password, access the My Profile window by clicking the My Profile link on the Provider My Home Page. This process is identical for providers, OON providers, billing agents, and alternates.

The screenshot shows the 'My Profile' page for a user. At the top left is the Pennsylvania Department of Human Services logo. A navigation bar includes 'My Home', 'Claims', 'Eligibility', 'Trade Files', 'Reports', 'Outpatient Fee Schedule', 'ePEAP', 'Hospital Assessment', and 'Help'. Below this is a yellow banner for 'Enrolled Provider Search | EFT and ERA Enrollment'. The page title is 'My Profile' with a 'Back to My Home' link. The profile details are organized into sections: 'Name' (First Last), 'Roles' (Current Roles: Provider - In Network), 'Contact Information' (Display Name: First Last, Phone Number: 1-717-777-7777, Current Email: flast@hp.com), 'Preferences' (Primary Language: English (US)), 'Challenge Questions' (three questions about school teacher, first employer, and favorite pet), 'Site Key Token' (Site Key: a yellow balloon image, Passphrase: I love balloons!), and 'Password' (Change Password button).

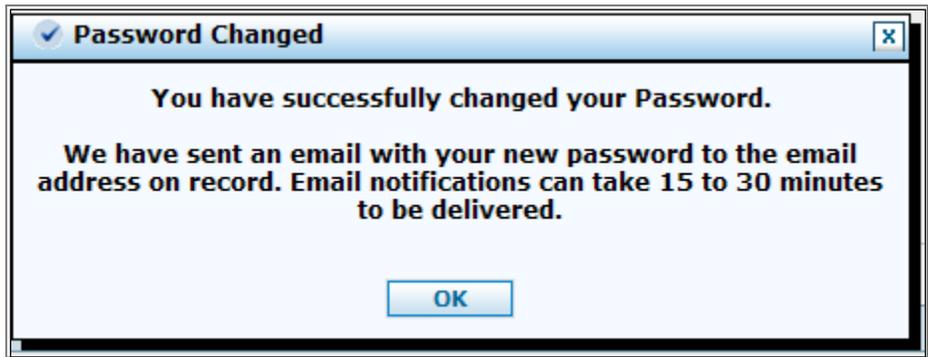
1. Click the Change Password button located at the bottom of the screen.



2. The Change Password page displays.



3. Enter current password in the Current Password field. Enter a new password in the New Password and Confirm New Password fields. The new password:
 - Cannot be the same as the user’s User ID.
 - Must be between 8 and 20 characters in length.
 - Can only contain letters and numbers.
 - Must contain one capital letter, one lowercase letter, and one numeric digit.
4. Click the Submit button.
5. A message stating that your password has been successfully changed appears.



2.8 Denial of Access

Under certain circumstances, you may be denied access to the system. Your account can become disabled or inaccessible for the following reasons:

- You have made five unsuccessful logon attempts.
- You have answered any of the challenge questions incorrectly five times.
- You have forgotten your password and have a Unified Security logon ID, which can be reset in the Forgot Password window (See [Section 2.5, Forgotten Passwords](#)).

- You must contact the Provider Assistance Center to reset your account’s status.

2.9 How to Log On To PA PROMISe™

Note: If you are an existing provider, upon logging in, you will be directed to the My Profile page; the following pop-up message will appear:



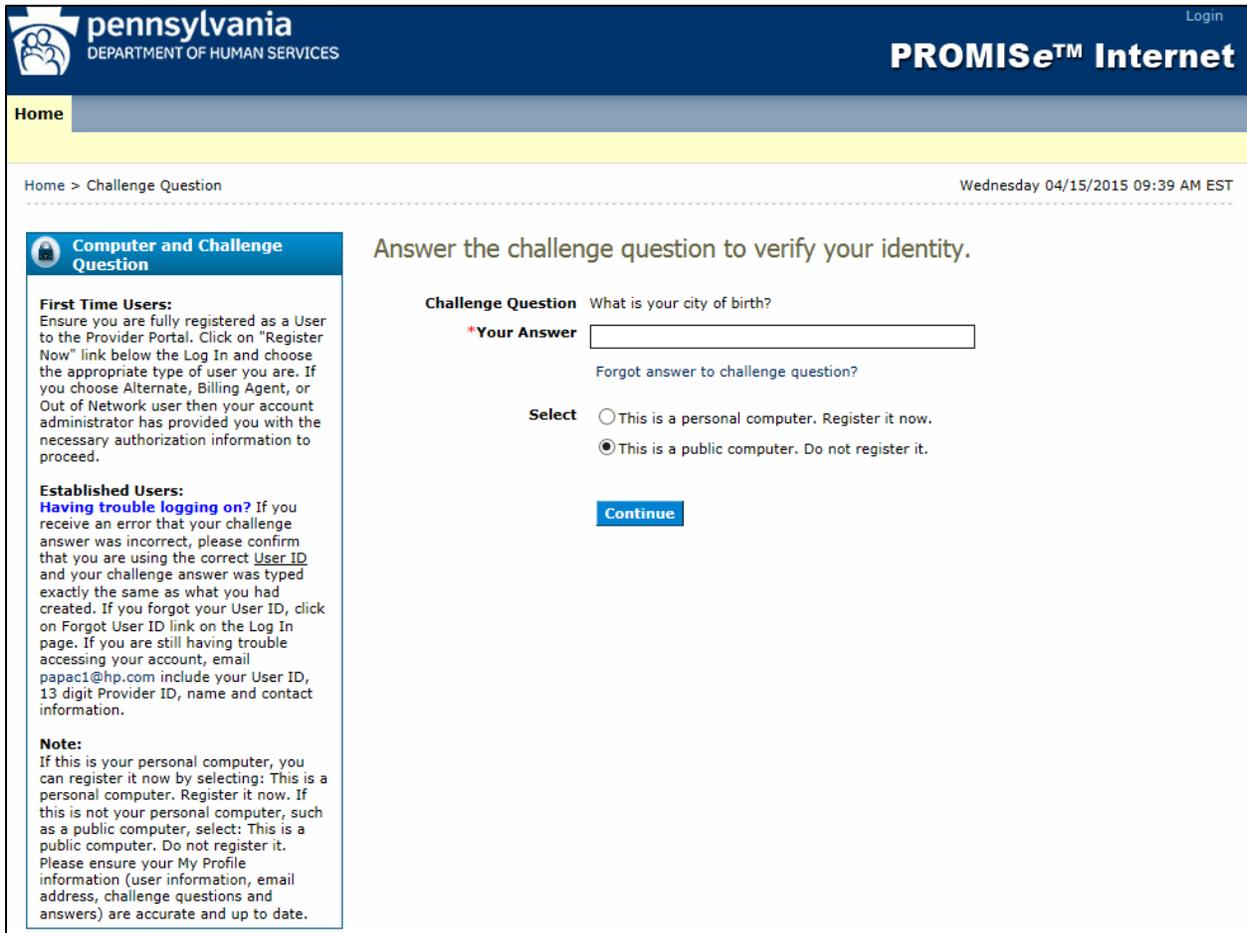
There, you will need to verify your current settings, select a passphrase, challenge questions and answers, and a site key token.

Follow the instructions below to log on to PA PROMISe™.

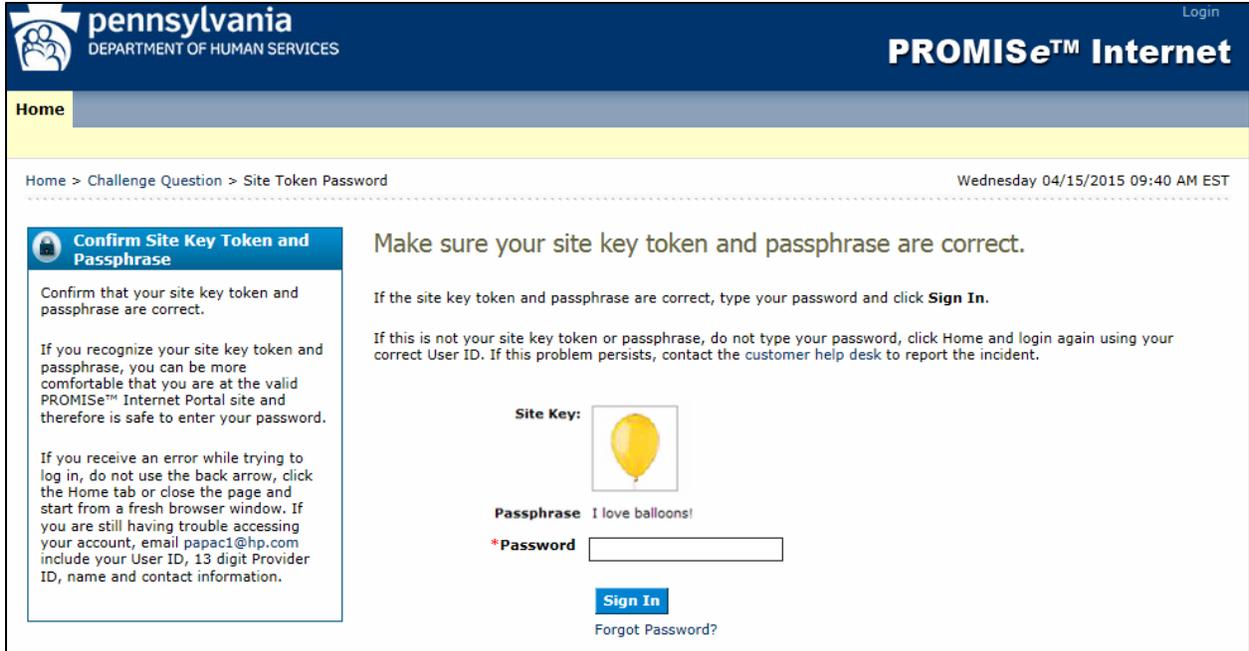
1. Access the PROMISe™ Welcome Page from the OMAP Web site, or use this link: <http://promise.dpw.state.pa.us/>

It is from this window that you initially log on to the PA PROMISe™ application. Providers with more than one service location may create more than one account. However, only one account can be created per service location. To continue, follow the steps outlined below. Helpful information can be accessed from this page by clicking the Use the Internet Help Manuals [here](#) link. Users may also take the online e-Learning course titled “PROMISe™ Internet”; a link to this course is located on this page.

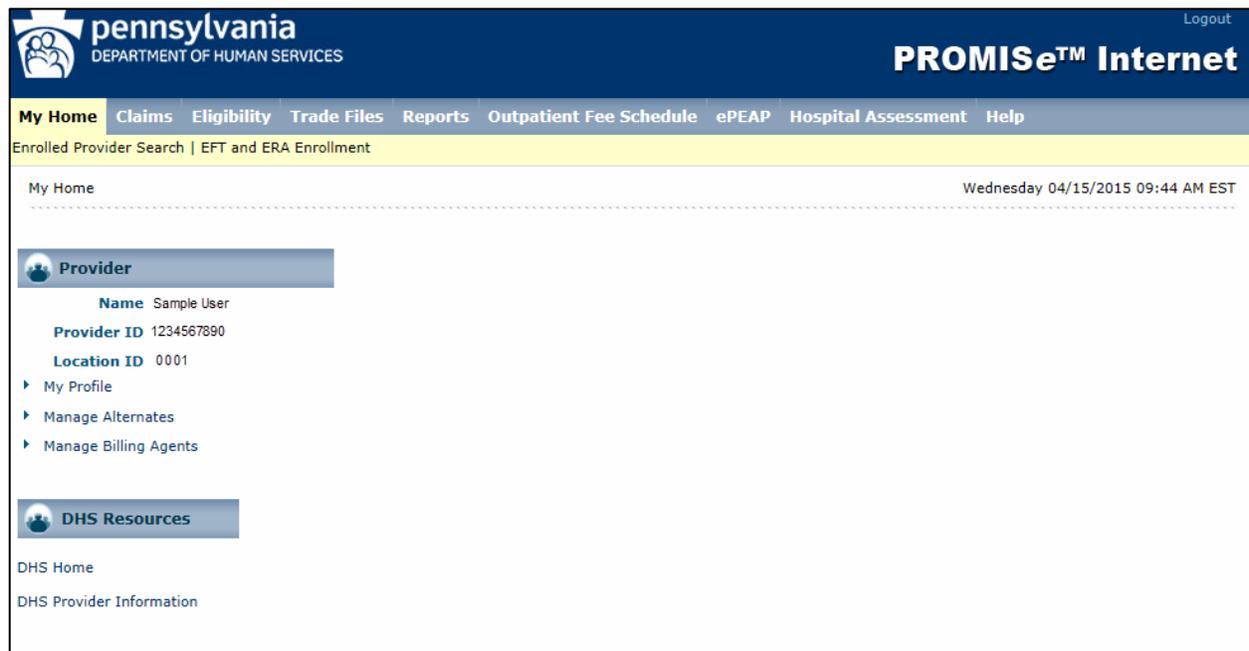
1. Enter your user ID in the User ID field.
2. Click the Log In button.
3. The Challenge Question window displays.



4. In the Your Answer field, enter the answer you created for the challenge question posed.
5. Select the personal computer or public computer option. If you select the “personal computer” option, the Portal will skip the Challenge Question window for future logons. If you select the “public computer” option – the default setting – the Challenge Question window will appear and have to be completed during future logons.
6. Click the Continue button.
7. The Site Token Password window displays.



8. Verify that the site key token and passphrase shown are correct.
 - Enter your password in the Password field. If the site key token and passphrase shown are not yours, contact the Provider Assistance Center
9. Click the Sign In button.
10. The Provider Home Page appears.



On the Provider Home Page, click the My Profile link. The My Profile window opens.

The screenshot displays the 'My Profile' page of the PROMISE™ Internet portal. At the top, there is a navigation bar with 'My Home' selected, and other links for Claims, Eligibility, Trade Files, Reports, Outpatient Fee Schedule, ePEAP, Hospital Assessment, and Help. Below the navigation bar, the page title is 'My Profile' and the date is 'Wednesday 04/15/2015 09:48 AM EST'. The main content area is divided into several sections, each with an 'Edit' button:

- Name:** Sample User
- Roles:** Current Roles: Provider - In Network
- Contact Information:**
 - Display Name: Sample Name
 - Phone Number: 1-717-111-1111
 - Current Email: sample@gmail.com
- Preferences:** Primary Language: English (US)
- Challenge Questions:**
 - Challenge Question #1: What is your mother's maiden name? Answer to #1: Password1234
 - Challenge Question #2: What street did you grow up on? Answer to #2: Password1234
 - Challenge Question #3: What is your city of birth? Answer to #3: Password1234
- Site Key Token:** Site Key:  Passphrase: I love balloons!
- Password:** Change Password

Users can update contact information, challenge questions, and site key tokens.

Clicking the Edit button for each successive section causes a modified version of the My Profile page to display with accessible fields. Make changes as necessary and click the Submit button. Next, the user will be presented with the option to edit (the Edit button), cancel (the Cancel button), or finalize (the Confirm button) the changes made.

By clicking the **Change** Password button, a user's password can be changed. (See [Section 2.7, "Changing a Password"](#)).

2.10 Submitting Claims Electronically Using PA PROMISe™

The PA PROMISe™ Internet application has been designed to make claim submission as efficient as possible using the currently available electronic technology. Each claim submission window constitutes an online claim form that is easy to fill out and submit. The provider number and service location, NPI Number, Taxonomy Code, and ZIP Code automatically appears at the top of each claim, based on the Logon ID used to log into PA PROMISe™.

You can also adjust a claim or one of its service lines through this online feature. Each claim submission window in [Section 5, PA PROMISe™ Internet Windows](#) includes detailed information regarding how to perform these functions.

2.10.1 About Dental Claims

Providers can access the online Dental claim form by clicking on the **Submit Dental** link in the Claims option in the menu bar of the Provider My Home Page window.

[Section 5.8, Provider Dental Claim](#) provides step-by-step information for submitting or adjusting a Dental claim.

2.10.2 About Institutional Claims

Providers can access the online Institutional claim form by clicking on the **Submit Institutional** link in the Claims option in the menu bar of the Provider My Home Page window.

[Section 5.10, Provider Institutional Claim](#) provides step-by-step information for submitting or adjusting an Institutional claim.

2.10.3 About Pharmacy Claims

Providers can access the online Pharmacy claim form by clicking on the **Submit Pharmacy** link in the Claims option in the menu bar of the Provider My Home Page window.

[Section 5.12, Provider Pharmacy Claim](#) provides step-by-step information for submitting or adjusting a Pharmacy claim.

2.10.4 About Professional Claims

Providers can access the online Professional claim form by clicking on the **Submit Professional** link in the Claims option in the menu bar of the Provider My Home Page window.

[Section 5.14, Provider Professional Claim](#) provides step-by-step information for submitting or adjusting a Professional claim.

2.10.5 About the Copy Function

Providers can duplicate a paid claim using the Copy function.

The Copy button can be used if a provider is resubmitting a previously denied claim or performing an adjustment or void on a previously paid claim.

Service Adjustments for Service Line 1:

Add Adjustment

X	Adjustment	1
X	2 - Coinsurance amount	Reason Code

Amount: 5.40 Adjustment Group Code: PR - Patient Responsibility

Paid Date: 05/31/2012
Paid Amount: 21.60
Medicare Approved Amount: 27.00
Carrier Code: [Dropdown]

Carrier Code is required
Verify that Carrier Code is entered for all details

New **Submit** **Copy**

Claim Status Information
Claim Status: Paid

3 Enrolling for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) on the PROMISe™ Portal

The PA PROMISe™ Internet application has been designed to make enrolling for Electronic Funds Transfer (EFT) as efficient as possible using the currently available electronic technology.

3.1 About the Electronic Funds Transfer Enrollment Application Window

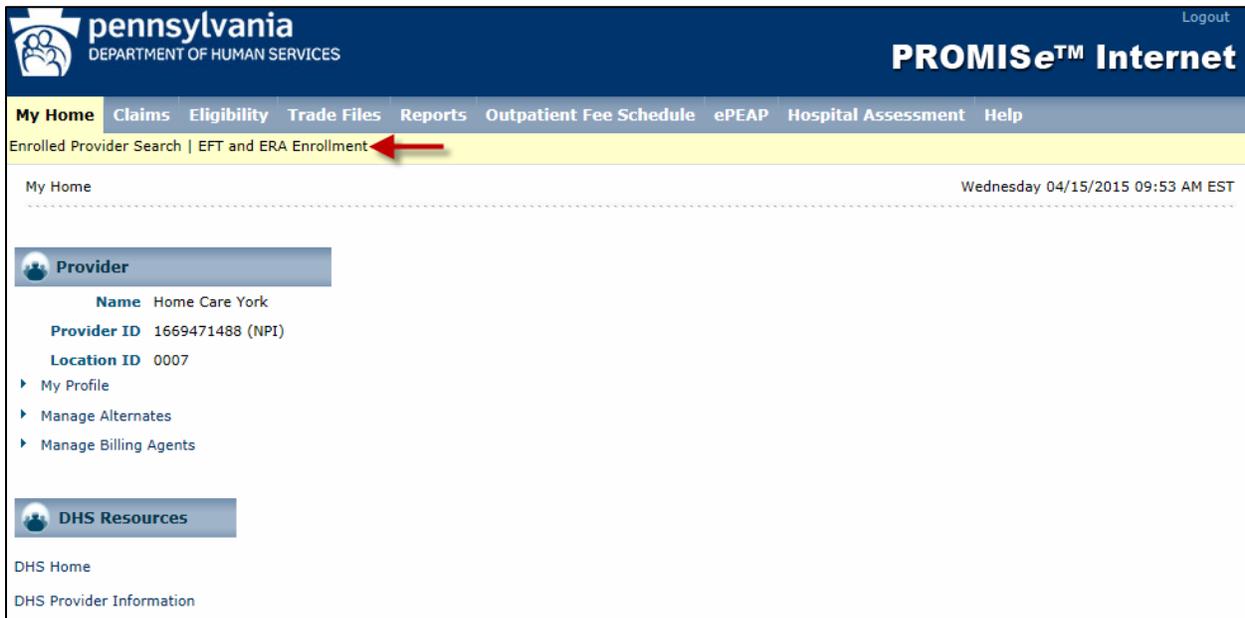
The Electronic Funds Transfer Enrollment Application window constitutes an online application form that is easy to fill out and submit.

Providers and Provider Alternates who are registered on the PROMISe™ Provider Portal can access the online EFT Enrollment Application form by clicking on the EFT and ERA Enrollment menu option in the menu bar of the Provider My Home Page window and then clicking on the EFT Enrollment Request button on the EFT and ERA Enrollment Window.

Please allow four weeks for the enrollment process which includes pre-notification verification. If after four weeks you do not start receiving EFT payments, please contact the Provider Assistance Center (PAC) at 1-800-248-2152.

All questions related to electronic EFT enrollment should be directed to the PAC at 1-800-248-2152 or papa1@hpe.com

3.1.1 Layout



3.1.2 Accessibility and Use

To access the EFT and ERA Enrollment window and submit an Electronic Funds Transfer (EFT) and/or an Electronic Remittance Advice (ERA) application, complete the steps in the following step/action tables.

To Access the Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Enrollment Application Window

STEP	ACTION	RESPONSE
1	Sign on to the PA PROMISe™ Internet application.	The Provider Main Page appears on the desktop.
2	Click on the EFT and ERA Enrollment menu option in the menu bar of the window.	The EFT and ERA Enrollment window opens.
3	Click the EFT Enrollment Request option.	The Electronic Funds Transfer (EFT) Enrollment Application window opens.
4	Click the ERA Enrollment Request option.	The Electronic Remittance Advice (ERA) Enrollment Application window opens.

3.1.3 Field Descriptions

Field	Description	Data Type	Length
Provider ID	13-digit PROMISe™ Provider ID currently selected for the Portal user. Formatted with a dash between the 9-digit MPI and the 4-digit service location code	Alpha-numeric	14
Name	Name of the provider service location	Alpha-numeric	50
Electronic Funds Transfer			
EFT Status	Service location’s EFT activity status in PROMISe™. Possible values (and meanings) are: <ul style="list-style-type: none"> • Enrolled -- (PROMISe™ EFT status is active) • Pre-notification – (PROMISe™ sending test transactions for 3 weeks before full enrollment) • Not Enrolled – (PROMISe™ EFT status is cancelled or EFT was never set up) 	Alpha	15
Financial Institution Routing Number	Identifies service location’s financial institution. Field will be blank when EFT Status is “Not Enrolled”	Numeric	9

Field	Description	Data Type	Length
Provider's Account Number	Service location's account number with the Financial Institution. Only last 4 digits of the account number will be displayed; other digits will be masked. Field will be blank when EFT Status is "Not Enrolled"	Alpha-numeric	17
Type of Account	Type of financial account. Possible values are: <ul style="list-style-type: none"> • Checking • Savings Field will be blank when EFT Status is "Not Enrolled"	Alpha	8
Most Recent Online EFT Enrollment Request: Submission Date	Submission Date of most recent EFT Enrollment request submitted on the Portal for the service location. Format is CCYYMMDD. Field will be blank if an online EFT Enrollment request has never been submitted for the service location	Numeric	8
Most Recent Online EFT Enrollment Request: Request Status	Current status of the EFT Enrollment Request. Possible values are: <ul style="list-style-type: none"> • Accepted • Pending • Rejected Field will be blank if an online EFT Enrollment request has never been submitted for the service location	Alpha	9
EFT Enrollment Request	Opens EFT Enrollment Application Window	Button	N/A
Electronic Remittance Advice			
ERA Status	Service location's ERA activity Status in PROMISe™. Possible values (and their meanings) are:	Alpha	15

Field	Description	Data Type	Length
	<ul style="list-style-type: none"> Enrolled – (Service location is assigned a Submitter ID and has Auto RA Date less than or equal to current date.) Not Enrolled – (Service location is not assigned a Submitter ID and/or has Auto RA Date greater than current date.) 		
Submitter ID for ANSI X12	<p>Submitter ID assigned to the service location.</p> <p>Field may be blank if service location’s ERA status is Not Enrolled</p>	Numeric	9
Most Recent Online ERA Enrollment Request: Submission Date	<p>Submission Date of most recent ERA Enrollment request submitted on the Portal for the service location.</p> <p>Format is CCYYMMDD.</p> <p>Field will be blank if an online ERA Enrollment request has never been submitted for the service location.</p>	Numeric	8
Most Recent Online ERA Enrollment Request: Request Status	<p>Current status of the ERA Enrollment Request. Possible values are:</p> <ul style="list-style-type: none"> Accepted Pending Rejected <p>Field will be blank if an online ERA Enrollment request has never been submitted for the service location</p>	Alpha	9
ERA Enrollment Request	Opens ERA Enrollment Application Window	Button	N/A

3.2 Enrolling for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) On the PROMISe™ Portal

This window allows registered PROMISe™ provider service locations to enroll for payment by Electronic Funds Transfer (EFT). This window is accessed from the PA PROMISe™ Internet Provider My Home Page and clicking on the EFT and ERA Enrollment menu option in the menu

bar. The window displays the current EFT and ERA activity status in PROMISe™ of the provider service location that the user is currently logged into on the portal. Valid values are:

- Enrolled – (PROMISe™ EFT status is active)
- Pre-notification – (PROMISe™ sending test transactions for 3 weeks before full enrollment)
- Not Enrolled – (PROMISe™ EFT status is cancelled or EFT was never set up)

3.2.1 Layout

The screenshot shows the 'Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Enrollment' page. At the top, there is a navigation bar with 'My Home', 'Claims', 'Eligibility', 'Trade Files', 'Reports', 'Outpatient Fee Schedule', 'ePEAP', 'Hospital Assessment', and 'Help'. The page title is 'Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Enrollment' with a 'Help' button. Below the title, the provider information is displayed: 'Provider ID: 100729396-0007' and 'Name: MEMORIAL HOSPITAL'. The EFT section shows 'EFT Status: Not Enrolled' and 'Most Recent Online EFT Enrollment Request' with a 'Request Status' of 'EFT Enrollment Request', which is highlighted with a red arrow. The ERA section shows 'ERA Status: Not Enrolled' and 'Most Recent Online ERA Enrollment Request' with a 'Request Status' of 'ERA Enrollment Request'.

3.2.2 Accessibility and Use

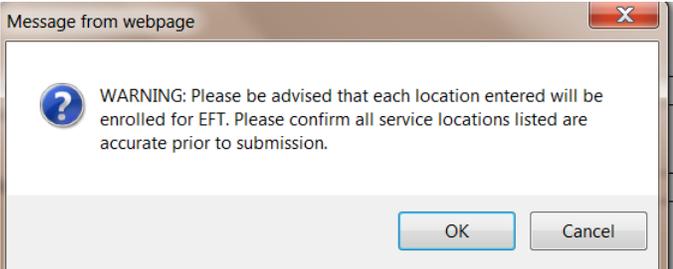
To complete the Electronic Funds Transfer Enrollment Application window, complete the steps in the following step/action tables.

To Open the Electronic Funds Transfer (EFT) Enrollment Application Window

STEP	ACTION	RESPONSE
1	Click the EFT Enrollment Request Option.	The Electronic Funds Transfer (EFT) Enrollment Application window opens.

To Complete the Electronic Funds Transfer (EFT) Enrollment Application

STEP	ACTION	RESPONSE
1	In the Provider Information Section, Name field, the legal name of the institution, corporate entity, practice or individual provider associated with the service location's pay-to address .	This information is auto-filled from the data available in PROMISe™. The user may not update this information via the EFT Enrollment Application window if appropriate.
2	In the Provider Information Section, Street field, the number and street name where the provider service location is located.	This information is auto-filled from the data available in PROMISe™. The user may update this information via the EFT Enrollment Application window if appropriate.
3	In the Provider Information Section, City field, the city associated with the provider service location's street address.	This information is auto-filled from the data available in PROMISe™. The user may update this information via the EFT Enrollment Application window if appropriate.
4	In the Provider Information Section, State/Province field, the two character code associated with the state name.	This information is auto-filled from the data available in PROMISe™. The user may update this information via the EFT Enrollment Application window if appropriate.
5	In the Provider Information Section, Zip Code/Postal Code field, the full nine digit zip code assigned by the Postal Service.	This information is auto-filled from the data available in PROMISe™. The user may update this information via the EFT Enrollment Application window if appropriate.
6	In the Provider Identifiers Section, Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) field, the Tax ID of the provider legal entity. Note*	This information is auto-filled from the data available in PROMISe™. The user may not update this information via the EFT Enrollment Application window if appropriate.

	Only the last 4 digits of the Tax ID will be displayed; the other digits will be masked.	
7	In the Provider Identifiers Section, National Provider Identifier (NPI) field, the Federally assigned 10 digit number for the Assigned service location.	This information is auto-filled from the data available in PROMISe™. The user may not update this information via the EFT Enrollment Application window if appropriate.
8	In the Other Identifiers Section, Assigning Authority field “PA PROMISe™”	”PA PROMISe™” will be auto-filled in this field. The user may not update this information via the EFT Enrollment Application window.
9	In the Other Identifiers Section, Trading Partner ID field(s), the provider’s assigned 9-digit Medical Assistance ID number will be auto-filled. The 4-digit Service Location is initially blank.	<p>This information is partially auto-filled from the data available in PROMISe™. The user must update the 4-digit Service Location. An automatic edit will verify that the entered Service Location is active for the submitting provider legal entity.</p> <p>Note* Only the first Trading Partner ID selection will be partially auto-filled with the service location information of the service location you log into the portal with. This information cannot be updated. All subsequent service location entries must be submitted by the provider and then confirmed by the system.</p> <p>Each new row begins with a minus sign (“-“) that the user may click to remove the row from the application form.</p> <p>The maximum number of service locations that may be added is 100.</p> <p>The first time a user clicks this link on a new application, a pop-up message appears to caution the user about adding service locations.</p> 

10	In the Provider Contact Information Section, Provider Contact Name field, the name of the provider contact for handling EFT issues.	The Provider Contact Name field is a required field and is not auto-filled. The User must enter the name of the provider contact for handling EFT issues.
11	In the Provider Contact Information Section, Telephone Number field, the provider contact phone number for EFT issues.	The Provider Contact Telephone Number field is a required field and is not auto-filled. The User must enter the telephone number of the provider contact for handling EFT issues.
12	In The Provider Contact Information Section, Email Address field, the electronic mail address to send provider contact correspondence.	The Provider Contact Email Address field is a required field and is not auto-filled. The User must enter the email address of the provider contact for handling EFT issues.
13	In the Financial Institution Information Section, Financial Institution Name field, the official name of the provider’s financial institution.	The Financial Institution Name field is a required field and is not auto-filled. The User must enter the name of the provider’s financial institution.
14	In the Financial Institution Information Section, Financial Institution Address Street field, the street number and street name where the financial institution is located.	The Financial Institution Address Street field is a required field and is not auto-filled. The User must enter the street number and the street name of the provider’s financial institution.
15	In the Financial Institution Information Section, Financial Institution Address City field, the city associated with the financial institution address street field.	The Financial Institution Address City field is a required field and is not auto-filled. The User must enter the City associated with the provider’s financial institution address.
16	In the Financial Institution Information Section, Financial Institution Address State/Province field, the two character code associated with the state/province name.	The Financial Institution Address State/Province field is a required field and is not auto-filled. The User must enter the two character code associated with the state associated with the state/province of the provider’s financial institution.
17	In the Financial Institution Information Section, Financial Institution	The Financial Institution Routing Number field is a required field. The information is auto-filled if available. If the information is not auto-filled, the

	Routing Number field, the 9-digit identifier of the financial institution where the provider maintains an account which EFT payments are to be deposited.	User must enter the provider’s financial institution routing number.
18	In the Financial Institution Information Section, Type of Account at Financial Institution field, the account type (e.g., Checking, Saving) payment are to be deposited into.	The Type of Account at Financial Institution field is a required field and is not auto-filled. The User must select the type of account the provider will use to receive EFT payments. Valid values are: Checking Saving
19	In the Financial Institution Information Section, Provider’s Account Number Financial Institution field, the account number at the financial institution to which EFT payments are to be deposited.	The Provider’s Account Number with Financial Institution field is a required field and is not auto-filled. The User must enter the account number at the provider’s financial institution to which EFT payment is to be deposited.
20	In the Financial Institution Information Section, Account Number Linkage to Provider Identifier field(s), the preference for grouping (bulking) claim payments. Note* this is collected for informational purposes only; PA PROMISe™ does NOT bulk payments.	The Account Number Linkage to Provider Identifier field is not auto-filled. The User may enter the provider’s preference for grouping claim payments. Valid values are: Provider Tax Identification Number (TIN) National Provider Identifier (NPI) NOTE* If TIN is the selected preference; the provider’s Tax Identification Number is required to be entered. If NPI is the selected preference, the provider’s NPI is required to be entered.
21	In the Submission Information Section, Reason for Submission field(s), must select one of the reasons.	The Reason for Submission field is a required field and is not auto-filled. The User must select the reason for submitting the EFT form. Valid values are: New Enrollment Change Enrollment Cancel Enrollment
22	In the Submission Information Section, Authorized Signature field, the PA PROMISe™ User ID of an individual authorized by the provider or its agent to	The Authorized Signature field is auto-filled with the electronic signature of the PROMISe™ Portal User ID of the person submitting the enrollment form. The User may not update this field via the EFT Enrollment Application window.

	initiate, modify, or terminate the EFT enrollment.	
23	In the Submission Information Section, Printed Name of Person Submitting Enrollment field, the name of the individual who submitted the EFT application form.	The Printed Name of Person Submitting Enrollment field is a required field and is not auto-filled. The User must enter the name of the individual who submitted the EFT application form.
24	In the Submission Information Section, Printed Title of Person Submitting Enrollment field, the title of the individual who signed the EFT application form.	The Printed Title of Person Submitting Enrollment field is not auto-filled. The User may enter the title of the individual who submitted the EFT application form.
25	In the Submission Information Section, Submission Date field, the on which the EFT application form is submitted in CCYYMMDD format.	The Submission Date field is auto-filled with the current date on which the EFT application form is submitted in format CCYYMMDD. The User may not update this field.
26	Click the Submit EFT Enrollment Form option to submit the EFT Enrollment Application.	The Electronic Funds Transfer (EFT) Agreement window opens.

3.2.3 Layout (Authorization)

I hereby authorize the Commonwealth of Pennsylvania to post payments into the financial account referenced above. I certify the foregoing information is true, accurate and complete under penalty of perjury. If the signatory is a preparer and not the provider identified by the Medicaid Number noted above, the signatory acknowledges that as the preparer, he or she is providing the information on behalf of the provider and that the provider authorized the preparer to complete this action. I acknowledge that I read and understand this agreement.

If there is an EFT failure, I agree to have the payment made by check and mailed to the address listed on the PROMISe provider file.

Electronic signature – By selecting the “Accept” button, you are signing this agreement electronically. You agree your electronic signature is the legal equivalent of your written signature on the agreement, and the provider (and any preparer) is bound by this signature.

NOTICE - Anyone who misrepresents or falsifies essential information to receive payment utilizing this form may upon conviction be subject to fine and/or imprisonment under applicable State and/or Federal laws.

The EFT Agreement displays the terms and conditions for EFT enrollment and allows the user to accept or decline the terms.

1	Click the ACCEPT option to submit the EFT Enrollment data.	The Electronic Funds Transfer (EFT) data is added to the PROMISe™ database for review and processing.
2	Click the Decline option	The user will be returned to the EFT Enrollment Application window.

3.2.4 Field Descriptions

Field	Description	Data Type	Length
Provider Information			
Provider Name	Name associated with the service location’s pay-to address	Alpha-numeric	50
Provider Address: Street	Street address lines 1 and 2 of the service location’s pay-to address	Alpha-numeric	50
Provider Address: City	City portion of service location’s pay-to address	Alpha-numeric	18

Field	Description	Data Type	Length
Provider Address: State/Province	State portion of service location’s pay-to address. 2-character postal abbreviation code	Alpha	2
Provider Address: Zip Code/Postal Code	Zip code portion of service location’s pay-to address. Full 9-digit zip code with a dash inserted between first 5 and last 4 numbers	Alpha-numeric	10
Provider Identifier Information			
Provider Identifiers: Provider Federal Tax Identification Number or Employer Identification Number	Tax ID of provider legal entity. Only the last 4 digits of the Tax ID will be displayed; the other digits will be masked	Numeric	9
Provider Identifiers: National Provider Identifier (NPI)	National Provider Identifier assigned to the service location	Numeric	10
Other Identifiers: Assigning Authority (“PA PROMISe™”)	“PA PROMISe™”	Alpha	10
Other Identifiers: Trading Partner ID (“PA PROMISe™”)	13-digit PROMISe™ Provider ID selected for the Portal user. Formatted as 9-digit MPI and 4-digit Service Location Code	Numeric	9 + 4
Other Identifiers: Trading Partner ID (“PA PROMISe™”) + Add New Service Location	Adds a new row for Trading Partner ID. 9-digit MPI is auto filled the same as the first row and may not be updated. 4-digit Service Location is initially blank and must be updated by the user. An automatic edit will verify that the user-entered Service Location is an active service location for the submitting provider legal entity. Each new row begins with a minus sign (“-”) that the user may	Link	N/A

Field	Description	Data Type	Length
	<p>click to remove the row from the form.</p> <p>The maximum number of service locations that may be added is 100.</p> <p>The first time the user clicks this link on a new application, a pop-up message will appear to caution the user about adding service locations. DHS will provide the wording for this pop-up message</p>		
Provider Contact Information			
Provider Contact Name: Contact	Name of contact in provider office for handling EFT issues	Alpha-numeric	50
Provider Contact Name: Telephone Number	Phone number of contact person	Numeric	10
Provider Contact Name: Telephone Number Extension	Phone number extension of contact person	Numeric	4
Provider Contact Name: Email Address	Email Address of contact person	Alpha-numeric	50
Provider Institution Information			
Financial Institution Name	Name of the provider's financial institution	Alpha-numeric	50
Financial Institution Address: Street	Street address portion of provider's financial institution address	Alpha-numeric	50
Financial Institution Address: City	City portion of provider's financial institution address	Alpha-numeric	18
Financial Institution Address: State/Province	State portion of provider's financial institution address. 2-character postal abbreviation code	Alpha	2

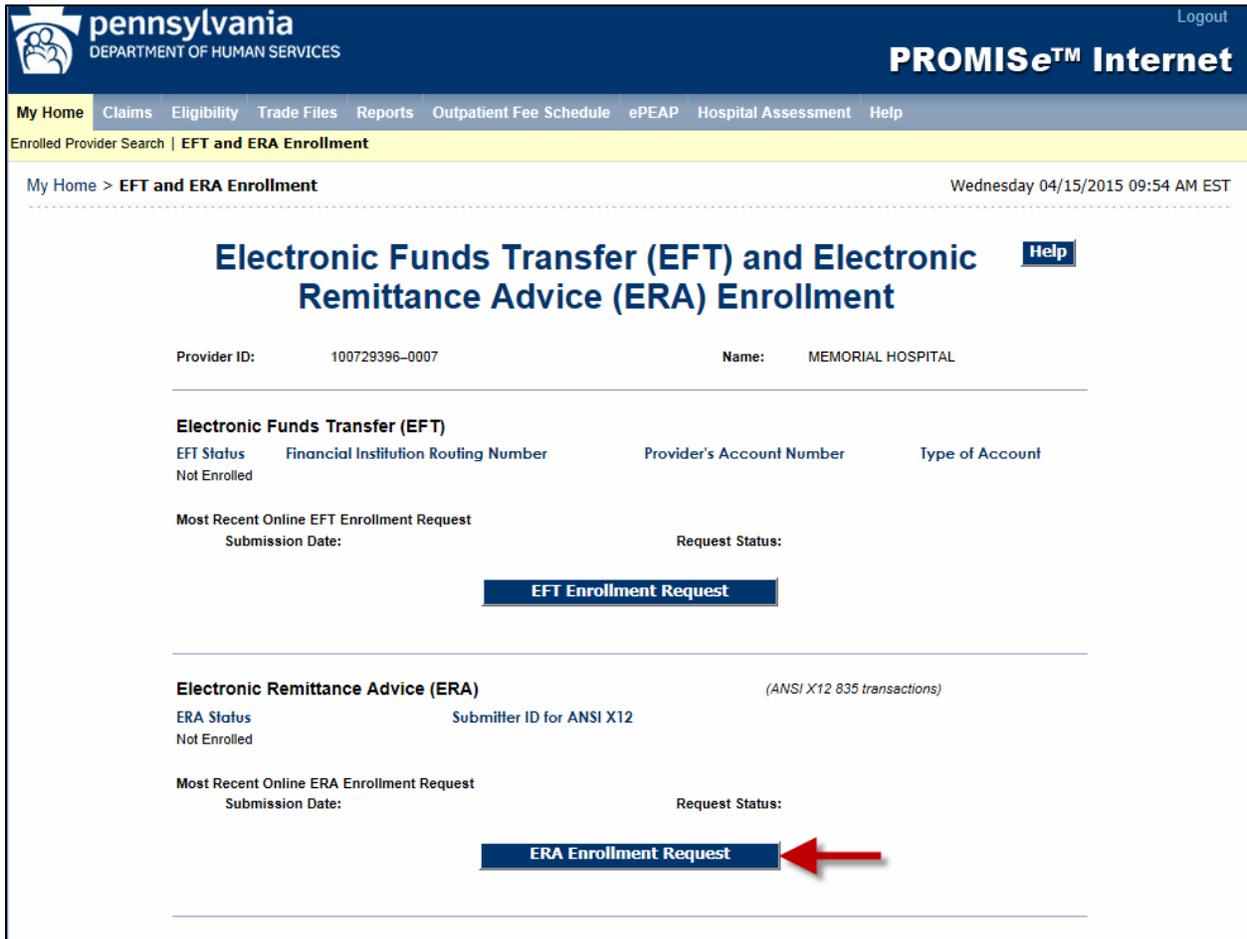
Field	Description	Data Type	Length
Financial Institution Routing Number	Identifies provider’s financial institution	Numeric	9
Type of Account at Financial Institution	Indicates the type of account provider will use to receive EFT payments. Possible values are: Checking Savings	Radio buttons	N/A
Provider’s Account Number with Financial Institution	Identifies provider’s account that will receive payments at the financial institution	Alpha-numeric	17
Account Number Linkage to Provider Identifier	Indicates provider’s preference for grouping of payments. Possible values are: Provider Tax Identification Number (TIN) National Provider Identifier (NPI)	Radio Buttons	N/A
Account Number Linkage to Provider Identifier: Provider Tax Identification Number (TIN)	Tax ID Number to be used for grouping of payments. Required when TIN is selected preference	Numeric	9
Account Number Linkage to Provider Identifier: National Provider Identifier (NPI)	NPI number to be used for grouping of payments. Required when NPI is selected preference	Numeric	10
Submission Information			
Reason for Submission	Indicates provider’s reason for submitting the EFT form. Possible values are: New Enrollment Change Enrollment Cancel Enrollment	Radio Buttons	N/A
Authorized Signature: Electronic Signature of	PROMISe™ Portal User ID of person submitting enrollment	Alpha-numeric	50

Field	Description	Data Type	Length
Person Submitting Enrollment			
Printed Name of Person Submitting Enrollment	Name of the submitter	Alpha-numeric	50
Printed Title of Person Submitting Enrollment	Title of the submitter	Alpha-numeric	50
Submission Date	The date on which the enrollment is submitted. Auto-filled with current date. Format: CCYYMMDD	Numeric	8
Requested EFT Start/Change/Cancel Date	Date on which the requested action is to begin. Auto-filled with current date. User may not specify a past date. Format: CCYYMMDD	Numeric	8
Submit EFT Enrollment Form	Opens EFT Agreement Window	Button	N/A
Cancel	Discards any data entered and returns user to the EFT and ERA Enrollment Window	Button	N/A

3.3 Electronic Remittance Advice (ERA) Enrollment Application Window

This window allows registered PROMISe™ provider service locations to enroll for Electronic Remittance Advice (ERA) delivered as ANSI X12 835. This window is accessed from the PA PROMISe™ Internet Provider My Home Page and clicking on the EFT and ERA Enrollment menu option in the menu bar and then clicking the ERA Enrollment Request button.

3.3.1 Layout



3.3.2 Accessibility and Use

To complete the Electronic Remittance Advice Enrollment Application window, complete the steps in the following step/action tables.

To Open the Electronic Remittance Advice (ERA) Enrollment Application Window

STEP	ACTION	RESPONSE
1	Click the ERA Enrollment Request Option.	The Electronic Remittance Advice (ERA) Enrollment Application window opens.

3.3.3 Layout (EFT Enrollment Application)



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Logout

PROMISE™ Internet

[My Home](#) | [Claims](#) | [Eligibility](#) | [Trade Files](#) | [Reports](#) | [Outpatient Fee Schedule](#) | [ePEAP](#) | [Hospital Assessment](#) | [Help](#)

Enrolled Provider Search | **EFT and ERA Enrollment**

My Home > **EFT and ERA Enrollment**

Wednesday 04/15/2015 10:19 AM EST

Electronic Remittance Advice (ERA) Enrollment Application

[Help](#)

Provider Information

Provider Name

Provider Address

Street

City

State/Province ZIP Code/Postal Code

Provider Identifiers

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI)

Other Identifiers

Assigning Authority

Trading Partner ID (9-digit Provider ID and 4-digit Service Location)

+ New Service Location

Assigning Authority

Trading Partner ID (9-digit Submitter ID for ANSI X12 v5010 Transactions)

Provider Contact Information

Provider Contact Name

Contact

Telephone Number Telephone Number Extension

Email Address

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)
(Information only. Will not change aggregation by PROMISe)

Provider Tax Identification Number (TIN):

National Provider Identifier (NPI):

Method of Retrieval

Clearinghouse

PA PROMISe Provider Electronic System (PES)

Other (please describe)

Electronic Remittance Advice Clearinghouse Information (if applicable)

Clearinghouse Name

Clearinghouse Contact Name

Telephone Number

Email Address

Submission Information

Reason for Submission *(choose one)*

New Enrollment

Change Enrollment

Cancel Enrollment

Authorized Signature

Electronic Signature of Person Submitting Enrollment

Printed Name of Person Submitting Enrollment

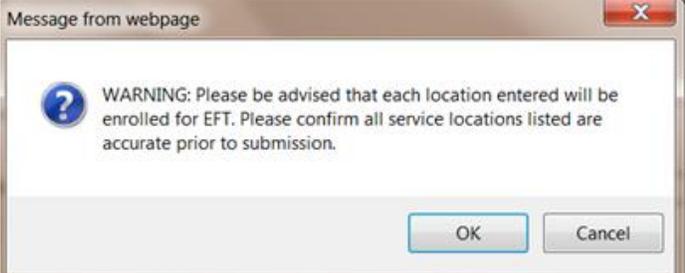
Printed Title of Person Submitting Enrollment

Submission Date (format:CCYYMMDD)

To Complete the Electronic Remittance Advice (ERA) Enrollment Application

STEP	ACTION	RESPONSE
1	The Provider Information Section, Name field represents the legal name of the institution, corporate entity, practice or	This information is auto-filled from the data available in PROMISe™. The user may not update this information via the ERA Enrollment Application window.

	individual provider associated with the service location.	
2	The Provider Information Section, Street field represents the number and street name where the provider service location is located	This information is auto-filled from the data available in PROMISe™. The user may not update this information via the ERA Enrollment Application window if appropriate.
3	The Provider Information Section, City field represents the city associated with the provider service location's street address.	This information is auto-filled from the data available in PROMISe™. The user may not update this information via the ERA Enrollment Application window.
4	The Provider Information Section, State/Province field represents the two character code associated with the state name.	This information is auto-filled from the data available in PROMISe™. The user may not update this information via the ERA Enrollment Application window.
5	The Provider Information Section, Zip Code/Postal Code field represents the full 9-digit zip code associated with the service location's address	This information is auto-filled from the data available in PROMISe™. The user may not update this information via the ERA Enrollment Application window.
6	The Provider Identifiers Section, Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) field represents the Tax ID of the provider legal entity. Note* Only the last 4 digits of the Tax ID will be displayed; the other digits will be masked.	This information is auto-filled from the data available in PROMISe™. The user may not update this information via the ERA Enrollment Application window.
7	The Provider Identifiers Section, National Provider Identifier (NPI) field represents the Federally assigned 10- digit number for the Assigned service location	This information is auto-filled from the data available in PROMISe™. The user may not update this information via the ERA Enrollment Application window.

8	<p>The Other Identifiers Section, 1st Assigning Authority field represents “PA PROMISe™”</p>	<p>“PA PROMISe™” will be auto-filled in this field. The user may not update this information via the ERA Enrollment Application window.</p>
9	<p>The Other Identifiers Section, Trading Partner ID field(s) represents the provider’s assigned 9-digit Medical Assistance ID number will be auto-filled. The 4-digit Service Location is initially blank.</p>	<p>This information is partially auto-filled from the data available in PROMISe™. The user must update the 4-digit Service Location. An automatic edit will verify that the entered Service Location is active for the submitting provider legal entity.</p> <p>Note* Only the first Trading Partner ID selection will be partially auto-filled with the service location information of the service location you log into the portal with. This information cannot be updated. All subsequent service location entries must be submitted by the provider and then confirmed by the system.</p> <p>Each new row begins with a minus sign (“-“) that the user may click to remove the row from the application form.</p> <p>The maximum number of service locations that may be added is 100.</p> <p>The first time a user clicks this link on a new application, a pop-up message appears to caution the user about adding service locations.</p> 
10	<p>The Other Identifiers Section, 2nd Assigning Authority field represents “PA PROMISe™ EDI Unit”</p>	<p>PA PROMISe™ EDI Unit will be auto-filled in this field. The user may not update this information via the ERA Enrollment Application window.</p>
11	<p>The Other Identifiers Section, Trading Partner ID field represents the 9-digit Submitter ID number for ANSI X12 Transactions</p>	<p>This information is auto-filled from the data available in PROMISe™. The user must enter the 9-digit Submitter ID for ANSI X12 Transactions if the information does not auto-fill from PROMISe™.</p>

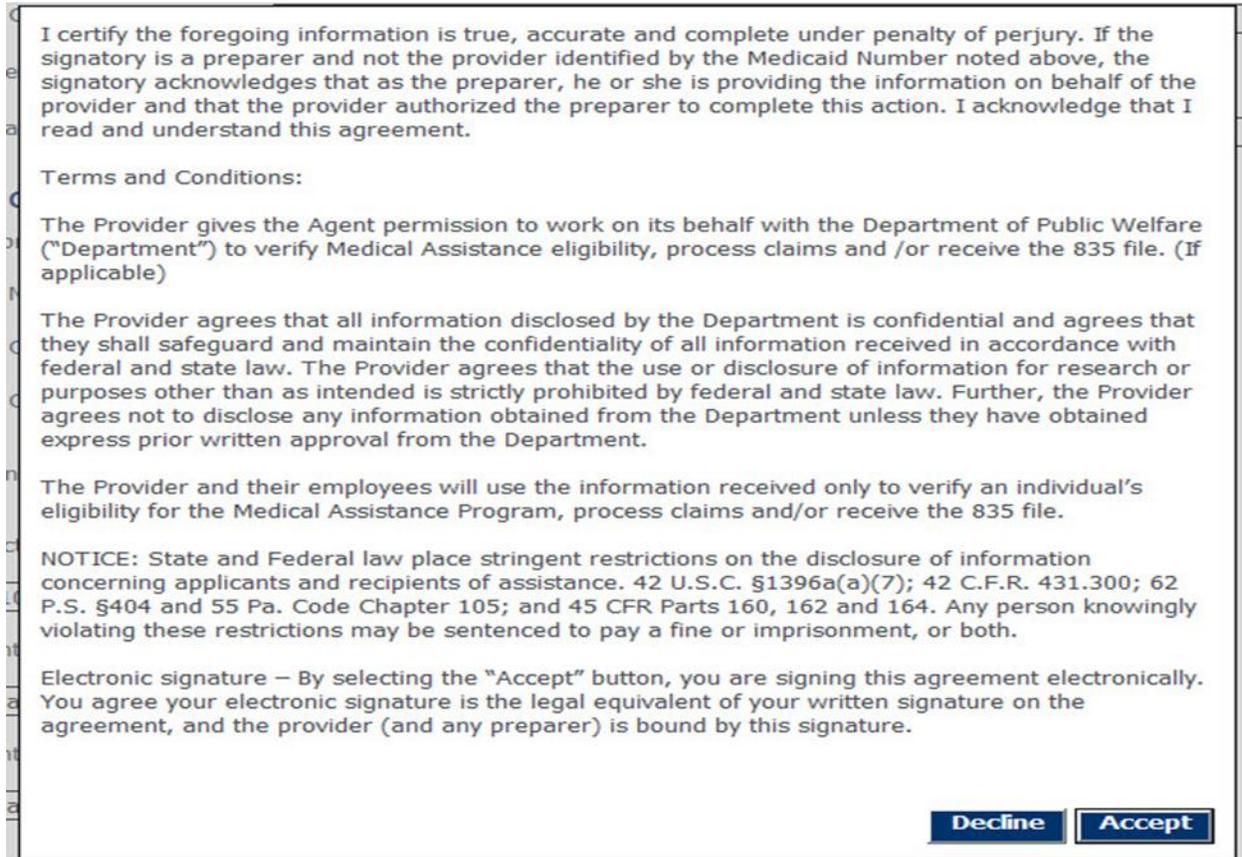
12	The Provider Contact Information Section, Provider Contact Name field represents the name of the provider contact for handling ERA issues.	The Provider Contact Name field is a required field and is not auto-filled. The user must enter the name of the provider contact for handling ERA issues.
13	The Provider Contact Information Section, Telephone Number field represents the provider contact phone number for ERA issues.	The Provider Contact Telephone Number field is not auto-filled. The user may enter the telephone number of the provider contact for handling ERA issues.
14	The Provider Contact Information Section, Email Address field represents the electronic mail address to send provider contact correspondence.	The Provider Contact Email Address field is a required field and is not auto-filled. The user must enter the email address of the provider contact for handling ERA issues.
15	The Electronic Remittance Advice Information Section, the Preference for Aggregation of Remittance Data field indicates the provider's preference for aggregation. Valid values are: <ul style="list-style-type: none"> • Provider Tax Identification Number (TIN) • National Provider Identifier (NPI) 	The Preference for Aggregation field is not auto-filled. The user may select one of the appropriate valid values by clicking the Radio Button next to the value. Note* this field is optional. If one of the valid values is selected the user must complete field 16 Provider Tax Identification Number (TIN) or field 17 National Provider Identifier (NPI)>. PROMISe™ will NOT aggregate payments. This is informational only.
16	The Electronic Remittance Advice Information Section, the Provider Tax Identification Number (TIN) field represents the Tax ID Number to be used for aggregation.	The Provider Tax Identification Number (TIN) field is not auto-filled. The user must enter the Tax ID Number when the Radio Button next to the value is selected.
17	In the Electronic Remittance Advice Information Section, the National Provider Identifier (NPI) field represents the NPI number to be used for aggregation.	The National Provider Identification Number (NPI) field is not auto-filled. The user must enter the NPI Number when the Radio Button next to the value is selected.

18	<p>In the Electronic Remittance Advice Information Section, the Method of Retrieval field indicates the provider’s method of retrieving the ERA. Valid values are:</p> <ul style="list-style-type: none"> • Clearinghouse • PA PROMISe™ Provider Electronic System (PES) • Other 	<p>The Method of Retrieval field is a required field and is not auto-filled. The user must select one of the appropriate valid values by clicking the Radio Button next to the value.</p>
19	<p>In the Electronic Remittance Advice Information Section, the Method of Retrieval “Other” field is a free text field description of the means that the provider will use to retrieve the ERA.</p>	<p>The Method of Retrieval “Other” field is a required field when the radio button next to the value is selected and is not auto-filled. The user must enter the description of the means that will be used by the provider to retrieve the ERA.</p>
20	<p>In the Electronic Remittance Advice Clearinghouse Information Section, the Clearinghouse Name field represents the name of the Clearinghouse.</p>	<p>The Clearinghouse Name field is a required field when “Clearinghouse” is the selected Method of Retrieval. The information is not auto-filled. The user must enter the name of the Clearinghouse.</p>
21	<p>In the Electronic Remittance Advice Clearinghouse Information Section, the Clearinghouse Contact Name field represents the name of the contact in the Clearinghouse office for handling ERA issues.</p>	<p>The Clearinghouse Contact Name field is a required field when “Clearinghouse” is the selected Method of Retrieval. The information is not auto-filled. The user must enter the name of the Clearinghouse contact.</p>
22	<p>In the Electronic Remittance Advice Clearinghouse Information Section, the Telephone Number field represents the telephone number of the contact in the Clearinghouse office for handling ERA issues.</p>	<p>The Telephone Number field is a required field when “Clearinghouse” is the selected Method of Retrieval. The information is not auto-filled. The user must enter the telephone number of the Clearinghouse contact.</p>
23	<p>In the Electronic Remittance Advice</p>	<p>The Email Address field is a required field when “Clearinghouse” is the selected Method of Retrieval.</p>

	<p>Clearinghouse Information Section, the Email Address field indicates the email address of the contact in the Clearinghouse office for handling ERA issues.</p>	<p>The information is not auto-filled. The user must enter the email address of the Clearinghouse contact.</p>
24	<p>In the Submission Information Section, the Reason for Submission field indicates the provider’s reason for submitting the ERA form. Valid values are:</p> <ul style="list-style-type: none"> • New Enrollment • Change Enrollment • Cancel Enrollment 	<p>The Reason for Submission is a required field and is not auto-filled. The user must select one of the valid values by clicking the Radio Button next to the value.</p>
25	<p>In the Submission Information Section, the Authorized Signature field indicates the name of the PROMISe™ Portal user ID of the individual who is submitting the ERA application form.</p>	<p>This information is auto-filled from the data available in PROMISe™. The user may not update this information via the ERA Enrollment Application window.</p>
26	<p>In the Submission Information Section, the Printed Name of Person Submitting Enrollment field indicates the name of the individual who is submitting the ERA application form.</p>	<p>The Printed Name of Person Submitting Enrollment field is a required field and is not auto-filled. The user must enter the name of the individual submitting the ERA application form.</p>
27	<p>In the Submission Information Section, the Printed Title of Person Submitting Enrollment field indicates the title of the individual who is submitting the ERA application form.</p>	<p>The Printed Title of Person Submitting Enrollment field is a required field and is not auto-filled. The user must enter the title of the individual submitting the ERA application form.</p>
28	<p>In the Submission Information Section, the Submission Date field indicates the date on which the enrollment is submitted.</p>	<p>The Submission Date field is auto-filled with the current date in Format: CCYYMMDD. The user may not specify a past date.</p>
29	<p>Click the Submit ERA Enrollment Form option to</p>	<p>The Electronic Remittance Advice (ERA) Agreement window opens.</p>

	submit the ERA enrollment Application.	
30	Click the Cancel option.	The Cancel option will discard any data entered and return the User to the EFT and ERA Enrollment window.

3.3.4 Layout (Authorization)



The ERA Agreement displays the terms and conditions for ERA enrollment and allows the user to accept or decline the terms.

1	Click the ACCEPT option to submit the ERA Enrollment data.	The Electronic Remittance Advice (ERA) data is added to the PROMISe™ database for review and processing.
2	Click the Decline option	The user will be returned to the ERA Enrollment Application window.

3.3.5 Field Descriptions

Field	Description	Data Type	Length
Provider Information			
Provider Name	Name of the service location	Alpha- numeric	50
Provider Address: Street	Street address lines 1 and 2 of the service location address	Alpha-numeric	50
Provider Address: City	City portion of service location address	Alpha-numeric	18
Provider Address: State/Province	State portion of service location address. 2-character postal abbreviation code	Alpha	2
Provider Address: Zip Code/Postal Code	Zip code portion of service location address. Full 9-digit zip code with a dash inserted between first 5 and last 4 numbers	Alpha-numeric	10
Provider Identifier Information			
Provider Identifiers: Provider Federal Tax Identification Number or Employer Identification Number	Tax ID of provider legal entity. Only last 4 digits of the Tax ID will be displayed; other digits will be masked	Numeric	9
Provider Identifiers: National Provider Identifier (NPI)	National Provider Identifier assigned to the service location	Numeric	10
Other Identifiers: Assigning Authority (“PA PROMISe™”)	“PA PROMISe™”	Alpha	10
Other Identifiers: Trading Partner ID (“PA PROMISe™”)	13-digit PROMISe™ Provider ID selected for the Portal user. Formatted as 9-digit MPI and 4-digit Service Location Code	Numeric	9 + 4

Field	Description	Data Type	Length
<p>Other Identifiers: Trading Partner ID (“PA PROMISe™”) + Add New Service Location</p>	<p>Adds a new row for Trading Partner ID (“PA PROMISe™”). 9-digit MPI is auto filled the same as the first row and may not be updated.</p> <p>4-digit Service Location is initially blank and must be updated by the user. An automatic edit will verify that the user-entered Service Location is an active service location for the submitting provider legal entity.</p> <p>Each new row begins with a minus sign (“-“) that the user may click to remove the row from the form.</p> <p>The maximum number of service locations that may be added is 100.</p> <p>The first time the user clicks this link on a new application, a pop-up message will appear to caution the user about adding service locations. DHS will provide the wording for this pop-up message</p>	<p>Link</p>	<p>N/A</p>
<p>Other Identifiers: Assigning Authority (“PA PROMISe™ EDI Unit”)</p>	<p>“PA PROMISe™ EDI Unit”</p>	<p>Alpha</p>	<p>19</p>
<p>Other Identifiers: Trading Partner ID (“PA PROMISe™ EDI Unit”)</p>	<p>9-digit Submitter ID for ANSI X12 Transactions</p>	<p>Numeric</p>	<p>9</p>
<p>Provider Contact Information</p>			
<p>Provider Contact Name: Contact</p>	<p>Name of contact in provider office for handling ERA issues</p>	<p>Alpha-numeric</p>	<p>50</p>

Field	Description	Data Type	Length
Provider Contact Name: Telephone Number	Phone number of contact person	Numeric	10
Provider Contact Name: Telephone Number Extension	Phone number extension of contact person	Numeric	4
Provider Contact Name: Email Address	Email Address of contact person	Alpha-numeric	50
Electronic Remittance Advice Information			
Preference for Aggregation of Remittance Data	Indicates provider's preference for aggregation. Possible values are: <ul style="list-style-type: none"> • Provider Tax Identification Number (TIN) • National Provider Identifier (NPI) 	Radio Buttons	N/A
Preference for Aggregation of Remittance Data: Provider Tax Identification Number (TIN)	Tax ID Number to be used for aggregation. Required when TIN is selected preference	Numeric	9
Preference for Aggregation of Remittance Data: National Provider Identifier (NPI)	NPI number to be used for aggregation. Required when NPI is selected preference	Numeric	10
Method of Retrieval	Indicates provider's method of retrieving ERA. Possible values are: <ul style="list-style-type: none"> • Clearinghouse • PA PROMISe™ Provider Electronic System (PES) • Other 	Radio Buttons	N/A

Field	Description	Data Type	Length
Method of Retrieval: Other	Description of the means that provider will use to retrieve ERA. Required when “Other” is the selected preference	Alpha-numeric	50
Electronic Remittance Advice Clearinghouse Information			
Clearinghouse Name	Name of the Clearinghouse. Required when “Clearinghouse” is the selected Method of Retrieval	Alpha-numeric	50
Clearinghouse Contact Name	Name of a contact in Clearinghouse office for handling ERA issues. Required when “Clearinghouse” is the selected Method of Retrieval	Alpha-numeric	50
Clearinghouse Contact Name: Telephone Number	Telephone number of contact. Required when “Clearinghouse” is the selected Method of Retrieval	Numeric	10
Clearinghouse Contact Name: Email Address	Email address of contact	Alpha-numeric	50
Submission Information			
Reason for Submission	Indicates provider’s reason for submitting the ERA form. Possible values are: <ul style="list-style-type: none"> • New Enrollment • Change Enrollment • Cancel Enrollment 	Radio Buttons	N/A
Authorized Signature: Electronic Signature of Person Submitting Enrollment	PROMISe™ Portal User ID of person submitting enrollment	Alpha-numeric	50

Field	Description	Data Type	Length
Printed Name of Person Submitting Enrollment	Name of the submitter	Alpha-numeric	50
Printed Title of Person Submitting Enrollment	Title of the submitter	Alpha-numeric	50
Submission Date	The date on which the enrollment is submitted. Auto-filled with current date. Format: CCYYMMDD	Numeric	8
Requested ERA Effective Date	Date the provider wishes to begin ERA. Auto-filled with current date. User may not specify a past date. Format: CCYYMMDD	Numeric	8
Continue	Opens ERA Agreement Window	Button	N/A
Cancel	Discards any data entered and returns user to the EFT and ERA Enrollment Window	Button	N/A

4 Provider Inquiries

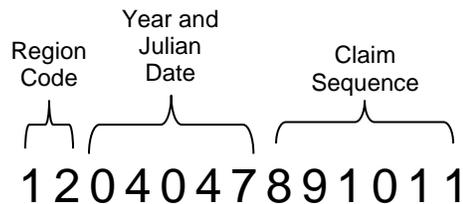
Through the PA PROMISe™ Internet application, providers can check a claim's status, along with other claim inquiry capabilities. The search can be narrowed by specifying the ICN, date range, claim status, or claim type criteria.

4.1 About Internal Control Numbers (ICNs)

Each claim is assigned a 13-digit Internal Control Number (ICN). This ICN identifies each claim as it is processed, tracked, and reported.

The ICN 13-digit number is assigned to the invoice by DHS, and includes:

- Digits 1 and 2 represent the Region Code
- Digits 3 through 7 represent the Year and Julian Date that the claim was submitted, and facilitate time limit editing
- Digits 8 through 13 represent the Claim Sequence



4.2 Using the Provider Claim Inquiry Window

The Provider Claim Inquiry window is used to search claims, view original claims by ICN, verify recipient eligibility, check the status of one or more claims, or make an adjustment to a claim. Regardless of submission media, you can retrieve all claims associated with your provider number. A search can be narrowed by specifying the ICN, recipient ID number, patient account number, date range, or claim status criteria. You can perform a search only for claims submitted by your provider number and service location(s).

Note: When performing a claim inquiry for claims submitted via a media other than the Internet, please allow for processing time before the claim appears in the system. For example, if you submit your claims via paper, please allow 7 to 10 business days before performing a claim inquiry.

Refer to [Section 5.7](#) for a full description of the Provider Claim Inquiry window.

4.2.1 Layout

The actions described in the tables below are the primary tasks that can be performed in the Claim Inquiry window. More detailed information on this window and its functions can be viewed in [Section 5.7, Provider Claim Inquiry](#) window.

To Search for a Claim by Recipient ID

Step	Action	Response
1	Type a value in the Recipient ID field	
2	In the Claim Status drop-down list, select a value	
3	In the Date of Service section, enter a value in the From Date field	
4	In the Date of Service section, enter a value in the Thru Date field	
5	Click the Submit button	If a match is found, the search results list is displayed
6	Click the claim link	The detailed claim is displayed

To Search for a Claim by Patient Account Number

Step	Action	Response
1	Type a value in the Patient Account # field	
2	In the Claim Status drop-down list, select a value	
3	In the Date of Service section, enter a value in the From Date field	
4	In the Date of Service section, enter a value in the Thru Date field	
5	Click the Submit button	If a match is found, the search results list is displayed

Step	Action	Response
6	Click the claim link	The detailed claim is displayed

To Search for a Claim by ICN

Step	Action	Response
1	Type a value in the ICN field	
2	In the Claim Status drop-down list, select a value	
3	In the Date of Service section, enter a value in the From Date field	
4	In the Date of Service section, enter a value in the Thru Date field	
5	Click the Submit button	If a match is found, the search results list is displayed
6	Click the claim link	The detailed claim is displayed

To View Recipient Eligibility

Step	Action	Response
1	Complete a claim search	If a match is found, the search results list is displayed
2	Click the Recipient ID link	The Recipient Eligibility Verification window opens and displays information for the requested Recipient ID

To Submit a Claim Adjustment

Step	Action	Response
1	Type a value in the Recipient ID field, or ICN , or Patient Account # fields	
2	Select a value from the Claim Status drop-down box	
3	If the date of service is known, enter values in the From Date and Thru Date fields	
4	Press the Submit button	Claim records that match the search criteria are displayed in the lower portion of the window. Note that all ICNs and Recipient IDs are hyperlinked
5	Click on the ICN link for which an adjustment is to be made	The original claim is displayed
6	Scroll down the claim window to the Service Adjustments for Service Line: 1 group	
7	In the Adjustment 1 row, select a value from the Adjustment Group Code drop-down box	

Step	Action	Response
8	In the Adjustment 1 row, select a value from the Reason Code drop-down box	
9	Enter the amount of the adjustment for this claim in the Amount box at the end of the Adjustment 1 row	
10	Select a value from the Carrier Code drop-down box	
11	To add another adjustment to this claim, click the Add Adjustment button to activate the Adjustment 2 row. Repeat Steps 7 through 10 in the Adjustment 2 row. Up to eleven additional adjustments can be added	
12	Click the Submit button	The adjustment(s) for this claim is (are) submitted

4.3 Recipient Eligibility Verification

You can use the Recipient Eligibility Verification window to perform inquiries about PA PROMISe™ recipient data. You can make inquiries based on the following information:

- Recipient ID and Card Issuance Number
- Recipient ID/Date of Birth
- Social Security Number/Date of Birth
- Recipient Name/Date of Birth

You must enter a single date or range of up to 31 days to limit the search results.

A procedure, drug code, or modifier may optionally be provided. When you provide the drug or service, EVS returns information on the recipient’s eligibility to receive the drug or service. This feature is supported only for fee-for-service recipients.

The first window Layout below shows the initial viewable display; the following Layouts show the remaining data viewable by scrolling.

4.3.1 Layout

Recipient Eligibility Verification

Recipient Eligibility Verification Information

(Required) Recipient ID: Card Number:

(or) Recipient ID: Date of Birth:

(or) SSN: Date of Birth:

(or) Name First/MI/Last:
Date of Birth:

(Required) Date of Service From: To:

(Optional) Procedure/Drug Type:
Procedure/Drug Code:
Modifier 1: 2: 3: 4:

(or) Service Type Code:

Supported	Selected
1 - Medical Care	
2 - Surgical	
4 - Diagnostic X-Ray	
5 - Diagnostic Lab	
6 - Radiation Therapy	
7 - Anesthesia	
8 - Surgical Assistance	
12 - Durable Medical Equipment Purchase	
13 - Ambulatory Service Center Facility	
18 - Durable Medical Equipment Rental	

Verification No. [REDACTED] - 06/23/2010

Recipient

Name:	[REDACTED]
Recipient ID:	[REDACTED]
Date of Birth:	[REDACTED]
Gender:	[REDACTED]

Eligibility Summary

Type	Name	Begin	End
Managed Care	BHDA-DAUPHIN COUNTY - CBHNP	01/01/2009	01/31/2009
Medicaid	Category:J Program Status:00 Service Program:HCB02	01/01/2009	01/31/2009

Eligibility Detail

Status:	Managed Care
Service Type:	Health Benefit Plan Coverage
Insurance Type:	Health Maintenance Organization (HMO)
Service	01/01/2009 - 01/31/2009
Eligibility	01/01/2009 - 01/31/2009
Benefit Related Entity:	Payer [REDACTED] Information Contact: Telephone: [REDACTED]

Eligibility Detail

Status:	Medicaid
Service Type:	Health Benefit Plan Coverage
Insurance Type:	Medicaid
Coverage Description:	Category:J Program Status:00 Service Program:[REDACTED]
Service	01/01/2009 - 01/31/2009
Eligibility	01/01/2009 - 01/31/2009
Benefit Related Entity:	Payer [REDACTED] Information Contact: Telephone: [REDACTED]

5 Provider Reports

You can generate online reports from the PA PROMISe™ Internet Web site. This section describes reports that are available to providers.

5.1 About the Provider Report Index Window

The Provider Report Index window is used to display the online reports that are available to providers. These reports are displayed in one or more groupings. The window sample below shows the Provider and MCO groupings. Reports can be viewed in groupings associated to your specific user ID, and you are able to query the COLD system for versions of those reports.

You can generate a Remittance Advice (RA) report through the Provider Report Index window. This report supports a search range of up to 90 days, based on the weekly PROMISe™ processing cycles. The search button returns a list of RAs sent by the system during a selected time period. From this list, you can select a date from which to download and view an individual RA in Adobe Acrobat (.PDF) format.

Note: The Provider Report Index window does not display reports created prior to the inception of PROMISe™.

5.1.1 Layout

The screenshot shows the 'PROMISe™ Internet' interface for the Pennsylvania Department of Human Services. The 'Reports' menu is active. The page displays the 'Weekly Remittance Advice' report selection screen. It includes a header with the user ID '100729396' and location '0007'. A message states: 'You have selected to request output from the following report: Weekly Remittance Advice'. Below this, there is a text input field for a date range, with a note: 'Enter a date range to view your organization's information from FIN-0000-W. NOTES: You may not view more than 90 days of reports at one time.' There are two date pickers labeled 'List Reports From:' and 'To:', both marked as '(Required)'. A blue 'Request Reports' button is located at the bottom of the form.

For detailed information about this window, see [Section 5.18, Provider Report Index](#) window.

6 PA PROMISe™ Internet Windows

This section of the *Provider Internet User Manual* contains detailed information regarding the windows within the PA PROMISe™ Internet application to help users better understand how each window is used. Windows presented in this section are listed in alphabetical order, and include explanations of the fields, fields edit (error messages), and functions of each window.

Note: All relevant Field Edits for the windows in the Provider Internet User Manual are listed after the Field Descriptions for each window. However, not all windows are subject to Field Edits. If Field Edits do not apply to a window, the Field Edits table states “No Field Edits found for this window.”

6.1 My Profile (My Profile)

The My Profile window is used by providers to display or edit security profile information for users associated with the provider's account. Information that can be edited or maintained includes the contact name, email address, phone number, site key and pass phrase, challenge questions, and password.

All users must select and answer three security questions. The answers provided are stored in the system and used for self-authentication. Users who access this window are prompted to select security questions if none have yet been established for the account, or if their security questions are the previously used custom ones, which are no longer valid. The new pre-selected security questions must be used.

This window is accessed by selecting the My Profile option. The system automatically displays the user's profile information. Some of the form fields are conditionally displayed, depending on the permissions established for the user.

6.1.1 Layout

The screenshot displays the 'My Profile' page in the PROMISe™ Internet portal. At the top, there is a navigation bar with 'My Home' selected, and other options like 'Claims', 'Eligibility', 'Trade Files', 'Reports', 'Outpatient Fee Schedule', 'ePEAP', 'Hospital Assessment', and 'Help'. Below the navigation bar, there is a breadcrumb trail 'My Home > My Profile' and a timestamp 'Wednesday 04/15/2015 09:48 AM EST'. The main content area is divided into several sections, each with an 'Edit' button:

- My Profile:** Name: Sample User
- Roles:** Current Roles: Provider - In Network
- Contact Information:** Display Name: Sample Name, Phone Number: 1-717-111-1111, Current Email: sample@gmail.com
- Preferences:** Primary Language: English (US)
- Challenge Questions:** Three questions with answers:
 - Challenge Question #1: What is your mother's maiden name? Answer to #1: Password1234
 - Challenge Question #2: What street did you grow up on? Answer to #2: Password1234
 - Challenge Question #3: What is your city of birth? Answer to #3: Password1234
- Site Key Token:** Site Key:  Passphrase: I love balloons!
- Password:** Change Password button

6.1.2 Field Descriptions

Field	Description	Data Type	Length
(Window Level Edits)	Window level edit messages	N/A	0

6.1.3 Field Edits

Field	Error Code	Error Message	To Correct
(Window Level Edits)	0		

6.1.4 Accessibility and Use

To access and use the My Profile window, complete the steps in the step/action table(s).

To Access My Profile Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in the General User Manual	The Provider Main Page window opens
2	Click the My Profile link	The My Profile window opens

6.2 Alternate No Access (Alternate No Access)

The Alternate No Access window is displayed upon logging in when an alternate has web site access, but is not authorized for access in association with any providers. The user has no other access when this page displays.

6.2.1 Layout

The Commonwealth of Pennsylvania Department of Human Services offers state of the art technology with PROMISe™, the claims processing and management information system. Please take advantage of online training to use the system to its full advantage.

This site requires, at minimum, Internet Explorer version 6 with 128-bit encryption.

6.2.2 Field Descriptions

Field	Description	Data Type	Length
Try Again	Returns to the log in page	Button	0

6.2.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

6.3 Billing Agent No Access (Billing Agent No Access)

The Billing Agent No Access window is displayed upon logging in when a billing agent has web site access, but is not authorized for access in association with any providers. The user has no other access when this page displays.

6.3.1 Layout

The screenshot displays the PROMISe™ Internet portal interface. At the top, the Pennsylvania Department of Human Services logo is visible on the left, and the 'PROMISe™ Internet' title is on the right. A 'Login' link is also present. Below the header, a 'Home' navigation bar is shown. The main content area features a 'Welcome to PROMISe™' message. A 'Provider Login' form is on the left, containing a 'User ID' field, a 'Log In' button, and links for 'Forgot User ID?', 'Register Now', and 'Where do I enter my password?'. A 'Security Warning' dialog box is overlaid in the center, with the following text: 'You do not have any providers associated with your account at this time. You have been logged off and redirected back to the provider welcome page. Please contact customer service for further assistance.' Below the dialog box, there is an 'OK' button. The 'Quick Links' section on the left includes links for 'Need Help?', 'Implementation of Healthy PA', and 'e-Learning courses' with a list of specific courses. At the bottom, there is a note about the Flash player and a link to 'Provider Electronic Solutions Software'.

6.3.2 Field Descriptions

Field	Description	Data Type	Length
Try Again	Returns to the log in page	Button	0

6.3.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

6.4 File Download (File Download)

The File Download window is used to download specific files from the DHS secure web site. Downloads are limited to 4 MB or less until web site performance warrants increasing the file size limits.

This window is accessed from the Menu Bar by selecting the Download option from the Trade File menu.

6.4.1 Layout

The screenshot displays the 'File Download' section of the PROMISe™ Internet portal. The page header includes the Pennsylvania Department of Public Welfare logo and the text 'pennsylvania DEPARTMENT OF PUBLIC WELFARE'. The main navigation bar contains 'My Home', 'Claims', 'Eligibility', 'Trade Files', 'Reports', 'Outpatient Fee Schedule', 'ePEAP', 'Hospital Assessment', and 'Help'. The 'Trade Files' menu is expanded to show 'Download'. The page title is 'Download' and the breadcrumb is 'Trade Files > Download'. The date and time are 'Wednesday 04/15/2015 08:04 AM EST'. The section is titled 'File Download' and contains the text 'Current Files Available for Download'. Below this is a table with the following data:

Filename	Type	Date Available	Date Downloaded
/download/wav13301.200084104.070526.010334.zip	MISCELLNAEIOUS	2007-05-26	
/download/wav13301.200084104.070524.142101.zip	MISCELLNAEIOUS	2007-05-24	
/download/wav13301.200084104.070524.111952.zip	MISCELLNAEIOUS	2007-05-24	
/download/wav13301.200084104.070524.105817.zip	MISCELLNAEIOUS	2007-05-24	
/download/wav13301.200084104.070523.090309.zip	MISCELLNAEIOUS	2007-05-23	
/download/wav13301.200084104.070519.010234.zip	MISCELLNAEIOUS	2007-05-19	
/download/wav13301.200084104.070505.010247.zip	MISCELLNAEIOUS	2007-05-05	
/download/wav13301.200084104.070503.124223.zip	MISCELLNAEIOUS	2007-05-03	
/download/wav13301.200084104.070502.104258.zip	MISCELLNAEIOUS	2007-05-02	
/download/wav13301.200084104.070427.141509.zip	MISCELLNAEIOUS	2007-04-27	
/download/wav13301.200084104.070421.010251.zip	MISCELLNAEIOUS	2007-04-21	
/download/wav13301.200084104.070416.104204.zip	MISCELLNAEIOUS	2007-04-16	
/download/wav13301.200084104.070306.Mar5605.zip	MISCELLNAEIOUS	2007-03-06	
/download/wav13301.200084104.070306.Mar3215.zip	MISCELLNAEIOUS	2007-03-06	
/download/wav13301.200084104.070306.Mar1622.zip	MISCELLNAEIOUS	2007-03-06	
/download/wav13301.200084104.060213.124947.zip	MISCELLNAEIOUS	2006-02-13	

6.4.2 Field Descriptions

Field	Description	Data Type	Length
Date Available	Date the file is available for downloading	Date (MM/DD/CCYY)	8
Date Downloaded	Date the file is downloaded	Date (MM/DD/CCYY)	8
Filename	Hyperlink to the file available for download	Hyperlink	0
Type	Specifies the format of the file. Various values include: Postscript, Word and Excel. "Unknown" displays if the file type is unknown	Character	50

6.4.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

6.4.4 Accessibility and Use

To access and use the File Download window, complete the steps in the step/action table(s).

To Access File Download Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the Trade Files link.	
3	Click the Download link.	The File Download window opens.

To View Downloaded File Information

Step	Action	Response
1	Click the Filename link	The information is displayed

6.5 Provider Claim Attachment Number Request (Provider Claim Attachment Number Request)

The Provider Claim Attachment Number Request window is used by providers to request new or view prior attachment control numbers (ACNs). The ACN is used by the provider community to allow paper attachment forms to be submitted in reference to an electronic claim. A batch cover form with the ACN is present on all paper attachment batches. The ACN on the paper batch must match the ACN entered on the related electronic claim.

If a provider searches on an ACN, the details of that ACN are displayed if it exists for the provider. Searching without populating the ACN box returns all attachment numbers for that provider.

The Request button returns a new claim ACN as a link in a group box that appears at the bottom of the window. To print the associated Paper Attachment to Electronic Cover Sheet, click on the

linked ACN. The cover sheet opens in an Adobe PDF format, and can be printed from the Adobe page.

The Search button returns all records associated with the Recipient ID identified for the search.

This window is accessed from the Provider Main Page by selecting the Search/Request Attachment Control Number option from the Claims drop down menu. This window is also accessed from the Provider Main Page by clicking the Claim Submission link to open the Claims Menu. Click on the Search/Request Attachment Control Number link.

Note: The user must have the Adobe Acrobat Reader application to print the cover sheet. If not already installed on the user's system, a free copy of Adobe Acrobat Reader is available by clicking the Adobe icon on the window.

6.5.1 Layout

The screenshot displays the 'Provider Claim Attachment Number Request' page within the PROMISe™ Internet portal. The page header includes the Pennsylvania Department of Human Services logo and the 'PROMISe™ Internet' title. A navigation menu contains options like 'My Home', 'Claims', 'Eligibility', 'Trade Files', 'Reports', 'Outpatient Fee Schedule', 'ePEAP', 'Hospital Assessment', and 'Help'. The 'Claims' menu is expanded, showing 'Claim Inquiry', 'Submit Institutional', 'Submit Professional', 'Submit Dental', 'Submit Pharmacy', and 'Search / Request ACN'. The breadcrumb trail reads 'Claims > Search / Request ACN' and the current date/time is 'Wednesday 04/15/2015 10:56 AM EST'. The main heading is 'Provider Claim Attachment Number Request'. Below it, the instruction 'Step 1: Request an ACN or search for an existing ACN.' is shown. A 'Criteria' section contains a form with the following fields: NPI (1427022078), Provider ID (100747400003), Recipient ID (empty), and Attachment Control Number (empty). At the bottom of the form are 'Request' and 'Search' buttons.

The window Layout above displays the default viewable area of the scrollable data, the Layout below displays the remaining data.

PROMISe™

**Paper Attachment to Electronic Claim
Cover Sheet**

1	National Provider Number (NPI)	
2	Provider Number	
3	Service Location	
4	Recipient Number	
5	Attachment Control No	

Purpose:
 This form is to be used when a claim requiring a paper attachment is being submitted electronically on the 837 transaction. Submission of this completed form along with the required attachment and electronically submitted claim will allow the appropriate review process to be conducted.

Instructions:

1. In box 1, fill in the NPI that was used for filing the 837 transaction for the claim requiring the attachment.
2. In box 2, fill in the Provider Number that was used for filing the 837 transaction for the claim requiring the attachment.
3. In box 3, fill in the Service Location that was used for filing the 837 transaction for the claim requiring the attachment.
4. In box 4, fill in the Recipient Number that was used for filing the 837 transaction for the claim requiring the attachment.
5. In box 5, fill in the Attachment Control Number (ACN) that was used for filing the Electronic Claim (837) requiring the attachment. The ACN on this form must be EXACTLY THE SAME as the number placed in the PWK segment on the 837 transaction. If the ACN is not EXACTLY the same as the PWK segment there may be delays in processing the claim.
6. Place this completed form on top of the attachment(s) for each claim submitted on the 837 that requires an attachment. This form is NOT REQUIRED for claims not requiring attachments.
7. Submit to Department of Human Services, Office of Medical Assistance Programs, P.O. Box 8297, Harrisburg, PA 17105.

This form is NOT REQUIRED for claims not requiring attachments.
 This form is for use with ELECTRONICALLY FILED CLAIMS ONLY

6.5.2 Field Descriptions

Field	Description	Data Type	Length
ACN	Attachment control number shown in the search results list	Number	9
Attachment Control Number	Displays a newly issued attachment control number or filters the search results by attachment control number (ACN)	Number	9
Date Issued	Date the provider requested the attachment control number through the Internet	Date (MM/DD/CCYY)	8
Date Received	Date the paper attachment for an electronic claim was received	Date (MM/DD/CCYY)	8
NPI	NPI of the provider requesting an attachment control number	Character	10
Provider ID	ID of the provider requesting an attachment control number	Character	9
Recipient ID	Recipient number associated with the claim for which the ACN was requested	Character	10
Recipient ID (Detail)	Recipient number associated with the claim for which the ACN was requested	Character	10
Request	Returns a new attachment control number	Button	0
Search	Searches database for the desired record	Button	0
Service Location	Provider's service location	Character	4
Status	Status of the attachment number request. Valid values are "Issued" and "Received"	Character	8

6.5.3 Field Edits

Field	Error Code	Error Message	To Correct
Recipient ID	0	[x] is not a valid Recipient ID.	Enter a valid recipient ID number
	1	Recipient ID must be 10 characters.	Enter a numeric, 10-character Recipient ID
	2	Recipient ID must be numeric.	Enter a numeric, 10-character Recipient ID

6.5.4 Accessibility and Use

To access and use the Provider Claim Attachment Number Request window, complete the steps in the step/action table(s).

To Access Provider Claim Attachment Number Request Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in the General User Manual.	The Provider Main Page window open.

Step	Action	Response
2	Click the Claims tab, and select Search / Request Attachment Control Number .	The Provider Claim Attachment Number Request window opens.

To Search for ACN Details

Step	Action	Response
1	In the Criteria section, type a value for the Provider ID and Recipient ID fields.	
2	Type a value in the Attachment Control Number field.	
3	Click the Search button.	If a match is found, the details of that attachment control number will be displayed for the provider.

To Search for All Provider Attachment Numbers

Step	Action	Response
1	In the Criteria section, type a value for the Provider ID field.	
2	Click the Search button.	If a match is found, all attachment numbers for that provider are displayed.

To Search for New Claim Attachment Number

Step	Action	Response
1	In the Criteria section, type a value for the Provider ID and Recipient ID fields.	
2	Click the Request button.	A new claim attachment number is displayed.

6.6 Provider Claim Inquiry (inquiry.asp)

The Provider Claim Inquiry window is used by providers to search all Fee-for-Service claims associated with their provider number. Fee-for-service claims on which the billing provider or submitting provider matches the inquiring provider's ID can be searched. The search can be narrowed by specifying the ICN, date range, or claim status criteria.

Only the top section of the window above the Search button appears when the window is first accessed. The search results section in the lower portion of the window, as shown in the Layout below, appears after a search has been initiated. This section displays the search results.

This window is accessed by selecting Claim Inquiry from the Claims option in the Menu Bar on the Provider Main Page, or by clicking the Claim Inquiry link on the Provider Main Page.

6.6.1 Layout

The screenshot displays the 'Claim Inquiry' page on the Pennsylvania Department of Human Services PROMISe Internet portal. The page includes a navigation menu with options like 'My Home', 'Claims', 'Eligibility', 'Trade Files', 'Reports', 'Outpatient Fee Schedule', 'ePEAP', 'Hospital Assessment', and 'Help'. The main content area is titled 'Claim Inquiry - 1234567890123' and contains an 'Inquiry Information' form. This form has fields for Recipient ID, Patient Account #, ICN (with value 3210987654321), Claim Status (set to 'Any Status'), and Date of Service (From Date and Thru Date). Below the form are 'Clear' and 'Submit' buttons. At the bottom, a table shows search results for the specified ICN.

ICN	Recipient ID	Recipient DOB	Patient Acct. #	From Date	Thru Date	Billed Amount	Voucher Amount	Status
3210987654321	9876543210		OLTL 5	02/02/2008	02/02/2008	5.00	5.00	Paid

6.6.2 Field Descriptions

Field	Description	Data Type	Length
Billed Amount	Billed amount for the specified service	Number	9
Claim Status	Filters the search by claim status. Valid values are: Approved, Denied, Paid, Rejected and Suspended	Drop Down List Box	0
Clear	Clears previous search results	Button	0
Date of Service	Selects search by date of service	Radio Button	0
From Date (Input)	Beginning date of search	Date (MM/DD/CCYY)	8
From Date (Output)	Beginning date of performed services	Date (CCYYMMDD)	8
ICN (Input)	Internal control number entered by the user to identify a claim	Character	13
ICN (Output)	Internal control number that identifies a claim. To view more information about a specific ICN, click the linked ICN number in this field	Character	13
Next	Link to the next page, if one exists	Hyperlink	0
Patient Account # (Input)	Recipient's ID number assigned by providers and used internally in their system	Character	38
Patient Account # (Output)	Recipient's ID number assigned by providers and used internally in their system	Character	38

Field	Description	Data Type	Length
Previous	Link to the previous page, if one exists	Hyperlink	0
Recipient ID	Recipient ID number (ID plus check digit)	Number	10
Recipient ID (Output)	Recipient identification number (ID plus check digit). To view more information about a specific recipient ID, click the linked recipient ID in this field	Character	9
Status (Input)	Type of claim status for which the search is performed. Values are: Approved, Denied, Paid, Rejected and Suspended	Drop Down List Box	0
Status (Output)	Current status of the claim as reported by the system. Values are: Approved, Denied, Suspended, or Paid	Character	0
Submit	Searches database for the desired record	Button	0
Thru Date (Input)	Ending date of search	Date (MM/DD/CCYY)	8
Thru Date (Output)	Ending date of performed services	Date (CCYYMMDD)	8
Voucher Amount	Amount of the claim payment check	Number	9

6.6.3 Field Edits

Field	Error Code	Error Message	To Correct
From Date (Input)	0	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date.
	1	When ICN is not specified, the date range may not exceed one year. Please enter a shorter period of time or specify the ICN.	Enter a shorter range of days or populate the ICN field.
	2	When searching by Provider ID and date range, the date range may not exceed 31 days. Please enter a shorter period of time or specify additional search criteria.	Enter a shorter range of days or populate the ICN field.
ICN (Input)	0	ICN must be 13 characters.	Enter a numeric, 13-character ICN.
	1	ICN must be a number.	Enter a numeric, 13-character ICN.
Recipient ID	0	[X] is not a valid Recipient ID.	Enter a valid Recipient ID.
Submit	0	Please specify ICN, Recipient ID, Patient Account # or enter a Date Range.	Enter at least one of the specified fields.

Field	Error Code	Error Message	To Correct
Thru Date (Input)	0	Thru date must be later than From Date.	Enter a Thru date later then the From date.
	1	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date.

6.6.4 Accessibility and Use

To access and use the Provider Claim Inquiry window, complete the steps in the step/action table(s).

To Access Provider Claim Inquiry Window

Step	Action	Response
1	Complete the Logon steps found in Section 2, Logging On To The PROMISe™ Provider Internet Site.	The DHS PA PROMISe™ Web site logon window opens.
2	Click the Claims tab.	The Claims tab opens.
3	Click on Claim Inquiry .	The Claim Inquiry window opens.

To Search for a Fee-for-Service Claim by Recipient ID

Step	Action	Response
1	Type a value in the Recipient ID field.	
2	In the Claim Status drop down list, select a value.	
3	In the Date of Service section, enter a value in the From Date field.	
4	In the Date of Service section, enter a value in the Thru Date field.	
5	Click the Submit button.	If a match is found, the search results list is displayed.
6	Click the claim link.	The detailed claim is displayed.

To Search for a Fee-for-Service Claim by Patient Account Number

Step	Action	Response
1	Type a value in the Patient Account # field.	
2	In the Claim Status drop down list, select a value.	
3	In the Date of Service section, enter a value in the From Date field.	
4	In the Date of Service section, enter a value in the Thru Date field.	
5	Click the Submit button.	If a match is found, the search results list is displayed.

Step	Action	Response
6	Click the claim link	The detailed claim is displayed

To Search for a Fee-for-Service Claim by ICN

Step	Action	Response
1	Type a value in the ICN field.	
2	In the Claim Status drop down list, select a value.	
3	In the Date of Service section, enter a value in the From Date field.	
4	In the Date of Service section, enter a value in the Thru Date field.	
6	Click the Submit button.	If a match is found, the search results list is displayed.
7	Click the claim link.	The detailed claim is displayed.

To View Next Fee-for-Service Claim

Step	Action	Response
1	Complete a claim search.	If a match is found, the search results list is displayed.
2	Click the Next button.	The next claim is displayed.
3	Click the associated ICN link to view the desired claim.	The detailed claim is displayed.

To View Recipient Eligibility

Step	Action	Response
1	Complete a claim search.	If a match is found, the search results list is displayed.
2	Click the Recipient ID link.	The Recipient Eligibility Verification window opens and displays information for the requested Recipient ID.

To Submit a Fee-for-Service Claim Adjustment

Step	Action	Response
1	Type a value in the Recipient ID field, or ICN , or Patient Account # fields.	
2	Select a value from the Claim Status drop down box.	
3	If the date of service is known, enter values in the From Date and Thru Date fields.	
4	Press the Submit button.	Fee-for-service claim records that match the search criteria are displayed in the lower portion of the window. Note that all ICNs and Recipient IDs are hyperlinked.
5	Click on the ICN link for which an adjustment is to be made.	The original claim is displayed.

Step	Action	Response
6	Scroll down the claim window to the Service Adjustments for Service Line: 1 group.	
7	In the Adjustment 1 row, select a value from the Adjustment Group Code drop down box.	
8	In the Adjustment 1 row, select a value from the Reason Code drop down box.	
9	Enter the amount of the adjustment for this claim in the Amount box at the end of the Adjustment 1 row.	
10	Select a value from the Carrier Code drop down box.	
11	If another adjustment is to be added to this claim, click the Add Adjustment button to activate the Adjustment 2 row. Repeat Steps 7 through 10 in the Adjustment 2 row. Up to eleven additional adjustments can be added.	
12	Click the Submit button.	The adjustment(s) for this claim is(are) submitted.

6.7 Provider Dental Claim (Dental.asp)

The Provider Dental Claim window is used to display or input dental claims. From here, a provider can enter or review all of the required information to submit a dental claim including multiple detail lines.

Note: Maximum field lengths for this window are limited by HIPAA X12 guidelines. Differences may appear between fields on this window and fields on other windows that are based on different underlying HIPAA transaction formats.

The provider can access this window by selecting Submit Dental link from Claims option list or select Dental from the Claims Submission page.

The first window Layout below shows the initial viewable display; the following Layouts show the remaining data viewable by scrolling.

6.7.1 Layout

Dental Claim New! Need help submitting a claim? [View sample claim submissions here.](#)

Billing Information

Billing Provider: **1001234567001** NPI: _____ Taxonomy: _____ Zip: _____

Claim Frequency: Medical Record #:

Original Claim #: Prior Authorization:

Attachment Control #: Report Type Code:

Recipient ID: Recipient ID is required Report Transmission Code:

Patient Account #: Patient Pay Amount:

Last Name:

First Name/Middle Initial:

Service Information:

Referring Provider ID: NPI: Taxonomy: _____ Zip: _____

Release of Medical Data:

Referral #: Benefits Assignment:

Rendering Provider ID: NPI: Emergency:

Rendering Provider ID is required Taxonomy: _____ Zip: _____

Place of Service:

Facility ID:

Facility Name:

Admission Date: (MM/DD/YYYY) Orthodontic Treatment

Discharge Date: (MM/DD/YYYY) Total Months:

Special Program Code: Months Remaining:

Billing Note:

Diagnosis:

Code Type:

[Add](#) Diagnosis Code

Accident:

Related Causes: Date: (MM/DD/YYYY) State: Country:

The window Layout above displays the default viewable area of the scrollable data, the Layout below displays the remaining data.

Other Insurance:

Ol#	Carrier Code	Group Number	Group Name	Policy Holder Last Name

Group Number:

Group Name:

Carrier Code:

Carrier Name:

Policy Holder ID Code:

Policy Holder Last Name:

Policy Holder First Name:

Individual Relationship:

Release of Medical Data:

Benefits Assignment:

Claim Filing Code:

Service Lines:

SVC#	Date of Service	Place of Service	Procedure	Units	Billed Amount
1					

Date of Service: (MM/DD/YYYY)
Service Line 1: Date of Service is required

Place of Service:

Procedure:
Service Line 1: Procedure is required

Modifier:

1:

2:

3:

4:

Diagnosis Pointer:

Tooth Number:

Tooth Surface:

Placement Indicator:

Prior Placement Date: (MM/DD/YYYY)

Appliance Placement Date: (MM/DD/YYYY)

Anesthesia Quantity Qualifier:

Anesthesia Units:

Units:

Billed Amount:
Service Line 1: Billed Amount is required

OCD:

1:

2:

3:

4:

5:

Service Adjustments for Service Line 1:

Claim Status Information

Claim Status: Not Yet Submitted

6.7.2 Field Descriptions

Field	Description	Data Type	Length
Add (Adjustment Reason)	Adds a new adjustment reason code	Hyperlink	0
Add (Diagnosis)	Add new diagnosis code	Hyperlink	0
Add (Other Insurance)	Add new other insurance line for Other Insurance to claim	Button	0
Add (Service Line Adjustments)	Adds a new service adjustment line. For each new adjustment service line, the Reason Codes/Amount/Adjustment Group Code must be entered	Hyperlink	0
Add (Service Line)	Add new service line to the claim	Button	0
Add Adjustment	Add new adjustment line to the claim	Button	0
Adjustment Group Code	General category of the associated payment adjustment reason code	Drop Down List Box	0
Admission Date	Date recipient was admitted for service	Date (MM/DD/CCYY)	8
Amount (Service Line Adjustment)	Dollar amount of the adjustment for the associated reason code	Number	10
Anesthesia Quantity Qualifier	Required field on anesthesia service lines if one or more extenuating circumstances were present at the time of service	Drop Down List Box	0
Anesthesia Units	Number of anesthesia units used for this service line	Number	4
Appliance Placement Date	Date the orthodontic appliances were placed	Date (MM/DD/CCYY)	8
Attachment Control #	Attachment control number (ACN) is used to relate attachments to this claim	Number	9
Benefits Assignment	Indicates if benefits are to be assigned Valid values are: <ul style="list-style-type: none"> • Yes • No • Not Applicable 	Drop Down List Box	0
Benefits Assignment (Other Insurance)	Indicates if benefits are to be assigned Valid values are: <ul style="list-style-type: none"> • Yes • No • Not Applicable 	Drop Down List Box	0
Billed Amount	Amount of money requested for payment by a provider for services rendered	Number	9

Field	Description	Data Type	Length
Billed Amount (Service Lines list)	Amount of money requested for payment by a provider for services rendered. This field is auto-populated when an amount is entered in the Billed Amount field below	Number	9
Carrier Code (Other Insurance)	Other insurance carrier code	Drop Down List Box	0
Carrier Code (Other Insurance list)	Other insurance carrier name or type	Drop Down List Box	0
Carrier Code (Service Line Adjustment)	Service line adjustment carrier ID	Drop Down List Box	0
Carrier Name (Other Insurance)	Name of other insurance carrier	Character	14
Claim Filing Code (Other Insurance)	Type of claim to be filed	Drop Down List Box	0
Claim Frequency	Submission type indicator for this claim	Drop Down List Box	0
Code Type	ICD type indicator for this claim	Drop Down List Box	0
Comments	Free form field for comments or special instructions pertaining to service information	Character	80
Copy	Copies a paid claim's data to a new unprocessed claim	Button	0
Country (Accident)	Country where the automobile accident occurred, if this claim relates to an auto accident	Character	3
Date (Accident)	Date of the accident related to the patient's current condition, diagnosis, treatment, and charges referenced in this claim transaction	Date (MM/DD/CCYY)	8
Date of Service	Date services were rendered for the service line detail	Date (MM/DD/CCYY)	8
Date of Service (Service Line list)	Date services were rendered for the service line detail. This field is auto-populated by the value entered in the Date of Service field in the area below	Date (MM/DD/CCYY)	8
Delete (Other Insurance)	Deletes existing other insurance line from claim	Button	0
Delete (Service Line list)	Deletes the service lines	Button	0
Diagnosis Code	Diagnosis Code	Character	8

Field	Description	Data Type	Length
Diagnosis Pointer	Diagnosis Pointer	Character	1
Discharge Date	Date recipient was discharged	Date (MM/DD/CCYY)	8
Emergency	Indicates whether the service was provided on an emergency basis	Drop Down List Box	0
Facility ID	Service facility location ID	Character	9
Facility Name	Service facility location name	Character	35
First Name	First name of the Medicaid recipient	Character	25
Group Name (Other Insurance list)	Group name of other insurance carrier. This field is auto-populated by the value entered in the Group Name field below	Character	14
Group Name (Other Insurance)	Group name of other insurance carrier	Character	14
Group Number (Other Insurance list)	Group number of other insurance carrier. This field is auto-populated by the value entered in the Group Number field below	Character	17
Group Number (Other Insurance)	Group number of other insurance carrier	Character	17
Individual Relationship	Patient's relationship to Policy Holder. Valid Values are: <ul style="list-style-type: none"> • 01 – Spouse • 18 – Self • 19 – Child • 20 – Employee • 21 – Unknown • 39 – Organ Donor • 40 – Cadaver Donor • 53 – Life Partner • G8 – Other relationship 	Drop Down List Box	0
Last Name	Last name of the Medicaid recipient	Character	35
Medical Record #	Patient's medical record number	Character	30
Middle Initial	Middle initial of the Medicaid recipient	Character	1
Modifier 1	First modifier code that supplies additional information on the procedure code	Character	2
Modifier 2	Second modifier code that supplies additional information on the procedure code	Character	2
Modifier 3	Third modifier code that supplies additional information on the procedure code	Character	2
Modifier 4	Fourth modifier code that supplies additional information on the procedure code	Character	2

Field	Description	Data Type	Length
Months Remaining (Orthodontic Treatment)	Total remaining months for orthodontic treatment	Character	2
NPI (Billing Provider)	NPI for Billing Provider ID	Character	10
NPI (Referring Provider)	NPI for Referring Provider ID. Note: Not enabled until a 7 or 8-digit ID is entered in the Referring Provider ID field. If Referring Provider ID is entered, this field is required	Character	10
NPI (Rendering Provider)	NPI for Rendering Provider ID. Note: Not enabled until a 7 or 8-digit ID is entered in the Rendering Provider ID field. If Rendering Provider ID is entered, this field is required	Character	10
New	Refreshes the screen to create a new claim form	Button	0
OCD 1	First designation of the quadrant(s) of the mouth on which services were performed or will be performed	Drop Down List Box	0
OCD 2	Second designation of the quadrant(s) of the mouth on which services were performed or will be performed	Drop Down List Box	0
OCD 3	Third designation of the quadrant(s) of the mouth on which services were performed or will be performed	Drop Down List Box	0
OCD 4	Fourth designation of the quadrant(s) of the mouth on which services were performed or will be performed	Drop Down List Box	0
OCD 5	Fifth designation of the quadrant(s) of the mouth on which services were performed or will be performed	Drop Down List Box	0
Original Claim #	Claim number for the original claim	Character	13
Other Accident (Accident)	Indicates whether an accident resulted from another reason than Auto Accident or Employment related accident	Drop Down List Box	0
Paid Amount	Service Adjustment amount paid	Number	9
Paid Date	Date service line adjustment paid amount was paid	Date (MM/DD/CCYY)	8

Field	Description	Data Type	Length
Patient Account #	Patient account number is assigned by the provider and relates to the recipient's number in the providers system	Character	38
Patient Pay Amount	Amount of claim to be paid by the recipient	Number	9
Place Of Service (Service Lines list box)	Location where a health care service was rendered for a service line	Drop Down List Box	0
Place of Service	Type of location where the health care service was rendered	Drop Down List Box	0
Place of Service (Service Lines list)	Location code for the place where a health care service was rendered for a service line. This field is auto-populated with a code when a value is selected from the drop down box in the Place of Service field below	Drop Down List Box	0
Placement Indicator	Initial placement, or replacement, for prosthesis, crown, or inlay code	Drop Down List Box	0
Policy Holder First Name (Other Insurance)	First Name of Policy Holder	Character	25
Policy Holder ID Code (Other Insurance)	Identification number of the Policy Holder	Character	12
Policy Holder Last Name (Other Insurance list)	Last name of policyholder. This field is auto-populated by the value entered in the Policy Holder Last Name field below	Character	35
Policy Holder Last Name (Other Insurance)	Last name of Policy Holder	Character	35
Prior Authorization	Prior authorization number submitted on the claim	Number	10
Prior Placement Date	Date that the prosthesis being replaced was originally placed	Date (MM/DD/CCYY)	8
Procedure (Service Lines)	Description that clarifies the product/service procedure code and related data elements	Character	5
Procedure (Service Lines list)	Description that clarifies the product/service procedure code and related data elements. This field is auto-populated by the value entered in the Procedure field below	Character	5
Reason Code	Reason the adjustment was made	Drop Down List Box	0

Field	Description	Data Type	Length
Recipient ID	ID for recipients who are authorized to receive Medicaid services. The field accepts the 9 digit recipient ID and the single verification digit	Character	10
Referral #	Referral number provided for referring provider	Number	4
Referring Provider ID	ID of the provider that referred the recipient to another provider for services	Character	9
Related Causes 1	Other causes related to the accident. Valid values are: <ul style="list-style-type: none"> • AA – Auto Accident • EM – Employment • OA – Other Accident 	Drop Down List Box	0
Related Causes 2	Other causes related to the accident. Valid values are: <ul style="list-style-type: none"> • AA – Auto Accident • EM – Employment • OA – Other Accident 	Drop Down List Box	0
Release of Medical Data	Indicates whether the provider has informed consent to release medical info. For conditions or diagnosis regulated by federal status or a signed statement on file to permit the release of medical data to other organizations. Valid Values are: <ul style="list-style-type: none"> • I – Informed Consent to Release Medical Info. For conditions or diagnoses regulated by Federal Statutes • Y – Yes, the provider has a signed statement permitting the release of medical billing data related to a claim 	Drop Down List Box	0
Release of Medical Data (Other Insurance)	Indicates whether the provider has informed consent to release medical info. For conditions or diagnosis regulated by federal status or a signed statement on file to permit the release of medical data to other organizations. Valid Values are: <ul style="list-style-type: none"> • I – Informed Consent to Release Medical Info. For conditions or diagnoses regulated by Federal Statutes • Y – Yes, the provider has a signed statement permitting the release of medical billing data related to a claim 	Drop Down List Box	0
Rendering Provider ID	ID of the performing provider that performed the service	Character	9

Field	Description	Data Type	Length
Report Transmission Code	Defines timing; transmission method or format by which reports are to be sent	Drop Down List Box	0
Report Type Code	Title or contents of a document, report, or supporting item	Drop Down List Box	0
Service Adjustment Indicator	Indicate whether service adjustment details are present for this service line	Drop Down List Box	0
Special Program Code	Contains values for EPSDT, Physical Handicapped Children's Program, Special Federal Funding, and Disability special programs. These are the values allowed by HIPAA for this field	Drop Down List Box	0
State (Accident)	State where the automobile accident occurred, if this claim is associated with an auto accident	Character	2
Submit	Submits the claim to DHS	Button	0
Svc #	Sequential number of each service detail line	Number	2
Taxonomy (Billing Provider)	Taxonomy for Billing Provider ID	Character	10
Taxonomy (Referring Provider)	Taxonomy for Referring Provider ID	Character	10
Taxonomy (Rendering Provider)	Taxonomy for Rendering Provider ID	Character	10
Tooth Number	Indicator for the tooth on which services were performed or will be performed	Drop Down List Box	0
Tooth Surface (1)	First designation of the surface(s) of the tooth on which services were performed or will be performed	Drop Down List Box	0
Tooth Surface (2)	Second designation of the surface(s) of the tooth on which services were performed or will be performed	Drop Down List Box	0
Tooth Surface (3)	Third designation of the surface(s) of the tooth on which services were performed or will be performed	Drop Down List Box	0
Tooth Surface (4)	Fourth designation of the surface(s) of the tooth on which services were performed or will be performed	Drop Down List Box	0
Tooth Surface (5)	Fifth designation of the surface(s) of the tooth on which services were performed or will be performed	Drop Down List Box	0

Field	Description	Data Type	Length
X (Adjustment)	Removes the service line adjustment	Button	0
X (Diagnosis)	Removes the diagnosis	Button	0
X (Reason Code)	Removes the reason code	Button	0
X (Service Line Adjustment)	Removes the service line adjustment	Button	0
Zip (Billing Provider)	Zip for Billing Provider ID	Character	9
Zip (Referring Provider)	Zip for Referring Provider ID	Character	9
Zip (Rendering Provider)	Zip for Rendering Provider ID	Character	9

6.7.3 Field Edits

Field	Error Code	Error Message	To Correct
Adjustment Group Code	0	Adjustment Group Code [#] is a required field.	Enter a valid Adjustment Group Code
Admission Date	0	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date
Amount (repeats up to 3 times)	0	Reason Amount [#] must be numeric.	Enter a numeric Service Adjustment Amount
	1	Reason Amount " + (reasonCounter+1) + " may not contain a negative value.	Do not enter a negative Service Adjustment Amount
Anesthesia Units	0	Service Line [#]: Anesthesia Units must be greater than zero.	Do not enter a negative Anesthesia Unit Count
Appliance Placement Date	0	Service Line [#]: Appliance Placement Date must be less than or equal to today's date.	Enter Appliance Placement Date that is less than or equal to today's date
Benefits Assignment (Other Insurance)	0	Other Insurance Benefits Assignment for OI# [#] is a required field.	Select a Benefits Assignment value.

Field	Error Code	Error Message	To Correct
Billed Amount	0	Service Line [#]: Billed Amount is a required field.	Enter amount billed
	1	Service Line [#]: Billed Amount may not be a negative number.	Enter a positive billed amount
Code Type	0	Code Type field is required	Select an ICD code type
	1	Both ICD-9 and ICD-10 codes have been found within this inquired claim. Please choose the correct ICD code type	Select the correct ICD code type
Country (Accident)	0	Accident country can only contain alphanumeric characters.	Enter a valid country
	1	Accident country cannot be less than 2 characters in length.	Enter a valid country
Date (Accident)	0	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date
	1	Accident Date needs to be a valid date.	Enter a valid date
	2	Accident Date must be less than or equal to today's date.	Enter a valid date
	3	When Accident Date is entered a related cause (Employment, Other or Auto) must be Yes.	Select a related cause
	4	Accident Date must be entered when Employment, Other or Auto is Yes.	Enter an accident date
Date of Service	0	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date
	1	Service Line [#]: Date of Service is a required field.	Enter a date of service

Field	Error Code	Error Message	To Correct
	2	Service Line [#]: Date of Service must be less than or equal to today's date.	Enter a date of service less than or equal to today's date
Date of Service (Service Line list)	0	Service Line [#]: Date of Service is a required field.	Enter a date of service
	1	Service Line " + (inx+1) + ": Date of Service must be less than or equal to today's date.	
Diagnosis Pointer	0	Service Line [1]: Diagnosis pointer must be between 1 and 4.	Enter a number between 1 and 4
Discharge Date	0	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date
Facility ID	0	Facility ID must be 9 characters.	Enter a - character Facility ID
Modifier 1	0	Service Line [#], Modifier 1: must be 2 characters.	Enter a valid 2 character modifier code
	1	Service Line [#], Modifier 1: can only contain alphanumeric characters.	Enter a valid 2 character modifier code
Modifier 2	0	Service Line [#], Modifier 2: must be 2 characters.	Enter a valid 2-character modifier code
	1	Service Line [#], Modifier 2: can only contain alphanumeric characters.	Enter a valid 2-character modifier code
Modifier 3	0	Service Line [#], Modifier 3 : must be 2 characters	Enter a valid 2-character modifier code
	1	Service Line [#], Modifier 3: can only contain alphanumeric characters.	Enter a valid 2-character modifier code
Modifier 4	0	Service Line [#], Modifier 4: must be 2 characters.	Enter a valid 2-character modifier code
	1	Service Line [#], Modifier 4: can only contain alphanumeric characters.	Enter a valid 2-character modifier code

Field	Error Code	Error Message	To Correct
NPI (Referring Provider ID)	0	NPI must be 10 digits	Enter a 10-digit NPI
NPI (Rendering Provider ID)	0	NPI must be 10 digits	Enter a 10-digit NPI
Original Claim #	0	Original Claim # must be 13 characters.	Enter a valid , 13 character Original Claim #
	1	Original Claim # must be numeric.	Enter a valid, 13 character Original Claim #
	2	Original Claim Number is a Required Field.	Enter a valid, 13 character Original Claim #
	3	The ICN entered for the Original Claim number is an encounter. Encounters may not be adjusted or voided.	Enter a Fee-for-Service claim number
Paid Amount	0	Service Adjustment [#]: Paid Amount is a required field.	Enter a valid Service Adjustment paid Amount
Paid Date	0	Service Adjustment [#]: Paid Date is a required field.	Enter a valid Service Adjustment Paid Date
	1	Service Adjustment [#]: Paid Date must be a date less than or equal to today's date.	Enter a Service Adjustment Paid Date that is less than or equal to today's date
Patient Pay Amount	0	Patient Pay Amount must be a number greater than 0.	Enter a Patient Pay Amount that is greater than 0
Prior Authorization #	0	Prior Authorization Number must be 10 characters.	Enter a 10-character Prior Authorization Number
Prior Placement Date	0	Service Line [#]: Prior Placement Date must be less than or equal to today's date.	Enter a Placement Date that is not in the future

Field	Error Code	Error Message	To Correct
Procedure	0	Service Line [#]: Procedure is a required field.	Enter a procedure code
	1	Service Line [#]: Procedure can only contain alphanumeric characters.	Enter a valid procedure code
	2	Service Line [#]: Procedure must be 5 characters in length.	Enter a valid procedure code
Reason Code	0	Reason Code [#] is a required field.	Enter a valid Reason Code
	1	Reason Code [#] can only contain alphanumeric character(s).	Enter a valid alphanumeric Reason Code
Recipient ID	0	[X] is not a valid Recipient ID.	Enter a valid 10 character Recipient ID
	1	Recipient ID is a required field.	Enter a valid 10 character Recipient ID
Referring Provider ID	0	Referring Provider ID must be 9 characters.	Enter a numeric, 9 character provider ID
	1	Referring Provider ID must numeric.	Enter a numeric, 9 character provider ID
Release of Medical Data (Other Insurance)	0	Release of Medical Data for OI# [#] is a required field.	Select Release of Medical Data
Rendering Provider ID	0	Rendering Provider ID must be 9 characters.	Enter a numeric, 9 character provider ID
	1	Rendering Provider ID must be numeric.	Enter a numeric, 9 character provider ID
	2	Rendering Provider ID is a required field.	Enter a numeric, 9 character provider ID

Field	Error Code	Error Message	To Correct
Report Transmission Code	0	Report Transmission Code when Report Type Code is selected.	Select a Report Transmission Code when a Report Type Code is entered
Report Type Code	0	Report Type Code is required when Report Transmission Code is selected.	Select a Report Type Code when a Report Transmission Code is selected
State (Accident)	0	When Accident Ind: Auto = Y, Accident State is required.	Enter a state
	1	Accident State can only contain alphabetic character(s) - spaces not allowed.	Enter a valid 2 character state
	2	Accident State must be 2 character(s) in length.	Enter a valid 2 character state
Tooth Number	0	Service Line [#]: Tooth Number can only contain alphanumeric characters.	Enter a tooth number 01-33 and A-T
	1	Service Line [#]: Valid values for Tooth Number are 01-33, and A-T.	Enter a tooth number 01-33 and A-T
Total Months (Orthodontic Treatment)	0	Total months must be greater than or equal to months remaining.	Enter total months greater than months remaining
Units	0	Service Line [#]: Units is a required field.	Enter a value for units
	1	Service Line [#]: Units may not be a negative number.	Enter a positive number of units

6.7.4 Accessibility and Use

To access and use the Provider Dental Claim window, complete the steps in the step/action table(s).

Note: The following step/action tables are organized to coincide with information as it is grouped in the online claim submission form window. Billing Information is presented first, then Claim Service information, and on through the subsequent groups, ending with Service Lines information.

To Access Provider Dental Claim Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the Claims tab.	The Claims window opens.
3	Click the Submit Dental link.	The Provider Dental Claim window opens.

To Complete Claim Billing Information

Note: Claims should be completed in accordance with DHS’s guidelines, policies, and procedures. Refer to the DHS web site for more specific information on completing a claim submission.

Step	Action	Response
1	In the Billing Information section, type a value for the Attachment Control #, Original Claim #, Recipient ID, Patient Account #, Last Name, First Name/Middle Initial, , Medical Record #, and Prior Authorization #.	
2	In the Report Type Code and Report Transmission Code drop-down lists, select a value.	
3	Type a dollar value in the Patient Pay Amount field.	

To Complete Claim Service Information

Step	Action	Response
1	In the Service Information section, type a value in the Referring Provider ID, Release of Medical Data, Referral #, and Rendering Provider ID fields.	
2	In the Benefits Assignment, Emergency, and Place of Service drop-down lists, select a value.	
3	Type a value in the Facility ID, Facility Name, Admission Date, Discharge Date, Total Months, and Months Remaining fields.	
4	In the Special Program Code drop down list, select a value.	
5	Type comments in the Comments field.	

To Complete Diagnosis

Step	Action	Response
1	In the Diagnosis section, in the Code Type drop down list, select code type from drop down.	
2	Select Add to open a diagnosis field.	
3	Enter diagnosis in diagnosis field.	

To Complete Claim Accident Information

Step	Action	Response
1	In the Accident section, in the Employment Related, Other, and Auto drop-down lists, select a value.	
2	Type a value in the Date, State, and Country fields.	

To Add Claim Other Insurance Information

Step	Action	Response
1	In the Other Insurance section, click the Add button.	
2	In the Other Insurance #1 section, type a value in the Group Number, Group Name, Carrier Code, Carrier Name, Policy Holder ID Code, Policy Holder Last Name, and Policy Holder First Name, fields.	
3	In the Release of Medical Data, Benefit Assignment, and Claim Filing Code drop-down lists, select a value.	

To Remove Other Insurance Information

Step	Action	Response
1	In the Other Insurance section, click the Remove button.	

To Add Claim Service Lines Information

Step	Action	Response
1	In the Service Lines section, click the Add button.	
2	In the Service Line #1 section, type a value in the Date of Service field.	
3	In the Place of Service drop-down list, select a value.	
4	Type a value in the Procedure, Modifier 1, 2, 3, and 4 and Tooth Number fields.	
5	In the, Tooth Surface; 1., 2., 3., 4., 5., OCD: 1., 2., 3., 4., 5., and Placement Indicator drop-down lists, select a value.	
6	Type a value in the Prior Placement Date, Appliance Placement Date, Anesthesia Quantity Qualifier, Anesthesia Units, Units, and Billed Amount fields.	

To Remove Service Lines Information

Step	Action	Response
1	In the Service Lines section, click the Remove button.	

To Add Claim Service Adjustments Information

Step	Action	Response
1	In the Service Adjustments section, click the Add button.	
2	In the Service Adjustment #1 section, in the Adjustment Code Group drop-down lists, select a value.	
4	Type a value in the Reason Codes, Amount, Paid Date, Paid Amount, and Carrier Code fields.	

To Remove Claim Service Adjustments Information

Step	Action	Response
1	In the Service Adjustment section, click the Remove button.	

To Submit Claim

Step	Action	Response
1	Click the Submit button.	The claim is submitted.

To Create New Claim Form

Step	Action	Response
1	Click the New button.	The screen refreshes to create new claim form.

To Copy a Paid Claim

Note: The Copy button is only available on paid claims.

Step	Action	Response
1	Using Claim Inquiry (inquiry.asp) complete a claim search.	If a match is found, the search results list is displayed.
2	Select a paid claim.	The paid claim displays.
3	Click the Copy button.	All data from the selected paid claim is copied to a new claim.

6.8 Provider Help (Provider Help)

The PROMISe™ Internet manual contains assistance for using the PROMISe™ Internet windows that are available to Provider Internet users. The manual contains information about the use of each window, and field edit information for correcting errors.

The PROMISe™ Internet Manual is accessed by selecting the Help link from the Main logon page.

6.8.1 Layout



6.8.2 Accessibility and Use

To access and use the Help manual, complete the steps in the step/action table(s).

To Access Help Window

Step	Action	Response
1	Click the Help link	The PROMISe™ Internet User manual opens

6.9 Provider Institutional Claim (Institutional.asp)

The Provider Institutional Claim window is used to submit 837 Institutional claims. From this window, a provider can enter all of the required information to submit an institutional claim, including multiple detail lines.

This window is accessed through the Submit Institutional option under Claims in the Menu Bar, or by clicking the Institutional link on the Claims Menu page.

The first window Layout below shows the initial viewable display; the following Layouts show the remaining data viewable by scrolling.

Note: Maximum field lengths for this window are limited by HIPAA X12 guidelines. Differences may appear between fields on this window and fields on other windows that are based on different underlying HIPAA transaction formats.

6.9.1 Layout

Institutional Claim ^{New!} Need help submitting a claim? [View sample claim submissions here.](#)

Billing Information

Billing Provider: **10012345678001** NPI: _____ Taxonomy: _____ Zip: _____

Claim Type: Attachment Control #:

Bill Type: Medical Record #:

Original Claim #: **Bill Type is required** Prior Authorization #:

Recipient ID: **Recipient ID is required** Report Type Code:

Patient Account #: **Patient Account # is required** Report Transmission Code:

Last Name: Gross Patient Pay: (LTC Only)

First Name: Patient Pay Amount:

Middle Initial:

Service Information

Patient Status: **Patient Status is required** Release of Medical Data: **Release of Medical Data is required**

Attending Provider ID: NPI: Benefit Assignment?:

Operating Provider ID: NPI: Taxonomy: _____ Zip: _____ Pregnancy Indicator:

Other Provider ID: NPI: Taxonomy: _____ Zip: _____ Emergency?:

Referral Code:

Facility ID: NPI:

Facility Name:

Billing Note:

Accident:

State:

Admission/Discharge

From DOS: (MM/DD/YYYY) **From DOS is required**

To DOS: (MM/DD/YYYY) **To DOS is required**

Admission Date: (MM/DD/YYYY) **Admission Date is required**

Admission Hour: (HHMM) **Admission Hour is required**

Admission Type:

Admission Source: **Admission Source is required**

Discharge Hour: (HHMM)

Diagnosis

Code Type:

Primary: POA: (Inpatient Only)

Admission Diagnosis: (Inpatient and LTC Only)

Patient Reason for Visit: (Outpatient Only)

[Add](#) Other/ POA(Inpatient Only)/seq

Emergency Code: POA: (Inpatient Only)

[Add](#) Emergency code POA

The window Layout above displays the default viewable area of the scrollable data, the Layout below displays the remaining data.

ICD Code/Date											
Add ICD Code/Date(MM/DD/YYYY)*											
Occurrence Code/Date											
Add Occurrence Code/Date(MM/DD/YYYY)*											
Occurrence Span Code/Date											
Add Occurrence Span Code/Date(MM/DD/YYYY)*											
Condition Code											
Add Condition Code											
Value Code/Amount											
Add Value Code/Amount											
Days											
Covered:	<input type="text"/> (Inpatient and LTC Only)										
Non-Covered:	<input type="text"/> (Inpatient and LTC Only)										
Medicare Coinsurance Days:	<input type="text"/> (Inpatient and LTC Only)										
Lifetime Reserve Days:	<input type="text"/> (Inpatient Only)										
Patient (Newborn Only)											
Patient ID	<input type="text"/>										
Last Name:	<input type="text"/>										
First Name:	<input type="text"/>										
Middle Initial:	<input type="text"/>										
Gender:	<input type="text"/>										
Date of Birth:	<input type="text"/> (MM/DD/YYYY)										
Date of Death:	<input type="text"/> (MM/DD/YYYY)										
Other Insurance											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">OI#</th> <th style="text-align: left;">Carrier Code</th> <th style="text-align: left;">Group Number</th> <th style="text-align: left;">Group Name</th> <th style="text-align: left;">Policy Holder Last Name</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="height: 50px;"> </td> </tr> </tbody> </table> <div style="text-align: right; margin-top: 5px;"> <input type="button" value="Add"/> <input type="button" value="Delete"/> </div>		OI#	Carrier Code	Group Number	Group Name	Policy Holder Last Name					
OI#	Carrier Code	Group Number	Group Name	Policy Holder Last Name							
Group Number:	<input type="text"/>										
Group Name:	<input type="text"/>										
Carrier Code:	<input type="text"/>										
Policy Holder ID Code:	<input type="text"/>										
Policy Holder Last Name:	<input type="text"/>										
Policy Holder First Name:	<input type="text"/>										
Individual Relationship:	<input type="text"/>										
Release of Medical Data?:	<input type="text"/>										
Benefit Assignment?:	<input type="text"/>										
Claim Filing Code:	<input type="text"/>										
1: Reason Code	<input type="text"/>										
Adjustment Group Code	<input type="text"/> Amount <input type="text"/>										
2: Reason Code	<input type="text"/>										
Adjustment Group Code	<input type="text"/> Amount <input type="text"/>										
3: Reason Code	<input type="text"/>										
Adjustment Group Code	<input type="text"/> Amount <input type="text"/>										
Paid Date:	<input type="text"/>										
Paid Amount:	<input type="text"/>										
Medicare Approved Amount:	<input type="text"/> (Inpatient and LTC Only)										

Medicare

Full Medicare Days:

Service Lines

SVC#	Date of Service	Revenue Code	Units	Billed Amount
1				

From Date: (MM/DD/YYYY) (Outpatient Only)

To Date: (MM/DD/YYYY) (Outpatient Only)

Revenue Code:

Procedure:

Modifiers:

1 (Outpatient Only)

2 (Outpatient Only)

3 (Outpatient Only)

4 (Outpatient Only)

Basis of Measurement:

Units:
Units is required

Billed Amount:
Billed Amount is required

Claim Status Information

Claim Status: Not Yet Submitted

6.9.2 Field Descriptions

Field	Description	Data Type	Length
Add (Condition Code)	Add new Condition Code	Button	0
Add (Occurrence Code/Date)	Add new Occurrence Code/Date	Button	0
Add (Occurrence Span Code/Date)	Add new Occurrence Span Code/Date	Button	0
Add (Other / POA)	Add new POA diagnosis line to claim (up to 24)	Button	0
Add (Other Insurance)	Add new other insurance line to claim	Button	0
Add (Service Lines)	Add new service line to claim	Button	0
Add (Surgical Code/Date)	Add new Surgical Code/Date	Button	0
Add (Value Code/Amount)	Add new Value Code/Amount	Button	0

Field	Description	Data Type	Length
Adjustment Group Code 1 (Other Insurance)	First adjustment group code	Drop Down List Box	0
Adjustment Group Code 2 (Other Insurance)	Second adjustment group code	Drop Down List Box	0
Adjustment Group Code 3 (Other Insurance)	Third adjustment group code	Drop Down List Box	0
Admission Date	Date the recipient was admitted into the facility	Date (MM/DD/CCYY)	8
Admission Diagnosis	Diagnosis code at admission for this claim	Character	8
Admission Hour	Time the recipient was admitted into the facility	Character	4
Admission Source	Source of the admission	Drop Down List Box	0
Admission Type	Priority of this admission	Drop Down List Box	0
Amount 1 (Other Insurance)	First amount of adjustment group	Number	8
Amount 2 (Other Insurance)	Second amount of adjustment group	Number	8
Amount 3 (Other Insurance)	Third amount of adjustment group	Number	8
Attachment Control #	Attachment control number (ACN) used to relate attachments to this claim	Number	20
Attending Provider ID	ID of the physician responsible for the care of the patient	Character	9
Basis of Measurement	Type units used for a value	Drop Down List Box	0
Benefits Assignment? (Other Insurance)	Indicator or Assignment of Benefits code	Drop Down List Box	0
Benefits Assignment?	Indicates if benefits are to be assigned Valid values are: <ul style="list-style-type: none"> • Yes • No • Not Applicable 	Drop Down List Box	0
Bill Type	Three-digit value that indicates the type of bill	Drop Down List Box	0

Field	Description	Data Type	Length
Billed Amount	Amount requested by a provider as payment for services rendered	Number	9
Billed Amount (Service Lines List Box)	Amount requested by a provider as payment for services rendered	Number	9
Billing Note	Free-form field for comments or special instructions	Character	80
Carrier Code (Other Insurance List Box)	Other insurance carrier	Character	3
Carrier Code (Other Insurance)	Other insurance carrier	Drop Down List Box	0
Claim Filing Code (Other Insurance)	Type of claim	Drop Down List Box	0
Claim Type	Type of institutional claim. Valid values are: Inpatient, Outpatient and Long Term Care	Drop Down List Box	0
Code Type	ICD type indicator for this claim	Drop Down List Box	0
Condition Code 1	First condition(s) related to this claim or to the patient	Drop Down List Box	0
Condition Code 2	Second condition(s) related to this claim or to the patient. Press the underlined "Add" to add this field	Drop Down List Box	0
Condition Code 3	Third condition(s) related to this claim or to the patient. Press the underlined "Add" to add this field	Drop Down List Box	0
Condition Code 4	Fourth condition(s) related to this claim or to the patient. Press the underlined "Add" to add this field	Drop Down List Box	0
Condition Code 5	Fifth condition(s) related to this claim or to the patient. Press the underlined "Add" to add this field	Drop Down List Box	0
Condition Code 6	Sixth condition(s) related to this claim or to the patient. Press the underlined "Add" to add this field	Drop Down List Box	0
Condition Code 7	Seventh condition(s) related to this claim or to the patient. Press the underlined "Add" to add this field	Drop Down List Box	0
Copy	Copies a paid claim's data to a new unprocessed claim	Button	0
Covered (Days)	The number of covered days	Number	3

Field	Description	Data Type	Length
Date of Birth	Patient's date of birth	Date (MM/DD/CCYY)	8
Date of Death	Patient date of death	Date (MM/DD/CCYY)	8
Date of Service (Service Lines List Box)	Date this service line was rendered	Date (MM/DD/CCYY)	8
Delete (Other Insurance)	Remove existing other insurance line from claim	Button	0
Delete (Service Lines)	Remove existing service line from claim	Button	0
Discharge Hour	Hour patient was discharged	Character	4
E-Code	Emergency code for this claim	Character	6
Emergency?	Indicates whether the service was provided as a result of an emergency	Drop Down List Box	0
Facility ID	Service facility location ID	Character	9
Facility Name	Service facility location name	Character	20
First Name	First name of the Medicaid recipient	Character	25
First Name (Patient)	First name of the patient	Character	25
From Date	Earliest beginning date for service lines	Date (MM/DD/CCYY)	8
From DOS	Earliest beginning date of service found on the claim	Date (MM/DD/CCYY)	8
Full Medicare Days	Number of full Medicare days	Character	3
Gender	Gender of the patient	Drop Down List Box	0
Gross Patient Pay	Amount of patient responsibility for payment prior to other deductions	Number	9
Group Name (Other Insurance List Box)	Group name of other insurance carrier	Character	14
Group Name (Other Insurance)	Group name of other insurance carrier	Character	14
Group Number (Other Insurance List Box)	Group number of other insurance carrier	Character	17
Group Number (Other Insurance)	Group number of other insurance carrier	Character	17
Individual Relationship	Patient's relationship to the policyholder	Drop Down List Box	0

Field	Description	Data Type	Length
Last Name	Last name of the Medicaid recipient	Character	35
Last Name (Patient)	Last name of the patient	Character	35
Lifetime Reserve Days	Number of Lifetime Reserve days	Number	3
Medical Record #	Number assigned to the patient by the provider. This number is used by the provider for their own internal claim submission tracking	Character	24
Medicare Approved Amount	Medicare approved amount	Number	9
Medicare Coinsurance Days	Number of Medicare Coinsurance days	Number	3
Middle Initial	Middle initial of the Medicaid recipient	Number	1
Middle Initial (Patient)	Middle initial of the patient	Character	1
Modifier 1	First modifier code that supplies additional information on the procedure code	Character	2
Modifier 2	Second modifier code that supplies additional information on the procedure code	Character	2
Modifier 3	Third modifier code that supplies additional information on the procedure code	Character	2
Modifier 4	Fourth modifier code that supplies additional information on the procedure code	Character	2
New	Click to add a new claim	Button	0
Non-Covered (Days)	Number of days not covered	Number	3
NPI (Attending Provider)	NPI for Attending Provider ID. Note: Not enabled until a 7 or 8-digit ID is entered in the Attending Provider ID field. If Attending Provider ID is entered, this field is required	Character	10
NPI (Billing Provider)	NPI for Billing Provider ID	Character	10
NPI (Facility)	NPI for Facility. Note: Not enabled until a 7 or 8-digit ID is entered in the Facility ID field. If Facility ID is entered, this field is required	Character	10

Field	Description	Data Type	Length
NPI (Operating Provider)	NPI for Operating Provider ID. Note: Not enabled until a 7 or 8-digit ID is entered in the Operating Provider ID field. If Operating Provider ID is entered, this field is required	Character	10
NPI (Other Provider)	NPI for Other Provider ID. Note: Not enabled until a 7 or 8-digit ID is entered in the Other Provider ID field. If Other Provider ID is entered, this field is required	Character	10
OI # (Other Insurance List Box)	Number assigned to each other insurance detail line	Number	2
Occurrence Code 1	First code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 2	Second code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 3	Third code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 4	Fourth code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 5	Fifth code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 6	Sixth code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 7	Seventh code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 8	Eighth code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code Date 1	Date associated with Occurrence Code 1	Date (MM/DD/CCYY)	8
Occurrence Code Date 2	Date associated with Occurrence Code 2	Date (MM/DD/CCYY)	8

Field	Description	Data Type	Length
Occurrence Code Date 3	Date associated with Occurrence Code 3	Date (MM/DD/CCYY)	8
Occurrence Code Date 4	Date associated with Occurrence Code 4	Date (MM/DD/CCYY)	8
Occurrence Code Date 5	Date associated with Occurrence Code 5	Date (MM/DD/CCYY)	8
Occurrence Code Date 6	Date associated with Occurrence Code 6	Date (MM/DD/CCYY)	8
Occurrence Code Date 7	Date associated with Occurrence Code 7	Date (MM/DD/CCYY)	8
Occurrence Code Date 8	Date associated with Occurrence Code 8	Date (MM/DD/CCYY)	8
Occurrence Span Code 1	Event that is related to payment of the claim. This event occurs over a span of days	Drop Down List Box	0
Occurrence Span Code 1 From Date	First day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 1 To Date	Last day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 2	Event that is related to payment of the claim. This event occurs over a span of days	Drop Down List Box	0
Occurrence Span Code 2 From Date	First day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 2 To Date	Last day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 3	Event that is related to payment of the claim. This event occurs over a span of days	Drop Down List Box	0
Occurrence Span Code 3 From Date	First day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 3 To Date	Last day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 4	Event that is related to payment of the claim. This event occurs over a span of days	Drop Down List Box	0
Occurrence Span Code 4 From Date	First day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 4 To Date	Last day of span	Date (MM/DD/CCYY)	8
Operating Provider ID	Number of the licensed physician, other than the attending physician, as defined by the payer organization	Character	9

Field	Description	Data Type	Length
Original Claim #	Original claim number for the claim. This is required when the Claim Frequency code is other than one	Character	13
Other 1 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other 2 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other 3 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other 4 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other 5 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other 6 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other 7 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other 8 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other Provider ID	Provider ID of the referring provider	Character	13
Paid Amount (Other Insurance)	Amount paid for this adjustment	Number	9
Paid Date (Other Insurance)	Date amount was paid	Date (MM/DD/CCYY)	8
Patient Account #	Patient ID number	Character	30
Patient ID (Patient)	Patient identifier given by the provider	Character	10
Patient Pay Amount	Amount the recipient pays	Number	9
Patient Reason for Visit	Patient Reason for Visit diagnosis code (outpatient only)	Character	6
Patient Status	Patient's medical status as of the ending date of service of the period covered by the claim	Drop Down List Box	0
POA (Diagnosis)	POA	Character	1
Policy Holder First Name (Other Insurance)	First name of policyholder	Character	25
Policy Holder ID Code (Other Insurance)	ID of policyholder	Character	12
Policy Holder Last Name (Other Insurance List Box)	Last name of policyholder	Character	35
Policy Holder Last Name (Other Insurance)	Last name of policyholder	Character	35
Pregnancy Indicator	Indicator if patient is pregnant	Drop Down List Box	0
Primary (Diagnosis)	Primary diagnosis code for this claim	Character	8

Field	Description	Data Type	Length
Prior Authorization #	PA number submitted on the claim. Prior authorization number submitted on the claim	Character	10
Procedure	Clarification of the product/service procedure code and related data elements	Character	5
Reason Code 1 (Other Insurance)	Detailed reason for the adjustment	Drop Down List Box	0
Reason Code 2 (Other Insurance)	Detailed reason for the adjustment	Drop Down List Box	0
Reason Code 3 (Other Insurance)	Detailed reason for the adjustment	Drop Down List Box	0
Recipient ID	ID number issued to recipients who are authorized to receive Medicaid services. The field accepts the 9-digit recipient ID and the single verification digit	Character	10
Referral Code	Referral code provided for referring provider	Character	2
Release of Medical Data?	Indicates whether the provider has informed consent to release medical info. For conditions or diagnosis regulated by federal status or a signed statement on file to permit the release of medical data to other organizations. Valid Values are: <ul style="list-style-type: none"> I – Informed Consent to Release Medical Info. For conditions or diagnoses regulated by Federal Statutes Y – Yes, the provider has a signed statement permitting the release of medical billing data related to a claim 	Drop Down List Box	0
Release of Medical Data (Other Insurance)	Indicates whether the provider has informed consent to release medical info. For conditions or diagnosis regulated by federal status or a signed statement on file to permit the release of medical data to other organizations. Valid Values are: <ul style="list-style-type: none"> I – Informed Consent to Release Medical Info. For conditions or diagnoses regulated by Federal Statutes Y – Yes, the provider has a signed statement permitting the release of medical billing data related to a claim 	Drop Down List Box	0
Report Transmission Code	Timing, transmission method, or format by which reports are to be sent. Timing, transmission method, or format by which reports are to be sent	Drop Down List Box	0

Field	Description	Data Type	Length
Report Type Code	Title or contents of a document, report, or supporting item	Drop Down List Box	0
Revenue Code (Service Lines)	Specific accommodation or ancillary service revenue code pertaining to this claim	Character	4
Srv #	Sequential number of a service detail	Number	2
State	State accident occurred in	Character	2
Submit	Submit claim to DHS	Button	0
Surgical Code 1	Surgical ICD procedure code most relevant to the care being rendered	Character	7
Surgical Code 2	Surgical ICD procedure code most relevant to the care being rendered. Press the underlined "Add" to add this field	Character	7
Surgical Code 3	Surgical ICD procedure code most relevant to the care being rendered. Press the underlined "Add" to add this field	Character	7
Surgical Code 4	Surgical ICD procedure code most relevant to the care being rendered. Press the underlined "Add" to add this field	Character	7
Surgical Code 5	Surgical ICD procedure code most relevant to the care being rendered. Press the underlined "Add" to add this field	Character	7
Surgical Code 6	Surgical ICD procedure code most relevant to the care being rendered. Press the underlined "Add" to add this field	Character	7
Surgical Code Date 1	Requested, anticipated, or actual date of surgery	Date (MM/DD/CCYY)	8
Surgical Code Date 2	Requested, anticipated, or actual date of surgery	Date (MM/DD/CCYY)	8
Surgical Code Date 3	Requested, anticipated, or actual date of surgery	Date (MM/DD/CCYY)	8
Surgical Code Date 4	Requested, anticipated, or actual date of surgery	Date (MM/DD/CCYY)	8
Surgical Code Date 5	Requested, anticipated, or actual date of surgery	Date (MM/DD/CCYY)	8
Surgical Code Date 6	Requested, anticipated, or actual date of surgery	Date (MM/DD/CCYY)	8
Taxonomy (Attending Provider)	Taxonomy for Attending Provider ID	Character	10
Taxonomy (Billing Provider)	Taxonomy for Billing Provider ID	Character	10

Field	Description	Data Type	Length
Taxonomy (Operating Provider)	Taxonomy for Operating Provider ID	Character	10
Taxonomy (Other Provider)	Taxonomy for Other Provider ID	Character	10
To Date	Latest ending date for service lines	Date (MM/DD/CCYY)	8
To DOS	Latest ending date of service found on the claim	Date (MM/DD/CCYY)	8
Units	Number of units provided to patient	Number	10
Units (Service Lines List Box)	Number of units provided to patient	Number	10
Value Code 1	Code and description of monetary data that is necessary for processing the claim, as required by the payer organization. Press the underlined "Add" link to add another Value Code. 5010 values are: <ul style="list-style-type: none"> • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves 	Drop Down List Box	0
Value Code 2	Second code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code 5010 values are: <ul style="list-style-type: none"> • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves 	Drop Down List Box	0
Value Code 3	Third code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code. 5010 values are: <ul style="list-style-type: none"> • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves 	Drop Down List Box	0

Field	Description	Data Type	Length
Value Code 4	<p>Fourth code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code.</p> <p>5010 values are:</p> <ul style="list-style-type: none"> • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves 	Drop Down List Box	0
Value Code 5	<p>Fifth code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code.</p> <p>5010 values are:</p> <ul style="list-style-type: none"> • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves 	Drop Down List Box	0
Value Code 6	<p>Sixth code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code.</p> <p>5010 values are:</p> <ul style="list-style-type: none"> • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves 	Drop Down List Box	0
Value Code 7	<p>Seventh code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code.</p> <p>5010 values are:</p> <ul style="list-style-type: none"> • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves 	Drop Down List Box	0

Field	Description	Data Type	Length
Value Code 8	<p>Eighth code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code.</p> <p>5010 values are:</p> <ul style="list-style-type: none"> • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves 	Drop Down List Box	0
Value Code 9	<p>Ninth code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code.</p> <p>5010 values are:</p> <ul style="list-style-type: none"> • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves 	Drop Down List Box	0
Value Code 10	<p>Tenth code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code.</p> <p>5010 values are:</p> <ul style="list-style-type: none"> • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves 	Drop Down List Box	0
Value Code 11	<p>Eleventh code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code.</p> <p>5010 values are:</p> <ul style="list-style-type: none"> • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves 	Drop Down List Box	0

Field	Description	Data Type	Length
Value Code 12	Twelfth code and description of monetary data, as required by the payer organization. No more than twelve value codes can be added to a claim. 5010 values are: <ul style="list-style-type: none"> • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves 	Drop Down List Box	0
Value Code Amount 1	Amount for value code 1	Number	9
Value Code Amount 2	Amount for value code 2	Number	9
Value Code Amount 3	Amount for value code 3	Number	9
Value Code Amount 4	Amount for value code 4	Number	9
Value Code Amount 5	Amount for value code 5	Number	9
Value Code Amount 6	Amount for value code 6	Number	9
Value Code Amount 7	Amount for value code 7	Number	9
Value Code Amount 8	Amount for value code 8	Number	9
Value Code Amount 9	Amount for value code 9	Number	9
Value Code Amount 10	Amount for value code 10	Number	9
Value Code Amount 11	Amount for value code 11	Number	9
Value Code Amount 12	Amount for value code 12	Number	9
X (Diagnosis (Other))	Removes the Diagnosis (Other)	Button	0
X (Surgical Code/Date)	Removes the Surgical Code/Date	Button	0
X (Occurrence Code/Date)	Removes the Occurrence Code/Date	Button	0
X (Occurrence Span Code/Date)	Removes the Occurrence Span Code/Date	Button	0

Field	Description	Data Type	Length
X (Condition Code)	Removes the Condition Code	Button	0
X (Value Code Amount)	Removes Value Code/Amount fields	Button	0
Zip (Attending Provider)	Zip for Attending Provider ID	Character	9
Zip (Billing Provider)	Zip for Billing Provider ID	Character	9
Zip (Operating Provider)	Zip for Operating Provider ID	Character	9
Zip (Other Provider)	Zip for Other Provider ID	Character	9

6.9.3 Field Edits

Field	Error Code	Error Message	To Correct
Adjustment Group Code (Service Line Adjustment)	0	Adjustment Group Code is a required field.	Enter the Adjustment Group Code is a required field
Admission Date	0	Admission Date must be less than or equal to today's date.	Enter an Admission Date that is less than or equal to today's date
Admission Hour	0	Admission Hour is a required field.	Enter the Admission Hour
	1	Admission Hour must be a valid 24-hour time.	Enter a valid 24-hour time for the Admission Hour
Admission Source	0	Admission Source is a required field.	Enter the Admission Source
	1	Admission Source can only contain alphanumeric characters.	Enter an Admission Source that contains only alphanumeric characters
Admission Type	0	Admission Type is a required field.	Enter the Admission Type
Attending Provider ID	0	The first two characters of Attending Provider ID must be alpha.	Enter alphabetic characters for the first two characters of the Attending Provider ID
	1	Attending Provider ID must be 8 or 9 characters in length.	Enter an Attending Provider ID that is 8 or 9 characters in length
Benefits Assignment (Other Insurance)	0	Other Insurance Benefits Assignment for OI is a required field.	Enter the Other Insurance Benefits Assignment for OI
Billed Amount	0	Billed Amount is a required field.	Enter the Billed Amount

Field	Error Code	Error Message	To Correct
	1	Billed Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for Billed Amount
Carrier Code (Other Insurance)	0	Policy Holder Carrier Code for OI is a required code.	Enter the Policy Holder Carrier Code for OI
Code Type	0	Code Type field is required	Select an ICD code type
	1	Both ICD-9 and ICD-10 codes have been found within this inquired claim. Please choose the correct ICD code type	Select the correct ICD code type
Condition Code 1	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Condition Code 2	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Condition Code 3	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Condition Code 4	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Condition Code 5	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Condition Code 6	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Condition Code 7	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code

Field	Error Code	Error Message	To Correct
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Date of Birth	0	Patient date of birth for Patient must be a valid date less than or equal to today's date.	Enter a Patient date of birth that is a valid date less than or equal to today's date
Date of Death	0	Patient date of death for Patient must be a valid date less than or equal to today's date.	Enter a Patient date of death that is a valid date less than or equal to today's date
Discharge Hour	0	Discharge Hour must be a valid 24-hour time.	Enter a valid 24-hour time for the Discharge
First Name (Patient)	0	First name for Patient is a required field.	Enter the First Name of the Patient
	1	First name for Patient can only contain Alphanumeric character(s).	Enter a First name for the Patient that contains only Alphanumeric character(s)
From Date	0	Date must be of format MM/DD/YYYY	Enter a From Date that is in the MM/DD/YYYY format
From DOS	0	From DOS must be less than or equal to today's date.	Enter a From DOS that is less than or equal to today's date
Last Name (Patient)	0	Last name for Patient is a required field.	Enter the Last name of the Patient
	1	Last name for Patient can only contain Alphanumeric characters.	Enter a Last name for the Patient that contains only Alphanumeric characters
Medical Record #	0	Medical Record # may not contain *, : or ~.	Enter a Medical Record # that does not contain *, : or ~
Medicare Approved Amount	0	Approved Amount for OI must be numeric and may not contain a negative value.	Enter a positive numeric value for the Approved Amount for OI
Middle Initial (Patient)	0	Middle name for Patient can only contain Alphanumeric character(s).	Enter a Middle name for the Patient that contains only Alphanumeric character(s)
Modifier 1	0	Modifier 1 can only contain alphanumeric characters.	Enter only alphanumeric characters for Modifier 1
	1	Modifier 1 must be 2 characters in length.	Enter 2 characters for Modifier 1
Modifier 2	0	Modifier 2 can only contain alphanumeric characters.	Enter only alphanumeric characters for Modifier 2
	1	Modifier 1 must be 2 characters in length.	Enter 2 characters for Modifier 1

Field	Error Code	Error Message	To Correct
NPI (Attending Provider)	0	NPI must be 10 digits	Enter a 10-digit NPI
NPI (Facility)	0	NPI must be 10 digits	Enter a 10-digit NPI
NPI (Operating Provider)	0	NPI must be 10 digits	Enter a 10-digit NPI
NPI (Other Provider)	0	NPI must be 10 digits	Enter a 10-digit NPI
Occurrence Code 1	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code.
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code 2	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code 3	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code 4	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code 5	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code 6	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code 7	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters

Field	Error Code	Error Message	To Correct
Occurrence Code 8	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code Date 1	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date
Occurrence Code Date 2	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date.
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date.
Occurrence Code Date 3	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date
Occurrence Code Date 4	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date
Occurrence Code Date 5	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date
Occurrence Code Date 6	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date
Occurrence Code Date 7	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date

Field	Error Code	Error Message	To Correct
Occurrence Code Date 8	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date
Occurrence Span Code 1	0	Occurrence Span Code must be 2 characters in length.	Enter 2 characters for the Occurrence Span Code
	1	Occurrence Span Code can only contain alphanumeric characters.	Enter an Occurrence Span Code that contains only alphanumeric characters
Occurrence Span Code 1 From Date	0	Span From Date is a required field when Occurrence Code is entered.	Enter the Span From Date
	1	Span From Date must be less than or equal to today's date.	Enter a Span From Date that is less than or equal to today's date
	2	Span From Date must be less than or equal to Span To Date.	Enter a Span From Date that is less than or equal to Span To Date
Occurrence Span Code 1 To Date	0	Span Thru Date is a required field when Occurrence Code is entered.	Enter the Span Thru Date
	1	Span Thru Date must be less than or equal to today's date.	Enter a Span Thru Date that is less than or equal to today's date
Occurrence Span Code 2	0	Occurrence Span Code must be 2 characters in length.	Enter 2 characters for the Occurrence Span Code
	1	Occurrence Span Code can only contain alphanumeric characters.	Enter an Occurrence Span Code that contains only alphanumeric characters
Occurrence Span Code 2 From Date	0	Span From Date is a required field when Occurrence Code is entered.	Enter the Span From Date
	1	Span From Date must be less than or equal to today's date.	Enter a Span From Date that is less than or equal to today's date
	2	Span From Date must be less than or equal to Span To Date.	Enter a Span From Date that is less than or equal to Span To Date
Occurrence Span Code 2 To Date	0	Span Thru Date is a required field when Occurrence Code is entered.	Enter the Span Thru Date
	1	Span Thru Date must be less than or equal to today's date.	Enter a Span Thru Date that is less than or equal to today's date

Field	Error Code	Error Message	To Correct
Occurrence Span Code 3	0	Occurrence Span Code must be 2 characters in length.	Enter 2 characters for the Occurrence Span Code
	1	Occurrence Span Code can only contain alphanumeric characters.	Enter an Occurrence Span Code that contains only alphanumeric characters
Occurrence Span Code 3 From Date	0	Span From Date is a required field when Occurrence Code is entered.	Enter the Span From Date
	1	Span From Date must be less than or equal to today's date.	Enter a Span From Date that is less than or equal to today's date
	2	Span From Date must be less than or equal to Span To Date.	Enter a Span From Date that is less than or equal to Span To Date
Occurrence Span Code 3 To Date	0	Span Thru Date is a required field when Occurrence Code is entered.	Enter the Span Thru Date
	1	Span Thru Date must be less than or equal to today's date.	Enter a Span Thru Date that is less than or equal to today's date
Occurrence Span Code 4	0	Occurrence Span Code must be 2 characters in length.	Enter 2 characters for the Occurrence Span Code
	1	Occurrence Span Code can only contain alphanumeric characters.	Enter an Occurrence Span Code that contains only alphanumeric characters
Occurrence Span Code 4 From Date	0	Span From Date is a required field when Occurrence Code is entered.	Enter the Span From Date
	1	Span From Date must be less than or equal to today's date.	Enter a Span From Date that is less than or equal to today's date
	2	Span From Date must be less than or equal to Span To Date.	Enter a Span From Date that is less than or equal to Span To Date
Occurrence Span Code 4 To Date	0	Span Thru Date is a required field when Occurrence Code is entered.	Enter the Span Thru Date
	1	Span Thru Date must be less than or equal to today's date.	Enter a Span Thru Date that is less than or equal to today's date
Operating Provider ID	0	The first two characters of Operating Provider ID must be alpha.	Enter alphabetic characters for the first two characters of the Operating Provider ID
	1	Operating Provider ID must be 8 or 9 characters in length.	Enter an Operating Provider ID that is 8 or 9 characters in length

Field	Error Code	Error Message	To Correct
Original Claim #	0	The ICN entered for the Original Claim number is an encounter. Encounters may not be adjusted or voided through the PROMISe™ Internet windows.	Enter an ICN that is not an encounter
Other 1 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length
Other 2 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length
Other 3 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length
Other 4 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length
Other 5 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length.
Other 6 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length

Field	Error Code	Error Message	To Correct
Other 7 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length
Other 8 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length
Other Provider ID	0	The first two characters of Other Provider ID must be alpha.	Enter alphabetic characters for the first two characters of the Other Provider ID
	1	Other Provider ID must be less than 10 or 13 characters in Length.	Enter an Other Provider ID that is less than 10 or 13 characters in length
	2	13 digit Other Provider ID must be numeric.	Enter a numeric 13 digit Other Provider ID
Paid Amount (Other Insurance)	0	Paid Amount for OI must be numeric and may not contain a negative value.	Enter a positive numeric value for the Paid Amount for OI
	1	Paid Amount may not contain a negative value.	Enter a positive numeric value for Paid Amount
Paid Date (Other Insurance)	0	Paid Date for OI must be less than or equal to today's date.	Enter a Paid Date for OI that is less than or equal to today's date
	1	Paid Date must be a date less than or equal to today's date.	Enter a date for Paid Date that is less than or equal to today's date
Patient Account #	0	Patient Account # is a required field.	Enter a Patient Account #
	1	Patient Account # may not contain *, : or ~.	Enter a Patient Account # that does not contain *, : or ~"
Patient ID	0	Patient ID for Patient is a required field.	Enter the Patient ID
	1	Patient ID for Patient must be 10 characters in length.	Enter a Patient ID that is 10 characters in length
Patient Pay Amount	0	Patient Pay Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Patient Pay Amount
Patient Status	0	Patient Status is a required field.	Enter the Patient Status

Field	Error Code	Error Message	To Correct
	1	Patient Status cannot be less than 2 characters in length.	Enter more than two characters for the Patient Status
	2	Patient Status must be numeric and cannot contain a negative value.	Enter a positive numeric value for the Patient Status
Prior Authorization #	0	Prior Authorization # must be 10 characters in length.	Enter 10 characters for the Prior Authorization #
Procedure	0	Procedure must be 5 characters in length.	Enter 5 characters for the Procedure
	1	Procedure can only contain alphanumeric characters.	Enter a Procedure that contains only alphanumeric characters
Reason Amount 1 (Other Insurance)	0	Amount 1 for OI may not contain a negative value.	Enter a positive value for Amount 1 for OI
	1	Reason Amount must be numeric.	Enter a numeric value for Reason Amount
	2	Reason Amount may not contain a negative value.	Enter a positive numeric value for Reason Amount
Reason Amount 2 (Other Insurance)	0	Amount 2 for OI may not contain a negative value.	Enter a positive value for Amount 2 for OI
	1	Reason Amount must be numeric.	Enter a numeric value for Reason Amount
	2	Reason Amount may not contain a negative value.	Enter a positive numeric value for Reason Amount
Reason Amount 3 (Other Insurance)	0	Amount 3 for OI may not contain a negative value.	Enter a positive value for Amount 3 for OI.
	1	Reason Amount must be numeric.	Enter a numeric value for Reason Amount
	2	Reason Amount may not contain a negative value.	Enter a positive numeric value for Reason Amount
Reason Code 1 (Other Insurance)	0	Reason Code 1 for OI can only contain alphanumeric characters.	Enter the Reason Code 1 for OI that contains only alphanumeric characters
	1	Reason Code can only contain alphanumeric character(s).	Enter a Reason Code that contains only alphanumeric character(s)
Reason Code 2 (Other Insurance)	0	Reason Code 2 for OI can only contain alphanumeric characters.	Enter the Reason Code 2 for OI that contains only alphanumeric characters
	1	Reason Code can only contain alphanumeric character(s).	Enter a Reason Code that contains only alphanumeric character(s)

Field	Error Code	Error Message	To Correct
Reason Code 3 (Other Insurance)	0	Reason Code 3 for OI can only contain alphanumeric characters.	Enter the Reason Code 3 for OI that contains only alphanumeric characters
	1	Reason Code can only contain alphanumeric character(s).	Enter a Reason Code that contains only alphanumeric character(s)
Recipient ID	0	Recipient ID is a required field.	Enter a Recipient ID
	1	Recipient ID must be 10 characters in length.	Enter 10 characters for the Recipient ID
Referral Code	1	Referral Code must be 2 characters in length.	Enter a Referral Code that is two characters in length
	2	Referral Code can only contain alphanumeric characters.	Enter a Referral Code that contains only alphanumeric characters
Release of Medical Data	0	Release of Medical Data is a required field.	Enter the Release of Medical Data
Release of Medical Data (Other Insurance)	0	Release of Medical Data for OI is a required field.	Enter the Release of Medical Data for OI
Report Transmission Code	0	Report Transmission Code is required when Report Type Code is entered.	Enter a Report Transmission Code
Report Type Code	0	Report Type Code is required when Report Transmission Code is entered.	Enter a Report Type Code
Revenue Code	0	Revenue Code must be 3 or 4 characters in length.	Enter a Revenue Code that is 3 or 4 characters in length
	1	Revenue Code must be numeric and may not contain a negative value.	Enter a positive numeric value for the Revenue Code
State	0	Accident state must be 2 alpha characters in length	Enter a state abbreviation consisting of 2 alpha characters
Surgical Code 1	0	Surgical Code can only contain alphanumeric characters.	Enter a Surgical Code that contains only alphanumeric characters
	1	Surgical Code is a required when Surgical Date has been entered.	Enter the Surgical Code
	2	Surgical Code is required when Operating Physician is entered.	Enter the Surgical Code

Field	Error Code	Error Message	To Correct
Surgical Code 2	0	Surgical Code can only contain alphanumeric characters.	Enter a Surgical Code that contains only alphanumeric characters
	1	Surgical Code is a required when Surgical Date has been entered.	Enter the Surgical Code
Surgical Code 3	0	Surgical Code can only contain alphanumeric characters.	Enter a Surgical Code that contains only alphanumeric characters
	1	Surgical Code is a required when Surgical Date has been entered.	Enter the Surgical Code
Surgical Code 4	0	Surgical Code can only contain alphanumeric characters.	Enter a Surgical Code that contains only alphanumeric characters
	1	Surgical Code is a required when Surgical Date has been entered.	Enter the Surgical Code
Surgical Code 5	0	Surgical Code can only contain alphanumeric characters.	Enter a Surgical Code that contains only alphanumeric characters
	1	Surgical Code is a required when Surgical Date has been entered.	Enter the Surgical Code
Surgical Code 6	0	Surgical Code can only contain alphanumeric characters.	Enter a Surgical Code that contains only alphanumeric characters
	1	Surgical Code is a required when Surgical Date has been entered.	Enter the Surgical Code
Surgical Code Date 1	0	Surgical Date is a required field.	Enter the Surgical Date
	1	Surgical Date must be between (From DOS date) and (To DOS date).	Enter a Surgical Date that is between (From DOS date) and (To DOS date)
Surgical Code Date 2	0	Surgical Date is a required field.	Enter the Surgical Date
	1	Surgical Date must be between (From DOS date) and (To DOS date).	Enter a Surgical Date that is between (From DOS date) and (To DOS date)
Surgical Code Date 3	0	Surgical Date is a required field.	Enter the Surgical Date
	1	Surgical Date must be between (From DOS date) and (To DOS date).	Enter a Surgical Date that is between (From DOS date) and (To DOS date)

Field	Error Code	Error Message	To Correct
Surgical Code Date 4	0	Surgical Date is a required field.	Enter the Surgical Date.
	1	Surgical Date must be between (From DOS date) and (To DOS date).	Enter a Surgical Date that is between (From DOS date) and (To DOS date)
Surgical Code Date 5	0	Surgical Date is a required field.	Enter the Surgical Date
	1	Surgical Date must be between (From DOS date) and (To DOS date).	Enter a Surgical Date that is between (From DOS date) and (To DOS date)
Surgical Code Date 6	0	Surgical Date is a required field.	Enter the Surgical Date
	1	Surgical Date must be between (From DOS date) and (To DOS date).	Enter a Surgical Date that is between (From DOS date) and (To DOS date)
To Date	0	Date must be of format MM/DD/YYYY	Enter a To Date that is in the MM/DD/YYYY format
To DOS	0	To DOS must be less than or equal to today's date.	Enter a To DOS that is less than or equal to today's date
Unit Rate	0	Unit Rate must be numeric and may not contain a negative value.	Enter a positive numeric value for Unit Rate
Units	0	Units is a required field.	Enter the Units
	1	Units must be numeric and may not contain a negative value.	Enter a positive numeric value for Units
Value Code Amount 1	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 10	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 11	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 12	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount

Field	Error Code	Error Message	To Correct
Value Code Amount 2	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 3	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 4	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 5	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 6	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 7	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 8	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 9	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount

6.9.4 Accessibility and Use

To access and use the Provider Institutional Claim window, complete the steps in the step/action table(s).

Note: The following step/action tables are organized to coincide with information as it is grouped in the online claim submission form window. Billing Information is presented first, then Claim Service information, and on through the subsequent groups, ending with Service Lines information.

To Access Provider Institutional Claim Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the Claims tab.	The Claims window opens.
3	Click the Submit Institutional link.	The Provider Institutional Claim window opens.

To Complete Claim Billing Information

Note: Claims should be completed in accordance with DHS’s guidelines, policies, and procedures. Refer to the DHS web site for more specific information on completing a claim submission.

Step	Action	Response
1	In the Billing Information section, in the Claim Type and Bill Type drop-down lists, select a value.	
2	Type a value in the Original Claim #, Recipient ID, Patient Account #, Last Name, First Name, Middle Initial, Attachment Control #, Medical Record #, and Prior Authorization # fields.	
3	In the Report Type Code and Report Transmission Code drop-down lists, select a value.	
4	Type a value in the Gross Patient Pay and Patient Pay Amount fields.	

To Complete Claim Service Information

Step	Action	Response
1	In the Service Information section, type a value in the Patient Status, Attending Provider ID (Location), Operating Provider ID (Location), Other Provider ID (Location), Referral Number, Facility ID, Facility Name, and Billing Note fields.	
2	In the Release of Medical Data, Benefit Assignment?, and Emergency? drop-down lists, select a value..	

To Complete Admission/Discharge Information

Step	Action	Response
1	In the Admission/Discharge section, type a value in the From DOS, To DOS, Admission Date, Admission Hour, Admission Type, Admission Source, and Discharge Hour fields.	

To Complete Claim Diagnosis Information

Step	Action	Response
1	In the Diagnosis section, in the Code Type drop down list, select a value.	
2	Type a value in the Primary, Admission Diagnosis, E-Code fields.	
3	Click the Add button and type up to 8 values in Other field.	

To Add Claim Surgical Code/Date Information

Step	Action	Response
1	In the Surgical Code/Date section, type up to 6 values in the Surgical Code and Date fields.	

To Add Occurrence Code/Date Information

Step	Action	Response
1	In the Occurrence Code/Date section, type up to 8 values in the Surgical Code and Date fields.	

To Add Occurrence Span/Code Information

Step	Action	Response
1	In the Occurrence Span/Code section, type more than 30 values in the Occurrence Span Code and Date fields.	

To Add Condition Code Information

Step	Action	Response
1	In the Condition Code section, type more than 20 values in the Condition Code field.	

To Add Value Code/Amount Information

Step	Action	Response
1	In the Value Code/Amount section, type up to 12 values in the Value Code and Amount fields.	

To Add Days Information

Step	Action	Response
1	In the Days section, type a value in the Covered, Non-Covered, Medicare Coinsurance Days, and Lifetime Reserve Days fields.	

To Add Patient Information (Newborn Only)

Step	Action	Response
1	In the Patient Information (Newborn Only) section, type a value in the Patient ID, Last Name, First Name, and Middle Initial.	
2	In the Gender drop-down list box, select a value.	
3	Type a value in the Date of Birth and Date of Death fields	
4	Click the Add button to add additional Patient Information.	

To Remove Patient Information

Step	Action	Response
1	Click the Remove button.	

To Add Other Insurance Information

Step	Action	Response
1	In the Other Insurance section, click the Add button.	
2	Type a value in the Group Number, Group Name, Carrier Code, Policy Holder ID Code, Policy Holder Last Name, and Policy Holder First Name fields.	
3	In the Release of Medical Data? and Benefit Assignment? drop-down lists, select a value.	
4	Type a value in the Claim Filing Code field.	
5	Type up to 3 values in the Adjustment Group Code, Reason Code, and Amount fields.	
6	Type a value in the Paid Date, Paid Amount, and Allowed Amount fields.	

To Remove Other Insurance Information

Step	Action	Response
1	In the Other Insurance section, click the Remove button.	

To Add Medicare Information

Step	Action	Response
1	Type a value in the Full Medicare Days field.	

To Complete Claim Service Lines Information

Step	Action	Response
1	In the Service Lines section, click the Add button.	
2	Type a value in the From Date, To Date, Revenue Code, Procedure, and Modifiers (2) fields.	
3	In the Basis of Measurement drop-down list, select a value.	The claim is submitted.
4	Type a value in the Units, Unit Rate, and Billed Amount fields.	

To Submit Claim

Step	Action	Response
1	Click the Submit button.	The claim is submitted.

To Create New Claim Form

Step	Action	Response
1	Click the New button.	The screen refreshes to create new claim form.

To Copy a Paid Claim

Note: The Copy button is only available on paid claims.

Step	Action	Response
1	Using Claim Inquiry (inquiry.asp) complete a claim search.	If a match is found, the search results list is displayed.
2	Select a paid claim.	The paid claim displays.
3	Click the Copy button.	All data from the selected paid claim is copied to a new claim.

6.10 Switch Provider Number

The Switch Provider window is used by providers or billing agents with multiple locations to switch between different authorized provider account profiles and locations. Users with only one provider location do not have access to this option.

Provider numbers can be switched by selecting the radio button next to the available options. Confirmation of the current provider number appears as the page title, and changes as new selections are made.

This window is accessed through the Switch Provider Number link on the Provider Main Page.

6.10.1 Layout

The screenshot shows the 'Switch Provider' interface. At the top, there is a navigation bar with 'Switch Provider' highlighted. Below the navigation bar, the page title is 'Switch Provider' and the date/time is 'Wednesday 04/15/2015 11:07 AM EST'. The main content area is titled 'Switch Provider' and contains the following elements:

- A message: 'Currently you are logged in as an alternate for 0019284080001.'
- Two tabs: 'Selected Provider' and 'Switch Provider'.
- Search instructions: 'Enter at least one selection criteria below and click **Search** to retrieve information.'
- Search fields: 'Display Name', 'First Name', 'Last Name', and 'Email'.
- Buttons: 'Search' and 'Reset'.
- 'Available Providers' section: 'Select a Provider that you wish to switch to, then click **Submit** button.' Total Records: 5.
- Table of Available Providers:

#	Display Name ▲	First Name	Last Name	Email Address
1	<input type="radio"/> biller	Account	0005084360001	biller@provider.com
2	<input type="radio"/> Paddy O'Shea	Account	0006074990001	InvalidEmailAddress@state.pa.us
3	<input type="radio"/> Test Contact	Account	0012390650005	test@test.com
4	<input type="radio"/> Test Contact	Account	0005895050003	test123@test.com
5	<input type="radio"/> Tester	Account	0008802930003	test@eds.com

Buttons: 'Submit' and 'Close'.

6.10.2 Field Descriptions

Field	Description	Data Type	Length
Home	Returns to the provider home page	Button	0
Provider Number	Radio button used to switch to a different provider account profile	Button	0

6.10.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

6.10.4 Accessibility and Use

To access and use the Switch Provider Number window, complete the steps in the step/action table(s).

To Access Provider Number Management Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the Switch Provider link.	The Available Provider Numbers window opens. Providers with only one provider location do not have this link option.

To Switch Provider Number

Step	Action	Response
1	In the Provider Number section, click the Radio Button next to the Provider ID option.	The selected Provider information window opens.

6.11 Provider Pharmacy Claim (Pharmacy.asp)

The Provider Pharmacy Claim window is used to submit pharmacy claims. A provider can enter all of the required information to submit a pharmacy claim in this window, including multiple detail lines.

This window is accessed by selecting the Submit Pharmacy link from the Claims option on the Menu Bar, or by clicking the Pharmacy link in the Claims Menu window.

Note: Maximum field lengths for this window are limited by HIPAA NCPDP guidelines. Differences may appear between fields on this window and fields on other windows that are based on different underlying HIPAA transaction formats.

The first window Layout below shows the initial viewable display; the following Layouts show the remaining data viewable by scrolling.

6.11.1 Layout

Pharmacy Claim New! Need help submitting a claim? [View sample claim submissions here.](#)

Billing Information

Billing Provider: **1007293960007** NPI: 1669471488 Taxonomy: 282N00000X Zip: 17349-0000

Transaction Code:

Cardholder ID: Cardholder DOB: (MM/DD/YYYY)
Cardholder ID is required Date of Birth is required

Last Name: Pregnancy Indicator:

First Name: Eligibility Clarification Code:

Date of Service: (MM/DD/YYYY) Attachment Control #:
Date of Service is Required

Patient Information

Patient Residence: Patient Relationship Code:

Patient Gender Code: Additional Patient Info Ind:

Details

Prescriber ID: NPI: Taxonomy: Zip: License:
Prescriber ID is required

Additional Prescriber Info Ind:

Date Prescribed: (MM/DD/YYYY) Other Coverage Code:
Date Prescribed is Required

Rx Qualifier: Usual and Customary Charge:
Usual and Customary Charge is required

Prescription #: Pharmacy Service Type:
Prescription # is Required

NDC Qualifier: Level of Service:

NDC: Prior Authorization Type:
NDC is required

Quantity Dispensed: Prior Authorization Number Submitted:
Quantity Dispensed is required

New/Refill: Prior Authorization Number Found:
New/Refill is required

Refills Authorized: Dispensing Fee Submitted:

Days Supply: Gross Amount Due:
Days Supply is required Gross Amount Due is required

Prescription Origin Code: Ingredient Cost:
Ingredient Cost is required

Compound Indicator: Basis of Cost Determination:

Unit of Measure:

Dispense As Written: Patient Paid Amount:

Billing Note:

[Add](#) Submission Clarification Code

DUR/PPS

Reason For Service:

Service Code:

Result Of Service:

Clinical

[Add](#) Diagnosis Code Qualifier Diagnosis Code

Measurements

[Add](#) Measurement Date Time Dimension Unit Value

COB

[Add](#) Coverage Type Payer ID Qualifier Payer ID Payer Date

Coupon

[Add](#) Coupon Type Coupon Number Coupon Amount

Claim Status Information

Claim Status: Not Yet Submitted

6.11.2 Field Descriptions

Field	Description	Data Type	Length
Add (Amount Paid Qualifier)	Add Amount Paid Qualifier	Button	0
Add (COB)	Add COB information	Button	0
Add (Coupon)	Add Coupon information	Button	0
Add (Diagnosis Code Qualifier)	Add Diagnosis information	Button	0
Add (Measurements)	Add Measurement information	Button	0
Add (Patient Responsibility Qualifier)	Add Patient Responsibility Qualifier	Button	0
Add (Reject Code)	Add a Reject Code	Button	0
Add (Submission Clarification Code)	Add Submission Clarification Code	Button	0
Additional Patient Info Ind	Additional patient information indicator	Drop Down List Box	0
Additional Prescriber Info Ind	Additional prescriber information indicator Valid values are: <ul style="list-style-type: none"> • 1 – No • 2 – Yes 	Drop Down List Box	0
Address	Address of the patient	Character	30
Amount	Amount of Patient Responsibility	Character	11

Field	Description	Data Type	Length
Amount Paid	Amount Paid	Character	9
Amount Paid Qualifier	Amount Paid Qualifier	Drop Down List Box	0
Attachment Control #	Attachment control number	Character	20
Basis of Cost Determination	Method by which the ingredient cost submitted was determined	Drop Down List Box	0
Billing Note	Description or special notation regarding the billing for this claim	Character	64
City	City where the patient lives	Character	20
Cardholder DOB	Date of birth of the cardholder	Date (MM/DD/CCYY)	8
Cardholder ID	ID number issued to recipients who are authorized to receive Medicaid services. The recipient ID, verification digit and ACCESS card number are all entered in this same field	Character	12
Compound Indicator	Indicates if the prescription is a compound	Drop Down List Box	0
Copy	Copies a paid claim's data to a new unprocessed claim	Button	0
Coupon Amount	Amount of coupon	Character	9
Coupon Number	Number of coupon	Character	15
Coupon Type	Type of coupon. Valid values are: <ul style="list-style-type: none"> • 01 – Price Discount • 02 – Free Product • 99 – Other 	Drop Down List Box	0
Coverage Type	Type of coverage	Drop Down List Box	0
Date Of Service	Date that services were performed	Date (MM/DD/CCYY)	8
Date Prescribed	Date that a physician prescribed a drug for a recipient	Date (MM/DD/CCYY)	8
Days Supply	Number of days a prescribed drug should last a recipient	Number	3
Diagnosis Code (Clinical)	Diagnosis code for the claim or encounter record	Character	15
Diagnosis Code Qualifier (Clinical)	Diagnosis code for the claim or encounter record. You can add up to three diagnosis codes	Drop Down List Box	0
Dimension	Dimension for measurements	Drop Down List Box	0

Field	Description	Data Type	Length
Dispense as Written	Indicates if the prescriber's instructions regarding generic substitution were followed	Drop Down List Box	0
Dispensing Fee Submitted	Dispensing fee submitted	Character	9
Eligibility Clarification Code	Pharmacy is clarifying eligibility based on receiving a denial	Drop Down List Box	0
Email	Email address of the patient	Character	80
First Name	First name of the Medicaid recipient. The NCPDP transaction limits first name to 12 characters	Character	12
First Name (Additional Patient Information)	First name of the patient	Character	12
Gross Amount Due	Gross amount due	Character	9
Hide COB Amounts	Click to hide additional COB amounts	Button	0
Ingredient Cost	Cost of ingredients	Character	9
Internal Control Number	Internal Control Number	Character	30
Last Name	Last name of the Medicaid recipient. The NCPDP transaction limits first name to 15 characters	Character	15
Last Name (Additional Patient Information)	Last name of the patient	Character	15
Level of Service	Type of service the provider rendered	Drop Down List Box	0
License	License number for prescribing provider	Character	9
Measurement Date	Measurement date	Date (MM/DD/CCYY)	8
NDC	National Drug Code used to identify a specific drug or service ID	Character	11
NDC Qualifier	Qualifying value for the NDC field	Drop Down List Box	0
NPI (Billing Provider)	NPI for Billing Provider ID	Character	10
NPI (Prescribing Provider)	NPI for Prescribing Provider ID. If Prescribing ID is entered, this field is required	Character	10
New	Add a new claim	Button	0
New/Refill	Indicates if the prescription is new or a refill of a prior prescription	Number	2

Field	Description	Data Type	Length
Other Coverage Code	Indicates if the patient has other insurance coverage	Drop Down List Box	0
Patient Gender Code	Patient's gender. Valid values are: <ul style="list-style-type: none"> • 0 – Not Specified • 1 – Male • 2 – Female 	Drop Down List Box	0
Patient ID	Patient's ID number	Character	20
Patient ID Indicator	Type of patient's ID	Drop Down List Box	0
Patient Paid Amount	Amount paid by the recipient toward this claim	Character	9
Patient Relationship Code	Patient's relationship to the policyholder. Valid value is: <ul style="list-style-type: none"> • 1 - Cardholder 	Drop Down List Box	0
Patient Residence	Patient's place of residence Valid values are: <ul style="list-style-type: none"> • 0 – Not Specified • 1 – Home • 2 – Skilled Nursing Facility • 3 – Nursing Facility • 4 – Assisted Living Facility • 5 – Custodial Care Facility • 6 – Group Home • 7 – Inpatient Psychiatric Facility • 8 – Psychiatric Facility • 9 – Intermediate Care Facility (ICFMR) • 10 – Residential Substance Abuse • 11 – Hospice • 12 – Psychiatric Residential Facility • 13 – Comprehensive Inpatient Facility • 14 – Homeless Shelter • 15 – Correctional Institution 	Drop Down List Box	0
Patient Responsibility Qualifier	Patient Responsibility Qualifier	Drop Down List Box	0
Payer Date	Payer date for COB	Date (MM/DD/CCYY)	8
Payer ID	Payer ID for COB	Character	10
Payer ID Qualifier	Payer ID Qualifier for COB	Drop Down List Box	0

Field	Description	Data Type	Length
Pharmacy Service Type	Pharmacy service type. Valid values are: <ul style="list-style-type: none"> • 1 – Community/Retail Pharmacy Services • 2 – Compounding Pharmacy Services • 3 – Home Infusion Therapy Services • 4 – Institutional Pharmacy Services • 5 – Long Term Care Pharmacy Services • 6 – Mail Order Pharmacy Services • 7 – Managed Care Organization Services • 8 – Specialty Care Pharmacy Services • 99 – Other 	Drop Down List Box	0
Phone	Patient's phone number	Character	11
Pregnancy Indicator	Is recipient pregnant?	Drop Down List Box	0
Prescriber ID	ID assigned to the prescriber	Number	9
Prescription #	Number assigned to a drug dispensed to a recipient	Number	12
Prescription Origin Code	Origin of prescription	Drop Down List Box	0
Prior Authorization Number Found	Prior authorization number found	Number	10
Prior Authorization Number Submitted	Prior authorization number submitted on the claim	Number	10
Prior Authorization Type	Clarifies the prior authorization number	Drop Down List Box	0
Quantity Dispensed	Number of units of a drug dispensed to a recipient	Number	10
Reason for Service	Type of utilization conflict detected, or the reason for the pharmacist's professional service	Drop Down List Box	0
Refills Authorized	The number of refills that are authorized	Character	2
Reject Code	Reject Code	Character	3
Result of Service	Action taken by a pharmacist in response to a conflict, or the result of a pharmacist's professional service	Drop Down List Box	0
Rx Qualifier	Type of billing submitted	Drop Down List Box	0
Service Code	Pharmacist intervention when a conflict code has been identified or service has been rendered	Drop Down List Box	0

Field	Description	Data Type	Length
Show COB Amounts	Click to display additional COB Amounts	Button	0
State	State where the patient lives	Character	2
Submission Clarification Code	Clarification for the claim submission. Values are selected from the drop down list box. Valid values are: <ul style="list-style-type: none"> • MO – Months • Q1 – Quarterly • WK – Weekly 	Drop Down List Box	0
Submit	Submits claim to DHS	Button	0
Taxonomy (Billing Provider)	Taxonomy for Billing Provider ID	Character	10
Taxonomy (Prescribing Provider)	Taxonomy for Prescribing Provider ID	Character	10
Time	Time indicator for Measurements	Character	4
Transaction Code	Transaction code for transactions	Drop Down List Box	0
Unit	Unit of measurement	Drop Down List Box	0
Unit of Measure	NCPDP standard product billing codes	Drop Down List Box	0
Usual and Customary Charge	Amount usually charged for the prescription, exclusive of sales tax or other amounts claimed	Number	8
Value	Value for measurements	Character	15
X (Amount Paid Qualifier)	Remove the Amount Paid Qualifier	Button	0
X (Clinical)	Remove the Clinical information	Button	0
X (COB)	Remove the COB information	Button	0
X (Coupon)	Remove the Coupon information	Button	0
X (Measurements)	Remove the Measurement information	Button	0
X (Patient Responsibility Qualifier)	Remove the Patient Responsibility Qualifier	Button	0
X (Reject Code)	Remove the Reject Code	Button	0
X (Submission Clarification Code)	Remove the Submission Clarification Code	Button	0
Zip (Billing Provider)	Zip for Billing Provider ID	Character	9

Field	Description	Data Type	Length
Zip (Prescribing Provider)	Zip for Prescribing Provider ID	Character	9
Zip Code	Patient's zip code	Character	9

6.11.3 Field Edits

Field	Error Code	Error Message	To Correct
Cardholder DOB	0	Date of Birth must be valid, and less than or equal to today's date.	Enter a date that is less than or equal to today's date
Cardholder ID	0	Cardholder ID is required.	Enter a valid cardholder ID
Date Prescribed	0	Date Prescribed must be valid, and less than or equal to today's date.	Enter a date that is less than or equal to today's date
Date of Service	0	Date of Service is required.	Enter a valid Date of Service
	1	Date of Service must be valid, and less than or equal to today's date.	Enter a date that is less than or equal to today's date
Days Supply	0	Days Supply is required.	Enter a valid days supply
	1	Days Supply Must be a whole number between 1 and 999.	Enter a value between 1 and 999
Gross Amount Due	0	Gross Amount Due is required.	Enter a valid gross amount due
	1	Gross Amount Due must be of the format 999999.99.	Enter a dollar amount in the format 999999.99
Ingredient Cost	0	Ingredient Cost must be of the format 999999.99.	Enter a dollar amount in the format 999999.99
NDC	0	NDC must be 11 digits.	Enter a value that is 11 digits
New/Refill	0	New/Refill is required.	Enter a value
Patient Paid Amount	0	Patient Paid Amount must be of the format 999999.99.	Enter a dollar amount in the format 999999.99
Prescriber ID	0	Prescriber ID is required.	Enter a valid prescriber ID
	1	Prescriber must be 8 valid characters or more.	Enter a prescriber ID that is at least 8 digits
Prescription #	0	Prescription # is required.	Enter a valid prescription number
Quantity Dispensed	0	Quantity Dispensed is required.	Enter a valid quantity dispensed
Usual and Customary Charge	0	Usual and Customary Charge is required.	Enter a valid usual and customary charge
	1	Usual and Customary Charge must be of the format 999999.99.	Enter a dollar amount in the format 999999.99

6.11.4 Accessibility and Use

To access and use the Provider Pharmacy Claim window, complete the steps in the step/action table(s).

Note: The following step/action tables are organized to coincide with information as it is grouped in the online claim submission form window. Billing Information is presented first, then Claim Service information, and on through the subsequent groups, ending with Service Lines information.

To Access Provider Pharmacy Claim Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the Claims tab.	The Claims window opens.
3	Click the Submit Pharmacy link.	The Provider Pharmacy Claim window opens.

To Complete Claim Billing Information

Note: Claims should be completed in accordance with DHS’s guidelines, policies, and procedures. Refer to the DHS web site for more specific information on completing a claim submission.

Step	Action	Response
1	In the Billing Information section, in the Claim Type drop-down lists, select a value.	
2	Type a value in the Cardholder ID, Last Name, First Name, and Date of Service fields.	
3	In the Patient Location, Pregnancy Indicator, and Eligibility Clarification Code drop-down lists, select a value.	

To Add Claim Details Information

Step	Action	Response
1	In the Details section, type a value in the Prescriber ID field.	
2	In the Rx Qualifier drop-down list, select a value.	
3	Type a value in the Prescription # field.	
4	In the NDC Qualifier drop-down list, select a value.	
5	Type a value in the NDC, Quality Dispensed, New/Refill, and Days Supply fields.	
6	In the Compound Indicator and Dispense As Written drop-down lists, select a value.	
7	Type a value in the Billing Note, and Date Prescribed fields.	
8	In the Other Coverage Code drop-down list, select a value.	
9	Type a value in the Usual and Customary Charge field.	
10	In the Submission Clarification, Level of Service, and Prior Authorization Type drop-down lists, select a value.	
11	Type a value in the Prior Authorization Number and Ingredient Cost fields.	

Step	Action	Response
12	In the Basis of Cost Determination and Unit of Measure drop-down lists, select a value.	
13	Type a value in the Patient Paid Amount field.	

To Complete Claim DUR/PPS Information

Step	Action	Response
1	In the DUR/PPS section, in the Reason for Service, Service Code, and Result of Code drop-down lists, select a value.	

To Complete Clinical Information

Step	Action	Response
1	In the Clinical section, type up to 3 values in the Diagnosis Code field(s).	

To Complete COB Information

Step	Action	Response
1	In the COB section, type up to 3 values in the Diagnosis Code field(s).	

To Submit Claim

Step	Action	Response
1	Click the Submit button.	The claim is submitted.

To Bill for Compound Drugs

Step	Action	Response
1	Complete the steps as shown above. In the Compound Indicator drop-down lists, select 2 – Compound .	The Compound header box is added at the bottom of the window.
2	In the Dosage Form, Dosage Route, and Dispensing Unit drop-down lists, select a value.	
3	The ingredients box is auto-filled from data typed in the previous NDC field. To add additional NDCs, click the Add button.	
4	Type a value in the NDC ID, Ingredient Quantity, and Ingredient Cost fields.	If additional NDCs are required, click the Add button and repeat step 4 as needed.
5	In the Basis of Cost Determination drop-down list, select a value.	
6	Click the Submit button.	The claim is submitted.

To Copy a Paid Claim

Note: The Copy button is only available on paid claims.

Step	Action	Response
1	Using Claim Inquiry (inquiry.asp) complete a claim search.	If a match is found, the search results list is displayed.
2	Select a paid claim.	The paid claim displays.

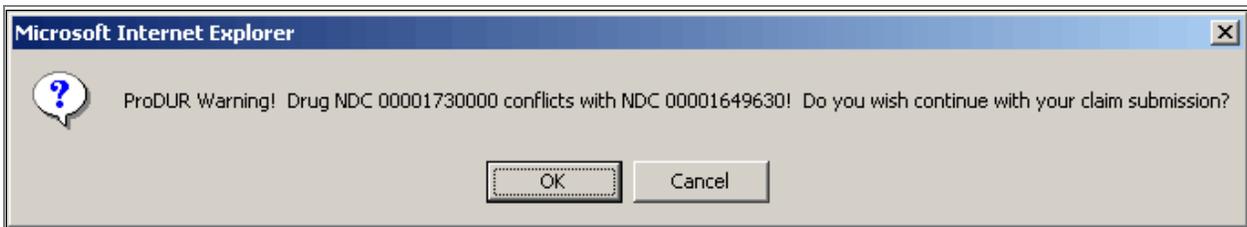
Step	Action	Response
3	Click the Copy button.	All data from the selected paid claim is copied to a new claim.

6.12 Provider ProDUR Warning (Provider ProDUR Warning)

The Provider ProDUR Warning window is a pop-up alert window to warn the provider that the claim being submitted contains a ProDUR conflict. The provider can take two actions. Selecting "OK" overrides the alert and submits the claim. Selecting "Cancel" returns the provider to the claim form for correction.

Multiple conflicts may appear on the alert. If a conflict appears that prohibits override, only the "Cancel" option is displayed.

6.12.1 Layout



6.12.2 Field Descriptions

Field	Description	Data Type	Length
Cancel	Returns to the claim form for correction	Button	0
OK	Overrides the alert	Button	0

6.12.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

6.13 Provider Professional Claim (Professional.asp)

The Provider Professional Claim window displays professional claims. From here, a provider can enter all of the required information to submit a professional claim, including multiple detail lines. This window also contains a link to searchable PDF files that list rendering provider ID numbers to identify the facility where services were rendered.

This window is accessed by selecting Submit Professional from the Claims menu, or by clicking the Claim submission link to open the Claim Menu, then clicking the Professional link.

Dispensing Physicians and Certified Registered Nurse Practitioners (CRNPs) should use the Pharmacy claim window when submitting drug claims.

Note: Maximum field lengths for this window are limited by HIPAA X12 guidelines. Differences may appear between fields on this window and fields on other windows that are based on different underlying HIPAA transaction formats.

The first window Layout below shows the initial viewable display; the following Layouts show the remaining data viewable by scrolling.

6.13.1 Layout

Professional Claim New! Need help submitting a claim? [View sample claim submissions here.](#)

If your Professional claim requires the 13 digit provider ID identifying the facility where services were rendered, usually submitted in box #32 of the CMS-1500, we are providing for your convenience a listing of the provider facilities which can be used to look up the 13 digit PROMISE provider ID. This list is searchable by facility name and is accessed through the following link: [Facility Provider Numbers](#)

Billing Information

Billing Provider: 1001234567001	Attachment Control #: <input type="text"/>
NPI: <input type="text"/> Taxonomy: <input type="text"/>	
Zip: <input type="text"/>	
Claim Frequency: <input type="text" value="1 - Original"/>	Prior Authorization #: <input type="text"/>
Original Claim #: <input type="text"/>	Report Type Code: <input type="text"/>
Recipient ID: <input type="text"/>	Report Transmission Code: <input type="text"/>
Recipient ID is required	
Patient Account #: <input type="text"/>	Patient Pay Amount: <input type="text"/>
Patient Account # is a required field	
Last Name: <input type="text"/>	
First Name: <input type="text"/>	
Middle Initial: <input type="text"/>	

Diagnosis:

Code Type:

[Add](#) Diagnosis Code

Anesthesia:

[Add](#) Anesthesia Related Procedures

Condition Code:

[Add](#) Condition Code

Service Information:

Rendering Provider ID: <input type="text"/> NPI: <input type="text"/>	Release of Medical Data: <input type="text"/>
Taxonomy: <input type="text"/> Zip: <input type="text"/>	
Tax ID: <input type="text"/>	Benefits Assignment: <input type="text"/>
Either Rendering Provider ID or Tax ID is Required	
Referring Provider ID: <input type="text"/> NPI: <input type="text"/>	Patient Signature: <input type="text"/>
Taxonomy: <input type="text"/> Zip: <input type="text"/>	
Referral Code: <input type="text"/>	Pregnancy Indicator: <input type="text"/>
Place of Service: <input type="text"/>	
Facility ID: <input type="text"/> NPI: <input type="text"/>	
Facility Name: <input type="text"/>	Contract Type: <input type="text"/>
Admission Date: <input type="text"/> (MM/DD/YYYY)	Contract Code: <input type="text"/>
Discharge Date: <input type="text"/> (MM/DD/YYYY)	Contract Version: <input type="text"/>
Special Program Code: <input type="text"/>	
Billing Note: <input type="text"/>	

Accident:

Related Causes: Date: (MM/DD/YYYY) State: Country:

The window Layout above displays the default viewable area of the scrollable data, the Layout below displays the remaining data.

Ambulance

Transport Reason Code:

Transport Distance:

Patient Weight:

Patient (Newborn Only)

Patient ID:

Last Name:

First Name:

Middle Initial:

Gender:

Date of Birth: (MM/DD/YYYY)

Date of Death: (MM/DD/YYYY)

Other Insurance:

Ol#	Carrier Code	Group Number	Group Name	Policy Holder Last Name
<input type="button" value="Add"/> <input type="button" value="Delete"/>				

Group Number:

Group Name:

Carrier Code:

Carrier Name:

Policy Holder ID Code:

Policy Holder Last Name:

Policy Holder First Name:

Individual Relationship:

Release of Medical Data:

Benefits Assignment:

Claim Filing Code:

Patient Signature:

Service Lines:

SVC#	From DOS	To DOS	Place of Service	Procedure	Units	Billed Amount
1						

From DOS: (MM/DD/YYYY) From DOS is required

To DOS: (MM/DD/YYYY) To DOS is required

Place of Service:

Procedure: Procedure is required

Modifier1:

Modifier2:

Modifier3:

Modifier4:

Diagnosis Pointer:

CLIA Number:

Comment:

Basis of Measurement:

Units: Units is required

Billed Amount:

Emergency:

Family Planning:

EPSDT:

Contract Type:

Contract Code:

Contract Version:

Service Adjustments for Service Line 1:

Claim Status Information

Claim Status: Not Yet Submitted

6.13.2 Field Descriptions

Field	Description	Data Type	Length
Add (Anesthesia Code)	Add new anesthesia code to claim	Button	0
Add (Condition Code)	Add new condition code to claim	Button	0
Add (Diagnosis Code)	Add new diagnosis code to claim	Button	0
Add (Other Insurance)	Add new other insurance line to claim	Button	0
Add (Patient)	Add new other insurance line to claim	Button	0

Field	Description	Data Type	Length
Add (Service Line Adjustment)	Add new service line adjustment to claim	Button	0
Add (Service Lines)	Add new service line to claim	Button	0
Add Adjustment	Add a new adjustment to claim	Button	0
Adjustment Group Code	General category of payment adjustment	Drop Down List Box	0
Admission Date	Date that the recipient was admitted or start of care	Date (MM/DD/CCYY)	8
Amount 1	Dollar amount of the adjustment	Number	9
Amount 2	Dollar amount of the adjustment	Number	9
Amount 3	Dollar amount of the adjustment	Number	9
Anesthesia Related Procedures	Anesthesia Related Procedures code	Number	5
Attachment Control #	Attachment control number (ACN) is used to relate attachments to this claim	Number	20
Basis for Measurement	Units in which a value is being expressed	Drop Down List Box	0
Benefits Assignment (other insurance)	Indicates benefits assignment. Valid values are: <ul style="list-style-type: none"> • Yes • No • Not Applicable 	Drop Down List Box	0
Benefits Assignment?	Indicates benefits assignment. Valid values are: <ul style="list-style-type: none"> • Yes • No • Not Applicable 	Drop Down List Box	0
Billed Amount	Amount requested for payment by a provider for services rendered	Number	9
Billed Amount (Service Lines list box)	Amount requested for payment by a provider for services rendered	Number	9
Billing Note	Free form field for comments or special instructions	Character	80
CLIA Number	Clinical Laboratory Improvement Amendment (CLIA) ID number	Character	10
Carrier Code (Other Insurance list box)	Other insurance carrier	Character	3

Field	Description	Data Type	Length
Carrier Code (Other Insurance)	Other insurance carrier	Drop Down List Box	0
Carrier Code (Service Line Adjustment list box)	Service line adjustment carrier	Character	3
Carrier Code (Service Line Adjustment)	Service line adjustment carrier	Drop Down List Box	0
Carrier Name (Other Insurance)	Carrier name of other insurance carrier	Character	14
Claim Filing Code (Other Insurance)	Type of claim	Drop Down List Box	2
Claim Frequency	Specifies the frequency of the claim to identify if it is original, an adjustment, or voided	Drop Down List Box	0
Code Type	ICD type for this claim	Drop Down List Box	0
Comment	Comment	Character	5
Condition Code	Condition Code	Character	2
Contract Code	Specific contract established by the payer	Character	20
Contract Code (Service Lines)	Specific contract established by the payer	Character	14
Contract Type	Contract type	Drop Down List Box	0
Contract Type (Service Lines)	Contract type	Drop Down List Box	0
Contract Version	Additional or supplemental contract provisions or a particular version of modification of contract	Character	30
Contract Version (Service Lines)	Additional or supplemental contract provisions or a particular version of modification of contract	Character	5
Copy	Copies a paid claim's data to a new unprocessed claim	Button	0
Country (Accident)	Country in which the automobile accident occurred	Character	3
Date (Accident)	Date of the accident related to charges, the patient's current condition, diagnosis, or treatment, as referenced in the transaction	Date (MM/DD/CCYY)	8
Date of Birth	Patient Date of Birth	Date (MM/DD/CCYY)	8

Field	Description	Data Type	Length
Date of Death	Patient's date of death	Date (MM/DD/CCYY)	8
Delete (Anesthesia Code)	Remove existing anesthesia code from claim	Button	0
Delete (Condition Code)	Remove existing condition code from claim	Button	0
Delete (Diagnosis Code)	Remove existing diagnosis code from claim	Button	0
Delete (Other Insurance)	Remove existing other insurance line from claim	Button	0
Delete (Patient)	Remove existing other insurance line from claim	Button	0
Delete (Service Line Adjustment)	Remove existing service line adjustment from claim	Button	0
Delete (Service Lines)	Remove existing service line from claim	Button	0
Diagnosis Code	Diagnosis Code	Number	8
Discharge Date	Date the patient was discharged	Date (MM/DD/CCYY)	8
Emergency?	Indicates if the service was provided as a result of an emergency	Drop Down List Box	0
EPSDT?	Response code to indicate that this service line is related to EPSDT	Drop Down List Box	0
Facility ID	Service facility location ID	Character	13
Facility Name	Service facility location name	Character	35
Family Planning?	Response code to indicate family planning	Drop Down List Box	0
First Name	First name of the Medicaid recipient	Character	25
First Name (Patient list box)	First name of the patient	Character	25
First Name (Patient)	First name of the patient	Character	25
From DOS	Beginning date of service	Date (MM/DD/CCYY)	8
From DOS (Service Lines list box)	Beginning date of service	Date (MM/DD/CCYY)	8
Gender (Patient)	Gender of the patient	Drop Down List Box	0

Field	Description	Data Type	Length
Group Name (Other Insurance list box)	Group name of other insurance carrier	Character	14
Group Name (Other Insurance)	Group name of other insurance carrier	Character	14
Group Number (Other Insurance list box)	Group number of other insurance carrier	Character	17
Group Number (Other Insurance)	Group number of other insurance carrier	Character	17
Individual Relationship	Patient's relationship to the Policy Holder	Drop Down List Box	0
Last Name	Last name of the Medicaid recipient	Character	35
Last Name (Patient list box)	Last name of the patient	Character	35
Last Name (Patient)	Last name of the patient	Character	35
Medicare Approved Amount	Amount of service line adjustment approved by Medicare	Number	9
Middle Initial	Middle initial of the Medicaid recipient.	Character	1
Middle Initial (patient)	Middle initial of the patient	Character	1
Middle Initial (Patient list box)	Middle initial of the patient	Character	1
Modifier 1	First modifier code that supplies additional information on the procedure code	Character	2
Modifier 2	Second modifier code that supplies additional information on the procedure code	Character	2
Modifier 3	Third modifier code that supplies additional information on the procedure code	Character	2
Modifier 4	Fourth modifier code that supplies additional information on the procedure code	Character	2
New	Click to add a new claim	Button	0
NPI (Billing Provider)	NPI for Billing Provider ID	Character	10
NPI (Facility)	NPI for Facility ID. Note: Not enabled until a 7 or 8-digit ID is entered in the Facility ID field. If Facility ID is entered, this field is required	Character	10

Field	Description	Data Type	Length
NPI (Referring Provider)	NPI for Referring Provider ID. Note: Not enabled until a 7 or 8-digit ID is entered in the Referring Provider ID field. If Referring Provider ID is entered, this field is required	Character	10
NPI (Rendering Provider)	NPI for Rendering Provider ID. Note: Not enabled until a 7 or 8-digit ID is entered in the Rendering Provider ID field. If Rendering Provider ID is entered, this field is required	Character	10
OI #	Number assigned to each other insurance detail line	Number	2
Original Claim #	Original claim number for the claim. Required when the claim frequency code is a number other than one	Character	13
Paid Amount	Amount paid within a service line adjustment.	Number	9
Paid Date	Date service line adjustment paid amount was paid	Date (MM/DD/CCYY)	8
Patient Account #	Number assigned to the patient by their provider, used by the provider for their own internal claim submission tracking	Character	38
Patient ID	Patient identifier given by the provider	Character	10
Patient Pay Amount	Amount the recipient pays	Number	9
Patient Signature	Indicates if the patient or subscriber authorization signatures were obtained	Drop Down List Box	0
Patient Signature (Other Insurance)	Indicates if the patient or subscriber authorization signatures were obtained	Drop Down List Box	0
Patient Weight (Ambulance)	Weight of the patient transported by ambulance	Number	4
Place Of Service (Service Lines)	Location where a health care service was rendered for a service line	Drop Down List Box	0
Place of Service	Location where a health care service was rendered	Drop Down List Box	0
Policy Holder First Name (Other Insurance)	First name of policyholder	Character	25
Policy Holder ID Code	ID Code for Policy Holder	Character	12

Field	Description	Data Type	Length
Policy Holder Last Name (Other Insurance list box)	Last name of policyholder	Character	35
Policy Holder Last Name (Other Insurance)	Last name of policyholder	Character	35
Pregnancy Indicator	Is recipient pregnant?	Drop Down List Box	0
Prior Authorization #	PA number submitted on the claim	Number	10
Procedure	Product/service procedure code and related data elements	Character	7
Procedure (Service Lines list box)	Product/service procedure code and related data elements	Character	5
Reason Code 1	Detailed reason the adjustment was made	Drop Down List Box	0
Reason Code 2	Detailed reason the adjustment was made	Drop Down List Box	0
Reason Code 3	Detailed reason the adjustment was made	Drop Down List Box	0
Recipient ID	ID number issued to recipients who are authorized to receive Medicaid services. The field accepts the 9-digit recipient ID and the single verification digit	Character	10
Referral Code	Referral code provided for referring provider	Character	9
Referring Provider ID	ID number of the provider that referred the recipient to another provider for services.	Character	13
Related Causes 1	Other causes related to the accident. Valid values are: <ul style="list-style-type: none"> • AA – Auto Accident • EM – Employment • OA – Other Accident 	Drop Down List Box	0
Related Causes 2	Other causes related to the accident. Valid values are: <ul style="list-style-type: none"> • AA – Auto Accident • EM – Employment • OA – Other Accident 	Drop Down List Box	0

Field	Description	Data Type	Length
Release of Medical Data	Indicates whether the provider has informed consent to release medical info. For conditions or diagnosis regulated by federal status or a signed statement on file to permit the release of medical data to other organizations. Valid Values are: <ul style="list-style-type: none"> • I – Informed Consent to Release Medical Info. For conditions or diagnoses regulated by Federal Statutes • Y – Yes, the provider has a signed statement permitting the release of medical billing data related to a claim 	Drop Down List Box	0
Release of Medical Data (Other Insurance)	Indicates whether the provider has informed consent to release medical info. For conditions or diagnosis regulated by federal status or a signed statement on file to permit the release of medical data to other organizations. Valid Values are: <ul style="list-style-type: none"> • I – Informed Consent to Release Medical Info. For conditions or diagnoses regulated by Federal Statutes • Y – Yes, the provider has a signed statement permitting the release of medical billing data related to a claim 	Drop Down List Box	0
Rendering Provider ID	Number of the provider who performed the service	Character	13
Report Transmission Code	Timing, transmission method, or format by which reports are to be sent	Drop Down List Box	0
Report Type Code	Title or contents of a document, report, or supporting item	Drop Down List Box	0
Service Adjustment Indicator	Indicates if service adjustment details are present for this service line	Drop Down List Box	0

Field	Description	Data Type	Length
Special Program Code	Special program code that contains code values for EPSDT, Physical Handicapped Children's Program, Special Federal Funding, and Disability. These are the values allowed by HIPAA for this field Valid values are: <ul style="list-style-type: none"> • 02 – Physically Handicapped Children’s Program • 03 – Special Federal Funding • 05 – Disability • 09 – Second Opinion or Surgery 	Drop Down List Box	0
Srv #	Sequential number of a service detail	Number	2
Srv Adj#	Sequential number of a service line adjustment	Number	2
State (Accident)	State where the automobile accident occurred	Character	2
Submit	Submits claim to DHS	Button	0
Tax ID	Tax ID number for ISOs	Number	9
Taxonomy (Billing Provider)	Taxonomy for Billing Provider ID	Character	10
Taxonomy (Referring Provider)	Taxonomy for Referring Provider ID	Character	10
Taxonomy (Rendering Provider)	Taxonomy for Rendering Provider ID	Character	10
To DOS	Ending date of service	Date (MM/DD/CCYY)	8
To DOS (Service Lines list box)	Ending date of service	Date (MM/DD/CCYY)	8
Transport Distance (Ambulance)	Distance traveled during transport	Number	5
Transport Reason Code (Ambulance)	Indicates the reason for the ambulance transport	Drop Down List Box	0
Units	Number of units provided to patient	Number	7
Units (Service Lines list box)	Number of units provided to patient	Number	7
X (Anesthesia Code)	Removes the Anesthesia Code	Button	0
X (Condition Code)	Removes the Condition Code	Button	0
X (Diagnosis Code)	Removes the Diagnosis Code	Button	0

Field	Description	Data Type	Length
X (Service Line Adjustment list box)	Removes the Service Line Adjustment	Button	0
Zip (Billing Provider)	Zip for Billing Provider ID	Character	9
Zip (Referring Provider)	Zip for Referring Provider ID	Character	9
Zip (Rendering Provider)	Zip for Rendering Provider ID	Character	9

6.13.3 Field Edits

Field	Error Code	Error Message	To Correct
Add (other insurance)	0	A blank record may not be submitted. Please delete if not used.	Enter information for Other Insurance
Admission Date	0	Admission Date must be less than or equal to today's date.	Enter an Admission Date less than or equal to today's date
Anesthesia Code	0	Anesthesia must be at least three valid characters.	Enter a valid anesthesia code
Auto Accident (accident)	0	When Accident Date is entered a related cause (Employment, Other Accident or Auto Accident) must be chosen.	Select a related cause (Employment, Other Accident or Auto Accident) when Accident Date is entered
Billed Services	0	Billed Amount may not be negative, and must be of the format 999999.99.	Enter a valid Billed Amount using only numbers
Billing Note	0	Billing Note may not contain *, : or ~.	Remove *, : and ~ from Billing Note
Code Type	0	Code Type field is required	Select an ICD code type
	1	Both ICD-9 and ICD-10 codes have been found within this inquired claim. Please choose the correct ICD code type	Select the correct ICD code type for that claim
Country (accident)	0	Accident country can only contain alphanumeric characters.	Enter alphanumeric Accident Country.
	1	Accident country cannot be less than 2 characters in length.	Enter 3-charactera Accident Country
Date (accident)	0	Accident Date must be entered when Employment, Other Accident, or Auto Accident is populated.	Enter an Accident Date when Employment, Other Accident or Auto Accident is populated
Date of Birth	0	Date of Birth must be less than or equal to today's date.	Enter a date that is less than or equal to today's date

Field	Error Code	Error Message	To Correct
Date of Death	0	Patient date of death for Patient # must be a valid date less than or equal to today's date.	Enter Date of Death that is less than or equal to today's date
Diagnosis Code (can repeat 8 times)	0	Diagnosis code # can only contain alphanumeric characters.	Enter alphanumeric Diagnosis Codes: #
	1	Diagnosis code # cannot be less than 3 characters in length.	Enter at least a 3-character Diagnosis Codes: #
Discharge Date	0	Discharge Date must be greater than or equal to Admission Date.	Enter a Discharge Date greater than or equal to Admission Date
Employment (accident)	0	When Accident Date is entered a related cause (Employment, Other Accident or Auto Accident) must be chosen.	Select a related cause (Employment, Other Accident or Auto Accident) when Accident Date is entered
First Name (patient)	0	First name for Patient # is a required field.	Enter valid First Name
	1	First name for Patient # can only contain Alphanumeric character(s).	Enter alphanumeric First Name
Last Name (patient)	0	Last name for Patient # is a required field.	Enter valid Last Name
	1	Last name for Patient # can only contain Alphanumeric character(s).	Enter alphanumeric Last Name
Middle Initial (patient)	0	Middle name for Patient # can only contain Alphanumeric character(s).	Enter alphanumeric Middle Initial
	1	Newborn/Maternity Care Indicator must be Yes when submitting Patient Information.	Select Yes for Newborn/Maternity Care Indicator when submitting Patient Information
NPI (Facility)	0	NPI must be 10 digits	Enter a 10-digit NPI
NPI (Referring Provider)	0	NPI must be 10 digits	Enter a 10-digit NPI
NPI (Rendering Provider)	0	NPI must be 10 digits	Enter a 10-digit NPI
Original Claim #	0	Original Claim # is a required field.	Enter valid Original Claim # when Claim Frequency Code is 7 or 8
	1	Original Claim # must be 13 characters in length.	Enter a 13-character Original Claim #
	2	The ICN entered for the Original Claim number is an encounter. Encounters may not be adjusted or voided.	Enter a Fee-for-Service claim number

Field	Error Code	Error Message	To Correct
Other Accident (accident)	0	When Accident Date is entered a related cause (Employment, Other Accident or Auto Accident) must be chosen.	Select a related cause (Employment, Other Accident or Auto Accident) when Accident Date is entered
Patient Account #	0	Patient Account # is a required field.	Enter an Account #
	1	Patient Account # may not contain *, : or ~.	Remove *, : and ~ characters from Account #
Patient ID	0	Patient ID for Patient # is a required field.	Enter valid Patient ID
	1	Patient ID for Patient # must be 10 character(s) in length.	Enter a 10-character Patient ID
Patient Pay Amount	0	Patient Pay Amount may not contain a negative value.	Do not enter negative Patient Pay Amount
Patient Signature	0	Patient Signature is required when Benefits Assignment is Yes.	Enter Patient Signature when Benefits Assignment
Patient Weight (ambulance)	0	Patient Weight must be numeric and may not contain a negative value.	Enter a positive numeric Patient Weight
Pregnancy Indicator	0	Maternity Care Indicator must be Yes when submitting Patient Information.	Select Yes for Maternity Care Indicator when submitting Patient Information
	1	Patient information is required when Newborn/Maternity Care Indicator is Yes.	Enter Patient information Newborn/Maternity Care Indicator is Yes
Prior Authorization #	0	Prior Authorization # must be 10 characters in length.	Enter a 10-character Prior Authorization #
Procedure	0	At least 5 alphanumeric characters must be entered	Enter a valid Procedure Code containing at least 5 alphanumeric characters
Recipient ID	0	Recipient ID is a required field.	Enter valid Recipient ID
	1	Recipient ID must be 10 characters in length.	Enter at least a 10-character Recipient ID
Referral Code	1	Referral Code must be 2 characters in length.	Enter a Referral Code that is two characters in length
	2	Referral Code can only contain alphanumeric characters.	Enter a Referral Code that contains only alphanumeric characters
Referring Provider ID	0	Referring Provider ID must be less than 10 or 13 characters in length.	Enter a provider ID that is less than 10 or enter a 13 digit Referring Provider ID
	1	13 digit Referring Provider ID must be numeric.	Enter a 13 digit numeric Provider ID

Field	Error Code	Error Message	To Correct
Rendering Provider ID	0	Rendering Provider ID is a required field.	Enter valid Rendering Provider ID
	1	Rendering Provider ID cannot be less than 9 characters in length.	Enter a 9-character Rendering Provider ID
Report Transmission Code	0	Report Transmission Code is required when Report Type Code is entered.	Enter valid Report Transmission Code when Report Type Code is entered
Report Type Code	0	Report Type Code is required when Report Transmission Code is entered.	Enter valid Report Type Code when Report Transmission Code is entered
State (accident)	0	When Accident Ind: Auto = Y, Accident State is required.	Enter valid Accident State when Accident Ind: Auto = Y
	1	Accident State can only contain alphabetic character(s) - spaces not allowed.	Enter alphabetic Accident State
	2	Accident State must be 2 character(s) in length.	Enter a 2-character Accident State
Tax ID	0	Tax ID must be numeric.	Enter a numeric value for Tax ID
	1	Tax ID must be 9 digits in length.	Enter 9 digits for Tax ID
Transport Distance (ambulance)	0	Ambulance Transport Distance is a required field. Enter Ambulance Transport Distance when Ambulance Transport Code or Ambulance Transport Reason Code or Ambulance Condition Code is entered.	Enter Ambulance Transport Distance when Ambulance Transport Code or Ambulance Transport Reason Code or Ambulance Condition Code 1 is entered
Transport Reason Code (ambulance)	0	Ambulance Transport Reason Code is a required field. Enter Ambulance Transport Reason Code when Ambulance Transport Code or Ambulance Transport Distance or Ambulance Condition Code is entered.	Enter Ambulance Transport Reason Code when Ambulance Transport Code or Ambulance Transport Distance or Ambulance Condition Code 1 is entered
Units	0	Units may not be negative, and must be in the format 999999.99.	Enter the units using the format 999999.99

6.13.4 Accessibility and Use

To access and use the Provider Professional Claim window, complete the steps in the step/action table(s).

Note: The following step/action tables are organized to coincide with information as it is grouped in the online claim submission form window. Billing Information is presented first, then Claim Service information, and on through the subsequent groups, ending with Service Lines information.

To Access Provider Professional Claim Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the Claims tab.	The Claims window opens.
3	Click the Submit Professional link.	The Provider Professional Claim window opens.

To Complete Claim Billing Information

Note: Claims should be completed in accordance with DHS’s guidelines, policies, and procedures. Refer to the DHS web site for more specific information on completing a claim submission.

Step	Action	Response
1	In the Billing Information section, type a value in the Original Claim #, Recipient ID, Patient Account #, Last Name, First Name, Middle Initial, Attachment Control #, Prior Authorization # fields.	
2	In the Report Type Code and Report Transmission Code drop-down lists, select a value.	
3	Type a value in the Patient Pay Amount field.	

To Complete the Claim Diagnosis Information

Step	Action	Response
1	In the Diagnosis section, in the Code Type drop down list, select a value.	
2	Type up to 8 values in the Diagnosis Code field(s).	

To Complete Claim Service Information

Step	Action	Response
1	In the Service Information section, type a value in the Rendering Provider ID, (Location), Referring Provider ID, (Location), and Referral Number fields.	
2	In the Place of Service drop-down list, select a value	
3	Type a value in the Facility ID, Facility Name, Admission Date, Discharge Date, Similar Illness Date, and Onset of Current Illness Date fields.	
4	In the Special Program Code drop-down list, select a value.	
5	Type a value in the Billing Note field.	
6	In the Release of Medical Data, Benefit Assignment?, Patient Signature, Pregnancy Indicator, and Contract Type drop-down lists, select a value.	
7	Type a value in the Contract Code and Contract Version fields.	

To Complete Claim Accident Information

Step	Action	Response
1	In the Accident section, in the Employment Related?, Other?, and Auto? drop-down lists, select a value.	
2	Type a value in the Date, State, and Country fields.	

To Complete Claim Ambulance Information

Step	Action	Response
1	In the Ambulance section, in the Transport Code and Transport Reason Code drop-down lists, select a value.	
2	Type a value in the Transport Distance and Patient Weight fields.	
3	Type up to 5 values in the Condition Code field(s).	

To Add Patient Information (Newborn Only)

Step	Action	Response
1	In the Patient Information (Newborn Only) section, type a value in the Patient ID, Last Name, First Name, and Middle Initial .	
2	In the Gender drop-down list box, select a value.	
3	Type a value in the Date of Birth and Date of Death fields.	
4	Click the Add button to add additional Patient Information.	

To Remove Patient Information

Step	Action	Response
1	Click the Remove button.	

To Add Claim Other Insurance Information

Step	Action	Response
	In the Other Insurance #1 section, click the Add button.	
3	Type a value in the Group Number, Group Name, Carrier Code, Carrier Name, Policy Holder ID Code, Policy Holder Last Name, and Policy Holder First Name fields.	
4	In the Release of Medical Data? and Benefit Assignment? drop-down lists, select a value.	
5	Type a value in the Claim Filing Code field.	
6	In the Patient Signature drop-down list, select a value..	
7	To add an additional insurance policy, click the Add button, and complete steps 1-6.	

To Remove Other Insurance Information

Step	Action	Response
1	In the Other Insurance section, click the Remove button.	The other insurance information is removed.

To Complete Claim Home Health Treatment Plan Information

Step	Action	Response
1	In the Home Health Treatment Plan section, in the Discipline Type Code drop-down list, select a value.	
2	Type values in the Total Visit's Rendered and Total Visit's Projected fields.	

To Complete Claim Home Health Service Delivery Information

Step	Action	Response
1	In the Home Health Service Delivery section, type a value in the Number of Visits field.	
2	In the Frequency, Duration of Visits and Pattern Code drop-down lists, select a value.	
3	Type a value in the Frequency Count and Duration of Visits Count fields.	
4	In the Pattern Time Code drop-down list, select a value.	

To Add Claim Service Lines Information

Step	Action	Response
1	In the Service #1 section, click the Add button.	
2	Type a value in the From DOS and To DOS fields.	
3	In the Place of Service drop-down list, select a value.	
4	Type a value in the Procedure, Modifiers 1, 2, 3, and 4 (if applicable), Diagnosis Pointer, CLIA Number, and Comment fields.	
5	In the Basis of Measurement drop-down list, select a value.	
6	Type a value in the Units and Billed Amount fields.	
7	In the Units, Billed Amount, Emergency?, Family Planning?, EPSDT and Contract Type drop-down lists, select a value.	
8	To add additional lines of service information, click the Add button and repeat steps 1- 9.	An additional line is added to the claim, repeat step 10 as necessary.

To Remove Service Lines Information

Step	Action	Response
1	In the Service Lines section, click the Remove button.	The service line is removed.

To Add Claim Service Adjustments Information

Step	Action	Response
1	In the Service Adjustments for Service Line: 1 section, in the Adjustment Code Group drop-down lists, select a value.	
2	Type up to 3 values in the Reason Codes, Amount fields.	
3	Type a value in the Paid Date, Paid Amount and Carrier Code fields.	
4	Type a value in the Carrier Name field.	
5	To add additional service adjustments, click the Add button and repeat steps 1 – 4.	The additional service adjustments are added.

To Remove Claim Service Adjustments Information

Step	Action	Response
1	In the Service Adjustment section, click the Remove button.	The service adjustment is removed.

To Submit Claim

Step	Action	Response
1	Click the Submit button.	The claim is submitted.

To Copy a Paid Claim

Note: The Copy button is only available on paid claims.

Step	Action	Response
1	Using Claim Inquiry (inquiry.asp) complete a claim search.	If a match is found, the search results list is displayed.
2	Select a paid claim.	The paid claim displays.
3	Click the Copy button.	All data from the selected paid claim is copied to a new claim.

6.14 Provider Rate Disclaimer (rate_disclaimer)

This page displays the legal disclaimer that providers have to accept to be able to download the MA Program Outpatient Fee Schedule.

6.14.1 Layout

Rate Information Disclaimer

Outpatient Fee Schedule

OMAP - Outpatient Fee - User Agreements

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The window layout above displays the default viewable area of the scrollable data; the layout below displays the remaining data.

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The window layout above displays the default viewable area of the scrollable data; the layout below displays the remaining data.

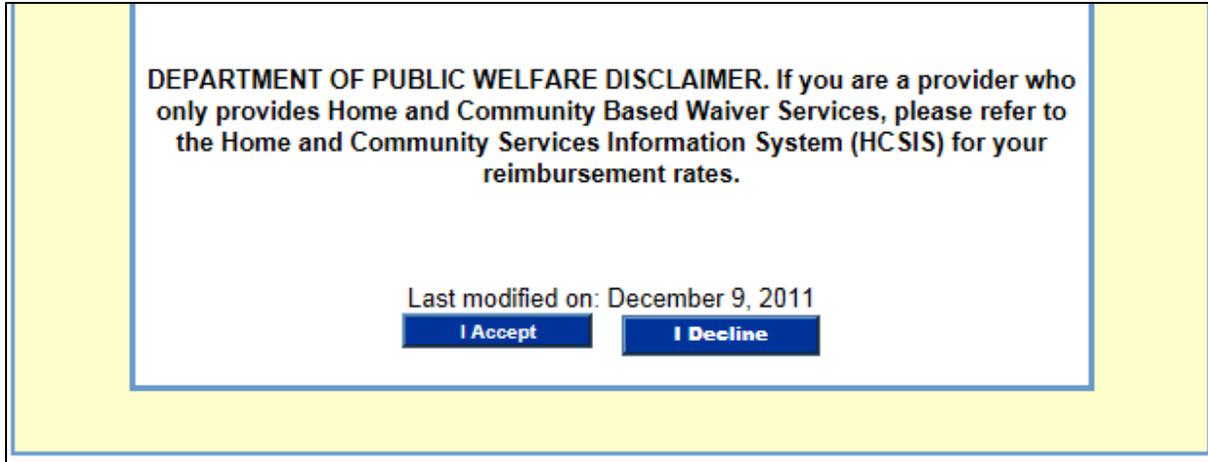
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The window layout above displays the default viewable area of the scrollable data; the layout below displays the remaining data.



6.14.2 Field Descriptions

Field	Description	Data Type	Length
I Accept	Button to accept the disclaimer and open the Downloadable Fee Schedule page where download options are available	Button	0
I Decline	Button to decline the disclaimer and return to the Provider's Internet Portal Home page	Button	0

6.14.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

6.14.4 Accessibility and Use

To access and use the Rate Information Disclaimer window, complete the steps in the step/action table(s).

To Access Rate Information Disclaimer Window

Step	Action	Response
1	Log on to PA PROMISe™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the Outpatient Fee Schedule link.	The Rate Information Disclaimer window opens.

To Accept/Reject Terms and Conditions and Access the Outpatient Fee Schedule Download Window

Step	Action	Response
1	Review the Terms and Conditions displayed in the Rate Information Disclaimer Window.	
2	To accept the Terms and Conditions, click the I Accept button.	The Outpatient Fee Schedule Download Files window opens.

Step	Action	Response
3	To reject the Terms and Conditions, click the I Decline button.	The Provider Main window opens.

6.15 Provider Rate File (Provider_Rate_File)

This window can only be accessed after reviewing and accepting the applicable terms and conditions on a separate Rate Information Disclaimer window.

This window allows a provider to download the current MA Program Outpatient Fee Schedule files. The files are available in three different formats: Microsoft Excel, Adobe Acrobat Reader (PDF), or Comma Delimited (CSV) files. This window also provides access to a Microsoft Word document that explains the Comma Delimited file Layout.

To reduce file size and facilitate download speed, the Excel and CSV files are in a compressed format (ZIP). The downloaded Fee Schedule files are organized by provider type and are updated quarterly. The Excel file will be initially protected. If users desire to resort the columns, the users may unprotect the downloaded file through the Tools menu, selecting Protection, and choosing Unprotect.

6.15.1 Layout

Outpatient Fee Schedule Download Files

Please note that the downloadable fee schedule is updated quarterly, with the most recent update having occurred on June 25, 2013. Other changes may have been made to the fee schedule since that time and have not been captured on this downloadable update. Refer to the name of the file to determine the quarter. For example, Excel Fee Schedule By Provider Type 2Q2008.zip reflects the fee schedule run at the beginning of the 2nd quarter of 2008. Also, please note that due to size, some tabs within an Excel workbook may be broken into two parts. When this occurs, the tab name will reflect the provider type - Part A and the next one will reflect the same provider type - Part B. An online version of the fee schedule is available at <http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm> For the most recent information related to the service you are providing, you may refer to the on-line fee schedule which is updated daily.

DEPARTMENT OF PUBLIC WELFARE DISCLAIMER

If you are a provider who only provides Home and Community Based Waiver Services, please refer to the Home and Community Services Information System (HCSIS) for your reimbursement rates.

Use links below to download the Outpatient Fee Schedule.

[Download Excel Version](#)

[Download PDF Version](#)

[Download Comma Delimited File](#)

[Download Comma Delimited Layout](#)

[Return](#)

All services performed in the ASC/SPU require an approved Place of Service Review (PSR) as per regulation §1150.59, or in the case of emergency services a retrospective approval for the services. Services that exceed the limits of the Fee Schedule require an approved Program Exception (PE) prior to the services being rendered.

To view and print the PDF form, you will need to install the Acrobat Reader software:



To enlarge the PDF format, select the "Zoom Menu" option from the viewer and select the size to view. You may either increase or decrease the size.

6.15.2 Field Descriptions

Field	Description	Data Type	Length
“MA Fee Schedule link”	Opens the MA Fee Schedule webpage with access to the Online Fee Schedule	Hyperlink	0
Download Comma Delimited File	Download Outpatient Fee Schedule in Comma Delimited (CSV) format (ZIP file)	Hyperlink	0
Download Comma Delimited Layout	Download a Microsoft Word document explaining the Comma Delimited (Comma Separated Value) file format	Hyperlink	0
Download Excel Version	Download Outpatient Fee Schedule in Microsoft Excel format (ZIP file)	Hyperlink	0
Download PDF Version	Download Outpatient Fee Schedule in Adobe Acrobat Reader (PDF) format	Hyperlink	0
Return	Return to Provider Main Menu	Hyperlink	0

6.15.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

6.15.4 Accessibility and Use

To access and use the Outpatient Fee Schedule Download window, complete the steps in the step/action table(s).

To Access Outpatient Fee Schedule Download Window

Step	Action	Response
1	Log on to PA PROMISe™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the Outpatient Fee Schedule link.	The Rate Information Disclaimer window opens.
3	Review the Terms and Conditions displayed in the Rate Information Disclaimer Window.	
4	To accept the Terms and Conditions, click the I Accept button.	The Outpatient Fee Schedule Download Files window opens.
5	To reject the Terms and Conditions, click the I Decline button.	The Provider Main window opens.

To Download Outpatient Fee Schedule in Excel Format

Step	Action	Response
1	Click the Download Excel Version hyperlink.	The file download begins. The downloaded file is in a compressed format (ZIP) and must be decompressed before it can be opened.

To Download Outpatient Fee Schedule in PDF Format

Step	Action	Response
1	Click the Download PDF Version hyperlink.	The file download begins.

To Download Outpatient Fee Schedule in Comma Delimited Format

Step	Action	Response
1	Click the Download Comma Delimited File hyperlink.	The file download begins. The downloaded file is in a compressed format (ZIP) and must be decompressed before it can be opened.

To Download Comma Delimited Layout

Step	Action	Response
1	Click the Comma Delimited Layout hyperlink.	The file download begins. The downloaded file is a Microsoft Word (.doc) document.

6.16 Provider Recipient Eligibility Verification (Provider Recipient Eligibility Verification)

The Provider Recipient Eligibility Verification window is used to perform inquiries against PA PROMISe™ recipient data. Inquiries can be made by recipient ID/card number, SSN/date of birth, or recipient name/date of birth.

Single date or range of up to 31 days must be entered to limit the search results.

A procedure code, drug code, or modifier can optionally be provided. The EVS engine returns eligibility information for the provider's ability to provide the drug or service and the recipient's eligibility to receive the drug or service. This feature is supported only for fee-for-service recipients.

The user can access this window by selecting Eligibility Verification from the Provider Main menu page; or select Inquiry from the Eligibility option list.

Note: Information returned by this window may be modified or limited at a future date by the decisions made by the Confidentiality work group.

The First window Layout below shows the initial viewable display.

6.16.1 Layout

Recipient Eligibility Verification

Recipient Eligibility Verification Information

(Required) Recipient ID: Card Number:

(or) Recipient ID: Date of Birth:

(or) SSN: Date of Birth:

(or) Name First/MI/Last:
Date of Birth:

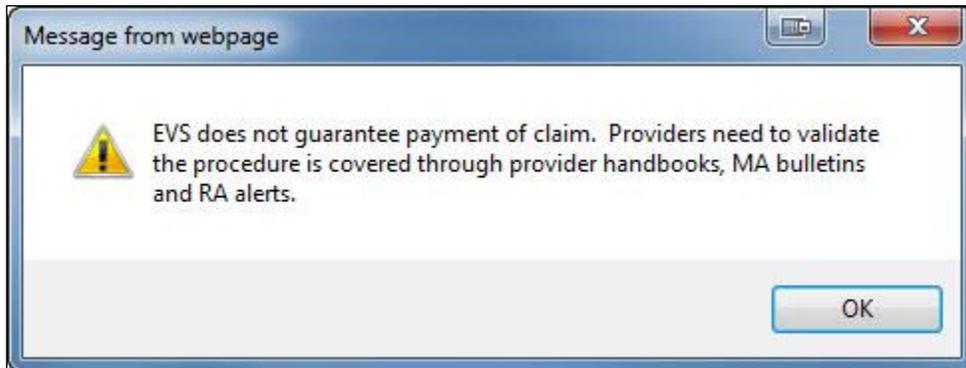
(Required) Date of Service From: To:

(Optional) Procedure/Drug Type:
Procedure/Drug Code:
Modifier 1: 2: 3: 4:

(or) Service Type Code:

Supported	Selected
1 - Medical Care	
2 - Surgical	
4 - Diagnostic X-Ray	
5 - Diagnostic Lab	
6 - Radiation Therapy	
7 - Anesthesia	
8 - Surgical Assistance	
12 - Durable Medical Equipment Purchase	
13 - Ambulatory Service Center Facility	
18 - Durable Medical Equipment Rental	

The following message will display. Click **OK** to acknowledge.



The following Layouts show the remaining data viewable by scrolling.

Verification No. 081560000001 - 06/04/2008

Recipient

Name:	[REDACTED]
Recipient ID:	[REDACTED]
Date of Birth:	[REDACTED]
Gender:	[REDACTED]

Eligibility Summary

Type	Name	Begin	End
Medicaid	Category:PMW Program Status:00 Service Program:HCB02	06/04/2008	06/04/2008
Services Restricted to Following Provider	PODIATRIST	06/04/2008	06/04/2008

Eligibility Detail

Status:	Medicaid
Service Type:	Health Benefit Plan Coverage
Insurance Type:	Medicaid
Coverage Description:	Category:PMW Program Status:00 Service Program:HCB02
Service	06/04/2008
Eligibility	06/04/2008
Benefit Related Entity:	[REDACTED] MA Service Program Information Contact Telephone: [REDACTED]

Eligibility Detail

Status:	Services Restricted to Following Provider
Service Type:	Health Benefit Plan Coverage
Service	06/04/2008
Period Start	05/04/2008
Period End	06/04/2008
Message Text:	PODIATRIST
Message Text:	Restrictions do not apply to emergency services.
Benefit Related Entity:	Contracted Service Provider [REDACTED] Information Contact Telephone: [REDACTED]

6.16.2 Field Descriptions

Field	Description	Data Type	Length
Address Line 1 (Recipient)	Recipient's first address line	Character	55
Address Line 2 (Recipient)	Recipient's second address line	Character	55
Authorization Indicator (Eligibility Detail)	Indicates if authorization or certification is required	Character	1
Begin (Eligibility Summary)	Begin date of the eligibility or period for the summary line. Only provided when the value appears within the range of dates supplied on the request	Date (MM/DD/CCYY)	10
Benefit Amount (Eligibility Detail)	Monetary amount qualifier of benefit such as a deductible amount	Number	0
Benefit Percent (Eligibility Detail)	Percent qualifier of a benefit such as co-insurance	Number	0
Benefit Related Entity (Eligibility Detail)	Type, name, address and phone number for the primary entity associated with this eligibility or benefit detail. The length is variable depending on the eligibility detail status and quantity of entity information available on EVS	Character	999
Card Number (input)	ACCESS card number	Number	2
City, State and Zip (Recipient)	Recipient's city, state, and zip code. A maximum of 30 characters for city, 2 characters for state, and 15 characters for zip code can be displayed	Character	47
Clear	Clears or resets the search fields back to default values	Button	0
Coverage Description (Eligibility Detail)	Description of the eligibility being provided. Used only in the Medicaid eligibility detail to communicate the program status, category of assistance and service program code	Character	50
Date of Birth (Input)	Recipient's date of birth. Present twice in the input area for search grouping purposes. A value entered in one location is copied into the other date of birth field	Date (MM/DD/CCYY)	10
Date of Birth (Recipient)	Recipient's date of birth returned in the eligibility results section	Date (MM/DD/CCYY)	10

Field	Description	Data Type	Length
Date of Birth (Second Input)	Recipient's date of birth. Present twice in the input area for search grouping purposes. A value entered in one location is copied into the other date of birth field	Date (MM/DD/CCYY)	10
Date of Service From	From date that service provider wishes to verify eligibility	Date (MM/DD/CCYY)	10
Delivery (Eligibility Detail)	Information about the number and frequency of benefit	Character	0
Delivery Frequency (Eligibility Detail)	Information about the number and frequency of benefit	Character	0
Delivery Measurement (Eligibility Detail)	Information about the number and frequency of benefit	Character	0
Delivery Pattern Time (Eligibility Detail)	Information about the number and frequency of benefit	Character	0
Delivery Period (Eligibility Detail)	Information about the number and frequency of benefit	Character	0
Delivery Qualifier (Eligibility Detail)	Type of quantity of benefit	Character	0
Delivery Quantity (Eligibility Detail)	Quantity of benefit	Number	0
Double Left Arrow	Used to remove Service Type Location from Selected list	Button	0
Double Right Arrow	Used to add Service Type Location to Selected list	Button	0
Eligibility End (Eligibility Detail)	Last date of eligibility for the given eligibility detail segment. The eligibility end date is not returned by EVS if it falls outside the range of dates specified on the EVS request	Date (MM/DD/CCYY)	10
End (Eligibility Summary)	End date of the eligibility or period for the summary line. Only provided when the value is within the range of dates supplied on the request	Date (MM/DD/CCYY)	10
Errors (Eligibility Detail)	Any errors returned in processing details	Character	999
First Name (input)	Recipient's first name used to search by name	Character	25
Gender (Recipient)	Recipient's gender	Character	7
Group Number (Eligibility Detail)	Group number associated with this other or additional payer eligibility detail line	Character	30

Field	Description	Data Type	Length
In Plan Network (Eligibility Detail)	Indicates if benefits are in or out of Plan-Network or not	Character	1
Insurance Type (Eligibility Detail)	HIPAA code value expanded here with a description that identifies the type of insurance described in this eligibility detail	Character	150
Last Name (input)	Recipient's last name used to search by name	Character	35
Medicaid	Contains category, program status, and service program	Character	0
Message Text (Eligibility Detail)	Free form message field returned by the EVS. Various messages can appear in this repeating field	Character	264
Middle Initial (Input)	Recipient's middle initial used to search by name	Character	1
Modifier 1 (Input)	Modifier for which eligibility is being requested. This field is optional	Character	2
Modifier 2 (Input)	Modifier for which eligibility is being requested. This field is optional	Character	2
Modifier 3 (Input)	Modifier for which eligibility is being requested. This field is optional	Character	2
Modifier 4 (Input)	Modifier for which eligibility is being requested. This field is optional	Character	2
Name (Eligibility Summary)	Name of the primary entity associated with the given summary line	Character	35
Name (Recipient)	Recipient's name returned by the EVS. A maximum of 35 characters for last name, 25 characters for first name and 1 character for middle initial can be displayed	Character	61
Period Count (Eligibility Detail)	Information about the number and frequency of benefit	Number	0
Period End (Eligibility Detail)	Locks in eligibility segments to specify the end of the lock-in period. The lock-in starting period is not returned by EVS if it falls outside the range of dates specified on the EVS request	Date (MM/DD/CCYY)	10
Period Start (Eligibility Detail)	Locks in eligibility segments to specify the beginning of the lock-in period. The lock-in starting period is not returned by EVS if it falls outside the range of dates specified on the EVS request	Date (MM/DD/CCYY)	10
Policy Number (Eligibility Detail)	Policy number associated with this other or additional payer eligibility detail	Character	30

Field	Description	Data Type	Length
Procedure/Drug Code (Input)	Procedure or drug for which eligibility is being requested. This field is optional	Character	11
Procedure/Drug Type (Input)	Code list type from where the following procedure/drug code field value is pulled. This field is optional	Drop Down List Box	0
Procedure/Service (Eligibility Detail)	Composite of the medical procedure	Character	999
Quantity (Eligibility Detail)	Benefit quantity	Character	0
Recipient ID (Input)	Recipient number (ID plus validation digit)	Character	10
Recipient ID (Recipient)	Recipient ID returned in the search results. This field does not include the ACCESS card number	Character	10
Reset	Clears all entries from Selected Service Type Code	Button	0
SSN (Input)	Recipient's Social Security Number	Number	9
Search	Searches database for the desired record	Button	0
Service Type	Type of Coverage	Character	0
Service Type Code	Code for Service Type	List Box	0
Services Restricted to Following Provider	Type of Provider	Character	0
Status (Eligibility Detail)	HIPAA mandated status for the eligibility or benefit detail being displayed	Character	70
Time Period Qualifier (Eligibility Detail)	Time period of the benefit being described	Character	999
To (Input)	To date that service provider wishes to verify eligibility	Date (MM/DD/CCYY)	10
Type (Eligibility Summary)	Type of eligibility being displayed in the given summary line	Character	150
Verification Date	Date the verification request was run	Date (MM/DD/CCYY)	10
Verification Date (Result)	Date of the recipient request	Date (MM/DD/CCYY)	10
Verification Number	Number assigned to each eligibility response used by the provider when contacting the EVS help desk to identify a specific EVS request	Number	13

6.16.3 Field Edits

Field	Error Code	Error Message	To Correct
All fields	0	Required recipient information is not complete. Please verify and re-enter verification information.	Verify and re-enter verification information
Card Number (input)	0	Card Number must be a number.	Enter a numeric card number
Date of Birth (Input)	0	Date of Birth is an invalid date: [x]	Enter a valid date
	1	Date of Birth cannot be past today.	Enter a date that is not in the future
	2	[value] is an invalid month of the year. Use a value in the range of 1-12.	Enter a valid month
	3	[value] is a not a valid day in [month]. Use a value in the range of 1-31.	Enter a valid day of the month
Date of Birth (Second Input)	0	Date of Birth is an invalid date: [x]	Enter a valid date
	1	Date of Birth cannot be past today.	Enter a date that is not in the future
	2	[value] is an invalid month of the year. Use a value in the range of 1-12.	Enter a valid month
	3	[value] is a not a valid day in [month]. Use a value in the range of 1-31.	Enter a valid day of the month
Date of Service From	0	From Date of Service is an invalid date: [x].	Enter a valid date
	1	Please enter Date of Service.	Enter a valid Date of Service date
	2	[value] is an invalid month of the year. Use a value in the range of 1-12.	Enter a valid month
	3	[value] is a not a valid day in [month]. Use a value in the range of 1-31.	Enter a valid day of the month
Procedure/Drug Code (Input)	0	Please select a Procedure/Drug Type.	Select a Procedure/Drug Type
Procedure/Drug Type (Input)	0	Please enter a Procedure/Drug Code.	Enter a valid Procedure/Drug code
Recipient ID (Input)	0	[x] is not a valid Recipient ID.	Enter a valid recipient ID

Field	Error Code	Error Message	To Correct
SSN (Input)	0	SSN must be 9 characters.	Enter a numeric, 9 character Social Security Number
	1	SSN must be a number.	Enter a numeric, 9 character Social Security Number
To (Input)	0	To Date of Service is an invalid date: [x].	Enter a valid date
	1	Please Enter Date of Service.	Enter a valid Date of Service
	2	[value] is an invalid month of the year. Use a value in the range of 1-12.	Enter a valid month
	3	[value] is a not a valid day in [month]. Use a value in the range of 1-31.	Enter a valid day of the month

6.16.4 Accessibility and Use

To access and use the Provider Recipient Eligibility Verification window, complete the steps in the step/action table(s).

To Access Provider Recipient Eligibility Verification Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the Eligibility Verification link.	The Provider Recipient Eligibility Verification window opens

To Search by Recipient ID and Card Number

Step	Action	Response
1	Type a value in the Recipient ID and Card Number fields.	
2	In the Date of Service From and To drop-down lists, select a value.	
3	(Optional) In the Procedure/Drug Type drop-down list, select a value.	
4	(Optional) Type a value in the Procedure/Drug Code field	
5	(Optional) Type a value in the Modifier 1 field.	
6	(Optional) Type a value in the Modifier 2 field.	
7	(Optional) Type a value in the Modifier 3 field.	
8	(Optional) Type a value in the Modifier 4 field.	

Step	Action	Response
9	Click the Search button.	If a match is found, the search result is displayed.

To Search by Recipient ID and Date of Birth

Step	Action	Response
1	Type a value in the Recipient ID and Date of Birth fields.	
2	In the Date of Service From and To drop-down lists, select a value.	
3	(Optional) In the Procedure/Drug Type drop-down list, select a value.	
4	(Optional) Type a value in the Procedure/Drug Code field.	
5	(Optional) Type a value in the Modifier 1 field.	
6	(Optional) Type a value in the Modifier 2 field.	
7	(Optional) Type a value in the Modifier 3 field.	
8	(Optional) Type a value in the Modifier 4 field.	
9	Click the Search button.	If a match is found, the search result is displayed.

To Search by SSN

Step	Action	Response
1	Type a value in the SSN field.	
2	In the Date of Birth drop-down list, select a value.	
3	In the Date of Service From and To drop-down lists, select a value.	
4	(Optional) In the Procedure/Drug Type drop-down list, select a value.	
5	(Optional) Type a value in the Procedure/Drug Code field.	
5	(Optional) Type a value in the Modifier 1 field.	
6	(Optional) Type a value in the Modifier 2 field.	
7	(Optional) Type a value in the Modifier 3 field.	
8	(Optional) Type a value in the Modifier 4 field.	
9	Click the Search button.	If a match is found, the search result is displayed.

To Search by Recipient Name

Step	Action	Response
1	Type a value in the First Name, Middle Initial, and Last Name fields.	
2	In the Date of Birth drop-down list, select a value.	

Step	Action	Response
3	In the Date of Service From and To drop-down lists, select a value.	
4	(Optional) In the Procedure/Drug Type drop-down list, select a value.	
5	(Optional) Type a value in the Procedure/Drug Code field.	
5	(Optional) Type a value in the Modifier 1 field.	
6	(Optional) Type a value in the Modifier 2 field.	
7	(Optional) Type a value in the Modifier 3 field.	
8	(Optional) Type a value in the Modifier 4 field.	
6	Click the Search button.	If a match is found, the search result is displayed.

To Clear Window for New Search

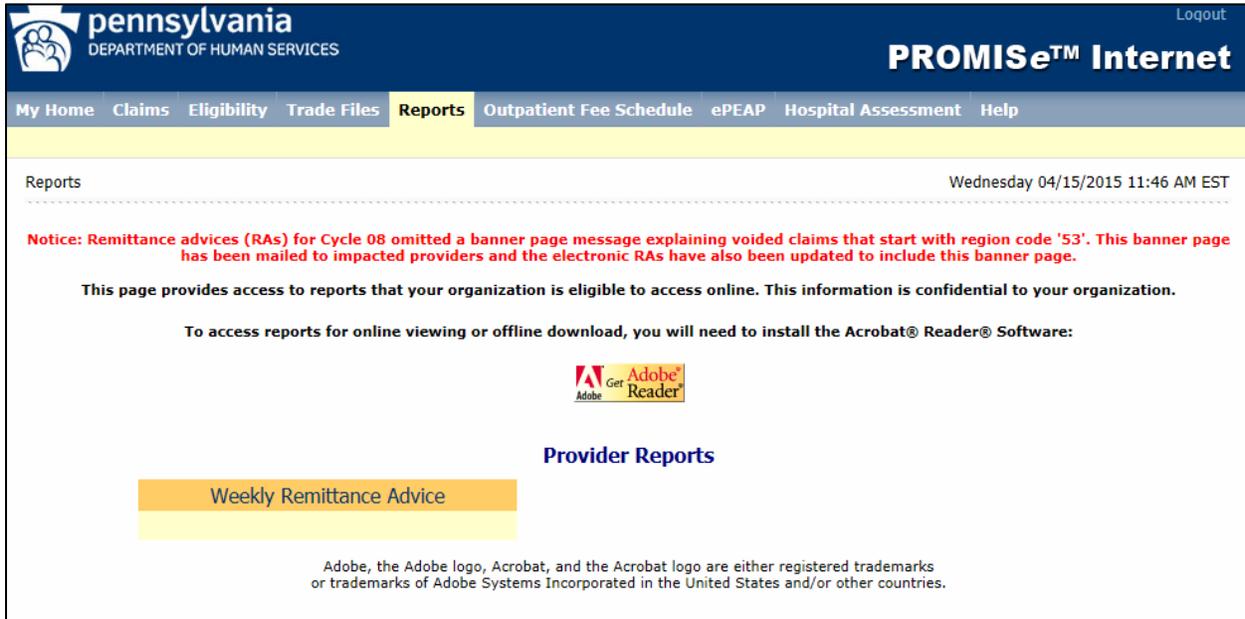
Step	Action	Response
1	Click the Clear button	The window is cleared and ready for new search criteria.

6.17 Provider Report Index (Provider Report Index)

The provider Report Index window shows the online reports that are available to the user. Reports are displayed in one or more groupings. The Provider and MCO groupings are shown in the window mockup. Users can only see reports in groupings that are appropriate for them. For example, a provider sees only the Provider report grouping. A managed care organization can see both the MCO and Provider grouping as a managed care organization can view reports in both of those groupings. Other groupings such as Drug Manufacturer can be added as well based on need.

Within each grouping is a list of available reports for that grouping. Selecting one of the reports takes the user to the Provider Report Request web page where the user can query the COLD system for versions of that report.

6.17.1 Layout



6.17.2 Field Descriptions

Field	Description	Data Type	Length
(Report Description)	Below the each report name is a description of the report	Character	250
(Report Grouping)	Reports are collected in to one or more Grouping. This field displays the name of each report grouping available to the user	Character	50
(Report Name)	Within each report grouping the report name is displayed as a hyperlink for the user to select. Selecting the hyperlink takes the user to the Provider Report Request window	Hyperlink	150

6.17.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

6.17.4 Accessibility and Use

To access and use the Provider Report Index window, complete the steps in the step/action table(s).

To Access Provider Report Index Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in the General User Manual.	The Provider Main Page window opens.

Step	Action	Response
2	Click the Reports tab.	The Provider Report Index window opens.

To View Provider Reports

Step	Action	Response
1	Click the hyperlink for the desired report.	The Provider Report Request window opens.

6.18 Provider Report Request (Provider Report Request)

The Provider Report Request window is used to retrieve more than one version of the report that is available from the web. The user may enter a start date and an end date and select the Request Reports button to be presented with a list of the dates for which the report is available. The date range entered must not be greater than 90 days apart but may start at any time in the past. A user wishing to see the reports generated over a given year would submit four queries each for a different 90 day period.

6.18.1 Layout

The screenshot shows the 'Reports' page in the PROMISe™ Internet portal. At the top, there is a navigation menu with 'Reports' highlighted. Below the menu, the page title is 'Reports' and the date is 'Wednesday 04/15/2015 11:15 AM EST'. The page displays 'Provider ID: 123456789' and 'Location: 0001'. A message states: 'You have selected to request output from the following report: Weekly Remittance Advice'. Below this, there is a text input field for 'Enter a date range to view your organization's information from FIN-0000-W' and a note: 'NOTES: You may not view more than 90 days of reports at one time.' There are two date pickers: 'List Reports From:' with the value '03/01/2015' and 'To:' with the value '03/31/2015'. A blue button labeled 'Request Reports' is positioned below the date pickers. Underneath the button, a message reads: '"Weekly Remittance Advice" Reports generated between Monday, March 1, 2010 and Saturday, May 1, 2010'. At the bottom, a list of report dates is shown: 03/02/2015, 03/15/2015, and 03/27/2015.

6.18.2 Field Descriptions

Field	Description	Data Type	Length
(Report Description)	Text description of the selected report	Character	250

Field	Description	Data Type	Length
(Report Instance)	Hyperlink containing the date the report was generated in "Day, Month Date, Year" format. Selecting this link displays a graphical representation of the actual report in Adobe format	Hyperlink	0
(Report Name)	Name of the report for which the query is performed. The user can return to the Provider Report Index to select a different report to query	Character	150
List Reports From:	Earliest date to search for instances of this report	Date (MM/DD/CCYY)	8
Request Reports	Performs the report query. Results are returned in the bottom portion of the window	Button	0
Return to Report Menu	Returns the user to the Provider Report Index window	Button	0
To:	Latest date to search for instances of this report	Date (MM/DD/CCYY)	8

6.18.3 Field Edits

Field	Error Code	Error Message	To Correct
Request Reports	0	Invalid date combination entered. FROM date must be further in the past than TO date	TO date must occur after the FROM date
	1	Invalid date combination entered. Dates cannot be in the future	User cannot query for reports in the future
	2	Invalid date combination entered. FROM and TO dates cannot be more than 90 days apart	User cannot query on more than 90 days of reports at one time
	3	Please enter both dates	User must enter both a FROM and a TO date though they can be the same date

6.18.4 Accessibility and Use

To access and use the Provider Report Request window, complete the steps in the step/action table(s).

To Access Provider Report Request Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the Report tab.	The Provider Report Index window opens.
3	Select the desired report.	The Provider Report Request window opens.

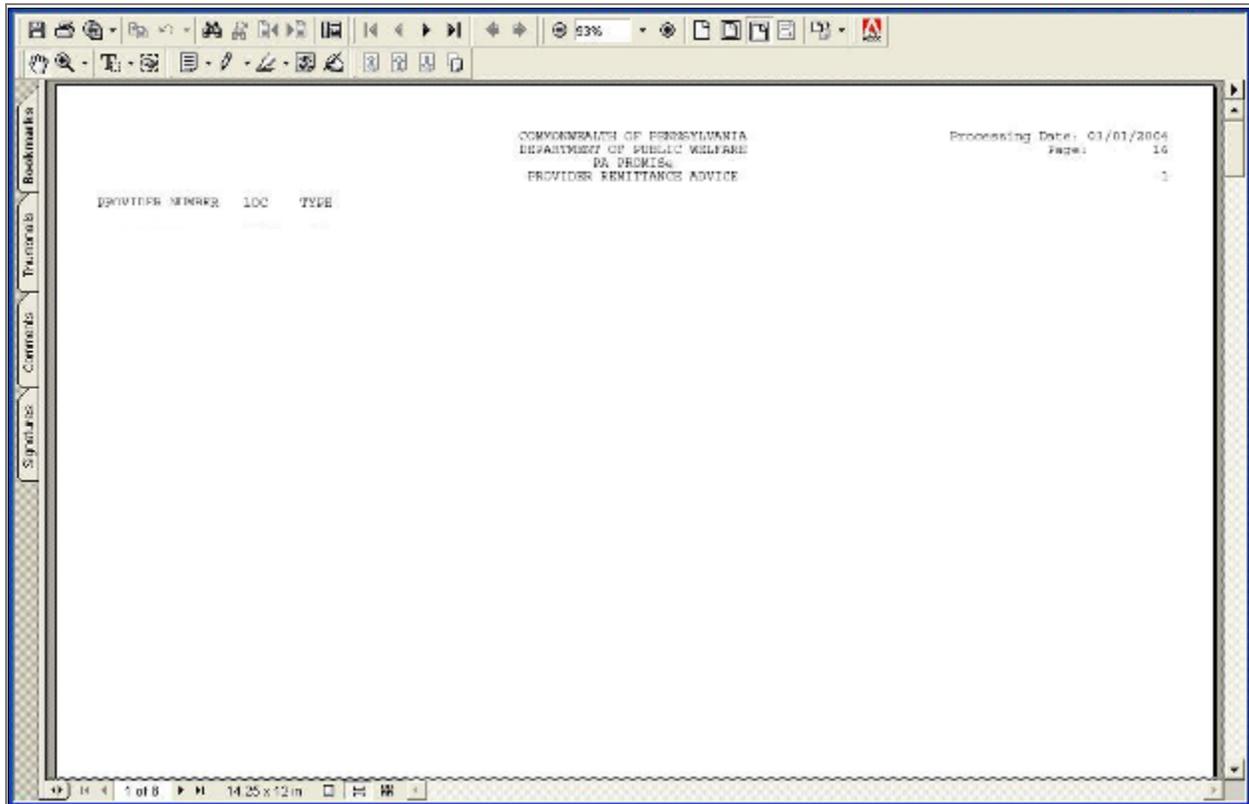
To View Provider Reports

Step	Action	Response
1	In the List Reports From and To drop-down lists, select a value.	
2	Click the Request Reports button.	A list of dates for which the report is available appears in the window.
3	Click the hyperlink for the specified date requested.	Displays a graphical representation of the actual report in Adobe format.

6.19 Report View (Report View)

The Report View Window displays the remittance advice reports in PDF format based on processing date supplied by the external web user. A list of Remittance Advice reports for a 90 day period will be retrieved based on the user supplied report date criteria. The user can then select a specific report date and view the Remittance Advice report for the selected report date in PDF format.

6.19.1 Layout



6.19.2 Field Descriptions

Field	Description	Data Type	Length
PDF image	PDF for Remittance advice Report	N/A	0

6.19.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

6.19.4 Accessibility and Use

To access and use the Report View window, complete the steps in the step/action table(s).

To Access Provider Report Request Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the Report tab.	The Provider Report Index window opens.
3	Select the desired report.	The Provider Report Request window opens.
4	In the List Reports From and To drop-down lists, select a value.	
5	Click the Request Reports button.	A list of dates for which the report is available appears in the window.
6	Click the hyperlink for the specified date requested.	Displays a graphical representation of the actual report in Adobe format.

6.20 ePEAP Menu

When you have successfully logged into the Provider Internet Application and accessed the ePEAP Menu, you can access each sub-application, as explained in this section. The following documentation describes how to navigate to the various parts of the ePEAP system.

By clicking on the following links in the **Provider Options** box, the windows described below are accessed:

- Enrollment Information – ePEAP Enrollment Information window
- Recent Requests – ePEAP Recent Requests window
- Terminate MA Enrollment – ePEAP Terminate Medical Assistance Participation window
- Manage Remittance Advice – ePEAP Manage Remittance window.
- Active Service Locations – Active Service Locations window.
- SelectPlan for Women Directory – ePEAP SelectPlan for Women Directory window.
- Upload PDF – Upload PDF window.

By clicking on the following links in the **For Groups Only** box, the windows described below are accessed.

- Verify Provider Membership – ePEAP Verify Provider Membership In My Group window
- View Provider Group Members – Pop-up window listing the provider's group members.

Please note: The **For Groups Only** box is only displayed if you are logged on with a Group Provider ID.

Click the **View Helpful Hints** link to view a printable list of helpful tips.

6.20.1 Layout

The screenshot displays the ePEAP interface. At the top, there is a header with the Pennsylvania Department of Human Services logo and the ePEAP logo. Below the header is a yellow box containing provider information:

Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Below the provider information, there is a session time indicator: "Session time: 28 : 44" on the left and "Tuesday 21 April 2015 09:44 am" on the right.

The main content area is titled "ePEAP Menu" and contains a "Provider Options" box with the following links:

- [Enrollment Information](#)
- [Recent Requests](#)
- [Terminate MA Enrollment](#)
- [Manage Bulletins](#)
- [Manage Remittance Advice](#)
- [Active Service Locations](#)
- [SelectPlan for Women Directory](#)
- [Upload PDF](#)

Below the "Provider Options" box is a link: [View Helpful Hints](#).

At the bottom of the page, there is a navigation bar with three buttons: "ePEAP Menu", "Help", and "Exit".

6.20.2 Layout (Groups Only)

The screenshot displays the ePEAP interface. At the top, there is a header with the Pennsylvania Department of Human Services logo and the ePEAP logo. Below the header is a yellow box containing provider information:

Your Provider ID	100123456	SAMPLE NAME	Status	Active
NPI	1234567890	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001 123 ELM STREET, HARRISBURG, PA 17010			
Provider Type	01	INPATIENT FACILITY	Revalidation Date	03/24/2016

Below the information box, it shows "Session time: 29 : 29" and "Wednesday 15 April 2015 11:59 am".

The main content area is titled "ePEAP Menu" and contains two columns of links:

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

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

6.20.3 Accessibility and Use

To access the ePEAP Menu, complete the steps in the step/action table(s).

To Access the ePEAP Menu

Step	Action	Result
1	Access the PA PROMISe™ Provider Internet using the instructions provided in Section 2.9. This application is accessed from the DHS Web site by clicking the PROMISe™ Online link.	The Provider Internet application opens. Step-by-step instructions are found in the <i>Provider Internet User Manual</i> .

Step	Action	Result
2	Log into the application by entering your Logon ID and Password , and click the Log On button.	The Provider Main Page opens.
3	Click the ePEAP (Provider Enrollment Automation Project) link.	The ePEAP Menu opens.

To Access Options

Step	Action	Result
1	Click the Enrollment Information link.	The Enrollment Information window opens.
2	Click the Recent Requests link.	The Recent Requests window opens.
3	Click the Terminate MA Enrollment link.	The Terminate Medical Assistance Participation window opens.
4	Click the Manage Remittance Advice link.	The Manage Remittance Advice window opens.
5	Click the Active Service Locations link.	The Active Service Location window opens.
6	Click SelectPlan for Women Directory	Displays the SelectPlan for Women Directory where a Provider can choose to include or remove their Service Location from the Directory.
7	Click Upload PDF	Passes control to the ePEAP Upload PDF window

For Groups Only

Step	Action	Result
1	Select the Verify Provider Membership link.	The Verify Provider Membership In My Group window opens.
2	Select the View Provider Group Members link.	The Provider Group Members pop-up window opens.

To Access Help

Step	Action	Result
1	Select the View Helpful Hints link.	The Helpful Hints for the ePEAP User window opens and displays a list of tips for using the page.

To Exit ePEAP

Step	Action	Result
1	Click the Exit button.	Opens the Provider Main Page.

6.20.4 ePEAP Menu Field Descriptions

Field	Description	Data Type	Length
Enrollment Information	Opens the ePEAP enrollment window.	Hyperlink	0
Exit	Exits ePEAP.	Button	0
Help	Describes the fields on the ePEAP window.	Button	0
Manage Remittance Advice	Opens the Manage Remittance Advice window.	Hyperlink	0
Active Service Locations	Opens the Active Service Locations window.	Hyperlink	0
Recent Request	Opens the Recent Request window.	Hyperlink	0
SelectPlan for Women Directory	Opens the SelectPlan for Women Directory	Hyperlink	0
Terminate MA Enrollment	Opens the Terminate MA Enrollment window.	Hyperlink	0
Upload PDF	Opens the Upload PDF window	Hyperlink	0
Verify Provider Membership	Opens the Provider Membership window.	Hyperlink	0
View Helpful Hints	Displays helpful hints for the ePEAP user.	Hyperlink	0
View Provider Group Members	Displays pop-up window with list of Provider's group members.	Hyperlink	0

6.21 Using the ePEAP Enrollment Information Options

The ePEAP Enrollment Information link will display enrollment options of the PEAP system. The links in the Request Changes box of the ePEAP Enrollment Information window are used to access the windows listed below:

- Base Information – Opens the Basic Enrollment Information window.
- Address Information – Opens the Provider Address Information window.
- Fee Assignment Information – Opens the Fee Assignment Information window.
- Manage NPI/Taxonomy – Opens the Manage NPI and Taxonomy Codes window.

These windows are described in this section.

6.21.1 Layout

6.21.2 Field Descriptions

Field	Description	Data Type	Length
Address Information	Accesses the Provider Address Information window, used to change the Address/Phone/FAX data for the Pay To, Mail To, and Home Office addresses, and to change the provider’s email address. Note: This window cannot be used to add a new service location	Hyperlink	0

Field	Description	Data Type	Length
Base Information	Each enrolled MA provider has basic information that should be kept current. This link accesses the ePEAP Basic Enrollment Information window, used to display and update this information, including medical degrees, licensing, ID numbers, billing, and Medicare participation	Hyperlink	0
ePEAP Menu	Opens the ePEAP Menu window	Button	0
Exit	Exits ePEAP and returns to the PA PROMISe™ Provider Main Page	Button	0
Fee Assignment Information	Accesses these options: Add a Group for Fee Assignment, Manage Fee Assignments	Hyperlink	0
Help	Opens the Help menu for the current ePEAP window	Button	0
Manage NPI/Taxonomy	Opens the Manage NPI and Taxonomy Codes window	Hyperlink	0
Review/Submit	Opens the Review Your Changes window	Button	0

6.21.3 Accessibility and Use

To access the ePEAP Enrollment functions, complete the steps in the following step/action tables.

To Access the ePEAP Enrollment Information Window

Step	Action	Result
1	Select the ePEAP Menu link.	The ePEAP Menu window opens.
2	Select the Enrollment Information option from the ePEAP Menu.	The Enrollment Information window opens.

To Request Changes to Basic Enrollment Information

Step	Action	Result
1	Select Base Information .	The Basic Enrollment Information window opens.

To Request Changes to Provider Address Information

Step	Action	Result
1	Select Address Information .	The Provider Address Information window opens.

To Request Changes to Fee Assignment Information

Step	Action	Result
1	Select Fee Assignment Information.	The Fee Assignment Information window opens.

To Manage NPI Codes and Associated Taxonomy Codes

Step	Action	Result
1	Select the Manage NPI/Taxonomy button.	The Manage NPI and Taxonomy Codes window opens.

To Review and Submit Completed Changes

Step	Action	Result
1	Select the Review/Submit button.	The Review Your Changes window opens.

Other Options

Step	Action	Result
1	Click the ePEAP Menu button.	Opens the ePEAP Menu window.
2	Click the Help button.	Displays the ePEAP Help window
3	Click the Exit button.	Opens the PA PROMISe™ Provider Main Page.

6.22 ePEAP Basic Enrollment Information

The ePEAP Basic Enrollment Information window is used by the provider community to display and update basic provider information. Existing provider information is automatically displayed.

This window is accessed from the PA PROMISe™ Internet Provider Main Page by clicking on the "ePEAP (Provider Enrollment Automation Project)" link in the Other Links section of the window to open the ePEAP Menu. Under Provider Options, click the "Provider Enrollment" link to open the ePEAP Enrollment Information window. Click on the "Base Information" link to open the ePEAP Basic Enrollment Information window.

6.22.1 Layout



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Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Session time: 29 : 44 Tuesday 21 April 2015 07:53 am

Basic Enrollment Information

Legal Entity Information

	Existing	New
Birth Date	11/30/1950	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Gender	M	<input type="text" value=""/>
Medical Degree	MD / Physician	<input type="text" value=""/>

ACH N

DEA AG1621994

Tape Bill N

UPIN B66800

License MD058962L

Start 05/02/1996

End 12/31/2016

Issued By
Department of State

MA Enrollment Dates

Start 06/18/1996

End 12/31/2299

Historic Medicare Information (Read Only) [Need to update? Click here](#)

Medicare Number	Medicare Type	Effective Date (yyyymmdd)	End Date (yyyymmdd)

Medicare Indicator Information

Medicare Indicator is assigned to Service Location 0003.

Change Association to Service Location 0001.

[View Active Service Locations](#)

6.22.2 Formats for Medicare Indicator Information Display:

Medicare Indicator not assigned. Service Location does not have a validated NPI number:

Medicare Indicator Information

An NPI number is required to designate Service Location with a Medicare Indicator.

[View Active Service Locations](#)

Medicare Indicator not assigned. Service Location has a validated NPI number:

Medicare Indicator Information

No Medicare Indicator is currently designated for NPI 1234567893.

Assign Association to Service Location 0001.

[View Active Service Locations](#)

Medicare Indicator assigned to current Service Location:

Medicare Indicator Information

Medicare Indicator is assigned to Service Location 0001.

Remove Association from Service Location 0001

[View Active Service Locations](#)

Medicare Indicator assigned to another Service Location:

Medicare Indicator Information

Medicare Indicator is assigned to Service Location 0002.

Change Association to Service Location 0001.

[View Active Service Locations](#)

6.22.3 Field Descriptions

Field	Description	Data Type	Length
ACH	Indicates whether provider service location receives payment electronically. Possible values are "Y" (yes) or "N" (no)	Character	1
Birth Date	Provider's date of birth	Drop Down List Box	0
Cancel	Cancel transaction; clear contents	Button	0
Click here	Contact information when a Medicare number needs to be updated	Hyperlink	0

Field	Description	Data Type	Length
Comment (do not use this box to request changes)	Add relevant supporting information (to justify a request)	Character	200
Continue	Moves to the next logical page or form	Button	0
DEA	Provider's DEA number indicates the provider is a prescribing physician	Character	9
Effective Date	Beginning date for a Medicare billing number. Read only as of 2/1/2008	Date (CCYYMMDD)	8
End Date	Ending date for a Medicare billing number. Read only as of 2/1/2008	Date (CCYYMMDD)	8
Enrollment Information	Returns to the Enrollment Information window	Button	0
Exit	Exit ePEAP	Button	0
Gender	Provider's gender, if an individual, otherwise leave blank	Drop Down List Box	0
Help	Description of the fields on the ePEAP window	Button	0
Issued By	Authority (state agency) that issued the provider's medical license	Character	40
License	Practitioners in Pennsylvania must be licensed and currently registered by the appropriate state agency	Character	10
License End Date	Date license expires	Date (MM/DD/CCYY)	8
License Start Date	Date this license was first issued, or a renewal date	Date (MM/DD/CCYY)	8
MA Enroll End Date	Date provider officially terminates enrollment; concludes a period in which the provider is authorized to receive Medicaid payments for services rendered	Date (MM/DD/CCYY)	8
MA Enroll Start Date	Date the provider officially began as a Medical Assistance provider and became authorized to receive Medicaid payments	Date (MM/DD/CCYY)	8
Medical Degree	Provider's medical degree	Drop Down List Box	0
Medicare Indicator Information	Assign, move, or remove Medicare Indicator when current service location has a validated NPI number	Check Box	0
Medicare Number	Medicare billing number assigned to the provider service location. Read only as of 2/1/2008	Alphanumeric	10

Field	Description	Data Type	Length
Medicare Type	Type of Medicare billing number. Possible values are DME, Medicare A, Medicare B and Railroad. Read only as of 2/1/2008	Drop Down List Box	10
NPI	NPI of the group	Character	10
New Medicare	Adds a set of Medicare fields in which the user can enter information about a new Medicare number. Fields added are Medicare number, Medicare Type, Effective Date and End Date	Button	0
Provider Name	Unlabeled field following "Your Provider ID". Name of current provider as used on official Commonwealth records	Character	50
Provider Type	Provider Type for current Service Location	Character	4
Provider Type Description	Unlabeled field following "Provider Type". Describes provider type	Character	50
Reset	Clears the contents of the form fields on a page	Button	0
Review/Submit	Reviews the Request Summary and Submit Request document	Button	0
Service Location	Current provider service location for this ePEAP session	Character	4
Service Location Address	Unlabeled field following "Service Location". Abbreviated address of current service location	Character	78
Status	Status of provider service location. Will display "Active" or "Inactive"	Character	8
Tape Bill	Provider submits claims via tape.	Character	1
UPIN	Unique Provider Identification Number assigned to each Medicare provider	Character	6
View Active Service Locations	Displays active service locations for the current Provider ID	Hyperlink	0
View Taxonomy	Opens the w_epeap_view_taxonomy window in a new window	N/A	0
Your Provider ID	Identifies current provider for this ePEAP session. Uses number assigned to provider at time of enrollment in MA program	Number	9
ePEAP Access	EPEAP access levels include Read-Only access or Full access. Your access level is	Character	16

Field	Description	Data Type	Length
	always displayed in the upper right corner of an ePEAP page		
ePEAP Menu	Returns to the ePEAP Menu window	Button	0

6.22.4 Accessibility and Use

To process ePEAP Base Information change requests, complete the steps in the following step/action tables.

To Access the ePEAP Basic Enrollment Information Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the Enrollment Information option.	The ePEAP Enrollment Information window opens.
4	Click the Base Information link.	The ePEAP Basic Enrollment Information window opens.

To Enter Enrollment Changes

Step	Action	Result
1	To change the Birth Date , select new values for the month, day, and year from the corresponding drop-down lists.	The provider's birth date is changed.
2	To change the Gender , select a new value from the corresponding drop-down list.	The gender information is changed.
3	To change the Medical Degree information, select a new value from the corresponding drop-down list.	The medical degree information is changed.
4	For Service Locations having a validated NPI number, the Medicare Indicator may be associated with the Service Location--or removed from it--by clicking on the check box in the Medicare Indicator Information display.	The Medicare Indicator (for Medicare crossover claims) is associated with the current Service Location--or removed from it--as requested. Note: Medicare numbers can no longer be updated via ePEAP. Beginning May 23, 2008, NPI numbers will be used to process Medicare carrier crossover claims instead of Medicare numbers.

Step	Action	Result
5	Click the Continue button to review any changes.	The Review Your Changes window opens. Click the Continue To Make Changes button to return to the Enrollment Information window.

Other Options

Step	Action	Result
1	Click the Cancel button to cancel all changes and restore the original information.	The update is cancelled and the Enrollment Information window opens.
2	Click the Reset button to reset the information to its original values.	New information is cleared and the original information is restored.
3	Click the Review/Submit button to review and submit all changes to the information.	The Review Your Changes window opens.
4	Click the Enrollment Information button.	The update is cancelled and the Enrollment Information window opens.
5	Click the ePEAP Menu button.	Returns to the ePEAP Menu window.
6	Click the Help button.	Describes the fields on the ePEAP window.
7	Click the Exit button.	The ePEAP Main window opens.

6.23 ePEAP Provider Address Information

The ePEAP Provider Address Information window is available to the provider community, and displays the current Pay-to, Mail-to, Home Office, and Email addresses associated with the user's service location. The window includes “Change” buttons that allow the user to change any of the displayed address information.

This window is accessed from the PA PROMISe™ Internet Provider Main Page by clicking on the “ePEAP (Provider Enrollment Automation Project)” link, which opens the ePEAP Menu. Click the “Enrollment Information” link to open the Enrollment Information window, and then click the “Address Information” link.

Note: This window cannot be used to add a new service location or modify a service location’s physical address. To add a new service location or change a service location address, click the “New Service Location Request Form” to download a copy of the form that must be printed, filled-out, and submitted to DHS for approval and processing.

6.23.1 Layout



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Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Session time: 22 : 45
Tuesday 21 April 2015 08:04 am

Provider Address Information

Instructions
 The address information for your Service Location is displayed below. To change any of the information, please click the corresponding 'Change' button.

The addition of NEW SERVICE LOCATIONS and changes to the physical address of a service location MAY NOT be completed through ePEAP. They must be requested on the [NEW SERVICE LOCATION REQUEST FORM](#).

Type	Address	Phone / Fax
Pay to	555 SMITH STREET HARRISBURG, PA 17010	Phone: (717) 555-0001 Fax: (000) 000-0000
	Change Address	Change Phone/Fax
Mail to	555 SMITH STREET HARRISBURG, PA 17010	Phone: (717) 555-0001 Fax: (000) 000-0000
	Change Address	Change Phone/Fax
Home Office	555 SMITH STREET HARRISBURG, PA 17010	Phone: (717) 555-0001 Fax: (000) 000-0000
	Change Address	Change Phone/Fax
Email	Change Email	

[Enrollment Information](#)
 [ePEAP Menu](#)
 [Help](#)
 [Review/Submit](#)
 [Exit](#)

6.23.2 Field Descriptions

Field	Description	Data Type	Length
Change Address	Displays the Manage Active Addresses window	Button	0
Change Email	Displays the Manage Email window	Button	0

Field	Description	Data Type	Length
Change Phone/Fax	Displays the Edit Address window	Button	0
Enrollment Information	Opens the Enrollment Information window	Button	0
Exit	Exit ePEAP	Button	0
Help	Describes the fields on the ePEAP window	Button	0
Review/Submit	Opens the Review Your Changes window	Button	0
ePEAP Menu	Returns the ePEAP user to the ePEAP menu window	Button	0

6.23.3 Accessibility and Use

To access the ePEAP Provider Address Information window and perform address maintenance tasks, complete the steps in the step/action table(s).

To Access the ePEAP Provider Address Information Window:

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the Enrollment Information option.	The ePEAP Enrollment Information window opens.
4	Click the Address Information link.	The ePEAP Provider Address Information window opens.

To Update Provider Address Information

Step	Action	Result
	Select any of the following options:	
1	Click the (Pay to) Change Address link.	The Manage Active Addresses window opens.
2	Click the (Mail to) Change Address link.	The Manage Active Addresses window opens.
3	Click the (Home Office) Change Address link.	The Manage Active Addresses window opens.

Step	Action	Result
4	Click the (Email) Change Email link.	The Manage Email Address window opens.
5	Click the (Pay to) Change Phone/Fax link.	The Edit Address-Related Information window opens
6	Click the (Mail to) Change Phone/Fax link.	The Edit Address-Related Information window opens
7	Click the (Home Office) Change Phone/Fax link.	The Edit Address-Related Information window opens.

Other Options

Step	Action	Result
1	Click the Enrollment Information button.	Return to the Enrollment Information window.
2	Click the ePEAP Menu button.	Return to the ePEAP Menu window.
3	Click the Help button.	Describes the fields on the ePEAP window.
4	Click the Exit button.	The ePEAP Menu window opens.
5	Click the Review/Submit button.	The Review Your Changes window opens.
6	Click the New Service Location Request Form link.	A copy of the Pennsylvania PROMISe™ New Service Location Application is downloaded to the user’s computer for printing.

6.24 ePEAP Manage Active Addresses

The ePEAP Manage Active Addresses window displays all addresses assigned to the ePEAP user's Provider ID. It is used to select alternate Pay-to, Mail-to, and Home Office addresses for the user's service location.

This window is accessed from the PA PROMISe™ Internet Provider Main Page by clicking the “ePEAP (Provider Enrollment Automation Project)” link, which opens the ePEAP Menu. Click the “Enrollment Information” link to open the Enrollment Information window, and then click the “Address Information” link to open the Provider Address Information window. Then click the “Change Address” link to open the Manage Active Addresses window.

6.24.1 Layout



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DEPARTMENT OF HUMAN SERVICES



Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Session time: 29 : 42
Tuesday 21 April 2015 08:14 am

Manage Pay-to, Mail-to and/or Home Office Address

Instructions
 All addresses assigned to your Provider ID are listed below in alphabetical order by city. Please click 'select' next to the address you wish to assign as the new Pay-to, Mail-to and/or Home Office address for your Service Location. If the desired address is not listed, you may [Add to List](#).

	Address	Phone/Fax	Handicap Access	Assigned to Your Service Location?
select	555 SMITH STREET HARRISBURG, PA 17010	(717) 555-0001 (000) 000-0000		No
select	555 SMITH STREET HARRISBURG, PA 17010	(717) 555-0001 (000) 000-0000		Home Office Mail To Pay To Service Location
select	555 SMITH STREET HARRISBURG, PA 17010	(717) 555-0001 (000) 000-0000		No

Address Menu
ePEAP Menu
Help
Review/Submit
Exit

6.24.2 Field Descriptions

Field	Description	Data Type	Length
Add to List	Links to the “Add Address” window	Hyperlink	0
Address	Complete address: street, city, state, and ZIP code	Character	87
Address Menu	Opens the Address Menu window	Button	0
Assigned to Your Service Location?	Indicates relationship, if any, of this address to the current service location. Possible values are “No” or any combination of “Service Location Address,” “Mail to Address,” “Pay to Address,” and/or “Home Office Address.”	Character	50

Field	Description	Data Type	Length
ePEAP Menu	Opens the ePEAP menu window	Button	0
Exit	Exits ePEAP	Button	0
Handicap Access	Values “Yes” or “No” indicate handicap access status	Character	3
Help	Describes fields on the ePEAP window	Button	0
Phone/Fax	Phone and fax numbers for the address	Character	20
Review/Submit	Reviews the request summary and submit request document	Button	0
Select	Links to the Edit Address window	Hyperlink	0

6.24.3 Accessibility and Use

To access the Provider Address Information, complete the steps in the step/action table(s).

To Access the Manage Active Addresses Information

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the Enrollment Information option.	The ePEAP Enrollment Information window opens.
4	Click the Address Information link.	The ePEAP Provider Address Information window opens.
5	Click the Manage Active Addresses link.	The Manage Active Addresses window opens.

To Update Address Related Information

Step	Action	Result
1	Click the Select link next to the address to be updated.	The Edit Address Related Information window opens. You can change the phone number, fax number, and/or handicap access status for this address. You may also assign this address to replace the current Pay-to, Mail-to, and/or Home Office Address for your service location.

Step	Action	Result
2	Click the Add to List hyperlink.	The Add New Pay-To, Mail-To, and/or Home Office Address window opens. This window is used to specify an address and assign it to replace the current Pay-to, Mail-to, and/or Home Office address for your service location.

Other Options

Step	Action	Result
1	Click the Address Menu button	Return to the Provider Address Information window.
2	Click the ePEAP Menu button.	Opens the ePEAP Menu window.
3	Click the Help button.	Describes the fields on the ePEAP window.
4	Click the Review/Submit button.	The Review Your Changes window opens.
5	Click the Exit button.	Exits ePEAP and returns to the Provider Main Page of PA PROMISe™.

6.25 ePEAP Add a New Address

The ePEAP Add a New Address window is used to specify a new Pay-to, Mail-to, and/or Home Office address for a provider’s service location.

This window is accessed from the PA PROMISe™ Internet Provider Main Page by clicking the “ePEAP (Provider Enrollment Automation Project)” link, which opens the ePEAP Menu. Click the “Enrollment Information” link to open the Enrollment Information window, and then click the “Address Information” link to open the Provider Address Information windows. Click the “Change Address” button to open the Manage Active Addresses window. Then click the “Add to List” link.

Note: This window cannot be used to add a new service location or modify a service location’s physical address. To add a new service location or change a service location address, click the “New Service Location Request Form” from the Provider Address Information window to download a copy of the form. This form must be printed, filled-out, and submitted to DHS for approval and processing.

6.25.1 Layout


pennsylvania
DEPARTMENT OF HUMAN SERVICES
ePEAP

Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010		
Provider Type	31	PHYSICIAN	Revalidation Date	03/24/2016

Session time: 29 : 50 Tuesday 21 April 2015 08:20 am

Add New Pay-To, Mail-To and/or Home Office Address

Instructions
 You may use the form below to specify an address and assign it to replace the current Pay-to, Mail-to and/or Home Office address for your Service Location. After completing the form, please click 'Continue'.

Address *

City *

State * ▼

Zip Code * -

County * ▼ (for Pennsylvania Addresses)

Phone * () - **Ext**

Fax () -

Handicap Access Yes No

Assign to Service Location 0001 as: (Check all that apply)

Pay to Address Mail to Address Home Office Address

Continue
Cancel
Reset

* = Required

Address Menu
ePEAP Menu
Help
Review/Submit
Exit

6.25.2 Field Descriptions

Field	Description	Data Type	Length
Address	New street address	Character	60
Address Menu	Returns to the Address Menu window	Button	0
Cancel	Update is cancelled and the content is cleared	Button	0
City	New city	Character	18
Continue	Opens the Review Your Changes window	Button	0
County	Pennsylvania county where address is located	Drop-down List Box	0
Exit	Exits ePEAP	Button	0
Ext	Telephone extension for new address	Number	4
Fax	Fax number for the specific address code	Character	10
Handicap Access	Indicates by “Yes” or “No” whether address is handicap accessible	Radio Button	0
Help	Describes the fields on the ePEAP window	Button	0
Home Office Address	Assigns this new address as the home office address for current service location	Check Box	0
Mail to Address	Assign this new address as mail-to address for current service location	Check Box	0
Pay to Address	Assigns this new address as the pay-to address for current service location	Check Box	0
Phone	Phone number for the specific address code	Character	10
Reset	Clears all fields	Button	0
Review/Submit	Opens the Review Your Changes window	Button	0
State	New state	Drop-down List Box	0
ZIP Code	New 5-digit ZIP code plus 4-digit suffix	Character	9
ePEAP Menu	Returns to the ePEAP menu window	Button	0

6.25.3 Accessibility and Use

To access the Add a New Address window and perform address maintenance tasks, complete the steps in the following step/action tables.

To Access the Add a New Address Information window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the Enrollment Information option.	The ePEAP Enrollment Information window opens.
4	Click the Address Information link.	The ePEAP Provider Address Information window opens.
5	Click the Change Address link.	The Manage Active Addresses window opens.
6	Click the Add to List link.	The Add New Pay-To, Mail-To, and/or Home Office Address window opens. This window is used to specify a new address and assign it to replace the current Pay-to, Mail-to, and/or Home Office address for your service location.

To Update Address Information

Step	Action	Result
1	Enter the new information in the Address field.	Two lines are provided for the address; one line must be completed at a minimum.
2	Enter the City .	
3	Select a State from the drop-down list.	
4	Enter the ZIP Code .	The first five digits are required; the next four (ZIP+4) are optional.
5	Click the County drop-down list and select the Pennsylvania county for this address.	
6	Enter the Phone Number .	Include area code and extension if applicable.
7	Enter the Fax Number .	Enter the fax number if available.
8	Enter Yes or No for Handicap Access.	
9	Assign to Current Location nnnn as: Pay to Address	Check all boxes that apply.

Step	Action	Result
	Mail to Address Home Office Address	
10	Click the Continue button.	The Review Your Changes window opens.

Other Options

Step	Action	Result
1	Click the Cancel button.	The update is cancelled and returns to the Manage Pay-to, Mail-to, and/or Home Office Address window.
2	Click the Reset button.	The contents on this page are cleared.
3	Click the Address Menu button.	Returns to the Provider Address Information window.
4	Click ePEAP Menu .	Returns to the ePEAP Menu window.
5	Click the Help button	Describes the fields on the ePEAP window.
6	Click the Review/Submit button	The Review Your Changes window opens.
7	Click the Exit button.	Returns to the ePEAP Menu window.

6.26 ePEAP Edit Address - Related Information

The ePEAP Edit Address-Related Information window is used to modify address-related phone and fax numbers and handicap access status information for the current provider. In addition, the user can assign or unassign this address as the Pay to, Mail to, or Home Office address for the current provider service location.

This window is accessed from the PA PROMISe™ Internet Provider Main Page by clicking the “ePEAP (Provider Enrollment Automation Project)” link, which opens the ePEAP Menu. Click the “Enrollment Information” link to open the Enrollment Information window, and then click the “Address Information” link to open the Provider Address Information windows. Click the “Change Phone/Fax” button to open the Edit Address-Related Information window.

Field	Description	Data Type	Length
Cancel	Cancel the update process	Button	0
Continue	Continues the update process	Button	0
Exit	Exits ePEAP	Button	0
Ext	Phone extension number	Number	4
Fax	Fax number for the specific address code	Character	10
Handicap Access	Indicates by “Yes” or “No” whether address is handicapped accessible	Radio Button	0
Help	Describes the fields on the ePEAP window	Button	0
Home Office Address	Assigns new address as the Home Office address for current service location	Check Box	0
Mail to Address	Mail to Address for current service location	Check Box	0
Pay to Address	Pay to Address for current service location	Check Box	0
Phone	Phone number for the specific address code	Character	10
Reset	Resets the form	Button	0
Review/Submit	Opens the Review Your Changes window	Button	0
ePEAP Menu	Returns to the ePEAP menu window	Button	0

6.26.3 Accessibility and Use

To access the Edit Address-Related Information window and perform address maintenance tasks, complete the steps in the following step/action tables.

To Access the Edit Address-Related Information Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the Enrollment Information option.	The ePEAP Enrollment Information window opens.
4	Click the Address Information link.	The ePEAP Provider Address Information window opens.

Step	Action	Result
5	Click the Change Phone/Fax button.	The Edit Address-Related Information window opens.

To Change Address-Related Information

Step	Action	Result
1	Enter the new information in the Phone, Ext, and Fax fields.	
2	If the location is handicapped accessible, click Yes , otherwise click No .	
3	Assign Current Location nnnn as: Pay to Address Mail to Address Home Office Address	Check all boxes that apply. Preselected items cannot be removed; you can only add a function to this service location.
4	Click the Continue button.	The Review Your Changes window opens.

Other Options

Step	Action	Result
1	Click the Cancel button.	The update is cancelled and returns to the Provider Address Information window.
2	Click the Reset button.	The contents on this page are cleared.
3	Click the Address Menu button.	Returns to the Provider Address Information window.
4	Click ePEAP Menu .	Returns to the ePEAP Menu window.
5	Click the Help button.	Describes the fields on the ePEAP window.
6	Click the Review/Submit button.	The Review Your Changes window opens.
7	Click the Exit button.	Returns to the ePEAP Menu window.

6.27 ePEAP Manage Email Address

The ePEAP Manage Email Address window is used by providers to update the email address to which messages from the Medical Assistance program are sent.

This window is accessed from the PA PROMISe™ Internet Provider Main Page through the ePEAP (Provider Enrollment Automation Project) link, which opens the ePEAP Menu. Click the Enrollment Information link to open the Enrollment Information window, then the Address

Information link to open the Provider Address Information window. Click the “Change E-mail” link to open the Manage E-mail Address window.

Several edits ensure the validity of an email address. If an IP address is given instead of a symbolic name, the system ensures the IP address is valid. For domain names, the system verifies that the domain name is validly composed and contains a proper ending (a three-letter domain or a two-letter country code).

6.27.1 Layout

The screenshot displays the 'Manage E-mail Address' interface. At the top, there is a header for 'pennsylvania DEPARTMENT OF HUMAN SERVICES' and 'ePEAP'. Below this is a summary table of provider information:

Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Session time: 29 : 54 (left) and Tuesday 21 April 2015 08:29 am (right).

The main content area is titled 'Manage E-mail Address' and contains the following instructions:

Instructions
Add or update your e-mail address as needed. Then click 'Continue'.

Below the instructions is a form with the text: 'Your e-mail address for messages from the Medical Assistance Program:' followed by an input field containing 'samplename@gmail.com'. At the bottom of the form are three buttons: 'Continue', 'Cancel', and 'Reset'.

At the very bottom of the window is a navigation bar with buttons for 'Address Menu', 'ePEAP Menu', 'Help', 'Review/Submit', and 'Exit'.

6.27.2 Field Descriptions

Field	Description	Data Type	Length
Address Menu	Opens the Address Menu window	Button	0
Cancel	Cancels the update process	Button	0
Continue	Opens the Review Your Changes window	Button	0
Exit	Exits ePEAP	Button	0

Field	Description	Data Type	Length
Help	Describes the fields on the ePEAP window	Button	0
Reset	Resets the form	Button	0
Review/Submit	Opens the Review Your Changes window	Button	0
Your e-mail address for messages from the Medical Assistance Program:	Provider's legal entity e-mail address	Character	70
ePEAP Menu	Returns the ePEAP user to the ePEAP menu window	Button	0

6.27.3 Accessibility and Use

To access the Manage E-mail Address window and add or update your e-mail address, complete the steps in the following step/action tables.

To Access the Manage E-mail Address

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the Enrollment Information option.	The ePEAP Enrollment Information window opens.
4	Click the Address Information link.	The ePEAP Provider Address Information window opens.
5	Click the Change Email link.	The Manage E-mail Address window opens.

To Add or Modify E-mail Address:

Step	Action	Result
1	If an existing email address needs to be changed, highlight the existing e-mail address and press the Delete key.	Old e-mail address is deleted from the field.
2	Type in your new e-mail address.	

Step	Action	Result
3	Click the Continue button.	The Review Your Changes window opens.
4	Click the Continue To Make Changes button to continue with the change.	A confirmation window opens. Click Continue to return to the Enrollment Information window.

Other Options

Step	Action	Result
1	Click the Cancel button to cancel the change.	Opens the Provider Address Information window.
2	Click the Reset button.	Clears the e-mail field.
3	Click the Address Menu button.	Opens the Provider Address Information window.
4	Click ePEAP Menu .	Opens the ePEAP Menu window.
5	Click the Help button.	Describes the fields on the ePEAP window.
6	Click the Review/Submit button.	Opens the Review Your Changes window.
7	Click the Exit button.	Opens the ePEAP Menu.

6.28 ePEAP Fee Assignment Information

The ePEAP Fee Assignment Information window contains a menu of maintenance options for providers to use to manage fee assignment. From this window, the following options can be selected:

- Add a Group for Fee Assignment
- Manage Fee Assignments

This window is accessed from the PA PROMISe™ Internet Provider Main Page through the ePEAP (Provider Enrollment Automation Project) link, which opens the ePEAP Menu. Click the Enrollment Information link to open the Enrollment Information window, and then click the Fee Assignment Information link to open the Fee Assignment Information window.

6.28.1 Layout

The screenshot displays the ePEAP interface for a provider. At the top, there is a header with the Pennsylvania Department of Human Services logo and the ePEAP logo. Below the header, a yellow box contains provider details: Your Provider ID (100654321), NPI (1234567880), Service Location (0001, 555 SMITH STREET, HARRISBURG, PA 17010), and Provider Type (31, PHYSICIAN). It also shows the Status (Active), ePEAP Access (Full Access), and Revalidation Date (03/24/2016). Below this, a section titled "Fee Assignment Information" contains a text block explaining that users can add a group to assign fees to an account other than their own, and a yellow box with two blue buttons: "Add a Group for Fee Assignment" and "Manage Fee Assignments". At the bottom, a navigation bar includes buttons for "Enrollment Information", "ePEAP Menu", "Help", "Review/Submit", and "Exit".

6.28.2 Field Descriptions

Field	Description	Data Type	Length
Add a Group for Fee Assignment	Opens the ePEAP Add a Group for Fee Assignment window, used to add fee assignments for the current provider service location	Hyperlink	0
Enrollment Information	Opens the Enrollment Information window	Button	0
Exit	Exits ePEAP	Button	0
Help	Describes the fields on the ePEAP window	Button	0
Manage Assignment Info	Removes a group to end the fee assignment	Hyperlink	0
Review/Submit	Opens the Review Your Changes window	Button	0
ePEAP Menu	Opens the ePEAP Menu window	Button	0

6.28.3 Accessibility and Use

To access the ePEAP Fee Assignment Information window and update fee assignment information, complete the steps in the following step/action tables.

To Access the ePEAP Fee Assignment Information Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the Enrollment Information option.	The ePEAP Enrollment Information window opens.
4	Click the Fee Assignment Information link.	The ePEAP Fee Assignment Information window opens.

To Update Fee Assignment Information

Step	Action	Result
1	To add a fee assignment to a group, click the Add a Group for Fee Assignment link.	The Add a Group for Fee Assignment window opens.
2	To edit fee assignment information already assigned to a group, click the Manage Fee Assignment link.	The Fee Assignments window opens.

Other Options

Step	Action	Result
1	Click the Enrollment Information button.	Opens the Enrollment Information window.
2	Click the ePEAP Menu button.	Opens the ePEAP Menu.
3	Click the Help button.	Describes the fields on the ePEAP window.
4	Click the Review/Submit button.	Opens the Review Your Changes window.
5	Click the Exit button.	Opens the PA PROMISe™ Provider Main Page.

6.29 ePEAP Add a Group for Fee Assignment

The ePEAP Add a Group for Fee Assignment window is used by providers to add fee assignments for the current provider service location.

This window is accessed from the PA PROMISe™ Internet Provider Main Page through the ePEAP (Provider Enrollment Automation Project) link, which opens the ePEAP Menu. Click the Enrollment Information link to open the Enrollment Information window, then the Fee Assignment Information link to open the Fee Assignment Information window. Click the Add a Group for Fee Assignment link to display the Add a Group for Fee Assignment window.

6.29.1 Layout

Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Session time: 29 : 52 Tuesday 21 April 2015 08:48 am

Add a Group for Fee Assignment

1. Enter the Provider ID and Service Location of the Group to add.
2. Click 'Continue'.
3. Select the date to begin fee assignment.
4. Click 'Continue'.
5. Review Request and Submit.

Add this Group

Provider ID of Group: **Service Location of Group:**

Continue

Fee Assign Menu
ePEAP Menu
Help
Review/Submit
Exit

The following error message is displayed if there is a conflict between your provider type and specialty and the group being added for fee assignment. If this happens, and it is not a data entry error, please send an email to promise@state.pa.us with the subject line: “Enrollment - Fee Assignment,” detailing the assignment you are trying to complete.

This fee assignment is not allowed because your provider type and specialty do not correspond to the provider type and specialty of the Group.

Continue

6.29.2 Field Descriptions

Field	Description	Data Type	Length
Continue	Moves to the next logical page or form	Button	0
Exit	Exit ePEAP	Button	0
Fee Assign Menu	Returns the ePEAP user to the Fee Assignment window	Button	0
Help	Describes the fields on the ePEAP window	Button	0
Provider ID of Group	Provider identification number of the group	Number	9
Review/Submit	Opens the Review Your Changes window	Button	0
Service Location of Group	Service location of the group	Character	4
ePEAP Menu	Returns the ePEAP user to the ePEAP menu window	Button	0

6.29.3 Accessibility and Use

To access the ePEAP Add a Group for Fee Assignment window and add a group, complete the steps in the following step/action tables.

To Access the Add a Group for Fee Assignment Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the Enrollment Information option.	The ePEAP Enrollment Information window opens.
4	Click the Fee Assignment Information link.	The ePEAP Fee Assignment Information window opens.
5	Click the Add A Group For Fee Assignment link.	The ePEAP Add A Group For Fee Assignment window opens.

To Add a Group for Fee Assignment Information

Step	Action	Result
1	Enter the provider ID number of the group being added in the Provider ID of Group field.	
2	Enter the service location number of the group being added in the Service Location of Group field.	
3	Click the Continue button.	The Review Your Changes window opens. Click Continue to return to the Enrollment Information window.

Other Options

Step	Action	Result
1	Click the Fee Assignment Menu button.	Opens the Fee Assignment Menu window.
2	Click the ePEAP Menu button.	Opens the ePEAP Menu window.
3	Click the Help button.	Describes the fields on the ePEAP window.
4	Click the Review/Submit button.	The request summary is reviewed and submitted.
5	Click the Exit button.	Opens the PA PROMISe™ Provider Main Page.

6.30 ePEAP Manage Fee Assignments

The ePEAP Manage Fee Assignments window lists the fee assignments for the current provider service location, and selects fee assignments to be terminated.

This window is accessed from the PA PROMISe™ Internet Provider Main Page through the ePEAP (Provider Enrollment Automation Project) link, which opens the ePEAP Menu. Click the Enrollment Information link to open the Enrollment Information window, then the Fee Assignment Information link to open the Fee Assignment Information window. Click the Manage Fee Assignments link to display the window.

6.30.1 Layout (Initial)


pennsylvania
DEPARTMENT OF HUMAN SERVICES
ePEAP

Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Session time: 29 : 45
Tuesday 21 April 2015 08:48 am

Manage Fee Assignments

Instructions

1. Select the fee assignment you wish to terminate.
2. Select the date to terminate the fee assignment.
3. Review your Pay to Address and change if needed.

Active Fee Assignments

	Group ID	Svc Loc	Group Name	Begin Date	End Date
select	100999888	0083	HARRISBURG GENERAL HOSPITAL	03/03/2000	12/31/2299

Fee Assign Menu	ePEAP Menu	Help	Review/Submit	Exit
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6.30.2 Layout (After Selection)



pennsylvania
DEPARTMENT OF HUMAN SERVICES



Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001 555 SMITH STREET, HARRISBURG, PA 17010			
Provider Type	31	PHYSICIAN	Revalidation Date	03/24/2016

Session time: 29 : 52
Tuesday 21 April 2015 08:52 am

Manage Fee Assignments

Instructions

1. Select the fee assignment you wish to terminate.
2. Select the date to terminate the fee assignment.
3. Review your Pay to Address and change if needed.

Active Fee Assignments

Group ID	Svc Loc	Group Name	Begin Date	End Date
100999888	0083	HARRISBURG GENERAL HOSPITAL	03/03/2000	12/31/2299

End Date:

Fee Assign Menu
ePEAP Menu
Help
Review/Submit
Exit

6.30.3 Field Descriptions

Field	Description	Data Type	Length
Begin Date	Date when current provider service location began fee assignment to the group	Date (CCYYMMDD)	8
End Date	Date when current provider service location will end fee assignment to the group	Date (CCYYMMDD)	8
Exit	Exits ePEAP	Button	0
Fee Assign Menu	Opens the Fee Assignment window	Button	0
Group ID	Provider ID number of the group	Number	9
Group Name	Activates a provider group name	Character	50
Help	Describes the fields on the ePEAP window	Button	0

Field	Description	Data Type	Length
Review/Submit	Opens the Review Your Changes window	Button	0
Svc Loc	Service location of the group	Character	4
ePEAP Menu	Opens the ePEAP menu window	Button	0

6.30.4 Accessibility and Use

To access the ePEAP Manage Fee Assignment window and terminate an active fee assignment, complete the steps in the step/action table(s).

To Access the Manage Fee Assignment Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the Enrollment Information option.	The ePEAP Enrollment Information window opens.
4	Click the Fee Assignment Information link.	The ePEAP Fee Assignment Information window opens.
5	Click the Manage Fee Assignments link.	The ePEAP Manage Fee Assignments window opens.

Terminate a Fee Assignment

Step	Action	Result
1	Click the Select link next to the fee assignment to be terminated from the list in the Active Groups box.	The window expands to include fields in which this information can be edited.
2	Highlight the Fee Assignment you wish to terminate.	
3	Select the End Date on which to terminate the fee assignment.	The End Date is displayed.
4	Click the Continue button.	The Review Your Changes window opens. Click Continue to return to the Enrollment Information window.

Other Options

Step	Action	Result
1	Click the Fee Assignment Menu button.	Return to the Fee Assignment Menu window.
2	Click the ePEAP Menu button.	Return to the ePEAP Menu window.
3	Click the Help button.	Describes the fields on the ePEAP window.
4	Click the Review/Submit button.	Opens the Review Your Changes window.
5	Click the Exit button.	The ePEAP Main window opens.

6.31 ePEAP Manage NPI Taxonomy

The ePEAP Manage NPI Taxonomy window is used to capture a provider's NPI number and associated taxonomy codes.

If the NPI is not currently on file, the NPI field will appear blank and be available for data entry. If the NPI is on file, the NPI field will display the value and will be read-only.

All potentially valid taxonomy codes and descriptions for the provider will appear below the NPI field with a corresponding checkbox. Taxonomy codes that are already associated with the NPI and are active will be checked. To check the valid combinations of provider type/specialty to taxonomy codes, see the [Provider Type and Specialty to Taxonomy Crosswalk](#) on the DHS website.

This window can be accessed from the PA PROMISe™ Internet Provider Main Page and select ePEAP (Provider Enrollment Automation Project). From here, select Enrollment Information and then Manage NPI/Taxonomy Codes.

This window is accessible by the provider community.

6.31.1 Layout


pennsylvania
DEPARTMENT OF HUMAN SERVICES


Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001 555 SMITH STREET, HARRISBURG, PA 17010			
Provider Type	31	PHYSICIAN	Revalidation Date	03/24/2016

Session time: 28 : 29 Tuesday 21 April 2015 08:58 am

Manage NPI and Taxonomy Codes

1. Select one or more applicable taxonomy codes.
 2. Click "Continue".
 3. Review Request and Submit.

NPI:

193200000X - GROUP : MULTI-SPCLTY : DEFAULT SPCLTY CD	<input checked="" type="checkbox"/>
193400000X - GROUP : SINGLE-SPCLTY : DEFAULT SPCLTY CD	<input checked="" type="checkbox"/>
202K00000X - ALLOPATHIC & OSTEO. PHYSICIANS : PHLEBOLOGY : DEFAULT SPCLTY CD	<input type="checkbox"/>
204F00000X - ALLOPATHIC & OSTEO. PHYSICIANS : TRANSPLANT SURGERY : DEFAULT SPCLTY CD	<input type="checkbox"/>
207ND0101X - ALLOPATHIC & OSTEO. PHYSCNS : DERMATOLOGY : MOHS MICROGRAPHIC SURGERY	<input type="checkbox"/>
207NS0135X - ALLOPATHIC AND OSTEOPATHIC PHYSICIANS : DERMATOLOGY : PROCEDURAL	<input type="checkbox"/>

Note: Once you have associated an NPI with your Provider ID and Service Location, it cannot be updated or removed via ePEAP. Instead, it will be necessary to mail a written request to DPW with supporting documentation for review.

Enrollment Information
ePEAP Menu
Help
Exit

Error Messages:

The number entered is not a valid NPI number. Please verify and re-enter.

The above error message is displayed if the NPI number you entered is invalid (this would occur if the number was keyed in error):

The entered NPI# cannot be associated with the service location to which you are logged in. Please refer to your ePEAP Manual for handling.

The above error message is displayed if there is a conflict between the 13-digit Provider ID number to which you are logged in and the NPI number you are entering. If you receive this message, please contact Provider Enrollment at PROMISe@state.pa.us, with a subject line of “NPI registration problem.” In your email, please include the error message text and number, details about the entry, as well as a contact name and phone number.

The NPI/taxonomy/zip code combination is already being used.

The same NPI/taxonomy/nine-digit ZIP Code combination can only be associated with one service location. The above error message will be displayed if you attempt to associate this same combination with another service location. If you receive this error message, please contact Provider Enrollment at PROMISe@state.pa.us, with a subject line of “NPI registration problem.” In your email, please include the error message text and number, details about the entry, as well as a contact name and phone number.

6.31.2 Field Descriptions

Field	Description	Data Type	Length
Cancel	End manage NPI Taxonomy request	Button	0
Continue	Moves to the next logical page or form	Button	0
NPI	Text entry field for the service location NPI. Read only if already on file in PROMISe™	Character	10
Reset	Restores the page to initial values	Character	2000
Taxonomy Code	Unlabeled field. New instance for each active taxonomy code on file	Character	10
Taxonomy Code Selector	Unlabeled field. New instance for each active taxonomy on file	N/A	0
Taxonomy Description	Unlabeled field. New instance for each active taxonomy on file	Character	50

6.31.3 Accessibility and Use

To access the ePEAP Manage NPI and Taxonomy Codes window, complete the steps in the step/action table(s).

To Access the Manage NPI and Taxonomy Codes Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.

Step	Action	Result
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the Enrollment Information option.	The ePEAP Enrollment Information window opens.
4	Click the Manage NPI / Taxonomy link.	The ePEAP Manage NPI and Taxonomy Codes window opens.

To Add an NPI (National Provider Identifier Code)

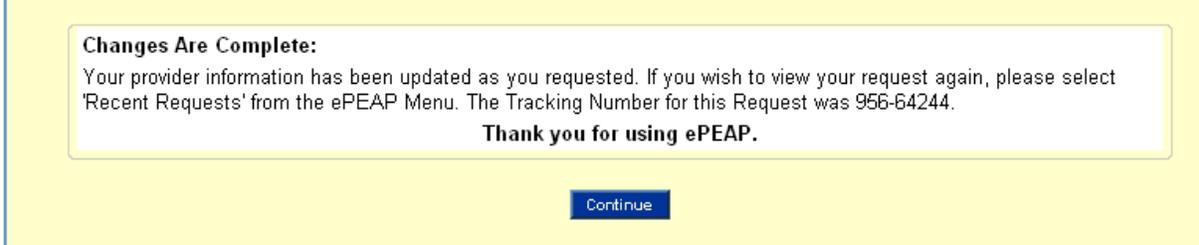
(Available only if an NPI Code has not been previously associated with a provider and service location combination.) Once you have associated an NPI number with your Provider ID and Service Location, it cannot be updated or removed via ePEAP. Instead, you must mail a written request to DHS, with supporting documentation, for review.

Step	Action	Result
1	Enter a valid NPI number in the Manage NPI and Taxonomy Codes window: Note: If an NPI number has already been added, the NPI field will be read-only and not accessible.	
2	Click the applicable check box(es) to select one or more taxonomy codes. This window will only display the taxonomies valid for the registered Provider Type and Specialty combination. If the taxonomy related to your provider type/specialty does not appear, contact Provider Enrollment via email at PROMISe@state.pa.us , with a subject line “Taxonomy Discrepancy,” to verify the provider type and specialty codes associated with this service location.	
3	Click the Continue button.	The Review Your Changes window opens.
4	Review the entered information. If ready to process, click Submit Changes .	The Contact Information window opens.
5	Complete the requested contact information fields. (Name, Phone, and E-Mail are required fields.) Click Submit .	A confirmation window is displayed:

Step	Action	Result
6	As noted in the window above, forward a copy of your NPI assignment documentation to the listed address, and include a printout of the page showing your Provider ID, Service Location, and NPI number. This information is required to validate your NPI assignment. If documentation is not received, claims may be rejected.	
7	Click the Continue button.	The ePEAP Main Menu window opens.
<p>Note: Until the NPI number is validated by DHS, a red "Pending" label will display next to the NPI field on all window headers.</p>		

To Add or Change Taxonomy Codes

Step	Action	Result
1	Click the Manage NPI / Taxonomy link.	The ePEAP Manage NPI and Taxonomy Codes window opens.
2	Select new taxonomy code(s) to be added by clicking the check box(es) next to the code. Remove existing taxonomy codes by clicking the check box(es) next to the code to remove the check mark. This window will only display the taxonomies valid for the registered Provider Type and Specialty combination.	
3	Click the Continue button.	The Review Your Changes window opens.
4	Review the entered information. If ready to process, click Submit Changes .	The Contact Information window opens.
5	Complete the requested contact information fields. (Name, Phone, and E-Mail are required fields.) Click Submit .	The following Changes are Complete window is displayed:

Step	Action	Result
		
3	Click the Continue button.	The ePEAP Main Menu window opens.

Other Options

Step	Action	Result
1	Click the Enrollment Information button.	Return to the Enrollment Information window.
2	Click the ePEAP Menu button.	Return to the ePEAP Menu window.
3	Click the Help button.	Describes the fields on the ePEAP window.
4	Click the Exit button.	The ePEAP Main window opens.
5	Click the Cancel button.	Cancels all entries/changes and returns to the Enrollment Information window.
6	Click the Reset button.	Cancels all entries/changes but leaves the Manage NPI and Taxonomy Codes window open.

6.32 ePEAP Review Changes

The ePEAP Review Changes window is used to review and submit data update requests that were entered during the current ePEAP session.

This window can be accessed from the PA PROMISe™ Internet Provider Main Page by selecting ePEAP (Provider Enrollment Automation Project). From here, select Enrollment Information and then click the **Review/Submit** button. In addition, this window is automatically displayed each time the user makes a valid change and clicks the **Continue** button on any other ePEAP window.

6.32.1 Layout



pennsylvania
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Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Session time: 29 : 44 Tuesday 21 April 2015 09:00 am

Review Your Changes

This is a summary of your requests. Please review this information for accuracy.

When you are satisfied, click Continue. To modify a request item - return to that page.

Changes Requested

For Provider ID 001584011, GARGUILO GERARD A

Service Location 0001

Add Taxonomy

193200000X - GROUP : MULTI-SPCLTY ; DEFAULT SPCLTY CD
193400000X - GROUP : SINGLE-SPCLTY ; DEFAULT SPCLTY CD

After reviewing and clicking the **Submit Changes** button, the following window will display:

The screenshot shows the Pennsylvania Department of Human Services ePEAP interface. At the top, there is a header with the Pennsylvania logo and 'DEPARTMENT OF HUMAN SERVICES' on the left, and the 'ePEAP' logo on the right. Below the header is a summary table of provider information:

Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001 555 SMITH STREET, HARRISBURG, PA 17010			
Provider Type	31	PHYSICIAN	Revalidation Date	03/24/2016

Below the table, it shows 'Session time: 29 : 51' on the left and 'Tuesday 21 April 2015 09:10 am' on the right.

The main content area is titled 'Review Your Changes' and contains a section for 'Contact Information'. A message states: 'This information may be used to contact you about this request. This information will not be used for any other purpose.'

The contact information form includes the following fields:

- Name**: * Sample Name (with a close button 'x')
- Phone**: * (717) 555 - 0001
- Fax**: (717) 555 - 0002
- E-mail**: * samplename@gmail.com

At the bottom of the form are three buttons: **Submit**, **Cancel**, and **Reset**. Below the buttons, it says '* = Required'.

At the very bottom of the interface, there is a footer bar with three buttons: **ePEAP Menu**, **Help**, and **Exit**.

After completing the Contact Information and clicking the **Submit** button, the following window will display.

The screenshot shows the Pennsylvania Department of Human Services ePEAP interface. At the top, there is a header with the state logo and the text "pennsylvania DEPARTMENT OF HUMAN SERVICES" and "ePEAP". Below the header is a table of provider information:

Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Below the table, there is a message box with the following text:

Changes Are Complete:
 Your provider information has been updated as you requested. If you wish to view your request again, please select 'Recent Requests' from the ePEAP Menu. The Tracking Number for this Request was 5302-66000.
Thank you for using ePEAP.

A "Continue" button is located below the message box. At the bottom of the interface, there are three buttons: "ePEAP Menu", "Help", and "Exit".

The following message is displayed if your request cannot be updated immediately. DHS will review and process the request manually.

The screenshot shows a message box with the following text:

Your request has been submitted to DPW for review. View request status at Recent Requests on the ePEAP Menu.

Tracking Number: 771-64145

A "Continue" button is located below the message box.

6.32.2 Field Descriptions

Field	Description	Data Type	Length
Cancel	Cancels the update process	Button	0
Cancel All Changes	Cancels all entered ePEAP change requests	Button	0
Continue	Continues the update process	Button	0
Continue to Make Changes	Continues the ePEAP update process	Button	0
Email	The email address of the contact person for the ePEAP change request	Character	35
Exit	Exits ePEAP	Button	0
Fax	The fax number of the contact person for the ePEAP change request	Character	10

Field	Description	Data Type	Length
Help	Describes the fields on the ePEAP window	Button	0
Name	The name of the contact person for the ePEAP change request	Character	35
Phone	The phone number of the contact person for the ePEAP change request	Character	10
Reset	Resets the form	Button	0
Submit Changes	Submits all entered ePEAP change requests	Button	0
ePEAP Menu	Navigates to the ePEAP Menu Window	Button	0

6.32.3 Accessibility and Use

To access the ePEAP Review Your Changes window and review, approve, and submit your changes, complete the steps in the following step/action tables.

To Access the Review Your Changes Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select and process one of the Menu options to change provider information. After requesting and submitting changes, this window will open.	The Review Your Changes Window opens.

To Review, Approve, and Submit Your Changes

Step	Action	Result
1	Review the displayed information for accuracy.	
2	If displayed information is correct and no other changes are required, click the Submit Changes button.	The Contact Information window is displayed.
3	If additional changes are required, click the Continue to Make Changes button.	The previous maintenance window will be displayed.
4	To cancel all entered changes, click the Cancel button.	The message “This request has been cancelled” is displayed.

To Enter Contact Information

Step	Action	Result
1	Enter the following information in the Contact Information window: <ul style="list-style-type: none"> • Name (required) • Phone (required) • Fax • E-mail (required) 	
2	If the displayed information is correct, click the Submit button.	The message “Changes Are Complete” is displayed.
3	To clear the entered information, click the Reset button.	
4	To cancel the requested changes, click the Cancel button.	The previous maintenance window is displayed.

6.33 ePEAP Recent Request Window

The ePEAP Recent Request window is used to track a provider’s open requests in the ePEAP system. The details of individual requests can be viewed, open requests can be cancelled, and messages can be sent to DHS requesting information regarding the status of a request.

This window can be accessed from the PA PROMISe™ Internet Provider Main Page and then select ePEAP (Provider Enrollment Automation Project). From here, select Recent Requests to display the Recent Requests window.

6.33.1 Layout

The screenshot displays the ePEAP interface for a provider. At the top, there is a header with the Pennsylvania Department of Human Services logo and the ePEAP logo. Below the header, a yellow box contains provider details:

Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	View Taxonomy View Specialties	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Below the provider information, the text "Recent Requests" is centered. Underneath, a table lists recent requests:

Options	Tracking #	Submit Date	Status
View	5302-66000	4/21/2015 9:08:52 AM	Complete

At the bottom of the window, there is a yellow bar with three buttons: "ePEAP Menu", "Help", and "Exit".

The following window is displayed after selecting a request and clicking “View.”



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Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001 555 SMITH STREET, HARRISBURG, PA 17010			
Provider Type	31	PHYSICIAN	Revalidation Date	03/24/2016

Session time: 29 : 53 Tuesday 21 April 2015 09:13 am

Recent Requests

Options	Tracking #	Submit Date	Status
View	5302-66000	4/21/2015 9:08:52 AM	Complete

About this Request:	Date Closed	04/21/2015 at 9:08 AM	
	Tracking Number	5302-66000	

Contact Information:			
Name	Sample Name	Phone	717-555-0001
E-mail	samplename@gmail.com	Fax	717-555-0002

Changes Requested

For Provider ID 001584011, GARGUILO GERARD A

Service Location 0001

Add Taxonomy

202K00000X - ALLOPATHIC & OSTEO. PHYSICIANS :
 PHLEBOLOGY : DEFAULT SPCLTY CD
 204F00000X - ALLOPATHIC & OSTEO. PHYSICIANS :
 TRANSPLANT SURGERY : DEFAULT SPCLTY CD

ePEAP Menu
Help
Exit

6.33.2 Field Descriptions

Field	Description	Data Type	Length
Cancel	Cancels the selected request	Hyperlink	0

Field	Description	Data Type	Length
Contact	Displays a message area at bottom of window. Through message area, user may submit a message to DHS regarding the selected request	Hyperlink	0
Exit	Exit ePEAP	Button	0
Help	Describes the fields on the ePEAP window	Button	0
Options	Options available for request	Character	4
Status (Recent Rqst)	Identifies the current status of a request. A request may have the status of Received, In-Process, Complete, Rejected, or Withdrawn	Character	10
Submit Date	Date request was submitted	Date (CCYYMMDD)	8
Tracking #	Identifies requests submitted through ePEAP; displays as a link to a request document	Character	10
View	Displays selected request at bottom of window	Hyperlink	0
ePEAP Menu	Opens the ePEAP menu window	Button	0

6.33.3 Accessibility and Use

To access the ePEAP Recent Requests window and view, cancel or submit a message to DHS, complete the steps in the following step/action tables.

To Access the ePEAP Recent Request window

Step	Action	Result
1	Select Recent Requests from the ePEAP Menu.	The Recent Requests window opens.

View Recent Requests

Step	Action	Result
1	Click the View link next to the request to view.	The request you selected will be displayed below the request list.

Contact DHS

Step	Action	Result
1	To contact DHS regarding the status of an In-Process request, click the Contact link.	The Contact DHS message form opens.
2	Type the message in the Message field.	

Step	Action	Result
3	To clear any entered text, click the Clear Message button.	The entered text is erased.
4	To send the message to DHS, click the Send Message button.	The message is forwarded to DHS for review.

Cancel Requests

Step	Action	Result
1	Click the Cancel link next to the request to be cancelled.	The request you selected will be cancelled.

Other Options

Step	Action	Result
1	Click the ePEAP Menu button.	Opens the ePEAP Menu.
2	Click the Help button.	Describes the fields on the Recent Requests window.
3	Click the Exit button.	Opens the PA PROMISe™ Provider Main Page.

6.34 ePEAP Terminate Medical Assistance Participation

You can use the ePEAP Terminate Medical Assistance Participation window to end your Medical Assistance participation at a service location. This window is accessed by clicking the **Terminate MA Enrollment** link in the ePEAP Menu.

6.34.1 Layout

The screenshot shows the ePEAP interface for a Pennsylvania Department of Human Services provider. At the top, there is a header with the Pennsylvania logo and 'DEPARTMENT OF HUMAN SERVICES' on the left, and the 'ePEAP' logo on the right. Below the header is a yellow box containing provider details:

Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Below the provider information, there is a session time indicator: 'Session time: 29 : 55' on the left and 'Tuesday 21 April 2015 09:14 am' on the right.

The main content area is titled 'Terminate Medical Assistance Participation'. It contains a box with the following instructions:

To terminate your participation as an MA Provider at this Service Location:

1. Enter an End Date.
2. Optionally, enter Comment.

Below the instructions is a form with the following fields:

- Provider ID: 001584011
- Service Location: 0001
- Effective End Date: April (dropdown), 21 (dropdown), 2015 (dropdown)

At the bottom of the form are two buttons: 'Continue' and 'Cancel'. At the very bottom of the interface is a yellow bar with three buttons: 'ePEAP Menu', 'Help', and 'Exit'.

6.34.2 Field Descriptions

Field	Description	Data Type	Length
Cancel	End termination request	Button	0
Continue	Opens the Review Your Changes window	Button	0
Effective End Date	Date provider officially terminates enrollment as a Medical Assistance provider	Drop-down List Box	14
Exit	Exit ePEAP	Button	0
Help	Describes the fields on the ePEAP window	Button	0
ePEAP Menu	Returns the user to the ePEAP menu window	Button	0
Provider ID	Nine-digit provider number	Character	9
Service Location	Four-digit service location number	Character	4

6.34.3 Accessibility and Use

To access the ePEAP Terminate Medical Assistance Participation window and terminate your participation as a MA provider at this service location, complete the steps in the following step/action tables.

To Access the ePEAP Terminate Medical Assistance Participation Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the Terminate MA Enrollment option.	The ePEAP Terminate Medical Assistance Participation window opens.

To Terminate Your Participation as a MA Provider at this Service Location

Step	Action	Result
1	Select an Effective End Date (month, day, and year) from the drop-down box.	
2	Click the Continue button.	The Review Your Changes window opens to verify your request.
3	Click the Cancel button.	This enrollment termination process will be ended and will not complete.
4	Click the Continue To Make Changes button to make additional changes.	Opens the ePEAP Menu.
5	Click the Cancel All Changes button to cancel all changes.	The message “This request has been cancelled” is displayed. Click the Continue button to return to the ePEAP menu window.
6	Click the Submit Changes button to submit the changes.	Request for MA enrollment termination is submitted.

Other Options

Step	Action	Result
1	Click the ePEAP Menu button.	Opens the ePEAP Menu window.
2	Click the Help button.	Describes the fields on the Recent Requests window.
3	Click the Exit button.	Opens the PA PROMISe™ Provider Main Page.

6.35 ePEAP Manage Remittance Advice

The Manage Remittance Advice window is used by providers to suppress or reinstate mail delivery of paper Remittance Advices (RAs).

This window is accessed by clicking the **Manage Remittance Advice** link in the ePEAP Menu.

6.35.1 Layout (Manage Remittance Advice Only)

The screenshot shows the 'Manage Remittance Advice (RA)' page. At the top, there is a header with the Pennsylvania Department of Human Services logo and the ePEAP logo. Below the header is a table with provider information:

Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Below the table, there is a session time of 29 : 40 and a timestamp of Tuesday 21 April 2015 09:16 am. The main heading is 'Manage Remittance Advice (RA)'. Below this is a box containing instructions for Remittance Advice:

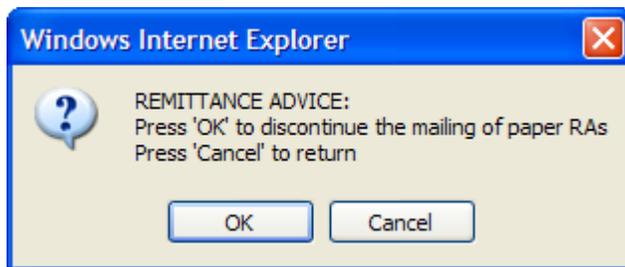
Remittance Advice:

1. Select an RA option.
2. If the 'On-Line' option is selected, you will not receive RAs by mail.
3. If 'US Mail' is selected, the RAs will be sent by mail, after your request has been processed.
4. Changes will be effective with the next Remittance Advice cycle.
5. Click 'Continue' to proceed with the change.

NOTE: With either RA option, you can still view your RAs on this website.

Below the instructions is a yellow box titled 'REMITTANCE ADVICE' with the following text: 'Remittance advices are available on-line through the PROMISe website. Do you wish to:'. There are two radio button options: 'Access RAs on-line through PROMISe and eliminate receipt of paper RAs' (unselected) and 'Receive paper RAs via US mail' (selected). At the bottom of this box are 'Continue' and 'Cancel' buttons. At the very bottom of the page are 'ePEAP Menu', 'Help', and 'Exit' buttons.

Confirmation Window – Remittance Advice



6.35.2 Field Descriptions

Field	Description	Data Type	Length
Access RAs on-line...	Select to receive RAs on-line	Radio Button	0
Cancel	Sends user back to previous window	Button	0
Continue	Forwards user to Review Request window	Button	0
My Email address is:	Display/update 'mail-to' email address	Character	100
NPI	NPI of the group	Character	10
Receive paper RAs via US mail	Select to receive RAs by US mail	Radio Button	0
Retype Email address:	Confirm email address is correct	Character	100
View Specialties	Opens a window displaying the specialty code(s) associated with the provider service location	Hyperlink	
View Taxonomy	Opens a window displaying the taxonomy code(s) associated with the NPI	Hyperlink	0

6.35.3 Accessibility and Use

To access the ePEAP Manage Remittance Advice window and manage the delivery of Medical Assistance Remittance Advices, complete the steps in the following step/action tables.

To Access the ePEAP Manage Remittance Advice Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the Manage Remittance Advice option.	The ePEAP Manage Remittance Advice window opens.

To Discontinue Delivery of Paper Remittance Advices

Step	Action	Result
1	Click on the Access RAs on-line through PROMISe™ and eliminate receipt of paper RAs radio button to discontinue delivery of paper RAs.	
2	Click Continue to process the request.	The Remittance Advice Confirmation pop-up window appears.

Step	Action	Result
3	Press OK to terminate the mailing of paper RAs or Cancel to return.	The Review Your Changes window is displayed.

To Restart Delivery of Paper Remittance Advices

Step	Action	Result
1	Click on the Receive paper RAs via US mail radio button to restart delivery of paper RAs.	
2	Click Continue to process the request.	The Review Your Changes window is displayed.

6.36 ePEAP Active Service Location

The Active Service Locations window is used by providers to display all active Service Locations for the provider. This window is accessed by clicking the **Active Service Locations** link in the ePEAP Menu.

6.36.1 Layout

Session time: 29 : 39

Active Service Locations for MAID # 1006546321

Service Location	Revalidation Date	NPI	Physical Site Address	Options	Medicare Indicator
0002	05/09/2016		SAMPLE NAME 225 GRANDVIEW AVE CAMP HILL, PA 17011-1712	(View Specialties)	
0001 (Currently Logged In)	05/09/2016		SAMPLE NAME 555 SMITH STREET HARRISBURG, PA 17010	(View Specialties)	
0005	05/09/2016		SAMPLE NAME 1073 MARKET ST CAMP HILL, PA 17011-	(View Specialties)	
0004	05/09/2016		SAMPLE NAME 603 FAIRWAY DR CAMP HILL, PA 17011-2026	(View Specialties)	
0003	05/09/2016		SAMPLE NAME 100 E MAIN ST CAMP HILL, PA 17011-6311	(View Specialties)	

[ePEAP Menu](#) [Help](#) [Exit](#)

6.36.2 Field Descriptions

Field	Description	Data Type	Length
Exit	Exit ePEAP	Button	0
ePEAP Menu	Opens the ePEAP menu window	Button	0
Help	Describes the fields on the ePEAP window	Button	0
NPI	National Provider Identifier	Number	10
Physical Site Address	Street address associated with a service location. The address consists of the following items: <ul style="list-style-type: none"> • Name • Address Line 1 • Address Line 2 • City • State • Zip (10 digit) 		
Revalidation Date	Date the provider Service Location completed revalidation	Date (CCYYMMDD)	8
Service Location	Number assigned to an individual service location	Character	4
View Specialties	Opens the Specialties window for the selected service location	Hyperlink	0
View Taxonomy	Opens the Taxonomy window for the selected service location	Hyperlink	0

6.36.3 Accessibility and Use

To access the ePEAP Active Service Locations window, view all service locations associated with a provider ID, and review specialties or taxonomy codes associated with a service location, complete the steps in the following step/action tables.

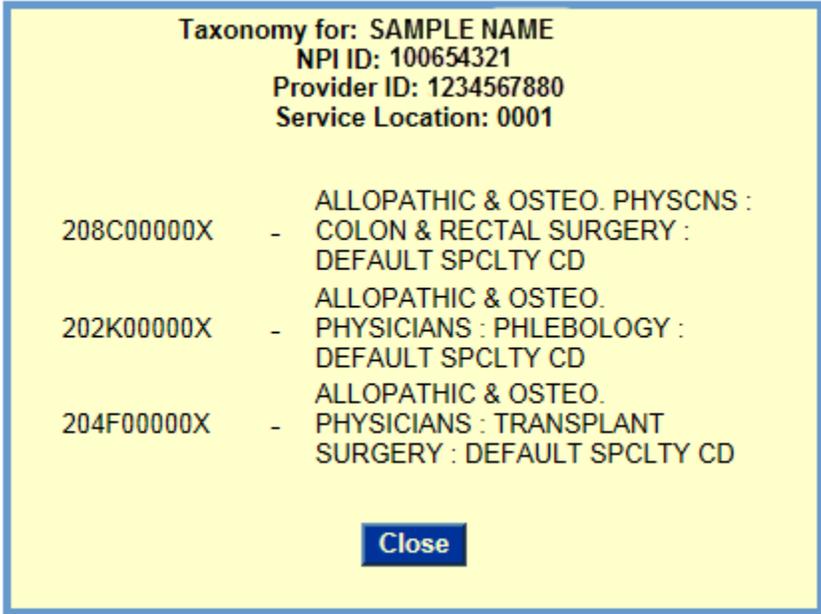
To Access the ePEAP Active Service Locations Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the Active Service Locations option.	The ePEAP Active Service Locations window opens.

To View Specialties Associated With a Service Location

Step	Action	Result
1	Click on the View Specialties link for the requested Service Location.	The following pop-up window opens:
		

To View Taxonomy Codes Associated With a Service Location

Step	Action	Result
1	Click on the View Taxonomy link for the requested Service Location.	The following pop-up window opens:
		

6.37 ePEAP SelectPlan for Women Directory

The SelectPlan for Women Directory window is used by providers of certain provider types to manage their inclusion in the SelectPlan for Women directory. This window is accessed by clicking the **SelectPlan for Women Directory** link in the ePEAP Menu.

The Active Service Locations window is used by providers to display all active Service Locations for the provider. This window is accessed by clicking the **Active Service Locations** link in the ePEAP Menu.

6.37.1 Layout



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DEPARTMENT OF HUMAN SERVICES



Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Session time: 29 : 52
Tuesday 21 April 2015 09:48 am

SelectPlan for Women Directory

SelectPlan for Women Directory:

SelectPlan for Women is an MA benefit that covers family planning and related services to help women stay healthy. SelectPlan for Women services are provided under the Fee-for-Service (FFS) delivery system, even if you are in a managed care zone. For more details about this program you may access Provider Quicktip #73 available here: <http://www.dpw.state.pa.us/Resources/Documents/Pdf/Publications/QuickTips/PROMISeQuickTip73.pdf>, or, visit the SelectPlan for Women website: www.selectplanforwomen.state.pa.us.

An online directory is available on the SelectPlan for Women website, to help SelectPlan for Women recipients select a medical provider for family planning services. Whether or not you are currently listed in the SelectPlan for Women directory will be indicated below. If you wish to change your status from what is currently indicated, please check the appropriate box.

Please note: all requested changes will be reflected in the directory the day following the request.

You are not currently enrolled in the SelectPlan for Women Directory. To be added to the directory, select the check box below:

I wish to be included in the SelectPlan for Women Directory

Continue
Cancel

ePEAP Menu
Help
Exit

6.37.2 Field Descriptions

Field	Description	Data Type	Length
Exit	Exit ePEAP	Button	0
ePEAP Menu	Opens the ePEAP menu window	Button	0
Help	Describes the fields on the ePEAP window	Button	0
NPI	National Provider Identifier	Number	10
Physical Site Address	Street address associated with a service location	Character	78

Field	Description	Data Type	Length
Service Location	Number assigned to an individual service location	Character	4
View Specialties	Opens the Specialties window for the selected service location	Hyperlink	0
View Taxonomy	Opens the Taxonomy window for the selected service location	Hyperlink	0
I wish to be included...	Select to be included in the SelectPlan for Women directory	Checkbox	0
I wish to be removed...	Select to be removed from the SelectPlan for Women directory	Checkbox	0
Continue	Moves to the next page	Button	0
Cancel	Cancels the transaction	Button	0

6.37.3 Accessibility and Use

To access the ePEAP SelectPlan for Women Directory window, add your service location to the directory, or remove your service location from the directory, complete the steps in the following step/action tables.

To Access the ePEAP SelectPlan for Women Directory Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 1.5 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the ePEAP (Provider Enrollment Automation Project) link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the SelectPlan for Women Directory link.	The ePEAP SelectPlan for Women Directory window opens.

To Add Service Location to the Directory

Step	Action	Result
1	Click to place a checkmark next to “I wish to be included in the SelectPlan for Women Directory”.	
2	Click Continue to process the request.	The Review Your Changes Summary window opens.

Step	Action	Result						
	<p style="text-align: center;">Review Your Changes</p> <div style="border: 1px solid gray; padding: 10px; margin: 10px auto; width: 80%;"> <p style="background-color: #ffffcc; padding: 5px;">This is a summary of your requests. Please review this information for accuracy.</p> <p>When you are satisfied, click Continue. To modify a request item - return to that page.</p> <p style="text-align: center;"> Continue to Make Changes Cancel All Changes Submit Changes </p> <p style="text-align: center; color: #008080; font-weight: bold; font-size: 1.2em;">Changes Requested</p> <p style="text-align: center; color: #008080;">For Provider ID 100654321, SAMPLE NAME</p> <p style="text-align: center; color: #008080;">Service Location 0001</p> <hr style="border: 0.5px solid #008080;"/> <p style="color: #008080; font-weight: bold;">Change SelectPlan for Women Directory</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Current</th> <th style="width: 35%; text-align: center;">Requested</th> </tr> </thead> <tbody> <tr> <td>SelectPlan Directory</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Yes</td> </tr> </tbody> </table> <p style="text-align: center;"> Continue to Make Changes Cancel All Changes Submit Changes </p> </div> <p style="background-color: #ffffcc; text-align: center; padding: 5px; margin-top: 10px;"> ePEAP Menu Help Exit </p>		Current	Requested	SelectPlan Directory	No	Yes	<p style="text-align: center;">The Review Your Changes Contact Information window opens.</p>
	Current	Requested						
SelectPlan Directory	No	Yes						
3	Click the Submit Changes button to include the Service Location in the directory.							

Step	Action	Result
<p>Review Your Changes</p> <div style="border: 1px solid gray; padding: 10px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">Contact Information</p> <p style="text-align: center;">This information may be used to contact you about this request. This information will not be used for any other purpose.</p> <div style="border: 1px solid blue; background-color: #ffffcc; padding: 10px; margin: 10px auto; width: 90%;"> <p>Name * <input type="text" value="SAMPLE NAME"/></p> <p>Phone * (<input type="text" value="717"/>) <input type="text" value="555"/> - <input type="text" value="0001"/></p> <p>Fax (<input type="text" value="717"/>) <input type="text" value="555"/> - <input type="text" value="0002"/></p> <p>E-mail * <input type="text" value="samplename@gmail.com"/></p> <p style="text-align: left;"> <input type="button" value="Submit"/> <input type="button" value="Cancel"/> <input type="button" value="Reset"/> </p> <p style="color: red; font-size: small;">* = Required</p> </div> </div>		
4	Enter a contact name, phone number, and email address.	
5	Click the Submit button	Your request is submitted.
<div style="border: 1px solid blue; background-color: #ffffcc; padding: 10px; margin: 10px auto; width: 90%;"> <p>Changes Are Complete:</p> <p>Your provider information has been updated as you requested. If you wish to view your request again, please select 'Recent Requests' from the ePEAP Menu. The Tracking Number for this Request was 5304-66001.</p> <p style="text-align: center;">Thank you for using ePEAP.</p> <p style="text-align: center;"><input type="button" value="Continue"/></p> </div>		

To Remove Service Location from the Directory

Step	Action	Result
1	Click to place a checkmark next to “I wish to be included in the SelectPlan for Women Directory”.	

The screenshot shows the ePEAP interface for a provider. At the top, there is a header with the Pennsylvania Department of Human Services logo and the ePEAP logo. Below the header is a table of provider information:

Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Below the table, there is a section titled "SelectPlan for Women Directory". It contains the following text:

SelectPlan for Women Directory:

SelectPlan for Women is an MA benefit that covers family planning and related services to help women stay healthy. SelectPlan for Women services are provided under the Fee-for-Service (FFS) delivery system, even if you are in a managed care zone. For more details about this program you may access Provider Quicktip #73 available here: <http://www.dpw.state.pa.us/Resources/Documents/Pdf/Publications/QuickTips/PROMISeQuickTip73.pdf>, or, visit the SelectPlan for Women website: www.selectplanforwomen.state.pa.us.

An online directory is available on the SelectPlan for Women website, to help SelectPlan for Women recipients select a medical provider for family planning services. Whether or not you are currently listed in the SelectPlan for Women directory will be indicated below. If you wish to change your status from what is currently indicated, please check the appropriate box.

Please note: all requested changes will be reflected in the directory the day following the request.

You are currently enrolled in the SelectPlan for Women Directory. To be removed from the directory, select the check box below:

I wish to be removed from the SelectPlan for Women Directory

At the bottom of the form, there are buttons for "Continue" and "Cancel".

At the very bottom of the screenshot, there is a navigation bar with buttons for "ePEAP Menu", "Help", and "Exit".

2	Click Continue to process the request.	The Review Your Changes Summary window opens.
---	---	---

Step	Action	Result
------	--------	--------



pennsylvania
DEPARTMENT OF HUMAN SERVICES



Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010		
Provider Type	31	PHYSICIAN	Revalidation Date	03/24/2016

Session time: 29 : 52

Tuesday 21 April 2015 09:56 am

Review Your Changes

This is a summary of your requests. Please review this information for accuracy.

When you are satisfied, click Continue. To modify a request item - return to that page.

Continue to Make Changes

Cancel All Changes

Submit Changes

Changes Requested

For Provider ID 100654321, SAMPLE NAME

Service Location 0001

Change SelectPlan for Women Directory

	Current	Requested
SelectPlan Directory	Yes	No

Continue to Make Changes

Cancel All Changes

Submit Changes

ePEAP Menu

Help

Exit

3	<p>Click the Submit Changes button to include the Service Location in the directory.</p>	<p>The Review Your Changes Contact Information window opens.</p>
---	---	--

Step	Action	Result
<p>Review Your Changes</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">Contact Information</p> <p style="text-align: center;">This information may be used to contact you about this request. This information will not be used for any other purpose.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 90%; background-color: #ffffcc;"> <p>Name * <input type="text" value="SAMPLE NAME"/></p> <p>Phone * (<input type="text" value="717"/>) <input type="text" value="555"/> - <input type="text" value="0001"/></p> <p>Fax (<input type="text" value="717"/>) <input type="text" value="555"/> - <input type="text" value="0002"/></p> <p>E-mail * <input type="text" value="samplename@gmail.com"/></p> <p style="margin-top: 10px;"> <input type="button" value="Submit"/> <input type="button" value="Cancel"/> <input type="button" value="Reset"/> </p> <p>* = Required</p> </div> </div>		
4	Enter a contact name, phone number, and email address.	
5	Click the Submit button.	Your request is submitted.
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 90%; background-color: #ffffcc;"> <p>Changes Are Complete:</p> <p>Your provider information has been updated as you requested. If you wish to view your request again, please select 'Recent Requests' from the ePEAP Menu. The Tracking Number for this Request was 5304-66001.</p> <p style="text-align: center;">Thank you for using ePEAP.</p> <p style="text-align: center; margin-top: 10px;"><input type="button" value="Continue"/></p> </div>		

6.38 ePEAP Verify Provider Membership

Group providers can use the ePEAP Verify Provider Membership in My Group window to verify that individual providers have made fee assignments to the group at the current group service location. This window is accessed by clicking the **Verify Provider Membership** link in the ePEAP Menu.

6.38.1 Layout



pennsylvania
DEPARTMENT OF HUMAN SERVICES



Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001	555 SMITH STREET, HARRISBURG, PA 17010	Revalidation Date	03/24/2016
Provider Type	31	PHYSICIAN		

Session time: 29 : 48 Tuesday 21 April 2015 10:24 am

Verify Provider Membership in My Group

Instructions
To check whether a Provider is a member of your Group:

1. Enter the Provider's ID and Service Location.
2. Click the "Check" button.

Provider ID:

Service Location:

Check

Provider ID: 001234567 Service Loc: 0001 is a member of your Group.

Provider ID	Svc Loc	Provider Name	Membership Dates
001234567	0001	SMITH JOHN	03/14/1994 - 12/31/2299

ePEAP Menu **Help** **Exit**

6.38.2 Field Descriptions

Field	Description	Data Type	Length
Check	Verify a provider is in a specific group	Button	0
Exit	Exit ePEAP	Button	0
Help	Describes the fields on the ePEAP window	Button	0
Provider ID	Provider ID of the individual provider whose group membership is being verified	Number	9

Field	Description	Data Type	Length
Service Location	Service location of the individual provider whose group membership is being verified	Character	4
ePEAP Menu	Opens the ePEAP menu window	Button	0

6.38.3 Accessibility and Use

To access the ePEAP Verify Provider Membership in My Group window and verify membership, complete the steps in the following step/action tables.

To Access the ePEAP Verify Provider Membership in My Group Window

Step	Action	Result
1	Select the Verify Provider Membership link in the ePEAP Menu.	The Verify Provider Membership in My Group window opens.

Verify Provider Membership in My Group

Step	Action	Result
1	Enter the Provider ID and Service Location in the corresponding fields.	
2	Click the Check button.	The verification is displayed.

Other Options

Step	Action	Result
1	Click the ePEAP Menu button.	Opens the ePEAP Menu window.
2	Click the Help button.	Describes the fields on the Recent Requests window.
3	Click the Exit button.	Opens the PA PROMISe™ Provider Main Page.

6.39 ePEAP Provider Group Members

The Provider Group Members window is used to view a provider’s group enrollment. This is a view-only window, and the information it displays cannot be modified by the user. This window is accessed by clicking the **View Provider Group Members** link in the ePEAP Menu.

When the results for this window exceed 1000 records, only the first 1000 records are displayed and the **Displaying results** drop-down list appears to specify the range group being displayed. Results beyond the first 1000 are viewed by selecting a range of results from the drop-down list and pressing the **View Results** button.

6.39.1 Layout

Provider Group Members

Group Provider ID: Location:

Group Name:

Member Number	Service Location	Provider Type	Effective Date	End Date	Member Name
000987654	0001	31	01/01/1994	01/01/1994	BROWN WILLIAM
000987654	0002	31	01/01/1994	01/31/1999	BROWN WILLIAM
000987654	0003	31	01/01/1994	01/31/1999	BROWN WILLIAM
000987654	0004	31	01/01/1994	01/31/1999	BROWN WILLIAM
000987654	0005	31	01/01/1994	01/31/1999	BROWN WILLIAM

6.39.2 Field Descriptions

Field	Description	Data Type	Length
Close	Closes the current window	Button	0
Displaying Results	List of results in increments of 1000. Only displayed when more than 1000 results are returned	Drop-down List Box	15
Effective Date	Individual membership effective date	Date (MM/DD/CCYY)	8
End Date	End date of individual's group membership	Date (MM/DD/CCYY)	8
Group Name	Group name	Character	50
Group Provider ID	Group provider number	Character	9
Location	Group provider location	Character	4
Member Name	Group member's name	Character	50
Member Number	Group member's provider number	Character	9
Provider Type	Group member's provider type	Character	2

Service Location	Group member's service location	Character	4
View Results	Displays a group of results	Button	0

6.39.3 Accessibility and Use

To access and view the ePEAP Provider Group Members window, complete the steps in the following step/action tables.

To Access the ePEAP Provider Group Members Window

Step	Action	Result
1	Select the View Provider Group Members link in the ePEAP Menu.	The Provider Group Members window opens.

To View More Than 1000 Records

Step	Action	Result
1	If more than 1000 records are on file for a provider group, only the first 1000 are initially displayed. To view additional results, select the desired block of records from the Displaying results drop-down list.	
2	Click View Results .	The selected block of records is displayed in the Provider Group Members window.

Other Options

Step	Action	Result
1	Click the Close button.	Opens the ePEAP Menu window.

6.40 ePEAP Upload PDF

The Upload PDF allows ePEAP users to upload documents into ePEAP Workflow and Doc Search. Documents must be in the Adobe Portable Document Format (PDF) and may not exceed 4 MB in size.

6.40.1 Layout

pennsylvania
DEPARTMENT OF HUMAN SERVICES
ePEAP

Your Provider ID	100654321	SAMPLE NAME	Status	Active
NPI	1234567880	(View Taxonomy) (View Specialties)	ePEAP Access	Full Access
Service Location	0001 555 SMITH STREET, HARRISBURG, PA 17010			
Provider Type	31	PHYSICIAN	Revalidation Date	03/24/2016

Session time: 29 : 54 Tuesday 21 April 2015 10:39 am

Upload PDF

Instructions: To send a file from your computer to the Department of Public Welfare, please follow the four steps below. The file must be in the Portable Document Format (PDF), and file size must not exceed 4 megabytes.

Step 1. Please click "Browse" and then select a PDF from your computer.

Upload From:

Step 2. Please select a description for the PDF:

Step 3. Please tell us how to contact you. Optionally, add comments about the PDF.

** = required*

Contact Name *	Email Address *	Phone Number *

Comments about the PDF (optional)

Step 4. Please send the PDF:

6.40.2 Field Descriptions

Field	Description	Data Type	Length
Browse	Opens a Windows Explorer window on which the user can select a file to upload	Button	0
Comments About the PDF	Optional Comments	Alphanumeric	1800
Contact Name	Name of person uploading the file	Alphanumeric	50
Email Address	Email address of the person uploading the file	Alphanumeric	35
Exit	Ends the user's ePEAP session	Button	0
NPI	User's NPI	Number	0
Phone Number	Phone number of person uploading the file	Number	10
Please select a description	Description corresponding to a PEAP Document Type. Description "Other" corresponds to PEAP Document Type "ePEAP Upload"	Drop Down List Box	0
Provider Type	User's Provider Type code and description	Alphanumeric	0
Send	Uploads the file	Button	0
Service Location	User's service location code and address	Alphanumeric	0
Status	Status of user's service location in PROMISe™. Possible values are "Active" or "Closed"	Character	0
Upload Form	Path name of file selected for upload	Alphanumeric	0
View Specialties	Opens a new window that displays specialty codes assigned to the user's service location	Hyperlink	0
View Taxonomy	Opens a new window that displays taxonomy codes assigned to user's service location	Hyperlink	0
Your Provider ID	User's MPI and Legal Entity Name	Alphanumeric	0

ePEAP Access	Indicates whether or not user’s service location is authorized to update enrollment information through ePEAP. Possible values: “Full Access” or “Read Only”	Character	0
ePEAP Menu	Returns to the ePEAP Menu	Button	0

6.40.3 Accessibility and Use

To access and view the ePEAP Upload PDF window, complete the steps in the following step/action tables.

To Access the ePEAP Upload PDF Window

Step	Action	Result
1	Select the Upload PDF link in the ePEAP Menu.	The Upload PDF window opens.

6.41 ePEAP Field Edits

All of the field edits for the ePEAP Internet system are listed in this section.

Field	Error Code	Error Message	To Correct
Address	1	Enter Address to continue.	Enter the first street address.
	2	You must update at least one item to continue.	Enter the first street address.
City	3	City can only contain letters, spaces and hyphens.	Enter a valid city name.
Comment (do not use this box to request changes)	1	Enter comments to continue.	Enter in comments.
Continue	1	NPI must be numeric.	Enter a numeric value.
	2	NPI must be 10 digits in length.	Enter a 10 digit value.
	3	Your NPI and Taxonomy selections already match what is on file for this Service Location.	Changes must be made for the page to submit.
	4	You must select at least one Taxonomy Code.	At least one taxonomy code checkbox must be selected for the page to submit.
	5657	The number entered is not a valid NPI number. Please verify and re-enter.	Re-enter the NPI #

Field	Error Code	Error Message	To Correct
	5658	This NPI# has been discontinued and cannot be used. Please verify and re-enter.	N/A
	5662	This NPI is associated with another individual. Please verify and re-enter.	N/A
	5663	This individual is associated with a different NPI#. Only one NPI# is allowed per legal entity for individuals.	N/A
	5664	This NPI is associated with another legal entity. Please verify and re-enter.	N/A
	5665	This service location already is associated with a different NPI#. Only one NPI# is allowed per service location during the same time period.	N/A
	5666	The taxonomy is not associated with the provider types and specialties for this service location.	N/A
	5667	The NPI / Taxonomy / Zip combination is already being used.	N/A
	5669	End date must be greater than effective date.	N/A
	5675	Individuals can only have one NPI number. Tax ID cannot be changed to SSN.	N/A
County	4	You must select a county when adding a Pennsylvania address.	Select a county for the drop down list.
Effective Date	5	Effective date must be numeric	Enter numeric date
	6	Effective date must be 8 numbers in length	Enter 8 numbers

Field	Error Code	Error Message	To Correct
	10	Effective date is not a valid date. Valid date range is 19660731-22991231.	Enter a date within the valid date range
Effective End Date	2	Enter a Complete Date.	Enter in a valid end date.
	3	Enter a date in the future.	Enter a future end date.
End Date	7	End date must be numeric	Enter numeric values
	8	End date must be 8 numbers in length	Enter 8 numbers.
	9	End date is not a valid date. Valid date range is 19660731-22991231	Enter a date within the valid date range.
Fax	5	Fax number must be numeric.	Enter in a 10-digit fax number.
	6	Fax number must 10 digits.	Enter in a 10-digit fax number.
Fax	1	Fax number must be numeric.	Enter a 10-digit fax number
	2	Fax number must be 10 digits.	Enter a 10-digit fax number.
Medicare Number	3	Medicare number must be 0-9 or A-Z	Enter an alphanumeric Medicare number.
	4	Medicare number must be at least 6 characters in length.	Enter a Medicare number with 6-10 characters.
Pay to	1	You must change at least one pay to value to continue	Select new pay to value from the drop down list.
	2	Pay to code must be numeric.	Select new pay to value from the drop down list.
Phone	3	Phone number must be numeric.	Enter a 10-digit phone number.
	4	Phone number must be 10 digits.	Enter a 10-digit phone number.
Phone	8	Phone number must be numeric.	Enter in a 10-digit phone number.
	9	Phone number must be 10 digits.	Enter in a 10-digit phone number.
Phone/Fax	3	The fax number must be numeric	Enter in a 10-digit fax number.
	4	The fax number must be 10 digits	Enter in a 10-digit fax number.
Provider ID	1	Enter Provider Number to continue.	Enter in a 9-digit provider number.

Field	Error Code	Error Message	To Correct
	2	Provider Number must be numeric.	Enter in a 9-digit provider number.
	3	Provider Number must be 9 digits.	Enter in a 9-digit provider number.
	4	This Provider ID is the same one signed on to ePEAP.	Enter a new 9-digit group provider number.
Provider ID of Group	1	Provider ID must be numeric.	Enter a 9-digit provider number.
	2	Provider ID must be nine digits.	Enter a 9-digit provider number.
	3	Enter Provider ID to continue	Enter a 9-digit provider number.
Service Location of Group	4	Service Location must be 4 characters	Enter a 4-character service location.
State	10	You must enter a state before continuing.	Select a valid state from drop down list.
Your e-mail address for messages from, etc.	1	Enter an Email address to continue	Enter an email address.
	2	Email Address you typed was invalid.	Enter a valid email address.
	3	Email destination is invalid.	Enter a valid email address.
	4	Email address appears incorrect. (must end in a three-letter domain, or two letter country)	Enter a valid email address.
Zip Code	11	Zip code must be numeric.	Enter in a 5-digit zip code number.
	12	Zip code must be 5 digits.	Enter in a 5-digit zip code number.