

Pennsylvania Department of Human Services (DHS)

Electronic Provider Enrollment Application Manual

Version 1.1

Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	8/11/2022		New Document	Gainwell Team
Version 1.1	9/23/2022		Added Functionality on Enrollment Summary	Gainwell Team

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1. Introduction

The Electronic Provider Enrollment (PE) Application:

- Streamlines the enrollment process by allowing providers to complete their Medical Assistance (MA) and Children’s Health Insurance Program (CHIP) enrollment online.
- Performs systematic checks to determine the provider’s compliance with the Provider Screening and Enrollment regulations of the Affordable Care Act (ACA).
- Allows required documentation to be uploaded during the application process.

2. Types of Enrollment Applications:

- New application – brand new provider never enrolled with PA Medicaid or CHIP
- New service location application – provider currently enrolled who needs to complete an application for a new service location
- Revalidation application – providers currently enrolled who must revalidate their enrollment. (Providers are required to revalidate their information every five years and be rescreened by DHS).
- Reactivation application – existing provider who must re-activate a previously closed service location
- Change Request – existing provider wishing to change current enrollment information

3. Accessing the Provider Electronic Application:

3.1 New Providers or Providers Reactivating After Being Closed for Two Years or Longer (see figure 1 – PROMISE™ Provider Portal Landing Page)

New providers and those providers reactivating a service location that has been closed for 2 years or longer can access the Electronic PE Application from the PROMISE™ Provider Portal landing page (<https://promise.dpw.state.pa.us/>) in the Provider Enrollment section on the left, which does not require a login to the Provider Portal.

Provider Enrollment Section

- New Application – for those never enrolled
- Reactivation – for those previously enrolled, but closed for 2 years or longer

From the Provider Enrollment Section providers may also:

- Resume a previously started application – see section 6.16
- Review the status of an application – see section 6.17

Figure 1 - PROMISE™ Provider Portal Landing Page



3.2 Existing Providers (see figure 2 – PROMISE™ Provider Portal “My Home” Page)

Existing providers who want to take one of the following actions, must first logon to the PROMISE™ Provider Portal to access the Electronic PE Application, which is available from the “My Home” page - in the Provider Services section :

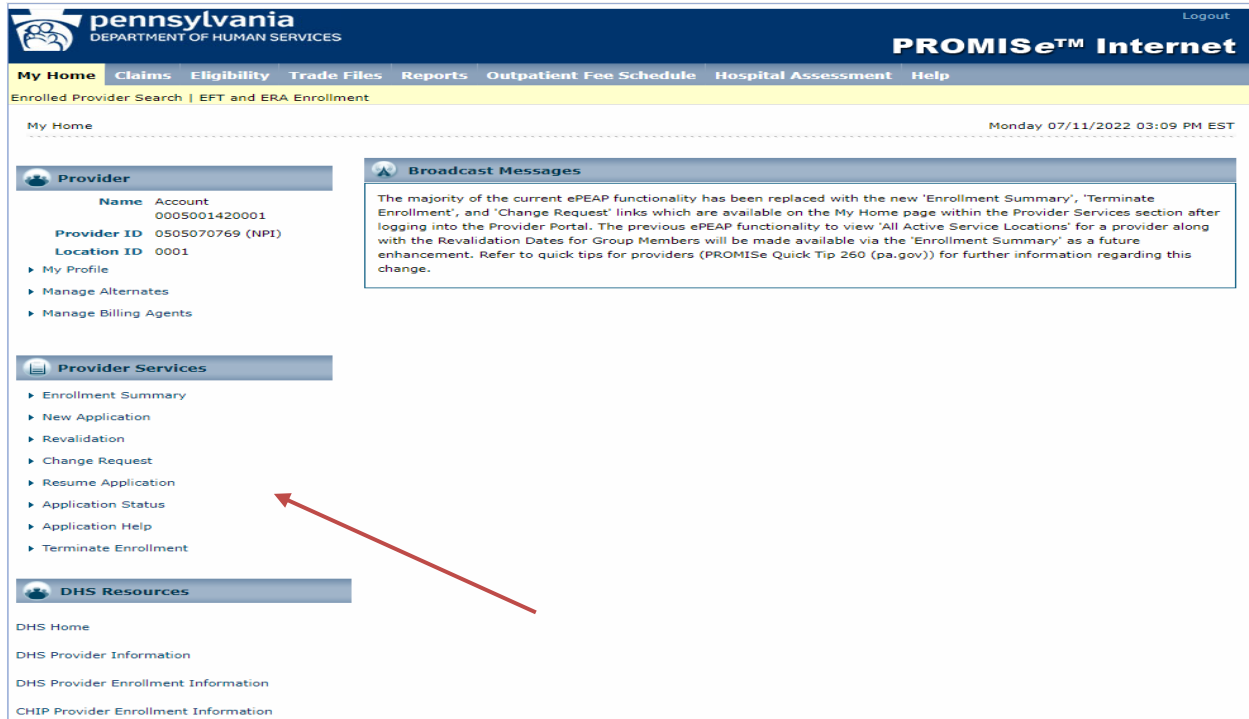
- Enroll a new service location
- Revalidate an existing service location
- Reactivate a service location that has been closed less than 2 years
- Make a change to an existing service location (change request)
- Terminate Enrollment

*Please note that the New Application, Revalidation, Change Request, and Reactivation (where applicable) may contain pre-populated data from PROMISE.

From the Provider Services Section providers may also:

- Access their Enrollment Summary information – see section 6.21
- Resume a previously started application – see section 6.16
- Review the status of an application – see section 6.17
- Access Help

Figure 2 - PROMISE™ Provider Portal “My Home” Page



4. Site Navigation Key Points

- The “Request Information” page is the 1st page of each enrollment application, which includes information about program type, provider type, enrollment type of the provider being enrolled as well as requiring the tax ID/SSN and name of the provider and contact information for the person completing the application, including a password.
- Once this initial page is saved, a unique Application Tracking Number (ATN) is created for that application
- Providers will be able to resume a previously started application or check the status of a submitted application by entering the ATN, tax ID/SSN and password.
- 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, they will receive a message requiring them to respond in order to continue the session

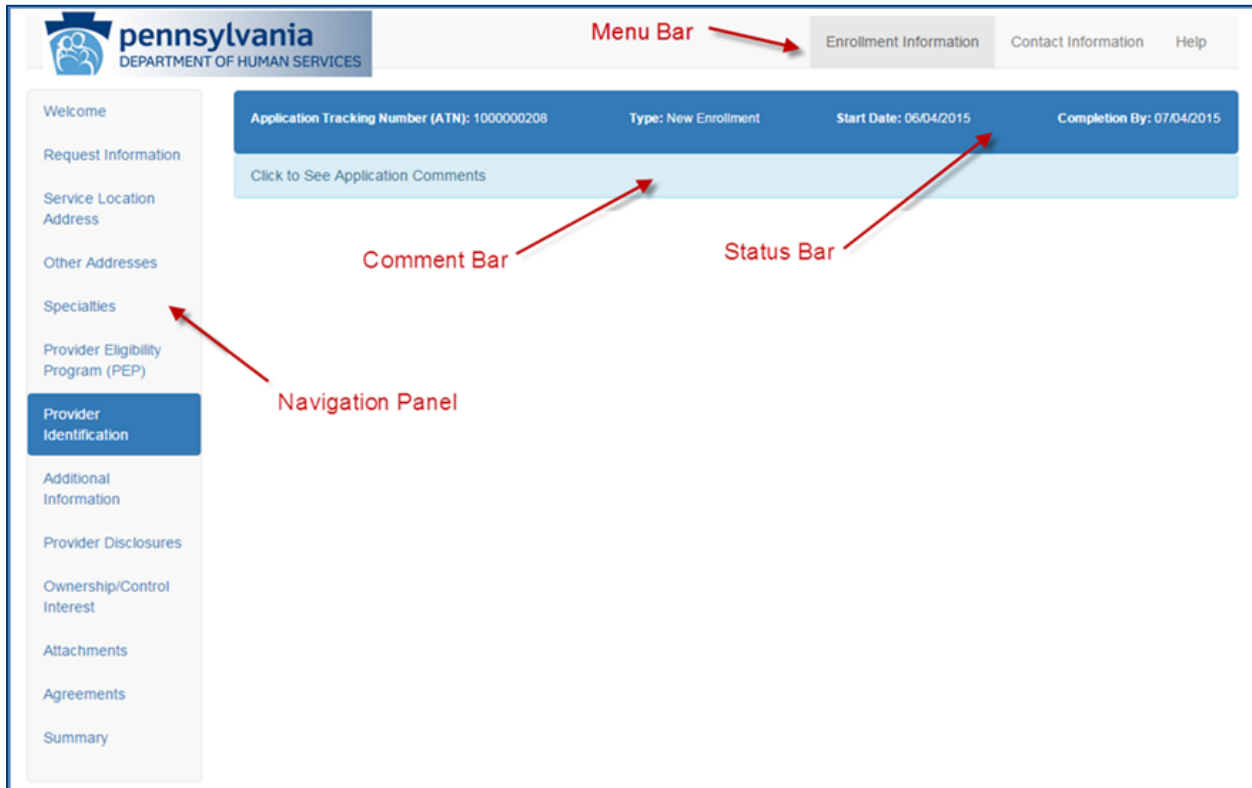
- If a user does not respond within 5 minutes, their session will be ended, and they will need to resume the application at a later time
- Descriptions and Definitions
 - Throughout the application, the pages display a header with descriptions, definitions and helpful webpage links when applicable.
 - Fields are marked with an asterisk if a response is required.
 - Fields are marked with a paperclip if an attachment will be required for submission.
 - Additional help or informational text may be displayed dependent on how a question is answered

5. Electronic PE Application Common Elements

Throughout the application, many common elements will be displayed to assist the user's progress, which include the following (see Figure 3 – Electronic PE Application Common Elements)

- The Application Menu Bar displays across the top of the page and contains the following options:
 - Enrollment Information– opens the DHS provider enrollment information page or the Children's Health Insurance Program (CHIP) page that includes all the provider enrollment applications and their associated instructions
 - Contact Information – opens the DHS Contact Information/Help for MA or CHIP Providers website
 - Help – opens the electronic provider enrollment application field text help document. This document contains the punctuation standards and field text help required for completing a provider enrollment application.
- The Application Navigation Panel shows the user's progress through the application. Pages which the user has already completed can be selected to view or update. Users can always move back in the navigation process but can never jump ahead.
- The Application Status Bar contains the following information:
 - Application Tracking Number (ATN) – the unique number assigned to the application
 - Application Type – indicates new application, revalidation, reactivation or change request
 - Start Date – date the user began the application
 - Completion By Date – date when the application needs to be completed by
- The Application Comment Bar will display comments associated with the current status of the application and any comments from enrollment staff if the application was returned for corrections. The application comment bar will not be visible if there are no current comments for the application. The application comment bar can be clicked to either display or hide the comments.

Figure 3 – Electronic PE Application Common Elements



6. Electronic PE Application Pages

6.1 Request Information Page (see Figure 4 – Electronic PE Application – Request Information Page)

The Request Information Page collects the basic initial information required to start the provider enrollment application.

- Program Type: MA or CHIP
- Provider Type: includes a drop-down list that displays the 2-character provider type and description.
 - **Once the program type and provider type information is saved, it cannot be changed. If this information is incorrect, you will need to begin a brand-new application.
- Enrollment Type: includes a drop-down list that displays the enrollment types associated with the provider type selected.
- Tax Identifier
- Name of Enrollee/Entity Name: will be requested based on the enrollment type selected.
- Contact Information
 - The Contact information will be used for correspondence regarding this application. This is not required to be the provider’s contact information, but rather,

should be the contact information of the person completing the application who can assist with questions regarding this application.

- In addition, email notifications will be sent to the contact email address the user provided, at key points during the application process – see section 8:
- The password will be selected when the application is initially started and must be supplied to re-access the application. The password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 upper case letter, and 1 lowercase letter.

NOTE: In order for the user to resume an application or check the status of a submitted application, the user must have their Application Tracking Number (ATN), FEIN/SSN and their password. If the password is forgotten, the user may reset the password in order to access/resume the application (see section 6.20 for additional information).

Figure 4 – Electronic PE Application - Request Information Page

The screenshot shows the 'Request Information' page for a provider enrollment application. The page is titled 'Request Information' and includes a navigation menu on the left with options like 'Welcome', 'Request Information', 'Service Location Address', 'Other Addresses', 'Specialties', 'Provider Eligibility Program (PEP)', 'Provider Identification', 'Additional Information', 'Provider Disclosures', 'Ownership / Control Interest', 'Attachments', and 'Summary'. The main content area is divided into several sections:

- Request Information:** A introductory text explaining the application process and providing instructions on how to resume an application if it is not completed.
- Initial Enrollment Information:** A section where the user must verify their program type, provider type, and enrollment type. It includes dropdown menus for 'Program Type' (set to 'Pennsylvania Medical Assistance (PA/MA)'), 'Provider Type', and 'Enrollment Type'.
- Tax Identifier:** A section where the user must specify either a Social Security Number (SSN) or Federal Tax Identification Number (FEIN) based on the enrollment type selected.
- Name of Enrollee:** A section where the user must specify either an Entity Name or an Individual's Name based on the enrollment type selected.
- Medicare Enrollment Information:** A section with a checkbox question: 'Are you a Medicare participating Provider?' with 'Yes' and 'No' options.
- Contact Information:** A section where the user must provide contact details for correspondence. It includes input fields for 'Last Name', 'First Name', 'Title', 'Phone Number', 'Toll Free Number', 'Fax Number', 'Email', 'Confirm Email', and 'Password'. The password field has a list of requirements: 'One Lowercase Letter', 'One Number', 'One Uppercase Letter', and '(8-20) Characters Long'. There is also a 'Confirm Password' field and a 'Passwords Match' indicator.

At the bottom of the page, there are two buttons: 'Finish Later' and 'Save & Continue'.

6.2 Service Location Address Page (see Figure 5 – Electronic PE Application – Service Location Address Page)

The Service Location Address page collects the physical address of the provider’s practice as well as general & historical questions pertaining to the service location. If the practice has more than one physical address, a new application is required for each service location. The address entered must be a physical location, not a post office (PO) box. Punctuation cannot be entered in the address fields (no periods, commas, symbols, etc.).

Figure 5 – Electronic PE Application - Service Location Address Page

The screenshot displays the 'Service Location Address' page within the Pennsylvania Department of Human Services' Electronic PE Application system. The page header includes the state logo and navigation links for 'Enrollment Information', 'Contact Information', and 'Help'. A sidebar on the left provides a navigation menu with options like 'Welcome', 'Request Information', 'Service Location Address', 'Other Addresses', 'Specialties', 'Provider Eligibility Program (PEP)', 'Provider Identification', 'Additional Information', 'Provider Disclosures', 'Ownership / Control Interest', 'Attachments', and 'Summary'. The main content area is divided into several sections:

- Application Information:** Shows 'Application Tracking Number (A/R): 1105781238', 'Type: Renewal', 'Start Date: 06/28/2022', and 'Completion By: 07/28/2022'.
- Application Comments:** A note from the Pennsylvania Department of Human Services (DHS) Medical Assistance (MA) stating: 'This application has been prepopulated with data from our system. It must be reviewed and updated accordingly prior to submission.'
- Service Location Address:** A section with instructions: 'Complete the fields on this page and select the Save and Continue button to continue with this application.' It includes a legend: a red asterisk indicates a required field, and a red paperclip icon indicates an attachment is required.
- Service Location Physical Address:** A section with instructions: 'This address must be a physical address where a practitioner maintains an office, holds office hours/sets appointments and renders services. A post office box is not a valid Service Location Physical Address. Verify your selection of the service location physical address state 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 brand new application.' It contains input fields for:
 - Street: 123 Main St
 - City: Camp Hill
 - Zip+4: 17011-0000
 - Email: email3@weda.com
 - Phone Number: 717-772-8132
 - Fax Number: 717-772-2234
 - Room/Suite: (empty)
 - State: PA - Pennsylvania
 - County: Cumberland
 - Confirm Email: mail3@weda.com
 - Phone Extension: (empty)
- Co-location Providers:** A section with instructions: 'If the service location you are enrolling is already occupied by another enrolled provider group that has a different owner than the provider group you work for, you are sharing space, (co-located) and an attestation is required per Medical Assistance Bulletin 99-16-04 titled Enrollment of Co-location Providers.' It includes a question: 'Are you sharing space with another provider?' with radio buttons for 'Yes' and 'No'.
- General & Historical Questions:** A section with instructions: 'The following questions pertain to the service location you are enrolling.' It includes several yes/no questions:
 - 'For providers whose primary practice is in Pennsylvania, do you participate with the Medical Care Availability and Reduction of Error Act (MCare)?' (Yes/No)
 - 'Do you bill for a mobile medical unit from this location?' (Yes/No)
 - 'Do you bill for a mobile dental unit from this location?' (Yes/No)
 - 'Does the office have exterior steps leading to the main entrance doorway?' (Yes/No)
 - 'Does the office have interior steps leading to the main entrance doorway?' (Yes/No)
 - 'Is this address an active Rural Health Clinic or FQHC?' (Yes/No)
 - 'Is the service location address being updated to support the 911 addressing system?' (Yes/No)

At the bottom of the page, there are two buttons: 'Refresh Label' and 'Save & Continue'.

6.3 Other Addresses Page (see Figure 6 – Electronic PE Application – Other Addresses Page)

The Other Addresses page allows the user to assign additional address(es) such as a Mail-To, Pay-To or Home Office address. If the physical location service address should be used as all other addresses you are not required to enter any additional addresses on this page.

If any additional address(es) are different for the other address types, select the appropriate address type that you would like to be different than the Service Location Physical Address.

- Mail-To – is the address where all mailed correspondence from DHS will be sent.
- Pay-To - is the address where all mailed payment and remittance advices from DHS will be sent.
- Home Office - is the address used on IRS documentation.

***Note** - By answering “NO” to the question *Would you like to receive E-Mail notification of new bulletins to the email address assigned to your mail-to address?* you are agreeing to be responsible to check for new Medical Assistance Bulletins (MABs) on your own by visiting the following website: [Bulletin Search \(pa.gov\)](#) OR by signing up to receive notifications of new MABs through the MA Electronic Bulletins Listserv. If you wish to continue receive paper bulletins call 1-800-537-8862 option 2 to see if you meet the requirements.

Figure 6 – Electronic PE Application – Other Addresses Page

The screenshot displays the 'Other Addresses' page within the Pennsylvania Department of Human Services' PROMISE™ system. The page header includes the state logo and navigation links for 'Enrollment Information', 'Contact Information', and 'Help'. A sidebar on the left contains a menu with options like 'Welcome', 'Request Information', 'Service Location Address', 'Other Addresses', 'Specialties', 'Provider Eligibility Program (PEP)', 'Provider Identification', 'Additional Information', 'Provider Disclosures', 'Ownership / Control Interest', 'Attachments', and 'Summary'. The main content area shows application tracking details: 'Application Tracking Number (ATN): 1100781238', 'Type: Revalidation', 'Start Date: 06/28/2022', and 'Completion By: 07/28/2022'. A message states: 'Application Comments Provided by Pennsylvania Department of Human Services (DHS) Medical Assistance (MA): This application has been prepopulated with data from our system. It must be reviewed and updated accordingly prior to submission.' Below this is the 'Other Addresses' section, which explains that users can assign a Mail-To, Pay-To, or Home Office address different from the Service Location Physical Address. It provides instructions on how to specify a different address and complete the fields. A table for 'Service Location Physical Address' shows: Street: 123 Main St, City: Camp Hill, Zip+4: 17011-0000, Room/Suite, and State: PA - Pennsylvania. The 'Other Address Information' section asks the user to select an address type (Mail-To, Pay-To, or Home Office) with radio buttons. A yellow box provides a link for Electronic Funds Transfer Direct Deposit Option information. Another yellow box states: '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.' At the bottom, there is a question: '*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.' with 'Yes' and 'No' radio buttons. Navigation buttons for 'Finish Later' and 'Save & Continue' are at the bottom.

6.4 Specialties Page (see Figure 7 – Electronic PE Application – Specialties Page)

- The Specialties Page will collect the specialties associated with the provider type previously selected on the Request Information page.
- Only specialties that are allowed to be associated with the provider type can be added by selecting from the drop-down list. The first specialty assigned by the user will be designated as the primary specialty, then the user may add additional secondary specialties by clicking the add specialty button. Not all specialties allowed for a provider type can be designated as the primary specialty.
- This page will also collect the required license information for the specialties selected. For specialties requiring a license, a license must be added.

Figure 7 – Electronic PE Application – Specialties Page

The screenshot displays the 'Specialties' page of the Pennsylvania Department of Human Services' Electronic PE Application. The top navigation bar includes the state logo, 'Enrollment Information', 'Contact Information', and 'Help'. A sidebar on the left lists various application sections, with 'Specialties' highlighted. The main content area shows application details: Application Tracking Number (ATN): 1000004015, Type: New Enrollment, Start Date: 03/14/2019, and Completion By: 05/13/2019. Below this, the 'Specialties' section contains instructions and a legend. The 'Associated Specialties' section features a table with columns for Specialty, Sub-Specialty, and Primary. A form is provided to add a specialty, showing 'ProviderType' as '31 - Physician', a required 'Specialty' dropdown menu, and a 'Sub-Specialty' dropdown menu set to 'Not Applicable'. A green '+ Add Additional Specialty' button is located below the form. At the bottom, there are 'Finish Later' and 'Save & Continue' buttons.

6.5 Provider Eligibility Program (PEP) Page (see Figure 8 – Electronic PE Application – Provider Eligibility Program (PEP) Page)

- The Provider Eligibility Program (PEP) Page collects the user’s requested effective date for the enrollment and the PEPs associated with the provider.
- If the enrollment effective date being requested is more than 30 days prior to the date the provider application is submitted, users are required to upload an exception request in writing. The information must include written justification for why an earlier date is being requested. Please note, if the user attempts to add a date more than 30 days prior to the application submitted date, the date will not be accepted by the system.
- PEPs associated with the provider type and specialties that were selected on earlier pages can be added on this page. A provider must be approved for the PEP requested in order to be reimbursed for services to beneficiaries of that program.
- Users may download a list of all PEPs and their full descriptions from this page.

Figure 8 – Electronic PE Application – Provider Eligibility Program (PEP) Page

The screenshot shows the 'Provider Eligibility Program (PEP) Page' within the Pennsylvania Department of Human Services' electronic application system. The page layout includes a top navigation bar with the state logo and user options like 'Enrollment Information', 'Contact Information', and 'Help'. A left-hand navigation menu lists various application steps, with 'Provider Eligibility Program (PEP)' currently selected. The main content area features a blue header with application tracking details: 'Application Tracking Number (ATN): 1000004010', 'Type: New Enrollment', 'Start Date: 03/14/2019', and 'Completion By: 05/13/2019'. Below this, the 'Provider Eligibility Program (PEP)' section explains that PEPs can be added to the application and provides instructions to complete fields and select the 'Save and Continue' button. A 'Requested Effective Date' section contains a text box and a question: '* Is a requested effective date prior to the application submission date required for this enrollment?' with 'Yes' and 'No' radio buttons. The 'Associated PEPs' section allows users to select more than one PEP by clicking on appropriate options, with a highlighted box showing 'Enrollment Not Paid' and 'Fee For Service' as available choices. At the bottom, there is a 'Download' button for a listing of PEPs and their descriptions, and 'Finish Later' and 'Save & Continue' buttons.

6.6 Provider Identification Page (see Figure 9 – Electronic PE Application – Provider Identification Page)

- On the Provider Identification Page the user will enter additional information identifying the provider including Provider IRS/Legal Name and Address, Contact IRS/Legal Name and Address, Organizational Structure, and verification of numbers/certifications for NPI, CLIA Certification, DEA Number, CMS Certificate, etc. where appropriate.
- In the Provider IRS/Legal Name and Address section, the user must enter the legal Name as it is filed with the IRS and as it appears on the IRS generated document. This is the address where your 1099 tax document will be sent.

Figure 9 – Electronic PE Application – Provider Identification Page

The screenshot displays the 'Provider Identification Page' within the Pennsylvania Department of Human Services' electronic provider enrollment application. The page is divided into a left-hand navigation menu and a main content area. The navigation menu includes options like 'Welcome', 'Request Information', 'Service Location Address', 'Other Addresses', 'Specialties', 'Provider Eligibility Program (PEP)', 'Provider Identification' (which is currently selected), 'Additional Information', 'Provider Disclosures', 'Ownership / Control Interest', 'Attachments', 'Agreements', and 'Summary'. The main content area features a header with the Pennsylvania logo and 'DEPARTMENT OF HUMAN SERVICES'. Below this, there are tabs for 'Enrollment Information', 'Contact Information', and 'Help'. A blue banner displays application details: 'Application Tracking Number (A1N): 1000000452', 'Type: New Enrollment', 'Start Date: 01/07/2016', and 'Completion By: 02/06/2016'. The 'Provider Identification' section includes instructions and a legend for required fields (marked with an asterisk) and attachments (marked with a red icon). The 'Provider IRS/Legal Name and Address' section contains a detailed form with the following fields: Last Name (Dr), First Name (Doctor), Middle Initial, Street (123 Main St), Room/Suite, City (Anytown), State (PA - Pennsylvania), and Zip+4 (23220-1235). The 'Contact IRS/Legal Name and Address' section includes fields for Last Name (Dr), First Name (Doctor), Title (Owner), Phone Number (222-222-2234), Phone Extension, Toll Free Number (888-888-8888), Toll Free Extension, Fax Number (888-888-8888), Email (dros@email.com), and Confirm Email (dros@email.com).

Individual Provider

*** Birth Date**

*** Gender**

Title/Degree

*** Are you Board Certified?** Yes No

*** Issuing Date**

Expiration Date

NPI

NPI is a unique identification number for healthcare providers.

*** NPI**

*** Taxonomy**
You may select more than one Taxonomy by clicking on the appropriate taxonomies.

- 207R00100X - Allopathic & Osteo. Physcns : Internal Medicine : Gastroenterology
- 193200000X - Group : Multi-Spcity : Default Spcity Cd
- 193400000X - Group : Single-Spcity : Default Spcity Cd
- 202K00000X - Allopathic & Osteo. Physcians : Phlebology : Default Spcity Cd
- 207R00000X - Allopathic & Osteo. Physcns : Internal Medicine : Default Spcity Cd
- 207RA0000X - Allopathic & Osteo. Physcns : Internal Medicine : Adolescent Medicine
- 207RA0201X - Allopathic & Osteo. Physcns : Internal Medicine : Allergy & Immunology
- 207RA0401X - Allopathic & Osteo. Physcns : Internal Medicine : Addiction Medicine

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

CLIA Certification

*** Are a CLIA Certificate and a Pennsylvania Department of Health Lab Permit associated with this Service Location?** Yes No

DEA Number

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

Finish Later
Save & Continue

6.7 Additional Information Page (see Figure 10 – Electronic PE Application – Additional Information Page)

The Additional Information Page collects additional information if applicable regarding the provider’s enrollment such as, enrollment languages, enrollment questions, tax exempt status, fee assignments, etc.

Figure 10 – Electronic PE Application – Additional Information Page

The screenshot displays the 'Additional Information' page of an electronic provider enrollment application. At the top, the Pennsylvania Department of Human Services logo is visible on the left, and navigation links for 'Enrollment Information', 'Contact Information', and 'Help' are on the right. A blue header bar contains application details: 'Application Tracking Number (ATN): 1000004015', 'Type: New Enrollment', 'Start Date: 03/14/2019', and 'Completion By: 05/13/2019'. Below this, a section titled 'Additional Information' provides instructions and a legend: '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.' The legend indicates that an asterisk (*) denotes a required field and a red paperclip icon denotes a required attachment. The form is divided into three main sections: 'Enrollment Languages', 'Enrollment Questions', and 'Fee Assignments'. The 'Enrollment Languages' section contains a question: '* In addition to English, do you or your staff communicate with patients in another language?' with 'Yes' and 'No' radio buttons. The 'Enrollment Questions' section contains three questions, each with a red paperclip icon: '* Do you provide Diabetes Training Education?', '* Do you provide Mammography Services?', and '* Do you have a certificate of completion for the application of Topical Fluoride Varnish?'. The 'Fee Assignments' section contains one question: '* Would you like to be fee assigned (linked) to a group?' with 'Yes' and 'No' radio buttons. At the bottom of the page, there are two buttons: a red 'Finish Later' button and a blue 'Save & Continue' button.

6.8 Fee Determination Page (see Figure 11 – Electronic PE Application – Fee Determination Page)

The Fee Determination Page is used to determine if a fee is required to be paid along with the application. This page will display when all of the following conditions are met:

- On the Request Information Page, the provider answers “No” to the question, “Are you a Medicare participating provider?”
- At least one of the provider type and specialties for the application requires an application fee.

The Fee Determination Page displays if the application was returned to the provider and an application fee was already paid for the application, regardless of if the above conditions are met.

In most cases when a fee may be required, the user is presented with a series of questions to determine if a fee will be collected at the end of the application process.

In the event this is an application that was returned to the provider, where the user previously paid an application fee, the user will be presented information about their previous payment regardless of their answers to the questions on the page.

Figure 11 – Electronic PE Application – Fee Determination Page

The screenshot displays the Pennsylvania Department of Human Services' Fee Determination page. At the top, the Pennsylvania logo and 'DEPARTMENT OF HUMAN SERVICES' are visible. Navigation tabs include 'Enrollment Information', 'Contact Information', and 'Help'. A sidebar on the left lists various application steps, with 'Fee Determination' currently selected. The main content area shows application tracking details: 'Application Tracking Number (ATN): 1000000171', 'Type: New Enrollment', 'Start Date: 04/07/2016', and 'Completion By: 05/07/2016'. Below this, the 'Fee Determination' section contains a message: 'The Affordable Care Act (ACA) provides guidelines for requirements related to the collection of an application fee.' It includes a legend: a red asterisk for 'Indicates a required field' and a red paperclip for 'Indicates an attachment is required'. A yellow highlighted box states: 'An application fee was already paid for this application on MM/DD/YYYY. Click Here to download a copy of the receipt of the Application Fee you submitted as a PDF.' Below this, a question asks: '* In the past 12 months, have you previously paid an application fee to CHIP or another state's Medicaid?' with radio buttons for 'Yes' and 'No'. Another question asks: '* Do you wish to claim a Hardship Exception for the application fee payment?' with radio buttons for 'Yes' and 'No'. A text box explains: 'A Hardship Coversheet and application instructions will be provided as a downloadable document from the attachments page. Note, CMS hardship requests may delay processing of the application pending a response from CMS.' A final text box states: 'A fee of \$0.00 will be required upon submission of this application.' At the bottom right, there are two buttons: 'Finish Later' and 'Save & Continue'.

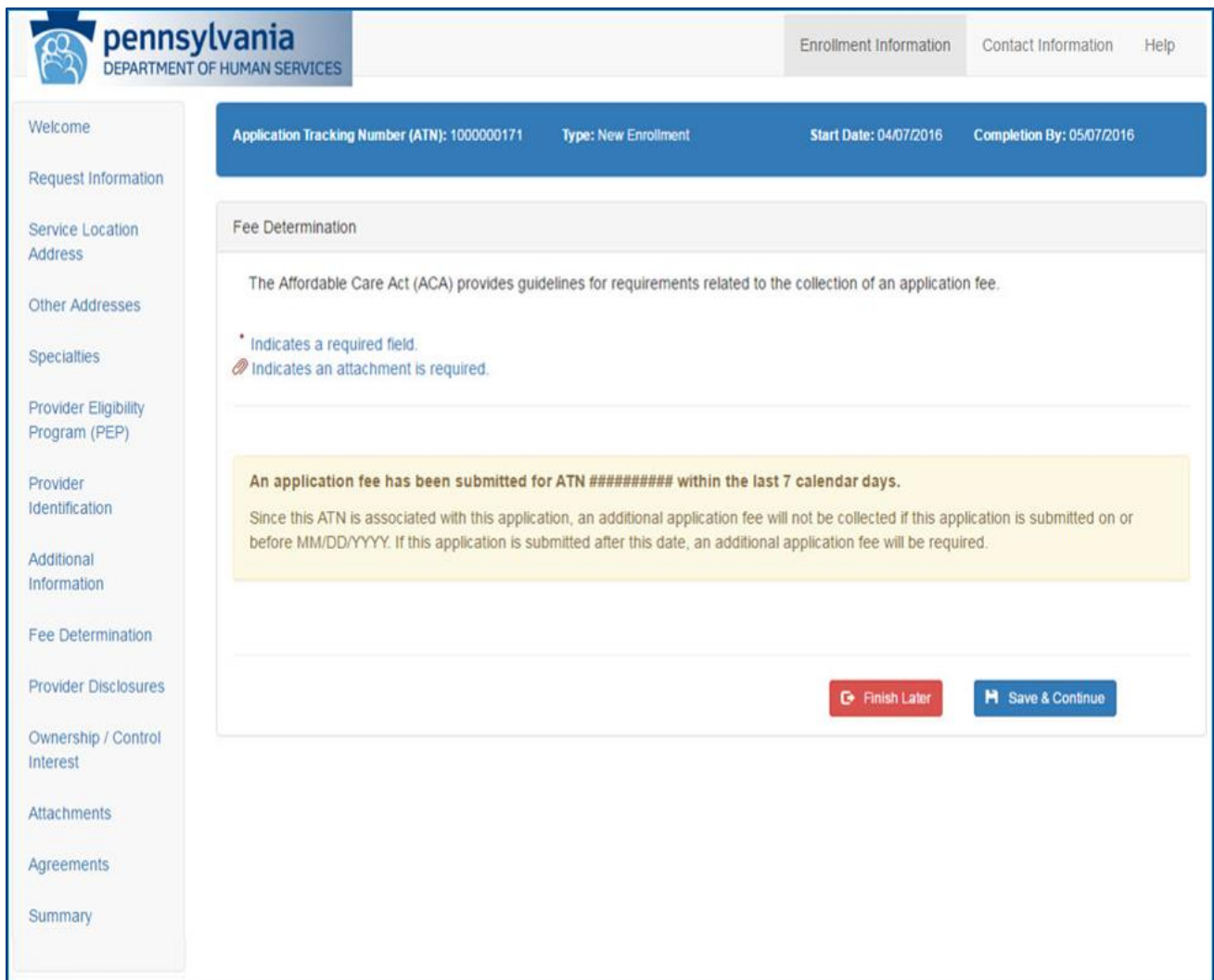
6.9 Fee Determination – Copy Application (see Figure 12 – Electronic PE Application – Fee Determination Copy Application Page)

The Fee Determination Page will only display information to the provider regarding a previously submitted associated payment if either of the following two conditions are met:

- This is a copy of another application where the copied ancestors paid an application fee within the last 7 days of the current date.
- This is a Return to Provider application where the copied ancestors paid an application fee within 7 days of the initial submission date.

If the copied application is not submitted within seven days of the ancestor application (fee paid), the page will not display and the standard fee determination page will be presented.

Figure 12 – Electronic PE Application – Fee Determination Copy Application Page



6.10 Provider Disclosures Page (see Figure 13 – Electronic PE Application – Provider Disclosures Page)

The Provider Disclosures Page collects the user’s responses to the disclosure questions required for the provider’s enrollment.

Definitions for Agent and Managing Employee have been provided in the top section of the page to assist the user in answering the questions following.

Users must answer each disclosure question by selecting yes or no. If the user answers yes, a detailed explanation must be submitted along with three statements from professional associates or peer review bodies giving factual evidence of why they believe the violation(s) will not be repeated.

Figure 13 – Electronic PE Application – Provider Disclosures Page

The screenshot shows the 'Provider Disclosures' page in the Pennsylvania Department of Human Services application. The page features a blue header with the state logo and navigation tabs for 'Enrollment Information', 'Contact Information', and 'Help'. A sidebar on the left contains a menu with options like 'Welcome', 'Request Information', 'Service Location Address', and 'Provider Disclosures' (which is highlighted). The main content area displays application tracking information (Application Tracking Number: 100000435, Type: New Enrollment, Start Date: 01/07/2018, Completion By: 02/06/2018) and a section titled 'Provider Disclosures'. This section includes instructions to respond to questions and select 'Save and Continue'. It also contains definitions for 'Agent' and 'Managing employee'. Below these are several disclosure questions, each with a 'Yes' or 'No' radio button option. The questions include:

- 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?
- Had any judgments entered against you or settlements been agreed to in any professional liability cases?
- Are there any professional liability lawsuits pending against you at the present time?
- Do you have physical or mental health condition(s) which in any way impairs your ability to practice your profession, with or without accommodations?
- Do you have any physical or mental health condition(s) which in any way poses a risk of harm to your patients?
- 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?

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? Yes 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)? Yes No
- *Had a controlled drug license withdrawn? Yes No
- *Been convicted of a criminal offense related to Medicare or Medicaid, or a state health care program? Yes No
- *Been convicted of a criminal offense relating to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance? Yes No
- *Been convicted of interference with or obstruction of any investigation? Yes 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? Yes No
- *Been in default on repayments of scholarship obligations or loans in connection with your education as a health professional? Yes No
- *Been subject to a civil penalty or assessment for any act or omission related to Medicare, Medicaid, or a state health care program? Yes No

[Finish Later](#) [Save & Continue](#)

6.11 Ownership/Control Interest Page (see Figure 14 – Electronic PE Application – Ownership/Control Interest Page)

- On the Ownership / Control Interest Page the user will answer questions related to ownership, controlling interest and managing employee or agent information. Ownership and control information is required in accordance with Federal Regulations 42 CFR Part 455 Subpart B through the Provider Screening and Enrollment provisions of the Affordable Care Act.
- The definitions provided are designed to clarify questions on the Ownership/Control Interest Page.

Figure 14 – Electronic PE Application – Ownership/Control Interest Page

The screenshot shows the 'Ownership/Control Interest' page in the Pennsylvania Department of Human Services' Electronic PE Application. The page is titled 'Ownership/Control Interest' and includes a navigation menu on the left with options like 'Welcome', 'Request Information', 'Service Location Address', 'Other Addresses', 'Specialties', 'Provider Eligibility Program (PEP)', 'Provider Identification', 'Additional Information', 'Provider Disclosures', 'Ownership / Control Interest', 'Attachments', 'Agreements', and 'Summary'. The main content area is divided into several sections:

- Application Tracking Number (ATN):** 100000435 | **Type:** New Enrollment | **Start Date:** 01/07/2016 | **Completion By:** 02/06/2016
- Ownership/Control Interest:**
 - Note: Ownership and control information is required in accordance with Federal Regulations 42 CFR Part 455, Subpart B published July 17, 1979, and expanded through additional subparts on February 02, 2011 through the Provider Enrollment and Screening provisions of the Affordable Care Act.
 - * Indicates a required field.
 - 📎 Indicates an attachment is required.
- Definitions:**
 - The definitions below are designed to clarify certain questions on the following Ownership and Control Disclosure forms. The full text of the regulations governing the disclosure of information by providers and fiscal agents can be found in 42 CFR Part 455 Subpart B.
 - Agent** means any person who has been delegated the authority to obligate or act on behalf of a provider.
 - Managing employee** means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.
 - Significant business transaction** means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of a provider's total operating expenses.
 - Subcontractor** means:
 - a. An individual, agency, or organization to which a provider has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
 - b. An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.
 - Supplier** means an individual, agency, or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer or hospital beds, or a pharmaceutical firm).
 - Wholly owned supplier** means a supplier whose total ownership interest is held by a provider or by a person, persons, or other entity with an ownership or control interest in a provider.
- Managing Employee or Agent Disclosure:**
 - * Does the enrolling individual practitioner have any Managing Employees or Agents? Yes No
- Direct Or Indirect Ownership:**
 - * Are there any subcontractors in which the enrolling individual practitioner has a direct or indirect ownership interest of 5% or more? Yes No
- Criminal Offense:**
 - * Has the enrolling individual practitioner been convicted of a criminal offense related to Medicaid, Medicaid, Title XX, Title XXI (CHIP), or a state health care program? Yes No
- Significant Business Transactions:**
 - * 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? Yes No

At the bottom right of the page, there are two buttons: 'Finish Later' and 'Save & Continue'.

6.12 Background Checks (see Figure 15 – Electronic PE Application – Background Checks Page)

The Background Checks Page will be used to determine if background check information is required to be submitted along with the application. This page will display when the following conditions are met:

- The service location is determined to be a high-risk level
- The provider has an enrollment type equal to “Individual with SSN” or “Individual with FEIN” OR the application has at least one Individual with 5% or more direct or indirect interest in the Provider

Once it is determined that the background page needs to display, the page will determine if background check screening information needs to be collected.

Figure 15 – Electronic PE Application – Background Checks Page

The screenshot displays the 'Background Checks' page within the Pennsylvania Department of Human Services' provider enrollment system. The page header includes the state logo and navigation links for 'Enrollment Information', 'Contact Information', and 'Help'. A blue banner at the top provides application details: Application Tracking Number (ATN): 100004536, Type: New Enrollment, Start Date: 03/03/2019, and Complete By: 05/19/2019. The main content area is titled 'Criminal Background Checks' and contains the following text:

Criminal Background Checks

It has been determined that you are required to obtain a FBI criminal background check for all individuals listed on this page. For more information about the Fingerprint-based Criminal Background Checks and criteria used to assign a provider to the "high" categorical risk level, please see the [Implementation of Fingerprint-based Criminal Background Checks for Providers Assigned ACA Categorical Risk Level of High Medical Assistance Bulletin](#).

If the system was able to determine that a FBI criminal background check was performed by the Department within the last 60 months, the required information has been auto-populated. Please review and update this information as needed. For any individuals where a FBI criminal background check was performed by the Department within the last 60 months and the information has not been auto-populated, please enter it below. For all remaining individuals below, a new FBI criminal background check will be required.

To obtain a FBI criminal background check, a provider and any person with a 5% or more ownership interest in the provider should visit the Department's Provider Enrollment website at <http://www.dhs.pa.gov/provider/promise/enrollmentinformation/index.htm>. Click the link for the FBI criminal background check and follow the instructions provided by the vendor for obtaining a fingerprint-based criminal background check for Pennsylvania Department of Human Services Medical Assistance providers. This along with the completed application will need to be submitted on or before **05/19/2019**.

Along with a FBI criminal background check, each individual listed below will be required to obtain a Pennsylvania State Police Criminal Record Check and upload the results on the Attachments page of this electronic application.

If the system was able to determine that a Pennsylvania State Police Criminal Record Check was performed by the Department within the last 60 months, the required attachment will be auto-populated. Please review and update the attachment as needed. For any individuals where a Pennsylvania State Police Criminal Record Check was performed by the Department within the last 60 months, and the information has not been attached, please upload it on the Attachments page of this electronic application. For all remaining individuals below, a new Pennsylvania State Police Criminal Record Check will be required.

To obtain a Pennsylvania State Police Criminal Record Check, please visit the Department's Provider Enrollment website at <http://www.dhs.pa.gov/provider/promise/enrollmentinformation/index.htm> and click on the link for a Pennsylvania State Police Criminal Record Check.

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

Provider

Name	SSN	*Fingerprint Registration Number	*Fingerprint Collection Date
Test, Provider 📎	588235588	<input type="text"/>	mm/dd/yyyy <input type="text"/>

Buttons:

6.13 Attachments Page (see Figure 16 – Electronic PE Application – Attachments Page)

- The Attachments Page collects all required supplemental documentation that the user must upload for their application. The list of required attachments is based upon information collected during the application process.
- For each required attachment that the user uploads, all of the necessary pages need to be included in one file.
- To upload the required documents, use the Browse button to navigate to the document(s) stored on the user’s computer. Once the appropriate document has been selected, save the document to the enrollment application by clicking the Upload button. Please note the only acceptable document type for upload is Portable Document Format (PDF) and each file that is uploaded is limited to a maximum size of 4MB.

Figure 16 – Electronic PE Application – Attachments Page

<https://provider.enrollment.dpw.state.pa.us/Attachments>

The screenshot displays the Attachments page for a provider enrollment application. At the top, the Pennsylvania Department of Human Services logo is visible. The page header includes navigation links for Enrollment Information, Contact Information, and Help. A summary bar shows the Application Tracking Number (ATN) as 1100774018, the application type as Change Request, the start date as 06/13/2022, and the completion date as 07/13/2022. Below this, a message states that the application has been prepopulated with data from the system and must be reviewed and updated before submission.

The main section is titled "Attachments" and contains instructions for uploading documents. It lists four required attachments, each with a "Browse..." button and an "Upload" button. The "Completed Group Members Form" attachment includes a download icon (R) next to its name. At the bottom of the page, there are two buttons: "Finish Later" and "Save & Continue".

Required Attachments (4 Total)	File
Copy of Federal IRS Tax Document	Browse... <input type="button" value="Upload"/>
Copy of Diabetes Training Education Certificate	Browse... <input type="button" value="Upload"/>
Copy of Mammography Certificate	Browse... <input type="button" value="Upload"/>
Completed Group Members Form <input type="button" value="R"/>	Browse... <input type="button" value="Upload"/>

6.14 Agreements Page (see Figure 17 – Electronic PE Application – Agreements Page)

- The Agreements Page displays the appropriate provider agreement(s) for the enrollment application. Once the user has read the agreement(s) they have the ability to electronically sign verifying the information is accurate, and that the user agrees to the terms of the provider agreement. The person signing the provider agreement must be a duly authorized representative of the provider and have the authority to enter into a legal, valid and binding obligation on behalf of the provider.
- An application with an enrollment type of ‘Group’ will not display a provider agreement but will instead display the standard electronic signature box.

Figure 17 – Electronic PE Application – Agreements Page

The screenshot shows the 'Agreements Page' of the Pennsylvania Department of Human Services. The page header includes the state logo and navigation tabs for 'Enrollment Information', 'Contact Information', and 'Help'. A sidebar on the left lists various application sections, with 'Agreements' highlighted. The main content area displays the 'COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES OFFICE OF MEDICAL ASSISTANCE PROGRAMS' and a 'Provider Agreement for Outpatient Providers'. The agreement text states it is made between the Department and 'John Smith' (the Provider). It lists 11 terms of agreement, including compliance with state and federal regulations, record-keeping, disclosure requirements, and background checks. At the bottom, a signature box contains a text input field with the prompt '* Please sign by typing your full name here:' and a date field showing 'Today's Date: 9/9/2015'. Two buttons, 'Finish Later' and 'Save & Continue', are located at the bottom right of the page.

6.15 Summary Page (see Figure 18 – Electronic PE Application – Summary Page)

- The Summary Page displays the information entered while completing the application. If any changes are required while viewing the Summary page, select the appropriate section from the Application Navigation Panel. Once the user is in the correct section, make the appropriate changes to the application. Please note that navigating back in the enrollment application will require you to proceed through previously completed enrollment application pages.
- After the user has successfully reviewed and signed the application, the application may be submitted for processing by clicking the ‘Submit Application’ button. A pdf copy of the application should be saved for the user’s records. As part of the submission process, the system will capture the submission date and will also save a copy of the application in pdf format for DHS to view.

Figure 18 – Electronic PE Application – Summary Page

The screenshot displays the 'Enrollment Summary' page for a Pennsylvania Medical Assistance (PA MA) application. At the top, the Pennsylvania Department of Human Services logo is visible on the left, and navigation links for 'Enrollment Information', 'Contact Information', and 'Help' are on the right. A blue header bar contains the following information: Provider Number: 000897610-0010, Type: Enrollment Summary, and Revalidation Date: 03/18/2024.

The main content area is titled 'Enrollment Summary' and is divided into two sections:

- Provider Information:** This section contains a table with the following data:

Program Type	Pennsylvania Medical Assistance (PA MA)		
Provider Type	31 - Physician		
Enrollment Type	Individual with SSN		
Last Name	First Name	Middle Initial	
Loser	Jeffrey		
Social Security Number (SSN)	*****45		
Provider Number	000897610-0010		
- Service Location:** This section contains a table with the following data:

Street	320 Woodruff Way	Room/Suite	Suite 303
City	Harrisburg	State	PA - Pennsylvania
Zip+4	17112-8971	County	Dauphin
Email	EKISS@DXC.COM		
Phone Number	(215) 648-7878	Extension	2258
Fax Number	(717) 258-4688		

Below the service location information, there are two questions:

- Co-location Providers: Are you sharing space with another provider? 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)? No

At the bottom, there is another question: Is this address an active Rural Health Clinic or FQHC? No

6.16 Resume application Page (see Figure 19 – Electronic PE Application – Resume Application Page)

- From the PROMISE™ Portal logon page or Provider Services Section on the My Home page of the PROMISE™ Portal , a user may select Resume Application. This will allow the user to continue an incomplete enrollment application and submit the application. Also, the user may view an application returned to the provider for corrections, view comments from provider enrollment staff, make the appropriate updates and resubmit the application.
- To resume an application, the user must enter the ATN, SSN/FEIN, and Password fields correctly and select the Submit button. Once the user has successfully entered the information, the user will be redirected to the Request Information page and will be allowed to proceed through the application. Any information successfully saved during an earlier session will be visible in the application.

Figure 19 – Electronic PE Application – Resume Application Page

6.17 Application Status Page (see Figure 20 – Electronic PE Application – Application Status Page)

The Application Status Page can also be selected from the logon page of the PROMISE™ Portal or Provider Services on the My Home page of the PROMISE™ Portal and it allows a user to view the current status of their application. In order to view a submitted application status, the user must enter the ATN, SSN/FEIN, and the Password fields correctly.

Figure 20 – Electronic PE Application – Application Status Page

The screenshot shows the Pennsylvania Department of Human Services website. The header includes the state logo and navigation links for 'Enrollment Information', 'Contact Information', and 'Help'. A left-hand navigation menu is visible, with 'Application Status' highlighted. The main content area is titled 'Application Status' and contains the following text:

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.

The form includes three input fields:

- * Application Tracking Number (ATN) [masked with #]
- * SSN or FEIN [masked with #]
- * Password [text: Enter application password]

A blue 'Search' button is located at the bottom right of the form area.

6.18 Application Status Summary (see Figure 21 – Electronic PE Application – Application Status Summary Page)

Once the user has successfully entered their ATN, SSN/FEIN and Password and selected the “Submit” button, the Application Status Summary section will display on the page showing the current status of the application.

Figure 21 – Electronic PE Application – Application Status Summary Page

Application Status

Welcome

New Application

Revalidation

Reactivation

Resume Application

Application Status

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 

Application Status Summary

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

Application Tracking Number (ATN):	1000005249
Start Date:	02/22/2021
Date Submitted:	02/22/2021
Status:	Application Approved
Status Date:	02/22/2021
Application Submission PDF:	Download

Approved Application Summary

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

Provider ID:	300443447-0002
Effective Date:	02/22/2021
Revalidation Date:	02/22/2026

Initiate Additional Application

Clicking the Initiate Additional Application link begins another application containing select information prepopulated from this application. The additional application link can only be used to create another application for the same Federal Tax Identification Number (FEIN or SSN), program type and provider type. If a different Federal Tax Identification Number (FEIN or SSN), program type or provider type is required, the Initiate Additional Application link should not be used and instead one of the links in the navigation menu (New, Revalidation, Reactivation) on the left hand side of the page should be utilized.

6.19 Resetting a Password Initial Application (see Figure 22 – Electronic PE Application – Application Password Reset Page)

When an application is initially started and before a tracking ID has been established, the user is prompted to create a password under the “Contact Information” section on the *Request Information* page of the Provider Electronic Enrollment Application.

Functionality is available that allows the provider to reset the password if it’s forgotten.

To reset the password: The user clicks on “Forgot Password?” displayed under the “Password” field on the *Resume Application* page.

The “Application Password Reset” window displays.

Figure 22 – Electronic PE Application – Application Password Reset Page

✕

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)	#####
* Contact Email	myemail@domain.com
* SSN or FEIN	#####
* Provider Type	Select a Provider Type ▼

Do you have a password reset code? Yes No

6.20 Password Reset Procedure (see Figure 23 – Electronic PE Application – Application Password Reset Page Step 2)

The “Application Password Reset” requires the user to input the Application Tracking Number (ATN), Contact Email address, SSN or FEIN and Provider Type.

The user checks ‘No’ next to the question “Do you have a password reset code?” also displayed on the “Application Password Reset” window.

The user is then prompted to provide a New Password and to Confirm the New Password.

User has to select the checkbox and do selections as per the instructions given by reCAPTCHA and finish the validation. .

NOTE – The new password must contain at least one lower case letter, one number, one uppercase letter, and be 8-10 characters long.

If a match is achieved against the four fields above, an email is sent to the contact user email address with a case sensitive alpha-numeric reset code.

Figure 23 – Electronic PE Application – Application Password Reset Page Step 2

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) 1000000129

Contact Email ekiss@hpe.com

* SSN or FEIN 225487877

* Provider Type 25 - Dme/Medical Supplies

Do you have a password reset code? Yes No

* New Password

- ✗ One Lowercase Letter
- ✗ One Number
- ✗ (8-20) Characters Long
- ✗ One Uppercase Letter

* Confirm New Password

- ✗ Passwords Match

Request Reset Code

The “Application Password Reset” window now automatically displays ‘Yes’ next to the question “Do you have a password reset code?” and a text box to enter the Reset Code is displayed. (see Figure 24 – Electronic PE Application – Application Password Reset Code Page)

The user types the reset code sent via email in the “Password Reset Code” field and upon successful submission, the user is notified that the password was reset and will be provided with either a link to resume the application or check the status depending on the page the user is visiting. User has to select the checkbox and do selections as per the instructions given by reCAPTCHA and finish the validation. Visible: Always. Required: Yes.

An email is sent to the contact email address notifying the user that the password was successfully reset.

Figure 24 – Electronic PE Application – Application Password Reset Code Page

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)


* Contact Email

* SSN or FEIN

* Provider Type ▼

Do you have a password reset code? Yes No

* Password Reset Code

I'm not a robot 

Complete Password Reset

6.21 Enrollment Summary (see Figure 25 – Enrollment Summary)

The Enrollment Summary can be accessed from the Provider Services Section on the “My Home” page of the PROMISE™ Portal. The enrollment summary provides information on current enrollment data to allow a provider to review and download a PDF of the information for their use.

Users may also download an extract of all active service locations associated with their 9-digit provider ID and for group providers, download an extract of all providers associated with their service location within the last 2 years.

Figure 25 – Enrollment Summary

The screenshot displays the 'Enrollment Summary' page for a provider. At the top, the Pennsylvania Department of Human Services logo is visible on the left, and navigation links for 'Enrollment Information', 'Contact Information', and 'Help' are on the right. A blue header bar contains the following details: 'Provider Number: 300461580-0001', 'Type: Enrollment Summary', and 'Revalidation Date: 09/18/2021'. Below this, the 'Enrollment Summary' section is expanded to show 'Provider Information' and 'Service Location'.

Provider Information	
Program Type	Pennsylvania Medical Assistance (PA MA)
Provider Type	31 - Physician
Enrollment Type	Group
Entity Name	Zajic Healthcare Co 22013 003
FEIN	*****16
Provider Number	300461580-0001

Service Location			
Street	3721 Market St	Room/Suite	Ste 600
City	Camp Hill	State	PA - Pennsylvania
Zip+4	17011-4326	County	Cumberland
Email	TIM.ZAJIC@HP.COM		
Phone Number	(916) 863-0802	Extension	
Fax Number			

Co-location Providers

Are you sharing space with another provider? No

General & Historical Questions

Do you bill for a mobile medical unit from this location? No

Do you bill for a mobile dental unit from this location? No

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

▼ Other Addresses

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. Yes

Mail-To Address :

Street	2301 Page St	Room/Suite	Ste 400
City	Camp Hill	State	PA - Pennsylvania
Zip+4	17011-3645	County	
Email	EKISS@GAINWELLTECHNOLOGIES.COM		
Phone Number	(916) 863-0802	Extension	
Fax Number			

Pay-To Address :

Street	3721 Market St	Room/Suite	Ste 500
City	Camp Hill	State	PA - Pennsylvania
Zip+4	17011-4326	County	
Email	EKISS@GAINWELLTECHNOLOGIES.COM		
Phone Number	(555) 789-4444	Extension	
Fax Number	(555) 464-7777		

Home-Office Address :

Street	3721 Market St	Room/Suite	Ste 300
City	Camp Hill	State	PA - Pennsylvania
Zip+4	17011-4326	County	
Email	TIM.ZAJIC@HP.COM		
Phone Number	(916) 863-0802	Extension	
Fax Number			

▼ Specialties

Primary Specialty	Sub-Specialty	Primary
▼ 316 - Family Practice		Yes
ProviderType	31 - Physician	
Specialty	316 - Family Practice	Sub-Specialty
▼ 322 - Internal Medicine		No
ProviderType	31 - Physician	
Specialty	322 - Internal Medicine	Sub-Specialty

▼ Provider Eligibility Program (PEP)

Associated PEPs

Provider Eligibility Program (PEP)

▼ Fee For Service			
Effective Date	11/01/2015	End Date	12/31/2299

▼ Provider Identification

Provider IRS/Legal Name and Address

Entity Name	Zajic Healthcare		
Street	3721 Market St	Room/Suite	
City	Camp Hill	State	PA - Pennsylvania
Zip+4	17011-4326		

Contact IRS/Legal Name and Address

Last Name	First Name	Title
Email		

Organizational Structure

Type Business Corporation, For Profit
 Does the provider operate under a Fictitious business / doing business as (d/b/a) name? No

NPI

NPI 1194989434

Taxonomy

- 193200000X - Group : Multi-Spcilty : Default Spclty Cd
- 207Q00000X - Allopathic & Osteo. Physcns : Family Medicine : Default Spclty Cd
- 207R00000X - Allopathic & Osteo. Physcns : Internal Medicine : Default Spclty Cd
- 204C00000X - Allopathic And Osteopathic Physicians Neuromusculoskeletal Medicine, Sports Medicine Default Code
- 204D00000X - Allopathic And Osteopathic Physicians Neuromusculoskeletal Medicine & Omm Default Speciality Code
- 207QA0505X - Allopathic & Osteo. Physcns : Family Medicine : Adult Medicine

Do you want Medicare claims to crossover to this location? Yes

Additional Information

Enrollment Languages

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

Enrollment Questions

Do you provide Diabetes Training Education? No

Do you provide Mammography Services? No

Do you have a certificate of completion for the application of Topical Fluoride Varnish? No

Tax Exempt Status

Do you currently have tax exempt status? No

Fee Assignments

Are members associated to your group? Yes

* Provider Number	
300458824-0001	Zajic, Elizabeth
300532690-0001	Williams, Mary
300532690-0002	Williams, Mary

A maximum of 20 group members who are actively associated to the group will be displayed. To download a Comma Separated Values (CSV) file containing the complete list of group members who have been associated with the group in the last 2 years, select the download icon (download not available from PDF):



Active Service Locations

To download a Comma Separated Values (CSV) file containing the complete list of the active service locations for this provider, select the download icon (download not available from PDF):



View PDF

7. Instructions to Terminate Enrollment (see Figure 26 – Instructions to Terminate Enrollment)

The Terminate Enrollment window will display as a hyperlink under Provider Services on the My Home page of the PROMISE™ Portal and navigate the user to their current enrollment summary information along with the additional section on the page which will allow the user to terminate their enrollment. The link will only appear for active individual providers.

*Please note that the page may contain pre-populated data.

Figure 26 – Instructions to Terminate Enrollment

Instructions to Terminate Enrollment

Once you have reviewed the content for this service location, entered the date of termination and signed the application, select 'Terminate Enrollment' to submit the enrollment termination for processing.

I understand that any false statements or omissions may be subject to prosecution under applicable state or federal law, including 18 Pa. C.S. § 4504, relating to any unsworn falsifications to authorities.

* Please sign by typing your full name here:

Today's Date: 8/10/2022

* Terminate Date:

[View PDF](#) [Terminate Enrollment](#)

8. Email notifications

The Electronic PE Application sends email notifications 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

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 – Once a user has completed and successfully saved the first page of the electronic application, an email will be automatically generated and sent to the contact email provided.

- Online Application Submitted – After the application is completed and successfully submitted, an email is automatically generated and sent to the contact email provided.
- Online Application Returned to Provider for Revisions – When a user’s electronic application has gone to the enrollment staff for review but is returned to the provider for revisions, an email will automatically be generated and sent to the contact email provided.
- Online Application Initiated – Expiring – When a user has initiated an electronic application but has not actually submitted the application, a warning message email is sent when the application is about to expire. The user has thirty (30) calendar days from the date the application was initiated to submit it and will receive an email on day 23 if they have not yet submitted it. The user will have seven (7) calendar days from the date this email is sent to complete and submit the application before it expires.
- Online Application Returned to Provider – Expiring – When a user’s electronic application was previously returned for revisions, a warning message is sent when the application is about to expire. The user has thirty (30) calendar days from the date the application was returned to make corrections and resubmit the application and will receive an email on day 23 if they have not yet resubmitted it. The user will have seven (7) calendar days from the date this email is sent to update the application with the required information or supplemental documents and resubmit it before it expires.

9. Resources

PROMISE™ Portal

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

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

- <http://www.dhs.pa.gov/provider/healthcaremedicalassistance/enrollmentinformation/index.htm>

Department of Human Services Website

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

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

- [c_074003.pdf \(pa.gov\)](#)

Provider Services Center 800/537-8826 option 2 then option 4 for Enrollment