AUDIENCE: All Providers who render Intellectual Disability (ID) Services for the Office of Developmental Programs (ODP).

PURPOSE: This ODP communication is intended to educate providers on the ODP provider integrity process that will be utilized when processing PROMISe™ enrollment applications. This process is effective immediately.

BACKGROUND

Effective July 1, 2009, ODP implemented the Prospective Payment System (PPS). This initiative requires all providers who participate in the ODP waiver and base programs to bill services rendered through the department’s Medicaid Management Information System (MMIS) called the Provider Reimbursement and Operations Management Information System in Electronic Format (PROMISeTM). In order to do so, providers must be enrolled in PROMISeTM and registered in the Home and Community Services Information System (HCSIS). Both systems must have matching provider type and specialty code(s) associated with the provider’s Master Provider Index (MPI) and four digit service location code. The provider type and specialty codes are directly linked with the services the provider is willing and qualified to provide. Base only providers should meet the qualification standards and any agreements held with the Administrative Entity (AE)/County where the base provider intends to provide the service. Base only providers who submit claims through PROMISeTM will be held to the same standards in regards to the enrollment application review and enrollment checklist.

PROMISe™ enrollment is accomplished by accurately completing the PROMISe™ Provider Enrollment Application and submitting all supporting documentation to the ODP Provider Enrollment Unit. An ODP Enrollment Specialist, located in the ODP Provider Enrollment Unit, reviews the PROMISe™ Provider Enrollment Application. Once this task is completed, the enrollment application and the supporting documentation are sent to the Office of Medical
Assistance Programs (OMAP) for final enrollment processing in PROMIsé™. Final PROMIsé™ provider enrollment processing takes approximately four to six weeks from the date the application is received by OMAP.

**DISCUSSION**

Although the process described above will not change, ODP is implementing a provider enrollment application integrity process. This process supports ODP’s quality management strategy while ensuring that all ODP providers continue to meet the standards implemented by the Department of Public Welfare (DPW). Therefore, effective immediately, providers will now have 30 calendar days from the date the application is received at ODP to resolve any discrepancies with the application that is being reviewed. This includes submitting required documentation requested by the ODP Enrollment Unit and the resolution of inconsistencies between the information entered into HCSIS and the information that appears on the application. Providers will be contacted via phone and e-mail to be made aware of any problems with the application. After 30 calendar days, if the issue(s) remain unresolved, the provider application will not be processed and all supporting documentation will be returned to the provider. Along with the returned application and documentation originally sent in by the provider, the provider will receive a message via e-mail or postal mail and the “Office of Developmental Programs Provider Enrollment Checklist” (Attachment 2). The documents that were missing from the original enrollment submission will be indicated on the checklist. Once this occurs, in order for the provider to enroll in PROMIsé™ and enable billing, the provider must resubmit the entire application again. Providers must ensure the resubmitted application includes all supporting documentation including any documentation not previously submitted. Omission of information specified on the checklist will cause a delay in the provider’s PROMIsé™ enrollment and their ability to get claims processed.

The provider must complete the following actions before a PROMIsé™ enrollment application is submitted:

- **ODP Provider Agreement:** Ensure an ODP Waiver Provider Agreement is on file with ODP. Click on the following link to view the ODP Provider Agreement: [https://www.hcsis.state.pa.us/hcsis-ssd/custom/OMR_MAProviderAgreement.pdf](https://www.hcsis.state.pa.us/hcsis-ssd/custom/OMR_MAProviderAgreement.pdf)

- **Provider Qualification:** Before PROMIsé™ enrollment is initiated, the provider must ensure they have been determined qualified by their respective AE to provide the service they intend to submit the enrollment application for;

- **HCSIS Registration:** Providers must ensure their physical service location has been registered in HCSIS [www.hcsis.state.pa.us](http://www.hcsis.state.pa.us);

- **Service Location Code:** Providers must validate their four digit service location code has been verified in HCSIS.
If the service the provider intends to provide requires a license, licensing must take place before the PROMISe™ provider enrollment application is submitted. See attachment #1, “Required Documentation for PROMISe™ Provider Enrollment Application”, for a list of provider types and specialties that require licensing.

Once the provider is qualified for the service and the four digit service location is registered and verified in HCSIS, the provider should submit the PROMISe™ Provider Enrollment Application for the new service location. PROMISe™ enrollment is important because it allows the provider to bill and receive payment for services rendered. The enrollment application can be submitted via fax, postal mail or electronically using the following address:

Fax: (717) 783 - 5141
Attn: Provider Enrollment
Mail: Office of Developmental Programs
Attn: Provider Enrollment
P.O. Box 2675, Room 413
Health & Welfare Bldg. Harrisburg, PA 17105-2675
E-mail: ra-odpproviderenroll@pa.gov

When an enrollment application is received by ODP, the following process occurs:

1. The enrollment application is date stamped.
2. The details of the enrollment application, including the date received, provider name, MPI number, service location code, provider type, and specialty code are recorded and tracked in the enrollment database.
3. The application is reviewed by the ODP Enrollment Unit. If any variations between the information on the application and HCSIS are found, or if any of the required documents listed in Attachment #1 are missing, an Enrollment Specialist will contact the provider using the contact information listed on the application. A follow up e-mail will be sent from the ODP Provider Enrollment mailbox along with a checklist (Attachment #2) which will identify the missing documentation.
4. The provider has 30 calendar days from the date the application is received to resolve the issues described in the e-mail communication. If the issues are not resolved in this time period, the application and all accompanying documentation is sent back to the provider.

At the time the application is returned, the provider will have the opportunity to resubmit the enrollment application. If the application is being resubmitted, the provider should make sure that the entire application along with the required documentation is submitted as one complete packet. The enrollment application will then go through the same process described above.
If an application is approved by the ODP Enrollment Unit, the application is sent to OMAP for final processing and PROMISe™ enrollment. PROMISe™ enrollment can take at least four to six weeks. Once the location is successfully enrolled in PROMISe™, a rate for the service can be assigned.

INQUIRIES

Questions regarding the status of your PROMISe™ enrollment application or this communication should be sent to the following e-mail address:
ra-odpproviderenroll@pa.gov
REQUIRED DOCUMENTATION FOR PROMISE™ PROVIDER ENROLLMENT APPLICATION

The documents listed below must be submitted with every enrollment application.

- Legal IRS documentation generated by the Federal Internal Revenue Service (IRS)
  - For organizations, the documentation should include the name associated with the Federal Tax ID. A W-9 is not permissible
  - For individuals, a copy of your Social Security card, W-2 or any document generated by the Federal IRS showing your name and social security number.
- Provider Disclosure/Ownership or Control Interest Forms – Forms can be found on the DPW website www.dpw.state.pa.us in the enrollment applications section
- Fictitious business name statement/permit (if applicable)
- Articles of Incorporation
- Department of State Bureau of Corporation Papers
- A copy of the professional license/certificate (if applicable)
  - A license is required for the following provider type/specialty code combinations:
    - Provider type 05 Home Health
      - Specialty code 051 Private Duty Nursing
    - Provider type 16 Nurse
      - Specialty codes
        - 160 Registered Nurse
        - 161 Licensed Practical Nurse
    - Provider type 17 Therapist
      - Specialty codes
        - 170 Physical Therapist
        - 171 Occupational Therapist
        - 173 Speech/Hearing Therapist
    - Provider type 19 Therapist
      - Specialty code 208 Behavioral Therapist Consultant
    - Provider type 26 Transportation and provider type 55 Vendor
      - Specialty code 267 Non-emergency
    - Provider type 51 Home and Community Habilitation
      - Specialty codes
        - 410 Adult Day Services
        - 514 Adult Training – 2380
        - 515 Pre-Vocational – 2390
    - Provider type 52 Community Residential Rehabilitation
      - Specialty codes
        - 456 CRR-Adult
        - 520 Child Residential Services – 3800
        - 521 Adult Residential – 6400
        - 522 Family Living Homes – 6500
- A legible copy of the NPPES Confirmation letter that shows the NPI number and taxonomy assigned to the entity applying for enrollment (if applicable)
- Centers for Medicare & Medicaid Services (CMS) certification (if applicable)
- Out of state providers – Proof of home state Medicaid participation
OFFICE OF DEVELOPMENTAL PROGRAMS

Provider Enrollment Checklist

- PROMISe™ Provider Enrollment Application
- Office of Developmental Programs Waiver Provider Agreement (required for waiver providers only – CANNOT BE FAXED)
- Ownership/Control Interest Form
- Non-profit Disclosure Form
- Managing Employee or Agent Disclosure Form
- Legal IRS document
- Articles of Incorporation
- Department of State Bureau Corporation Papers
- Fictitious business name statement/permit
- CMS Certificate
- Certificate of Compliance
- Professional License
- Other (see below)

________________________________________________________

Provider Name: (Provider’s Name) MPI#: (Provider’s MPI#) SLC: (Provider’s service location code) Date: (Date of email)

PLEASE NOTE: If all the documents checked off above are not received by ____________________________, the enrollment application cannot be approved and all documents will be returned to you.

Once all information is received, it can take at least 4-6 weeks for the application to be processed and enrolled in PROMISe™.

If you should have any questions, please contact ODP’s provider enrollment unit at ra-odpproviderenroll@pa.gov or via the ODP Customer Service Hotline 1-888-565-9435 and select option 3.

Please return copies of all completed documents including the checklist to:

Office of Developmental Programs
Attn: Provider Enrollment
P.O. Box 2675, Room 413
Health & Welfare Bldg.
Harrisburg, PA 17105-2675
E-mail: ra-odpproviderenroll@pa.gov
Fax: 717-783-5141