AUDIENCE: Administrative Entities (AEs), Supports Coordination Organizations (SCOs), All Direct Service Providers (Waiver and Base Providers), and Other Interested Parties

PURPOSE: This Office of Developmental Program (ODP) communication is the first of multiple communications that are intended to provide guidance to AEs, SCOs, and direct service providers during the fiscal year (FY) 2012-2013 Individual Support Plan (ISP) renewal period.

The following topical areas are addressed in this communication:

- FY 2012-2013 estimated waiver rate load in the Home and Community Services Information System (HCSIS)
- Unit impact when creating the draft FY 2012-2013 renewals
- Anticipated FY 2012-2013 service definition changes and their FY renewal impact
- How Supplemental Habilitation (SH) and Additional Individualized Staffing (AIS) services will be addressed during the FY 2012-2013 ISP renewal period
- Reminders and resources

FY 2012-2013 ESTIMATED WAIVER RATE LOAD

The FY 2012-2013 estimated waiver rates are expected to be viewable in HCSIS by the end of May 2012. The estimated waiver rates are subject to the final amounts appropriated by the General Assembly. A forthcoming communication will detail more specific timelines.

UNIT IMPACT WITH CREATING THE DRAFT 2012-2013 FY RENEWAL

When a draft fiscal year renewal is created, HCSIS copies all of the information from the existing approved ISP into a new draft ISP. However, when two date unit/segments exist, only the second date/unit segment pre-populates into the draft FY renewal, which is the case with the 2012-2013 FY renewals. The units in the 2012-2013 draft FY renewal will need to be modified to reflect what the ISP Team agrees will meet the assessed needs of the individual for fiscal year 2012-2013 (See ‘Leap Year’ reminder, page 9). The ODP regional offices will be distributing reports to the AEs that contain the total units per service for fiscal year 2011-2012. This report should minimize the calculation efforts needed to compute the units for FY 2012-2013. This report is anticipated to be distributed the week of April 2, 2012.
ANTICIPATED SERVICE DEFINITION CHANGES AS A RESULT OF THE WAIVER RENEWAL

The implementation of the following information is contingent on CMS approval of the Consolidated and P/FDS FY 2012-2013 waiver renewals and the final budget by the General Assembly. When approved, these changes will be effective July 1, 2012.

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| Cap for the P/FDS Waiver ISPs | ● The P/FDS Waiver cap is projected to increase to $30,000 effective July 1, 2012.  
● The individual’s projected plan budget (PPB) amount will not be accurate until after the FY 2012-2013 estimated waiver rates are loaded in HCSIS.  
● The FY 2012-2013 estimated waiver rates are currently scheduled to be viewable in HCSIS towards the end of May 2012. | AE Action:  
It may be beneficial to wait to approve and pre-authorize the ISP until the rate load is complete so that there is a more accurate total of the individual’s budget.  

AEs who have access to the Enterprise Data Warehouse (EDW) should review the ODP AE Performance Dashboard for a list of ISPs that are currently near the waiver cap. To access the AE Performance Dashboard, click on the following link: [https://www.dpwrpt.state.pa.us](https://www.dpwrpt.state.pa.us) > enter your username and password > click the HCSIS link > click Near Real Time Reports > click ODP AE Reports  
If the sum of all services authorized with the P/FDS funding streams for FY 2012-2013 is greater than the anticipated FY 2012-2013 P/FDS Waiver cap, consider the following:  
● Split services among Base funding streams: The County Financial Manager or ISP Financial Support role can split funding for services using Base funding streams in addition to P/FDS.  
● Revise services funded by P/FDS: With input from the individual and his/her team, an SC can perform a critical revision to the individual’s plan to adjust units of services to accurately reflect the assessed need, or select providers with lower rates. Refer to Supports Coordination trainings, the ISP Approval job aid, and the ISP Financial Support job aid for step-by-step instructions, located in LMS. If a reduction does occur, please be mindful of the due process and notification rights of the individual. |
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| **Transportation**    | It is anticipated that effective July 1, 2012, the transportation trip service definitions will be redefined for all providers as follows:  
  - Zone 1 (W7274) includes trips that are > than 0 and up to 20 miles  
  - Zone 2 (W7275) includes trips that are > than 20 miles and up to 40 miles  
  - Zone 3 (W7276) includes trips that are > than 40 miles and up to 60 miles  
  
  The zone transportation procedure codes will have new short and long descriptions in HCSIS. This is anticipated to be viewable in HCSIS on May 17, 2012.  
  
  It is anticipated that effective July 1, 2012, the per diem transportation service, procedure code W7273, will no longer be offered by ODP and has been removed as a transportation service. | Provider Action:  
  - ODP will automatically end date procedure code W7273 on the SSD in HCSIS¹. This is anticipated to occur on May 17, 2012.  
  - If you still intend on providing one of the three zone transportation services, you will have to ensure you are enrolled as the correct provider type (PT). The zone transportation codes will only be associated with PT 26 and PT 54. Effective July 1, 2012, PT 55 will not be a valid PT for the three zone transportation procedure codes.  
  - If you will not be providing any type of transportation service (PT 26, PT 54 or PT 55), please update your SSD and end date these services.  
  - See the RESOURCE section of this communication for instructions on how to view your current provider types and specialties and how to enroll a new provider type.  
  - Once you enroll as either a PT 26 or PT 54 or validate you are already enrolled as a PT 26 or PT 54, add the applicable zone transportation codes to your SSD. Instructions to do this are found in the RESOURCE section of this communication.  
  - Providers who bill for any of the zone transportation services and use a transportation aide will be required to bill using a U2 modifier. The U2 modifier will tell the claims processing system that the service you provided included a transportation aide.  
  
  SCO/AE action:  
  - ODP will be automatically end date procedure code W7273 on the SSD in HCSIS. This is anticipated to occur on May 17, 2012. When the FY 2011-2012 is copied to the FY 2012-2013 draft renewal, this service will not be copied over. However, if the FY 2012-2013 draft  

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¹ The end-date for this service will be June 30, 2012. This end date is anticipated to be viewable in HCSIS on May 17, 2012.
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| Transportation (continued from previous page) | aide on the vehicle. If a provider transports 6 or fewer participants, the provider has the discretion to determine if an aide is required. The determination must be based upon the needs of the participants, the provider’s ability to ensure the health and welfare of participants and compliance with waiver requirements. | renewal was created **before** W7273 was end dated by ODP the SCO/SC will have to remove W7273 from the draft ISP.  
- If you look in the SSD and determine that the current transportation provider does not have any of the zone transportation codes on their SSD, reach out to the provider and validate whether they will be continuing to provide the service. If so, communicate to them that they are required to enroll as a either a PT 26 or PT 54 before they can add the transportation zone procedure codes to their SSD. Once the provider is enrolled as a PT 26 or PT 54 they will be able to add the zone transportation codes to their SSD.  
- SCs are required to document the use of a transportation aid in the ISP through an Outcome Action related to the transportation service in the *What Actions are Needed* field. |
| Home Finding | It is anticipated that effective July 1, 2012, Home Finding service (procedure code W7277) will no longer be offered by ODP and has been removed as a service. | **SCO/As Action:** ODP will automatically end date procedure code W7277 on the SSD in HCSIS². This is anticipated to occur on May 17, 2012. When the FY 2011-2012 is copied to the FY 2012-2013 draft renewal, this service will **not** be copied over. However, if the FY 2012-2013 draft renewal was created before W7277 was end dated by ODP, the SCO/SC will have to manually remove W7277 from the draft ISP. |
| Vacancy Factor | It is anticipated that bed reservation days (medical and therapeutic leave) with dates of service July 1, 2012 and forward will no longer be required to use a modifier when billing. The FY 2012-2013 estimated waiver rates for bed reservation days will be included in | **Residential Habilitation Service Provider Information:** The UC modifier will no longer be required for billing medical and therapeutic leave during for dates of service July 1, 2012 and forward. Medical or therapeutic leave with a date of service **before** July 1, 2012 must continue to use the UC modifier during billing. For dates of service July 1, 2012 and forward, the provider **should not** bill |

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² The end-date for this service will be June 30, 2012. This end date is anticipated to be viewable in HCSIS on May 17, 2012
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<td><strong>Vacancy Factor</strong> (continued from previous page)</td>
<td>the waiver residential habilitation rate. Permanent Vacancy will no longer be offered by ODP for dates of service July 1, 2012 and forward. The Permanent Vacancy procedure codes are W7030 and W7056.</td>
<td>residential services on those days that the individual is on medical or therapeutic leave. A future communication will go into more detail regarding the billing rules associated with FY 2012-2013.</td>
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| **Respite, Licensed Out-Of-Home** | It is anticipated that effective July 1, 2012, the following Licensed Out-of-Home respite services will no longer be offered by ODP:  
- W9592 - Respite provided by the Licensed Community Residential Rehabilitation under 55 Pa. Code Chapter 5310.  
- W9593 - Respite provided by the Licensed Family Living Home under 55 Pa. Code Chapter 6500.  
- W9594 - Respite provided by the Provider Action:  
- Providers who render respite services are required to be enrolled as a provider type 51 specialty 513 or they will risk not getting paid. Reference the attachment in bulletin# 00-11-02 for a list of 15-minute and 24-hour respite services that are available to be rendered in FY 2012-2013. While reviewing the bulletin please remember to disregard W9591, W9592, W9593, and W9594 as available services in FY 2012-2013.  
- ODP will be automatically end date procedure codes W9591, W9592, W9593, and W9594 for June 30, 2012 on the SSD in HCSIS. The end-date will be viewable in HCSIS on May 17, 2012.  
- Waiver providers interested in providing Waiver funded Licensed Out-of-Home Respite (15-minute and/or 24-hour) beginning July 1, 2012 must be qualified to deliver the appropriate Licensed Out-of-Home Respite service and enroll in HCSIS and PROMIsese™ as a provider type 51 |
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| Respite, Licensed Out-Of-Home (continued from the previous page) | Licensed Community Home under 55 Pa. Code Chapter 6400. | specialty 513. See the RESOURCE section of this communication for instructions on how to register a new provider type in HCSIS and PROMISE™.  
• Reference the bulletin # 00-11-02 attachment for a list of 15-minute and 24-hour respite services that are available to be rendered in FY 2012-2013. While reviewing the bulletin, remember to disregard W9591, W9592, W9593, and W9594 as available services in FY 2012-2013.  

SCO/AE action:  
• ODP will be automatically end date procedure codes W9591, W9592, W9593, and W9594 on the SSD in HCSIS³. As a result, when the FY 2011-2012 is copied to the FY 2012-2013 draft renewal, these services will not be copied over. However, if the FY 2012-2013 draft renewal was created before W9591, W9592, W9593, or W9594 were end dated by ODP, the SCO/SC will have to manually remove them from the draft ISP.  
• If the ISP Team determines that a respite service will continue to meet the assessed needs of the individual in FY 2012-2013, validate with the current provider whether they will be continuing to provide respite services. If so, inform them that they must select another applicable respite service to attach to their SSD so it can be added to the individual's ISP for FY 2012-2013.  

Homemaker/Chore Services | It is anticipated that effective July 1, 2012, provider type 51 (Home and Community Habilitation) will be the only provider type permitted to render Homemaker/Chore services (procedure | Provider Action:  
• ODP will automatically end date provider type 55 on the SSD in HCSIS and it will longer be a valid provider type to render Homemaker/Chore services, procedure codes W7283 and W7283 UA. This is anticipated to occur on May 17, 2012⁴. |

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³ The end-date for these services will be June 30, 2012. The end-dates are anticipated to be viewable in HCSIS on May 17, 2012  
⁴ The end-date for these services will be June 30, 2012. The end-dates are anticipated to be viewable in HCSIS on May 17, 2012
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| Homemaker/Chore Services (continued from previous page) | codes W7283 and W7283 UA). Provider type 55 (Vendor) will no longer be reimbursed for procedure codes W7283 and W7283 UA effective July 1, 2012. | • If you still intend on providing Homemaker/Chore services, you will have to ensure you are enrolled as either a provider type 43, 51 or 54.  
• See the RESOURCE section of this communication for instructions on how to view your current provider types and specialties and how to enroll a new provider type.  
• Once you enroll as the appropriate provider type or validate you are already enrolled as the appropriate provider type, add Homemaker/Chore services to your SSD. Instructions to do this are found in the RESOURCE section of this communication. |

**SCO/AE action:**

• ODP will automatically end date provider type 55 on the SSD in HCSIS and it will longer be a valid provider type to render Homemaker/Chore services, procedure codes W7283 and W7283 UA. As a result, when the FY 2011-2012 is copied to the FY 2012-2013 draft renewal, these services will **not** be copied over. However, if the FY 2012-2013 draft renewal was created **before** provider type 55 was end dated on the SSD in HCSIS the SCO/SC will have to manually remove Homemaker/Chore services from the draft ISP.  
• If the ISP Team determines that W7283 will continue to meet the assessed needs of the individual in FY 2012-2013 contact the current provider and validate whether they will be continuing to provide the service. If so, communicate to the provider that they are required to be enrolled as either provider type 43, 51, or 54 or they will risk not getting paid.
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<td>Day Program Ratios</td>
<td>It is anticipated that effective July 1, 2012, the following Community-based services will be placed on the Medical Assistance fee schedule: Licensed Day Habilitation-Adult Training Facilities, Prevocational Services, Supported Employment services, Transitional Work services, Home and Community Habilitation (Unlicensed) services and respite services (all waiver funded respite services, excluding respite camp).</td>
<td>Provider/SCO Action: Providers should work with SCOs to ensure the level of service authorized on each individual’s ISP is accurate. The level of service should match what is listed in the Staffing Ratio-Day and Staffing Ratio-Home sections of the ISP. For example, Pre-Vocational staff ratio of 1:15 should be reflected as Pre-Vocational-Base in the Service Details.</td>
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SH AND AIS SERVICES

During the FY 2012-2013 renewal period, AIS prior authorization requests that were approved as a result of an individual retiring will follow an abbreviated prior authorization request process.

The ODP SH/AIS Leads at each regional office are compiling a report that lists the individuals who have received prior authorization approval for either SH or AIS services up to June 30, 2012. The individuals who are receiving AIS services as a result of retirement will be pointed out. ODP recognizes that individuals who are prior authorized to receive AIS services as a result of a retirement, will likely continue to maintain a need for AIS services in future fiscal years. As a result, ODP will be using an abbreviated prior authorization process for this specific situation. AEs who receive a list that contains line items where AIS was prior authorized as a result of retirement should understand their expected action and communicate the following information to providers and SCOs:

**ODP Action**
- ODP will auto approve the prior authorization in PROMISe™ for the entire FY 2012-2013
- If AIS is approved for less than a fiscal year in 2011-2012, then the units will be calculated by prorating
- After the authorization is complete in PROMISe™, then Individuals/Families, AEs, SCOs and the regions will receive the "Notice of Prior Authorization Decision" letter in the mail.

**AE Action**
- Once the AE receives the "Notice of Prior Authorization Decision" letter in the mail, they should verify that all the information contained in it is aligned with the ISP.
- Update units appropriately if they are inconsistent in the letter and on the ISP
- Once verification is complete, the service should be authorized on the ISP.
- Navigate to "Pending Approval /Review" screen and click [Approved]
- Click [Authorize Services]

**RATE LOAD DEPENDENCIES (Provider Qualification and Synchronized PT and Specialties)**

Validate provider type and specialty codes are synchronized: Providers should review their current service locations, provider types, and specialties in PROMISe™ and the HCSIS/Provider Access to ensure that both systems have the same enrollment information. If the provider types and specialty codes do not match exactly in both systems, a rate cannot be loaded for the procedure code (service).
Provider Qualification: Direct service providers who have enrolled new provider types and/or added new specialties for FY 2012-2013 are required to qualify using the ODP Qualification Process. If a provider fails to perform the ODP Qualification Process, provisional on-hold contracts WILL NOT be converted to real contracts in HCSIS, which will prevent the FY 2012-2013 service from being added and authorized in an ISP. The qualification information stated in this paragraph does not apply to SCOs/SCs. See the RESOURCES section of this communication for more information regarding qualification.

REMINDEERS

Non Waiver Service Rates:
AEs are responsible for entering rates for non waiver service codes (base-funded). Rates for waiver-funded services paid for by base funds will continue to be added to the system by ODP. AEs should send those rates to the ODP Regional Fiscal Officer (RFO) and the RFO will ensure the rates are loaded.

Cap for P/FDS Waiver ISPs:
AEs should ensure that the Assessed Needs and Health and Welfare of existing P/FDS waiver participants are addressed within the P/FDS cap. This requirement is found in section 4.3.4 of the AE Operating Agreement. A person’s needs may also be addressed through Waiver services, generic resources, community opportunities and family and natural supports.

SUTA:
The State Unemployment Tax Act (SUTA) percentage is determined by the Pennsylvania Department of Labor and Industry. When the FY 2012-2013 SUTA percentage becomes available, the ODP Regional Offices will provide it to the AEs who in turn will distribute it to the SCOs.

Leap Year:
When the draft 2012-2013 fiscal year renewal is created, HCSIS copies all of the exact information from the existing approved ISP into a new draft ISP. FY 2011-2012 included a leap year which meant one extra day was reflected on the ISP. For fiscal year 2012-2013, AEs and SCOs should ensure the units reflect 365 calendar days instead of 366 calendar days.

“Annual Review Update Date”:
Correct completion of this field will ensure that reporting mechanisms in HCSIS related to the ISP data are accurate. During the 2012-2013 FY Renewal period, it is strongly recommended that SCOs confirm that the Annual Review Update Date on the individual’s ISP is accurate as specified in Informational Memo #051-11, issued on April 15, 2011. Informational Memo #051-11 provides the purpose and intent of this field as well as instructions on when to correct the Annual Review Update Date field in HCSIS.
Public Transportation: If a public transportation provider’s rates are set by PennDOT or the Public Utility Commission (PUC), these providers should be enrolled as a PT55/specialty 267 in both HCSIS and PROMISe™. **If the provider fails to enroll as a PT 55/specialty 267 in this situation, there is a risk that they will not be paid the correct rate.** See the RESOURCE section of this communication for provider enrollment instructions.

Public Transportation providers whose rates are NOT set by PennDOT or PUC but who submit a cost report may be enrolled as a PT 26/specialty 267 and should not experience any payment issues. Please be sure to check your service authorization notices and rates to ensure that your rates were loaded correctly as cost-based rates.

Review Informational Packet #003-09, issued on April 28, 2009 for more information on the following:

- when an organization is considered a provider or vendor of a service
- additional details regarding transportation
- how to add a vendor service to the ISP

Updating the SSD: Providers should review their current service offerings in HCSIS and update their SSD by making the following changes, where applicable:

- Adding or deleting service offerings for a particular AE, based on the provider’s intentions for service in FY 2012-2013
- Replacing any end dated service offerings with alternative service offerings, where applicable
- Deleting any services as well as the physical service location addresses in HCSIS where the service offerings have been end dated
- Adding specialty codes so that all service locations are aligned with PROMISe™. Providers should review their current service locations, provider types, and specialties in PROMISe™ and HCSIS/Provider Access to ensure both systems have the same enrollment information. If the provider types and specialty codes do not match exactly in both systems, a rate cannot be loaded for the associated procedure code (service).

For more information regarding updating the SSD, please review the RESOURCES section of this communication.
Pennsylvania Department of Public Welfare  
Office of Developmental Programs

### RESOURCES

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| **Waiver Renewal Applications Submitted to CMS** | ODP is pleased to announce that copies of the submitted Waiver renewal applications are being made publicly available on the DPW website for the first time prior to CMS approval. It is also important to note because these Waivers have not been approved by CMS changes may be made to the content based upon discussions with CMS during the approval process.  

Information on the Consolidated and P/FDS Waiver Renewal Applications can be found on the DPW Website ([www.dpw.state.pa.us](http://www.dpw.state.pa.us)): Learn about DPW > Waiver Information > Consolidated Waiver for Individuals with Intellectual Disabilities or Person/Family Directed Support Waiver.  

Consolidated Waiver Renewal Application:  

Person Family Directed Support (P/FDS) Waiver Renewal Application:  

| **Modifying a service offering on your SSD** | Visit the Learning Management System (LMS) on the HCSIS website for instructions on how to add a service offering to the SSD. Log into HCSIS. After you reach the Welcome to HCSIS screen, click the Learning Management System (LMS) link. After logging in, click “My Curriculum” on the Welcome to LMS screen. Instructions on how to add a service to the SSD can be found under **ODP: PROV100I Provider Materials > Provider Access Registration Job Aid v7.1 01/24/11** (for providers new to HCSIS) or **Provider Access Updates Tip Sheet** (for current HCSIS providers). |
| **Adding a service to an individual’s ISP** | Visit the LMS on the HCSIS website for instructions on how to add a service to an individual’s ISP. Log into HCSIS. After you reach the Welcome to HCSIS screen, click the Learning Management System (LMS) link. After logging in, click “My Curriculum” on the Welcome to LMS screen. Instructions on how to add a service to an individual’s ISP can be found under **ODP: SC100I Supports Coordination > Chapter 10: ISP Services and Supports v7.0 7/25/09** |
| **Provider Qualification** | For direct service providers who need to complete annual qualification applications, they must be submitted in HCSIS and all supporting documentation must be sent to the qualifying AE each year prior to the previous annual application’s Annual Expiration Date. If the annual application is not completed prior to the Annual Expiration Date, the provider’s service offering’s Qualification Status will be set to Expired which will prevent real contracts from being created. Similarly, if a direct service provider has submitted their application, but their Annual Expiration Date passes without being put into a “Qualified” status, their Qualification Status will be set to “Pending AE Review” which will prevent real contracts from being created. The qualification information stated in this paragraph does not apply to SCOs/SCs.  

For waiver services, HCSIS will create a Real Contract if the specialty code associated with the service has a status of “Qualified”. If the specialty code is anything other than “Qualified”, the service will not be converted to a Real Contract after the FY 2012-2013 |
### Provider Qualification (continued from the previous page)

Estimated waiver rates are loaded into HCSIS. Please refer to the ODP Provider Qualification Service Name/Specialty Crosswalk included in Informational Packet #030-10 Provider Qualification Additional Information to determine which specialty to select based upon the service name you would like to provide.

If Real Contracts have not been created for one or more service offerings, ODP recommends providers access the Provider Qualification module in HCSIS to verify that their service specialties have been qualified by the home Administrative Entity (AE). The home AE is the county where a provider’s administrative office resides or the AE designated by ODP to qualify the provider. AEs are encouraged to expedite qualification reviews to allow timely service contract creation in HCSIS. Providers and AEs should be aware that the submission of an application for a new specialty or for the annual qualification affects the qualification status of previously qualified specialties by putting them into a “Pending” status until the application is finalized.

As a reminder, non-waiver service contracts will continue to be the responsibility of AEs. Additionally, there is no requirement to qualify providers offering non-waiver services at this time.

All provider agencies, individual professionals, and vendors that provide Consolidated and P/FDS Waiver services must meet the qualification criteria outlined in the Waiver for the service(s) they currently provide or intend to provide. The ODP annual qualification process is described in Informational Packet #152-10 and additional details can be found in Informational Packet #030-10.

Instructions for direct service providers on the qualification process can be viewed in HCSIS using the following path: HCSIS > Learning Management System (LMS) > My Curriculum > ODP: PROVQ100J Provider Qualification > Provider Qualification - Provider Job Aid v2.3 06/21/10

### Adding a specialty in HCSIS

The provider should add the new specialty code to the site address in HCSIS. After this step has been completed, the provider should fax a Verification Letter to the HCSIS helpdesk using the following fax number: (717) 540-0960. After a specialty is successfully added to HCSIS, providers are required to qualify for the new service. Please review the information under Provider Qualification for more information.

Visit the LMS on the HCSIS website (www.hcsis.state.pa.us) for instructions on how to add a new specialty code in HCSIS. Log into HCSIS. After you reach the Welcome to HCSIS screen, click the Learning Management System (LMS) link. After logging in, click “My Curriculum” on the Welcome to LMS screen. Instructions on how to add a specialty type to your enrollment records can be found under ODP: PROV100I Provider Materials > Provider Access Updates Tip Sheet
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<td>Adding a new specialty code in PROMISE™ if the associated provider type is already enrolled</td>
<td>Fax a letter (on company letterhead) to the ODP PROMISE™ Provider Enrollment unit, (717) 783-5141, stating your 9-digit MPI #, provider name, 4-digit service location code, site address, provider type, effective date of the new specialty and the specialty code you would like to add.</td>
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<tr>
<td>Adding a Provider Type in HCSIS</td>
<td>Visit the LMS on the HCSIS website (<a href="http://www.hcsis.state.pa.us">www.hcsis.state.pa.us</a>) for instructions on how to add a new provider type in HCSIS. Log into HCSIS. After you reach the Welcome to HCSIS screen, click the Learning Management System (LMS) link then click “My Curriculum” on the Welcome to LMS screen. Instructions on how to add a provider type to your enrollment records can be found under ODP: PROV100I Provider Materials &gt; Service Location Tip Sheet v6.0 6/22/08 or ODP: PROV100I Provider Materials &gt; Provider Access Updates Tip Sheet. Once the provider has successfully registered the new provider type in HCSIS, the provider should undergo the provider qualification process. See the Provider Qualification section of the RESOURCES section of this communication for more information on ODP provider qualification. After provider qualification has been completed, the provider should enroll the new provider type in PROMISE™. See the next section, Adding a new provider type in PROMISE™, for more information on this topical area.</td>
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<tr>
<td>Adding a new provider type in PROMISE™</td>
<td>Before you enroll a new provider type in PROMISE™, providers should ensure they have completed the registration process in HCSIS and the provider qualification process. PROMISE™ enrollment will not take place if the registration and provider qualification process in HCSIS is not complete. Only one provider type is permitted per service location on the PROMISE™ system. In order to obtain a new 13-digit MPI and service location for the new provider type, complete a PROMISE™ Provider Enrollment Base Application which is located on the Department of Public Welfare (DPW) PROMISE™ provider enrollment website. Click the following hyperlink to visit this website: <a href="http://www.dpw.state.pa.us/provider/promise/enrollmentinformation/index.htm">http://www.dpw.state.pa.us/provider/promise/enrollmentinformation/index.htm</a>. Once you reach the Enrollment Information screen of the DPW PROMISE™ provider enrollment website, scroll down until you find your provider type. Click on the Enrollment Application/Provider Agreement hyperlink located to the left of the provider type. Also complete the Provider Disclosure Forms which can be found on the provider enrollment website listed above. Completed applications and supporting documentation for the applications along with any change request forms may be faxed to (717) 783-5141 Attn: ODP Provider Enrollment Unit, or mailed to the ODP Provider Enrollment Unit located at P.O. Box 2675, Room 413 Health and Welfare Building, Harrisburg, PA 17101.</td>
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<tr>
<td>Viewing service location, provider types, and</td>
<td><strong>HCSIS/Provider Access:</strong> Log in to HCSIS and click “View My Application Summary” located on the left sidebar of the screen. A listing of all sites with the provider type and specialty code designations will be displayed.</td>
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<td>specialty codes in both HCSIS/Provider Access</td>
<td>Providers can view the provider types and specialties that are enrolled with each of their service locations in PROMISe™ through ePEAP (Provider Enrollment Automation Project). To access ePEAP, go to the PROMISe™ Internet (<a href="http://odpsrv.tiu11.org/alfresco/d/d/workspace/SpacesStore/48d02fda-9970-4d18-ac4d-eed1fe878d27/Provision_of_Vendor_Services_Informational_Packet_003-09.pdf">PROMISe™</a>). Next, click the “ePEAP (Provider Enrollment Automation Project)” link, located in the “Other Links” box. A listing of the sites and associated provider types will be displayed based on the provider ID used to log into ePEAP. Click “View Specialties” to view the specialty code for the displayed service location. For more detailed instructions on how to view provider type and service location enrollment information, please reference pages 5-7 of the ePEAP Manual. The link to the ePEAP webpage is: <a href="http://odpsrv.tiu11.org/alfresco/d/d/workspace/SpacesStore/48d02fda-9970-4d18-ac4d-eed1fe878d27/Provision_of_Vendor_Services_Informational_Packet_003-09.pdf">ePEAP Manual Webpage</a></td>
</tr>
<tr>
<td>and PROMISe™</td>
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</tr>
<tr>
<td>How to Add Vendor Services to the ISP</td>
<td>Review page 4 of Informational Packet #003-09 to understand how to add a vendor service to the ISP. Click the following hyperlink to access Informational Packet #003-09. <a href="http://odpsrv.tiu11.org/alfresco/d/d/workspace/SpacesStore/48d02fda-9970-4d18-ac4d-eed1fe878d27/Provision_of_Vendor_Services_Informational_Packet_003-09.pdf">http://odpsrv.tiu11.org/alfresco/d/d/workspace/SpacesStore/48d02fda-9970-4d18-ac4d-eed1fe878d27/Provision_of_Vendor_Services_Informational_Packet_003-09.pdf</a></td>
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**Contact ODP Provider Enrollment with PROMISe™ enrollment questions at 1-888-565-9435, select option 3 or e-mail the provider enrollment mailbox at ra-odpproviderenroll@pa.gov.**

ODP will issue future communications that address the following:

- Specific rate load timelines and activities
- Modified billing rules for FY 2012-2013

For inquiries regarding this communication, please contact the ODP regional office assigned to your area.