Pennsylvania Department of Human Services (DHS)

Electronic Provider Enrollment Application

User Interface (UI) Provider Training
Housekeeping

Housekeeping Rules

• Cordless phones can introduce static at times – if possible use landlines

• Utilize the mute button/press *6 to mute and/or un-mute

• The PowerPoint presentation is available in the handouts section of the Virtual Room and can be accessed by saving first, and then printing
Primary Topics

- Objectives
- Overview
- Types of Provider Enrollment Applications
- Site Navigation Key Points
- Application Session Manager
- Provider User Interface Pages
- Online Application Emails
- Resources
Course Objectives

• Introduce providers to the new DHS Electronic Provider Enrollment Application User Interface (UI)
• Gain navigation skills within the online provider application
• Understand the features and functionality of the online provider application
Overview

The federally mandated Affordable Care Act (ACA) requires that all states comply with the provider screening and enrollment regulations found at 42 Code of Regulations (CFR) 455, Subpart E – Provider Screening and Enrollment.

DHS implemented the Electronic Provider Enrollment Application to help streamline enrollment processes, make updates to provider applications, conduct the required screening activities, obtain the required documentation and ensure compliance with the ACA.
The DHS Electronic Provider Enrollment User Interface will:

- facilitate more effective and efficient measures for enrolling new providers as well as revalidation and reactivation
- allow providers to complete their Medical Assistance (MA) enrollment online
- perform systematic checks to determine the provider’s compliance with the ACA Provider Screening and Enrollment regulations.
Types of Enrollment Applications

- New application – brand new provider never enrolled with PA Medicaid
- Revalidation application – provider currently enrolled with PA Medicaid
- Reactivation application – provider re-enrolling with PA Medicaid
Site Navigation Key Points

• The Electronic Provider Enrollment Application UI is accessed from a secure internet site: https://provider.enrollment.dpw.state.pa.us

• Providers will need to create a password for each application

• Each online provider enrollment application is assigned a unique Application Tracking Number (ATN)

• Providers will be able to resume a previously started application or check status of a submitted application
Site Navigation Key Points

• The application consists of multiple pages that guide the user through completing their online enrollment.

• The application only displays appropriate pages and questions that are collected from the user based on the provider type and provider specialty selected.

• Providers will have the ability to upload supplemental documents required for enrollment based upon information collected during the application process.
The user must click **Finish Later** or **Save and Continue** after completing the information on each page of the application in order for the page information to be saved.

If a user is inactive for more than 25 minutes, the user will receive a message requiring them to respond in order to continue the session.

If a user does not respond within 5 minutes, the user’s session will be ended and the user will need to resume their application at a later time.
Common Page Elements

Menu Bar

Application Tracking Number (ATN): 1000000208
Type: New Enrollment
Start Date: 06/04/2015
Completion By: 07/04/2015

Comment Bar

Status Bar

Navigation Panel

October 2016

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Common Page Elements

Menu Bar

Enrollment Information
Contact Information
Help

Application Tracking Number (ATN): 1000000208
Type: New Enrollment
Start Date: 06/04/2015
Completion By: 07/04/2015
Click to See Application Comments

Comment Bar

Status Bar

Navigation Panel

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

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Request Information Page

You are initiating a provider enrollment application for the Pennsylvania Department of Human Services (DHS) Medical Assistance (MA) program. Complete the fields on this page and click the Save and Continue button to continue with this application.

If you exit the application before it has been submitted, you can resume your provider enrollment application at a later time by providing the system generated Application Tracking Number (ATN), the Federal Tax Identification Number (FEIN or EIN), and password you established.

* indicates a required field.
** indicates an attachment is required.

Initial Enrollment Information
Verify your provider type and enrollment type selections prior to saving this page. Once this information is saved, it cannot be changed. If this information is incorrect, you will need to begin a new application.

* Provider Type
  - OI - Physician

* Enrollment Type
  - Individual with EIN

Tax Identifier
Based on the Enrollment Type selected above, you are required to specify either a Social Security Number (SSN) or Federal Tax Identification Number (FEIN). A Federal Tax Identification Number (FEIN) is used to identify a Business entity. A Social Security Number (SSN) is used to identify an individual.

* Social Security Number (SSN)
  - 123-45-6789

* Confirm Social Security Number (SSN)
  - 123-45-6789

Name of Applicant
Based on the Enrollment Type selected above, you are required to specify either an Entity Name or an Individual's Name.

* Last Name
  - Doe

* First Name
  - John

* Middle Initial
  - M

Contact Information
Contact information will be used for correspondence regarding this application. Please provide a contact person who can assist with questions regarding this application.

* Last Name
  - Doe

* First Name
  - John

* Title
  - Office Manager

* Phone Number
  - 323-323-2222

* Toll Free Number
  - 800-800-8000

* Fax Number
  - 202-202-2020

* Email
  - doomail@email.com

* Confirm Email
  - doomail@email.com

Save & Continue

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Service Location Address Page

[Image of a website page showing a form for entering service location information. The form includes fields for address, phone number, and other details necessary for registering a service location.]
On this page you have the option to assign a Mail-To, Pay-To or Home Office address that is different from the Service Location Physical Address.

Below is the physical address of your service location. This address is currently being set as the default address for all other address types. If you would like to specify a different address, please check the box next to the corresponding address type. Leaving a box unchecked will default that address to your service locations address.

Complete the fields on this page and select the Save and Continue button to continue with this application.

* indicates a required field.

Other Addresses

Mail-To
Pay-To
Home Office

If you wish to utilize the Electronic Funds Transfer Direct Deposit Option please visit the following link for further information:
http://www.dhs.pa.gov/provider/electronicfundstransferdirectdeposit/information/index.htm

Once enrolled, you can retrieve RAs from PROMIS™ online. If you require paper RAs, please call 1.800.637.3862 option 1 to see if you meet the requirements.

Would you like to receive E-Mail notification of new bulletins to the email address assigned to your mail-to address? If you did not provide a different address for your mail-to address, the email address assigned to your service location address will be used.
Specialties Page
Provider Eligibility Program (PEP)

Application Tracking Number (ATN): 1000000430
Type: New Application
Start Date: 01/07/2016
Completion By: 02/06/2016

Provider Eligibility Program (PEP)

PEPs that may be associated with the provider type and specialties selected earlier in the application process can be added on this page. At least one PEP is required for enrollment.

Complete the fields on this page and select the Save and Continue button to continue with this application.

* indicates a required field.

Requested Effective Date

By default, the requested effective date for this application will be set to the submission date of the application when the application is submitted.

* Is a requested effective date prior to the application submission date required for this enrollment? [ ] Yes [ ] No

Associated PEPs

You may select more than one Provider Eligibility Program (PEP) by clicking on the appropriate PEPs.

* Provider Eligibility Program (PEP)

[ ] Fee For Service
[ ] Adult Autism Waiver
[ ] Aging Waiver, Formerly called PDA Waiver/Bridge
[ ] AIDS Waiver

Click (*) here to download a listing of the Provider Eligibility Programs (PEP) and their descriptions.
Provider Identification Page
Additional Information Page

Application Tracking Number (A/TN): 1234567890
Type: New Enrollment
Start Date: 01/01/2016
Completion By: 02/02/2016

Additional Information

Additional information for the provider is collected on this page.
Complete the fields on this page and select the Save and Continue button to continue with this application.

* Indicates a required field.
Indicates an attachment is required.

Enrollment Languages

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

Enrollment Questions

Do you provide Diabetes Training Education? [Yes] [No]
Do you provide Mammography Services? [Yes] [No]
Do you have a certificate or completion for the application of Topical Fluoride Varnish? [Yes] [No]

Tax Exempt Status

Do you currently have tax exempt status? [Yes] [No]

Fee Assignments

Would you like to be fee assigned (linked) to a group? [Yes] [No]
Fee Determination – Copy Application

The Affordable Care Act (ACA) provides guidelines for requirements related to the collection of an application fee.

* Indicates a required field.
* Indicates an attachment is required.

An application fee has been submitted for ATN 1000000171 within the last 7 calendar days.

Since this ATN is associated with this application, an additional application fee will not be collected if this application is submitted on or before MM/DD/YYYY. If this application is submitted after this date, an additional application fee will be required.
Have you or anyone in your employ ever:

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

- Been the subject of a disciplinary proceeding by any licensing or certifying agency, had your license limited in any way, or surrendered a license in anticipation of or after the commencement of a formal disciplinary proceeding before a licensing or certifying authority (e.g., license revocations, suspensions, or other loss of license or any limitation on the right to apply for or renew license or surrender of a license related to a formal disciplinary proceeding)?

- Had a controlled drug license withdrawn?

- Been convicted of a criminal offense related to Medicare or Medicaid, or a state health care program?

- Been convicted of a criminal offense relating to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance?

- Been convicted of interference with or obstruction of any investigation?

- In connection with the delivery of a health care item or service, or with respect to any act or omission in a health care program, been convicted of any criminal offense relating to neglect or abuse of patients or fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?

- Been in default on repayments of scholarship obligations or loans in connection with your education as a health professional?

- Been subject to a civil penalty or assessment for any act or omission related to Medicare, Medicaid, or a state health care program?
Provider Agreement for Outpatient Providers

This Agreement, made by and between the Department of Human Services (hereinafter the "Department") and [Provider Name], (hereinafter the "Provider") sets forth the terms and conditions governing participation in the Medical Assistance Program. The parties to this Agreement, intending to be legally bound, agree as follows:

1. The Provider agrees to comply with all applicable State and Federal statutes and regulations, and policies which pertain to participation in the Pennsylvania Medical Assistance Program.

2. The Provider agrees to keep any records necessary to disclose the extent of services the Provider furnishes to recipients.

3. The Provider agrees upon request, furnish to the Department, the United States Department of Health and Human Services, the Medicaid Fraud Control Unit, any other authorized governmental agencies and the designee of any of the foregoing, any information maintained under the paragraph above and any information regarding payments claimed by the Provider for furnishing services under the Pennsylvania Medical Assistance Program.

4. To the extent applicable, the Provider agrees to comply with the advance directive requirements for hospitals, nursing facilities, Providers of Home Health Care, and personal care services and hospices as specified in 42 C.F.R. § 489, subpart I.

5. The Provider agrees to comply with the disclosure requirements specified in 42 CFR, Part 455, Subpart B (relating to Disclosure of Information by Providers and Fiscal Agents), or any amendments thereto.

6. The Provider agrees that it will submit within 30 days of the date of request by the Department or the United States Department of Health and Human Services, Secretary but and complete information about the following:
   a. The ownership of any subcontractor with whom the Provider has had business transactions totaling more than $25,000 during the 12-month period ending on the date of the request;
   b. any significant business transactions between the Provider and any wholly owned supplier, or between the Provider and any subcontractor, during the 3-year period ending on the date of the request.

7. The Provider agrees that it will allow the Centers for Medicare and Medicaid Services, its agents and its contractor and the Department to conduct unannounced on-site inspections at any and all of its locations, including locations where services are provided.

8. The Provider agrees that it will keep a current and accurate list of all employees, including the names, addresses, and positions of each employee, and will provide to the Department any information needed for the Department to conduct a background check of the Provider and its owners.

9. The Provider agrees that upon written request from the Department it will disclose the identity of any person who has an ownership or control interest in the Provider or is an agent or managing employee of the Provider that has been convicted of a criminal offense related to patient’s involvement in any program under Medicare, Medicaid, Title XX, or Title XXI (CHIP).

10. The Provider agrees that if there is any change in the ownership or control of the Provider, it will submit updated disclosure information to the Department within 35 days of the change in ownership or control of the Provider.

11. This agreement shall continue in effect unless and until it is terminated by either the Provider or the Department. Either the Provider or the Department may terminate this agreement, without cause, upon thirty days prior written notice to the other. The Provider’s participation in the Pennsylvania Medical Assistance Program may also be terminated by the Department, with cause, as set forth in applicable Federal and State law and regulations.

The Provider represents and warrants that the person signing this agreement is a duly authorized representative of the Provider and has the authority to enter into a legal, valid, and binding obligation on behalf of the Provider.
Resume Application Page

Resume Application

Enter your application tracking number (ATN), Federal Tax Identification Number (FEIN or SSN) and password in order to resume your existing provider enrollment application.

If you have any questions about completing an electronic enrollment application, please call the appropriate phone number shown on the Important Phone Numbers and Addresses page of this site.

If forgotten, the password cannot be reset and your application information is no longer available. You will need to begin a brand new application.

* Indicates a required field.

- Application Tracking Number (ATN)
- SSN or FEIN
- Password

Submit
Welcome
New Application
Revalidation
Reactivation
Resume Application
Application Status

Application Status

Enter your application tracking number (ATN), Federal Tax Identification Number (FEIN or SSN) and password in order to review your application status.

If you have any questions about completing an electronic enrollment application, please call the appropriate phone number shown on the Important Phone Numbers and Addresses page of this site.

If forgotten, the password cannot be reset and your application information is no longer available. You will need to begin a brand new application.

* Indicates a required field.

* Application Tracking Number (ATN) 

* SSN or FEIN

* Password

Enter application password

Search
Application Status Summary

Enter your application tracking number (ATN), Federal Tax Identification Number (FEIN or SSN) and password in order to review your application status.

If you have any questions about completing an electronic enrollment application, please call the appropriate phone number shown on the Important Phone Numbers and Addresses page of this site.

If forgotten, the password cannot be reset and your application information is no longer available. You will need to begin a brand new application.

* Indicates a required field

Application Status Summary

This is the most current information regarding your PA Medicaid provider enrollment application.

- Application Tracking Number (ATN): 1000000208
- SSN or FEIN: 654161616
- Password: ********

Application Status Summary

- Application Tracking Number (ATN): 1000000208
- Start Date: 06/04/2015
- Date Submitted: 07/01/2015
- Status: Application Under Review
- Status Date: 07/02/2015
- Application Submission PDF: Download
- Comment: This is a test of the emergency broadcast system.
Application Status Summary

This is the most current information regarding your PA Medicaid provider enrollment application. To resume your existing application, please Click Here.

<table>
<thead>
<tr>
<th>Application Tracking Number (ATN)</th>
<th>1000000217</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date</td>
<td>06/05/2015</td>
</tr>
<tr>
<td>Date Submitted</td>
<td>Not Submitted</td>
</tr>
<tr>
<td>Status</td>
<td>Incomplete Application</td>
</tr>
<tr>
<td>Status Date</td>
<td>06/09/2015</td>
</tr>
</tbody>
</table>
Welcome
New Application
Revalidation
Reactivation
Resume Application
Application Status
DESKTOP-T249D39

Resume Application

Enter your application tracking number (ATN), Federal Tax Identification Number (FEIN or SSN) and password in order to resume your existing provider enrollment application.

If you have any questions about completing an electronic enrollment application, please call the appropriate phone number shown on the Important Phone Numbers and Addresses page of this site.

If forgotten, the password cannot be reset and your application information is no longer available. You will need to begin a brand new application.

* Indicates a required field.

* Application Tracking Number (ATN)

* SSN or FEIN

* Password

Forgot Password?

Submit

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Resetting a Password
To reset your password, you must provide the Application Tracking Number (ATN) that identifies your application. In addition, you must also provide the Email Address, SSN or FEIN and Provider Type provided when the application was first submitted. Furthermore, you will need to provide and confirm a new password for your application. Upon submission of the correct information, you will receive an email to the email address on file for this application with a password reset code. After receiving this code, you will need to enter it below. When submitting your reset code, you must also provide the ATN, Email, SSN or FEIN, and Provider Type submitted on the original application.

Do you have a password reset code? □ Yes □ No

* New Password

Confirm New Password

Please enter a new password that meets the following requirements:
- One Lowercase Letter
- One Number
- (8-20) Characters Long
- One Uppercase Letter
- Passwords Match

Contact Email

myemail@domain.com

SSN or FEIN

228877

Provider Type

Select a Provider Type

25 - One/Medical Supplies
Application Password Reset

To reset your password, you must provide the Application Tracking Number (ATN) that identifies your application. In addition, you must also provide the Email Address, SSN or FEIN and Provider Type provided when the application was first submitted. Furthermore, you will need to provide and confirm a new password for your application. Upon submission of the correct information, you will receive an email to the email address on file for this application with a password reset code. After receiving this code, you will need to enter it below. When submitting your reset code, you must also provide the ATN, Email, SSN or FEIN, and Provider Type submitted on the original application.

* Application Tracking Number (ATN) 1000001316
* Contact Email ekiss@hpe.com
  * SSN or FEIN 884512231
  * Provider Type 25 - Dme/Medical Supplies

Your password reset request was successfully submitted. Please check your e-mail for your password reset code and enter it below.

Do you have a password reset code?  ☑ Yes  ☐ No

Password Reset Code

Complete Password Reset
Email Notifications

The electronic provider enrollment application will send email notification to the contact email the user enters at key points during the application submission and determination process. The emails will be generated from a ‘do not reply’ email address. The following are the types of emails generated:

- Online Application Initiated
- Online Application Submitted
- Online Application Returned to Provider for Revisions
- Online Application Initiated – Expiring
- Online Application Returned to Provider – Expiring
Electronic Provider Enrollment Application
- https://provider.enrollment.dpw.state.pa.us

Provider Enrollment Information
  - Includes information regarding requirements for each Provider Type and links to the Department’s provider enrollment forms

Provider Enrollment and Screening Requirements of the Affordable Care Act
  - Includes the most current information from the Department relating to the ACA federally mandated regulations

Medicaid Information
  - Provides information about the ACA federally mandated regulations and how they relate to the Medicaid program
Resources (continued)

Department of Human Services Website
- http://www.dhs.pa.gov/

MAB 99-14-06 – Re-enrollment/Revalidation of Medical Assistance (MA) Providers

Provider Enrollment Questions
- http://www.dhs.pa.gov/learnaboutdhs/helpfultelephonenumber/contactinformationhelpformaproviders/index.htm#.Vp-jk01li70
- Includes contact information and help for MA Providers