

# Welcome to Pharmacist Enrollment and Billing Training

## Primary topics:

- Affordable Care Act Overview
- Pharmacist Enrollment Requirements
- Accessing the Enrollment Application
- Enrollment Application Completion
- Resume Application
- Check Application Status

## Primary topics cont.:

- MA Regulations – Claim Submission Timeline
- PROMISE™ Portal Registration
- Recipient Eligibility
- PROMISE™ Provider Portal - Billing
- Remittance Advice Statement
- Resources

- 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 Requirements
- As required by the ACA, all practitioners, including those who order, refer or prescribe items or services for MA beneficiaries, must enroll in the MA Program
- The ACA and implementing regulations require states to revalidate the enrollment of providers every five years.

Please Note: This training does not address MCO credentialing or contracting questions

- Effective March 1, 2024, individual pharmacists will be able to enroll in the Medical Assistance (MA) Program
  - Provider Type 10 (Mid-Level Practitioner)
  - Specialty Code 247 (Pharmacist)
- Pharmacists who work at multiple service locations or offices must enroll each location at which they provide services
- MA Bulletin 10-24-02
  - Pharmacists Enrollment in the Medical Assistance Program

- Pharmacists newly enrolling in the MA Program
- Provider Type 10 Specialty Code 247
  - Step 1:
    - Go to the Landing page of the PROMISE™ Portal
      - website: [promise.dpw.state.pa.us](http://promise.dpw.state.pa.us)
  - Step 2:
    - Select “New Application” from the Provider Enrollment Section of the Landing Page
  - Step 3:
    - Complete the application using the Pharmacist’s information and submit

Please Note: The online application will be available March 1, 2024

# Accessing Enrollment Application cont.



 **pennsylvania**  
DEPARTMENT OF HUMAN SERVICES Login

## PROMISe™ Internet

Home

Home

Thursday 07/20/2023 10:58 AM EST

### Provider Login ?

**\*User ID**

**Log In**

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

### Broadcast Messages

**NOTE:** Providers will begin to receive communications from donotreply@gainwelltechnologies.com. Please be sure to check your spam folder and add this email address to your contact list to ensure receipt of notifications.



### Provider Enrollment ?

- New Application 
- Reactivation
- Resume Application
- Application Status

The Commonwealth of Pennsylvania Department of Human Services offers state of the art technology with PROMISe™, the claims



# Pharmacist Enrollment Application

# Before You Enroll



- The Department has received requests to allow pharmacists to enroll and be paid for services they provide that are open on the MA Program Fee Schedule and within their scope of practice as permitted by State law. This will expand access for MA beneficiaries to receive pharmacist services, such as administering immunizations and disease and medication therapy management, by allowing payment for services rendered by pharmacists in additional settings like in physician offices, clinics and other non-pharmacy service locations.
- Pharmacist working for a Pharmacy would not enroll separately if they are going to continue to offer only the services currently allowed under their pharmacy enrollment.
- There is no application fee associated with a Pharmacist.
- If a Pharmacist wishes to bill for MA covered professional services, the pharmacist must:
  1. Obtain an NPI
  2. Complete and submit the enrollment application to PA Medicaid
  3. Credential with each applicable MA MCO
  4. Confirm MA MCO network participation

Before starting an application, make sure you have the documents needed for your Provider Type. You can obtain requirements from:

[Provider Enrollment Docs \(pa.gov\)](#)

[Department of Human Services](#) > [For Providers](#) > [Providers](#) > Provider Enrollment Docs

## Provider Enrollment Documents

The table below contains links to applicable provider enrollment forms for each provider type.

**Beginning on August 1, 2018, the provider may have to call the Office of Medical Assistance Programs, Provider Enrollment at 1-800-537-8862 to request a paper application if the PDF version of the application is no longer posted on the DHS Provider Enrollment website. Paper applications will continue to be accepted for processing.**

\*All enrollment documents are in Adobe PDF format. You must have a copy of Adobe Acrobat Reader installed on your system to view them.

# Provider Types and Applications



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## 08 - Clinic

- \* Federally Qualified Health Center
- \* Rural Health Clinic
- \* Non-FQHC/RHC Clinics

### [Online Application](#)

- \* [FQHC Requirements / Additional Information](#)
- \* [RHC Requirements / Additional Information](#)
- \* [Non-FQHC/RHC Clinic Requirements / Additional Information](#)

## 09 - Certified Registered Nurse Practitioner (CRNP)

### [Online Application](#)

- \* [CRNP Requirements](#)

## 10 - Midlevel Practitioner

### [Online Application](#)

- \* [Midlevel Practitioner Requirements](#)

# Specialty Codes



## Requirements for Provider Type 10 - Midlevel Practitioner

### Specialty Code

100	Physician Assistant
269	Public Health Dental Hygiene Practitioner (PHDHP)
141	Acupuncturist
600	Medicare Approved Individual Practitioner who is not recognized in the PA Medical Assistance Program
247	Pharmacist

### Provider Eligibility Program (PEP)

- Fee For Service
- Cost Sharing Only
- Enrolled Rendering Only
- Enrolled Not Paid

### Required Documents for Provider Type 10:

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll as a provider: (please ensure all documents are current and legible):

- Completed application for the enrollment of an Individual Practitioner—application must include:
  - Signed Provider Agreement with original signature of enrolling Provider; and
  - Completed Ownership or Control Interest Disclosure form if applicable
- Copy of current license issued by the Department of State
- If applicable, copy of current DEA Certificate
- If application is for an Out-of-State Provider, submit proof of home state Medicaid participation if that state's Medicaid program allows the enrollment of mid-level practitioners
- For Provider Type 10-100 only: Department of State printout verifying licensure and written agreement which identifies and is signed by each physician whom the Physician Assistant will be assisting

Midlevel Practitioners are encouraged to apply electronically via the Electronic Provider Portal, available at <https://provider.enrollment.dpw.state.pa.us/>. If you have additional questions, please use the contact information below:

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

# Provider and Contact Information



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## Provider Information

**Program Type** Pennsylvania Medical Assistance (PA MA)  
**Provider Type** 10 - Mid-Level Practitioner  
**Enrollment Type** Individual with xxx  
**Last Name** Pharmacist      **First Name** Phil Middle Initial

**Social Security Number (SSN)**

Are you a Medicare participating Provider? Yes

## Contact Information

**Last Name** Pharmacist      **First Name** Phil      **Title**  
**Phone Number** (548) 742-1313      **Extension**  
**Toll Free Number**      **Extension**  
**Fax Number**  
**Email** ekiss@gainwelltechnologies.com

# Service Location Information



## Service Location

<b>Street</b>	320 woodruff way	<b>Room/Suite</b>		
<b>City</b>	harrisburg	<b>State</b>	PA - Pennsylvania	
<b>Zip+4</b>	17112-1234	<b>County</b>	Dauphin	
<b>Email</b>	ekiss@gainwelltechnologies.com			
<b>Phone Number</b>	(555) 442-1211	<b>Extension</b>		
<b>Fax Number</b>				

### Medicare Cost Share

Is your enrollment for the sole purpose of Medicare Cost Share? No

# General & Historical Questions



Will you be performing services only as an ordering, referring, or prescribing provider (i.e, you are not the rendering provider on the bill)? Yes

Does the office have exterior steps leading to the main entrance doorway? No

Does the office have interior steps leading to the main entrance doorway? No

Is this address an active Rural Health Clinic or FQHC? No

Has screening been performed at this location for this provider within the last 12 months by:

Medicare? Yes

Screening Date 2023-01-01

Children's Health Insurance Program (CHIP)? No

Another state's Medicaid? No

# Other Addresses



If you wish to utilize the Electronic Funds Transfer Direct Deposit Option, please visit the following link for further information:  
Electronic Funds Direct Transfer (<https://www.dhs.pa.gov/providers/Providers/Pages/Electronic-Funds-Transfer.aspx>)

Once enrolled, you can retrieve RAs from PROMISE™ online. If you require paper RAs, please call 1.800.537.8862 option 1 to see if you meet the requirements.

**Would you like to receive Email 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.** Yes

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**Mail To Address** : *Same As Service Location*

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**Pay To Address** : *Same As Service Location*

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**Home Office Address** : *Same As Service Location*

# Specialties



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**Primary Specialty**Sub-Specialty

247 - Pharmacist

**Primary**

Yes

**Provider Type** 10 MidLevel Practitioner

**Specialty** 247 Pharmacist

**SubSpecialty**

## License, Certificate & Permit Information

**Issuing Entity** DEPT OF STATE

**Issuing State** PA

**Number** RP123456L

**Issuing Date** 01/01/2018

**Expiration Date** 12/31/2035

# Provider Eligibility Program (PEP)



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## Requested Effective Date

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

## Associated PEPs

### Provider Eligibility Program (PEP)

Fee For Service

# Provider Identification



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## Provider Identification

### Provider IRS/Legal Name and Address

Last Name	First Name	Middle Name
Street	Room/Suite	
City	State	PA - Pennsylvania
Zip+4		

### Contact IRS/Legal Name and Address

Last Name	First Name	Title
Phone Number	Extension	
Toll Free Number	Extension	
Fax Number		
Email		

# Provider Identification cont.



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## Individual Provider

**Birth Date** 04/02/1987

**Gender**

M

**Title/Degree**

**Are you Board Certified?** No

## NPI

**NPI** 1447858154

### Taxonomy

183500000X - Pharmacist: Pharmacy Services

**Do you want Medicare claims to crossover to this location?** No

## CLIA Certification

**Are a CLIA Certificate and a Pennsylvania Department of Health Lab Permit associated with this Service Location?** Yes

**CLIA Number** 12A1234567

**DOH Lab Permit Number** 11155

## Drug Enforcement Administration (DEA) Number

**Is a Drug Enforcement Administration (DEA) Number associated with this provider?** No

## Enrollment Languages

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

## Fee Assignments

Would you like to be fee assigned (linked) to a group?

Yes

\* Provider Number

3005705750001

Flamingo Pharmacy

## Have you ever:

**Had clinical privileges or hospital privileges denied, suspended, restricted, revoked, or not renewed; either voluntarily or involuntarily for an agreed to definite or indefinite period of time? No**

**Had any judgments entered against you, or settlements been agreed to in any professional liability cases? No**

**Are there any professional liability lawsuits pending against you at the present time? No**

**Do you have physical or mental health condition(s) which in any way impairs your ability to practice your profession, with or without accommodations? No**

**Do you have any physical or mental health condition(s) which in any way poses a risk of harm to your patients? No**

**Are you currently using, or have you used in the past five years, drugs or any other chemical substance that has or may impair your ability to practice your profession? No**

# Provider Disclosures (cont.)



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**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? No**

**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)? No**

**Had a controlled drug license withdrawn? No**

**Been convicted of a criminal offense related to Medicare or Medicaid, or a state health care program? No**

**Been convicted of a criminal offense relating to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance? No**

**Been convicted of interference with or obstruction of any investigation? No**

**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? No**

**Been in default on repayments of scholarship obligations or loans in connection with your education as a health professional? No**

**Been subject to a civil penalty or assessment for any act or omission related to Medicare, Medicaid, or a state health care program? No**



## Ownership / Managing Individuals

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Managing Employee or Agent Disclosure

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Does the enrolling individual practitioner have any Managing Employees or Agents? No

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Direct Or Indirect Ownership

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Are there any subcontractors in which the enrolling individual practitioner has a direct or indirect ownership interest of 5% or more? No

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Criminal Offense

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Has the enrolling individual practitioner been convicted of a criminal offense related to Medicare, Medicaid, Title XX, Title XXI (CHIP), or a state health care program? No

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Significant Business Transactions

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Has the enrolling individual practitioner had any significant business transactions with any wholly owned supplier or with any subcontractor during the preceding five year period? No

## Attachments

Provider

Required Attachment	Uploaded File Name
Copy of CLIA Certificate	Enroll Attach.pdf
Copy of Department of Health Laboratory Permit for CLIA	Enroll Attach.pdf
Copy of Dept. of State Provider License / Certificate / Permit RP123456L	Enroll Attach.pdf

## Provider Agreement for Outpatient Providers

This Agreement, made by and between the Department of Human Services (hereinafter the "Department") and **Phil Pharmacist** (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 35 days of the date of request by the Department or the United States Department of Health and Human Services Secretary full 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; and
  - B. any significant business transactions between the Provider and any wholly owned supplier, or between the Provider and any subcontractor, during the 5-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 of any and all of its locations, including locations where services are provided.
8. The Provider agrees that it will consent to criminal background checks, including fingerprinting, of individuals with an ownership interest in the Provider, and will provide to the Department any information needed for the Department to conduct a background check of the Provider and its owners.

# Provider Agreement (cont.)



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 that person'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.

Please sign by typing your full name here:	phil pharmacist	Today's Date: 11/08/2023
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Once you have submitted your application, you will be able to download this summary again which will contain confirmation details regarding your submission.

Prepared on 11/8/2023 by the PA Department of Human Services Provider Enrollment On-line Application.

# How to Resume or Check Enrollment Application Status

- Resume application
  - Allows a provider to resume an application that has been started but not yet submitted
  - Or resume an application that was returned to the provider for corrections
  - Items needed to Resume Application
    - Application Tracking Number (ATN)
    - FEIN or SSN of provider on the application
    - Password created when saving the application

- To resume an application
  - Step 1:
    - Go to the Landing page of the PROMISe™ Portal
      - website: [promise.dpw.state.pa.us](http://promise.dpw.state.pa.us)
  - Step 2:
    - Select “Resume Application” from the Provider Enrollment Section of the Landing Page
  - Step 3:
    - This link opens a window requesting the Application Tracking Number (ATN), Tax Id or SSN and Password
    - Once supplied and verified, the provider can resume an application that has not been submitted or resume an application that has been returned for corrections

# Resume Application cont.

Home

Home

Wednesday 11/29/2023 10:26 AM EST

### Provider Login



\*User ID

[Log In](#)

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)



### Broadcast Messages

**Attention Provider Groups and Individuals:** Effective 10/27/2023: The Department has added functionality to the Provider Enrollment system to allow one application to revalidate multiple Individual and Group locations. Providers can utilize this functionality if they are enrolled as one of the following Provider types 09, 14, 15, 17, 18, 19, 20, 23, 27, 31, 32, 33 and meet specific match criteria. For more details, please review Quick Tip #270 PROMISeQuickTip270 (pa.gov).

**NOTE:** Providers will begin to receive communications from donotreply@gainwelltechnologies.com. Please be sure to check your spam folder and add this email address to your contact list to ensure receipt of notifications.

### Provider Enrollment



[New Application](#)

[Reactivation](#)

[Resume Application](#)

[Application Status](#)



### Quick Links



# Resume Application cont.

## 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.

- Indicates a required field.

▪ **Application Tracking Number (ATN)**

▪ **SSN or FEIN**

▪ **Password**

[Forgot Password?](#)

I'm not a robot



 Submit

- Application Status
  - Allows a provider to check the status of an existing application either submitted or incomplete
  - Items needed to check Application Status
    - Application Tracking Number (ATN)
    - FEIN or SSN of provider on the application
    - Password created when saving the application

- To check the status of a submitted application
  - Step 1:
    - Go to the Landing page of the PROMISe™ Portal
      - website: [promise.dpw.state.pa.us](http://promise.dpw.state.pa.us)
  - Step 2:
    - Select “Application Status” from the Provider Enrollment Section of the Landing Page
  - Step 3:
    - This link opens a window requesting the Application Tracking Number (ATN), Tax Id or SSN and Password.
    - Once supplied and verified, the provider can view the status of a current application whether submitted or not. The provider can also view the application PDF of a submitted application from this page

# Application Status cont.

Home

Home

Wednesday 11/29/2023 10:26 AM EST

### Provider Login

\*User ID

[Log In](#)

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)



### Broadcast Messages

**Attention Provider Groups and Individuals:** Effective 10/27/2023: The Department has added functionality to the Provider Enrollment system to allow one application to revalidate multiple Individual and Group locations. Providers can utilize this functionality if they are enrolled as one of the following Provider types 09, 14, 15, 17, 18, 19, 20, 23, 27, 31, 32, 33 and meet specific match criteria. For more details, please review Quick Tip #270 PROMISeQuickTip270 (pa.gov).

**NOTE:** Providers will begin to receive communications from donotreply@gainwelltechnologies.com. Please be sure to check your spam folder and add this email address to your contact list to ensure receipt of notifications.

### Provider Enrollment

[New Application](#)

[Reactivation](#)

[Resume Application](#)

[Application Status](#)



### Quick Links



# Application Status cont.



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Enrollment Information - Contact Information - Help

### 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.

\* Indicates a required field.

\*Application Tracking Number (ATN)

\*SSN or FEIN

\*Password  [Forgot Password?](#)

I'm not a robot 

[Search](#)

#### Application Status Summary

This is the most current information regarding your Pennsylvania Medical Assistance (PA MA) provider enrollment application.

Application Tracking Number (ATN):	100006626
Start Date:	10/13/2022
Date Submitted:	10/18/2022
Status:	Application Approved
Status Date:	10/18/2022
Application Submission PDF:	<a href="#">Download</a>

#### Approved Application Summary

Below are the details regarding your approved Pennsylvania Medical Assistance (PA MA) provider enrollment application.

Provider ID:	300594890-0001
Effective Date:	10/14/2022
Revalidation Date:	10/24/2027

# PROMISe™ Provider Portal Registration and Logon

- Upon approved enrollment in the MA Program providers will receive a 9-digit Provider ID Number and 4-digit Service Location which comprise the 13-digit PROMISe™ Provider Number
  - 4-digit Service Location identifies the address of the service location
- Providers will need to establish a User Account on the PROMISe™ Provider Portal using their 13-digit PROMISe™ Provider Number for each enrolled service location



- To register a new PROMISe™ User Account
  - Step 1:
    - Go to the Landing page of the PROMISe™ Portal
      - website: [promise.dpw.state.pa.us](http://promise.dpw.state.pa.us)
  - Step 2:
    - Click the “Register Now” link located under the Log In button on the PROMISe™ Welcome Page. The Registration Selector window will display.
  - Step 3:
    - Select the “Provider” option from the Registration Selector window.
    - Complete the 2 Step Registration Process

Please Note: A link to the Internet User Manual is available on the Landing Page

# PROMISE™ Provider Portal Registration cont



Login

## PROMISE™ Internet

Home

Home

Monday 01/22/2024 02:45 PM EST

**Provider Login** ?

\*User ID

**Log In**

Forgot User ID?  
Register Now ←

Where do I enter my password?

**Broadcast Messages** ?

**NOTE:** Providers will begin to receive communications from donotreply@gainwelltechnologies.com. Please be sure to check your spam folder and add this email address to your contact list to ensure receipt of notifications.



**Provider Enrollment** ?

- New Application
- Reactivation
- Resume Application
- Application Status

**Quick Links**

Internet Help Manual ←

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

Medical Assistance (MA) and Children's Health Insurance Program (CHIP) On-line Provider

### Registration

Select one of the following options that best describes your role.



**Provider**

An individual or entity that is enrolled in the Pennsylvania Medicaid program as a provider of services.



**Alternate**

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.



**Billing Agent**

A third party individual or entity who is authorized to submit Medicaid transactions on behalf of a Provider.



**Out of Network**

An individual or entity that is authorized to access specific functionality within the PROMISe™ Internet Portal.

# PROMISe™ Provider Portal Registration cont.



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Home > Registration Selector > Registration

Monday 01/22/2024 03:06 PM EST

**Registration Step 1 of 2 - Personal Information** ?

\* Indicates a required field.

Please provide the following information to get started!

\*First Name

\*Last Name

\*Provider ID

\*SSN/EIN

- Enter the First and Last Name of the provider
- The 13-digit Provider ID number and social security number (SSN)
- Click Continue to complete Step 2 of the Registration Process

# PROMISE™ Provider Portal Registration cont.

A screenshot of the PROMISE™ Internet registration page, specifically "Registration Step 2 of 2 - Security Information". The page includes a header with the Pennsylvania Department of Human Services logo and the text "PROMISE™ Internet". The main content area contains several sections: 1. "Security Information" with fields for "User ID", "Password", and "Confirm Password", and a "Check Availability" button. 2. "Contact Information" with fields for "Display Name" (pre-filled with "DANIEL GEORGE"), "Phone Number", "Email", and "Confirm Email". 3. "Site Key" selection with radio buttons for "Apple", "Balloon", "Balloons", "Baseball", and "Billiards", and a "Passphrase" field. 4. "Challenge Questions" with three groups, each having a "Challenge Question" dropdown and an "Answer" field. 5. "User Agreement" with a scrollable text area and a "Please sign by typing your full name here:" field. The page also includes a "Home" link, a breadcrumb trail "Home > Registration Selector > Registration", and a timestamp "Monday 06/25/2018 02:32 PM EST".

- Create a user ID and password
- Complete the Contact Information
- Select Site Key Token and enter a Passphrase
- Select three questions and enter answers
- Read the User Agreement, enter your name into the "Please sign by typing your full name here" field, and click "Submit"
- If all required information is present, you will be able to gain access to the PA PROMISE™ Web application



- To logon to the PROMISe™ Portal
  - Step 1:
    - Go to the Landing page of the PROMISe™ Portal
      - website: [promise.dpw.state.pa.us](http://promise.dpw.state.pa.us)
  - Step 2:
    - Enter the User ID
    - Answer Challenge Question
    - Enter Password

# PROMISe™ Provider Portal Logon cont.



A screenshot of the PROMISe™ Internet Provider Portal login page. The page has a dark blue header with the Pennsylvania Department of Human Services logo on the left and "PROMISe™ Internet" on the right. Below the header is a yellow navigation bar with "Home" highlighted. The main content area is white and contains a "Provider Login" section on the left, a "Broadcast Messages" section on the right, and a "Provider Enrollment" section at the bottom left. The "Provider Login" section includes a "User ID" field with a red arrow pointing to it, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". The "Broadcast Messages" section contains a note about communications from donotreply@gainwelltechnologies.com. The "Provider Enrollment" section lists "New Application", "Reactivation", "Resume Application", and "Application Status". A large, semi-transparent image of three children smiling is overlaid on the bottom right of the page, with the text "Welcome to PROMISe™" overlaid on it.

- Enter your user ID in the User ID field
- Click the Log In button



Login

**PROMISe™ Internet**

Home

Home > Challenge Question

Friday 01/26/2024 12:24 PM EST

## Computer and Challenge Question

### First Time Users:

Ensure you are fully registered as a User to the Provider Portal. Click on "Register Now" link below the Log In and choose the appropriate type of user you are. If you choose Alternate, Billing Agent, or Out of Network user then your account administrator has provided you with the necessary authorization information to proceed.

### Established Users:

**Having trouble logging on?** If you receive an error that your challenge answer was incorrect, please confirm that you are using the correct [User ID](#) and your challenge answer was typed exactly the same as what you had created. If you forgot your User ID, click on Forgot User ID link on the Log In page. If you are still having trouble accessing your account, email [papac1@gainwelltechnologies.com](mailto:papac1@gainwelltechnologies.com) include your User ID, 13 digit Provider ID, name and contact information.

Answer the challenge question to verify your identity.

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

**\*Your Answer**

[Forgot answer to challenge question?](#)

- Select**
- This is a personal computer. Register it now.
  - This is a public computer. Do not register it.

[Continue](#)

- Enter the answer you created for the challenge question
- 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
- Select Continue



Login

**PROMISe™ Internet**

Home

Home > Site Token Password

Monday 01/22/2024 04:29 PM EST

## Confirm Site Key Token and Passphrase

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid PROMISe™

Internet Portal site and therefore is safe to enter your password.

If you receive an error while trying to log in, do not use the back arrow, click the Home tab or close the page and start from a fresh browser window. If you are still having trouble accessing your account, email

papac1@gainwelltechnologies.com include your User ID, 13 digit Provider ID, name and contact information.

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.

If this is not your site key token or passphrase, do not type your password, click Home and login again using your correct User ID. If this problem persists, contact the customer help desk to report the incident.

Site Key:



Passphrase Cadbury

\*Password

**Sign In**

[Forgot Password?](#)

- Enter your password in the Password field
- Click the Sign In button
- The My Home page will display



# My Home Page

- Once logged into the PROMISe™ Portal providers will be able to:
  - Check recipient eligibility
  - Submit claims
  - Check claim status
  - Retrieve Remittance Advice Statements
  - Review Enrollment Summary information
  - Access Enrollment Application
  - Links to the DHS website
  - Enrolled Provider Look-up
  - Enroll in Electronic Funds Transfer (EFT)



[Logout](#)

## PROMISe™ Internet

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

[Enrolled Provider Search | EFT and ERA Enrollment](#)

[My Home](#)

Monday 01/29/2024 11:03 AM EST

### Provider

**Name** Account

[REDACTED]

**Provider ID** [REDACTED] (NPI)

**Location ID** 0001

- ▶ [My Profile](#)
- ▶ [Manage Alternates](#)
- ▶ [Manage Billing Agents](#)

### Provider Services

- ▶ [Enrollment Summary](#)
- ▶ [New Service Location](#)
- ▶ [Revalidation](#)
- ▶ [Change Request](#)
- ▶ [Resume Application](#)
- ▶ [Application Status](#)
- ▶ [Application Help](#)
- ▶ [Terminate Enrollment](#)

### DHS Resources

[DHS Home](#)

[DHS Provider Information](#)

[DHS Provider Enrollment Information](#)

[CHIP Provider Enrollment Information](#)



# Eligibility

- Select Eligibility to review recipient eligibility information
- Search criteria
  - Recipient ID and Card Issue Number
  - Recipient ID and date of birth (DOB)
  - Social Security Number and DOB
  - Name and DOB
  - Date of service

# Eligibility Screen



## 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: 

<b>Supported</b> <ul style="list-style-type: none"><li>1 - Medical Care</li><li>2 - Surgical</li><li>4 - Diagnostic X-Ray</li><li>5 - Diagnostic Lab</li><li>6 - Radiation Therapy</li><li>7 - Anesthesia</li><li>8 - Surgical Assistance</li><li>12 - Durable Medical Equipment Purchase</li><li>13 - Ambulatory Service Center Facility</li><li>18 - Durable Medical Equipment Rental</li></ul>	  <b>Reset</b>	<b>Selected</b> <div style="border: 1px solid gray; height: 100px;"></div>
---	----------------------	--

# Eligibility Result – Fee-For-Service Coverage



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Verification No. 2402508061022 - 01/25/2024

## Recipient

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

## Eligibility Summary

Type	Name	Begin	End
Medicaid	Category: MHX Program Status: 00 Service Program: EPOMS-County Based Funding Only - Non-Medic	01/25/2024	01/25/2024
Medicaid	Category: PH Program Status: 95 <b>Service Program: HCB01-CHILDREN</b>	01/25/2024	01/25/2024
Other or Additional Payor	UPMC HEALTH PLAN INC	01/25/2024	01/25/2024
Other or Additional Payor	UPMC HEALTH PLAN INC	01/25/2024	01/25/2024
Co-Insurance	PA Medicaid-No Co-insurance: 0%		
Deductible	PA Medicaid-No Deductible: \$0		
Co-Payment	PA Medicaid-No Co-payment: \$0		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

- Eligibility information will display
- MAB 99-18-01 Revised HealthCare Benefits Packages Provider Reference Chart (MA 446)

# Eligibility Result – Physical Health MCO



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Verification No. 2402508064568 - 01/25/2024

## Recipient

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

## Eligibility Summary

Type	Name	Begin	End
Medicaid	Category: MHX Program Status: 00 Service Program: EPOMS-County Based Funding Only - Non-Medic	01/25/2024	01/25/2024
Managed Care	BHNS-COMMUNITY CARE	01/25/2024	01/25/2024
Medicaid	Category: J Program Status: 00 Service Program: HCB50-ADULT	01/25/2024	01/25/2024
Managed Care	<b>PH31-HIGHMARK WHOLECARE BLUE CROSS BLUE SHIELD</b>	01/25/2024	01/25/2024
Medicaid	Category: J Program Status: 00 Service Program: WAV12-CONSOLIDATED WAIVER	01/25/2024	01/25/2024
Co-Insurance	PA Medicaid-No Co-insurance: 0%		
Co-Payment	MA-Pharmacy Generic Prescriptions/Refills: \$1.00	01/25/2024	01/25/2024
Co-Payment	MA-Pharmacy Brand Name Prescription/Refills: \$3.00	01/25/2024	01/25/2024
Co-Payment	MA-Inpatient Hospital/Rehab/Private Psych: \$3.00	01/25/2024	01/25/2024
Co-Payment	MA-Diagnostic Radiology/X-ray (Tech Component): \$1.00	01/25/2024	01/25/2024
Co-Payment	MA-Outpatient Psychotherapy Services: \$0.50	01/25/2024	01/25/2024
Co-Payment	MA-Sliding scale: \$0.65	01/25/2024	01/25/2024
Deductible	PA Medicaid-No Deductible: \$0		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

- MCO coverage information will display, if applicable
- TPL coverage information will display, if applicable



# PROMISe™ Provider Portal Billing

- Pharmacists will bill for services using CPT on the Professional claim form
- Providers must submit an original claim form within 180 days from the date of service
- Resubmission of denied claims or adjustments must be submitted within 365 from the date of service or will be denied
- Compensable procedures codes can be found:
  - MA Bulletin 10-24-01
  - [MA Fee Schedule \(pa.gov\)](#)

# Online MA Program Fee Schedule



Your search yielded 192 results.

Show  entries

Search:

Prov Type	Prov Spclty Code	Proc Code	Modifier	Proc Price Amt	Place of Service	Details
10	247	99606		29.18	11	<a href="#">Details</a> <b>Procedure Description:</b> MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; INITIAL 15 MINUTES, ESTABLISHED PATIENT <b>Effective Begin Date:</b> 03/01/2024 <b>Effective End Date:</b> 12/31/2299
10	247	99607		27.96	11	<a href="#">Details</a> <b>Procedure Description:</b> MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE) <b>Effective Begin Date:</b> 03/01/2024 <b>Effective End Date:</b> 12/31/2299
10	247	G0008		10.00	11	<a href="#">Details</a> <b>Procedure Description:</b> ADMINISTRATION OF INFLUENZA VIRUS VACCINE <b>Effective Begin Date:</b> 03/01/2024 <b>Effective End Date:</b> 12/31/2299
10	247	G0008		10.00	12	<a href="#">Details</a> <b>Procedure Description:</b> ADMINISTRATION OF INFLUENZA VIRUS VACCINE <b>Effective Begin Date:</b> 03/01/2024 <b>Effective End Date:</b> 12/31/2299
10	247	G0009		10.00	11	<a href="#">Details</a> <b>Procedure Description:</b> ADMINISTRATION OF PNEUMOCOCCAL VACCINE <b>Effective Begin Date:</b> 03/01/2024 <b>Effective End Date:</b> 12/31/2299

- Online MA Program Fee –Provider Type 10/Specialty 247

# Accessing Professional Claim Form



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES



Logout

**PROMISe™ Internet**

My Home **Claims** Eligibility Trade Files Reports Outpatient Fee Schedule Hospital Assessment Help Switch Provider

Claim Inquiry | Submit Institutional **Submit Professional** | Submit Dental | Submit Pharmacy | Search / Request ACN

Claims > **Submit Professional**

Friday 01/26/2024 11:23 AM EST

## 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:	<input type="text"/>	Attachment Control #:	<input type="text"/>
NPI:	<input type="text"/>	Taxonomy:	<input type="text"/>
Zip:	<b>17111-0000</b>		
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"/>
	<span style="color: red;">Recipient ID is required</span>		
Patient Account #:	<input type="text"/>	Patient Pay Amount:	<input type="text"/>
	<span style="color: red;">Patient Account # is a required field</span>		
Last Name:	<input type="text"/>		
First Name:	<input type="text"/>		
Middle Initial:	<input type="text"/>	Demonstration Project Identifier:	<input type="text"/>

### Diagnosis:

Code Type:	<input type="text"/>
<a href="#">Add</a>	Diagnosis Code
<input type="checkbox"/>	01 <input type="text"/> <span style="color: red;">Diagnosis Code is required. Delete row if not used</span>

# Completion of Professional Claim



Logout

## PROMISe™ Internet

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

[Claim Inquiry](#) | [Submit Institutional](#) | [Submit Professional](#) | [Submit Dental](#) | [Submit Pharmacy](#) | [Search / Request ACN](#)

Claims > **Submit Professional**

Friday 01/26/2024 11:23 AM EST

### 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:	<input type="text"/>	Attachment Control #:	<input type="text"/>
NPI:	<input type="text"/>	Taxonomy:	<input type="text"/>
Zip:	<b>17111-0000</b>		
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" value="111111110"/>	Report Transmission Code:	<input type="text"/>
Patient Account #:	<input type="text" value="Test Claim"/>	Patient Pay Amount:	<input type="text"/>
Last Name:	<input type="text"/>	Demonstration Project Identifier:	<input type="text"/>
First Name:	<input type="text"/>		
Middle Initial:	<input type="text"/>		

#### Diagnosis:

Code Type:

[Add](#) Diagnosis Code

<input checked="" type="checkbox"/>	01	<input type="text" value="J101"/>
-------------------------------------	----	-----------------------------------

# Completion of Professional Claim cont.



## Anesthesia:

[Add](#) Anesthesia Related Procedures

## Condition Code:

[Add](#) Condition Code

## Service Information:

<b>Rendering Provider ID:</b>	<input type="text" value="1000000001234"/>	<b>NPI:</b>	<input type="text" value="9876543210"/>	<b>Release of Medical Data:</b>	<input type="text" value="I - Informed Consent to Release Mec"/>
	<b>Taxonomy:</b>	<input type="text"/>	<b>Zip:</b>	<input type="text"/>	
<b>Tax ID:</b>	<input type="text"/>			<b>Benefits Assignment:</b>	<input type="text"/>
<b>Referring Provider ID:</b>	<input type="text" value="MD999999L"/>	<b>NPI:</b>	<input type="text" value="1122334455"/>	<b>Patient Signature:</b>	<input type="text" value="B - Signed signature authorization form or"/>
	<b>Taxonomy:</b>	<input type="text"/>	<b>Zip:</b>	<input type="text"/>	
<b>Referral Code:</b>	<input type="text"/>			<b>Pregnancy Indicator</b>	<input type="text"/>
<b>Place of Service:</b>	<input type="text"/>				
<b>Facility ID:</b>	<input type="text"/>	<b>NPI:</b>	<input type="text"/>		
<b>Facility Name:</b>	<input type="text"/>				
<b>Admission Date:</b>	<input type="text"/>	(MM/DD/YYYY)		<b>Contract Type</b>	<input type="text"/>
<b>Discharge Date:</b>	<input type="text"/>	(MM/DD/YYYY)		<b>Contract Code</b>	<input type="text"/>
<b>Special Program Code:</b>	<input type="text"/>				
<b>Billing Note:</b>	<input type="text"/>				

## Accident:

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

## Ambulance

**Transport Reason Code:**

**Transport Distance:**

**Patient Weight:**

# Completion of Professional Claim cont.



## 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

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:

Remark Code:

# Completion of Professional Claim cont.



**Service Lines:**

SVC#	From DOS	To DOS	Place of Service	Procedure	Units	Billed Amount
1	01/26/2024	01/26/2024	11	99605	1	75.00

**Add**  
**Delete**

**From DOS:**  (MM/DD/YYYY)  
**To DOS:**  (MM/DD/YYYY)  
**Place of Service:**  ▼  
**Procedure:**   
**Modifier1:**   
**Modifier2:**   
**Modifier3:**   
**Modifier4:**   
**Diagnosis Pointer: (1:2:3:4)**   
**CLIA Number:**   
**Comment:**   
**Basis of Measurement:**  ▼  
**Units:**   
**Billed Amount:**   
**Emergency:**  ▼  
**Family Planning:**  ▼  
**EPSDT:**  ▼  
**Contract Type:**  ▼  
**Contract Code:**   
**Contract Version:**

**Service Adjustments for Service Line 1:**

**Add Adjustment**

# Completion of Professional Claim cont.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

New

Submit

Copy

## Claim Status Information

<u>Claim Status</u>	Paid
<u>Claim ICN</u>	2718086028806
<u>Paid Amount</u>	18.70
Paid Date	04/11/2018
Allowed Amount	
Copay Amount	

Hdr/Dtl	ESC	Description	Disposition
Detail 1	9000	BILLED AMOUNT EXCEEDS ALLOWED AMOUNT	Pay
Detail 1	9001	BILLED AMOUNT CUTBACK BECAUSE OF COPAY	Pay
Detail 1	2046	COVERAGE FOR RECIPIENT DEFAULTED TO ADULT	Pay

# Billing Requirements for Vaccines



- Pharmacists can bill vaccine ingredient cost claims on NCPDP, 837P or PROMISe Internet using the accurate NDC and NDC units
- A separate claim **MUST** be submitted for the administration fee
- The administration fee CPT code can be submitted on 837P or PROMISe Professional claim on the internet

# Pharmacy Claim Form



Logout

PROMISe™ Internet

My Home **Claims** Eligibility Trade Files Reports Outpatient Fee Schedule Hospital Assessment Help

Claim Inquiry | Submit Institutional | Submit Professional | Submit Dental **Submit Pharmacy** | Search / Request ACN

Claims > **Submit Pharmacy**

Friday 01/26/2024 12:05 PM EST

## Pharmacy Claim

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

### Billing Information

Billing Provider:	<input type="text"/>	NPI:	<input type="text"/>	Taxonomy:	<input type="text"/>	Zip:	17013-0000
Transaction Code:	<input type="text" value="B1 -Billing"/>						
Cardholder ID:	<input type="text"/>	Cardholder DOB:	<input type="text"/>				(MM/DD/YYYY)
		<b>Cardholder ID is required</b>				<b>Date of Birth is required</b>	
Last Name:	<input type="text"/>	Pregnancy Indicator:	<input type="text" value="NOT SPECIFIED"/>				
First Name:	<input type="text"/>	Eligibility Clarification Code:	<input type="text" value="0 - NOT SPECIFIED"/>				
Date of Service:	<input type="text"/>	Attachment Control #:	<input type="text"/>				
		<b>Date of Service is Required</b>					

### Patient Information

Patient Residence:	<input type="text" value="0 - NOT SPECIFIED"/>	Patient Relationship Code:	<input type="text" value="1 - CARDHOLDER"/>
Patient Gender Code:	<input type="text" value="0 - NOT SPECIFIED"/>	Additional Patient Info Ind:	<input type="text" value="1 - No"/>

### Details

Prescriber ID:	<input type="text"/>	NPI:	<input type="text"/>	Taxonomy:	<input type="text"/>	Zip:	<input type="text"/>	License:	<input type="text"/>
		<b>Prescriber ID is required</b>							
Additional Prescriber Info Ind:	<input type="text" value="1 - No"/>								
Date Prescribed:	<input type="text"/>	Other Coverage Code:	<input type="text" value="0 - NOT SPECIFIED BY PATIENT"/>						
		<b>Date Prescribed is Required</b>							
Rx Qualifier:	<input type="text" value="1 - RX BILLING"/>	Usual and Customary Charge:	<input type="text"/>						
		<b>Usual and Customary Charge is required</b>							
Prescription #:	<input type="text"/>	Pharmacy Service Type:	<input type="text" value="1 - COMMUNITY/RETAIL PHARMACY SERVICES"/>						
		<b>Prescription # is Required</b>							



# Remittance Advice Statement

- The Remittance Advice (RA) Statement explains the status of claims and claims adjustments processed during a processing cycle
- The claim information is arranged alphabetically by recipient last name on the Detail Pages of the RA Statement
- If there is more than one provider service location code, claims will be returned on separate RA Statements for each service location

# Remittance Advice Statement cont.



Logout

## PROMISe™ Internet

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

[Enrolled Provider Search](#) | [EFT and ERA Enrollment](#)

My Home

Friday 01/26/2024 01:15 PM EST

### Provider

**Name** Account

[Redacted]

**Provider ID**

[Redacted]

**Location ID** 0001

- ▶ [My Profile](#)
- ▶ [Manage Alternates](#)
- ▶ [Manage Billing Agents](#)

# Remittance Advice Statement cont.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES



Logout

**PROMISE™ Internet**

My Home Claims Eligibility Trade Files **Reports** Outpatient Fee Schedule Hospital Assessment Help

## Reports

Friday 01/26/2024 01:18 PM EST

Provider ID: [REDACTED]

Location: 0001

You have selected to request output from the following report:

### Weekly Remittance Advice

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.*

List Reports From:

(Required)

To:

(Required)

**Request Reports**

"Weekly Remittance Advice" Reports generated between

Sunday, January 1, 2023 and Friday, March 31, 2023

02/20/2023

# Remittance Advice Statement cont.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES  
PA PROMISE  
PROVIDER REMITTANCE ADVICE

Processing Date: 02/20/2023  
Page: 13  
2

PROVIDER NUMBER    LOC    TYPE    NPI NUMBER  
[REDACTED]    0001    14    [REDACTED]

ICN	LINE NUMBER	QTY	BEGIN DATE OF SERVICE	END DATE OF SERVICE	PROCEDURE CODE MODIFIER or DRUG ID	AMOUNT BILLED	AMOUNT PAID	STATUS	EXPLANATION CODES OR COMMENTS
RID: [REDACTED]			RECIPIENT NAME: [REDACTED]						
[REDACTED]	0					65.00	0.00	D	
[REDACTED]	1	1	02/13/2023	02/13/2023	99212/U7	65.00	0.00	D	4036 D 4044 D 2046 P 9000 P
COPAY: 0.00		DATE OF CLAIM: 02/13/2023		CLAIM TOTAL BILLED:		65.00			
PATIENT ACCT NBR: training									
[REDACTED]	0					65.00	0.00	D	
[REDACTED]	1	1	02/13/2023	02/13/2023	99212	65.00	0.00	D	4036 D 4044 D 2046 P 9000 P
COPAY: 0.00		DATE OF CLAIM: 02/13/2023		CLAIM TOTAL BILLED:		65.00			
PATIENT ACCT NBR: training									

# Resources

## Electronic Provider Enrollment Application

- <https://promise.dpw.state.pa.us>

## Provider Enrollment Information and Training Materials

- [Enrollment Information \(pa.gov\)](#)
- Includes information regarding requirements for each Provider Type
- [Provider Enrollment Docs \(pa.gov\)](#) – Training Materials

## Provider Enrollment and Screening Requirements of the Affordable Care Act

- [ACAforproviders \(pa.gov\)](#)
- Includes the most current information from the Department relating to the ACA federally mandated regulations

## Medicaid Information

- [Medicaid | Medicaid](#)
- Provides information about the ACA federally mandated regulations and how they relate to the Medicaid program

## Department of Human Services Website

- <http://www.dhs.pa.gov/>

## Provider Quick Tip

#265 - How to Check the Status of Your Electronic Provider Enrollment Application/Actions to Take if Your Application Was Returned for Additional Information

#07 – Are You Puzzled by Your Remittance Advice Statement?

- [Quick Tips \(pa.gov\)](#)

## Medical Assistance Bulletins

MAB 10-24-01 – Pharmacist Billing in the Medical Assistance Program

MAB 10-24-02 - Pharmacist Enrollment in the Medical Assistance Program

MAB 99-24-01 – Medical Assistance Program Vaccine Desk Reference

- [Bulletin Search \(pa.gov\)](#)

**DHS Provider Services Center – 800/537-8862 option 2; option 4 for Enrollment**

**PROMISe™ Provider Billing Training – To request billing training email**

- [PROMISe.ProviderTraining@GainwellTechnologies.com](mailto:PROMISe.ProviderTraining@GainwellTechnologies.com)

## MCO Directory

- [MCO Directory \(pa.gov\)](#)