PA PROMIS*e*™ Provider Internet User Manual

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Table of Contents

1 Introduction

The PROMIS*e*™ Provider Portal allows enrolled Medical Assistance providers, alternates, billing agents, and out-of-network (OON) providers with the proper security access to submit claims, verify recipient eligibility, check on claim status, and enter a new enrollment or update enrollment information for an existing service location.

Specifically, users can use the Internet to:

- Electronically file claims for all claim types and adjustments in either a real-time or an interactive mode from any location connected to the Internet.

- View the status of any claim or adjustment regardless of its method of submission.

- Access computer-based training programs that will let users complete training courses from your desktop at your convenience.

- View the Broadcast Messages.

   o Broadcast messages are posted by DHS to inform providers of changes or planned downtimes.

- Update specific provider enrollment information electronically.

- Complete various enrollment application-types.

- View an Enrollment Summary.

   o 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.

- Terminate enrollment with DHS.

- Verify recipient eligibility within seconds of querying.

The PROMIS*e*™ Provider Portal also allows providers who only participate in the Pennsylvania Children's Health Insurance Program (CHIP) to have access to the portal My Home page, Hospital Assessment and HELP links. CHIP only users can use the Internet to:

- Access the Enrolled Provider Search feature.

- View CHIP Provider Enrollment Information website.

- Update and upload specific provider enrollment information electronically.

- Access Hospital Assessment information.

- Complete various enrollment application types.

- View an Enrollment Summary.

   o 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.

- Terminate enrollment with DHS.

1.1 Key Features and Benefits

The interactive features on the PROMIS*e*™ Provider Portal provide easy access and exchange of up-to-date information previously unavailable between providers, DHS, and drug manufacturers. One of the immediate advantages you will realize is that you do not need to purchase, install, or develop special software or applications to use the PA PROMIS*e*™ Internet application.

The PA PROMIS*e*™ Internet solution allows you to log on using a standard Internet browser to enter or request information. Any information you pull from this application is specific to your provider number and will not be shared with others.

1.2 Secured External Web site

PA PROMIS*e*™ provides security to the Internet Web-based application through an external Web site. Through the use of your unique user logon ID, password, and site certificate features, this secure, external-facing Web site is accessible through the public Internet. The options and activities listed below are available to PROMIS*e*™ providers, managed care organizations, and drug labeler and manufacturer communities who have received authorization to access this site.

1.3 Medical Assistance Providers and Managed Care Organizations

- Receive messages and informational notices from the Department of Human Services (DHS). These messages are displayed when a provider arrives at the PROMIS*e*™ Welcome window.

- Maintain passwords, and, if authorized as a provider, out-of-network (OON) provider, or billing agent, create and manage user accounts for others (alternates) in their organization.

- Review the status of claims submitted to DHS for payment, and review specific Error Status Codes (ESC) and HIPAA Adjustment Reason Codes for rejected claims.

- Submit claims for payment, or adjustments for services and prescriptions directly through the secure Web site's Claims Menu, or search for prescriber ID numbers. Pharmacy claims are automatically reviewed for ProDUR (Prospective Drug Utilization Review) alerts and overrides at the time of entry, and corrections can be made before final submission. Assuming successful completion of a claim submission, the total allowed amount of the claim, and any adjustment information, will be displayed to the submitting provider. This prompt response to a claim's submission significantly reduces the time required for providers to submit properly completed claims, and allows faster processing.

- Review information for eligibility limitation information, and provider information from the Provider My Home Page.

- Verify the eligibility status of recipients. Inquiries can be made by Recipient ID, SSN/Date of Birth, or Recipient Name/Date of Birth.

- Access the Electronic Provider Enrollment applications. Providers can select an application type and data will be prepopulated when applicable if the data exists in PROMIS*e*™.

  - Revalidation application for active providers who need to revalidate.

  - Change Request application for active providers who need to change specific enrollment information.

- o Reactivation application for inactive providers who need to reactivate a service location closed less than 2 years.
    - o New application for active providers or providers who have been closed less than 2 years who need to create a new service location for the existing legal entity.
- Access the enrollment summary to review or download current enrollment information. 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.
- Download MA Program Outpatient Fee Schedules from the Provider My Home Page.
- Providers can download or review Provider manuals, claim forms, etc., from the DHS Web site, which is accessed from the Provider My Home Page.

1.4 Windows

The provider Internet windows give you the ability to electronically file claims and manage your online account. This manual will lead you through the process of filing a claim, and maintaining passwords and permissions for your account.

Section 7 of this manual provides detailed information for each window in the PA PROMIS*e*™ Provider Internet Portal. Documentation for each window includes:

Window Narrative	Brief description of the window, its purpose, and use
Layout	Sample "screen shot" of the window that illustrates all data fields and controls (buttons, drop-down boxes, etc.)
Field Description Table	Detailed description of each data field and object within the window, including field lengths and data types. The Field Descriptions help you understand the information requested in the windows, and explain the information you are asked to provide in the window fields. All field description tables are located in *Section 7, Provider Internet Windows*
Field Edits	The Field Edits tables explain what to do if you encounter error messages while using a window. Error Messages, Error Codes, and Corrective Actions to fix incorrect/invalid entries or actions are listed in these tables, which are included following the Field Descriptions in the window documentation in *Section 7, Provider Internet Windows* of this document. See *Section 1.5* below for more detailed information about Field Edits
Features	Additional functions available through menu options, where applicable
Accessibility and Use Narrative, Step/Action Tables	Description of how the window is accessed, followed by systematic instructions to navigate within and between windows and perform basic functions and operations within the window

1.5   About Field Edits

All relevant Field Edits for the windows in the Provider Internet User Manual are listed after the Field Descriptions for each window in *Section 7*, if Field Edits are applicable to the window being described. Not all windows are subject to Field Edits. If Field Edits do not apply to a window, the Field Edits table states "No Field Edits found for this window." Windows that do not require field edit information are usually windows that do not contain fields in which you enter or save information.

Field Edits are a combination of error messages, which the system detects and communicates, and the corrective actions that should be taken to remedy them. The columns of information in the Field Edits tables should be used to understand the error messages you may receive while using the PA PROMIS*e*™ Internet application, and what to do about them.

- The **Field** column reflects the name of a field found in one or more of the windows of this application

- The **Error Code** is a numeric value the system uses to identify the correct error message to display

- The **Error Message** column shows the message displayed by PA PROMIS*e*™ to tell you the error has occurred. The content of each error message is specific to the field in which the error occurred

- The **To Correct** column describes how to correct the detected error

1.5.1   Sample Error Message Scenario

The following scenario depicts a sample of when an error message occurs and how to correct it:

You are working in a window that contains the field **Adjustment Group Code**. When you finish entering information in the window and attempt to go to another window or complete the action on which you are working, the following error message appears:

"Adjustment Group Code [#] is a required field"

This error message indicates to you that you have forgotten to enter information in this field, or that the information you entered is not correct and the system requires this information to correctly process the task you are performing. To correct the error, locate the Adjustment Group Code field in the Field Edits table for that window, and follow the instruction in the **To Correct** column. For this field and error, the instructions are:

"Enter a valid Adjustment Group Code"

Go back to that field in the window and enter the correct information. You may then proceed to the next task you want to perform in the system.

1.5.2   Sample Field Edits Table

Field	Error Code	Error Message	To Correct
Add (ingredients)	1	This claim type can have a maximum of 25 Service Lines.	This claim type can have a maximum of 25 Service Lines
Admission Date	0	Admission Date must be less than or equal to today's date	Enter an Admission Date less than or equal to today's date
	0	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date
Adjustment Group Code (repeats up to 3 times)	0	Adjustment Group Code [#] is a required field.	Enter a valid Adjustment Group Code
Amount 1	1	Amount must be greater than 0.	Need to enter an amount greater than 0

1.6   The Menu Bar and other Functions

Common to almost all PA PROMIS*e*™ Provider Internet windows are the tab options found on the Menu Bar, which is shown below. This Menu Bar is located below the "Pennsylvania Department of Human Services" window banner. Additionally, the "Logout" links appears on most pages.

1.6.1   The Menu Bar

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

The Menu Bar contains the headings for eight window functions. Additional features, commands, and window options appear in horizontal sub-menus, and take you to a specific function or window.

NOTE* Available Menu Bar options will vary depending on your user role (i.e. Medical Assistance Provider, Billing Agent, Out of Network Provider, or CHIP only provider/plan).

Select a command or window option in the following manner:

1. Drag the cursor over the desired command on the Menu Bar

2. A horizontal menu appears with secondary options for the Claims, Eligibility, and Trade Files menus. Select the desired option

The table below describes the menu and window options that are accessible from the Menu Bar.

Menu Selection	
My Home	Displays or returns to the Provider My Home Page
Claims – Not Available for CHIP only Providers/Plans	
– Claim Inquiry	Displays the Claim Inquiry function
– Submit Institutional	Displays the online Institutional Claim form in a new window
– Submit Professional	Displays the online Professional Claim form
– Submit Dental	Displays the online Dental Claim form in a new window
– Submit Pharmacy	Displays the online Pharmacy Claim form in a new window
– Search/Request Attachment Control Number	Displays the Provider Claim Attachment Number Request function. A search for an existing attachment control number may also be performed
Eligibility – Not Available for CHIP only Providers/Plans	
– Inquiry	Displays the Recipient Eligibility Verification function
Trade Files – Not Available for CHIP only Providers/Plans	
– Download	Displays the Web-based file download function. Files that are available to the provider who is identified in the logon information are displayed. Select the desired file to download
Reports – Not Available for CHIP Only Providers/Plans	Displays the Report function. Only reports that are available to the provider who is identified in the logon information are displayed. Select the desired report
Outpatient Fee Schedule – Not Available for CHIP only Providers/Plans	Displays the Outpatient Fee Schedule
Hospital Assessment	Displays the Net Inpatient Revenue Data Sheet which is the revenue amount that will be used to determine the assessment amount owed if the hospital is subject to the assessment.
Help	Opens the PA PROMISe™ Internet Help function

1.6.2   Menu Bar Windows with restricted access for CHIP only Providers/Plans

Certain window functions on the menu bar and the contents within the windows do not pertain to CHIP Providers/Plans. Access to these windows is restricted for this program type. When CHIP Providers/Plans click on one of the restricted windows, an error message displays stating "Providers/Plans only enrolled with CHIP are not authorized to access this page."

The restricted windows are as follows:

- Claims
- Eligibility
- Trade Files
- Reports
- Outpatient Fee Schedule

1.6.3 Message Layout

1.7 Where Do I Enter My Password? Link

The "Where do I enter my password?" link is located at the bottom of the Provider Login box on the left-hand side of the PROMIS*e*™ Welcome Page. Clicking it displays a dialogue box that includes a brief explanation of the login process.

1.7.1 Logout Link

The Logout link is located in the upper-right corner of most PROMIS*e*™ Internet windows.

Clicking this link will cause the following confirmation message to appear:

Click the OK button to logout. You will be returned to the PROMIS*e*™ Welcome Page in a logged-out status.

1.8   Timeout Notifications

If you step away from your PC or stop working in the Provider Portal for more than 25 minutes, you'll receive a "Timeout Notification" instructing you to click the Extend button to continue working in the portal.
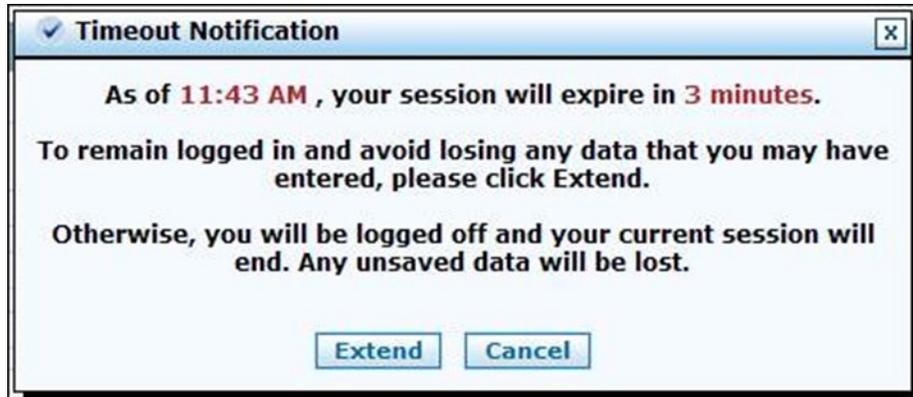
If you step away from your PC or stop working in the Provider Portal for more than 30 minutes, the system will log you out, and you'll receive a "Timeout Notification – Session Ended" message. Any work that has not yet been submitted will be lost.
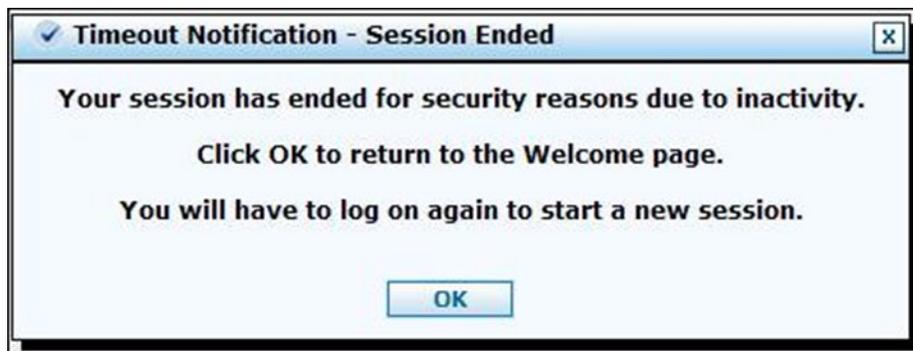
1. Click the OK button.
2. Click the Home tab.
3. You will be returned to the Welcome to PROMIS*e*™ Page.

1.9   PROMISe™ Welcome Page/Provider Enrollment

Prior to registering and logging into the portal, providers are able to initiate some enrollment activities by using the links in the Provider Enrollment Section on the PROMIS*e*™ Welcome Page: http://promise.dhs.state.pa.us/

- **New Application** allows providers new to Pennsylvania Medical Assistance and/or CHIP to create a new enrollment application.

  - Providers who wish to create a new service location for an existing legal entity should log into the portal in order for some application data to be prepopulated.

- **Reactivation** allows a provider to reactivate an existing service location that has been closed for more than 2 years.

  - Providers who wish to reactivate a service location that has been closed for less than 2 years will need to log into the portal.

- **Resume Application** allows a provider to resume an application that has been started but not yet submitted for review.

- **Application Status** allows a provider to check on the status of an existing application either submitted or incomplete.

Selecting the '?' in the Provider Enrollment Header opens an additional information window.
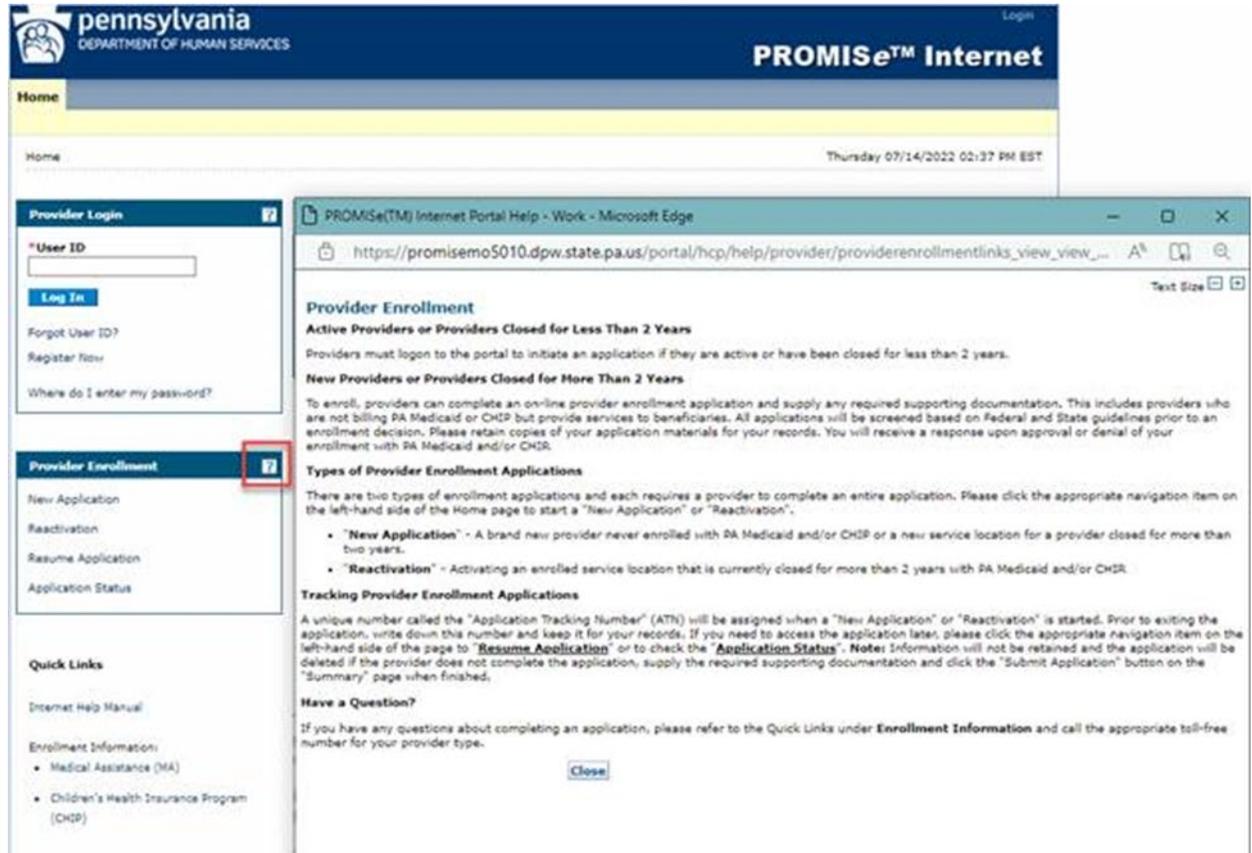
1.10 Quick Links

The quick links section allows the user to quickly access helpful enrollment information.

- **Internet Help Manual** link opens this document.
- **Medical Assistance (MA)** link redirects the user to the PA DHS enrollment webpage.

- **Children's Health Insurance Program (CHIP)** link redirects the user to the PA DHS CHIP enrollment webpage.

- **HealthChoices Expansion Provider Training Guides** redirects the user the the PA DHS healthchoices publications webpage.

- **Department of Human Services** link redirects the user to the Main DHS webpage.

2 Registering for and Logging On to the PROMISe™ Provider Portal

Providers must follow the security process to be granted access to the PROMIS*e*™ Provider Portal application. Please follow the steps listed below to attain this access:

- You must be registered with the Commonwealth or Pennsylvania as an enrolled and valid provider.

- You must have a provider ID and service location(s). This information becomes very important when you request authorization for a logon ID and password.

- You must have a computer with access to the Internet, and an active Internet account.

Use this link – http://promise.dhs.state.pa.us/ - to access the PROMIS*e*™ Welcome Page.

Login

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PROMISe™ Internet

Home

Home   Wednesday 07/06/2022 11:47 AM EST

Provider Login

*User ID

[Log In]

Forgot User ID?

Register Now

Where do I enter my password?

Provider Enrollment

New Application

Reactivation

Resume Application

Application Status

Quick Links

Internet Help Manual

Enrollment Information:
- Medical Assistance (MA)
- Children's Health Insurance Program (CHIP)

HealthChoices Expansion Provider Training Guides

Department of Human Services

Broadcast Messages

The majority of the current eFCAP functionality has been replaced with the new 'Enrollment Summary', 'Terminate Enrollment', and 'Change Request' links which are available on the My Home page within the Provider Services section after logging into the Provider Portal. The previous eFCAP functionality to view 'All Active Service Locations' for a provider along with the Revalidation Dates for Group Members will be made available via the 'Enrollment Summary' as a future enhancement. Refer to quick tips for providers (PROMISe Quick Tip 260 (pa.gov)) for further information regarding this change.

Provider Enrollment Portal Enhancements

The Department of Human Services (DHS) is pleased to announce new provider enrollment portal enhancements designed to improve our providers enrollment experience. Providers will enter the enrollment portal from PROMISe Internet using their existing registered log in criteria. Upon successful login, providers will have access to these new enhancements. If you do not have an existing login, select register now in the Provider Login box. Please refer to Quick Tip #260 for more information on these enhancements.

Welcome to PROMISe™

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

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

In order for providers to participate with the Department of Human Services, they must first enroll. To be eligible to enroll, practitioners in Pennsylvania must be licensed and currently registered by the appropriate state agency. Out of state practitioners must be licensed and currently registered by the appropriate agency in their state and they must provide documentation that they participate in that state's Medicaid and/or CHIP program. Other providers must be approved, licensed, issued a permit, certified by the appropriate state agency, or if applicable certified under Medicare.

To enroll, providers can complete an on-line provider enrollment application and supply any required supporting documentation. This includes providers who are not billing PA Medicaid or CHIP but provide services to beneficiaries. All applicants will be screened based on Federal and State guidelines prior to an enrollment decision. Please retain copies of your application materials for your records. You will receive a response upon approval or denial of your enrollment with PA Medicaid and/or CHIP.

New Providers or Providers Closed for More Than 2 Years

Select one of the provider enrollment links to the left to start an application, resume an existing application, or to check the status of an application.

Active Providers or Providers Closed for Less Than 2 Years

Providers must logon to the portal to initiate an application if they are active or have been closed for less than 2 years.

Provider Application Fee

The Affordable Care Act requires states to collect an application fee, if applicable, prior to executing a provider agreement from a prospective or re-enrolling provider. Refer to 42 CFR 455, Subpart E – Provider Screening and Enrollment, Section 455.460 for the complete regulation. The Centers for Medicare & Medicaid Services (CMS) sets the amount of the application fee every year.

Providers may request a hardship exception to the application fee requirement. If an exception is requested, the provider will be prompted to submit (upload) documentation. CMS will determine whether or not to grant the hardship exception and communicate the information back to the department. The department will notify the provider of the CMS' decision.

To pay an application fee, providers must enroll and revalidate through the Electronic Provider Enrollment Application.

The department will assess and collect one fee for multiple applications submitted by one provider in a 7 day time period. Providers who wish to submit multiple applications (for multiple service locations) and pay one fee should use the "Initiate Additional Application" feature and submit all applications within 7 days.

For more information about the application fee, please see the ACA Enrollment Application Fee Medical Assistance Bulletin. For CHIP providers, please contact your designated CHIP Managed Care Organization(s).

Fingerprint-based Criminal Background Checks

Providers assigned to the "high" categorical risk level are required by the Affordable Care Act to obtain fingerprint-based criminal background checks, which include a Federal Bureau of Investigation (FBI) criminal background check and a Pennsylvania State Police Criminal Record Check. In addition, any person with a 5% or more direct or indirect ownership interest in the "high" risk provider must also submit fingerprint-based background checks. Refer to 42 CFR 455, Subpart E – Provider Screening and Enrollment, Section 455.434 for detail on the regulation.

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. For CHIP providers, please contact your designated CHIP Managed Care Organization(s).

Tracking Provider Enrollment Applications

A unique number called the "Application Tracking Number" (ATN) will be assigned when a "New Application", "Revalidation" or "Reactivation" is started. Prior to exiting the application, write down this number and keep it for your records. If you need to access the application later, please click the appropriate navigation item on the left hand side of the page to "**Resume Application**" or to check the "**Application Status**". **Note**: Information will not be retained and the application will be deleted if the provider does not complete the application, supply the required supporting documentation and click the "Submit Application" button on the "Summary" page when finished.

If you have any questions about completing an application, please refer to "Contact Information" and call the appropriate toll free number for your provider type.

2.1 Establishing a New Provider User Account

If you have not established an account previously, you will need to go through the Registration process.

> **Note:** PA PROMIS*e*™ supports user IDs issued from both PA PROMIS*e*™ and DHS Unified Security. Because a provider user ID is comprised of the nine-digit PROMIS*e*™ provider number plus a four-digit service location, providers with more than one service location may create more than one account.

Click the Register Now link located under the Log In button on the PROMIS*e*™ Welcome Page. The Registration Selector window will display.

2.2 Process for Registering and Obtaining a Password - Providers

The User Registration process allows providers, OON providers, and billing agents to request access to the PA PROMIS*e*™ Web site by submitting the necessary entity information requested in these online forms. You are asked to fill in the Web form with identifying information, email address, and to confirm that you have read and understand the disclaimers presented.

> **Note:** This section addresses the registration process for providers; the processes for OON providers, billing agents, and alternates will be discussed in subsequent sections.

A provider is defined as an individual, state or local agency, corporate, or business entity that is enrolled in the healthcare program as a provider of services.

1. Click the Register Now link located under the Log In button on the PROMIS*e*™ Welcome Page. The Registration Selector window will appear.

2. Select the Provider option. The Registration – Personal Information window will appear.

3. Enter the name of the group practice or business name in the First and Last Name fields.

> **Example:** For the group practice ABC Physicians Associates, enter ABC in the First Name field and Physicians Associates in the Last Name field. **Do not** enter the name of an individual person if registering a group or business.

The 13-digit Provider ID number and social security number (SSN) or employer identification number (EIN) are also entered into the applicable fields.

4. Click the **Continue** button. The Registration – Security Information window opens. The Display Name field is already populated with the first and last name or group/business name entered in the Registration – Personal Information window.

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Login

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Home

Registration Step 2 of 2 - Security Information   ?

* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

*User ID [ ]   **Check Availability**

*Password [ ]

*Confirm Password [ ]

Please provide your contact information below.

*Display Name [DANIEL GEORGE]

*Phone Number ❶ [ ]

*Email ❶ [ ]

*Confirm Email ❶ [ ]

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the PROMISe™ Internet portal.

* Site Key:

◉ Apple   ○ Balloon   ○ Balloons   ○ Baseball   ○ Billiards

*Passphrase [ ]

Please select a unique challenge question and provide an answer for each of the question groups below.

*Challenge Question #1 [Select a Challenge Question ▾]

*Answer to #1 [ ]

*Challenge Question #2 [Select a Challenge Question ▾]

*Answer to #2 [ ]

*Challenge Question #3 [Select a Challenge Question ▾]

*Answer to #3 [ ]

User Agreement

By entering my full name in the space provided below and transmitting this form electronically, I state, I am the person whom I represent myself to be herein, and I affirm the information within this web application is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

By entering my full name in the space provided below and transmitting this form electronically, I state that, I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.

*Please sign by typing your full name here: [ ]

Submit   **Cancel**

5. Create a user ID and enter it into the User ID field.

- The User ID must be 6 to 20 characters in length and contain only letters and numbers.

- The User ID and Password cannot be the same.

- Once you've entered text in the User ID field, click the Check Availability button to see whether the User ID you selected is already in use. If it is not in use, the first confirmation message below will appear; if it is in use, the second confirmation message will appear.

6. Create a password, and enter it into the Password and Confirm Password fields.

The password:

- Cannot be the same as the user's User ID
- Must be between 8 and 20 characters in length
- Can only contain letters and numbers
- Must contain one capital letter, one lowercase letter, and one numeric digit

7. Type your phone number and email address into the fields indicated.

8. Select three secret questions from list provided in the window, and enter answers. This information is used by the system to verify the identity of the provider at a future time when resetting a password.

   Note: You must select three distinct questions, or you will be unable to proceed.

9. After completing the Registration form, read the User Agreement, enter your name into the "Please sign by typing your full name here" field, and click the Submit button to submit the form electronically. If all required information is present, you will be able to gain access to the PA PROMIS*e*™ Web application.

The following confirmation message should appear:

2.3   Process for Registering and Obtaining a Password – Billing Agents

Providers who are DHS billing agents – formerly known as "business partners" – must follow the instructions in this section to log on to the PA PROMIS*e*™ Internet site.

A billing agent is an entity with whom an organization exchanges data electronically. The billing agent may send or receive information electronically.

Billing agents include the following provider types who do business with DHS:

- HCSIS
- PH
- BH MCO

On the PROMIS*e*™ Welcome Page, click the Register Now link. The Registration Selector window displays.
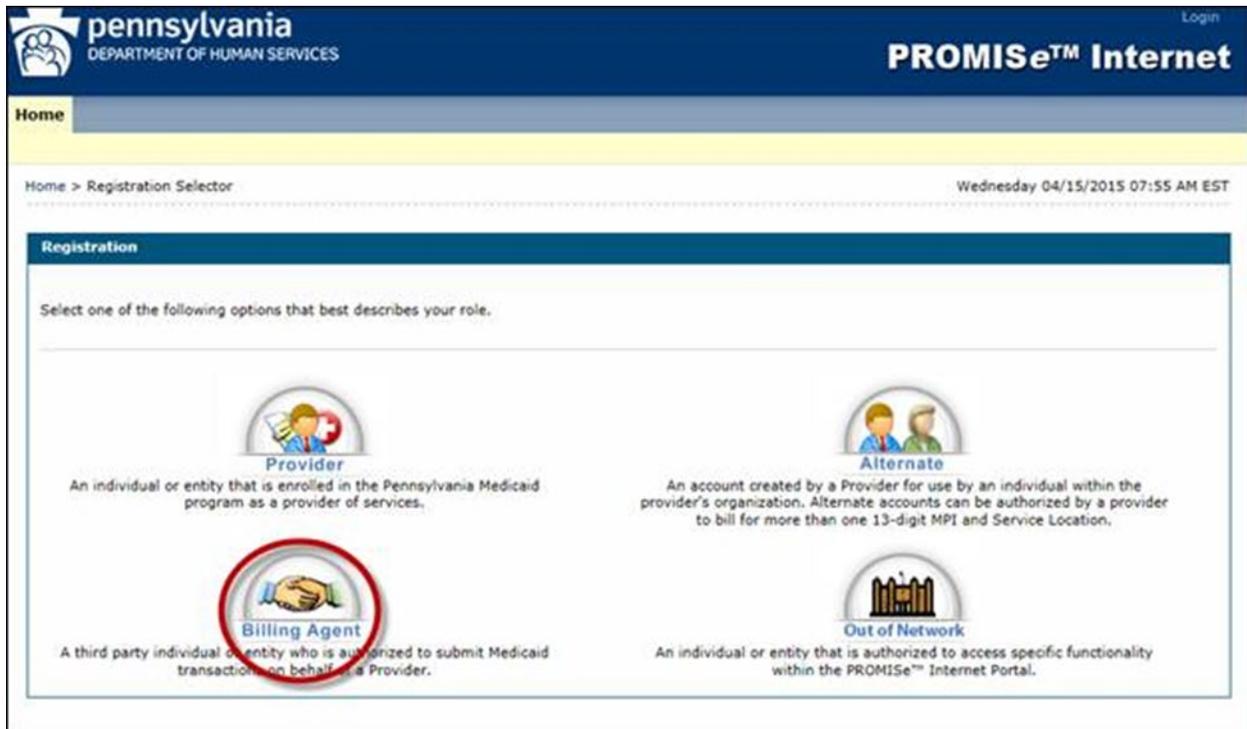
1. Select the Billing Agent option. The Registration – Personal Information window appears

Pennsylvania DEPARTMENT OF HUMAN SERVICES — PROMISe™ Internet

Login

Home

Home > Registration Selector > Registration   Wednesday 04/15/2015 09:08 AM EST

Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

*First Name

*Last Name

*Provider ID

*SSN/EIN

Continue   Cancel

2. Enter the billing agent group or business name in the First and Last Name fields.

> **Example:** For billing agent EZ Billing, enter EZ in the First Name field and Billing in the Last Name field. **Do not** enter the name of an individual person if registering a group or business.

The Billing Agent ID and social security number (SSN) or employer identification number (EIN) are also entered into the applicable fields.

3. Click the Continue button

4. The Registration – Security Information window appears

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Login

PROMISe™ Internet

Home

Home > Registration Selector > Registration

Monday 06/25/2018 02:32 PM EST

Registration Step 2 of 2 - Security Information

* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

*User ID [   ] **Check Availability**

*Password [   ]

*Confirm Password [   ]

Please provide your contact information below.

*Display Name [DANIEL GEORGE]

*Phone Number [   ]

*Email [   ]

*Confirm Email [   ]

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the PROMISe™ Internet portal.

* Site Key:

◉ Apple   ○ Balloon   ○ Balloons   ○ Baseball   ○ Billiards

*Passphrase [   ]

Please select a unique challenge question and provide an answer for each of the question groups below.

*Challenge Question #1 [Select a Challenge Question ▾]

*Answer to #1 [   ]

*Challenge Question #2 [Select a Challenge Question ▾]

*Answer to #2 [   ]

*Challenge Question #3 [Select a Challenge Question ▾]

*Answer to #3 [   ]

User Agreement

By entering my full name in the space provided below and transmitting this form electronically, I state, I am the person whom I represent myself to be herein, and I affirm the information within this web application is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

By entering my full name in the space provided below and transmitting this form electronically, I state that, I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.

*Please sign by typing your full name here: [   ]

Submit   **Cancel**

5. The Display Name field is already populated with the first and last name or group/business name you entered on the first Registration window.

6. Create and enter a User ID into the User ID field.

- The User ID must be 6 to 20 characters in length and contain only letters and numbers

- The User ID and Password cannot be the same.

- Once you've entered text in the User ID field, click the Check Availability button to see whether the User ID you selected is already in use. If it is not in use, the first confirmation message will appear; if it is in use, the second confirmation message will appear.

Create a password, and enter it into the Password and Confirm Password fields. The password:

- Cannot be the same as the user's User ID

- Must be between 8 and 20 characters in length

- Can only contain letters and numbers

- Must contain one capital letter, one lowercase letter, and one numeric digit

Type your phone number and email address into the fields indicated.

Select three challenge questions from lists provided in the window, and enter answers. This information is used by the system to verify the identity of the billing agent at a future time when resetting a password.

> **Note:** You must select three distinct questions, or you will be unable to proceed.

After completing the Registration form, read the User Agreement, enter your name in the "Please sign by typing your full name here" field, and click the Submit button to submit the form electronically. If all required information is present, you will be able to gain access to the PA PROMIS*e*™ Web application.

The following confirmation message should appear:

2.4   Process for Registering and Obtaining a Password – OON Providers

An OON provider is defined as an out-of-network business entity that is enrolled in the Healthcare program as a provider of services.

To register as an OON provider, click the Register Now link on the PROMIS*e*™ Welcome Page.

1. The Registration Selector window displays.
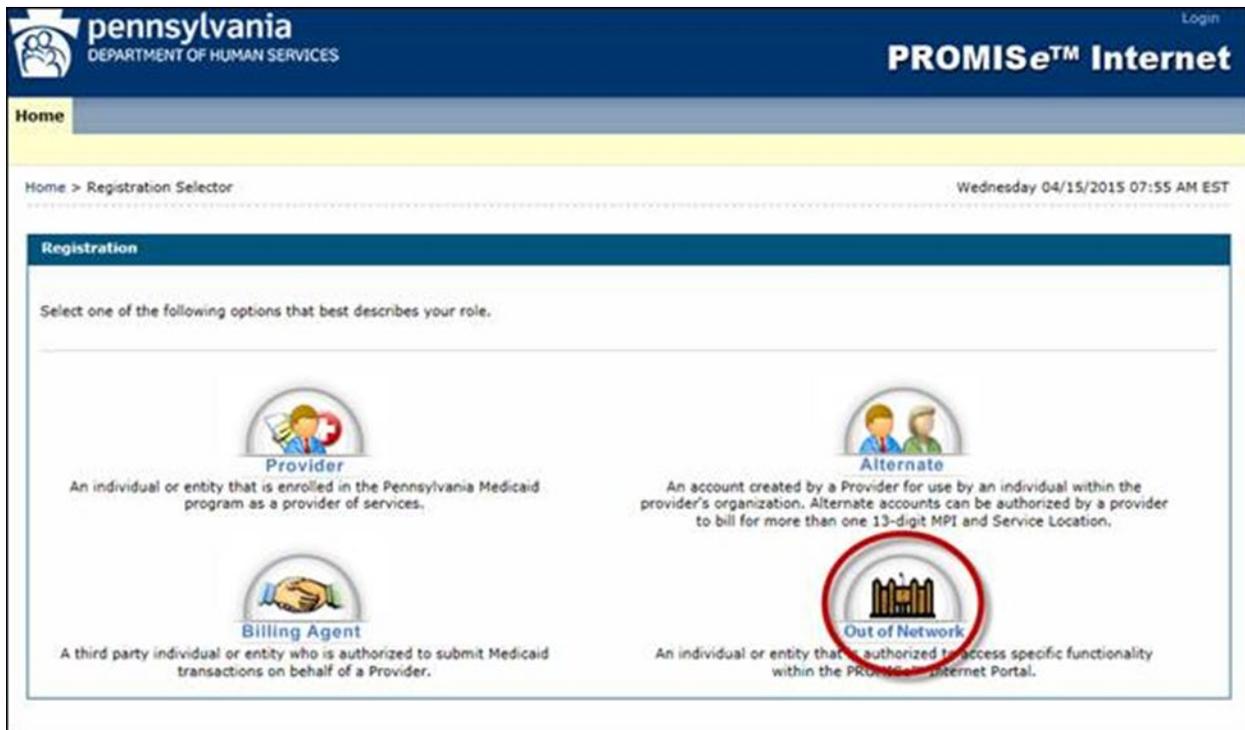
2. Select the OON Provider option.
3. The Registration – Personal Information window displays.

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Login

PROMISe™ Internet

Home

Home > Registration Selector > Registration   Wednesday 04/15/2015 08:00 AM EST

Registration Step 1 of 2 - Personal Information   ?

* Indicates a required field.

Please provide the following information to get started!

*First Name [   ]

*Last Name [   ]

*Provider ID [   ]

*OON Code [   ]

[Continue] [Cancel]

4. Enter the name of the group practice or business name in the First and Last Name fields.

   Example: For the group practice XYZ Physicians Associates, enter XYZ in the First Name field and Physicians Associates in the Last Name field. **Do not** enter the name of an individual person if registering a group or business.

   The 13-digit Provider ID number and social security number (SSN) or employer identification number (EIN) are also entered into the applicable fields.

5. Click the Continue button.

6. The Registration – Security Information window displays.

7. The Display Name field is already populated with the first and last name or group/business name you entered in the first Registration window.

8. Create and enter a User ID into the User ID field.

   - The User ID must be 6 to 20 characters in length and contain only letters and numbers

   - The User ID and Password cannot be the same.

   - Once you've entered text in the User ID field, click the Check Availability button to see whether the User ID you selected is already in use. If it is not in use, the first confirmation message will appear; if it is in use, the second confirmation message will appear.

   ✓ **User ID Availability**   [x]

   The User ID is available.

   OK

   ✓ **User ID Availability**   [x]

   The User ID has already been taken. Please enter another one and try again.

   OK

9. Create a password, and enter it into the Password and Confirm Password fields. The password:

   - Cannot be the same as the user's User ID

   - Must be between 8 and 20 characters in length

   - Can only contain letters and numbers

   - Must contain one capital letter, one lowercase letter, and one numeric digit

10. Enter your phone number and email address into the fields indicated.

11. Select three challenge questions from lists provided in the window, and type in answers. This information is used by the system to verify the identity of the OON provider at a future time when resetting a password.

    Note: You must select three distinct questions, or you will be unable to proceed.

12. After completing the Registration form, read the User Agreement, enter your name into the "Please sign by typing your full name here" field, and click the **Submit** button to submit the form electronically. If all required information is present, you will be able to gain access to the PA PROMIS*e*™ Web application.

13. The following confirmation message should appear:

2.5   About Alternates

An alternate is an account created by a Provider for use by an individual within the provider's organization. Alternate accounts can be authorized by a provider to bill for more than one 13-digit MPI and Service Location. The alternate is responsible for ensuring patient privacy information accessed via this Web site is used only for legitimate business reasons.

> **Important Note:** After creating a *new* alternate account, the provider, OON provider, and billing agent must supply the alternate with the unique four-digit PIN and five-digit Alternate Code generated during the alternate account creation process. The alternate needs these codes in order to register in the PROMIS*e*™ Provider Portal.

2.5.1   Creating an Alternate

Providers, OON providers, and billing agents can create alternates. Follow the steps below to assign an alternate to your account. These steps are identical for providers, OON providers, and billing agents.

1. On the Provider My Home Page, click the Manage Alternates link to open the Manage Accounts window.

2.5.2 Adding a New Alternate

1. The Add New Alternate tab is selected by default.

2. Enter the alternate's first name, last name, birth date, and a unique, four-digit number into the specified fields.

3. Click the Submit button.

4. A confirmation window appears.
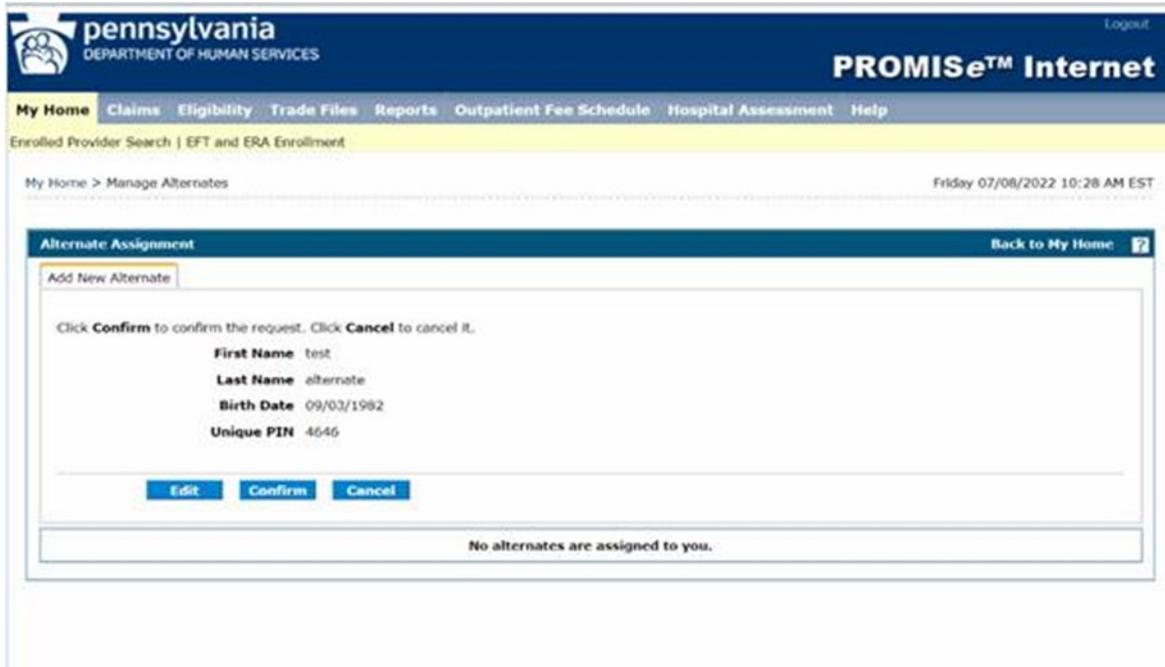
5. To change the information displayed, click the **Edit** button. To cancel the request, click the **Cancel** button. To confirm the request, click the **Confirm** button.

6. A confirmation message will appear.
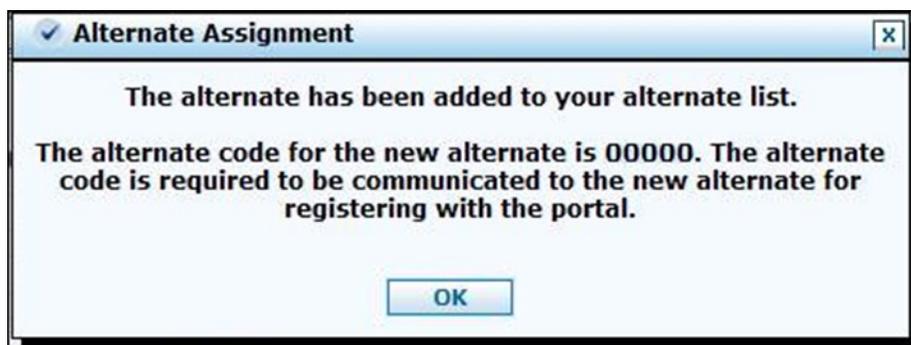
7. Click the OK button. The Manage Alternates screen appears again; however, a Delegates sub-window appears at the bottom, listing the alternate's name, birth date, unique PIN, alternate code, and status.

8. To change an alternate's status, click his or her name.

9. Click the Inactivate button to deactivate a given alternate.

10. A confirmation pop-up box displays, confirming the action.

11. The Inactivate button is replaced by the Reactivate button; to reactivate the alternate, click the Reactivate button.

2.5.3   Adding a Registered Alternate

Providers, billing agents, and OON providers have the option of either creating a new alternate login or of granting permission to an existing one. The Add Registered Alternate function is used to grant permission to an existing alternate.

1. Log on to PROMIS*e*™ via the Welcome to PROMIS*e*™ Welcome Page.

2. Click the Manage Alternates link to access the Manage Accounts window.

3. The Add New Alternate tab is selected by default. Select the Add Registered Alternate tab.

My Home Eligibility Help

My Home > Manage Alternates   Wednesday 04/15/2015 07:57 AM EST

Alternate Assignment   **Back to My Home** ?

Add New Alternate | Add Registered Alternate

* Indicates a required field.

Enter the Last Name and the Alternate Code to add that alternate to your alternate list then click **Submit** to proceed.

*Last Name [   ]

*Alternate Code [   ]

Submit   Cancel

Alternates

Click the Alternate's **name** to change the status of the alternate.

#	Name ▲	Birth Date	Unique PIN	Alternate Code	Status
1	User, Sample	01/01/1918	1234	00000	Active

4. Enter the alternate's last name and Alternate Code into the relevant fields, and click the Submit button.

5. A modified version of the Add Registered Alternate tab appears that allows the user to confirm the values entered.

6. Review the values displayed.

7. To edit further, click the Edit button.

8. To cancel the operation and return to the Add Registered Alternate tab, click the Cancel button.

9. If no changes are necessary, click the Confirm button.

10. An "Alternate Confirmation" pop-up box appears, confirming that the registered alternate has been added to the user's alternate list.

11. A row of information about the added registered alternate appears at the bottom of the Manage Alternates window.

12. To change an alternate's status, click his or her hyperlinked name.

13. Click the Inactivate button to deactivate a given alternate.

14. A confirmation pop-up box displays, confirming the action.

15. The Inactivate button is replaced by the Reactivate button; to reactivate the alternate, click the Reactivate button.

2.5.4   First Time Access for Alternates – Initial Password

Once an alternate has been created for a provider, billing agent, or OON provider in PROMIS*e*™, the alternate must go through the registration process.

1. On the PROMIS*e*™ Welcome Page, click the **Register Now** link. The Registration Selector window displays.

2. The Registration – Personal Information window for alternates displays.

3. Enter first name, last name, date of birth, the unique four-digit PIN number created by the provider, billing agent, or OON provider, and the alternate code generated when the provider created the alternate role into the applicable fields.

4. Click the **Continue** button.

5. The Registration – Security Information window displays, with the Display Name field already completed.

Home > Registration Selector > Registration   Monday 06/25/2018 02:32 PM EST

Registration Step 2 of 2 - Security Information   [?]

* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

*User ID	[　　　　　　]	**Check Availability**
*Password	[　　　　　　]	
*Confirm Password	[　　　　　　]	

Please provide your contact information below.

*Display Name	DANIEL GEORGE
*Phone Number ⦿	[　　　　　]
*Email ⦿	[　　　　　　　]
*Confirm Email ⦿	[　　　　　　　]

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the PROMISe™ Internet portal.

* Site Key:

⦿ Apple   ○ Balloon   ○ Balloons   ○ Baseball   ○ Billiards

*Passphrase	[　　　　　　]

Please select a unique challenge question and provide an answer for each of the question groups below.

*Challenge Question #1	Select a Challenge Question ▾
*Answer to #1	[　　　　　　]
*Challenge Question #2	Select a Challenge Question ▾
*Answer to #2	[　　　　　　]
*Challenge Question #3	Select a Challenge Question ▾
*Answer to #3	[　　　　　　]

User Agreement

By entering my full name in the space provided below and transmitting this form electronically, I state, I am the person whom I represent myself to be herein, and I affirm the information within this web application is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

By entering my full name in the space provided below and transmitting this form electronically, I state that, I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.

*Please sign by typing your full name here: [　　　　　　　]

Submit   **Cancel**

6. Create and enter a User ID into the User ID field.

- The User ID must be 6 to 20 characters in length and contain only letters and numbers.

- The User ID and Password cannot be the same.

- Once you've entered text in the User ID field, click the Check Availability button to see whether the User ID you selected is already in use. If it is not in use, the first confirmation message will appear; if it is in use, the second confirmation message will appear.

7. Create a password, and enter it into the Password and Confirm Password fields. The password:

- Cannot be the same as the user's User ID

- Must be between 8 and 20 characters in length

- Can only contain letters and numbers

- Must contain one capital letter, one lowercase letter, and one numeric digit

8. Enter your phone number and email address into the fields indicated.

9. Select three challenge questions from lists provided in the window, and type in answers. This information is used by the system to verify the identity of the OON provider at a future time when resetting a password.

   Note: You must select three distinct questions, or you will be unable to proceed.

10. After completing the Registration form, read the User Agreement, enter your name into the "Please sign by typing your full name here" field, and click the Submit button to submit the form electronically. If all required information is present, you will be able to gain access to the PA PROMIS*e*™ Web application.

11. A registration confirmation message appears.

12. The user will be returned to the initial "Welcome to PROMIS*e*™" page, and will need to logon.

2.6   Forgotten Passwords

In the event that you forget your password, follow the steps below. These steps apply to providers, OON providers, billing agents, and alternates.

1. On the PROMIS*e*™ Welcome Page, enter your user ID in the User ID field and click the **Log In** button.

2. On the Challenge Question page, enter the answer to the challenge question posed in the Your Answer field; click the **Continue** button.

3. On the Site Token Password page, click the **Forgot Password?** link. The Forgot Password page appears.

4. On the Forgot Password page, another challenge question will be posed. Enter the answer to the question in the Your Answer field, and click the **Submit** button.

5. A validation message appears, stating that the password will be sent to your email account.

The email message you receive should read, in part, as follows:

This email was sent to confirm that we have reset your password in the PROMISe™ Internet Portal. Your temporary password is listed below. You need to login to the portal as soon as possible and enter a new password. *The next time you login, you will be prompted to change your password.*

2.7   Forgot User ID

In the event that you've forgotten your User ID, follow the steps below.

1. Access the PROMIS*e*™ Welcome Page.

2. Click the **Forgot User ID?** link.
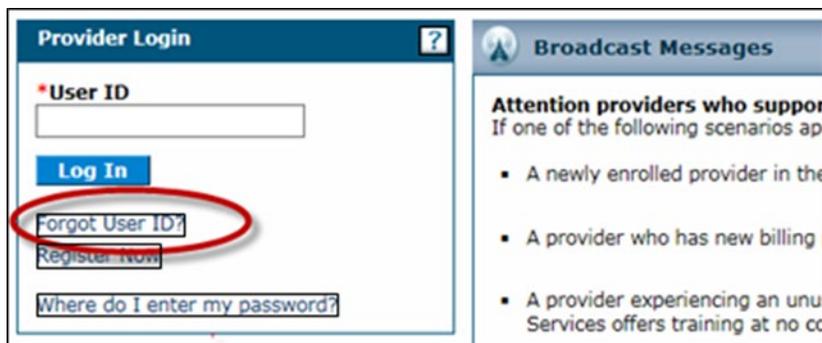
3. The Forgot User ID window displays.

4. Select your user type from the User Type drop-down field.

5. Enter your 13-digit provider ID in the Provider ID field.

6. Click the **Submit** button.

7. A conformation message will appear, and an email message containing your User ID will be sent to you.

2.8 Changing a Password

To change a password, access the My Profile window by clicking the My Profile link on the Provider My Home Page. This process is identical for providers, OON providers, billing agents, and alternates.

1. Click the Change Password button located at the bottom of the screen.

2. The Change Password page displays.
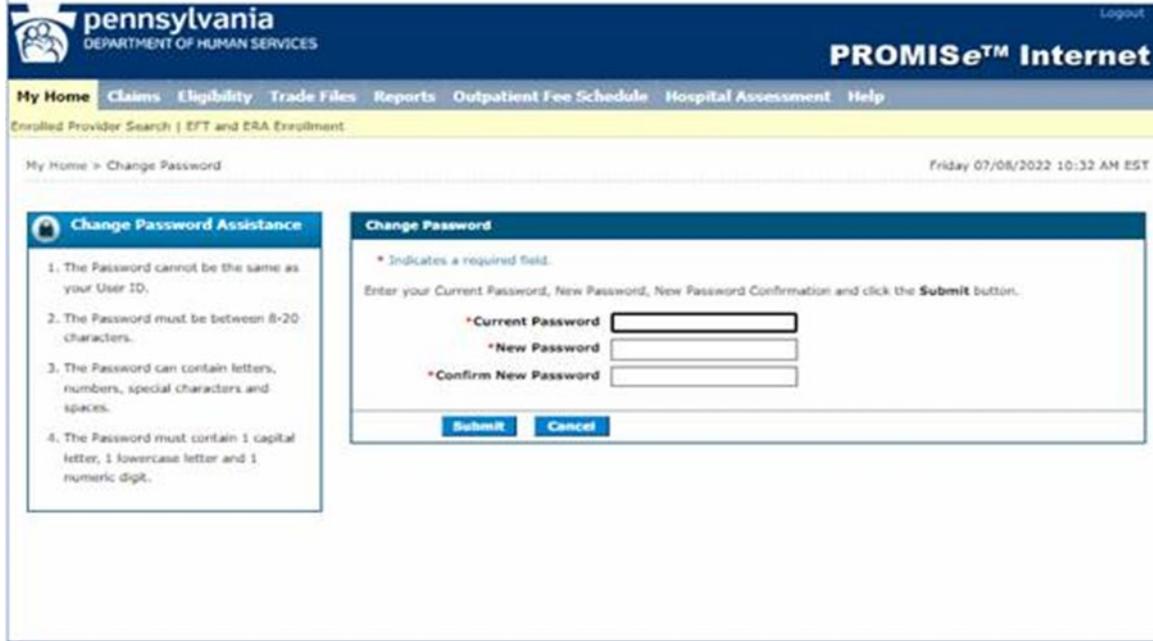
3. Enter current password in the Current Password field. Enter a new password in the New Password and Confirm New Password fields. The new password:

   - Cannot be the same as the user's User ID.

   - Must be between 8 and 20 characters in length.

   - Can only contain letters and numbers.

   - Must contain one capital letter, one lowercase letter, and one numeric digit.

4. Click the Submit button.

5. A message stating that your password has been successfully changed appears.
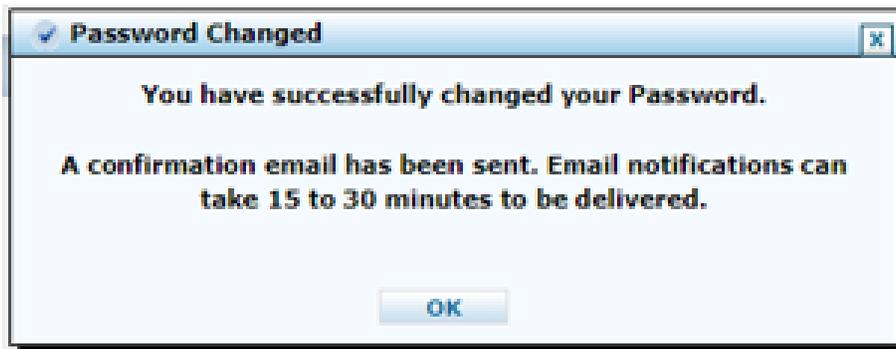
2.9 Denial of Access

Under certain circumstances, you may be denied access to the system. Your account can become disabled or inaccessible for the following reasons:

   - You have made five unsuccessful logon attempts.

- You have answered any of the challenge questions incorrectly five times.
- You have forgotten your password and have a Unified Security logon ID, which can be reset in the Forgot Password window (See *Section 2.6, Forgotten Passwords*).
- You must contact the Provider Assistance Center to reset your account's status.

2.10 How to Log On To PA PROMIS*e*™

Follow the instructions below to log on to PA PROMIS*e*™.

1. Access the PROMIS*e*™ Welcome Page from the OMAP Web site, or use this link: http://promise.dhs.state.pa.us/

It is from this window that you initially log on to the PA PROMIS*e*™ internet application. Providers with more than one service location may create more than one account. However, only one account

can be created per service location. To continue, follow the steps outlined below. Helpful information can be accessed from this page by clicking the Use the Internet Help Manuals here. Users may also take the online e-Learning course titled "PROMIS*e*™ Internet"; a link to this course is located on this page.

1. Enter your user ID in the User ID field.

2. Click the Log In button.

3. The Challenge Question window displays.

4. In the Your Answer field, enter the answer you created for the challenge question posed.

5. Select the personal computer or public computer option. If you select the "personal computer" option, the Portal will skip the Challenge Question window for future logons. If you select the "public computer" option – the default setting – the Challenge Question window will appear and have to be completed during future logons.

6. Click the Continue button.

7. The Site Token Password window displays.

Confirm Site Key Token and Passphrase

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid PROMISe™ Internet Portal site and therefore is safe to enter your password.

If you receive an error while trying to log in, do not use the back arrow, click the Home tab or close the page and start from a fresh browser window. If you are still having trouble accessing your account, email papac1@gainwelltechnologies.com include your User ID, 13 digit Provider ID, name and contact information.

Make sure your site key token and passphrase are correct.

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

Site Key:

Passphrase   Password1234

*Password [ ]

Sign In

Forgot Password?

8. Verify that the site key token and passphrase shown are correct.

- Enter your password in the Password field. If the site key token and passphrase shown are not yours, contact the Provider Assistance Center

9. Click the Sign In button.

10. The Provider Home Page appears.

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

Enrolled Provider Search | EFT and ERA Enrollment

My Home   Monday 02/06/2023 10:33 AM EST

Provider

Name testing group
Provider ID 3004539620001
Location ID 0001
▸ My Profile
▸ Manage Alternates
▸ Manage Billing Agents

Provider Services

▸ Enrollment Summary
▸ New Service Location
▸ Revalidation
▸ Change Request
▸ Resume Application
▸ Application Status
▸ Application Help
▸ Group Member Revalidation
▸ Group Member Change Request
▸ Group Member Reactivation

DHS Resources

DHS Home

DHS Provider Information

DHS Provider Enrollment Information

CHIP Provider Enrollment Information

11. On the Provider Home Page, click the My Profile link. The My Profile window opens.

Users can update contact information, challenge questions, and site key tokens.

Clicking the Edit button for each successive section causes a modified version of the My Profile page to display with accessible fields. Make changes as necessary and click the Submit button. Next, the user will be presented with the option to edit (the Edit button), cancel (the Cancel button), or finalize (the Confirm button) the changes made.

By clicking the **Change** Password button, a user's password can be changed. (See Section 2.8, "Changing a Password").

2.11   Provider Specialties License Expiry Notification

Upon logon to a provider account, a pop-up message will display when one or more licenses associated with an active provider specialty is due to expire within 90 days.

Providers who receive the message upon logon should proceed to the Enrollment Summary option to review their enrollment information.

2.12   Provider Service Locations High Risk Notification

Upon logon to a provider account, a pop-up message will display for provider service locations identified to be High-Risk due to an outstanding provider overpayment.

Provider Service Location is identified as High-Risk.

A combination message will display when one or more licenses associated with an active provider specialty is due to expire within 90 days and the Provider Service Location is identified as High – Risk.
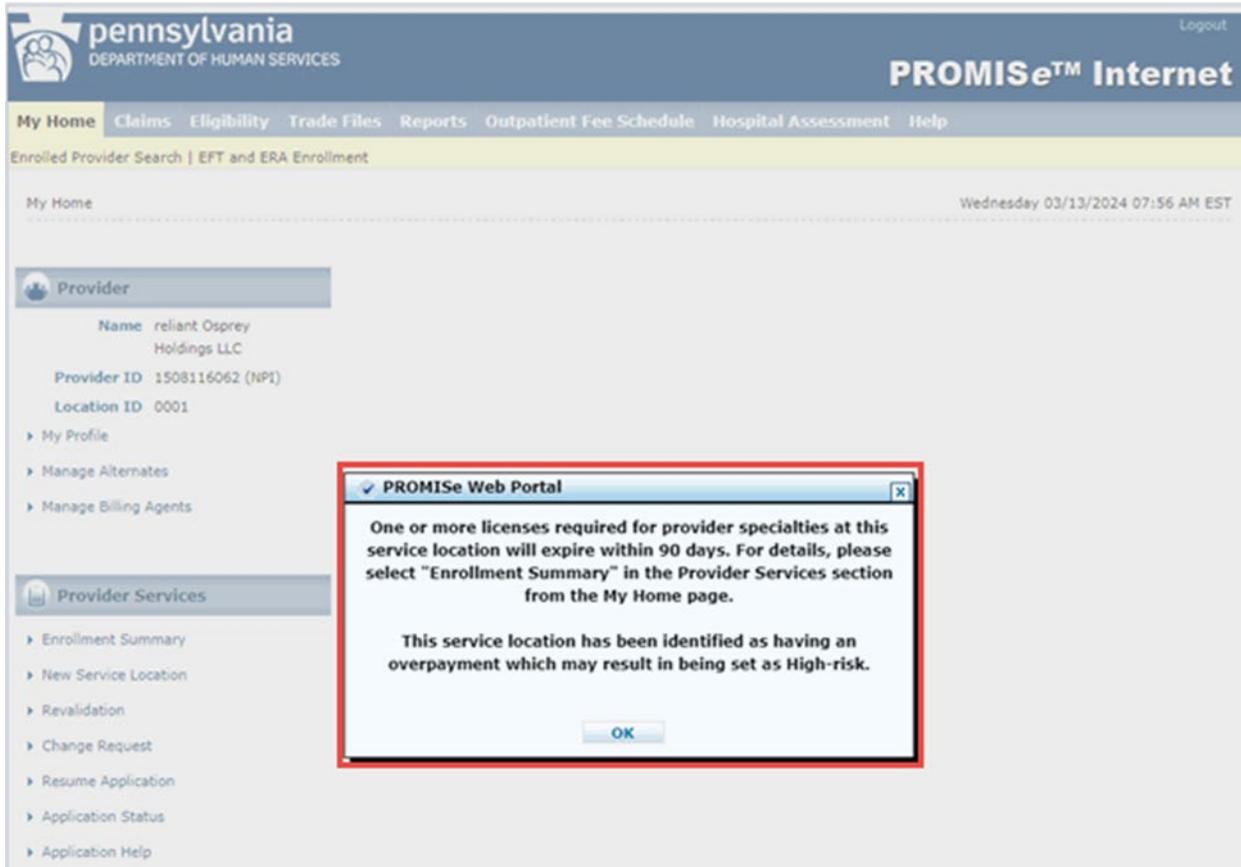
Providers who receive the message upon logon can select ok and proceed with their tasks.

2.13 Submitting Claims Electronically Using PA PROMIS*e*™

The PA PROMIS*e*™ Internet application has been designed to make claim submission as efficient as possible using the currently available electronic technology. Each claim submission window constitutes an online claim form that is easy to fill out and submit. The provider number and service location, NPI Number, Taxonomy Code, and ZIP Code automatically appears at the top of each claim, based on the Logon ID used to log into PA PROMIS*e*™.

You can also adjust a claim or one of its service lines through this online feature. Each claim submission window in *Section 7, PA PROMISe™ Internet Windows* includes detailed information regarding how to perform these functions.

NOTE* Claims submission is not available for CHIP providers/plans.

2.13.1 About Dental Claims

Medical Assistance providers can access the online Dental claim form by clicking on the **Submit Dental** link in the Claims option in the menu bar of the Provider My Home Page window.

Section 7.7, Provider Dental Claim provides step-by-step information for submitting or adjusting a Dental claim.

2.13.2 About Institutional Claims

Medical Assistance providers can access the online Institutional claim form by clicking on the **Submit Institutional** link in the Claims option in the menu bar of the Provider My Home Page window.

Section 7.9, Provider Institutional Claim **provides step-by-step information for submitting or adjusting an Institutional claim.**

2.13.3 About Pharmacy Claims

Medical Assistance providers can access the online Pharmacy claim form by clicking on the **Submit Pharmacy** link in the Claims option in the menu bar of the Provider My Home Page window.

Section 7.11, Provider Pharmacy Claim provides step-by-step information for submitting or adjusting a Pharmacy claim.

2.14.4 About Professional Claims

Medical Assistance providers can access the online Professional claim form by clicking on the **Submit Professional** link in the Claims option in the menu bar of the Provider My Home Page window.

Section 7.13, Provider Professional Claim provides step-by-step information for submitting or adjusting a Professional claim.

2.13.5 About the Copy Function

Medical Assistance providers can duplicate a paid claim using the Copy function.

The Copy button can be used if a provider is resubmitting a previously denied claim or performing an adjustment or void on a previously paid claim.

3 Enrolling for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) on the PROMIS*e*™ Portal

The PA PROMIS*e*™ Internet application has been designed to make enrolling for Electronic Funds Transfer (EFT) as efficient as possible using the currently available electronic technology.

NOTE: EFT and ERA are not available for CHIP Providers/Plans.

3.1   About the Electronic Funds Transfer Enrollment Application Window

The Electronic Funds Transfer Enrollment Application window constitutes an online application form that is easy to fill out and submit.

Providers and Provider Alternates who are registered on the PROMIS*e*™ Provider Portal can access the online EFT Enrollment Application form by clicking on the EFT and ERA Enrollment menu option in the menu bar of the Provider My Home Page window and then clicking on the EFT Enrollment Request button on the EFT and ERA Enrollment Window.

Please allow four weeks for the enrollment process which includes pre-notification verification. If after four weeks you do not start receiving EFT payments, please contact the Provider Assistance Center (PAC) at 1-800-248-2152.

All questions related to electronic EFT enrollment should be directed to the PAC at 1-800-248-2152 or papac1@gainwelltechnologies.com

3.1.1 Layout

3.1.2 Accessibility and Use

To access the EFT and ERA Enrollment window and submit an Electronic Funds Transfer (EFT) and/or an Electronic Remittance Advice (ERA) application, complete the steps in the following step/action tables.

To Access the Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Enrollment Application Window

STEP	ACTION	RESPONSE
1	Sign on to the PA PROMIS*e*™ Internet application.	The Provider Main Page appears on the desktop.
2	Click on the **EFT and ERA Enrollment** menu option in the menu bar of the window.	The EFT and ERA Enrollment window opens.
3	Click the EFT Enrollment Request option.	The Electronic Funds Transfer (EFT) Enrollment Application window opens.
4	Click the ERA Enrollment Request option.	The Electronic Remittance Advice (ERA) Enrollment Application window opens.

3.1.3 Field Descriptions

Field	Description	Data Type	Length
Provider ID	13-digit PROMIS*e*™ Provider ID currently selected for the Portal user. Formatted with a dash between the 9-digit MPI and the 4-digit service location code	Alpha-numeric	14
Name	Name of the provider service location	Alpha-numeric	50
Electronic Funds Transfer			
EFT Status	Service location's EFT activity status in PROMIS*e*™. Possible values (and meanings) are: • Enrolled -- (PROMIS*e*™ EFT status is active) • Pre-notification – (PROMIS*e*™ sending test transactions for 3 weeks before full enrollment) • Not Enrolled – (PROMIS*e*™ EFT status is cancelled or EFT was never set up)	Alpha	15
Financial Institution Routing Number	Identifies service location's financial institution. Field will be blank when EFT Status is "Not Enrolled"	Numeric	9

Field	Description	Data Type	Length
Provider's Account Number	Service location's account number with the Financial Institution. Only last 4 digits of the account number will be displayed; other digits will be masked. Field will be blank when EFT Status is "Not Enrolled"	Alpha-numeric	17
Type of Account	Type of financial account. Possible values are: • Checking • Savings Field will be blank when EFT Status is "Not Enrolled"	Alpha	8
Most Recent Online EFT Enrollment Request: Submission Date	Submission Date of most recent EFT Enrollment request submitted on the Portal for the service location. Format is CCYYMMDD. Field will be blank if an online EFT Enrollment request has never been submitted for the service location	Numeric	8
Most Recent Online EFT Enrollment Request: Request Status	Current status of the EFT Enrollment Request. Possible values are: • Accepted • Pending • Rejected Field will be blank if an online EFT Enrollment request has never been submitted for the service location	Alpha	9
EFT Enrollment Request	Opens EFT Enrollment Application Window	Button	N/A
Electronic Remittance Advice			
ERA Status	Service location's ERA activity Status in PROMIS*e*™. Possible values (and their meanings) are:	Alpha	15

Field	Description	Data Type	Length
	• Enrolled – (Service location is assigned a Submitter ID and has Auto RA Date less than or equal to current date.) • Not Enrolled – (Service location is not assigned a Submitter ID and/or has Auto RA Date greater than current date.)		
Submitter ID for ANSI X12	Submitter ID assigned to the service location. Field may be blank if service location's ERA status is Not Enrolled	Numeric	9
Most Recent Online ERA Enrollment Request: Submission Date	Submission Date of most recent ERA Enrollment request submitted on the Portal for the service location. Format is CCYYMMDD. Field will be blank if an online ERA Enrollment request has never been submitted for the service location.	Numeric	8
Most Recent Online ERA Enrollment Request: Request Status	Current status of the ERA Enrollment Request. Possible values are: • Accepted • Pending • Rejected Field will be blank if an online ERA Enrollment request has never been submitted for the service location	Alpha	9
ERA Enrollment Request	Opens ERA Enrollment Application Window	Button	N/A

3.2   Enrolling for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) On the PROMIS*e*™ Portal

This window allows registered PROMIS*e*™ provider service locations to enroll for payment by Electronic Funds Transfer (EFT). This window is accessed from the PA PROMIS*e*™ Internet Provider My Home Page and clicking on the EFT and ERA Enrollment menu option in the menu

bar. The window displays the current EFT and ERA activity status in PROMISe™ of the provider service location that the user is currently logged into on the portal. Valid values are:

- Enrolled – (PROMIS*e*™ EFT status is active)

- Pre-notification – (PROMIS*e*™ sending test transactions for 3 weeks before full enrollment)

- Not Enrolled – (PROMIS*e*™ EFT status is cancelled or EFT was never set up)

3.2.1 Layout

3.2.2 Accessibility and Use

To complete the Electronic Funds Transfer Enrollment Application window, complete the steps in the following step/action tables.

To Open the Electronic Funds Transfer (EFT) Enrollment Application Window

STEP	ACTION	RESPONSE
1	Click the EFT Enrollment Request Option.	The Electronic Funds Transfer (EFT) Enrollment Application window opens.

To Complete the Electronic Funds Transfer (EFT) Enrollment Application

STEP	ACTION	RESPONSE
1	In the **Provider Information** Section, **Name** field, the **legal name** of the **institution, corporate entity, practice** or **individual provider associated with the service location's pay-to address.**	This information is auto-filled from the data available in PROMISe™. The user may **not** update this information via the EFT Enrollment Application window.
2	In the **Provider Information** Section, **Street** field, the **number** and **street name** where the provider service location is located.	This information is auto-filled from the data available in PROMISe™. The user **may** update this information via the EFT Enrollment Application window if appropriate.
3	In the **Provider Information** Section, **City** field, the **city** associated with the provider service location's street address.	This information is auto-filled from the data available in PROMISe™. The user **may** update this information via the EFT Enrollment Application window if appropriate.
4	In the **Provider Information** Section, **State/Province** field, the **two character code** associated with the state name.	This information is auto-filled from the data available in PROMISe™. The user **may** update this information via the EFT Enrollment Application window if appropriate.
5	In the **Provider Information** Section, **Zip Code/Postal Code** field, the full **nine-digit zip code** assigned by the Postal Service.	This information is auto-filled from the data available in PROMISe™. The user **may** update this information via the EFT Enrollment Application window if appropriate.

STEP	ACTION	RESPONSE
6	In the **Provider Identifiers** Section, **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)** field, the Tax ID of the provider legal entity. **Note* Only the last 4 digits of the Tax ID will be displayed; the other digits will be masked.**	This information is auto-filled from the data available in PROMIS*e*™. The user may **not** update this information via the EFT Enrollment Application window.
7	In the **Provider Identifiers** Section, **National Provider Identifier (NPI)** field, the Federally assigned 10-digit number for the Assigned service location.	This information is auto-filled from the data available in PROMIS*e*™. The user may **not** update this information via the EFT Enrollment Application window.
8	In the **Other Identifiers** Section, **Assigning Authority** field "PA PROMIS*e*™"	"PA PROMIS*e*™" will be auto-filled in this field. The user may **not** update this information via the EFT Enrollment Application window.

STEP	ACTION	RESPONSE
9	In the **Other Identifiers** Section, **Trading Partner ID** field(s), the provider's assigned 9-digit Medical Assistance ID number will be auto-filled. The 4-digit Service Location is initially blank.	This information is **partially** auto-filled from the data available in PROMIS*e*™. The user **must** update the 4-digit Service Location. An automatic edit will verify that the entered Service Location is active for the submitting provider legal entity. **Note* Only the first Trading Partner ID selection will be partially auto-filled with the service location information of the service location you log into the portal with. This information cannot be updated. All subsequent service location entries must be submitted by the provider and then confirmed by the system.** Each new row begins with a minus sign ("-") that the user may click to remove the row from the application form. The maximum number of service locations that may be added is 100. The first time a user clicks this link on a new application, a pop-up message appears to caution the user about adding service locations. Message from webpage WARNING: Please be advised that each location entered will be enrolled for EFT. Please confirm all service locations listed are accurate prior to submission. OK Cancel
10	In the **Provider Contact Information** Section, **Provider Contact Name** field, the name of the provider contact for handling EFT issues.	The Provider Contact Name field is a required field and is **not** auto-filled. The User **must** enter the name of the provider contact for handling EFT issues.
11	In the **Provider Contact Information** Section, **Telephone Number** field, the provider contact phone number for EFT issues.	The Provider Contact Telephone Number field is a required field and is **not** auto-filled. The User **must** enter the telephone number of the provider contact for handling EFT issues.

STEP	ACTION	RESPONSE
12	In The **Provider Contact Information** Section, **Email Address** field, the electronic mail address to send provider contact correspondence.	The Provider Contact Email Address field is a required field and is **not** auto-filled. The User **must** enter the email address of the provider contact for handling EFT issues.
13	In the **Financial Institution Information** Section, **Financial Institution Name** field, the official name of the provider's financial institution.	The Financial Institution Name field is a required field and is **not** auto-filled. The User **must** enter the name of the provider's financial institution.
14	In the **Financial Institution Information** Section, **Financial Institution Address Street** field, the street number and street name where the financial institution is located.	The Financial Institution Address Street field is a required field and is **not** auto-filled. The User **must** enter the street number and the street name of the provider's financial institution.
15	In the **Financial Institution Information** Section, **Financial Institution Address City** field, the city associated with the financial institution address street field.	The Financial Institution Address City field is a required field and is **not** auto-filled. The User **must** enter the City associated with the provider's financial institution address.
16	In the **Financial Institution Information** Section, **Financial Institution Address State/Province** field, the two character code associated with the state/province name.	The Financial Institution Address State/Province field is a required field and is **not** auto-filled. The User **must** enter the two character code associated with the state associated with the state/province of the provider's financial institution.
17	In the **Financial Institution Information** Section, **Financial Institution Routing Number** field, the 9-digit identifier of the financial institution where the provider maintains an account which EFT payments are to be deposited.	The Financial Institution Routing Number field is a required field. The information **is** auto-filled **if** available. If the information is not auto-filled, the User **must** enter the provider's financial institution routing number. *Changes to the Financial Institution Routing Number will generate a paper check that is mailed for the first three financial cycles following the change.*

STEP	ACTION	RESPONSE
18	In the **Financial Institution Information** Section, **Type of Account at Financial Institution** field, the account type (e.g., Checking, Saving) payment are to be deposited into.	The Type of Account at Financial Institution field is a required field and is **not** auto-filled. The User **must** select the type of account the provider will use to receive EFT payments. Valid values are: Checking Saving
19	In the **Financial Institution Information** Section, **Provider's Account Number Financial Institution** field, the account number at the financial institution to which EFT payments are to be deposited.	The Provider's Account Number with Financial Institution field is a required field and is **not** auto-filled. The User **must** enter the account number at the provider's financial institution to which EFT payment is to be deposited. *Changes to the Provider's Account Number Financial Institution will generate a paper check that is mailed for the first three financial cycles following the change.*
20	In the **Financial Institution Information** Section, **Account Number Linkage to Provider Identifier** field(s), the preference for grouping (bulking) claim payments. Note* this is collected for informational purposes only; PA PROMIS*e*™ does **NOT** bulk payments.	The Account Number Linkage to Provider Identifier field is **not** auto-filled. The User **may** enter the provider's preference for grouping claim payments. Valid values are: Provider Tax Identification Number (TIN) National Provider Identifier (NPI) **NOTE*** If TIN is the selected preference; the provider's Tax Identification Number is required to be entered. If NPI is the selected preference, the provider's NPI is required to be entered.
21	In the **Submission Information** Section, **Reason for Submission** field(s), must select one of the reasons.	The Reason for Submission field is a required field and is **not** auto-filled. The User **must** select the reason for submitting the EFT form. Valid values are: New Enrollment Change Enrollment Cancel Enrollment
22	In the **Submission Information** Section, **Authorized Signature** field, the PA PROMIS*e*™ User ID of an individual authorized by the provider or its agent to initiate, modify, or terminate the EFT enrollment.	The Authorized Signature field **is** auto-filled with the electronic signature of the PROMIS*e*™ Portal User ID of the person submitting the enrollment form. The User may **not** update this field via the EFT Enrollment Application window.

STEP	ACTION	RESPONSE
23	In the **Submission Information** Section, **Printed Name of Person Submitting Enrollment** field, the name of the individual who submitted the EFT application form.	The Printed Name of Person Submitting Enrollment field is a required field and is **not** auto-filled. The User **must** enter the name of the individual who submitted the EFT application form.
24	In the **Submission Information** Section, **Printed Title of Person Submitting Enrollment** field, the title of the individual who signed the EFT application form.	The Printed Title of Person Submitting Enrollment field is **not** auto-filled. The User **may** enter the title of the individual who submitted the EFT application form.
25	In the **Submission Information** Section, **Submission Date** field, the on which the EFT application form is submitted in CCYYMMDD format.	The Submission Date field **is** auto-filled with the current date on which the EFT application form is submitted in format CCYYMMDD. The User may **not** update this field.
26	Click the **Submit EFT Enrollment Form** option to submit the EFT Enrollment Application.	The Electronic Funds Transfer (EFT) Agreement window opens.

3.2.3   Layout (Authorization)

The EFT Agreement displays the terms and conditions for EFT enrollment and allows the user to accept or decline the terms.

1	Click the **ACCEPT** option to submit the EFT Enrollment data.	The Electronic Funds Transfer (EFT) data is added to the PROMIS*e*™ database for review and processing.
2	Click the **Decline** option	The user will be returned to the EFT Enrollment Application window.

Layout (EFT Enrollment Application)

EFT Enrollment Form

Help

Electronic Funds Transfer (EFT)

Enrollment Application

Provider Information

If updates need to be made to the Provider Address (Payment Address),
please submit a Change Request Application.

Provider Name   PHYSICIAN GM2 SHOMPER

Provider Address   (Payment Address)

Street   1290 MILLER RD

City   DAUPHIN

State/Province   PA ▼   ZIP Code/Postal Code   17018-9249

Provider Identifiers

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer   *****6315
Identification Number (EIN)

National Provider Identifier (NPI)   1235213802

Other Identifiers

Assigning Authority   PA PROMISe™

Trading Partner ID   300603148   000 ▼ (9-digit Provider ID and 4-digit Service Location)

✚ New Service Location

Provider Contact Information

Provider Contact Name

Contact

Telephone Number   ☐ ☐ ☐   Telephone Number Extension   ☐

Email Address

Financial Institution Information

Changes to the *Financial Institution Routing Number* and/or *Provider's Account Number with Financial Institution* will generate a paper check that is mailed for the first three financial cycles following the change.

Financial Institution Name [   ]

Financial Institution Address

 Street [   ]

 City [   ]

 State/Province [PA ▼] ZIP Code/Postal Code [   ]

Financial Institution Routing Number [082907273   ]

Type of Account at Financial Institution

 ○ Checking ○ Savings

Provider's Account Number with Financial Institution [   ]

Account Number Linkage to Provider Identifier
(Information only. Will not change grouping of payments by PROMISe™.)

 ○ Provider Tax Identification Number (TIN): [   ]

 ○ National Provider Identifier (NPI): [   ]

Submission Information

Reason for Submission *(choose one)*

 ◉ New Enrollment

 ○ Change Enrollment

 ○ Cancel Enrollment

Authorized Signature

 Electronic Signature of Person Submitting Enrollment

 [p3006031480001   ]

 Printed Name of Person Submitting Enrollment

 [   ]

 Printed Title of Person Submitting Enrollment

 [   ]

Submission Date [20240612   ] *(format:CCYYMMDD)*

[Cancel] [Submit EFT Enrollment Form]

3.2.4 Field Descriptions

Field	Description	Data Type	Length
Provider Information			
Provider Name	Name associated with the service location's pay-to address	Alpha-numeric	50
Provider Address: Street	Street address lines 1 and 2 of the service location's pay-to address	Alpha-numeric	50
Provider Address: City	City portion of service location's pay-to address	Alpha-numeric	18
Provider Address: State/Province	State portion of service location's pay-to address. 2-character postal abbreviation code	Alpha	2
Provider Address: Zip Code/Postal Code	Zip code portion of service location's pay-to address. Full 9-digit zip code with a dash inserted between first 5 and last 4 numbers	Alpha-numeric	10
Provider Identifier Information			
Provider Identifiers: Provider Federal Tax Identification Number or Employer Identification Number	Tax ID of provider legal entity. Only the last 4 digits of the Tax ID will be displayed; the other digits will be masked	Numeric	9
Provider Identifiers: National Provider Identifier (NPI)	National Provider Identifier assigned to the service location	Numeric	10
Other Identifiers: Assigning Authority ("PA PROMIS*e*™")	"PA PROMIS*e*™"	Alpha	10
Other Identifiers: Trading Partner ID ("PA PROMIS*e*™")	13-digit PROMIS*e*™ Provider ID selected for the Portal user. Formatted as 9-digit MPI and 4-digit Service Location Code	Numeric	9 + 4

Field	Description	Data Type	Length
Other Identifiers: Trading Partner ID ("PA PROMIS*e*™") + Add New Service Location	Adds a new row for Trading Partner ID. 9-digit MPI is auto filled the same as the first row and may not be updated. 4-digit Service Location is initially blank and must be updated by the user. An automatic edit will verify that the user-entered Service Location is an active service location for the submitting provider legal entity. Each new row begins with a minus sign ("-") that the user may click to remove the row from the form. The maximum number of service locations that may be added is 100. The first time the user clicks this link on a new application, a pop-up message will appear to caution the user about adding service locations. DHS will provide the wording for this pop-up message	Link	N/A
Provider Contact Information			
Provider Contact Name: Contact	Name of contact in provider office for handling EFT issues	Alpha-numeric	50
Provider Contact Name: Telephone Number	Phone number of contact person	Numeric	10
Provider Contact Name: Telephone Number Extension	Phone number extension of contact person	Numeric	4
Provider Contact Name: Email Address	Email Address of contact person	Alpha-numeric	50
Provider Institution Information			

Field	Description	Data Type	Length
Financial Institution Name	Name of the provider's financial institution	Alpha-numeric	50
Financial Institution Address: Street	Street address portion of provider's financial institution address	Alpha-numeric	50
Financial Institution Address: City	City portion of provider's financial institution address	Alpha-numeric	18
Financial Institution Address: State/Province	State portion of provider's financial institution address. 2-character postal abbreviation code	Alpha	2
Financial Institution Routing Number	Identifies provider's financial institution	Numeric	9
Type of Account at Financial Institution	Indicates the type of account provider will use to receive EFT payments. Possible values are: Checking Savings	Radio buttons	N/A
Provider's Account Number with Financial Institution	Identifies provider's account that will receive payments at the financial institution	Alpha-numeric	17
Account Number Linkage to Provider Identifier	Indicates provider's preference for grouping of payments. Possible values are: Provider Tax Identification Number (TIN) National Provider Identifier (NPI)	Radio Buttons	N/A
Account Number Linkage to Provider Identifier: Provider Tax Identification Number (TIN)	Tax ID Number to be used for grouping of payments. Required when TIN is selected preference	Numeric	9
Account Number Linkage to Provider Identifier: National	NPI number to be used for grouping of payments.	Numeric	10

Field	Description	Data Type	Length
Provider Identifier (NPI)	Required when NPI is selected preference		
Submission Information			
Reason for Submission	Indicates provider's reason for submitting the EFT form. Possible values are: New Enrollment Change Enrollment Cancel Enrollment	Radio Buttons	N/A
Authorized Signature: Electronic Signature of Person Submitting Enrollment	PROMISe™ Portal User ID of person submitting enrollment	Alpha-numeric	50
Printed Name of Person Submitting Enrollment	Name of the submitter	Alpha-numeric	50
Printed Title of Person Submitting Enrollment	Title of the submitter	Alpha-numeric	50
Submission Date	The date on which the enrollment is submitted. Auto-filled with current date. Format: CCYYMMDD	Numeric	8
Requested EFT Start/Change/Cancel Date	Date on which the requested action is to begin. Auto-filled with current date. User may not specify a past date. Format: CCYYMMDD	Numeric	8
Submit EFT Enrollment Form	Opens EFT Agreement Window	Button	N/A
Cancel	Discards any data entered and returns user to the EFT and ERA Enrollment Window	Button	N/A

3.3 Electronic Remittance Advice (ERA) Enrollment Application Window

This window allows registered PROMIS*e*™ provider service locations to enroll for Electronic Remittance Advice (ERA) delivered as ANSI X12 835. This window is accessed from the PA PROMIS*e*™ Internet Provider My Home Page and clicking on the EFT and ERA Enrollment menu option in the menu bar and then clicking the ERA Enrollment Request button.

NOTE: Providers enrolled for 835/ERA are not eligible to receive paper Remittance Advice by mail.

3.3.1 Layout

3.3.2 Accessibility and Use

To complete the Electronic Remittance Advice Enrollment Application window, complete the steps in the following step/action tables.

To Open the Electronic Remittance Advice (ERA) Enrollment Application Window

STEP	ACTION	RESPONSE
1	Click the ERA Enrollment Request Option.	The Electronic Remittance Advice (ERA) Enrollment Application window opens.

3.3.3 Layout (ERA Enrollment Application)

ERA Enrollment Form

Electronic Remittance Advice (ERA)

Enrollment Application

Provider Information

Provider Name: ALBA HCSIS HOSPITAL

Provider Address

Street: 20 KINGSBURY AVE

City: TOWANDA

State/Province: PA   ZIP Code/Postal Code: 18848-2103

Provider Identifiers

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): *****8431

National Provider Identifier (NPI): 1447785944

Other Identifiers

Assigning Authority: PA PROMISe™

Trading Partner ID: 102536156   000: (9-digit Provider ID and 4-digit Service Location)

✚ New Service Location

Assigning Authority: PA PROMISe™ EDI Unit

Trading Partner ID: 300469274   (9-digit Submitter ID for ANSI X12 v5010 Transactions)

Provider Contact Information

Provider Contact Name

Contact:

Telephone Number: Telephone Number Extension:

Email Address:

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)
(Information only. Will not change aggregation by PROMISe™)

○ Provider Tax Identification Number (TIN): [＿＿＿＿＿＿＿＿＿]

○ National Provider Identifier (NPI): [＿＿＿＿＿＿＿＿]

Method of Retrieval

◉ Clearinghouse

○ Other (please describe) [＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿]

Electronic Remittance Advice Clearinghouse Information *(if applicable)*

Clearinghouse Name [＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿]

Clearinghouse Contact Name [＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿]

Telephone Number [＿＿] [＿＿] [＿＿＿]

Email Address [＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿]

Submission Information

Reason for Submission *(choose one)*

◉ New Enrollment

○ Change Enrollment

○ Cancel Enrollment

Authorized Signature

Electronic Signature of Person Submitting Enrollment

[p3004692740001＿＿＿＿＿＿＿＿＿＿＿＿＿＿]

Printed Name of Person Submitting Enrollment

[＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿]

Printed Title of Person Submitting Enrollment

[＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿]

Submission Date [20240610＿] *(format:CCYYMMDD)*

Cancel   **Submit ERA Enrollment Form**

To Complete the Electronic Remittance Advice (ERA) Enrollment Application

STEP	ACTION	RESPONSE
1	The **Provider Information** Section, **Name** field represents the **legal name** of the **institution, corporate entity, practice** or **individual provider associated with the service location.**	This information is auto-filled from the data available in PROMIS*e*™. The user may **not** update this information via the ERA Enrollment Application window.
2	The **Provider Information** Section, **Street** field represents the **number** and **street name** where the provider service location is located	This information is auto-filled from the data available in PROMIS*e*™. The user may **not** update this information via the ERA Enrollment Application window.
3	The **Provider Information** Section, **City** field represents the **city** associated with the provider service location's street address.	This information is auto-filled from the data available in PROMIS*e*™. The user may **not** update this information via the ERA Enrollment Application window.
4	The **Provider Information** Section, **State/Province** field represents the **two character code** associated with the state name.	This information is auto-filled from the data available in PROMIS*e*™. The user may **not** update this information via the ERA Enrollment Application window.
5	The **Provider Information** Section, **Zip Code/Postal Code** field represents the full 9-digit zip code associated with the service location's address	This information is auto-filled from the data available in PROMIS*e*™. The user may **not** update this information via the ERA Enrollment Application window.
6	The **Provider Identifiers** Section, **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)** field represents the Tax ID of the provider legal entity. **Note* Only the last 4 digits of the Tax ID will be displayed; the other digits will be masked.**	This information is auto-filled from the data available in PROMIS*e*™. The user may **not** update this information via the ERA Enrollment Application window.

STEP	ACTION	RESPONSE
7	The **Provider Identifiers** Section, **National Provider Identifier (NPI)** field represents the Federally assigned 10-digit number for the Assigned service location	This information is auto-filled from the data available in PROMIS*e*™. The user may **not** update this information via the ERA Enrollment Application window.
8	The **Other Identifiers** Section, **1ˢᵗ Assigning Authority** field represents "PA PROMIS*e*™"	"PA PROMIS*e*™" will be auto-filled in this field. The user may **not** update this information via the ERA Enrollment Application window.
9	The **Other Identifiers** Section, **Trading Partner ID** field(s) represents the provider's assigned 9-digit Medical Assistance ID number will be auto-filled. The 4-digit Service Location is initially blank.	This information is **partially** auto-filled from the data available in PROMIS*e*™. The user **must** update the 4-digit Service Location. An automatic edit will verify that the entered Service Location is active for the submitting provider legal entity. **Note* Only the first Trading Partner ID selection will be partially auto-filled with the service location information of the service location you log into the portal with. This information cannot be updated. All subsequent service location entries must be submitted by the provider and then confirmed by the system.** Each new row begins with a minus sign ("-") that the user may click to remove the row from the application form. The maximum number of service locations that may be added is 100. The first time a user clicks this link on a new application, a pop-up message appears to caution the user about adding service locations.

Message from webpage

WARNING: Please be advised that each location entered will be enrolled for EFT. Please confirm all service locations listed are accurate prior to submission.

OK   Cancel

STEP	ACTION	RESPONSE
10	The **Other Identifiers** Section, **2nd Assigning Authority** field represents "PA PROMIS*e*™ EDI Unit"	PA PROMIS*e*™ EDI Unit will be auto-filled in this field. The user may **not** update this information via the ERA Enrollment Application window.
11	The **Other Identifiers** Section, **Trading Partner ID** field represents the 9-digit Submitter ID number for ANSI X12 Transactions	This information is auto-filled from the data available in PROMIS*e*™. The user **must** enter the 9-digit Submitter ID for ANSI X12 Transactions if the information does not auto-fill from PROMIS*e*™.
12	The **Provider Contact Information** Section, **Provider Contact Name** field represents the name of the provider contact for handling ERA issues.	The Provider Contact Name field is a required field and is **not** auto-filled. The user **must** enter the name of the provider contact for handling ERA issues.
13	The **Provider Contact Information** Section, **Telephone Number** field represents the provider contact phone number for ERA issues.	The Provider Contact Telephone Number field is **not** auto-filled. The user **may** enter the telephone number of the provider contact for handling ERA issues.
14	The **Provider Contact Information** Section, **Email Address** field represents the electronic mail address to send provider contact correspondence.	The Provider Contact Email Address field is a required field and is **not** auto-filled. The user **must** enter the email address of the provider contact for handling ERA issues.
15	The **Electronic Remittance Advice Information** Section, the **Preference for Aggregation of Remittance Data** field indicates the provider's preference for aggregation. Valid values are: • Provider Tax Identification Number (TIN) • National Provider Identifier (NPI)	The Preference for Aggregation field is **not** auto-filled. The user **may** select one of the appropriate valid values by clicking the Radio Button next to the value. **Note*** this field is optional. If one of the valid values is selected the user **must** complete field 16 Provider Tax Identification Number (TIN) or field 17 National Provider Identifier (NPI)>. PROMIS*e*™ will NOT aggregate payments. This is informational only.

STEP	ACTION	RESPONSE
16	The **Electronic Remittance Advice Information** Section, the **Provider Tax Identification Number (TIN)** field represents the Tax ID Number to be used for aggregation.	The Provider Tax Identification Number (TIN) field is **not** auto-filled. The user **must** enter the Tax ID Number when the Radio Button next to the value is selected.
17	In the **Electronic Remittance Advice Information** Section, the **National Provider Identifier (NPI)** field represents the NPI number to be used for aggregation.	The National Provider Identification Number (NPI) field is **not** auto-filled. The user **must** enter the NPI Number when the Radio Button next to the value is selected.
18	In the **Electronic Remittance Advice Information** Section, the **Method of Retrieval** field indicates the provider's method of retrieving the ERA. Valid values are: • Clearinghouse • Other	The Method of Retrieval field is a required field and is **not** auto-filled. The user **must** select one of the appropriate valid values by clicking the Radio Button next to the value.
19	In the **Electronic Remittance Advice Information** Section, the **Method of Retrieval "Other"** field is a free text field description of the means that the provider will use to retrieve the ERA.	The Method of Retrieval "Other" field is a required field when the radio button next to the value is selected and is **not** auto-filled. The user **must** enter the description of the means that will be used by the provider to retrieve the ERA.
20	In the **Electronic Remittance Advice Clearinghouse Information** Section, the **Clearinghouse Name** field represents the name of the Clearinghouse.	The Clearinghouse Name field is a required field when "Clearinghouse" is the selected Method of Retrieval. The information is **not** auto-filled. The user **must** enter the name of the Clearinghouse.
21	In the **Electronic Remittance Advice Clearinghouse Information** Section, the **Clearinghouse Contact Name** field represents the name of the contact in the Clearinghouse office for handling ERA issues.	The Clearinghouse Contact Name field is a required field when "Clearinghouse" is the selected Method of Retrieval. The information is **not** auto-filled. The user **must** enter the name of the Clearinghouse contact.
22	In the **Electronic Remittance Advice Clearinghouse Information** Section, the	The Telephone Number field is a required field when "Clearinghouse" is the selected Method of Retrieval. The information is **not** auto-filled. The

STEP	ACTION	RESPONSE
	Telephone Number field represents the telephone number of the contact in the Clearinghouse office for handling ERA issues.	user **must** enter the telephone number of the Clearinghouse contact.
23	In the **Electronic Remittance Advice Clearinghouse Information** Section, the **Email Address** field indicates the email address of the contact in the Clearinghouse office for handling ERA issues.	The Email Address field is a required field when "Clearinghouse" is the selected Method of Retrieval. The information is **not** auto-filled. The user **must** enter the email address of the Clearinghouse contact.
24	In the **Submission Information** Section, the **Reason for Submission** field indicates the provider's reason for submitting the ERA form. Valid values are: • New Enrollment • Change Enrollment • Cancel Enrollment	The Reason for Submission is a required field and is **not** auto-filled. The user **must** select one of the valid values by clicking the Radio Button next to the value.
25	In the **Submission Information** Section, the **Authorized Signature** field indicates the name of the PROMIS*e*™ Portal user ID of the individual who is submitting the ERA application form.	This information is auto-filled from the data available in PROMIS*e*™. The user may **not** update this information via the ERA Enrollment Application window.
26	In the **Submission Information** Section, the **Printed Name of Person Submitting Enrollment** field indicates the name of the individual who is submitting the ERA application form.	The Printed Name of Person Submitting Enrollment field is a required field and is **not** auto-filled. The user **must** enter the name of the individual submitting the ERA application form.
27	In the **Submission Information** Section, the **Printed Title of Person Submitting Enrollment** field indicates the title of the individual who is submitting the ERA application form.	The Printed Title of Person Submitting Enrollment field is a required field and is **not** auto-filled. The user **must** enter the title of the individual submitting the ERA application form.

STEP	ACTION	RESPONSE
28	In the **Submission Information** Section, the **Submission Date** field indicates the date on which the enrollment is submitted.	The Submission Date field is auto-filled with the current date in Format: CCYYMMDD. The user may **not** specify a past date.
29	Click the **Submit ERA Enrollment Form** option to submit the ERA enrollment Application.	The Electronic Remittance Advice (ERA) Agreement window opens.
30	Click the **Cancel** option.	The Cancel option will discard any data entered and return the User to the EFT and ERA Enrollment window.

3.3.4 Layout (Authorization)

I certify the foregoing information is true, accurate and complete under penalty of perjury. If the signatory is a preparer and not the provider identified by the Medicaid Number noted above, the signatory acknowledges that as the preparer, he or she is providing the information on behalf of the provider and that the provider authorized the preparer to complete this action. I acknowledge that I read and understand this agreement.

Terms and Conditions:

The Provider gives the Agent permission to work on its behalf with the Department of Public Welfare ("Department") to verify Medical Assistance eligibility, process claims and /or receive the 835 file. (If applicable)

The Provider agrees that all information disclosed by the Department is confidential and agrees that they shall safeguard and maintain the confidentiality of all information received in accordance with federal and state law. The Provider agrees that the use or disclosure of information for research or purposes other than as intended is strictly prohibited by federal and state law. Further, the Provider agrees not to disclose any information obtained from the Department unless they have obtained express prior written approval from the Department.

The Provider and their employees will use the information received only to verify an individual's eligibility for the Medical Assistance Program, process claims and/or receive the 835 file.

NOTICE: State and Federal law place stringent restrictions on the disclosure of information concerning applicants and recipients of assistance. 42 U.S.C. §1396a(a)(7); 42 C.F.R. 431.300; 62 P.S. §404 and 55 Pa. Code Chapter 105; and 45 CFR Parts 160, 162 and 164. Any person knowingly violating these restrictions may be sentenced to pay a fine or imprisonment, or both.

Electronic signature — By selecting the "Accept" button, you are signing this agreement electronically. You agree your electronic signature is the legal equivalent of your written signature on the agreement, and the provider (and any preparer) is bound by this signature.

[Decline] [Accept]

The ERA Agreement displays the terms and conditions for ERA enrollment and allows the user to accept or decline the terms.

| 1 | Click the **ACCEPT** option to submit the ERA Enrollment data. | The Electronic Remittance Advice (ERA) data is added to the PROMIS*e*™ database for review and processing. |
| 2 | Click the **Decline** option | The user will be returned to the ERA Enrollment Application window. |

3.3.5 Field Descriptions

Field	Description	Data Type	Length
Provider Information			
Provider Name	Name of the service location	Alpha- numeric	50
Provider Address: Street	Street address lines 1 and 2 of the service location address	Alpha-numeric	50
Provider Address: City	City portion of service location address	Alpha-numeric	18
Provider Address: State/Province	State portion of service location address. 2-character postal abbreviation code	Alpha	2
Provider Address: Zip Code/Postal Code	Zip code portion of service location address. Full 9-digit zip code with a dash inserted between first 5 and last 4 numbers	Alpha-numeric	10
Provider Identifier Information			
Provider Identifiers: Provider Federal Tax Identification Number or Employer Identification Number	Tax ID of provider legal entity. Only last 4 digits of the Tax ID will be displayed; other digits will be masked	Numeric	9
Provider Identifiers: National Provider Identifier (NPI)	National Provider Identifier assigned to the service location	Numeric	10
Other Identifiers: Assigning Authority ("PA PROMIS$e^{™}$")	"PA PROMIS$e^{™}$"	Alpha	10
Other Identifiers: Trading Partner ID ("PA PROMIS$e^{™}$")	13-digit PROMIS$e^{™}$ Provider ID selected for the Portal user.	Numeric	9 + 4

Field	Description	Data Type	Length
	Formatted as 9-digit MPI and 4-digit Service Location Code		
Other Identifiers: Trading Partner ID ("PA PROMIS*e*™") + Add New Service Location	Adds a new row for Trading Partner ID ("PA PROMIS*e*™"). 9-digit MPI is auto filled the same as the first row and may not be updated. 4-digit Service Location is initially blank and must be updated by the user. An automatic edit will verify that the user-entered Service Location is an active service location for the submitting provider legal entity. Each new row begins with a minus sign ("-") that the user may click to remove the row from the form. The maximum number of service locations that may be added is 100. The first time the user clicks this link on a new application, a pop-up message will appear to caution the user about adding service locations.	Link	N/A
Other Identifiers: Assigning Authority ("PA PROMIS*e*™ EDI Unit")	"PA PROMIS*e*™ EDI Unit"	Alpha	19
Other Identifiers: Trading Partner ID ("PA PROMIS*e*™ EDI Unit")	9-digit Submitter ID for ANSI X12 Transactions	Numeric	9
Provider Contact Information			
Provider Contact Name: Contact	Name of contact in provider office for handling ERA issues	Alpha-numeric	50

Field	Description	Data Type	Length
Provider Contact Name: Telephone Number	Phone number of contact person	Numeric	10
Provider Contact Name: Telephone Number Extension	Phone number extension of contact person	Numeric	4
Provider Contact Name: Email Address	Email Address of contact person	Alpha-numeric	50
Electronic Remittance Advice Information			
Preference for Aggregation of Remittance Data	Indicates provider's preference for aggregation. Possible values are: • Provider Tax Identification Number (TIN) • National Provider Identifier (NPI)	Radio Buttons	N/A
Preference for Aggregation of Remittance Data: Provider Tax Identification Number (TIN)	Tax ID Number to be used for aggregation. Required when TIN is selected preference	Numeric	9
Preference for Aggregation of Remittance Data: National Provider Identifier (NPI)	NPI number to be used for aggregation. Required when NPI is selected preference	Numeric	10
Method of Retrieval	Indicates provider's method of retrieving ERA. Possible values are: • Clearinghouse • Other	Radio Buttons	N/A

Field	Description	Data Type	Length
Method of Retrieval: Other	Description of the means that provider will use to retrieve ERA. Required when "Other" is the selected preference	Alpha-numeric	50
Electronic Remittance Advice Clearinghouse Information			
Clearinghouse Name	Name of the Clearinghouse. Required when "Clearinghouse" is the selected Method of Retrieval	Alpha-numeric	50
Clearinghouse Contact Name	Name of a contact in Clearinghouse office for handling ERA issues. Required when "Clearinghouse" is the selected Method of Retrieval	Alpha-numeric	50
Clearinghouse Contact Name: Telephone Number	Telephone number of contact. Required when "Clearinghouse" is the selected Method of Retrieval	Numeric	10
Clearinghouse Contact Name: Email Address	Email address of contact	Alpha-numeric	50
Submission Information			
Reason for Submission	Indicates provider's reason for submitting the ERA form. Possible values are: • New Enrollment • Change Enrollment • Cancel Enrollment	Radio Buttons	N/A
Authorized Signature: Electronic Signature of Person Submitting Enrollment	PROMIS*e*™ Portal User ID of person submitting enrollment	Alpha-numeric	50

Field	Description	Data Type	Length
Printed Name of Person Submitting Enrollment	Name of the submitter	Alpha-numeric	50
Printed Title of Person Submitting Enrollment	Title of the submitter	Alpha-numeric	50
Submission Date	The date on which the enrollment is submitted. Auto-filled with current date. Format: CCYYMMDD	Numeric	8
Requested ERA Effective Date	Date the provider wishes to begin ERA. Auto-filled with current date. User may not specify a past date. Format: CCYYMMDD	Numeric	8
Continue	Opens ERA Agreement Window	Button	N/A
Cancel	Discards any data entered and returns user to the EFT and ERA Enrollment Window	Button	N/A

4 Searching for Enrolled Providers on the PROMISe™ Portal

The PA PROMIS*e*™ Internet application has been designed to allow users to search for enrolled providers. From the "My Home" page of the PROMIS*e*™ Provider Portal, a link titled "Enrolled Provider Search" is displayed directly under the Menu Bar to the left. When clicked, the "Enrolled Provider Search" window opens allowing users to search for enrolled providers using set criteria.

4.1   About the Enrolled Provider Search Window

The Enrolled Provider Search window includes a Disclaimer "This search provides a listing of providers enrolled in the Medical Assistance Program and/or the Children's Health Insurance Program administered by the Pennsylvania Department of Human Services. The Information on this page may not be shared with a third party for purposes other than the direct care for a Medical Assistance, Recipient and/or Children's Health Insurance Recipient, and is protected by State and Federal Privacy Regulations as well as the Health Insurance Portability and Accountability Act (HIPAA).

The inclusion or exclusion of a provider is not a guarantee of a provider's enrollment status. Provider Enrollment changes which occur on the day of your search will not be reflected in the results.

4.2   First Date of Service Search Criteria

The Enrolled Provider Search window allows users to search by First Date of Service. After entering the first date of service, the results will include current Medical Assistance or CHIP Providers/Plans whose enrollment began on or before this date.

4.3   Provider Search Results for Medical Assistance Provider Inquiry

When a user enters criteria to search for a Medical Assistance provider on the Enrolled Provider Search window, the results returned will only include Medical Assistance enrolled providers. CHIP providers/plans assigned to a Medical Assistance group will not be included in the results returned.

4.4   Provider Search Results for CHIP Provider/Plan Inquiry

When a user enters criteria to search for a CHIP Provider/Plan on the Enrolled Provider Search Window, the results returned will include both Medical Assistance and CHIP enrolled Providers/Plans.

4.5   List of Active Providers that a Medical Assistance Provider can Download

When a Medical Assistance user chooses to download the list of all active providers via the "Click Here" hyperlink next to "To download a list of all xx,xxx active providers" on the Enrolled Provider Search window, the list will only include active Medical Assistance enrolled providers.

4.6   List of Active Providers that a CHIP Provider/Plan can Download

When a CHIP Provider/Plan chooses to download the list of all active providers via the "Click Here" hyperlink next to "To download a list of all xx,xxx active providers" on the Enrolled Provider Search window, the list will include both active Medical Assistance enrolled providers and active CHIP enrolled Providers/Plans.

4.6.1   Layout

4.6.2   Accessibility and Use

The Enrolled Provider Search window allows users the ability to search for enrolled Medical Assistance and/or CHIP Providers/Plans. This window is accessed by selecting the "Enrolled Provider Search" link located as a menu item under the "My Home" page of the PROMIS*e*™ Internet portal.

4.6.3   Field Descriptions

Field	Description	Data Type	Length
Clear	Resets all entries on the page.	Button	0
Click Here	Initiates the download of the provider file extract.	Hyperlink	0
First Date of Service	Allows the user to enter a date.	Date (CCYYMMDD)	8
First Name	Allows the user to enter a provider first name.	Character	13
Help	Displays help documentation.	Button	0
Last Name Or Business Name	Allows the user to enter a provider last name or business name.	Character	50
License Number	Allows the user to enter a license number.	Alphanumeric	10
Match Criteria(License Number)	Allows the user to select the match criteria (Exact Match or Contains).	Drop Down List Box	0
Match Criteria (Provider Name)	Allows the user to select the match criteria (Exact Match, Contains, or Phonetic Match).	Drop Down List Box	0
NPI Number	Allows the user to enter an NPI number.	Number	10
Provider ID	Allows the user to enter a provider ID.	Number	13

Field	Description	Data Type	Length
Results to Display per Page	Allows the user to select how many results to display per page (5,100, 200).	Drop Down List Box	0
Search	Submits the data.	Button	0

5   Claim Inquiries

Through the PA PROMIS*e*™ Internet application, providers can check a claim's status, along with other claim inquiry capabilities. The search can be narrowed by specifying the ICN, date range, claim status, or claim type criteria.

NOTE: Claim inquiry is not available to CHIP Providers/Plans.

5.1   About Internal Control Numbers (ICNs)

Each claim is assigned a 13-digit Internal Control Number (ICN). This ICN identifies each claim as it is processed, tracked, and reported.

The ICN 13-digit number is assigned to the invoice by DHS, and includes:

- Digits 1 and 2 represent the Region Code

- Digits 3 through 7 represent the Year and Julian Date that the claim was submitted, and facilitate time limit editing

- Digits 8 through 13 represent the Claim Sequence

5.2   Using the Provider Claim Inquiry Window

The Provider Claim Inquiry window is used to search claims, view original claims by ICN, verify recipient eligibility, check the status of one or more claims, or make an adjustment to a claim. Regardless of submission media, you can retrieve all claims associated with your provider number. A search can be narrowed by specifying the ICN, recipient ID number, patient account number, date range, or claim status criteria. You can perform a search only for claims submitted by your provider number and service location(s).

> **Note:** When performing a claim inquiry for claims submitted via a medium other than the Internet, please allow for processing time before the claim appears in the system. For example, if you submit your claims via paper, please allow 7 to 10 business days before performing a claim inquiry.

Refer to *Section 7.6* for a full description of the Provider Claim Inquiry window.

5.2.1   Layout

The actions described in the tables below are the primary tasks that can be performed in the Claim Inquiry window. More detailed information on this window and its functions can be viewed in *Section 7.6, Provider Claim Inquiry* window.

To Search for a Claim by Recipient ID

Step	Action	Response
1	Type a value in the **Recipient ID** field	
2	In the **Claim Status** drop-down list, select a value	
3	In the **Date of Service** section, enter a value in the **From Date** field	
4	In the **Date of Service** section, enter a value in the **Thru Date** field	
5	Click the **Submit** button	If a match is found, the search results list is displayed
6	Click the claim link	The detailed claim is displayed

To Search for a Claim by Patient Account Number

Step	Action	Response
1	Type a value in the **Patient Account #** field	
2	In the **Claim Status** drop-down list, select a value	
3	In the **Date of Service** section, enter a value in the **From Date** field	
4	In the **Date of Service** section, enter a value in the **Thru Date** field	

Step	Action	Response
5	Click the **Submit** button	If a match is found, the search results list is displayed
6	Click the claim link	The detailed claim is displayed

To Search for a Claim by ICN

Step	Action	Response
1	Type a value in the **ICN** field	
2	In the **Claim Status** drop-down list, select a value	
3	In the **Date of Service** section, enter a value in the **From Date** field	
4	In the **Date of Service** section, enter a value in the **Thru Date** field	
5	Click the **Submit** button	If a match is found, the search results list is displayed
6	Click the claim link	The detailed claim is displayed

To View Recipient Eligibility

Step	Action	Response
1	Complete a claim search	If a match is found, the search results list is displayed
2	Click the **Recipient ID** link	The Recipient Eligibility Verification window opens and displays information for the requested Recipient ID

To Submit a Claim Adjustment

Step	Action	Response
1	Type a value in the **Recipient ID** field, or **ICN**, or **Patient Account #** fields	
2	Select a value from the **Claim Status** drop-down box	
3	If the date of service is known, enter values in the **From Date** and **Thru Date** fields	
4	Press the **Submit** button	Claim records that match the search criteria are displayed in the lower portion of the window. Note that all ICNs and Recipient IDs are hyperlinked
5	Click on the ICN link for which an adjustment is to be made	The original claim is displayed
6	Scroll down the claim window to the **Service Adjustments for Service Line: 1** group	

Step	Action	Response
7	In the **Adjustment 1** row, select a value from the **Adjustment Group Code** drop-down box	
8	In the **Adjustment 1** row, select a value from the **Reason Code** drop-down box	
9	Enter the amount of the adjustment for this claim in the **Amount** box at the end of the Adjustment 1 row	
10	Select a value from the **Carrier Code** drop-down box	
11	To add another adjustment to this claim, click the **Add Adjustment** button to activate the **Adjustment 2** row. Repeat Steps 7 through 10 in the **Adjustment 2** row. Up to eleven additional adjustments can be added	
12	Click the **Submit** button	The adjustment(s) for this claim is (are) submitted

5.3 Recipient Eligibility Verification

You can use the Recipient Eligibility Verification window to perform inquiries about PA PROMIS*e*™ recipient data. You can make inquiries based on the following information:

- Recipient ID and Card Issuance Number
- Recipient ID/Date of Birth
- Social Security Number/Date of Birth
- Recipient Name/Date of Birth

You must enter a single date or range of up to 31 days to limit the search results.

A procedure, drug code, or modifier may optionally be provided. When you provide the drug or service, EVS returns information on the recipient's eligibility to receive the drug or service. This feature is supported only for fee-for-service recipients.

NOTE: Recipient Eligibility Verification is not available for CHIP Providers/Plans.

The first window Layout below shows the initial viewable display; the following Layouts show the remaining data viewable by scrolling.

5.3.1 Layout

Recipient Eligibility Verification

Recipient Eligibility Verification Information

| (Required) | Recipient ID: | | Card Number: | |

(or)   Recipient ID: Date of Birth:

(or)   SSN: Date of Birth:

(or)   Name First/MI/Last:

Date of Birth:

(Required)   Date of Service From: 01/04/2013   To: 01/04/2013

(Optional)   Procedure/Drug Type: Select One

Procedure/Drug Code:

Modifier   1:   2:   3:   4:

(or)   Service Type Code:

Supported

1 - Medical Care
2 - Surgical
4 - Diagnostic X-Ray
5 - Diagnostic Lab
6 - Radiation Therapy
7 - Anesthesia
8 - Surgical Assistance
12 - Durable Medical Equipment Purchase
13 - Ambulatory Service Center Facility
18 - Durable Medical Equipment Rental

Selected

>>
<<
Reset

Search   Clear

Verification No. ███████████ - 06/23/2010

Recipient

Name:	████████████
Recipient ID:	██████
Date of Birth:	██████
Gender:	██

Eligibility Summary

Type	Name	Begin	End
Managed Care	BHDA-DAUPHIN COUNTY - CBHNP	01/01/2009	01/31/2009
Medicaid	Category:J Program Status:00 Service Program:HCB02	01/01/2009	01/31/2009

Eligibility Detail

Status:	Managed Care
Service Type:	Health Benefit Plan Coverage
Insurance Type:	Health Maintenance Organization (HMO)
Service	01/01/2009 - 01/31/2009
Eligibility	01/01/2009 - 01/31/2009
Benefit Related Entity:	Payer ███████████████ Information Contact Telephone: ████████

Eligibility Detail

Status:	Medicaid
Service Type:	Health Benefit Plan Coverage
Insurance Type:	Medicaid
Coverage Description:	Category:J Program Status:00 Service Program:██████
Service	01/01/2009 - 01/31/2009
Eligibility	01/01/2009 - 01/31/2009
Benefit Related Entity:	Payer ███████████ Information Contact Telephone: ████████

6   Provider Reports

You can generate online reports from the PA PROMIS*e*™Internet Web site. This section describes reports that are available to providers.

NOTE: Provider Reports are not available for CHIP Providers/Plans.

6.1   About the Provider Report Index Window

The Provider Report Index window is used to display the online reports that are available to providers. These reports are displayed in one or more groupings. The window sample below shows the Provider and MCO groupings. Reports can be viewed in groupings associated to your specific user ID, and you are able to query the COLD system for versions of those reports.

You can generate a Remittance Advice (RA) report through the Provider Report Index window. This report supports a search range of up to 90 days, based on the weekly PROMIS*e*™ processing cycles. The search button returns a list of RAs sent by the system during a selected time period. From this list, you can select a date from which to download and view an individual RA in Adobe Acrobat (.PDF) format.

> **Note:**   The Provider Report Index window does not display reports created prior to the inception of PROMIS*e*™.

6.1.1   Layout

For detailed information about this window, see *Section 7.17, Provider Report Index* window.

7 PA PROMISe™ Internet Windows

This section of the *Provider Internet User Manual* contains detailed information regarding the windows within the PA PROMIS*e*™ Internet application to help users better understand how each window is used. Windows presented in this section include explanations of the fields, field edits (error messages), and functions of each window.

> **Note:** All relevant Field Edits for the windows in the Provider Internet User Manual are listed after the Field Descriptions for each window. However, not all windows are subject to Field Edits. If Field Edits do not apply to a window, the Field Edits table states "No Field Edits found for this window."

7.1   My Home

7.1.1   Layout

7.1.2   Provider – The provider area includes the provider's name, NPI, and location ID as well as links to the "My Profile" page, Manage Alternates, and Manage Billing Agents.

7.1.3   Provider Services

This section allows providers to view, make changes and updates to their current enrollment as well as complete additional applications. Not all selections are available to all providers.

- **Enrollment Summary** allows the provider to view current enrollment information and download a PDF of their Enrollment Summary. 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.

- **New Service Location** allows the provider to create a new service location application for the same tax ID.

- **Reactivation** allows the provider to reactivate an existing service location that is currently in a closed status and has been closed less than 2 years.

- **Revalidation** allows the provider to create a revalidation application to maintain current enrollment with DHS.

- **Change Request** allows the provider to change specific enrollment information through the electronic enrollment portal.

- **Resume Application** allows the user to resume an application that has been started but is not yet submitted.

- **Application Status** allows the provider to check on the status of an application.

- **Terminate Enrollment** allows a provider to terminate their enrollment with DHS.

- **Application Help** opens the application help document below.

- **Group Member Revalidation** allows a Group Provider to create a Revalidation application for one of their Group Members.

- **Group Member Changes Request** allows a Group Provider to create a Change Request application for one of their Group Members.

- **Group Member Reactivation** allows a Group Provider to create a Reactivation application for one of their Group Members.

Application Help

Providers can complete an on-line provider enrollment application and supply any required supporting documentation. This includes providers who are not billing PA Medicaid or CHIP but provide services to beneficiaries. All applications will be screened based on Federal and State guidelines prior to an enrollment decision. Please retain copies of your application materials for your records. You will receive a response upon approval or denial of your enrollment with PA Medicaid and/or CHIP.

Types of Provider Enrollment Applications

There are four types of enrollment applications and each requires a provider to complete an entire application. Please click the appropriate navigation item on the left-hand side of the Home page to start an enrollment application.

- "**New Service Location**" - A new service location address for a PA Medicaid and/or CHIP provider.
- "**Revalidation**" - An active service location for a provider currently enrolled with PA Medicaid and/or CHIP that requires verification of information per Federal or State regulation.
- "**Change Request**" - Change/update a service location with current information.
- "**Reactivation**" - Activating an enrolled service location that is currently closed for less than 2 years with PA Medicaid and/or CHIP.
- "**Group Member Revalidation**" - Allows Group providers to initiate a Revalidation application for one of their group members. An active service location for a provider currently enrolled with PA Medicaid and/or CHIP that requires verification of information per Federal or State regulations.
- "**Group Member Change Request**" - Allows Group providers to initiate a Change Request application for one of their group members. Change/update a service location with current information.
- "**Group Member Reactivation**" - Allows Group providers to initiate a Reactivation application for one of their group members. Activating an enrollment service location that is currently closed for less than 2 years with PA Medicaid and/or CHIP.

Tracking Provider Enrollment Applications

A unique number called the "Application Tracking Number" (ATN) will be assigned when an enrollment application is started. Prior to exiting the application, write down this number and keep it for your records. If you need to access the application later, please click the appropriate navigation item on the left-hand side of the page to "**Resume Application**" or to check the "**Application Status**". **Note:** Information will not be retained and the application will be deleted if the provider does not complete the application, supply the required supporting documentation and click the "Submit Application" button on the "Summary" page when finished.

Provider Application Fee

The Affordable Care Act requires states to collect an application fee, if applicable, prior to executing a provider agreement from a prospective or re-enrolling provider. Refer to 42 CFR 455, Subpart E - Provider Screening and Enrollment, Section 455.460 for the complete regulation. The Centers for Medicare & Medicaid Services (CMS) sets the amount of the application fee every year.

Providers may request a hardship exception to the application fee requirement. If an exception is requested, the provider will be prompted to submit (upload) documentation. CMS will determine whether or not to grant the hardship exception and communicate the information back to the department. The department will notify the provider of the CMS' decision.

To pay an application fee, providers must enroll and revalidate through the Electronic Provider Enrollment Application.

The department will assess and collect one fee for multiple applications submitted by one provider in a 7 day time period. Providers who wish to submit multiple applications (for multiple service locations) and pay one fee should use the "Initiate Additional Application" feature and submit all applications within 7 days.

For more information about the application fee, please see the ACA Enrollment Application Fee Medical Assistance Bulletin. For CHIP providers, please contact your designated CHIP Managed Care Organization(s).

Fingerprint-based Criminal Background Checks

Providers assigned to the "high" categorical risk level are required by the Affordable Care Act to obtain fingerprint-based criminal background checks, which include a Federal Bureau of Investigation (FBI) criminal background check and a Pennsylvania State Police Criminal Record Check. In addition, any person with a 5% or more direct or indirect ownership interest in the "high" risk provider must also submit fingerprint-based background checks. Refer to 42 CFR 455, Subpart E - Provider Screening and Enrollment, Section 455.434 for detail on the regulation.

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. For CHIP providers, please contact your designated CHIP Managed Care Organization(s).

Have a Question?

If you have any questions about completing an application, please refer to the Quick Links under **Enrollment Information** and call the appropriate toll-free number for your provider type.

Close

7.1.4 DHS Resources

This section directs users to a variety of webpages to assist with general and enrollment questions.

- DHS Home link opens the DHS main webpage
- DHS Provider Information link opens the 'For Providers' web page.
- DHS Provider Enrollment Information link opens the Enrollment Information web page for Medical Assistance providers.
- CHIP Provider Enrollment Information opens the Enrollment Information web page for CHIP providers.

7.1.5 Broadcast Messages

Broadcast messages are posted by DHS to inform providers of changes or planned downtimes.

7.2   My Profile (My Profile)

The My Profile window is used by providers to display or edit security profile information for users associated with the provider's account. Information that can be edited or maintained includes the contact name, email address, phone number, site key and pass phrase, challenge questions, and password.

All users must select and answer three security questions. The answers provided are stored in the system and used for self-authentication. Users who access this window are prompted to select security questions if none have yet been established for the account, or if their security questions are the previously used custom ones, which are no longer valid. The new pre-selected security questions must be used.

This window is accessed by selecting the My Profile option. The system automatically displays the user's profile information. Some of the form fields are conditionally displayed, depending on the permissions established for the user.

7.2.1 Layout

7.2.2 Field Descriptions

Field	Description	Data Type	Length
(Window Level Edits)	Window level edit messages	N/A	0

7.2.3 Field Edits

Field	Error Code	Error Message	To Correct
(Window Level Edits)	0		

7.2.4 Accessibility and Use

To access and use the My Profile window, complete the steps in the step/action table(s).

To Access My Profile Window

Step	Action	Response
1	Logon to PA PROMIS*e*™ using the steps presented in the General User Manual	The Provider Main Page window opens
2	Click the **My Profile** link	The My Profile window opens

7.3 Alternate No Access (Alternate No Access)

The Alternate No Access window is displayed upon logging in when an alternate has web site access, but is not authorized for access in association with any providers. The user has no other access when this page displays.

7.3.1 Layout
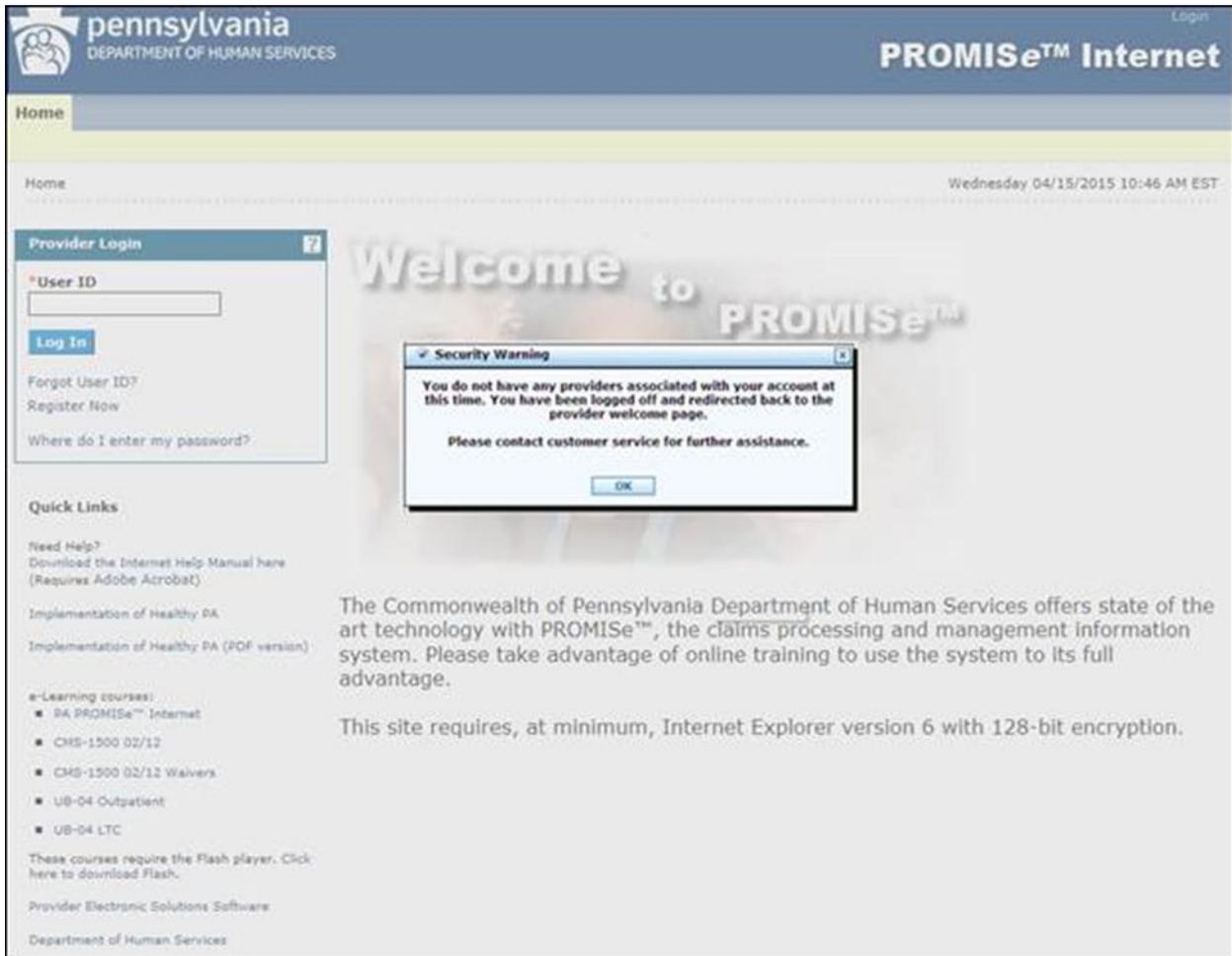
7.3.2 Field Descriptions

Field	Description	Data Type	Length
Try Again	Returns to the log in page	Button	0

7.3.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

7.4 Billing Agent No Access (Billing Agent No Access)

The Billing Agent No Access window is displayed upon logging in when a billing agent has web site access, but is not authorized for access in association with any providers. The user has no other access when this page displays.

7.4.1 Layout

7.4.2 Field Descriptions

Field	Description	Data Type	Length
Try Again	Returns to the log in page	Button	0

7.4.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

7.5 File Download (File Download)

The File Download window is used to download specific files from the DHS secure web site. Downloads are limited to 4 MB or less until web site performance warrants increasing the file size limits.

NOTE: Trade Files are not available for CHIP Providers/Plans

This window is accessed from the Menu Bar by selecting the Download option from the Trade File menu.

7.5.1 Layout

7.5.2 Field Descriptions

Field	Description	Data Type	Length
Date Available	Date the file is available for downloading	Date (MM/DD/CCYY)	8
Date Downloaded	Date the file is downloaded	Date (MM/DD/CCYY)	8
Filename	Hyperlink to the file available for download	Hyperlink	0
Type	Specifies the format of the file. Various values include: Postscript, Word and Excel. "Unknown" displays if the file type is unknown	Character	50

7.5.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

7.5.4 Accessibility and Use

To access and use the File Download window, complete the steps in the step/action table(s).

To Access File Download Window

Step	Action	Response
1	Logon to PA PROMIS*e*™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the **Trade Files** link.	
3	Click the **Download** link.	The File Download window opens.

To View Downloaded File Information

Step	Action	Response
1	Click the **Filename** link	The information is displayed

7.6 Provider Claim Attachment Number Request (Provider Claim Attachment Number Request)

The Provider Claim Attachment Number Request window is used by providers to request new or view prior Attachment Control Numbers (ACNs). The ACN is used by the provider community to allow attachments to be submitted in reference to an electronic claim. Attachments can be uploaded through the ACN request page in the portal or any of the Claim Submission pages provided the claim is in a Suspended Status.

This window is accessed from the Provider Main Page by selecting the Search/Request ACN option from the Claims drop down menu. This window is also accessed from the Provider Main Page by clicking the Claim Submission link to open the Claims Menu. Click on the Search/Request ACN link.

If a provider searches on an ACN, the details of that ACN are displayed if it exists for the provider. Searching without populating the ACN box returns all attachment numbers for the provider.

Searching with a Recipient ID returns all records associated with the Recipient ID identified for the search.

The Request button returns a new claim ACN as a link in a group box that appears at the bottom of the window. To print the associated Paper Attachment to Electronic Cover Sheet, click on the linked ACN. The cover sheet opens in an Adobe PDF format and can be printed from the Adobe page.

Note: The user must have the Adobe Acrobat Reader application to print the cover sheet. If not already installed on the user's system, a free copy of Adobe Acrobat Reader is available by clicking the Adobe icon on the window.

7.6.1 Layout

The window Layout above displays the default viewable area of the scrollable data, the Layout below displays the remaining data.

pennsylvania
DEPARTMENT OF HUMAN SERVICES

PROMISe™ Internet

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

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

Claims > **Search / Request ACN**   Wednesday 04/12/2023 10:24 AM EST

Provider Claim Attachment Number Request

Step 1: Request an ACN or search for an existing ACN.

Criteria

NPI 1073524252   Are you requesting an exception to the 180-day timely filing rule? [Yes ▾]

There was a delay Reason: [0001 - There was a delay in County Assistance Office (CAO) determining Medical Assistance (MA) eligibility ▾]

Provider ID 3005376500001   Attachment Control Number

Recipient ID [_____] [_____]

[Request]   [Search]

Step 2: Select one of the links below to view and print the ACN Form. Documents can be uploaded through the provider portal or mailed to the address on the ACN form. Acrobat Reader software is required to view and print the ACN form.

Do NOT print this page to send in with your attachments. The ACN form available through the ACN link(s) below must be printed.

ACN	Status	Recipient ID	Date Issued	Date Received	180 Day	180 Reason	
000005756	ISSUED	8818147608	20230412	0	NO		Submit Attachments
000005757	ISSUED	5400027396	20230412	0	NO		Submit Attachments
000005758	ISSUED	4103431609	20230412	0	NO		Submit Attachments
000005759	ISSUED	4603147135	20230412	0	NO		Submit Attachments
000005760	ISSUED	8818147608	20230412	0	YES	0001	Submit Attachments

Step 3: Upload applicable PDF documents with the ACN cover sheet form as the first page. Upload up to 30 pages in PDF format. If there are more than 30 pages, mail the documents and the ACN cover sheet to the address on the ACN Form.

To view and print the ACN form, you will need to install the Acrobat Reader software:

Get Adobe Reader

7.6.2   Field Descriptions

Field	Description	Data Type	Length
180 Day	Displays whether the ACN is being requested as a 180-day exception request.	Character	3
180 Reason	Displays the numeric reason code selected for the ACN exception request.	Number	4
ACN	Attachment control number shown in the search results list	Number	9
Attachment Control Number	Displays a newly issued attachment control number or filters the search results by attachment control number (ACN)	Number	9
Date Issued	Date the provider requested the attachment control number through the Internet	Date (MM/DD/CCYY)	8
Date Received	Date the paper attachment for an electronic claim was received	Date (MM/DD/CCYY)	8
Exception Reason	When 'Yes' is selected for the Exception Question, a reason code must be selected.	Drop Box	0
Exception Question	Question: Are you requesting an exception to the 180-day timely filing rule.	Drop Box	0
NPI	NPI of the provider requesting an attachment control number	Character	10
Provider ID	ID of the provider requesting an attachment control number	Character	9
Recipient ID	Recipient number associated with the claim for which the ACN was requested	Character	10
Recipient ID (Detail)	Recipient number associated with the claim for which the ACN was requested	Character	10
Request	Returns a new attachment control number	Button	0
Search	Searches database for the desired record	Button	0
Service Location	Provider's service location	Character	4
Status	Status of the attachment number request. Valid values are "Issued" and "Received"	Character	8

7.6.3 Field Edits

Field	Error Code	Error Message	To Correct
Recipient ID	0	[x] is not a valid Recipient ID.	Enter a valid recipient ID number
	1	Recipient ID must be 10 characters.	Enter a numeric, 10-character Recipient ID
	2	Recipient ID must be numeric.	Enter a numeric, 10-character Recipient ID

Once the window is opened, the provider is required to answer the question "Are you requesting an exception to the 180-day timely filing rule?" If the provider selects 'Yes', a drop-down selection box opens where the provider must select a reason code. If the provider selects 'No', no selection is required.

7.6.4 Layout

The provider can select the 'Request' button and an Attachment Control Number will be created.
Note: You must enter a recipient ID to request an Attachment Control Number.

When the number is created, an Upload Instructions section displays. PDF Documents can be uploaded directly on the page to support claim adjudication. PDF Documents can also be uploaded from the Claims submission pages.

7.6.5 Layout

Provider Claim Attachment Number Request

Step 1: Request an ACN or search for an existing ACN.

Criteria

NPI		Are you requesting an exception to the 180-day timely filing rule?	Yes ∨
		There was a delay Reason:	0001 - There was a delay in County Assistance Office (CAO) determining Medical Assistance (MA) eligibility ∨
Provider ID	1000025630043	Attachment Control Number	
Recipient ID	2201040140		000005518

Upload Instructions:

- Click the "Choose File" button. Search and select a PDF file for this Attachment Control # and click Add.
- Additional PDF files for this Attachment Control # by repeating Step 1 (up to a maximum of 3 PDF files each up to 5MB).
- Confirm that the PDF files you added relate to this specific recipient and attachment Control #
- Click the "Upload Attachments" button to upload your attachments

File To Upload   Choose File   No file chosen

ADD

Request\Search ACN

7.6.6 Field Edits

Field	Error Code	Error Message	To Correct
ADD	0	Only PDF files are allowed.	Add a valid PDF file.
	1	No more than 3 files can be uploaded.	Remove extra files.
	2	File size should not be greater than 5MB	Reduce the size of the file.
	3	A file with the name "file name" has already been added.	Remove the duplicate file.

7.6.7   Layout

Upload Criteria

Attachment Control Number	000005319
File To Upload	Choose File No file chosen
	File Added successfuly

ADD

Upload Attachments

Date Added	File Name	File Size	
12/15/2022 12:47:23 PM	ACN 000005319 Attachments.pdf	41465	Remove

If a provider chooses not to upload documents electronically, the batch cover form with the ACN must be present on all paper attachment batches. Please refer to the Provider Handbooks and Billing Guides for additional information.

7.6.8 Layout

PROMISe™

**Paper Attachment to Electronic Claim
Cover Sheet**

1	National Provider Number (NPI)	
2	Provider Number	
3	Service Location	
4	Recipient Number	
5	Attachment Control No	

Purpose:

This form is to be used when a claim requiring a paper attachment is being submitted electronically on the 837 transaction. Submission of this completed form along with the required attachment and electronically submitted claim will allow the appropriate review process to be conducted.

Instructions:

1. In box 1, fill in the NPI that was used for filing the 837 transaction for the claim requiring the attachment.

2. In box 2, fill in the Provider Number that was used for filing the 837 transaction for the claim requiring the attachment.

3. In box 3, fill in the Service Location that was used for filing the 837 transaction for the claim requiring the attachment.

4. In box 4, fill in the Recipient Number that was used for filing the 837 transaction for the claim requiring the attachment.

5. In box 5, fill in the Attachment Control Number (ACN) that was used for filing the Electronic Claim (837) requiring the attachment. The ACN on this form must be EXACTLY THE SAME as the number placed in the PWK segment on the 837 transaction. If the ACN is not EXACTLY the same as the PWK segment there may be delays in processing the claim.

6. Place this completed form on top of the attachment(s) for each claim submitted on the 837 that requires an attachment. This form is NOT REQUIRED for claims not requiring attachments.

7. Submit to Department of Human Services, Office of Medical Assistance Programs, P.O. Box 8297, Harrisburg, PA 17105.

This form is NOT REQUIRED for claims not requiring attachments.
This form is for use with ELECTRONICALLY FILED CLAIMS ONLY

To print the associated Paper Attachment to Electronic Cover Sheet, click on the linked ACN. The cover sheet (above) opens in an Adobe PDF format and can be printed from the Adobe page.

Note: The user must have the Adobe Acrobat Reader application to print the cover sheet. If not already installed on the user's system, a free copy of Adobe Acrobat Reader is available by clicking the Adobe icon on the window.

7.6.9 Accessibility and Use

To access and use the Provider Claim Attachment Number Request window, complete the steps in the step/action table(s).

To Access Provider Claim Attachment Number Request Window

Step	Action	Response
1	Logon to PA PROMIS*e*™ using the steps presented in the General User Manual.	The Provider Main Page window open.
2	Click the **Claims** tab, and select **Search / Request Attachment Control Number.**	The Provider Claim Attachment Number Request window opens.

To Search for ACN Details

Step	Action	Response
1	In the **Criteria** section, type a value for the **Provider ID** and **Recipient ID** fields.	
2	Type a value in the **Attachment Control Number** field.	
3	Click the **Search** button.	If a match is found, the details of that attachment control number will be displayed for the provider.

To Search for All Provider Attachment Numbers

Step	Action	Response
1	In the **Criteria** section, type a value for the **Provider ID** field.	
2	Click the **Search** button.	If a match is found, all attachment numbers for that provider are displayed.

To Request New Claim Attachment Number

Step	Action	Response
1	In the **Criteria** section, type a value for the **Provider ID** and **Recipient ID** fields.	
2	Select a **Response** to the question: Are you requesting an exception to the 180-day timely filing rule?	

Step	Action	Response
3	If the response is **'Yes'**, **select** a reason code from the drop-down selection list.	
4	Click the **Request** button.	A new claim attachment number is displayed.

7.7 Provider Claim Inquiry (inquiry.asp)

The Provider Claim Inquiry window is used by providers to search all Fee-for-Service claims associated with their provider number. Fee-for-service claims on which the billing provider or submitting provider matches the inquiring provider's ID can be searched. The search can be narrowed by specifying the ICN, date range, or claim status criteria.

Only the top section of the window above the Search button appears when the window is first accessed. The search results section in the lower portion of the window, as shown in the Layout below, appears after a search has been initiated. This section displays the search results.

This window is accessed by selecting Claim Inquiry from the Claims option in the Menu Bar on the Provider Main Page, or by clicking the Claim Inquiry link on the Provider Main Page.

7.7.1 Layout

7.7.2 Field Descriptions

Field	Description	Data Type	Length
Billed Amount	Billed amount for the specified service	Number	9
Claim Status	Filters the search by claim status. Valid values are: Approved, Denied, Paid, Rejected and Suspended	Drop Down List Box	0
Clear	Clears previous search results	Button	0
Date of Service	Selects search by date of service	Radio Button	0
From Date (Input)	Beginning date of search	Date (MM/DD/CCYY)	8
From Date (Output)	Beginning date of performed services	Date (CCYYMMDD)	8
ICN (Input)	Internal control number entered by the user to identify a claim	Character	13
ICN (Output)	Internal control number that identifies a claim. To view more information about a specific ICN, click the linked ICN number in this field	Character	13
Next	Link to the next page, if one exists	Hyperlink	0
Patient Account # (Input)	Recipient's ID number assigned by providers and used internally in their system	Character	38
Patient Account # (Output)	Recipient's ID number assigned by providers and used internally in their system	Character	38
Previous	Link to the previous page, if one exists	Hyperlink	0
Recipient ID	Recipient ID number (ID plus check digit)	Number	10
Recipient ID (Output)	Recipient identification number (ID plus check digit). To view more information about a specific recipient ID, click the linked recipient ID in this field	Character	9
Status (Input)	Type of claim status for which the search is performed. Values are: Approved, Denied, Paid, Rejected and Suspended	Drop Down List Box	0
Status (Output)	Current status of the claim as reported by the system. Values are: Approved, Denied, Suspended, or Paid	Character	0
Submit	Searches database for the desired record	Button	0
Thru Date (Input)	Ending date of search	Date (MM/DD/CCYY)	8
Thru Date (Output)	Ending date of performed services	Date (CCYYMMDD)	8

Field	Description	Data Type	Length
Voucher Amount	Amount of the claim payment check	Number	9

7.7.3 Field Edits

Field	Error Code	Error Message	To Correct
From Date (Input)	0	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date.
	1	When ICN is not specified, the date range may not exceed one year. Please enter a shorter period of time or specify the ICN.	Enter a shorter range of days or populate the ICN field.
	2	When searching by Provider ID and date range, the date range may not exceed 31 days. Please enter a shorter period of time or specify additional search criteria.	Enter a shorter range of days or populate the ICN field.
ICN (Input)	0	ICN must be 13 characters.	Enter a numeric, 13-character ICN.
	1	ICN must be a number.	Enter a numeric, 13-character ICN.
Recipient ID	0	[X] is not a valid Recipient ID.	Enter a valid Recipient ID.
Submit	0	Please specify ICN, Recipient ID, Patient Account # or enter a Date Range.	Enter at least one of the specified fields.
Thru Date (Input)	0	Thru date must be later than From Date.	Enter a Thru date later then the From date.
	1	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date.

7.7.4 Accessibility and Use

To access and use the Provider Claim Inquiry window, complete the steps in the step/action table(s).

To Access Provider Claim Inquiry Window

Step	Action	Response
1	Complete the Logon steps found in *Section 2.10, Logging On To The PROMISe™ Provider Internet Site.*	The DHS PA PROMISe™ Web site logon window opens.
2	Click the **Claims** tab.	The Claims tab opens.
3	Click on **Claim Inquiry.**	The Claim Inquiry window opens.

To Search for a Fee-for-Service Claim by Recipient ID

Step	Action	Response
1	Type a value in the **Recipient ID** field.	
2	In the **Claim Status** drop down list, select a value.	
3	In the **Date of Service** section, enter a value in the **From Date** field.	
4	In the **Date of Service** section, enter a value in the **Thru Date** field.	
5	Click the **Submit** button.	If a match is found, the search results list is displayed.
6	Click the claim link.	The detailed claim is displayed.

To Search for a Fee-for-Service Claim by Patient Account Number

Step	Action	Response
1	Type a value in the **Patient Account #** field.	
2	In the **Claim Status** drop down list, select a value.	
3	In the **Date of Service** section, enter a value in the **From Date** field.	
4	In the **Date of Service** section, enter a value in the **Thru Date** field.	
5	Click the **Submit** button.	If a match is found, the search results list is displayed.
6	Click the claim link	The detailed claim is displayed

To Search for a Fee-for-Service Claim by ICN

Step	Action	Response
1	Type a value in the **ICN** field.	
2	In the **Claim Status** drop down list, select a value.	
3	In the **Date of Service** section, enter a value in the **From Date** field.	
4	In the **Date of Service** section, enter a value in the **Thru Date** field.	
6	Click the **Submit** button.	If a match is found, the search results list is displayed.
7	Click the claim link.	The detailed claim is displayed.

To View Next Fee-for-Service Claim

Step	Action	Response
1	Complete a claim search.	If a match is found, the search results list is displayed.
2	Click the **Next** button.	The next claim is displayed.
3	Click the associated ICN link to view the desired claim.	The detailed claim is displayed.

To View Recipient Eligibility

Step	Action	Response
1	Complete a claim search.	If a match is found, the search results list is displayed.
2	Click the Recipient ID link.	The Recipient Eligibility Verification window opens and displays information for the requested Recipient ID.

To Submit a Fee-for-Service Claim Adjustment

Step	Action	Response
1	Type a value in the **Recipient ID** field, or **ICN**, or **Patient Account #** fields.	
2	Select a value from the **Claim Status** drop down box.	
3	If the date of service is known, enter values in the **From Date** and **Thru Date** fields.	
4	Press the **Submit** button.	Fee-for-service claim records that match the search criteria are displayed in the lower portion of the window. Note that all ICNs and Recipient IDs are hyperlinked.
5	Click on the ICN link for which an adjustment is to be made.	The original claim is displayed.
6	Scroll down the claim window to the **Service Adjustments for Service Line: 1** group**.**	
7	In the **Adjustment 1** row, select a value from the **Adjustment Group Code** drop down box.	
8	In the **Adjustment 1** row, select a value from the **Reason Code** drop down box.	
9	Enter the amount of the adjustment for this claim in the **Amount** box at the end of the Adjustment 1 row.	
10	Select a value from the **Carrier Code** drop down box.	
11	If another adjustment is to be added to this claim, click the **Add Adjustment** button to activate the **Adjustment 2** row. Repeat Steps 7 through 10 in the **Adjustment 2** row. Up to eleven additional adjustments can be added.	
12	Click the **Submit** button.	The adjustment(s) for this claim is(are) submitted.

7.8 Provider Dental Claim (Dental.asp)

The Provider Dental Claim window is used to display or input dental claims. From here, a provider can enter or review all of the required information to submit a dental claim including multiple detail lines.

> **Note:** Maximum field lengths for this window are limited by HIPAA X12 guidelines. Differences may appear between fields on this window and fields on other windows that are based on different underlying HIPAA transaction formats.

The provider can access this window by selecting Submit Dental link from Claims option list or select Dental from the Claims Submission page.

The first window Layout below shows the initial viewable display; the following Layouts show the remaining data viewable by scrolling.

7.8.1   Layout

The window Layout above displays the default viewable area of the scrollable data, the Layout below displays the remaining data.

Other Insurance:

OI#	Carrier Code	Group Number	Group Name	Policy Holder Last Name

[Add]
[Delete]

Group Number: [_____]

Group Name: [_____]

Carrier Code: [_____ ▼]

Carrier Name: [_____]

Policy Holder ID Code: [_____]

Policy Holder Last Name: [_____]

Policy Holder First Name: [_____]

Individual Relationship: [_____ ▼]

Release of Medical Data: [_____ ▼]

Benefits Assignment: [____ ▼]

Claim Filing Code: [_____ ▼]

Service Lines:

SVC#	Date of Service	Place of Service	Procedure	Units	Billed Amount
1					

[Add]
[Delete]

Date of Service: [_____] (MM/DD/YYYY)
Service Line 1: Date of Service is required

Place of Service: [_____ ▼]

Procedure: [_____]
Service Line 1: Procedure is required

Modifier:
1: [____]
2: [____]
3: [____]
4: [____]

Diagnosis Pointer: [_____]

Tooth Number: [____ ▼]

Tooth Surface: [_____ ▼]
[_____ ▼]
[_____ ▼]
[_____ ▼]
[_____ ▼]

OCD
1: [_____ ▼]
2: [_____ ▼]
3: [_____ ▼]
4: [_____ ▼]
5: [_____ ▼]

Placement Indicator: [_____ ▼]

Prior Placement Date: [_____] (MM/DD/YYYY)

Appliance Placement Date: [_____] (MM/DD/YYYY)

Anesthesia Quantity Qualifier: [_____ ▼]

Anesthesia Units: [0]

Units: [_____]

Billed Amount: [_____]
Service Line 1: Billed Amount is required

Service Adjustments for Service Line 1:

[Add Adjustment]

[New]   [Submit]

Claim Status Information

Claim Status   Not Yet Submitted

If a valid ACN is included on the claim and the claim is in a suspended status, a Submit Attachment Button will become available. Selecting the button opens an 'Upload Criteria' section and allows the provider to upload attachments to support claim adjudication. See section 7.6 of this manual for more information.

Upload Criteria

Attachment Control Number	000005319
File To Upload	Choose File No file chosen
	File Added successfuly

ADD

Upload Attachments

Date Added	File Name	File Size	
12/15/2022 12:47:23 PM	ACN 000005319 Attachments.pdf	41465	Remove

7.8.2   Field Descriptions

Field	Description	Data Type	Length
Add (Adjustment Reason)	Adds a new adjustment reason code	Hyperlink	0
Add (Diagnosis)	Add new diagnosis code	Hyperlink	0
Add (Other Insurance)	Add new other insurance line for Other Insurance to claim	Button	0
Add (Service Line Adjustments)	Adds a new service adjustment line. For each new adjustment service line, the Reason Codes/Amount/Adjustment Group Code must be entered	Hyperlink	0
Add (Service Line)	Add new service line to the claim	Button	0
Add Adjustment	Add new adjustment line to the claim	Button	0
Adjustment Group Code	General category of the associated payment adjustment reason code	Drop Down List Box	0
Admission Date	Date recipient was admitted for service	Date (MM/DD/CCYY)	8
Amount (Service Line Adjustment)	Dollar amount of the adjustment for the associated reason code	Number	10

Field	Description	Data Type	Length
Anesthesia Quantity Qualifier	Required field on anesthesia service lines if one or more extenuating circumstances were present at the time of service	Drop Down List Box	0
Anesthesia Units	Number of anesthesia units used for this service line	Number	4
Appliance Placement Date	Date the orthodontic appliances were placed	Date (MM/DD/CCYY)	8
Attachment Control #	Attachment control number (ACN) is used to relate attachments to this claim	Number	9
Benefits Assignment	Indicates if benefits are to be assigned Valid values are: • Yes • No • Not Applicable	Drop Down List Box	0
Benefits Assignment (Other Insurance)	Indicates if benefits are to be assigned Valid values are: • Yes • No • Not Applicable	Drop Down List Box	0
Billed Amount	Amount of money requested for payment by a provider for services rendered	Number	9
Billed Amount (Service Lines list)	Amount of money requested for payment by a provider for services rendered. This field is auto-populated when an amount is entered in the Billed Amount field below	Number	9
Carrier Code (Other Insurance)	Other insurance carrier code	Drop Down List Box	0
Carrier Code (Other Insurance list)	Other insurance carrier name or type	Drop Down List Box	0
Carrier Code (Service Line Adjustment)	Service line adjustment carrier ID	Drop Down List Box	0
Carrier Name (Other Insurance)	Name of other insurance carrier	Character	14
Claim Filing Code (Other Insurance)	Type of claim to be filed	Drop Down List Box	0
Claim Frequency	Submission type indicator for this claim	Drop Down List Box	0
Code Type	ICD type indicator for this claim	Drop Down List Box	0

Field	Description	Data Type	Length
Comments	Free form field for comments or special instructions pertaining to service information	Character	80
Copy	Copies a paid claim's data to a new unprocessed claim	Button	0
Country (Accident)	Country where the automobile accident occurred, if this claim relates to an auto accident	Character	3
Date (Accident)	Date of the accident related to the patient's current condition, diagnosis, treatment, and charges referenced in this claim transaction	Date (MM/DD/CCYY)	8
Date of Service	Date services were rendered for the service line detail	Date (MM/DD/CCYY)	8
Date of Service (Service Line list)	Date services were rendered for the service line detail. This field is auto-populated by the value entered in the Date of Service field in the area below	Date (MM/DD/CCYY)	8
Delete (Other Insurance)	Deletes existing other insurance line from claim	Button	0
Delete (Service Line list)	Deletes the service lines	Button	0
Diagnosis Code	Diagnosis Code	Character	8
Diagnosis Pointer	Diagnosis Pointer	Character	1
Discharge Date	Date recipient was discharged	Date (MM/DD/CCYY)	8
Emergency	Indicates whether the service was provided on an emergency basis	Drop Down List Box	0
Facility ID	Service facility location ID	Character	9
Facility Name	Service facility location name	Character	35
First Name	First name of the Medicaid recipient	Character	25
Group Name (Other Insurance list)	Group name of other insurance carrier. This field is auto-populated by the value entered in the Group Name field below	Character	14
Group Name (Other Insurance)	Group name of other insurance carrier	Character	14
Group Number (Other Insurance list)	Group number of other insurance carrier. This field is auto-populated by the value entered in the Group Number field below	Character	17
Group Number (Other Insurance)	Group number of other insurance carrier	Character	17

Field	Description	Data Type	Length
Individual Relationship	Patient's relationship to Policy Holder. Valid Values are: • 01 – Spouse • 18 – Self • 19 – Child • 20 – Employee • 21 – Unknown • 39 – Organ Donor • 40 – Cadaver Donor • 53 – Life Partner • G8 – Other relationship	Drop Down List Box	0
Last Name	Last name of the Medicaid recipient	Character	35
Medical Record #	Patient's medical record number	Character	30
Middle Initial	Middle initial of the Medicaid recipient	Character	1
Modifier 1	First modifier code that supplies additional information on the procedure code	Character	2
Modifier 2	Second modifier code that supplies additional information on the procedure code	Character	2
Modifier 3	Third modifier code that supplies additional information on the procedure code	Character	2
Modifier 4	Fourth modifier code that supplies additional information on the procedure code	Character	2
Months Remaining (Orthodontic Treatment)	Total remaining months for orthodontic treatment	Character	2
NPI (Billing Provider)	NPI for Billing Provider ID	Character	10
NPI (Referring Provider)	NPI for Referring Provider ID. **Note:** Not enabled until a 7 or 8-digit ID is entered in the **Referring Provider ID** field. If Referring Provider ID is entered, this field is required	Character	10
NPI (Rendering Provider)	NPI for Rendering Provider ID. **Note:** Not enabled until a 7 or 8-digit ID is entered in the **Rendering Provider ID** field. If Rendering Provider ID is entered, this field is required	Character	10
New	Refreshes the screen to create a new claim form	Button	0

Field	Description	Data Type	Length
OCD 1	First designation of the quadrant(s) of the mouth on which services were performed or will be performed	Drop Down List Box	0
OCD 2	Second designation of the quadrant(s) of the mouth on which services were performed or will be performed	Drop Down List Box	0
OCD 3	Third designation of the quadrant(s) of the mouth on which services were performed or will be performed	Drop Down List Box	0
OCD 4	Fourth designation of the quadrant(s) of the mouth on which services were performed or will be performed	Drop Down List Box	0
OCD 5	Fifth designation of the quadrant(s) of the mouth on which services were performed or will be performed	Drop Down List Box	0
Original Claim #	Claim number for the original claim	Character	13
Other Accident (Accident)	Indicates whether an accident resulted from another reason than Auto Accident or Employment related accident	Drop Down List Box	0
Paid Amount	Service Adjustment amount paid	Number	9
Paid Date	Date service line adjustment paid amount was paid	Date (MM/DD/CCYY)	8
Patient Account #	Patient account number is assigned by the provider and relates to the recipient's number in the providers system	Character	38
Patient Pay Amount	Amount of claim to be paid by the recipient	Number	9
Place Of Service (Service Lines list box)	Location where a health care service was rendered for a service line	Drop Down List Box	0
Place of Service	Type of location where the health care service was rendered	Drop Down List Box	0
Place of Service (Service Lines list)	Location code for the place where a health care service was rendered for a service line. This field is auto-populated with a code when a value is selected from the drop down box in the Place of Service field below	Drop Down List Box	0
Placement Indicator	Initial placement, or replacement, for prosthesis, crown, or inlay code	Drop Down List Box	0
Policy Holder First Name (Other Insurance)	First Name of Policy Holder	Character	25

Field	Description	Data Type	Length
Policy Holder ID Code (Other Insurance)	Identification number of the Policy Holder	Character	12
Policy Holder Last Name (Other Insurance list)	Last name of policyholder. This field is auto-populated by the value entered in the Policy Holder Last Name field below	Character	35
Policy Holder Last Name (Other Insurance)	Last name of Policy Holder	Character	35
Prior Authorization	Prior authorization number submitted on the claim	Number	10
Prior Placement Date	Date that the prosthesis being replaced was originally placed	Date (MM/DD/CCYY)	8
Procedure (Service Lines)	Description that clarifies the product/service procedure code and related data elements	Character	5
Procedure (Service Lines list)	Description that clarifies the product/service procedure code and related data elements. This field is auto-populated by the value entered in the Procedure field below	Character	5
Reason Code	Reason the adjustment was made	Drop Down List Box	0
Recipient ID	ID for recipients who are authorized to receive Medicaid services. The field accepts the 9-digit recipient ID and the single verification digit	Character	10
Referral #	Referral number provided for referring provider	Number	4
Referring Provider ID	ID of the provider that referred the recipient to another provider for services	Character	9
Related Causes 1	Other causes related to the accident. Valid values are: • AA – Auto Accident • EM – Employment • OA – Other Accident	Drop Down List Box	0
Related Causes 2	Other causes related to the accident. Valid values are: • AA – Auto Accident • EM – Employment • OA – Other Accident	Drop Down List Box	0

Field	Description	Data Type	Length
Release of Medical Data	Indicates whether the provider has informed consent to release medical info for conditions or diagnoses regulated by federal status or a signed statement on file to permit the release of medical data to other organizations. Valid Values are: • I – Informed Consent to Release Medical Info for conditions or diagnoses regulated by Federal Statutes • Y – Yes, the provider has a signed statement permitting the release of medical billing data related to a claim	Drop Down List Box	0
Release of Medical Data (Other Insurance)	Indicates whether the provider has informed consent to release medical info for conditions or diagnoses regulated by federal status or a signed statement on file to permit the release of medical data to other organizations. Valid Values are: • I – Informed Consent to Release Medical Info for conditions or diagnoses regulated by Federal Statutes • Y – Yes, the provider has a signed statement permitting the release of medical billing data related to a claim	Drop Down List Box	0
Rendering Provider ID	ID of the performing provider that performed the service	Character	9
Report Transmission Code	Defines timing, transmission, method or format by which reports are to be sent	Drop Down List Box	0
Report Type Code	Title or contents of a document, report, or supporting item	Drop Down List Box	0
Service Adjustment Indicator	Indicate whether service adjustment details are present for this service line	Drop Down List Box	0
Special Program Code	Contains values for EPSDT, Physical Handicapped Children's Program, Special Federal Funding, and Disability special programs. These are the values allowed by HIPAA for this field	Drop Down List Box	0
State (Accident)	State where the automobile accident occurred, if this claim is associated with an auto accident	Character	2
Submit	Submits the claim to DHS	Button	0
Svc #	Sequential number of each service detail line	Number	2

Field	Description	Data Type	Length
Taxonomy (Billing Provider)	Taxonomy for Billing Provider ID	Character	10
Taxonomy (Referring Provider)	Taxonomy for Referring Provider ID	Character	10
Taxonomy (Rendering Provider)	Taxonomy for Rendering Provider ID	Character	10
Tooth Number	Indicator for the tooth on which services were performed or will be performed	Drop Down List Box	0
Tooth Surface (1)	First designation of the surface(s) of the tooth on which services were performed or will be performed	Drop Down List Box	0
Tooth Surface (2)	Second designation of the surface(s) of the tooth on which services were performed or will be performed	Drop Down List Box	0
Tooth Surface (3)	Third designation of the surface(s) of the tooth on which services were performed or will be performed	Drop Down List Box	0
Tooth Surface (4)	Fourth designation of the surface(s) of the tooth on which services were performed or will be performed	Drop Down List Box	0
Tooth Surface (5)	Fifth designation of the surface(s) of the tooth on which services were performed or will be performed	Drop Down List Box	0
X (Adjustment)	Removes the service line adjustment	Button	0
X (Diagnosis)	Removes the diagnosis	Button	0
X (Reason Code)	Removes the reason code	Button	0
X (Service Line Adjustment)	Removes the service line adjustment	Button	0
Zip (Billing Provider)	Zip for Billing Provider ID	Character	9
Zip (Referring Provider)	Zip for Referring Provider ID	Character	9
Zip (Rendering Provider)	Zip for Rendering Provider ID	Character	9

7.8.3 Field Edits

Field	Error Code	Error Message	To Correct
Adjustment Group Code	0	Adjustment Group Code [#] is a required field.	Enter a valid Adjustment Group Code
Admission Date	0	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date
Amount (repeats up to 3 times)	0	Reason Amount [#] must be numeric.	Enter a numeric Service Adjustment Amount
	1	Reason Amount " + (reasonCounter+1) + " may not contain a negative value.	Do not enter a negative Service Adjustment Amount
Anesthesia Units	0	Service Line [#]: Anesthesia Units must be greater than zero.	Do not enter a negative Anesthesia Unit Count
Appliance Placement Date	0	Service Line [#]: Appliance Placement Date must be less than or equal to today's date.	Enter Appliance Placement Date that is less than or equal to today's date
Benefits Assignment (Other Insurance)	0	Other Insurance Benefits Assignment for OI# [#] is a required field.	Select a Benefits Assignment value.
Billed Amount	0	Service Line [#]: Billed Amount is a required field.	Enter amount billed
	1	Service Line [#]: Billed Amount may not be a negative number.	Enter a positive billed amount
Code Type	0	Code Type field is required	Select an ICD code type
	1	Both ICD-9 and ICD-10 codes have been found within this inquired claim. Please choose the correct ICD code type	Select the correct ICD code type
Country (Accident)	0	Accident country can only contain alphanumeric characters.	Enter a valid country

Field	Error Code	Error Message	To Correct
	1	Accident country cannot be less than 2 characters in length.	Enter a valid country
Date (Accident)	0	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date
	1	Accident Date needs to be a valid date.	Enter a valid date
	2	Accident Date must be less than or equal to today's date.	Enter a valid date
	3	When Accident Date is entered a related cause (Employment, Other or Auto) must be Yes.	Select a related cause
	4	Accident Date must be entered when Employment, Other or Auto is Yes.	Enter an accident date
Date of Service	0	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date
	1	Service Line [#]: Date of Service is a required field.	Enter a date of service
	2	Service Line [#]: Date of Service must be less than or equal to today's date.	Enter a date of service less than or equal to today's date
Date of Service (Service Line list)	0	Service Line [#]: Date of Service is a required field.	Enter a date of service
	1	Service Line " + (inx+1) + ": Date of Service must be less than or equal to today's date.	
Diagnosis Pointer	0	Service Line [1]: Diagnosis pointer must be between 1 and 4.	Enter a number between 1 and 4
Discharge Date	0	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date

Field	Error Code	Error Message	To Correct
Facility ID	0	Facility ID must be 9 characters.	Enter a - character Facility ID
Modifier 1	0	Service Line [#], Modifier 1: must be 2 characters.	Enter a valid 2 character modifier code
	1	Service Line [#], Modifier 1: can only contain alphanumeric characters.	Enter a valid 2 character modifier code
Modifier 2	0	Service Line [#], Modifier 2: must be 2 characters.	Enter a valid 2-character modifier code
	1	Service Line [#], Modifier 2: can only contain alphanumeric characters.	Enter a valid 2-character modifier code
Modifier 3	0	Service Line [#], Modifier 3 : must be 2 characters	Enter a valid 2-character modifier code
	1	Service Line [#], Modifier 3: can only contain alphanumeric characters.	Enter a valid 2-character modifier code
Modifier 4	0	Service Line [#], Modifier 4: must be 2 characters.	Enter a valid 2-character modifier code
	1	Service Line [#], Modifier 4: can only contain alphanumeric characters.	Enter a valid 2-character modifier code
NPI (Referring Provider ID)	0	NPI must be 10 digits	Enter a 10-digit NPI
NPI (Rendering Provider ID)	0	NPI must be 10 digits	Enter a 10-digit NPI
Original Claim #	0	Original Claim # must be 13 characters.	Enter a valid , 13 character Original Claim #
	1	Original Claim # must be numeric.	Enter a valid, 13 character Original Claim #
	2	Original Claim Number is a Required Field.	Enter a valid, 13 character Original Claim #

Field	Error Code	Error Message	To Correct
	3	The ICN entered for the Original Claim number is an encounter. Encounters may not be adjusted or voided.	Enter a Fee-for-Service claim number
Paid Amount	0	Service Adjustment [#]: Paid Amount is a required field.	Enter a valid Service Adjustment paid Amount
Paid Date	0	Service Adjustment [#]: Paid Date is a required field.	Enter a valid Service Adjustment Paid Date
	1	Service Adjustment [#]: Paid Date must be a date less than or equal to today's date.	Enter a Service Adjustment Paid Date that is less than or equal to today's date
Patient Pay Amount	0	Patient Pay Amount must be a number greater than 0.	Enter a Patient Pay Amount that is greater than 0
Prior Authorization #	0	Prior Authorization Number must be 10 characters.	Enter a 10-character Prior Authorization Number
Prior Placement Date	0	Service Line [#]: Prior Placement Date must be less than or equal to today's date.	Enter a Placement Date that is not in the future
Procedure	0	Service Line [#]: Procedure is a required field.	Enter a procedure code
	1	Service Line [#]: Procedure can only contain alphanumeric characters.	Enter a valid procedure code
	2	Service Line [#]: Procedure must be 5 characters in length.	Enter a valid procedure code
Reason Code	0	Reason Code [#] is a required field.	Enter a valid Reason Code

Field	Error Code	Error Message	To Correct
	1	Reason Code [#] can only contain alphanumeric character(s).	Enter a valid alphanumeric Reason Code
Recipient ID	0	[X] is not a valid Recipient ID.	Enter a valid 10 character Recipient ID
	1	Recipient ID is a required field.	Enter a valid 10 character Recipient ID
Referring Provider ID	0	Referring Provider ID must be 9 characters.	Enter a numeric, 9 character provider ID
	1	Referring Provider ID must be numeric.	Enter a numeric, 9 character provider ID
Release of Medical Data (Other Insurance)	0	Release of Medical Data for OI# [#] is a required field.	Select Release of Medical Data
Rendering Provider ID	0	Rendering Provider ID must be 9 characters.	Enter a numeric, 9 character provider ID
	1	Rendering Provider ID must be numeric.	Enter a numeric, 9 character provider ID
	2	Rendering Provider ID is a required field.	Enter a numeric, 9 character provider ID
Report Transmission Code	0	Report Transmission Code when Report Type Code is selected.	Select a Report Transmission Code when a Report Type Code is entered
Report Type Code	0	Report Type Code is required when Report Transmission Code is selected.	Select a Report Type Code when a Report Transmission Code is selected
State (Accident)	0	When Accident Ind: Auto = Y, Accident State is required.	Enter a state

Field	Error Code	Error Message	To Correct
	1	Accident State can only contain alphabetic character(s) - spaces not allowed.	Enter a valid 2 character state
	2	Accident State must be 2 character(s) in length.	Enter a valid 2 character state
Tooth Number	0	Service Line [#]: Tooth Number can only contain alphanumeric characters.	Enter a tooth number 01-33 and A-T
	1	Service Line [#]: Valid values for Tooth Number are 01-33, and A-T.	Enter a tooth number 01-33 and A-T
Total Months (Orthodontic Treatment)	0	Total months must be greater than or equal to months remaining.	Enter total months greater than months remaining
Units	0	Service Line [#]: Units is a required field.	Enter a value for units
	1	Service Line [#]: Units may not be a negative number.	Enter a positive number of units

7.8.4   Accessibility and Use

To access and use the Provider Dental Claim window, complete the steps in the step/action table(s).

> **Note:** The following step/action tables are organized to coincide with information as it is grouped in the online claim submission form window. Billing Information is presented first, then Claim Service information, and on through the subsequent groups, ending with Service Lines information.

To Access Provider Dental Claim Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in Section 2.10.	The Provider Main Page window opens.
2	Click the **Claims** tab.	The Claims window opens.
3	Click the **Submit Dental** link.	The Provider Dental Claim window opens.

To Complete Claim Billing Information

Note: Claims should be completed in accordance with DHS's guidelines, policies, and procedures. Refer to the DHS web site for more specific information on completing a claim submission.

Step	Action	Response
1	In the **Billing Information** section, type a value for the **Attachment Control #, Original Claim #, Recipient ID, Patient Account #, Last Name, First Name/Middle Initial, Medical Record #,** and **Prior Authorization #.**	
2	In the **Report Type Code** and **Report Transmission Code** drop-down lists, select a value.	
3	Type a dollar value in the **Patient Pay Amount** field.	

To Complete Claim Service Information

Step	Action	Response
1	In the **Service Information** section, type a value in the **Referring Provider ID, Release of Medical Data, Referral #,** and **Rendering Provider ID** fields.	
2	In the **Benefits Assignment**, **Emergency**, and **Place of Service** drop-down lists, select a value.	
3	Type a value in the **Facility ID, Facility Name, Admission Date, Discharge Date, Total Months,** and **Months Remaining** fields.	
4	In the **Special Program Code** drop down list, select a value.	
5	Type comments in the **Comments** field.	

To Complete Diagnosis

Step	Action	Response
1	In the **Diagnosis section,** in the **Code Type** drop down list, select code type from drop down.	
2	Select **Add** to open a diagnosis field.	
3	Enter diagnosis in diagnosis field.	

To Complete Claim Accident Information

Step	Action	Response
1	In the **Accident** section, in the **Employment Related, Other,** and **Auto** drop-down lists, select a value.	
2	Type a value in the **Date, State,** and **Country** fields.	

To Add Claim Other Insurance Information

Step	Action	Response
1	In the **Other Insurance** section, click the **Add** button.	
2	In the **Other Insurance #1** section, type a value in the **Group Number, Group Name, Carrier Code, Carrier Name, Policy Holder ID Code, Policy Holder Last Name,** and **Policy Holder First Name** fields.	

Step	Action	Response
3	In the **Release of Medical Data, Benefit Assignment,** and **Claim Filing Code** drop-down lists, select a value.	

To Remove Other Insurance Information

Step	Action	Response
1	In the **Other Insurance** section, click the **Remove** button.	

To Add Claim Service Lines Information

Step	Action	Response
1	In the **Service Lines** section, click the **Add** button.	
2	In the **Service Line #1** section, type a value in the **Date of Service** field.	
3	In the **Place of Service** drop-down list, select a value.	
4	Type a value in the **Procedure, Modifier 1, 2, 3,** and **4** and **Tooth Number** fields.	
5	In the **Tooth Surface; 1, 2, 3, 4, 5, OCD: 1, 2, 3, 4, 5,** and **Placement Indicator** drop-down lists, select a value.	
6	Type a value in the **Prior Placement Date, Appliance Placement Date, Anesthesia Quantity Qualifier, Anesthesia Units, Units, and Billed Amount** fields.	

To Remove Service Lines Information

Step	Action	Response
1	In the **Service Lines** section, click the **Remove** button.	

To Add Claim Service Adjustments Information

Step	Action	Response
1	In the **Service Adjustments** section, click the **Add** button.	
2	In the **Service Adjustment #1** section, in the **Adjustment Code Group** drop-down lists, select a value.	
4	Type a value in the **Reason Codes, Amount, Paid Date, Paid Amount,** and **Carrier Code** fields.	

To Remove Claim Service Adjustments Information

Step	Action	Response
1	In the **Service Adjustment** section, click the **Remove** button.	

To Submit Claim

Step	Action	Response
1	Click the **Submit** button.	The claim is submitted.

To Create New Claim Form

Step	Action	Response
1	Click the **New** button.	The screen refreshes to create new claim form.

To Copy a Paid Claim

> **Note:** The Copy button is only available on paid claims.

Step	Action	Response
1	Using Claim Inquiry (inquiry.asp) complete a claim search.	If a match is found, the search results list is displayed.
2	Select a paid claim.	The paid claim displays.
3	Click the **Copy** button.	All data from the selected paid claim is copied to a new claim.

7.9   Provider Help (Provider Help)

The PROMIS*e*™ Internet manual contains assistance for using the PROMIS*e*™ Internet windows that are available to authorized Provider Internet users. The manual contains information about the use of each window, and field edit information for correcting errors.

The PROMIS*e*™ Internet Manual is accessed by selecting the Help link from the Main logon page or after the provide has logged into their account.

7.9.1 Layout

7.9.2 Accessibility and Use

To access and use the Help manual, complete the steps in the step/action table(s).

To Access Help Window

Step	Action	Response
1	Click the **Help** link	The PROMIS*e*™ Internet User manual opens

7.10 Provider Institutional Claim (Institutional.asp)

The Provider Institutional Claim window is used to submit 837 Institutional claims. From this window, a provider can enter all of the required information to submit an institutional claim, including multiple detail lines.

This window is accessed through the Submit Institutional option under Claims in the Menu Bar, or by clicking the Institutional link on the Claims Menu page.

The first window Layout below shows the initial viewable display; the following Layouts show the remaining data viewable by scrolling.

Note: Maximum field lengths for this window are limited by HIPAA X12 guidelines. Differences may appear between fields on this window and fields on other windows that are based on different underlying HIPAA transaction formats.

7.10.1 Layout

Institutional Claim New! Need help submitting a claim? View sample claim submissions here.

Billing Information

Billing Provider:	**10012345678001** NPI:	Taxonomy:	Zip:
Claim Type:	Inpatient ⌄	Attachment Control #:	
Bill Type:	⌄	Medical Record #:	
	Bill Type is required		
Original Claim #:		Prior Authorization #:	
Recipient ID:		Report Type Code:	⌄
	Recipient ID is required		
Patient Account #:		Report Transmission Code:	⌄
	Patient Account # is required		
Last Name:		Gross Patient Pay:	(LTC Only)
First Name:		Patient Pay Amount:	0.00
Middle Initial:			

Service Information

Patient Status:	⌄	Release of Medical Data:	⌄
	Patient Status is required		Release of Medical Data is required
Attending Provider ID:	NPI:	Benefit Assignment?:	⌄
Taxonomy: Zip:			
Operating Provider ID:	NPI:	Pregnancy Indicator	⌄
Taxonomy: Zip:			
Other Provider ID:	NPI:	Emergency?:	⌄
Taxonomy: Zip:			
Referral Code:			
Facility ID:	NPI:		
Facility Name:			
Billing Note:			

Accident:

State:

Admission/Discharge

From DOS:		(MM/DD/YYYY)
	From DOS is required	
To DOS:		(MM/DD/YYYY)
	To DOS is required	
Admission Date:		(MM/DD/YYYY)
	Admission Date is required	
Admission Hour:		(HHMM)
	Admission Hour is required	
Admission Type:	⌄	
Admission Source:	⌄	
	Admission Source is required	
Discharge Hour:		(HHMM)

Diagnosis

Code Type:	⌄		
Primary:		POA:	(Inpatient Only)
Admission Diagnosis:		(Inpatient and LTC Only)	
Patient Reason for Visit		(Outpatient Only)	
Add Other/ POA(Inpatient Only)/seq			
Emergency Code:		POA:	(Inpatient Only)
Add Emergency code POA			

The window Layout above displays the default viewable area of the scrollable data, the Layout below displays the remaining data.

Surgical Code/Date
Add   Surgical Code/Date(MM/DD/YYYY)*

Occurrence Code/Date
Add   Occurrence Code/Date(MM/DD/YYYY)*

Occurrence Span Code/Date
Add   Occurrence Span Code/Date(MM/DD/YYYY)*

Condition Code
Add   Condition Code

Value Code/Amount
Add   Value Code/Amount

Days
Covered: (Inpatient and LTC Only)
Non-Covered: (Inpatient and LTC Only)
Medicare Coinsurance Days: (Inpatient and LTC Only)
Lifetime Reserve Days: (Inpatient Only)

Patient (Newborn Only)
Patient ID
Last Name:
First Name:
Middle Initial:
Gender:
Date of Birth: (MM/DD/YYYY)
Date of Death: (MM/DD/YYYY)

Other Insurance

OI# Carrier Code	Group Number	Group Name	Policy Holder Last Name

Add
Delete

Group Number:
Group Name:
Carrier Code:
Policy Holder ID Code:
Policy Holder Last Name:
Policy Holder First Name:
Individual Relationship:
Release of Medical Data?:
Benefit Assignment?:
Claim Filing Code:
1: Reason Code

Adjustment Group Code   Amount
2:

Adjustment Group Code   Amount
3: Reason Code

Adjustment Group Code   Amount
Paid Date:
Paid Amount:
Medicare Approved Amount: (Inpatient and LTC Only)

Medicare

Full Medicare Days: [   ]

Service Lines

SVC#	Date of Service	Revenue Code	Units	Billed Amount
1				

[Add]
[Delete]

From Date: [   ] (MM/DD/YYYY) (Outpatient Only)

To Date: [   ] (MM/DD/YYYY) (Outpatient Only)

Revenue Code: [   ]

Procedure: [   ]

Modifiers:

1 [   ] (Outpatient Only)

2 [   ] (Outpatient Only)

3 [   ] (Outpatient Only)

4 [   ] (Outpatient Only)

Basis of Measurement: [▼]

Units: [   ]

Units is required

Billed Amount: [   ]

Billed Amount is required

[New]   [Submit]

Claim Status Information

Claim Status   Not Yet Submitted

If a valid ACN is included on the claim and the claim is in a suspended status, a Submit Attachment Button will become available. Selecting the button opens an 'Upload Criteria' section and allows the provider to upload attachments to support claim adjudication. See section 7.6 of this manual for more information.

7.10.2 Field Descriptions

Field	Description	Data Type	Length
Add (Condition Code)	Add new Condition Code	Button	0
Add (Occurrence Code/Date)	Add new Occurrence Code/Date	Button	0
Add (Occurrence Span Code/Date)	Add new Occurrence Span Code/Date	Button	0
Add (Other / POA)	Add new POA diagnosis line to claim (up to 24)	Button	0
Add (Other Insurance)	Add new other insurance line to claim	Button	0
Add (Service Lines)	Add new service line to claim	Button	0
Add (Surgical Code/Date	Add new Surgical Code/Date	Button	0
Add (Value Code/Amount)	Add new Value Code/Amount	Button	0
Adjustment Group Code 1 (Other Insurance)	First adjustment group code	Drop Down List Box	0

Field	Description	Data Type	Length
Adjustment Group Code 2 (Other Insurance)	Second adjustment group code	Drop Down List Box	0
Adjustment Group Code 3 (Other Insurance)	Third adjustment group code	Drop Down List Box	0
Admission Date	Date the recipient was admitted into the facility	Date (MM/DD/CCYY)	8
Admission Diagnosis	Diagnosis code at admission for this claim	Character	8
Admission Hour	Time the recipient was admitted into the facility	Character	4
Admission Source	Source of the admission	Drop Down List Box	0
Admission Type	Priority of this admission	Drop Down List Box	0
Amount 1 (Other Insurance)	First amount of adjustment group	Number	8
Amount 2 (Other Insurance)	Second amount of adjustment group	Number	8
Amount 3 (Other Insurance)	Third amount of adjustment group	Number	8
Attachment Control #	Attachment control number (ACN) used to relate attachments to this claim	Number	20
Attending Provider ID	ID of the physician responsible for the care of the patient	Character	9
Basis of Measurement	Type units used for a value	Drop Down List Box	0
Benefits Assignment? (Other Insurance)	Indicator or Assignment of Benefits code	Drop Down List Box	0
Benefits Assignment?	Indicates if benefits are to be assigned Valid values are: • Yes • No • Not Applicable	Drop Down List Box	0
Bill Type	Three-digit value that indicates the type of bill	Drop Down List Box	0
Billed Amount	Amount requested by a provider as payment for services rendered	Number	9

Field	Description	Data Type	Length
Billed Amount (Service Lines List Box)	Amount requested by a provider as payment for services rendered	Number	9
Billing Note	Free-form field for comments or special instructions	Character	80
Carrier Code (Other Insurance List Box)	Other insurance carrier	Character	3
Carrier Code (Other Insurance)	Other insurance carrier	Drop Down List Box	0
Claim Filing Code (Other Insurance)	Type of claim	Drop Down List Box	0
Claim Type	Type of institutional claim. Valid values are: Inpatient, Outpatient, and Long Term Care	Drop Down List Box	0
Code Type	ICD type indicator for this claim	Drop Down List Box	0
Condition Code 1	First condition(s) related to this claim or to the patient	Drop Down List Box	0
Condition Code 2	Second condition(s) related to this claim or to the patient. Press the underlined "Add" to add this field	Drop Down List Box	0
Condition Code 3	Third condition(s) related to this claim or to the patient. Press the underlined "Add" to add this field	Drop Down List Box	0
Condition Code 4	Fourth condition(s) related to this claim or to the patient. Press the underlined "Add" to add this field	Drop Down List Box	0
Condition Code 5	Fifth condition(s) related to this claim or to the patient. Press the underlined "Add" to add this field	Drop Down List Box	0
Condition Code 6	Sixth condition(s) related to this claim or to the patient. Press the underlined "Add" to add this field	Drop Down List Box	0
Condition Code 7	Seventh condition(s) related to this claim or to the patient. Press the underlined "Add" to add this field	Drop Down List Box	0
Copy	Copies a paid claim's data to a new unprocessed claim	Button	0
Covered (Days)	The number of covered days	Number	3
Date of Birth	Patient's date of birth	Date (MM/DD/CCYY)	8

Field	Description	Data Type	Length
Date of Death	Patient date of death	Date (MM/DD/CCYY)	8
Date of Service (Service Lines List Box)	Date this service line was rendered	Date (MM/DD/CCYY)	8
Delete (Other Insurance)	Remove existing other insurance line from claim	Button	0
Delete (Service Lines)	Remove existing service line from claim	Button	0
Discharge Hour	Hour patient was discharged	Character	4
E-Code	Emergency code for this claim	Character	6
Emergency?	Indicates whether the service was provided as a result of an emergency	Drop Down List Box	0
Facility ID	Service facility location ID	Character	9
Facility Name	Service facility location name	Character	20
First Name	First name of the Medicaid recipient	Character	25
First Name (Patient)	First name of the patient	Character	25
From Date	Earliest beginning date for service lines	Date (MM/DD/CCYY)	8
From DOS	Earliest beginning date of service found on the claim	Date (MM/DD/CCYY)	8
Full Medicare Days	Number of full Medicare days	Character	3
Gender	Gender of the patient	Drop Down List Box	0
Gross Patient Pay	Amount of patient responsibility for payment prior to other deductions	Number	9
Group Name (Other Insurance List Box)	Group name of other insurance carrier	Character	14
Group Name (Other Insurance)	Group name of other insurance carrier	Character	14
Group Number (Other Insurance List Box)	Group number of other insurance carrier	Character	17
Group Number (Other Insurance)	Group number of other insurance carrier	Character	17
Individual Relationship	Patient's relationship to the policyholder	Drop Down List Box	0
Last Name	Last name of the Medicaid recipient	Character	35
Last Name (Patient)	Last name of the patient	Character	35

Field	Description	Data Type	Length
Lifetime Reserve Days	Number of Lifetime Reserve days	Number	3
Medical Record #	Number assigned to the patient by the provider. This number is used by the provider for their own internal claim submission tracking	Character	24
Medicare Approved Amount	Medicare approved amount	Number	9
Medicare Coinsurance Days	Number of Medicare Coinsurance days	Number	3
Middle Initial	Middle initial of the Medicaid recipient	Number	1
Middle Initial (Patient)	Middle initial of the patient	Character	1
Modifier 1	First modifier code that supplies additional information on the procedure code	Character	2
Modifier 2	Second modifier code that supplies additional information on the procedure code	Character	2
Modifier 3	Third modifier code that supplies additional information on the procedure code	Character	2
Modifier 4	Fourth modifier code that supplies additional information on the procedure code	Character	2
New	Click to add a new claim	Button	0
Non-Covered (Days)	Number of days not covered	Number	3
NPI (Attending Provider)	NPI for Attending Provider ID. **Note:** Not enabled until a 7 or 8-digit ID is entered in the **Attending Provider ID** field. If Attending Provider ID is entered, this field is required	Character	10
NPI (Billing Provider)	NPI for Billing Provider ID	Character	10
NPI (Facility)	NPI for Facility. **Note:** Not enabled until a 7 or 8-digit ID is entered in the **Facility ID** field. If Facility ID is entered, this field is required	Character	10
NPI (Operating Provider)	NPI for Operating Provider ID. **Note:** Not enabled until a 7 or 8-digit ID is entered in the **Operating Provider ID** field. If Operating Provider ID is entered, this field is required	Character	10

Field	Description	Data Type	Length
NPI (Other Provider)	NPI for Other Provider ID. **Note:** Not enabled until a 7 or 8-digit ID is entered in the **Other Provider ID** field. If Other Provider ID is entered, this field is required	Character	10
OI # (Other Insurance List Box)	Number assigned to each other insurance detail line	Number	2
Occurrence Code 1	First code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 2	Second code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 3	Third code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 4	Fourth code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 5	Fifth code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 6	Sixth code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 7	Seventh code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code 8	Eighth code that defines a significant event related to this bill that may affect payer processing	Drop Down List Box	0
Occurrence Code Date 1	Date associated with Occurrence Code 1	Date (MM/DD/CCYY)	8
Occurrence Code Date 2	Date associated with Occurrence Code 2	Date (MM/DD/CCYY)	8
Occurrence Code Date 3	Date associated with Occurrence Code 3	Date (MM/DD/CCYY)	8
Occurrence Code Date 4	Date associated with Occurrence Code 4	Date (MM/DD/CCYY)	8
Occurrence Code Date 5	Date associated with Occurrence Code 5	Date (MM/DD/CCYY)	8

Field	Description	Data Type	Length
Occurrence Code Date 6	Date associated with Occurrence Code 6	Date (MM/DD/CCYY)	8
Occurrence Code Date 7	Date associated with Occurrence Code 7	Date (MM/DD/CCYY)	8
Occurrence Code Date 8	Date associated with Occurrence Code 8	Date (MM/DD/CCYY)	8
Occurrence Span Code 1	Event that is related to payment of the claim. This event occurs over a span of days	Drop Down List Box	0
Occurrence Span Code 1 From Date	First day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 1 To Date	Last day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 2	Event that is related to payment of the claim. This event occurs over a span of days	Drop Down List Box	0
Occurrence Span Code 2 From Date	First day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 2 To Date	Last day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 3	Event that is related to payment of the claim. This event occurs over a span of days	Drop Down List Box	0
Occurrence Span Code 3 From Date	First day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 3 To Date	Last day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 4	Event that is related to payment of the claim. This event occurs over a span of days	Drop Down List Box	0
Occurrence Span Code 4 From Date	First day of span	Date (MM/DD/CCYY)	8
Occurrence Span Code 4 To Date	Last day of span	Date (MM/DD/CCYY)	8
Operating Provider ID	Number of the licensed physician, other than the attending physician, as defined by the payer organization	Character	9
Original Claim #	Original claim number for the claim. This is required when the Claim Frequency code is other than one	Character	13
Other 1 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other 2 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other 3 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other 4 (Diagnosis)	Other diagnosis code for this claim	Character	8

Field	Description	Data Type	Length
Other 5 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other 6 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other 7 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other 8 (Diagnosis)	Other diagnosis code for this claim	Character	8
Other Provider ID	Provider ID of the referring provider	Character	13
Paid Amount (Other Insurance)	Amount paid for this adjustment	Number	9
Paid Date (Other Insurance)	Date amount was paid	Date (MM/DD/CCYY)	8
Patient Account #	Patient ID number	Character	30
Patient ID (Patient)	Patient identifier given by the provider	Character	10
Patient Pay Amount	Amount the recipient pays	Number	9
Patient Reason for Visit	Patient Reason for Visit diagnosis code (outpatient only)	Character	6
Patient Status	Patient's medical status as of the ending date of service of the period covered by the claim	Drop Down List Box	0
POA (Diagnosis)	POA	Character	1
Policy Holder First Name (Other Insurance)	First name of policyholder	Character	25
Policy Holder ID Code (Other Insurance)	ID of policyholder	Character	12
Policy Holder Last Name (Other Insurance List Box)	Last name of policyholder	Character	35
Policy Holder Last Name (Other Insurance)	Last name of policyholder	Character	35
Pregnancy Indicator	Indicator if patient is pregnant	Drop Down List Box	0
Primary (Diagnosis)	Primary diagnosis code for this claim	Character	8
Prior Authorization #	PA number submitted on the claim.	Character	10
Procedure	Clarification of the product/service procedure code and related data elements	Character	5
Reason Code 1 (Other Insurance)	Detailed reason for the adjustment	Drop Down List Box	0
Reason Code 2 (Other Insurance)	Detailed reason for the adjustment	Drop Down List Box	0

Field	Description	Data Type	Length
Reason Code 3 (Other Insurance)	Detailed reason for the adjustment	Drop Down List Box	0
Recipient ID	ID number issued to recipients who are authorized to receive Medicaid services. The field accepts the 9-digit recipient ID and the single verification digit	Character	10
Referral Code	Referral code provided for referring provider	Character	2
Release of Medical Data?	Indicates whether the provider has informed consent to release medical info for conditions or diagnoses regulated by federal status or a signed statement on file to permit the release of medical data to other organizations. Valid Values are: • I – Informed Consent to Release Medical Info for conditions or diagnoses regulated by Federal Statutes • Y – Yes, the provider has a signed statement permitting the release of medical billing data related to a claim	Drop Down List Box	0
Release of Medical Data (Other Insurance)	Indicates whether the provider has informed consent to release medical info for conditions or diagnoses regulated by federal status or a signed statement on file to permit the release of medical data to other organizations. Valid Values are: • I – Informed Consent to Release Medical Info for conditions or diagnoses regulated by Federal Statutes • Y – Yes, the provider has a signed statement permitting the release of medical billing data related to a claim	Drop Down List Box	0
Report Transmission Code	Timing, transmission method, or format by which reports are to be sent.	Drop Down List Box	0
Report Type Code	Title or contents of a document, report, or supporting item	Drop Down List Box	0
Revenue Code (Service Lines)	Specific accommodation or ancillary service revenue code pertaining to this claim	Character	4
Srv #	Sequential number of a service detail	Number	2
State	State accident occurred in	Character	2
Submit	Submit claim to DHS	Button	0
Surgical Code 1	Surgical ICD procedure code most relevant to the care being rendered	Character	7

Field	Description	Data Type	Length
Surgical Code 2	Surgical ICD procedure code most relevant to the care being rendered. Press the underlined "Add" to add this field	Character	7
Surgical Code 3	Surgical ICD procedure code most relevant to the care being rendered. Press the underlined "Add" to add this field	Character	7
Surgical Code 4	Surgical ICD procedure code most relevant to the care being rendered. Press the underlined "Add" to add this field	Character	7
Surgical Code 5	Surgical ICD procedure code most relevant to the care being rendered. Press the underlined "Add" to add this field	Character	7
Surgical Code 6	Surgical ICD procedure code most relevant to the care being rendered. Press the underlined "Add" to add this field	Character	7
Surgical Code Date 1	Requested, anticipated, or actual date of surgery	Date (MM/DD/CCYY)	8
Surgical Code Date 2	Requested, anticipated, or actual date of surgery	Date (MM/DD/CCYY)	8
Surgical Code Date 3	Requested, anticipated, or actual date of surgery	Date (MM/DD/CCYY)	8
Surgical Code Date 4	Requested, anticipated, or actual date of surgery	Date (MM/DD/CCYY)	8
Surgical Code Date 5	Requested, anticipated, or actual date of surgery	Date (MM/DD/CCYY)	8
Surgical Code Date 6	Requested, anticipated, or actual date of surgery	Date (MM/DD/CCYY)	8
Taxonomy (Attending Provider)	Taxonomy for Attending Provider ID	Character	10
Taxonomy (Billing Provider)	Taxonomy for Billing Provider ID	Character	10
Taxonomy (Operating Provider)	Taxonomy for Operating Provider ID	Character	10
Taxonomy (Other Provider)	Taxonomy for Other Provider ID	Character	10
To Date	Latest ending date for service lines	Date (MM/DD/CCYY)	8
To DOS	Latest ending date of service found on the claim	Date (MM/DD/CCYY)	8

Field	Description	Data Type	Length
Units	Number of units provided to patient	Number	10
Units (Service Lines List Box)	Number of units provided to patient	Number	10
Value Code 1	Code and description of monetary data that is necessary for processing the claim, as required by the payer organization. Press the underlined "Add" link to add another Value Code. 5010 values are: • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves	Drop Down List Box	0
Value Code 2	Second code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code 5010 values are: • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves	Drop Down List Box	0
Value Code 3	Third code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code. 5010 values are: • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves	Drop Down List Box	0
Value Code 4	Fourth code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code. 5010 values are: • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves	Drop Down List Box	0

Field	Description	Data Type	Length
Value Code 5	Fifth code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code. 5010 values are: • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves	Drop Down List Box	0
Value Code 6	Sixth code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code. 5010 values are: • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves	Drop Down List Box	0
Value Code 7	Seventh code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code. 5010 values are: • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves	Drop Down List Box	0
Value Code 8	Eighth code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code. 5010 values are: • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves	Drop Down List Box	0

Field	Description	Data Type	Length
Value Code 9	Ninth code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code. 5010 values are: • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves	Drop Down List Box	0
Value Code 10	Tenth code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code. 5010 values are: • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves	Drop Down List Box	0
Value Code 11	Eleventh code and description of monetary data, as required by the payer organization. Press the underlined "Add" link to add another Value Code. 5010 values are: • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves	Drop Down List Box	0
Value Code 12	Twelfth code and description of monetary data, as required by the payer organization. No more than twelve value codes can be added to a claim. 5010 values are: • 80 = Covered Days • 81 = Non-Covered Days • 82 = Coinsurance Days • 83 = Lifetime Reserves	Drop Down List Box	0
Value Code Amount 1	Amount for value code 1	Number	9
Value Code Amount 2	Amount for value code 2	Number	9
Value Code Amount 3	Amount for value code 3	Number	9

Field	Description	Data Type	Length
Value Code Amount 4	Amount for value code 4	Number	9
Value Code Amount 5	Amount for value code 5	Number	9
Value Code Amount 6	Amount for value code 6	Number	9
Value Code Amount 7	Amount for value code 7	Number	9
Value Code Amount 8	Amount for value code 8	Number	9
Value Code Amount 9	Amount for value code 9	Number	9
Value Code Amount 10	Amount for value code 10	Number	9
Value Code Amount 11	Amount for value code 11	Number	9
Value Code Amount 12	Amount for value code 12	Number	9
X (Diagnosis (Other)	Removes the Diagnosis (Other)	Button	0
X (Surgical Code/Date)	Removes the Surgical Code/Date	Button	0
X (Occurrence Code/Date)	Removes the Occurrence Code/Date	Button	0
X (Occurrence Span Code/Date)	Removes the Occurrence Span Code/Date	Button	0
X (Condition Code)	Removes the Condition Code	Button	0
X (Value Code Amount)	Removes Value Code/Amount fields	Button	0
Zip (Attending Provider)	Zip for Attending Provider ID	Character	9
Zip (Billing Provider)	Zip for Billing Provider ID	Character	9
Zip (Operating Provider)	Zip for Operating Provider ID	Character	9
Zip (Other Provider)	Zip for Other Provider ID	Character	9

7.10.3 Field Edits

Field	Error Code	Error Message	To Correct
Adjustment Group Code (Service Line Adjustment)	0	Adjustment Group Code is a required field.	Enter the Adjustment Group Code is a required field
Admission Date	0	Admission Date must be less than or equal to today's date.	Enter an Admission Date that is less than or equal to today's date
Admission Hour	0	Admission Hour is a required field.	Enter the Admission Hour
	1	Admission Hour must be a valid 24-hour time.	Enter a valid 24-hour time for the Admission Hour
Admission Source	0	Admission Source is a required field.	Enter the Admission Source
	1	Admission Source can only contain alphanumeric characters.	Enter an Admission Source that contains only alphanumeric characters
Admission Type	0	Admission Type is a required field.	Enter the Admission Type
Attending Provider ID	0	The first two characters of Attending Provider ID must be alpha.	Enter alphabetic characters for the first two characters of the Attending Provider ID
	1	Attending Provider ID must be 8 or 9 characters in length.	Enter an Attending Provider ID that is 8 or 9 characters in length
Benefits Assignment (Other Insurance)	0	Other Insurance Benefits Assignment for OI is a required field.	Enter the Other Insurance Benefits Assignment for OI
Billed Amount	0	Billed Amount is a required field.	Enter the Billed Amount
	1	Billed Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for Billed Amount
Carrier Code (Other Insurance)	0	Policy Holder Carrier Code for OI is a required code.	Enter the Policy Holder Carrier Code for OI
Code Type	0	Code Type field is required	Select an ICD code type
	1	Both ICD-9 and ICD-10 codes have been found within this inquired claim. Please choose the correct ICD code type	Select the correct ICD code type
Condition Code 1	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code

Field	Error Code	Error Message	To Correct
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Condition Code 2	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Condition Code 3	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Condition Code 4	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Condition Code 5	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Condition Code 6	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Condition Code 7	0	Condition Code must be 2 characters in length.	Enter 2 characters for the Condition Code
	1	Condition Code can only contain alphanumeric characters.	Enter a Condition Code that contains only alphanumeric characters
Date of Birth	0	Patient date of birth for Patient must be a valid date less than or equal to today's date.	Enter a Patient date of birth that is a valid date less than or equal to today's date
Date of Death	0	Patient date of death for Patient must be a valid date less than or equal to today's date.	Enter a Patient date of death that is a valid date less than or equal to today's date
Discharge Hour	0	Discharge Hour must be a valid 24-hour time.	Enter a valid 24-hour time for the Discharge

Field	Error Code	Error Message	To Correct
First Name (Patient)	0	First name for Patient is a required field.	Enter the First Name of the Patient
	1	First name for Patient can only contain Alphanumeric character(s).	Enter a First name for the Patient that contains only Alphanumeric character(s)
From Date	0	Date must be of format MM/DD/YYYY	Enter a From Date that is in the MM/DD/YYYY format
From DOS	0	From DOS must be less than or equal to today's date.	Enter a From DOS that is less than or equal to today's date
Last Name (Patient)	0	Last name for Patient is a required field.	Enter the Last name of the Patient
	1	Last name for Patient can only contain Alphanumeric characters.	Enter a Last name for the Patient that contains only Alphanumeric characters
Medical Record #	0	Medical Record # may not contain *, : or ~.	Enter a Medical Record # that does not contain *, : or ~
Medicare Approved Amount	0	Approved Amount for OI must be numeric and may not contain a negative value.	Enter a positive numeric value for the Approved Amount for OI
Middle Initial (Patient)	0	Middle name for Patient can only contain Alphanumeric character(s).	Enter a Middle name for the Patient that contains only Alphanumeric character(s)
Modifier 1	0	Modifier 1 can only contain alphanumeric characters.	Enter only alphanumeric characters for Modifier 1
	1	Modifier 1 must be 2 characters in length.	Enter 2 characters for Modifier 1
Modifier 2	0	Modifier 2 can only contain alphanumeric characters.	Enter only alphanumeric characters for Modifier 2
	1	Modifier 1 must be 2 characters in length.	Enter 2 characters for Modifier 1
NPI (Attending Provider)	0	NPI must be 10 digits	Enter a 10-digit NPI
NPI (Facility)	0	NPI must be 10 digits	Enter a 10-digit NPI
NPI (Operating Provider)	0	NPI must be 10 digits	Enter a 10-digit NPI
NPI (Other Provider)	0	NPI must be 10 digits	Enter a 10-digit NPI
Occurrence Code 1	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code.
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters

Field	Error Code	Error Message	To Correct
Occurrence Code 2	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code 3	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code 4	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code 5	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code 6	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code 7	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code 8	0	Occurrence Code must be 2 characters in length.	Enter 2 characters for the Occurrence Code
	1	Occurrence Code can only contain alphanumeric characters.	Enter an Occurrence Code that contains only alphanumeric characters
Occurrence Code Date 1	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date

Field	Error Code	Error Message	To Correct
Occurrence Code Date 2	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date.
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date.
Occurrence Code Date 3	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date
Occurrence Code Date 4	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date
Occurrence Code Date 5	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date
Occurrence Code Date 6	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date
Occurrence Code Date 7	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date
Occurrence Code Date 8	0	Occurrence Date is a required field when Occurrence Code is entered.	Enter the Occurrence Date
	1	Occurrence Date must be less than or equal to today's date.	Enter an Occurrence Date that is less than or equal to today's date

Field	Error Code	Error Message	To Correct
Occurrence Span Code 1	0	Occurrence Span Code must be 2 characters in length.	Enter 2 characters for the Occurrence Span Code
	1	Occurrence Span Code can only contain alphanumeric characters.	Enter an Occurrence Span Code that contains only alphanumeric characters
Occurrence Span Code 1 From Date	0	Span From Date is a required field when Occurrence Code is entered.	Enter the Span From Date
	1	Span From Date must be less than or equal to today's date.	Enter a Span From Date that is less than or equal to today's date
	2	Span From Date must be less than or equal to Span To Date.	Enter a Span From Date that is less than or equal to Span To Date
Occurrence Span Code 1 To Date	0	Span Thru Date is a required field when Occurrence Code is entered.	Enter the Span Thru Date
	1	Span Thru Date must be less than or equal to today's date.	Enter a Span Thru Date that is less than or equal to today's date
Occurrence Span Code 2	0	Occurrence Span Code must be 2 characters in length.	Enter 2 characters for the Occurrence Span Code
	1	Occurrence Span Code can only contain alphanumeric characters.	Enter an Occurrence Span Code that contains only alphanumeric characters
Occurrence Span Code 2 From Date	0	Span From Date is a required field when Occurrence Code is entered.	Enter the Span From Date
	1	Span From Date must be less than or equal to today's date.	Enter a Span From Date that is less than or equal to today's date
	2	Span From Date must be less than or equal to Span To Date.	Enter a Span From Date that is less than or equal to Span To Date
Occurrence Span Code 2 To Date	0	Span Thru Date is a required field when Occurrence Code is entered.	Enter the Span Thru Date
	1	Span Thru Date must be less than or equal to today's date.	Enter a Span Thru Date that is less than or equal to today's date
Occurrence Span Code 3	0	Occurrence Span Code must be 2 characters in length.	Enter 2 characters for the Occurrence Span Code

Field	Error Code	Error Message	To Correct
	1	Occurrence Span Code can only contain alphanumeric characters.	Enter an Occurrence Span Code that contains only alphanumeric characters
Occurrence Span Code 3 From Date	0	Span From Date is a required field when Occurrence Code is entered.	Enter the Span From Date
	1	Span From Date must be less than or equal to today's date.	Enter a Span From Date that is less than or equal to today's date
	2	Span From Date must be less than or equal to Span To Date.	Enter a Span From Date that is less than or equal to Span To Date
Occurrence Span Code 3 To Date	0	Span Thru Date is a required field when Occurrence Code is entered.	Enter the Span Thru Date
	1	Span Thru Date must be less than or equal to today's date.	Enter a Span Thru Date that is less than or equal to today's date
Occurrence Span Code 4	0	Occurrence Span Code must be 2 characters in length.	Enter 2 characters for the Occurrence Span Code
	1	Occurrence Span Code can only contain alphanumeric characters.	Enter an Occurrence Span Code that contains only alphanumeric characters
Occurrence Span Code 4 From Date	0	Span From Date is a required field when Occurrence Code is entered.	Enter the Span From Date
	1	Span From Date must be less than or equal to today's date.	Enter a Span From Date that is less than or equal to today's date
	2	Span From Date must be less than or equal to Span To Date.	Enter a Span From Date that is less than or equal to Span To Date
Occurrence Span Code 4 To Date	0	Span Thru Date is a required field when Occurrence Code is entered.	Enter the Span Thru Date
	1	Span Thru Date must be less than or equal to today's date.	Enter a Span Thru Date that is less than or equal to today's date
Operating Provider ID	0	The first two characters of Operating Provider ID must be alpha.	Enter alphabetic characters for the first two characters of the Operating Provider ID

Field	Error Code	Error Message	To Correct
	1	Operating Provider ID must be 8 or 9 characters in length.	Enter an Operating Provider ID that is 8 or 9 characters in length
Original Claim #	0	The ICN entered for the Original Claim number is an encounter. Encounters may not be adjusted or voided through the PROMIS*e*™ Internet windows.	Enter an ICN that is not an encounter
Other 1 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length
Other 2 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length
Other 3 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length
Other 4 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length
Other 5 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length.
Other 6 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters

Field	Error Code	Error Message	To Correct
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length
Other 7 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length
Other 8 (Diagnosis)	0	Other Diagnosis code can only contain alphanumeric characters.	Enter an Other Diagnosis code that contains only alphanumeric characters
	1	Other Diagnosis code cannot be less than 3 characters in length.	Enter an Other Diagnosis code that is at least 3 characters in length
Other Provider ID	0	The first two characters of Other Provider ID must be alpha.	Enter alphabetic characters for the first two characters of the Other Provider ID
	1	Other Provider ID must be less than 10 or 13 characters in Length.	Enter an Other Provider ID that is less than 10 or 13 characters in length
	2	13-digit Other Provider ID must be numeric.	Enter a numeric 13-digit Other Provider ID
Paid Amount (Other Insurance)	0	Paid Amount for OI must be numeric and may not contain a negative value.	Enter a positive numeric value for the Paid Amount for OI
	1	Paid Amount may not contain a negative value.	Enter a positive numeric value for Paid Amount
Paid Date (Other Insurance)	0	Paid Date for OI must be less than or equal to today's date.	Enter a Paid Date for OI that is less than or equal to today's date
	1	Paid Date must be a date less than or equal to today's date.	Enter a date for Paid Date that is less than or equal to today's date
Patient Account #	0	Patient Account # is a required field.	Enter a Patient Account #
	1	Patient Account # may not contain *, : or ~.	Enter a Patient Account # that does not contain *, : or ~"
Patient ID	0	Patient ID for Patient is a required field.	Enter the Patient ID
	1	Patient ID for Patient must be 10 characters in length.	Enter a Patient ID that is 10 characters in length

Field	Error Code	Error Message	To Correct
Patient Pay Amount	0	Patient Pay Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Patient Pay Amount
Patient Status	0	Patient Status is a required field.	Enter the Patient Status
	1	Patient Status cannot be less than 2 characters in length.	Enter more than two characters for the Patient Status
	2	Patient Status must be numeric and cannot contain a negative value.	Enter a positive numeric value for the Patient Status
Prior Authorization #	0	Prior Authorization # must be 10 characters in length.	Enter 10 characters for the Prior Authorization #
Procedure	0	Procedure must be 5 characters in length.	Enter 5 characters for the Procedure
	1	Procedure can only contain alphanumeric characters.	Enter a Procedure that contains only alphanumeric characters
Reason Amount 1 (Other Insurance)	0	Amount 1 for OI may not contain a negative value.	Enter a positive value for Amount 1 for OI
	1	Reason Amount must be numeric.	Enter a numeric value for Reason Amount
	2	Reason Amount may not contain a negative value.	Enter a positive numeric value for Reason Amount
Reason Amount 2 (Other Insurance)	0	Amount 2 for OI may not contain a negative value.	Enter a positive value for Amount 2 for OI
	1	Reason Amount must be numeric.	Enter a numeric value for Reason Amount
	2	Reason Amount may not contain a negative value.	Enter a positive numeric value for Reason Amount
Reason Amount 3 (Other Insurance)	0	Amount 3 for OI may not contain a negative value.	Enter a positive value for Amount 3 for OI.
	1	Reason Amount must be numeric.	Enter a numeric value for Reason Amount
	2	Reason Amount may not contain a negative value.	Enter a positive numeric value for Reason Amount
Reason Code 1 (Other Insurance)	0	Reason Code 1 for OI can only contain alphanumeric characters.	Enter the Reason Code 1 for OI that contains only alphanumeric characters
	1	Reason Code can only contain alphanumeric character(s).	Enter a Reason Code that contains only alphanumeric character(s)

Field	Error Code	Error Message	To Correct
Reason Code 2 (Other Insurance)	0	Reason Code 2 for OI can only contain alphanumeric characters.	Enter the Reason Code 2 for OI that contains only alphanumeric characters
	1	Reason Code can only contain alphanumeric character(s).	Enter a Reason Code that contains only alphanumeric character(s)
Reason Code 3 (Other Insurance)	0	Reason Code 3 for OI can only contain alphanumeric characters.	Enter the Reason Code 3 for OI that contains only alphanumeric characters
	1	Reason Code can only contain alphanumeric character(s).	Enter a Reason Code that contains only alphanumeric character(s)
Recipient ID	0	Recipient ID is a required field.	Enter a Recipient ID
	1	Recipient ID must be 10 characters in length.	Enter 10 characters for the Recipient ID
Referral Code	1	Referral Code must be 2 characters in length.	Enter a Referral Code that is two characters in length
	2	Referral Code can only contain alphanumeric characters.	Enter a Referral Code that contains only alphanumeric characters
Release of Medical Data	0	Release of Medical Data is a required field.	Enter the Release of Medical Data
Release of Medical Data (Other Insurance)	0	Release of Medical Data for OI is a required field.	Enter the Release of Medical Data for OI
Report Transmission Code	0	Report Transmission Code is required when Report Type Code is entered.	Enter a Report Transmission Code
Report Type Code	0	Report Type Code is required when Report Transmission Code is entered.	Enter a Report Type Code
Revenue Code	0	Revenue Code must be 3 or 4 characters in length.	Enter a Revenue Code that is 3 or 4 characters in length
	1	Revenue Code must be numeric and may not contain a negative value.	Enter a positive numeric value for the Revenue Code
State	0	Accident state must be 2 alpha characters in length	Enter a state abbreviation consisting of 2 alpha characters
Surgical Code 1	0	Surgical Code can only contain alphanumeric characters.	Enter a Surgical Code that contains only alphanumeric characters

Field	Error Code	Error Message	To Correct
	1	Surgical Code is a required when Surgical Date has been entered.	Enter the Surgical Code
	2	Surgical Code is required when Operating Physician is entered.	Enter the Surgical Code
Surgical Code 2	0	Surgical Code can only contain alphanumeric characters.	Enter a Surgical Code that contains only alphanumeric characters
	1	Surgical Code is a required when Surgical Date has been entered.	Enter the Surgical Code
Surgical Code 3	0	Surgical Code can only contain alphanumeric characters.	Enter a Surgical Code that contains only alphanumeric characters
	1	Surgical Code is a required when Surgical Date has been entered.	Enter the Surgical Code
Surgical Code 4	0	Surgical Code can only contain alphanumeric characters.	Enter a Surgical Code that contains only alphanumeric characters
	1	Surgical Code is a required when Surgical Date has been entered.	Enter the Surgical Code
Surgical Code 5	0	Surgical Code can only contain alphanumeric characters.	Enter a Surgical Code that contains only alphanumeric characters
	1	Surgical Code is a required when Surgical Date has been entered.	Enter the Surgical Code
Surgical Code 6	0	Surgical Code can only contain alphanumeric characters.	Enter a Surgical Code that contains only alphanumeric characters
	1	Surgical Code is a required when Surgical Date has been entered.	Enter the Surgical Code
Surgical Code Date 1	0	Surgical Date is a required field.	Enter the Surgical Date
	1	Surgical Date must be between (From DOS date) and (To DOS date).	Enter a Surgical Date that is between (From DOS date) and (To DOS date)
Surgical Code Date 2	0	Surgical Date is a required field.	Enter the Surgical Date

Field	Error Code	Error Message	To Correct
	1	Surgical Date must be between (From DOS date) and (To DOS date).	Enter a Surgical Date that is between (From DOS date) and (To DOS date)
Surgical Code Date 3	0	Surgical Date is a required field.	Enter the Surgical Date
	1	Surgical Date must be between (From DOS date) and (To DOS date).	Enter a Surgical Date that is between (From DOS date) and (To DOS date)
Surgical Code Date 4	0	Surgical Date is a required field.	Enter the Surgical Date.
	1	Surgical Date must be between (From DOS date) and (To DOS date).	Enter a Surgical Date that is between (From DOS date) and (To DOS date)
Surgical Code Date 5	0	Surgical Date is a required field.	Enter the Surgical Date
	1	Surgical Date must be between (From DOS date) and (To DOS date).	Enter a Surgical Date that is between (From DOS date) and (To DOS date)
Surgical Code Date 6	0	Surgical Date is a required field.	Enter the Surgical Date
	1	Surgical Date must be between (From DOS date) and (To DOS date).	Enter a Surgical Date that is between (From DOS date) and (To DOS date)
To Date	0	Date must be of format MM/DD/YYYY	Enter a To Date that is in the MM/DD/YYYY format
To DOS	0	To DOS must be less than or equal to today's date.	Enter a To DOS that is less than or equal to today's date
Unit Rate	0	Unit Rate must be numeric and may not contain a negative value.	Enter a positive numeric value for Unit Rate
Units	0	Units is a required field.	Enter the Units
	1	Units must be numeric and may not contain a negative value.	Enter a positive numeric value for Units
Value Code Amount 1	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 10	0	Value Amount is required when Value Code is entered.	Enter the Value Amount

Field	Error Code	Error Message	To Correct
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 11	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 12	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 2	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 3	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 4	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 5	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 6	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 7	0	Value Amount is required when Value Code is entered.	Enter the Value Amount

Field	Error Code	Error Message	To Correct
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 8	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount
Value Code Amount 9	0	Value Amount is required when Value Code is entered.	Enter the Value Amount
	1	Value Amount must be numeric and may not contain a negative value.	Enter a positive numeric value for the Value Amount

7.10.4 Accessibility and Use

To access and use the Provider Institutional Claim window, complete the steps in the step/action table(s).

> **Note:** The following step/action tables are organized to coincide with information as it is grouped in the online claim submission form window. Billing Information is presented first, then Claim Service information, and on through the subsequent groups, ending with Service Lines information.

To Access Provider Institutional Claim Window

Step	Action	Response
1	Logon to PA PROMIS$e^{™}$ using the steps presented in Section 2.10.	The Provider Main Page window opens.
2	Click the **Claims** tab.	The Claims window opens.
3	Click the **Submit Institutional** link.	The Provider Institutional Claim window opens.

To Complete Claim Billing Information

Note: Claims should be completed in accordance with DHS's guidelines, policies, and procedures. Refer to the DHS web site for more specific information on completing a claim submission.

Step	Action	Response
1	In the **Billing Information** section, in the **Claim Type** and **Bill Type** drop-down lists, select a value.	
2	Type a value in the **Original Claim #, Recipient ID, Patient Account #, Last Name, First Name, Middle Initial, Attachment Control #, Medical Record #,** and **Prior Authorization** # fields.	
3	In the **Report Type Code** and **Report Transmission Code** drop-down lists, select a value.	

Step	Action	Response
4	Type a value in the **Gross Patient Pay** and **Patient Pay Amount** fields.	

To Complete Claim Service Information

Step	Action	Response
1	In the **Service Information** section, type a value in the **Patient Status, Attending Provider ID (Location), Operating Provider ID (Location), Other Provider ID (Location), Referral Number, Facility ID, Facility Name,** and **Billing Note** fields.	
2	In the **Release of Medical Data, Benefit Assignment?,** and **Emergency?** drop-down lists, select a value.	

To Complete Admission/Discharge Information

Step	Action	Response
1	In the **Admission/Discharge** section, type a value in the **From DOS, To DOS, Admission Date, Admission Hour, Admission Type, Admission Source,** and **Discharge Hour** fields.	

To Complete Claim Diagnosis Information

Step	Action	Response
1	In the **Diagnosis** section, in the **Code Type** drop down list, select a value.	
2	Type a value in the **Primary, Admission Diagnosis, E-Code** fields.	
3	Click the **Add** button and type up to 8 values in **Other** field.	

To Add Claim Surgical Code/Date Information

Step	Action	Response
1	In the **Surgical Code/Date** section, type up to 6 values in the **Surgical Code** and **Date** fields.	

To Add Occurrence Code/Date Information

Step	Action	Response
1	In the **Occurrence Code/Date** section, type up to 8 values in the **Surgical Code** and **Date** fields.	

To Add Occurrence Span/Code Information

Step	Action	Response
1	In the **Occurrence Span/Code** section, type up to 30 values in the **Occurrence Span Code** and **Date** fields.	

To Add Condition Code Information

Step	Action	Response
1	In the **Condition Code** section, type up to 20 values in the **Condition Code** field.	

To Add Value Code/Amount Information

Step	Action	Response
1	In the **Value Code/Amount** section, type up to 12 values in the **Value Code** and **Amount** fields.	

To Add Days Information

Step	Action	Response
1	In the **Days** section, type a value in the **Covered, Non-Covered, Medicare Coinsurance Days,** and **Lifetime Reserve Days** fields.	

To Add Patient Information (Newborn Only)

Step	Action	Response
1	In the **Patient Information (Newborn Only)** section, type a value in the **Patient ID, Last Name, First Name,** and **Middle Initial.**	
2	In the **Gender** drop-down list box**,** select a value.	
3	Type a value in the **Date of Birth** and **Date of Death** fields	
4	Click the **Add** button to add additional Patient Information.	

To Remove Patient Information

Step	Action	Response
1	Click the **Remove** button.	

To Add Other Insurance Information

Step	Action	Response
1	In the **Other Insurance** section, click the **Add** button.	
2	Type a value in the **Group Number, Group Name, Carrier Code, Policy Holder ID Code, Policy Holder Last Name,** and **Policy Holder First Name** fields.	

Step	Action	Response
3	In the **Release of Medical Data?** and **Benefit Assignment?** drop-down lists, select a value.	
4	Type a value in the **Claim Filing Code** field.	
5	Type up to 3 values in the **Adjustment Group Code, Reason Code,** and **Amount** fields.	
6	Type a value in the **Paid Date, Paid Amount,** and **Allowed Amount** fields.	

To Remove Other Insurance Information

Step	Action	Response
1	In the **Other Insurance** section, click the **Remove** button.	

To Add Medicare Information

Step	Action	Response
1	Type a value in the **Full Medicare Days** field.	

To Complete Claim Service Lines Information

Step	Action	Response
1	In the **Service Lines** section, click the **Add** button.	
2	Type a value in the **From Date, To Date, Revenue Code, Procedure, and Modifiers (2)** fields.	
3	In the **Basis of Measurement** drop-down list, select a value.	The claim is submitted.
4	Type a value in the **Units, Unit Rate, and Billed Amount** fields.	

To Submit Claim

Step	Action	Response
1	Click the **Submit** button.	The claim is submitted.

To Create New Claim Form

Step	Action	Response
1	Click the **New** button.	The screen refreshes to create new claim form.

To Copy a Paid Claim

Note: The Copy button is only available on paid claims.

Step	Action	Response
1	Using Claim Inquiry (inquiry.asp) complete a claim search.	If a match is found, the search results list is displayed.
2	Select a paid claim.	The paid claim displays.
3	Click the **Copy** button.	All data from the selected paid claim is copied to a new claim.

7.11 Switch Provider Number

The Switch Provider window is used by providers or billing agents with multiple locations to switch between different authorized provider account profiles and locations. Users with only one provider location do not have access to this option.

Provider numbers can be switched by selecting the radio button next to the available options. Confirmation of the current provider number appears as the page title, and changes as new selections are made.

This window is accessed through the Switch Provider Number link on the Provider Main Page.

7.11.1 Layout

7.11.2 Field Descriptions

Field	Description	Data Type	Length
Home	Returns to the provider home page	Button	0
Provider Number	Radio button used to switch to a different provider account profile	Button	0

7.11.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

7.11.4 Accessibility and Use

To access and use the Switch Provider Number window, complete the steps in the step/action table(s).

To Access Provider Number Management Window

Step	Action	Response
1	Logon to PA PROMIS*e*™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the **Switch Provider** link.	The Available Provider Numbers window opens. Providers with only one provider location do not have this link option.

To Switch Provider Number

Step	Action	Response
1	In the Provider Number section, click the Radio Button next to the **Provider ID** option.	The selected Provider information window opens.

7.12 Provider Pharmacy Claim (Pharmacy.asp)

The Provider Pharmacy Claim window is used to submit pharmacy claims. A provider can enter all of the required information to submit a pharmacy claim in this window, including multiple detail lines.

This window is accessed by selecting the Submit Pharmacy link from the Claims option on the Menu Bar, or by clicking the Pharmacy link in the Claims Menu window.

> **Note**: Maximum field lengths for this window are limited by HIPAA NCPDP guidelines. Differences may appear between fields on this window and fields on other windows that are based on different underlying HIPAA transaction formats.

The first window Layout below shows the initial viewable display; the following Layouts show the remaining data viewable by scrolling.

7.12.1 Layout

7.12.2 Field Descriptions

Field	Description	Data Type	Length
Add (Amount Paid Qualifier)	Add Amount Paid Qualifier	Button	0
Add (COB)	Add COB information	Button	0
Add (Coupon)	Add Coupon information	Button	0
Add (Diagnosis Code Qualifier)	Add Diagnosis information	Button	0
Add (Measurements)	Add Measurement information	Button	0
Add (Patient Responsibility Qualifier)	Add Patient Responsibility Qualifier	Button	0
Add (Reject Code)	Add a Reject Code	Button	0
Add (Submission Clarification Code)	Add Submission Clarification Code	Button	0
Additional Patient Info Ind	Additional patient information indicator	Drop Down List Box	0
Additional Prescriber Info Ind	Additional prescriber information indicator Valid values are: • 1 – No • 2 – Yes	Drop Down List Box	0

Field	Description	Data Type	Length
Address	Address of the patient	Character	30
Amount	Amount of Patient Responsibility	Character	11
Amount Paid	Amount Paid	Character	9
Amount Paid Qualifier	Amount Paid Qualifier	Drop Down List Box	0
Attachment Control #	Attachment control number	Character	20
Basis of Cost Determination	Method by which the ingredient cost submitted was determined	Drop Down List Box	0
Billing Note	Description or special notation regarding the billing for this claim	Character	64
City	City where the patient lives	Character	20
Cardholder DOB	Date of birth of the cardholder	Date (MM/DD/CCYY)	8
Cardholder ID	ID number issued to recipients who are authorized to receive Medicaid services. The recipient ID, verification digit and ACCESS card number are all entered in this same field	Character	12
Compound Indicator	Indicates if the prescription is a compound	Drop Down List Box	0
Copy	Copies a paid claim's data to a new unprocessed claim	Button	0
Coupon Amount	Amount of coupon	Character	9
Coupon Number	Number of coupon	Character	15
Coupon Type	Type of coupon. Valid values are: • 01 – Price Discount • 02 – Free Product • 99 – Other	Drop Down List Box	0
Coverage Type	Type of coverage	Drop Down List Box	0
Date Of Service	Date that services were performed	Date (MM/DD/CCYY)	8
Date Prescribed	Date that a physician prescribed a drug for a recipient	Date (MM/DD/CCYY)	8
Days Supply	Number of days a prescribed drug should last a recipient	Number	3
Diagnosis Code (Clinical)	Diagnosis code for the claim or encounter record	Character	15
Diagnosis Code Qualifier (Clinical)	Diagnosis code for the claim or encounter record. You can add up to three diagnosis codes	Drop Down List Box	0

Field	Description	Data Type	Length
Dimension	Dimension for measurements	Drop Down List Box	0
Dispense as Written	Indicates if the prescriber's instructions regarding generic substitution were followed	Drop Down List Box	0
Dispensing Fee Submitted	Dispensing fee submitted	Character	9
Eligibility Clarification Code	Pharmacy is clarifying eligibility based on receiving a denial	Drop Down List Box	0
Email	Email address of the patient	Character	80
First Name	First name of the Medicaid recipient. The NCPDP transaction limits first name to 12 characters	Character	12
First Name (Additional Patient Information)	First name of the patient	Character	12
Gross Amount Due	Gross amount due	Character	9
Hide COB Amounts	Click to hide additional COB amounts	Button	0
Ingredient Cost	Cost of ingredients	Character	9
Internal Control Number	Internal Control Number	Character	30
Last Name	Last name of the Medicaid recipient. The NCPDP transaction limits first name to 15 characters	Character	15
Last Name (Additional Patient Information)	Last name of the patient	Character	15
Level of Service	Type of service the provider rendered	Drop Down List Box	0
License	License number for prescribing provider	Character	9
Measurement Date	Measurement date	Date (MM/DD/CCYY)	8
NDC	National Drug Code used to identify a specific drug or service ID	Character	11
NDC Qualifier	Qualifying value for the NDC field	Drop Down List Box	0
NPI (Billing Provider)	NPI for Billing Provider ID	Character	10
NPI (Prescribing Provider)	NPI for Prescribing Provider ID. If Prescribing ID is entered, this field is required	Character	10
New	Add a new claim	Button	0

Field	Description	Data Type	Length
New/Refill	Indicates if the prescription is new or a refill of a prior prescription	Number	2
Other Coverage Code	Indicates if the patient has other insurance coverage	Drop Down List Box	0
Patient Gender Code	Patient's gender. Valid values are: • 0 – Not Specified • 1 – Male • 2 – Female	Drop Down List Box	0
Patient ID	Patient's ID number	Character	20
Patient ID Indicator	Type of patient's ID	Drop Down List Box	0
Patient Paid Amount	Amount paid by the recipient toward this claim	Character	9
Patient Relationship Code	Patient's relationship to the policyholder. Valid value is: • 1 - Cardholder	Drop Down List Box	0
Patient Residence	Patient's place of residence Valid values are: • 0 – Not Specified • 1 – Home • 2 – Skilled Nursing Facility • 3 – Nursing Facility • 4 – Assisted Living Facility • 5 – Custodial Care Facility • 6 – Group Home • 7 – Inpatient Psychiatric Facility • 8 – Psychiatric Facility • 9 – Intermediate Care Facility (ICFMR) • 10 – Residential Substance Abuse • 11 – Hospice • 12 – Psychiatric Residential Facility • 13 – Comprehensive Inpatient Facility • 14 – Homeless Shelter • 15 – Correctional Institution	Drop Down List Box	0
Patient Responsibility Qualifier	Patient Responsibility Qualifier	Drop Down List Box	0
Payer Date	Payer date for COB	Date (MM/DD/CCYY)	8
Payer ID	Payer ID for COB	Character	10
Payer ID Qualifier	Payer ID Qualifier for COB	Drop Down List Box	0

Field	Description	Data Type	Length
Pharmacy Service Type	Pharmacy service type. Valid values are: • 1 – Community/Retail Pharmacy Services • 2 – Compounding Pharmacy Services • 3 – Home Infusion Therapy Services • 4 – Institutional Pharmacy Services • 5 – Long Term Care Pharmacy Services • 6 – Mail Order Pharmacy Services • 7 – Managed Care Organization Services • 8 – Specialty Care Pharmacy Services • 99 – Other	Drop Down List Box	0
Phone	Patient's phone number	Character	11
Pregnancy Indicator	Is recipient pregnant?	Drop Down List Box	0
Prescriber ID	ID assigned to the prescriber	Number	9
Prescription #	Number assigned to a drug dispensed to a recipient	Number	12
Prescription Origin Code	Origin of prescription	Drop Down List Box	0
Prior Authorization Number Found	Prior authorization number found	Number	10
Prior Authorization Number Submitted	Prior authorization number submitted on the claim	Number	10
Prior Authorization Type	Clarifies the prior authorization number	Drop Down List Box	0
Quantity Dispensed	Number of units of a drug dispensed to a recipient	Number	10
Reason for Service	Type of utilization conflict detected, or the reason for the pharmacist's professional service	Drop Down List Box	0
Refills Authorized	The number of refills that are authorized	Character	2
Reject Code	Reject Code	Character	3
Result of Service	Action taken by a pharmacist in response to a conflict, or the result of a pharmacist's professional service	Drop Down List Box	0
Rx Qualifier	Type of billing submitted	Drop Down List Box	0
Service Code	Pharmacist intervention when a conflict code has been identified or service has been rendered	Drop Down List Box	0

Field	Description	Data Type	Length
Show COB Amounts	Click to display additional COB Amounts	Button	0
State	State where the patient lives	Character	2
Submission Clarification Code	Clarification for the claim submission. Values are selected from the drop down list box. Valid values are: • MO – Months • Q1 – Quarterly • WK – Weekly	Drop Down List Box	0
Submit	Submits claim to DHS	Button	0
Taxonomy (Billing Provider)	Taxonomy for Billing Provider ID	Character	10
Taxonomy (Prescribing Provider)	Taxonomy for Prescribing Provider ID	Character	10
Time	Time indicator for Measurements	Character	4
Transaction Code	Transaction code for transactions	Drop Down List Box	0
Unit	Unit of measurement	Drop Down List Box	0
Unit of Measure	NCPDP standard product billing codes	Drop Down List Box	0
Usual and Customary Charge	Amount usually charged for the prescription, exclusive of sales tax or other amounts claimed	Number	8
Value	Value for measurements	Character	15
X (Amount Paid Qualifier)	Remove the Amount Paid Qualifier	Button	0
X (Clinical)	Remove the Clinical information	Button	0
X (COB)	Remove the COB information	Button	0
X (Coupon)	Remove the Coupon information	Button	0
X (Measurements)	Remove the Measurement information	Button	0
X (Patient Responsibility Qualifier)	Remove the Patient Responsibility Qualifier	Button	0
X (Reject Code)	Remove the Reject Code	Button	0
X (Submission Clarification Code)	Remove the Submission Clarification Code	Button	0
Zip (Billing Provider)	Zip for Billing Provider ID	Character	9

Field	Description	Data Type	Length
Zip (Prescribing Provider)	Zip for Prescribing Provider ID	Character	9
Zip Code	Patient's zip code	Character	9

7.12.3 Field Edits

Field	Error Code	Error Message	To Correct
Cardholder DOB	0	Date of Birth must be valid, and less than or equal to today's date.	Enter a date that is less than or equal to today's date
Cardholder ID	0	Cardholder ID is required.	Enter a valid cardholder ID
Date Prescribed	0	Date Prescribed must be valid, and less than or equal to today's date.	Enter a date that is less than or equal to today's date
Date of Service	0	Date of Service is required.	Enter a valid Date of Service
	1	Date of Service must be valid, and less than or equal to today's date.	Enter a date that is less than or equal to today's date
Days Supply	0	Days Supply is required.	Enter a valid days supply
	1	Days Supply Must be a whole number between 1 and 999.	Enter a value between 1 and 999
Gross Amount Due	0	Gross Amount Due is required.	Enter a valid gross amount due
	1	Gross Amount Due must be of the format 999999.99.	Enter a dollar amount in the format 999999.99
Ingredient Cost	0	Ingredient Cost must be of the format 999999.99.	Enter a dollar amount in the format 999999.99
NDC	0	NDC must be 11 digits.	Enter a value that is 11 digits
New/Refill	0	New/Refill is required.	Enter a value
Patient Paid Amount	0	Patient Paid Amount must be of the format 999999.99.	Enter a dollar amount in the format 999999.99
Prescriber ID	0	Prescriber ID is required.	Enter a valid prescriber ID
	1	Prescriber must be 8 valid characters or more.	Enter a prescriber ID that is at least 8 digits
Prescription #	0	Prescription # is required.	Enter a valid prescription number
Quantity Dispensed	0	Quantity Dispensed is required.	Enter a valid quantity dispensed
Usual and Customary Charge	0	Usual and Customary Charge is required.	Enter a valid usual and customary charge
	1	Usual and Customary Charge must be of the format 999999.99.	Enter a dollar amount in the format 999999.99

7.12.4 Accessibility and Use

To access and use the Provider Pharmacy Claim window, complete the steps in the step/action table(s).

Note: The following step/action tables are organized to coincide with information as it is grouped in the online claim submission form window. Billing Information is presented first, then Claim Service information, and on through the subsequent groups, ending with Service Lines information.

To Access Provider Pharmacy Claim Window

Step	Action	Response
1	Logon to PA PROMISe™ using the steps presented in Section 2.10.	The Provider Main Page window opens.
2	Click the **Claims** tab.	The Claims window opens.
3	Click the **Submit Pharmacy** link.	The Provider Pharmacy Claim window opens.

To Complete Claim Billing Information

Note: Claims should be completed in accordance with DHS's guidelines, policies, and procedures. Refer to the DHS web site for more specific information on completing a claim submission.

Step	Action	Response
1	In the **Billing Information** section, in the **Claim Type** drop-down lists, select a value.	
2	Type a value in the **Cardholder ID, Last Name, First Name,** and **Date of Service** fields.	
3	In the **Patient Location, Pregnancy Indicator,** and **Eligibility Clarification Code** drop-down lists, select a value.	

To Add Claim Details Information

Step	Action	Response
1	In the **Details** section, type a value in the **Prescriber ID** field.	
2	In the **Rx Qualifier** drop-down list, select a value.	
3	Type a value in the **Prescription #** field.	
4	In the **NDC Qualifier** drop-down list, select a value.	
5	Type a value in the **NDC, Quality Dispensed, New/Refill,** and **Days Supply** fields.	
6	In the **Compound Indicator** and **Dispense As Written** drop-down lists, select a value.	
7	Type a value in the **Billing Note,** and **Date Prescribed** fields.	
8	In the **Other Coverage Code** drop-down list, select a value.	

Step	Action	Response
9	Type a value in the **Usual and Customary Charge** field.	
10	In the **Submission Clarification, Level of Service,** and **Prior Authorization Type** drop-down lists, select a value.	
11	Type a value in the **Prior Authorization Number** and **Ingredient Cost** fields.	
12	In the **Basis of Cost Determination** and **Unit of Measure** drop-down lists, select a value.	
13	Type a value in the **Patient Paid Amount** field.	

To Complete Claim DUR/PPS Information

Step	Action	Response
1	In the **DUR/PPS** section, in the **Reason for Service, Service Code,** and **Result of Code** drop-down lists, select a value.	

To Complete Clinical Information

Step	Action	Response
1	In the **Clinical** section, type up to 3 values in the **Diagnosis Code** field(s).	

To Complete COB Information

Step	Action	Response
1	In the **COB** section, type up to 3 values in the **Diagnosis Code** field(s).	

To Submit Claim

Step	Action	Response
1	Click the **Submit** button.	The claim is submitted.

To Bill for Compound Drugs

Step	Action	Response
1	Complete the steps as shown above. In the **Compound Indicator** drop-down lists, select **2 – Compound.**	The Compound header box is added at the bottom of the window.
2	In the **Dosage Form, Dosage Route,** and **Dispensing Unit** drop-down lists, select a value.	
3	The ingredients box is auto-filled from data typed in the previous **NDC** field. To add additional NDCs, click the **Add** button.	
4	Type a value in the **NDC ID, Ingredient Quantity,** and **Ingredient Cost** fields.	If additional NDCs are required, click the **Add** button and repeat step 4 as needed.

Step	Action	Response
5	In the **Basis of Cost Determination** drop-down list, select a value.	
6	Click the **Submit** button.	The claim is submitted.

To Copy a Paid Claim

> **Note:** The Copy button is only available on paid claims.

Step	Action	Response
1	Using Claim Inquiry (inquiry.asp) complete a claim search.	If a match is found, the search results list is displayed.
2	Select a paid claim.	The paid claim displays.
3	Click the Copy button.	All data from the selected paid claim is copied to a new claim.

7.13 Provider ProDUR Warning (Provider ProDUR Warning)

The Provider ProDUR Warning window is a pop-up alert window to warn the provider that the claim being submitted contains a ProDUR conflict. The provider can take two actions. Selecting "OK" overrides the alert and submits the claim. Selecting "Cancel" returns the provider to the claim form for correction.

Multiple conflicts may appear on the alert. If a conflict appears that prohibits override, only the "Cancel" option is displayed.

7.13.1 Layout

7.13.2 Field Descriptions

Field	Description	Data Type	Length
Cancel	Returns to the claim form for correction	Button	0
OK	Overrides the alert	Button	0

7.13.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

7.14 Provider Professional Claim (Professional.asp)

The Provider Professional Claim window displays professional claims. From here, a provider can enter all of the required information to submit a professional claim, including multiple detail lines. This window also contains a link to searchable PDF files that list rendering provider ID numbers to identify the facility where services were rendered.

This window is accessed by selecting Submit Professional from the Claims menu, or by clicking the Claim submission link to open the Claim Menu, then clicking the Professional link.

Dispensing Physicians and Certified Registered Nurse Practitioners (CRNPs) should use the Pharmacy claim window when submitting drug claims.

> **Note:** Maximum field lengths for this window are limited by HIPAA X12 guidelines. Differences may appear between fields on this window and fields on other windows that are based on different underlying HIPAA transaction formats.

The first window Layout below shows the initial viewable display; the following Layouts show the remaining data viewable by scrolling.

7.14.1 Layout

The window Layout above displays the default viewable area of the scrollable data, the Layout below displays the remaining data.

Ambulance

Transport Reason Code: [▼]

Transport Distance: [   ]

Patient Weight: [   ]

Patient (Newborn Only)

Patient ID [   ]

Last Name: [   ]

First Name: [   ]

Middle Initial: [   ]

Gender: [▼]

Date of Birth: [   ] (MM/DD/YYYY)

Date of Death: [   ] (MM/DD/YYYY)

Other Insurance:

OI# Carrier Code Group Number Group Name   Policy Holder Last Name

[Add]

[Delete]

Group Number: [   ]

Group Name: [   ]

Carrier Code: [▼]

Carrier Name: [   ]

Policy Holder ID Code: [   ]

Policy Holder Last Name: [   ]

Policy Holder First Name: [   ]

Individual Relationship: [▼]

Release of Medical Data: [▼]

Benefits Assignment: [▼]

Claim Filing Code: [▼]

Patient Signature: [▼]

Service Lines:

SVC#	From DOS	To DOS	Place of Service	Procedure	Units	Billed Amount
1						

Add
Delete

From DOS: [_____] (MM/DD/YYYY)
From DOS is required

To DOS: [_____] (MM/DD/YYYY)
To DOS is required

Place of Service: [_____ ▼]

Procedure: [_____]
Procedure is required

Modifier1: [_____]

Modifier2: [_____]

Modifier3: [_____]

Modifier4: [_____]

Diagnosis Pointer: [_____]

CLIA Number: [_____]

Comment: [_____]

Basis of Measurement: [_____ ▼]

Units: [_____]
Units is required

Billed Amount: [_____]

Emergency: [No ▼]

Family Planning: [___ ▼]

EPSDT: [___ ▼]

Contract Type: [_____ ▼]

Contract Code: [_____]

Contract Version: [_____]

Service Adjustments for Service Line 1:

Add Adjustment

New   Submit

Claim Status Information

Claim Status   Not Yet Submitted

If a valid ACN is included on the claim and the claim is in a suspended status, a Submit Attachment Button will become available. Selecting the button opens an 'Upload Criteria' section and allows the provider to upload attachments to support claim adjudication. See section 7.6 of this manual for more information.

7.14.2 Field Descriptions

Field	Description	Data Type	Length
Add (Anesthesia Code)	Add new anesthesia code to claim	Button	0
Add (Condition Code)	Add new condition code to claim	Button	0
Add (Diagnosis Code)	Add new diagnosis code to claim	Button	0
Add (Other Insurance)	Add new other insurance line to claim	Button	0
Add (Patient)	Add new other insurance line to claim	Button	0
Add (Service Line Adjustment)	Add new service line adjustment to claim	Button	0
Add (Service Lines)	Add new service line to claim	Button	0
Add Adjustment	Add a new adjustment to claim	Button	0
Adjustment Group Code	General category of payment adjustment	Drop Down List Box	0
Admission Date	Date that the recipient was admitted or start of care	Date (MM/DD/CCYY)	8
Amount 1	Dollar amount of the adjustment	Number	9
Amount 2	Dollar amount of the adjustment	Number	9

Field	Description	Data Type	Length
Amount 3	Dollar amount of the adjustment	Number	9
Anesthesia Related Procedures	Anesthesia Related Procedures code	Number	5
Attachment Control #	Attachment control number (ACN) is used to relate attachments to this claim	Number	20
Basis for Measurement	Units in which a value is being expressed	Drop Down List Box	0
Benefits Assignment (other insurance)	Indicates benefits assignment. Valid values are: • Yes • No • Not Applicable	Drop Down List Box	0
Benefits Assignment?	Indicates benefits assignment. Valid values are: • Yes • No • Not Applicable	Drop Down List Box	0
Billed Amount	Amount requested for payment by a provider for services rendered	Number	9
Billed Amount (Service Lines list box)	Amount requested for payment by a provider for services rendered	Number	9
Billing Note	Free form field for comments or special instructions	Character	80
CLIA Number	Clinical Laboratory Improvement Amendment (CLIA) ID number	Character	10
Carrier Code (Other Insurance list box)	Other insurance carrier	Character	3
Carrier Code (Other Insurance)	Other insurance carrier	Drop Down List Box	0
Carrier Code (Service Line Adjustment list box)	Service line adjustment carrier	Character	3
Carrier Code (Service Line Adjustment)	Service line adjustment carrier	Drop Down List Box	0
Carrier Name (Other Insurance)	Carrier name of other insurance carrier	Character	14

Field	Description	Data Type	Length
Claim Filing Code (Other Insurance)	Type of claim	Drop Down List Box	2
Claim Frequency	Specifies the frequency of the claim to identify if it is original, an adjustment, or voided	Drop Down List Box	0
Code Type	ICD type for this claim	Drop Down List Box	0
Comment	Comment	Character	5
Condition Code	Condition Code	Character	2
Contract Code	Specific contract established by the payer	Character	20
Contract Code (Service Lines)	Specific contract established by the payer	Character	14
Contract Type	Contract type	Drop Down List Box	0
Contract Type (Service Lines)	Contract type	Drop Down List Box	0
Contract Version	Additional or supplemental contract provisions or a particular version of modification of contract	Character	30
Contract Version (Service Lines)	Additional or supplemental contract provisions or a particular version of modification of contract	Character	5
Copy	Copies a paid claim's data to a new unprocessed claim	Button	0
Country (Accident)	Country in which the automobile accident occurred	Character	3
Date (Accident)	Date of the accident related to charges, the patient's current condition, diagnosis, or treatment, as referenced in the transaction	Date (MM/DD/CCYY)	8
Date of Birth	Patient Date of Birth	Date (MM/DD/CCYY)	8
Date of Death	Patient's date of death	Date (MM/DD/CCYY)	8
Delete (Anesthesia Code)	Remove existing anesthesia code from claim	Button	0
Delete (Condition Code)	Remove existing condition code from claim	Button	0
Delete (Diagnosis Code)	Remove existing diagnosis code from claim	Button	0
Delete (Other Insurance)	Remove existing other insurance line from claim	Button	0
Delete (Patient)	Remove existing other insurance line from claim	Button	0

Field	Description	Data Type	Length
Delete (Service Line Adjustment)	Remove existing service line adjustment from claim	Button	0
Delete (Service Lines)	Remove existing service line from claim	Button	0
Diagnosis Code	Diagnosis Code	Number	8
Discharge Date	Date the patient was discharged	Date (MM/DD/CCYY)	8
Emergency?	Indicates if the service was provided as a result of an emergency	Drop Down List Box	0
EPSDT?	Response code to indicate that this service line is related to EPSDT	Drop Down List Box	0
Facility ID	Service facility location ID	Character	13
Facility Name	Service facility location name	Character	35
Family Planning?	Response code to indicate family planning	Drop Down List Box	0
First Name	First name of the Medicaid recipient	Character	25
First Name (Patient list box)	First name of the patient	Character	25
First Name (Patient)	First name of the patient	Character	25
From DOS	Beginning date of service	Date (MM/DD/CCYY)	8
From DOS (Service Lines list box)	Beginning date of service	Date (MM/DD/CCYY)	8
Gender (Patient)	Gender of the patient	Drop Down List Box	0
Group Name (Other Insurance list box)	Group name of other insurance carrier	Character	14
Group Name (Other Insurance)	Group name of other insurance carrier	Character	14
Group Number (Other Insurance list box)	Group number of other insurance carrier	Character	17
Group Number (Other Insurance)	Group number of other insurance carrier	Character	17
Individual Relationship	Patient's relationship to the Policy Holder	Drop Down List Box	0
Last Name	Last name of the Medicaid recipient	Character	35

Field	Description	Data Type	Length
Last Name (Patient list box)	Last name of the patient	Character	35
Last Name (Patient)	Last name of the patient	Character	35
Medicare Approved Amount	Amount of service line adjustment approved by Medicare	Number	9
Middle Initial	Middle initial of the Medicaid recipient.	Character	1
Middle Initial (patient)	Middle initial of the patient	Character	1
Middle Initial (Patient list box)	Middle initial of the patient	Character	1
Modifier 1	First modifier code that supplies additional information on the procedure code	Character	2
Modifier 2	Second modifier code that supplies additional information on the procedure code	Character	2
Modifier 3	Third modifier code that supplies additional information on the procedure code	Character	2
Modifier 4	Fourth modifier code that supplies additional information on the procedure code	Character	2
New	Click to add a new claim	Button	0
NPI (Billing Provider)	NPI for Billing Provider ID	Character	10
NPI (Facility)	NPI for Facility ID. **Note:** Not enabled until a 7 or 8-digit ID is entered in the **Facility ID** field. If Facility ID is entered, this field is required	Character	10
NPI (Referring Provider)	NPI for Referring Provider ID. **Note:** Not enabled until a 7 or 8-digit ID is entered in the **Referring Provider ID** field. If Referring Provider ID is entered, this field is required	Character	10
NPI (Rendering Provider)	NPI for Rendering Provider ID. **Note:** Not enabled until a 7 or 8-digit ID is entered in the **Rendering Provider ID** field. If Rendering Provider ID is entered, this field is required	Character	10
OI #	Number assigned to each other insurance detail line	Number	2

Field	Description	Data Type	Length
Original Claim #	Original claim number for the claim. Required when the claim frequency code is a number other than one	Character	13
Paid Amount	Amount paid within a service line adjustment.	Number	9
Paid Date	Date service line adjustment paid amount was paid	Date (MM/DD/CCYY)	8
Patient Account #	Number assigned to the patient by their provider, used by the provider for their own internal claim submission tracking	Character	38
Patient ID	Patient identifier given by the provider	Character	10
Patient Pay Amount	Amount the recipient pays	Number	9
Patient Signature	Indicates if the patient or subscriber authorization signatures were obtained	Drop Down List Box	0
Patient Signature (Other Insurance)	Indicates if the patient or subscriber authorization signatures were obtained	Drop Down List Box	0
Patient Weight (Ambulance)	Weight of the patient transported by ambulance	Number	4
Place Of Service (Service Lines)	Location where a health care service was rendered for a service line	Drop Down List Box	0
Place of Service	Location where a health care service was rendered	Drop Down List Box	0
Policy Holder First Name (Other Insurance)	First name of policyholder	Character	25
Policy Holder ID Code	ID Code for Policy Holder	Character	12
Policy Holder Last Name (Other Insurance list box)	Last name of policyholder	Character	35
Policy Holder Last Name (Other Insurance)	Last name of policyholder	Character	35
Pregnancy Indicator	Is recipient pregnant?	Drop Down List Box	0
Prior Authorization #	PA number submitted on the claim	Number	10
Procedure	Product/service procedure code and related data elements	Character	7

Field	Description	Data Type	Length
Procedure (Service Lines list box)	Product/service procedure code and related data elements	Character	5
Reason Code 1	Detailed reason the adjustment was made	Drop Down List Box	0
Reason Code 2	Detailed reason the adjustment was made	Drop Down List Box	0
Reason Code 3	Detailed reason the adjustment was made	Drop Down List Box	0
Recipient ID	ID number issued to recipients who are authorized to receive Medicaid services. The field accepts the 9-digit recipient ID and the single verification digit	Character	10
Referral Code	Referral code provided for referring provider	Character	9
Referring Provider ID	ID number of the provider that referred the recipient to another provider for services.	Character	13
Related Causes 1	Other causes related to the accident. Valid values are: • AA – Auto Accident • EM – Employment • OA – Other Accident	Drop Down List Box	0
Related Causes 2	Other causes related to the accident. Valid values are: • AA – Auto Accident • EM – Employment • OA – Other Accident	Drop Down List Box	0
Release of Medical Data	Indicates whether the provider has informed consent to release medical info for conditions or diagnoses regulated by federal status or a signed statement on file to permit the release of medical data to other organizations. Valid Values are: • I – Informed Consent to Release Medical Info for conditions or diagnoses regulated by Federal Statutes • Y – Yes, the provider has a signed statement permitting the release of medical billing data related to a claim	Drop Down List Box	0

Field	Description	Data Type	Length
Release of Medical Data (Other Insurance)	Indicates whether the provider has informed consent to release medical info for conditions or diagnoses regulated by federal status or a signed statement on file to permit the release of medical data to other organizations. Valid Values are: • I – Informed Consent to Release Medical Info for conditions or diagnoses regulated by Federal Statutes • Y – Yes, the provider has a signed statement permitting the release of medical billing data related to a claim	Drop Down List Box	0
Rendering Provider ID	Number of the provider who performed the service	Character	13
Report Transmission Code	Timing, transmission method, or format by which reports are to be sent	Drop Down List Box	0
Report Type Code	Title or contents of a document, report, or supporting item	Drop Down List Box	0
Service Adjustment Indicator	Indicates if service adjustment details are present for this service line	Drop Down List Box	0
Special Program Code	Special program code that contains code values for EPSDT, Physical Handicapped Children's Program, Special Federal Funding, and Disability. These are the values allowed by HIPAA for this field Valid values are: • 02 – Physically Handicapped Children's Program • 03 – Special Federal Funding • 05 – Disability • 09 – Second Opinion or Surgery	Drop Down List Box	0
Srv #	Sequential number of a service detail	Number	2
Srv Adj#	Sequential number of a service line adjustment	Number	2
State (Accident)	State where the automobile accident occurred	Character	2
Submit	Submits claim to DHS	Button	0
Tax ID	Tax ID number for ISOs	Number	9
Taxonomy (Billing Provider)	Taxonomy for Billing Provider ID	Character	10

Field	Description	Data Type	Length
Taxonomy (Referring Provider)	Taxonomy for Referring Provider ID	Character	10
Taxonomy (Rendering Provider)	Taxonomy for Rendering Provider ID	Character	10
To DOS	Ending date of service	Date (MM/DD/CCYY)	8
To DOS (Service Lines list box)	Ending date of service	Date (MM/DD/CCYY)	8
Transport Distance (Ambulance)	Distance traveled during transport	Number	5
Transport Reason Code (Ambulance)	Indicates the reason for the ambulance transport	Drop Down List Box	0
Units	Number of units provided to patient	Number	7
Units (Service Lines list box)	Number of units provided to patient	Number	7
X (Anesthesia Code)	Removes the Anesthesia Code	Button	0
X (Condition Code)	Removes the Condition Code	Button	0
X (Diagnosis Code)	Removes the Diagnosis Code	Button	0
X (Service Line Adjustment list box)	Removes the Service Line Adjustment	Button	0
Zip (Billing Provider)	Zip for Billing Provider ID	Character	9
Zip (Referring Provider)	Zip for Referring Provider ID	Character	9
Zip (Rendering Provider)	Zip for Rendering Provider ID	Character	9

7.14.3 Field Edits

Field	Error Code	Error Message	To Correct
Add (other insurance)	0	A blank record may not be submitted. Please delete if not used.	Enter information for Other Insurance

Field	Error Code	Error Message	To Correct
Admission Date	0	Admission Date must be less than or equal to today's date.	Enter an Admission Date less than or equal to today's date
Anesthesia Code	0	Anesthesia must be at least three valid characters.	Enter a valid anesthesia code
Auto Accident (accident)	0	When Accident Date is entered a related cause (Employment, Other Accident or Auto Accident) must be chosen.	Select a related cause (Employment, Other Accident or Auto Accident) when Accident Date is entered
Billed Services	0	Billed Amount may not be negative, and must be of the format 999999.99.	Enter a valid Billed Amount using only numbers
Billing Note	0	Billing Note may not contain *, : or ~.	Remove *, : and ~ from Billing Note
Code Type	0	Code Type field is required	Select an ICD code type
	1	Both ICD-9 and ICD-10 codes have been found within this inquired claim. Please choose the correct ICD code type	Select the correct ICD code type for that claim
Country (accident)	0	Accident country can only contain alphanumeric characters.	Enter alphanumeric Accident Country.
	1	Accident country cannot be less than 2 characters in length.	Enter 3-character Accident Country
Date (accident)	0	Accident Date must be entered when Employment, Other Accident, or Auto Accident is populated.	Enter an Accident Date when Employment, Other Accident or Auto Accident is populated
Date of Birth	0	Date of Birth must be less than or equal to today's date.	Enter a date that is less than or equal to today's date
Date of Death	0	Patient date of death for Patient # must be a valid date less than or equal to today's date.	Enter Date of Death that is less than or equal to today's date
Diagnosis Code (can repeat 8 times)	0	Diagnosis code # can only contain alphanumeric characters.	Enter alphanumeric Diagnosis Codes: #
	1	Diagnosis code # cannot be less than 3 characters in length.	Enter at least a 3-character Diagnosis Codes: #
Discharge Date	0	Discharge Date must be greater than or equal to Admission Date.	Enter a Discharge Date greater than or equal to Admission Date
Employment (accident)	0	When Accident Date is entered a related cause (Employment, Other Accident or Auto Accident) must be chosen.	Select a related cause (Employment, Other Accident or Auto Accident) when Accident Date is entered
First Name (patient)	0	First name for Patient # is a required field.	Enter valid First Name

Field	Error Code	Error Message	To Correct
	1	First name for Patient # can only contain Alphanumeric character(s).	Enter alphanumeric First Name
Last Name (patient)	0	Last name for Patient # is a required field.	Enter valid Last Name
	1	Last name for Patient # can only contain Alphanumeric character(s).	Enter alphanumeric Last Name
Middle Initial (patient)	0	Middle name for Patient # can only contain Alphanumeric character(s).	Enter alphanumeric Middle Initial
	1	Newborn/Maternity Care Indicator must be Yes when submitting Patient Information.	Select Yes for Newborn/Maternity Care Indicator when submitting Patient Information
NPI (Facility)	0	NPI must be 10 digits	Enter a 10-digit NPI
NPI (Referring Provider)	0	NPI must be 10 digits	Enter a 10-digit NPI
NPI (Rendering Provider)	0	NPI must be 10 digits	Enter a 10-digit NPI
Original Claim #	0	Original Claim # is a required field.	Enter valid Original Claim # when Claim Frequency Code is 7 or 8
	1	Original Claim # must be 13 characters in length.	Enter a 13-character Original Claim #
	2	The ICN entered for the Original Claim number is an encounter. Encounters may not be adjusted or voided.	Enter a Fee-for-Service claim number
Other Accident (accident)	0	When Accident Date is entered a related cause (Employment, Other Accident or Auto Accident) must be chosen.	Select a related cause (Employment, Other Accident or Auto Accident) when Accident Date is entered
Patient Account #	0	Patient Account # is a required field.	Enter an Account #
	1	Patient Account # may not contain *, : or ~.	Remove *, : and ~ characters from Account #
Patient ID	0	Patient ID for Patient # is a required field.	Enter valid Patient ID
	1	Patient ID for Patient # must be 10 character(s) in length.	Enter a 10-character Patient ID
Patient Pay Amount	0	Patient Pay Amount may not contain a negative value.	Do not enter negative Patient Pay Amount
Patient Signature	0	Patient Signature is required when Benefits Assignment is Yes.	Enter Patient Signature when Benefits Assignment is Yes

Field	Error Code	Error Message	To Correct
Patient Weight (ambulance)	0	Patient Weight must be numeric and may not contain a negative value.	Enter a positive numeric Patient Weight
Pregnancy Indicator	0	Maternity Care Indicator must be Yes when submitting Patient Information.	Select Yes for Maternity Care Indicator when submitting Patient Information
	1	Patient information is required when Newborn/Maternity Care Indicator is Yes.	Enter Patient information when Newborn/Maternity Care Indicator is Yes
Prior Authorization #	0	Prior Authorization # must be 10 characters in length.	Enter a 10-character Prior Authorization #
Procedure	0	At least 5 alphanumeric characters must be entered	Enter a valid Procedure Code containing at least 5 alphanumeric characters
Recipient ID	0	Recipient ID is a required field.	Enter valid Recipient ID
	1	Recipient ID must be 10 characters in length.	Enter at least a 10-character Recipient ID
Referral Code	1	Referral Code must be 2 characters in length.	Enter a Referral Code that is two characters in length
	2	Referral Code can only contain alphanumeric characters.	Enter a Referral Code that contains only alphanumeric characters
Referring Provider ID	0	Referring Provider ID must be 13 characters in length.	Enter a provider ID that is a 13-digit Referring Provider ID
	1	13-digit Referring Provider ID must be numeric.	Enter a 13-digit numeric Provider ID
Rendering Provider ID	0	Rendering Provider ID is a required field.	Enter valid Rendering Provider ID
	1	Rendering Provider ID cannot be less than 9 characters in length.	Enter a 9-character Rendering Provider ID
Report Transmission Code	0	Report Transmission Code is required when Report Type Code is entered.	Enter valid Report Transmission Code when Report Type Code is entered
Report Type Code	0	Report Type Code is required when Report Transmission Code is entered.	Enter valid Report Type Code when Report Transmission Code is entered
State (accident)	0	When Accident Ind: Auto = Y, Accident State is required.	Enter valid Accident State when Accident Ind: Auto = Y
	1	Accident State can only contain alphabetic character(s) - spaces not allowed.	Enter alphabetic Accident State
	2	Accident State must be 2 character(s) in length.	Enter a 2-character Accident State

Field	Error Code	Error Message	To Correct
Tax ID	0	Tax ID must be numeric.	Enter a numeric value for Tax ID
	1	Tax ID must be 9 digits in length.	Enter 9 digits for Tax ID
Transport Distance (ambulance)	0	Ambulance Transport Distance is a required field. Enter Ambulance Transport Distance when Ambulance Transport Code or Ambulance Transport Reason Code or Ambulance Condition Code is entered.	Enter Ambulance Transport Distance when Ambulance Transport Code or Ambulance Transport Reason Code or Ambulance Condition Code 1 is entered
Transport Reason Code (ambulance)	0	Ambulance Transport Reason Code is a required field. Enter Ambulance Transport Reason Code when Ambulance Transport Code or Ambulance Transport Distance or Ambulance Condition Code is entered.	Enter Ambulance Transport Reason Code when Ambulance Transport Code or Ambulance Transport Distance or Ambulance Condition Code 1 is entered
Units	0	Units may not be negative, and must be in the format 999999.99.	Enter the units using the format 999999.99

7.14.4 Accessibility and Use

To access and use the Provider Professional Claim window, complete the steps in the step/action table(s).

> **Note:** The following step/action tables are organized to coincide with information as it is grouped in the online claim submission form window. Billing Information is presented first, then Claim Service information, and on through the subsequent groups, ending with Service Lines information.

To Access Provider Professional Claim Window

Step	Action	Response
1	Logon to PA PROMIS*e*™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the **Claims** tab.	The Claims window opens.
3	Click the **Submit Professional** link.	The Provider Professional Claim window opens.

To Complete Claim Billing Information

> **Note:** Claims should be completed in accordance with DHS's guidelines, policies, and procedures. Refer to the DHS web site for more specific information on completing a claim submission.

Step	Action	Response
1	In the **Billing Information** section, type a value in the **Original Claim #, Recipient ID, Patient Account #, Last Name, First Name, Middle Initial, Attachment Control #, Prior Authorization #** fields.	
2	In the **Report Type Code** and **Report Transmission Code** drop-down lists, select a value.	
3	Type a value in the **Patient Pay Amount** field.	

To Complete the Claim Diagnosis Information

Step	Action	Response
1	In the **Diagnosis** section, in the **Code Type** drop down list, select a value.	
2	Type up to 8 values in the **Diagnosis Code** field(s).	

To Complete Claim Service Information

Step	Action	Response
1	In the **Service Information** section, type a value in the **Rendering Provider ID, (Location), Referring Provider ID, (Location),** and **Referral Number** fields.	
2	In the **Place of Service** drop-down list, select a value	
3	Type a value in the **Facility ID, Facility Name, Admission Date, Discharge Date, Similar Illness Date,** and **Onset of Current Illness Date** fields.	

Step	Action	Response
4	In the **Special Program Code** drop-down list, select a value.	
5	Type a value in the **Billing Note** field.	
6	In the **Release of Medical Data, Benefit Assignment?, Patient Signature, Pregnancy Indicator,** and **Contract Type** drop-down lists, select a value.	
7	Type a value in the **Contract Code** and **Contract Version** fields.	

To Complete Claim Accident Information

Step	Action	Response
1	In the **Accident** section, in the **Employment Related?, Other?,** and **Auto?** drop-down lists, select a value.	
2	Type a value in the **Date, State,** and **Country** fields.	

To Complete Claim Ambulance Information

Step	Action	Response
1	In the **Ambulance** section, in the **Transport Code** and **Transport Reason Code** drop-down lists, select a value.	
2	Type a value in the **Transport Distance** and **Patient Weight** fields.	
3	Type up to 5 values in the **Condition Code** field(s).	

To Add Patient Information (Newborn Only)

Step	Action	Response
1	In the **Patient Information (Newborn Only)** section, type a value in the **Patient ID, Last Name, First Name,** and **Middle Initial.**	
2	In the **Gender** drop-down list box, select a value.	
3	Type a value in the **Date of Birth** and **Date of Death** fields.	
4	Click the **Add** button to add additional Patient Information.	

To Remove Patient Information

Step	Action	Response
1	Click the **Remove** button.	

To Add Claim Other Insurance Information

Step	Action	Response
	In the **Other Insurance #1** section, click the **Add** button.	

Step	Action	Response
3	Type a value in the **Group Number, Group Name, Carrier Code, Carrier Name, Policy Holder ID Code, Policy Holder Last Name,** and **Policy Holder First Name** fields.	
4	In the **Release of Medical Data?** and **Benefit Assignment?** drop-down lists, select a value.	
5	Type a value in the **Claim Filing Code** field.	
6	In the **Patient Signature** drop-down list, select a value.	
7	To add an additional insurance policy, click the **Add** button, and complete steps 1-6.	

To Remove Other Insurance Information

Step	Action	Response
1	In the **Other Insurance** section, click the **Remove** button.	The other insurance information is removed.

To Complete Claim Home Health Treatment Plan Information

Step	Action	Response
1	In the **Home Health Treatment Plan** section, in the **Discipline Type Code** drop-down list, select a value.	
2	Type values in the **Total Visits Rendered** and **Total Visits Projected** fields.	

To Complete Claim Home Health Service Delivery Information

Step	Action	Response
1	In the **Home Health Service Delivery** section, type a value in the **Number of Visits** field.	
2	In the **Frequency, Duration of Visits** and **Pattern Code** drop-down lists, select a value.	
3	Type a value in the **Frequency Count** and **Duration of Visits Count** fields.	
4	In the **Pattern Time Code** drop-down list, select a value.	

To Add Claim Service Lines Information

Step	Action	Response
1	In the **Service #1** section, click the **Add** button.	
2	Type a value in the **From DOS** and **To DOS** fields.	
3	In the **Place of Service** drop-down list, select a value.	
4	Type a value in the **Procedure, Modifiers 1, 2, 3,** and **4 (if applicable), Diagnosis Pointer, CLIA Number,** and **Comment** fields.	
5	In the **Basis of Measurement** drop-down list, select a value.	

Step	Action	Response
6	Type a value in the **Units** and **Billed Amount** fields.	
7	In the **Units, Billed Amount, Emergency?, Family Planning?, EPSDT** and **Contract Type** drop-down lists, select a value.	
8	To add additional lines of service information, click the **Add** button and repeat steps 1- 9.	An additional line is added to the claim, repeat step 10 as necessary.

To Remove Service Lines Information

Step	Action	Response
1	In the **Service Lines** section, click the **Remove** button.	The service line is removed.

To Add Claim Service Adjustments Information

Step	Action	Response
1	In the **Service Adjustments for Service Line: 1** section, in the **Adjustment Code Group** drop-down lists, select a value.	
2	Type up to 3 values in the **Reason Codes, Amount** fields.	
3	Type a value in the **Paid Date, Paid Amount** and **Carrier Code** fields.	
4	Type a value in the **Carrier Name** field.	
5	To add additional service adjustments, click the **Add** button and repeat steps 1 – 4.	The additional service adjustments are added.

To Remove Claim Service Adjustments Information

Step	Action	Response
1	In the **Service Adjustment** section, click the **Remove** button.	The service adjustment is removed.

To Submit Claim

Step	Action	Response
1	Click the **Submit** button.	The claim is submitted.

To Copy a Paid Claim

   Note: The Copy button is only available on paid claims.

Step	Action	Response
1	Using Claim Inquiry (inquiry.asp) complete a claim search.	If a match is found, the search results list is displayed.
2	Select a paid claim.	The paid claim displays.

Step	Action	Response
3	Click the **Copy** button.	All data from the selected paid claim is copied to a new claim.

7.15 Provider Rate Disclaimer (rate_disclaimer)

This page displays the legal disclaimer that providers have to accept to be able to download the MA Program Outpatient Fee Schedule.

7.15.1 Layout

The window layout above displays the default viewable area of the scrollable data; the layout below displays the remaining data.

The window layout above displays the default viewable area of the scrollable data; the layout below displays the remaining data.

The window layout above displays the default viewable area of the scrollable data; the layout below displays the remaining data.

DEPARTMENT OF HUMAN SERVICES DISCLAIMER. If you are a provider who only provides Home and Community Based Waiver Services, please refer to the Home and Community Services Information System (HCSIS) for your reimbursement rates.

Last modified on: February 21, 2017

I Accept   I Decline

7.15.2 Field Descriptions

Field	Description	Data Type	Length
I Accept	Button to accept the disclaimer and open the Downloadable Fee Schedule page where download options are available	Button	0
I Decline	Button to decline the disclaimer and return to the Provider's Internet Portal Home page	Button	0

7.15.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

7.15.4 Accessibility and Use

To access and use the Rate Information Disclaimer window, complete the steps in the step/action table(s).

To Access Rate Information Disclaimer Window

Step	Action	Response
1	Log on to PA PROMIS*e*™ using the steps presented in Section 2.10.	The Provider Main Page window opens.
2	Click the **Outpatient Fee Schedule** link.	The Rate Information Disclaimer window opens.

To Accept/Reject Terms and Conditions and Access the Outpatient Fee Schedule Download Window

Step	Action	Response
1	Review the Terms and Conditions displayed in the Rate Information Disclaimer Window.	
2	To accept the Terms and Conditions, click the **I Accept** button.	The Outpatient Fee Schedule Download Files window opens.
3	To reject the Terms and Conditions, click the **I Decline** button.	The Provider Main window opens.

7.16 Provider Rate File (Provider_Rate_File)

This window can only be accessed after reviewing and accepting the applicable terms and conditions on a separate Rate Information Disclaimer window.

This window allows a provider to download the current MA Program Outpatient Fee Schedule files. The files are available in three different formats: Microsoft Excel, Adobe Acrobat Reader (PDF), or Comma Delimited (CSV) files. This window also provides access to a Microsoft Word document that explains the Comma Delimited file Layout.

To reduce file size and facilitate download speed, the Excel and CSV files are in a compressed format (ZIP). The downloaded Fee Schedule files are organized by provider type and are updated quarterly. The Excel file will be initially protected. If users desire to resort the columns, the users may unprotect the downloaded file through the Tools menu, selecting Protection, and choosing Unprotect.

7.16.1 Layout

Outpatient Fee Schedule Download Files

Please note that the downloadable fee schedule is updated quarterly, with the most recent update having occurred on December 12, 2022. Other changes may have been made to the fee schedule since that time and have not been captured on this downloadable update. Refer to the name of the file to determine the quarter. For example, Excel Fee Schedule By Provider Type 2Q2008.zip reflects the fee schedule run at the beginning of the 2nd quarter of 2008. Also, please note that due to size, some tabs within an Excel workbook may be broken into two parts. When this occurs, the tab name will reflect the provider type - Part A and the next one will reflect the same provider type - Part B. An online version of the fee schedule is available at https://www.dhs.pa.gov/providers/Providers/Pages/Health Care for Providers/MA-Fee-Schedule.aspx . For the most recent information related to the service you are providing, you may refer to the on-line fee schedule which is updated daily.

DEPARTMENT OF HUMAN SERVICES DISCLAIMER

If you are a provider who only provides Home and Community Based Waiver Services, please refer to the Home and Community Services Information System (HCSIS) for your reimbursement rates.

Use links below to download the Outpatient Fee Schedule.

Download Excel Version

Download PDF Version

Download Comma Delimited File

Download Comma Delimited Layout

Return

7.16.2 Field Descriptions

Field	Description	Data Type	Length
MA Fee Schedule link	Opens the MA Fee Schedule webpage with access to the Online Fee Schedule	Hyperlink	0
Download Comma Delimited File	Download Outpatient Fee Schedule in Comma Delimited (CSV) format (ZIP file)	Hyperlink	0
Download Comma Delimited Layout	Download a Microsoft Word document explaining the Comma Delimited (Comma Separated Value) file format	Hyperlink	0
Download Excel Version	Download Outpatient Fee Schedule in Microsoft Excel format (ZIP file)	Hyperlink	0
Download PDF Version	Download Outpatient Fee Schedule in Adobe Acrobat Reader (PDF) format	Hyperlink	0
Return	Return to Provider Main Menu	Hyperlink	0

7.16.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

7.16.4 Accessibility and Use

To access and use the Outpatient Fee Schedule Download window, complete the steps in the step/action table(s).

To Access Outpatient Fee Schedule Download Window

Step	Action	Response
1	Log on to PA PROMIS*e*™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the **Outpatient Fee Schedule** link.	The Rate Information Disclaimer window opens.
3	Review the Terms and Conditions displayed in the Rate Information Disclaimer Window.	
4	To accept the Terms and Conditions, click the **I Accept** button.	The Outpatient Fee Schedule Download Files window opens.
5	To reject the Terms and Conditions, click the **I Decline** button.	The Provider Main window opens.

To Download Outpatient Fee Schedule in Excel Format

Step	Action	Response
1	Click the **Download Excel Version** hyperlink.	The file download begins. The downloaded file is in a compressed format (ZIP) and must be decompressed before it can be opened.

To Download Outpatient Fee Schedule in PDF Format

Step	Action	Response
1	Click the **Download PDF Version** hyperlink.	The file download begins.

To Download Outpatient Fee Schedule in Comma Delimited Format

Step	Action	Response
1	Click the **Download Comma Delimited File** hyperlink.	The file download begins. The downloaded file is in a compressed format (ZIP) and must be decompressed before it can be opened.

To Download Comma Delimited Layout

Step	Action	Response
1	Click the **Comma Delimited Layout** hyperlink.	The file download begins. The downloaded file is a Microsoft Word (.doc) document.

7.17 Provider Recipient Eligibility Verification (Provider Recipient Eligibility Verification)

The Provider Recipient Eligibility Verification window is used to perform inquiries against PA PROMIS*e*™ recipient data. Inquiries can be made by recipient ID/card number, SSN/date of birth, or recipient name/date of birth.

Single date or range of up to 31 days must be entered to limit the search results.

A procedure code, drug code, or modifier can optionally be provided. The EVS engine returns eligibility information for the provider's ability to provide the drug or service and the recipient's eligibility to receive the drug or service. This feature is supported only for fee-for-service recipients.

The user can access this window by selecting Eligibility Verification from the Provider Main menu page; or select Inquiry from the Eligibility option list.

> **Note:** Information returned by this window may be modified or limited at a future date by the decisions made by the Confidentiality work group.

The First window Layout below shows the initial viewable display.

7.17.1 Layout

The following message will display. Click **OK** to acknowledge.

The following Layouts show the remaining data viewable by scrolling.

Verification No. 0815600000001 - 06/04/2008

Recipient

Name:	████████████
Recipient ID:	███████
Date of Birth:	██████
Gender:	████

Eligibility Summary

Type	Name	Begin	End
Medicaid	Category:PMW Program Status:00 Service Program:HCB02	06/04/2008	06/04/2008
Services Restricted to Following Provider	PODIATRIST	06/04/2008	06/04/2008

Eligibility Detail

Status:	Medicaid
Service Type:	Health Benefit Plan Coverage
Insurance Type:	Medicaid
Coverage Description:	Category:PMW Program Status:00 Service Program:HCB02
Service	06/04/2008
Eligibility	06/04/2008
Benefit Related Entity:	████ MA Service Program Information Contact Telephone: ████████

Eligibility Detail

Status:	Services Restricted to Following Provider
Service Type:	Health Benefit Plan Coverage
Service	06/04/2008
Period Start	06/04/2008
Period End	06/04/2008
Message Text	PODIATRIST
Message Text	Restrictions do not apply to emergency services.
Benefit Related Entity:	Contracted Service Provider ████████████ Information Contact Telephone: ████████

7.17.2 Field Descriptions

Field	Description	Data Type	Length
Address Line 1 (Recipient)	Recipient's first address line	Character	55
Address Line 2 (Recipient)	Recipient's second address line	Character	55
Authorization Indicator (Eligibility Detail)	Indicates if authorization or certification is required	Character	1
Begin (Eligibility Summary)	Begin date of the eligibility or period for the summary line. Only provided when the value appears within the range of dates supplied on the request	Date (MM/DD/CCYY)	10
Benefit Amount (Eligibility Detail)	Monetary amount qualifier of benefit such as a deductible amount	Number	0
Benefit Percent (Eligibility Detail)	Percent qualifier of a benefit such as co-insurance	Number	0
Benefit Related Entity (Eligibility Detail)	Type, name, address and phone number for the primary entity associated with this eligibility or benefit detail. The length is variable depending on the eligibility detail status and quantity of entity information available on EVS	Character	999
Card Number (input)	ACCESS card number	Number	2
City, State and Zip (Recipient)	Recipient's city, state, and zip code. A maximum of 30 characters for city, 2 characters for state, and 15 characters for zip code can be displayed	Character	47
Clear	Clears or resets the search fields back to default values	Button	0
Coverage Description (Eligibility Detail)	Description of the eligibility being provided. Used only in the Medicaid eligibility detail to communicate the program status, category of assistance and service program code	Character	50
Date of Birth (Input)	Recipient's date of birth. Present twice in the input area for search grouping purposes. A value entered in one location is copied into the other date of birth field	Date (MM/DD/CCYY)	10
Date of Birth (Recipient)	Recipient's date of birth returned in the eligibility results section	Date (MM/DD/CCYY)	10

Field	Description	Data Type	Length
Date of Birth (Second Input)	Recipient's date of birth. Present twice in the input area for search grouping purposes. A value entered in one location is copied into the other date of birth field	Date (MM/DD/CCYY)	10
Date of Service From	From date that service provider wishes to verify eligibility	Date (MM/DD/CCYY)	10
Delivery (Eligibility Detail)	Information about the number and frequency of benefit	Character	0
Delivery Frequency (Eligibility Detail)	Information about the number and frequency of benefit	Character	0
Delivery Measurement (Eligibility Detail)	Information about the number and frequency of benefit	Character	0
Delivery Pattern Time (Eligibility Detail)	Information about the number and frequency of benefit	Character	0
Delivery Period (Eligibility Detail)	Information about the number and frequency of benefit	Character	0
Delivery Qualifier (Eligibility Detail)	Type of quantity of benefit	Character	0
Delivery Quantity (Eligibility Detail)	Quantity of benefit	Number	0
Double Left Arrow	Used to remove Service Type Location from Selected list	Button	0
Double Right Arrow	Used to add Service Type Location to Selected list	Button	0
Eligibility End (Eligibility Detail)	Last date of eligibility for the given eligibility detail segment. The eligibility end date is not returned by EVS if it falls outside the range of dates specified on the EVS request	Date (MM/DD/CCYY)	10
End (Eligibility Summary)	End date of the eligibility or period for the summary line. Only provided when the value is within the range of dates supplied on the request	Date (MM/DD/CCYY)	10
Errors (Eligibility Detail)	Any errors returned in processing details	Character	999
First Name (input)	Recipient's first name used to search by name	Character	25
Gender (Recipient)	Recipient's gender	Character	7
Group Number (Eligibility Detail)	Group number associated with this other or additional payer eligibility detail line	Character	30

Field	Description	Data Type	Length
In Plan Network (Eligibility Detail)	Indicates if benefits are in or out of Plan-Network	Character	1
Insurance Type (Eligibility Detail)	HIPAA code value expanded here with a description that identifies the type of insurance described in this eligibility detail	Character	150
Last Name (input	Recipient's last name used to search by name	Character	35
Medicaid	Contains category, program status, and service program	Character	0
Message Text (Eligibility Detail)	Free form message field returned by the EVS. Various messages can appear in this repeating field	Character	264
Middle Initial (Input)	Recipient's middle initial used to search by name	Character	1
Modifier 1 (Input)	Modifier for which eligibility is being requested. This field is optional	Character	2
Modifier 2 (Input)	Modifier for which eligibility is being requested. This field is optional	Character	2
Modifier 3 (Input)	Modifier for which eligibility is being requested. This field is optional	Character	2
Modifier 4 (Input)	Modifier for which eligibility is being requested. This field is optional	Character	2
Name (Eligibility Summary)	Name of the primary entity associated with the given summary line	Character	35
Name (Recipient)	Recipient's name returned by the EVS. A maximum of 35 characters for last name, 25 characters for first name and 1 character for middle initial can be displayed	Character	61
Period Count (Eligibility Detail)	Information about the number and frequency of benefit	Number	0
Period End (Eligibility Detail)	Locks in eligibility segments to specify the end of the lock-in period. The lock-in starting period is not returned by EVS if it falls outside the range of dates specified on the EVS request	Date (MM/DD/CCYY)	10
Period Start (Eligibility Detail)	Locks in eligibility segments to specify the beginning of the lock-in period. The lock-in starting period is not returned by EVS if it falls outside the range of dates specified on the EVS request	Date (MM/DD/CCYY)	10
Policy Number (Eligibility Detail)	Policy number associated with this other or additional payer eligibility detail	Character	30

Field	Description	Data Type	Length
Procedure/Drug Code (Input)	Procedure or drug for which eligibility is being requested. This field is optional	Character	11
Procedure/Drug Type (Input)	Code list type from where the following procedure/drug code field value is pulled. This field is optional	Drop Down List Box	0
Procedure/Service (Eligibility Detail)	Composite of the medical procedure	Character	999
Quantity (Eligibility Detail)	Benefit quantity	Character	0
Recipient ID (Input)	Recipient number (ID plus validation digit)	Character	10
Recipient ID (Recipient)	Recipient ID returned in the search results. This field does not include the ACCESS card number	Character	10
Reset	Clears all entries from Selected Service Type Code	Button	0
SSN (Input)	Recipient's Social Security Number	Number	9
Search	Searches database for the desired record	Button	0
Service Type	Type of Coverage	Character	0
Service Type Code	Code for Service Type	List Box	0
Services Restricted to Following Provider	Type of Provider	Character	0
Status (Eligibility Detail)	HIPAA mandated status for the eligibility or benefit detail being displayed	Character	70
Time Period Qualifier (Eligibility Detail)	Time period of the benefit being described	Character	999
To (Input)	To date that service provider wishes to verify eligibility	Date (MM/DD/CCYY)	10
Type (Eligibility Summary)	Type of eligibility being displayed in the given summary line	Character	150
Verification Date	Date the verification request was run	Date (MM/DD/CCYY)	10
Verification Date (Result)	Date of the recipient request	Date (MM/DD/CCYY)	10
Verification Number	Number assigned to each eligibility response used by the provider when contacting the EVS help desk to identify a specific EVS request	Number	13

7.17.3 Field Edits

Field	Error Code	Error Message	To Correct
All fields	0	Required recipient information is not complete. Please verify and re-enter verification information.	Verify and re-enter verification information
Card Number (input)	0	Card Number must be a number.	Enter a numeric card number
Date of Birth (Input)	0	Date of Birth is an invalid date: [x]	Enter a valid date
	1	Date of Birth cannot be past today.	Enter a date that is not in the future
	2	[value] is an invalid month of the year. Use a value in the range of 1-12.	Enter a valid month
	3	[value] is a not a valid day in [month]. Use a value in the range of 1-31.	Enter a valid day of the month
Date of Birth (Second Input)	0	Date of Birth is an invalid date: [x]	Enter a valid date
	1	Date of Birth cannot be past today.	Enter a date that is not in the future
	2	[value] is an invalid month of the year. Use a value in the range of 1-12.	Enter a valid month
	3	[value] is a not a valid day in [month]. Use a value in the range of 1-31.	Enter a valid day of the month
Date of Service From	0	From Date of Service is an invalid date: [x].	Enter a valid date
	1	Please enter Date of Service.	Enter a valid Date of Service date
	2	[value] is an invalid month of the year. Use a value in the range of 1-12.	Enter a valid month
	3	[value] is a not a valid day in [month]. Use a value in the range of 1-31.	Enter a valid day of the month
Procedure/Drug Code (Input)	0	Please select a Procedure/Drug Type.	Select a Procedure/Drug Type
Procedure/Drug Type (Input)	0	Please enter a Procedure/Drug Code.	Enter a valid Procedure/Drug code
Recipient ID (Input)	0	[x] is not a valid Recipient ID.	Enter a valid recipient ID

Field	Error Code	Error Message	To Correct
SSN (Input)	0	SSN must be 9 characters.	Enter a numeric, 9 character Social Security Number
	1	SSN must be a number.	Enter a numeric, 9 character Social Security Number
To (Input)	0	To Date of Service is an invalid date: [x].	Enter a valid date
	1	Please Enter Date of Service.	Enter a valid Date of Service
	2	[value] is an invalid month of the year. Use a value in the range of 1-12.	Enter a valid month
	3	[value] is a not a valid day in [month]. Use a value in the range of 1-31.	Enter a valid day of the month

7.17.4 Accessibility and Use

To access and use the Provider Recipient Eligibility Verification window, complete the steps in the step/action table(s).

To Access Provider Recipient Eligibility Verification Window

Step	Action	Response
1	Logon to PA PROMIS*e*™ using the steps presented in the General User Manual.	The Provider Main Page window opens.
2	Click the **Eligibility Verification** link.	The Provider Recipient Eligibility Verification window opens

To Search by Recipient ID and Card Number

Step	Action	Response
1	Type a value in the **Recipient ID** and **Card Number** fields.	
2	In the **Date of Service From** and **To** drop-down lists, select a value.	
3	(Optional) In the **Procedure/Drug Type** drop-down list, select a value.	
4	(Optional) Type a value in the **Procedure/Drug Code** field	
5	(Optional) Type a value in the **Modifier 1** field.	
6	(Optional) Type a value in the **Modifier 2** field.	
7	(Optional) Type a value in the **Modifier 3** field.	

Step	Action	Response
8	(Optional) Type a value in the **Modifier 4** field.	
9	Click the **Search** button.	If a match is found, the search result is displayed.

To Search by Recipient ID and Date of Birth

Step	Action	Response
1	Type a value in the **Recipient ID** and **Date of Birth** fields.	
2	In the **Date of Service From** and **To** drop-down lists, select a value.	
3	(Optional) In the **Procedure/Drug Type** drop-down list, select a value.	
4	(Optional) Type a value in the **Procedure/Drug Code** field.	
5	(Optional) Type a value in the **Modifier 1** field.	
6	(Optional) Type a value in the **Modifier 2** field.	
7	(Optional) Type a value in the **Modifier 3** field.	
8	(Optional) Type a value in the **Modifier 4** field.	
9	Click the **Search** button.	If a match is found, the search result is displayed.

To Search by SSN

Step	Action	Response
1	Type a value in the **SSN** field.	
2	In the **Date of Birth** drop-down list, select a value.	
3	In the **Date of Service From** and **To** drop-down lists, select a value.	
4	(Optional) In the **Procedure/Drug Type** drop-down list, select a value.	
5	(Optional) Type a value in the **Procedure/Drug Code** field.	
5	(Optional) Type a value in the **Modifier 1** field.	
6	(Optional) Type a value in the **Modifier 2** field.	
7	(Optional) Type a value in the **Modifier 3** field.	
8	(Optional) Type a value in the **Modifier 4** field.	
9	Click the **Search** button.	If a match is found, the search result is displayed.

To Search by Recipient Name

Step	Action	Response
1	Type a value in the **First Name, Middle Initial,** and **Last Name** fields.	
2	In the **Date of Birth** drop-down list, select a value.	

Step	Action	Response
3	In the **Date of Service From** and **To** drop-down lists, select a value.	
4	(Optional) In the **Procedure/Drug Type** drop-down list, select a value.	
5	(Optional) Type a value in the **Procedure/Drug Code** field.	
5	(Optional) Type a value in the **Modifier 1** field.	
6	(Optional) Type a value in the **Modifier 2** field.	
7	(Optional) Type a value in the **Modifier 3** field.	
8	(Optional) Type a value in the **Modifier 4** field.	
6	Click the **Search** button.	If a match is found, the search result is displayed.

To Clear Window for New Search

Step	Action	Response
1	Click the **Clear** button	The window is cleared and ready for new search criteria.

7.18 Provider Report Index (Provider Report Index)

The provider Report Index window shows the online reports that are available to the user. Reports are displayed in one or more groupings. The Provider and MCO groupings are shown in the window mockup. Users can only see reports in groupings that are appropriate for them. For example, a provider sees only the Provider report grouping. A managed care organization can see both the MCO and Provider grouping as a managed care organization can view reports in both of those groupings. Other groupings such as Drug Manufacturer can be added as well based on need.

Within each grouping is a list of available reports for that grouping. Selecting one of the reports takes the user to the Provider Report Request web page where the user can query the COLD system for versions of that report.

7.18.1 Layout

7.18.2 Field Descriptions

Field	Description	Data Type	Length
(Report Description)	Below the each report name is a description of the report	Character	250
(Report Grouping)	Reports are collected in to one or more Grouping. This field displays the name of each report grouping available to the user	Character	50
(Report Name)	Within each report grouping the report name is displayed as a hyperlink for the user to select. Selecting the hyperlink takes the user to the Provider Report Request window	Hyperlink	150

7.18.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

7.18.4 Accessibility and Use

To access and use the Provider Report Index window, complete the steps in the step/action table(s).

To Access Provider Report Index Window

Step	Action	Response
1	Logon to PA PROMIS*e*™ using the steps presented in Section 2.10.	The Provider Main Page window opens.
2	Click the **Reports** tab.	The Provider Report Index window opens.

To View Provider Reports

Step	Action	Response
1	Click the hyperlink for the desired report.	The Provider Report Request window opens.

7.19 Provider Report Request (Provider Report Request)

The Provider Report Request window is used to retrieve more than one version of the report that is available from the web. The user may enter a start date and an end date and select the Request Reports button to be presented with a list of the dates for which the report is available. The date range entered must not be greater than 90 days apart but may start at any time in the past. A user wishing to see the reports generated over a given year would submit four queries each for a different 90 day period.

7.19.1 Layout

7.19.2 Field Descriptions

Field	Description	Data Type	Length
(Report Description)	Text description of the selected report	Character	250
(Report Instance)	Hyperlink containing the date the report was generated in "Day, Month Date, Year" format. Selecting this link displays a graphical representation of the actual report in Adobe format	Hyperlink	0
(Report Name)	Name of the report for which the query is performed. The user can return to the Provider Report Index to select a different report to query	Character	150
List Reports From:	Earliest date to search for instances of this report	Date (MM/DD/CCYY)	8
Request Reports	Performs the report query. Results are returned in the bottom portion of the window	Button	0
Return to Report Menu	Returns the user to the Provider Report Index window	Button	0
To:	Latest date to search for instances of this report	Date (MM/DD/CCYY)	8

7.19.3 Field Edits

Field	Error Code	Error Message	To Correct
Request Reports	0	Invalid date combination entered. FROM date must be further in the past than TO date	TO date must occur after the FROM date
	1	Invalid date combination entered. Dates cannot be in the future	User cannot query for reports in the future
	2	Invalid date combination entered. FROM and TO dates cannot be more than 90 days apart	User cannot query on more than 90 days of reports at one time
	3	Please enter both dates	User must enter both a FROM and a TO date though they can be the same date

7.19.4 Accessibility and Use

To access and use the Provider Report Request window, complete the steps in the step/action table(s).

To Access Provider Report Request Window

Step	Action	Response
1	Logon to PA PROMIS*e*™ using the steps presented in Section 2.10.	The Provider Main Page window opens.
2	Click the **Report** tab.	The Provider Report Index window opens.
3	Select the desired report.	The Provider Report Request window opens.

To View Provider Reports

Step	Action	Response
1	In the **List Reports From** and **To** drop-down lists, select a value.	
2	Click the **Request Reports** button.	A list of dates for which the report is available appears in the window.
3	Click the hyperlink for the specified date requested.	Displays a graphical representation of the actual report in Adobe format.

7.20 Report View (Report View)

The Report View Window displays the remittance advice reports in PDF format based on processing date supplied by the external web user. A list of Remittance Advice reports for a 90 day period will be retrieved based on the user supplied report date criteria. The user can then select a specific report date and view the Remittance Advice report for the selected report date in PDF format.

7.20.1 Layout

7.20.2 Field Descriptions

Field	Description	Data Type	Length
PDF image	PDF for Remittance advice Report	N/A	0

7.20.3 Field Edits

Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

7.20.4 Accessibility and Use

To access and use the Report View window, complete the steps in the step/action table(s).

To Access Provider Report Request Window

Step	Action	Response
1	Logon to PA PROMIS*e*™ using the steps presented in Section 2.10.	The Provider Main Page window opens.
2	Click the **Report** tab.	The Provider Report Index window opens.
3	Select the desired report.	The Provider Report Request window opens.
4	In the **List Reports From** and **To** drop-down lists, select a value.	
5	Click the **Request Reports** button.	A list of dates for which the report is available appears in the window.
6	Click the hyperlink for the specified date requested.	Displays a graphical representation of the actual report in Adobe format.

7.21 Hospital Assessment

The Hospital Assessment windows allow participating hospitals to view and change their contact information, view and dispute their cost revenue data, view their invoice of assessment payments due and related payments received to date, view delinquent letters and view attestation statements and complete confirmation of the attestation via the PROMISe™ portal.

To access the Hospital Assessment windows, select the Hospital Assessment tab from the menu bar.

7.21.1 Welcome to Hospital Assessment Window

Layout

Click the Hospital Assessment tab and the Welcome to Hospital Assessment window is displayed. The participating hospital is required to enter their 5-digit hospital assessment access code.

Click Continue and the Hospital Assessment Contact Information Page will open

Enter the First Name, Last Name, Address, Phone, Fax and Email information for the Hospital Assessment Contact and the CFO Contact.   Click Continue and the NIR Notice page is displayed.

NIR Notice

In 2013, the Public Welfare Code (the "Law") was amended to reauthorize the Department of Human Services (Department) to impose a monetary assessment on certain licensed hospitals[1] in the Commonwealth. Act 55 of 2013 re-authorizes a state-wide assessment (Hospital Quality Care Assessment) on inpatient care and rehabilitation hospitals in the Commonwealth. The reauthorization for Hospital Quality Care Assessment has been extended until June 30, 2023. See 62 P.S. §§ 801-G—816-G. The law specifies that the monetary assessment equals a percentage of a covered hospital's net inpatient revenue (NIR).

Under the Law, a covered hospital's NIR is defined as "gross charges for facilities for inpatient services less any deducted amounts for bad debt expense, charity care expense and contractual allowances as reported on forms specified by the Department and: (1) as identified in the hospital's records for the state fiscal year commencing July 1, 2010; or (2) as identified in the hospital's records for the most recent state fiscal year, or part thereof, if amounts are not available under paragraph (1)." See 62 P.S. § 801-G.

Your hospital has been identified as a covered hospital subject to the assessment.

The Revenue Data Sheet below identifies the data source that was used to establish the NIR amount for your hospital for assessment purposes. If a 2010-2011 Medical Assistance (MA) 336 Cost Report was available for your hospital, the NIR earned in this period is identified on the Revenue Data Sheet on the following page. If a Medical Assistance Cost Report was not available, the NIR amount reported to the Pennsylvania Health Care Cost Containment Council (PHC4) will display on the Revenue Data Sheet.

The NIR displayed in the Revenue Data Sheet is the revenue amount that will be used to determine the assessment amount owed by your Hospital.

You should carefully review the information contained in this notice. If you are satisfied that the information on the Revenue Data Sheet on the following page accurately reflects the NIR which your hospital reported, no further action is required on your part. You are free to print this screen to serve as a hardcopy for your records. This information will also remain available online for your continued reference.

If you believe that the Revenue Data Sheet is inaccurate, you should notify the Department within 30 days from the posting date specified below by clicking the DISPUTE button below and following the prompts. If you believe that incorrect data was used in determining the hospital's NIR, you should email to ra-pwhai@pa.gov copies of the pertinent pages of the 2010-2011 report which contains the information that you believe the Department should use to determine your hospital's NIR. Please note ASSESSMENT NIR DISPUTE in the subject line of your email.

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[1]Under the Law, the following hospitals are exempt from the assessment: (1) Federal veterans' affairs hospitals; (2) Hospitals that provide care, including inpatient hospital services, to all patients free of charge; (3) Private psychiatric hospitals; (4) State-owned psychiatric hospitals; (5) Hospitals classified as critical access hospitals under Medicare; and (6) Long-term acute care hospitals. 62 P.S. § 801-G. All other licensed Pennsylvania hospitals are subject to the assessment, i.e., "covered hospitals" under the law.

Hospital Assessment Year: [2017 ▼]   **Assessment Percentage:** 3.71

Posting Date: 09/11/2017

Date Range: 07/01/2010 - 06/30/2011   Hospital Name: THE CHILDRENS HOME OF PITTSBURGH
Data Source: MEDICAL ASSISTANCE COST REPORT DATA   CCN: 393304

G-2 Column 1
  Row 1:   Hospital Inpatient Revenue $0.00   D-4 Column 2
  Row 2:   Subprovider I Inpatient Revenue $0.00   Row 101: Total Inpatient Charges $0.00
  Row 2.01: Subprovider II Inpatient Revenue $0.00   D-4 S/B-SNF Column 2
  Row 15:   Total ICU Inpatient Revenue $0.00   Row 101: Inpatient Program Charges S/B-SNF $0.00
  Row 17:   Ancillary Services Inpatient Revenue $0.00   D-4 SNF Column 2
  Row 18:   Outpatient Services Inpatient Revenue $0.00   Row 101: Inpatient Program Charges SNF $0.00
G-2 Column 3   D-4 Sub I Column 2
  Row 25:   Total Patient Revenue $0.00   Row 101: Inpatient Program Charges Subprovider II $0.00
G-3 Column 1   D-4 Sub II Column 2
  Row 3:   New Patient Revenue $0.00   Row 101: Inpatient Program Charges Subprovider II $0.00

Total Net Inpatient Revenue (NIR): $6,875,127.00

You will receive a separate notice identifying the quarterly assessment amounts owed by the hospital and the due dates for the payment of quarterly assessment amounts.

[Dispute]

If you click the Dispute button on the Revenue Data Sheet page, the Attestation Dispute Submission window will display where you will be required to select a Dispute Reason in order to submit your dispute.

After clicking the Submit Dispute button, the Hospital Assessment Dispute Acknowledgment page will display indicating the dispute was successfully submitted.

Clicking the Contact link will return you to the Contact Information page. Clicking the NIR Notice link will return you to the NIR Notice page.

From the Financial Statement Repository window, you are able to search for and access your Attestation Notices and payment receipts.

7.21.2 Field Descriptions

Field	Description	Data Type	Length	DB Table	DB Field
Access Code	User enters their 5-digit hospital assessment access code.	Number	5		
Address Line 1	Contact's address	Character	30		
Address Line 2	Contact's address line 2	Character	30		
Cancel	From the Attestation Dispute Submission window, cancels the dispute.	Button	0		
Cancel	From the Contact page, cancels the changes made to the contact information. The contact information fields become grayed out.	Button	0		
City	Contact's city	Character	18		
Contact Info	Navigates the user to the Contact page.	HyperLink	0		
Continue	When selected from the Access Code page, navigates the user to the Contact Information page.	Button	0		
Continue	When selected from the Contact page, navigates the user to the Cost Report page.	Button	0		
Date	Displays the payment receipt date or date of quarterly billing statement.	Date (MM/DD/CCYY)	0		
Dispute	Allows the user to dispute their current cost report. Displays the Attestation Dispute Submission window.	Button	0		
Edit	Allows the user to edit their contact information.	Button	0		
Email	Contact's email address	Character	100		
Fax	Contact's fax number	Number	10		
Financial Statement Repository	Navigates the user to the Financial Statement Repository page.	HyperLink	0		
First Name	Contact's first name	Character	21		
Hospital Assessment Year	Dropdown displaying the years in reverse chronological order that the hospital has cost reports on file.	Drop Down List Box	0		

Field	Description	Data Type	Length	DB Table	DB Field
Last Name	Contact's last name	Character	25		
List Documents From	Allows the user to enter a beginning date for their search.	Date (MM/DD/CCYY)	8		
NIR Notice	Navigates the user to the Cost Report page where the NIR Notice is displayed.	HyperLink	0		
Name	Displays the document name and, when selected, allows the user to open or download the document.	HyperLink	0		
Optional Explanation	Open ended text box for use in explaining the reason for dispute.	Character	0		
Phone	Contact's phone number	Number	10		
Phone Ext	Contact's phone extension	Number	4		
Reason	Allows the user to select a reason for disputing their cost report.	Button	0		
Request Documents	Executes a document search using the dates entered on the page.	Button	0		
State	Contact's state	Drop Down List Box	0		
Submit Dispute	Submits the cost report dispute.	Button	0		
To	Allows the user to enter an end date for their search.	Date (MM/DD/CCYY)	8		
Type	Displays the document type.	Character	0		
Update	Saves the changes made to the contact information.	Button	0		
Zip + 4	Contact's zip + 4	Number	4		
Zip Code	Contact's zip code	Number	5		

7.21.3 Field Edits

Field	Error Code	Error Message	To Correct
Access Code	0	Access Code is invalid.	Enter valid 5-digit access code.
Address Line 1	0	Address must not contain commas, less than signs, greater than signs, quotes or ampersands.	Enter an Address that does not contain any commas, less than signs, greater than signs, quotes, or ampersands.
	1	You must enter an Address before continuing.	Enter an Address.
Address Line 2	0	Address 2 must not contain commas, less than signs, greater than signs, quotes or ampersands.	Enter an Address 2 that does not contain any commas, less than signs, greater than signs, quotes, or ampersands.
City	0	City must not contain commas, less than signs, greater than signs, quotes or ampersands.	Enter a City that does not contain any commas, less than signs, greater than signs, quotes, or ampersands.
	1	You must enter a City before continuing.	Enter a City.
Email	0	Email Address is invalid.	Enter a valid Email Address in x@y.z format.
	1	You must enter an Email Address before continuing.	Enter a valid Email Address in x@y.z format.
Fax	0	Fax Number must be ten digits.	Enter a 10-digit Fax Number.
First Name	0	First Name must not contain commas, less than signs, greater than signs, quotes or ampersands.	Enter a First Name that does not contain any commas, less than signs, greater than signs, quotes, or ampersands.
	1	You must enter a First Name before continuing.	Enter a First Name.
Last Name	0	Last Name must not contain commas, less than signs, greater than signs, quotes or ampersands.	Enter a Last Name that does not contain any commas, less than signs, greater than signs, quotes, or ampersands.
	1	You must enter a Last Name before continuing.	Enter a Last Name.
List Documents From	0	The time frame entered is greater than 90 days. Please resubmit your request with a time frame less than 90 days.	Enter a date range equal to or less than 90 days.
	1	The data in the start date and/or end date field is invalid. Please	Enter a valid date.

Field	Error Code	Error Message	To Correct
		resubmit your request with valid dates in the input boxes.	
Phone	0	Phone Number must be ten digits.	Enter a 10-digit Phone Number.
Phone Ext	0	Phone Extension must be numeric.	Enter a numeric Phone Extension.
Reason	0	You must select a Reason to continue.	Select a Reason for the Dispute.
To	0	The time frame entered is greater than 90 days. Please resubmit your request with a time frame less than 90 days.	Enter a date range equal to or less than 90 days.
	1	The data in the start date and/or end date field is invalid. Please resubmit your request with valid dates in the input boxes.	Enter a valid date.
Zip + 4	0	Zip+4 must be four digits.	Enter a 4-digit Zip + 4.
Zip Code	0	Zip Code must be five digits.	Enter a 5-digit Zip Code.

8 PA PROMISe™ Provider Enrollment

8.1 Provider Enrollment

A Provider Enrollment section is available on the PA PROMISe Internet portal prior to the provider logging into their account. Various enrollment activities can be performed from these links. The Provider Enrollment Electronic Application collects information about the enrolling provider based on their provider type, tax ID and other criteria to allow DHS Enrollment to screen the provider's application.

- **New Application**—This link opens the Provider Enrollment Electronic Application to allow providers who are new to PA Medical Assistance or CHIP providers to enroll with PA DHS.

- **Reactivation**—This link opens the Provider Enrollment Electronic Application for a provider that has been closed for more than 2 years. The provider will be asked to supply their 13-digit ID to complete the reactivation application.

- **Resume Application**—This link opens a window requesting the Application Tracking Number (ATN), tax ID and Password. Once supplied and verified, the provider can resume an application that has not been submitted or resume and application that has been returned for corrections.

- **Application Status**—This link opens a window requesting the ATN, tax ID and Password. Once supplied and verified, the provider can view the status of a current application whether submitted or not. The provider can also view the application PDF of a submitted application from this page.

Resume Application window

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Enrollment Information ▾   Contact Information ▾   Help

Resume Application

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

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

* Indicates a required field.

* Application Tracking Number (ATN) | 1000006773 |

* SSN or FEIN | 552222222 |

* Password | •••••••••••• |

Forgot Password?

✓ I'm not a robot   reCAPTCHA
Privacy - Terms

[💾 Submit]

Application Status window

pennsylvania
DEPARTMENT OF HUMAN SERVICES

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)   1000006626

*SSN or FEIN   551221122

*Password   ············

Forgot Password?

☐ I'm not a robot   reCAPTCHA
Privacy - Terms

🖫 Search

Application Status Summary

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

Application Tracking Number (ATN):	1000006626
Start Date:	10/13/2022
Date Submitted:	10/18/2022
Status:	Application Approved
Status Date:	10/18/2022
Application Submission PDF:	⊕ Download

Approved Application Summary

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

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

8.2 Provider Services-Existing Providers

A Provider Services section is available on the PA PROMISe Internet portal after the provider logs into their account. Various enrollment activities can be performed from these links. The Provider Enrollment Electronic Application collects information about the enrolling provider based on their provider type, tax ID and other criteria to allow DHS Enrollment to screen the provider's application.

Note: Not all links and functionality described in this section displays for every provider.

- **Enrollment Summary**—This link opens a downloadable summary of the provider's current enrollment information. It allows group providers to review their members and download a Comma Separated Value (CSV) file. It allows legal entities with multiple service location to view and download a CSV file for all service locations.

- **New Service Location**—This link opens the Provider Enrollment Electronic Application to allow providers to create a new service location for the same legal entity. Some data will be prepopulated with current enrollment information to allow the provider to review and make appropriate changes.

- **Reactivation**—This link opens the Provider Enrollment Electronic Application for a provider that has been closed for less than 2 years. The provider will be asked to supply their 13-digit ID to complete the reactivation application. This link only appears if the currently logged on 13-digit provider has been closed for less than 2 years.

- **Revalidation**—This link opens the Provider Enrollment Electronic Application for a provider to complete a revalidation application. Some data will be prepopulated with current enrollment information to allow the provider to review and make appropriate changes.

- **Change Request**—This link opens the Provider Enrollment Electronic Application for a provider to make changes to their current enrollment information.

- **Resume Application**—This link opens a window requesting the Application Tracking Number (ATN), tax ID and Password. Once supplied and verified, the provider can resume an application that has not been submitted or resume and application that has been returned for corrections.

- **Application Status**—This link opens a window requesting the ATN, tax ID and Password. Once supplied and verified, the provider can view the status of a current application whether submitted or not. The provider can also view the application PDF of a submitted application from this page.

- **Application Help**—This link opens an Application Help window that gives definitions and basic application submission information.

- **Terminate Enrollment**—This link opens a window that allows the provider to review their current enrollment information and terminate enrollment with DHS.

- **Group Member Revalidation** allows a Group Provider to create a Revalidation application for one of their Group Members.

- **Group Member Change Request** allows a Group Provider to create a Change Request application for one of their Group Members.

- **Group Member Reactivation** allows a Group Provider to create a Reactivation application for one of their Group Members.

NOTE: The New Application, Revalidation, Change Request, and Reactivation (where applicable) may contain pre-populated data from PROMIS*e*™.

Provider PROMIS*e*™ Internet portal 'My Home' page.

8.3 Provider Electronic Enrollment Application

8.3.1 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

  o Throughout the application, the pages display a header with descriptions, definitions, and helpful webpage links when applicable.

  o Fields are marked with an asterisk if a response is required.

  o Fields are marked with a paperclip if an attachment will be required for submission.

  o Additional help or informational text may be displayed dependent on how a question is answered

8.3.2 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:

  o 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

  o Contact Information – opens the DHS Contact Information/Help for MA or CHIP Providers website

- o 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 <u>Application Navigation Panel</u> 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 <u>Application Status Bar</u> contains the following information:

  - o ATN – the unique number assigned to the application

  - o Provider Number – displays the 13 digit provider number associated with the application. For a "New" application type, the field will display the word "Pending".

  - o Type – indicates new application, revalidation, reactivation or change request

  - o Start Date – date the user began the application

  - o Completion By Date – date when the application needs to be completed by

- The <u>Application Comment Bar</u> 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.

8.4 Electronic PE Application Pages

8.4.1 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.

  o 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

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

- 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.

Electronic PE Application - Request Information Page

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Enrollment Information ▾   Contact Information ▾   Help

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

Request Information

You are initiating a provider enrollment application for the Pennsylvania Department of Human Services (DHS) Medical Assistance (MA) program and/or the Pennsylvania Children's Health Insurance Program (CHIP). If you are enrolled as a MA provider and provide CHIP services at this service location, a separate CHIP enrollment application is not required.

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

* Indicates a required field.

🖉 Indicates an attachment is required.

Initial Enrollment Information

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

*Program Type	Pennsylvania Medical Assistance (PA MA) ▾
*Provider Type	Select a Provider Type ▾
*Enrollment Type	Select an Enrollment Type ▾

Tax Identifier

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

Name of Enrollee

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

Medicare Enrollment Information

*Are you a Medicare participating Provider?   ☐ Yes   ☐ No

Contact Information

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

The password you enter will allow you to continue the application at a later time and to check the status of the application.

*Last Name		
*First Name		
Title		
*Phone Number	###-###-####	Phone Extension
Toll Free Number	###-###-####	Toll Free Extension
Fax Number	###-###-####	
*Email	myemail@domain.com	
*Confirm Email	myemail@domain.com	
*Password		

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

*Confirm Password	

✖ Passwords Match

[⤺ Finish Later]   [⊞ Save & Continue]

8.4.2 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.).

Electronic PE Application - Service Location Address Page

8.4.3 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.

Electronic PE Application – Other Addresses Page

For Change Requests, Revalidations and Reactivations, the Enrollment Application provides the ability to update all addresses for active service locations. Mail-To and Pay-To address information can be changed by selecting the appropriate check boxes.

Electronic PE Application - Mail-To and Pay-To Address

Mail-To Address

This address is where all mailed correspondence from DHS will be sent.

[🗐 Use Pay-To Address] [🗐 Use Home Office Address] [🗘 Reset Mail-To Address]

*Street	123 Main St	Room/Suite	
*City	Camp Hill	*State	PA - Pennsylvania ▾
*Zip+4	17011-____	*County	Select a County ▾
*Email	mail3@eds.com	*Confirm Email	mail3@eds.com
*Phone Number	717-772-6132	Phone Extension	
Fax Number	717-772-2234		

☑ Check here if this address should be applied to all active service locations associated with this legal entity

Select which data should apply:

☐ Address ☐ Phone Number

☐ Fax Number ☐ Email Address

You are agreeing to be responsible for the indicated address attributes(s) being updated for all active service locations for this Legal Entity. This change will only apply for this address type. If this is incorrect, please unselect the check box.

Pay-To Address

This address is where all mailed payment and remittance advices from DHS will be sent.

[🗐 Use Mail-To Address] [🗐 Use Home Office Address] [🗘 Reset Pay-To Address]

*Street	First Street	Room/Suite	
*City	Harrisburg	*State	PA - Pennsylvania ▾
*Zip+4	17111-____	*County	Select a County ▾
*Email	c-mwoods@state.pa.us	*Confirm Email	c-mwoods@state.pa.us
*Phone Number	717-555-1212	Phone Extension	
Fax Number	000-000-0000		

☑ Check here if this address should be applied to all active service locations associated with this legal entity

Select which data should apply:

☐ Address ☐ Phone Number

☐ Fax Number ☐ Email Address

You are agreeing to be responsible for the indicated address attributes(s) being updated for all active service locations for this Legal Entity. This change will only apply for this address type. If this is incorrect, please unselect the check box.

8.4.4 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.

Electronic PE Application – Specialties Page

8.4.5 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.

Electronic PE Application – Provider Eligibility Program (PEP) Page

8.4.6 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.

Electronic PE Application – Provider Identification Page

Individual Provider

*Birth Date	02/01/1960	*Gender	Male
Title/Degree	MD		

*Are you Board Certified? ✏ ☑ Yes ☐ No

*Issuing Date	01/01/2014	Expiration Date	12/31/2016

NPI

NPI is a unique identification number for healthcare providers.

*NPI 1003000621 ✏

*Taxonomy

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

- ☑ 207RG0100X - Allopathic & Osteo. Physcns : Internal Medicine : Gastroenterology
- ☐ 193200000X - Group : Multi-Spcity : Default Spcity Cd
- ☐ 193400000X - Group : Single-Spcity : Default Spcity Cd
- ☐ 202K00000X - Allopathic & Osteo. Physicians : 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 ✏ ☐ Yes ☑ No
with this Service Location?

DEA Number

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

⟳ Finish Later   🖫 Save & Continue

8.4.7 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.

Electronic PE Application – Additional Information Page

8.4.8 Fee Determination

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.

Electronic PE Application – Fee Determination Page

8.4.9 Fee Determination – Copy Application

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.

Electronic PE Application – Fee Determination Copy Application Page

8.4.10 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.

Electronic PE Application – Provider Disclosures Page

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]

8.4.11 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.

Electronic PE Application – Ownership/Control Interest Page

8.4.12 Background Checks

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.

Electronic PE Application – Background Checks Page

8.4.13 Additional Revalidations Page

The Additional Revalidations page displays in the provider electronic enrollment application User Interface (UI) allowing providers to select additional active service location(s) for revalidation for the same legal entity. This page will only display for revalidation applications with an enrollment type of 'Group' or 'Individual with SSN'. Providers must open and review the enrollment summary for each service location for the 'Select to Revalidate' check box to be enabled.

The page only displays for specific provider types when data elements match the initiating provider and the additional service locations. Match criteria can be viewed by selecting the Download button on the page.

Electronic PE Application – Additional Revalidations Page

8.4.14 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.

Electronic PE Application – Attachments Page

8.4.15 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.

Electronic PE Application – Agreements Page

8.4.16 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.

Electronic PE Application – Summary Page

8.4.17 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.

Electronic PE Application – Resume Application Page

8.4.18 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.

Electronic PE Application – Application Status Page

8.4.19 Application Status Summary

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.

Includes the following information:

- Application Tracking Number (ATN)
- Date the application was started
- Date the application was submitted
- Application status (see below)
- Status date
- Link to download a pdf of the submitted application

If the application has been approved, the Approved Application Summary section will also display which includes the following information:

- 13-digit provider ID
- Provider effective date
- Revalidation date

<u>Application Statuses:</u>

- Application Incomplete – application has been initiated, but not submitted
- Application Submitted – application has been submitted for review
- Application Under Review – application is under review
- Application Corrections Required – an email was sent requesting corrections or additional information.
- Application Resubmitted – the requested corrections or additional information was provided, and the application resubmitted.
- Application Expired – application was not submitted in the allotted time; or after submission, the application was returned for corrections or additional information which was not provided in the allotted time.
- Application Approved – application has been approved and a provider ID assigned
- Application Denied – application has been denied

Electronic PE Application – Application Status Summary Page

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pennsylvania
DEPARTMENT OF HUMAN SERVICES

Enrollment Information ▾   Contact Information ▾   Help

Welcome
New Application
Revalidation
Reactivation
Resume Application
Application Status

Application Status

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

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

* Indicates a required field.

*Application Tracking Number (ATN)   1000005249

*SSN or FEIN   235694789

*Password   ●●●●●●●●●●

Forgot Password?

☐ I'm not a robot   reCAPTCHA
Privacy - Terms

🔍 Search

Application Status Summary

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

📖 Initiate Additional Application

8.4.20 Returned Applications

When the provider enrollment staff returns an application to the provider for revisions because the information provided is either incorrect or incomplete, an email will automatically be sent to the contact email provided when the application was started, notifying the user that additional information is required to complete the application. The status of an application returned to the provider is "Application Corrections Required". Detailed information about what information is missing and actions to take is included in the comments which are viewable in several places:

- Application Status Summary - the application status summary section for applications with a status of "Application Corrections Required" includes a "comment" section at the bottom that includes information about what is incorrect or missing and how to provide that information.

Application Status Summary Page for Returned Applications

- <u>Resume Application</u> – when the application is resumed, the top of the first page includes a section entitled "Application Comments Provided by Pennsylvania Department of Human Services (DHS) Medical Assistance (MA)". Directly under this heading will be the comments that indicate what information is missing or needs to be corrected. Make the requested corrections or provide the missing information and resubmit the application.

Request Information Page with Comments on Resumed Applications

8.4.21 Resetting a Password Initial Application

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.

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

8.4.22 Password Reset Procedure

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 must 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.

Electronic PE Application – Application Password Reset Page Step 2

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.

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.

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   `myemail@domain.com`

* SSN or FEIN   `#########`

*Provider Type   Select a Provider Type ⌄

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

*Password Reset Code   [   ]

☐ I'm not a robot   reCAPTCHA
Privacy - Terms

Complete Password Reset

8.4.23 Enrollment Summary

The Provider Enrollment Summary can be accessed from the Provider Services Section on the "My Home" page of the PROMISe™ Portal (after logging in here: https://promise.dhs.state.pa.us/) and provides current enrollment information. The revalidation date is included in the bar at the top of the enrollment summary on the right side. In addition, the following information is also available:

- Active Service Locations: Users may download an extract of all active service locations associated with their 9-digit provider ID which includes the following fields: 13-digit provider ID, NPI, revalidation date, provider type, name, address, specialties, and taxonomy codes.

- Fee Assignments: Group providers may also download an extract of all providers associated with the group service location within the last 2 years. Fields include: group provider ID, individual provider ID, NPI, revalidation date, provider type, fee assignment effective date, fee assignment end date, name, and address.

Electronic PE Application - Enrollment Summary

Provider Number: 300576345-0001	Type: Enrollment Summary	Revalidation Date: 12/03/2026

Enrollment Summary

▾ Provider Information

Program Type	Pennsylvania Medical Assistance (PA MA)				
Provider Type	31 - Physician				
Enrollment Type	Individual with FEIN				
Last Name	Ekiss	First Name	Sharon	Middle Initial	

FEIN   *******16

Provider Number   300576345-0001

▾ Service Location

Street	225 S 13th St	Room/Suite	
City	Harrisburg	State	PA - Pennsylvania
Zip+4	17104-3348	County	Dauphin
Email	EKISS@DXC.COM		
Phone Number	(213) 154-8411	Extension	
Fax Number			

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

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	1247 Kittatinny St	Room/Suite	
City	Harrisburg	State	PA - Pennsylvania
Zip+4	17104-1817	County	
Email	CHRISFERRELL@GAINWELLTECHNOLOGIES.COM		
Phone Number	(546) 431-3131	Extension	
Fax Number			

☑ Pay-To Address :

Street	225 S 13th St	Room/Suite	
City	Harrisburg	State	PA - Pennsylvania
Zip+4	17104-3348	County	
Email	EKISS@DXC.COM		
Phone Number	(213) 154-8411	Extension	
Fax Number			

☑ Home-Office Address :

Street	225 S 13th St	Room/Suite	
City	Harrisburg	State	PA - Pennsylvania
Zip+4	17104-3348	County	
Email	EKISS@DXC.COM		
Phone Number	(213) 154-8411	Extension	
Fax Number			

▼ Specialties

Primary Specialty	Sub-Specialty	Primary
▼ 318 - General Practitioner		Yes

ProviderType	31 - Physician		
Specialty	318 - General Practitioner	Sub-Specialty	

License, Certificate & Permit Information

Issuing Entity	DEPT OF STATE	Issuing State	PA
Number	DS1234567L		
Issuing Date	01/01/2015	Expiration Date	12/31/2299

▼ Provider Eligibility Program (PEP)

Associated PEPs

Provider Eligibility Program (PEP)

▼   Fee For Service

Effective Date	10/27/2021	**End Date**	12/31/2299

▼ Provider Identification

Provider IRS/Legal Name and Address

Last Name	Ekiss	**First Name**	Sharon	**Middle Name**	
Street	225 S 13th St	**Room/Suite**			
City	Harrisburg	**State**	PA - Pennsylvania		
Zip+4	17104-3348				

Contact IRS/Legal Name and Address

Last Name	Ekiss	**First Name**	Sharon	**Title**	
Phone Number	(545) 131-3133	**Extension**	0		
Toll Free Number					
Fax Number					
Email	EKISS@HPE.COM				

Individual Provider

Birth Date	**/**/****	**Gender**	Female
Title/Degree			
Social Security Number (SSN)	*******31		

Are you Board Certified?   No

NPI

NPI   1275796294

Taxonomy

> ☑ 208D00000X - Allopathic & Osteo. Physcns : General Practice : Default Spclty Cd

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

CLIA Certification

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

Drug Enforcement Administration (DEA) Number

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

▾ 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? Yes
Do you provide Mammography Services? No
Do you have a certificate of completion for the application of Topical Fluoride Varnish? No

Fee Assignments

Are you fee assigned (linked) to a group? No

View PDF

Providers who wish to view their fee assignments can download a CSV file which provides additional details on the members. The first 20 fee assignments will be listed on the enrollment summary to view the rest, providers can select the download icon. Providers with multiple service locations for the same legal entity have the ability to download a CSV file to view details on the service locations.

Electronic PE Application - Enrollment Summary CSV Icon

Fee Assignments

Are members associated to your group? Yes

* Provider Number	
000751661-0006	Axelrod, Rita
000803641-0003	Kline, Jack
300532690-0003	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

8.5 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.

NOTE: The page may contain pre-populated data.

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. § 4904, relating to any unsworn falsifications to authorities.

* Please sign by typing your full name here:

Today's Date: 8/10/2022

* Terminate Date: mm/dd/yyyy

View PDF   Terminate Enrollment

8.6 Enrollment Application 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
- Online Application Returned to Provider - Expired

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.
- Online Application Returned to Provider – Expired - When a user's electronic application was previously returned for revisions, and the revisions have not been received within 30 days, the application expires and is no longer available for updates. The user will be required to start a new application.