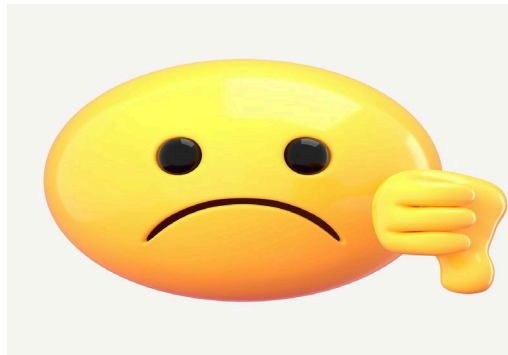
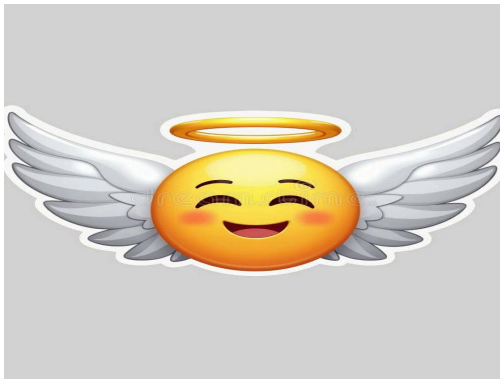


PA Dept of Human Services- Medicaid

The GOOD, The **bad** and the _{ugly} of provider enrollment with DHS



Interpreting the guidelines, rules, the shortcuts and not-so-short cuts, pain points and the anecdotes –

PROMISe™ Internet Portal

The ATN

Group Apps

Revalidations

Provider multiple locations

Relocation of practice address

Multi-specialty practice location

Multi-specialty practice providers



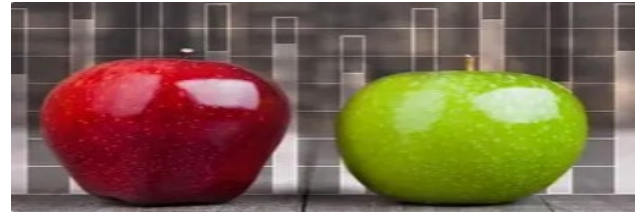
Inherent differences

- Legal Entity Structure – Tax ID
- NPI structure – how are your group NPIs structured?
- Taxonomy
- Enrollment Philosophy – bill direct as much as possible or not so much (non physician providers)
- How are locations structured?



At the end of the day, a claim is a claim to DHS

We feed the machine enrollment variables. At the end of the cycle, claims are digested, reviewed and processed. DHS uses the same rhythm to process with different enrollment variables.



Best Takeaways in the day of enrollment team working with DHS

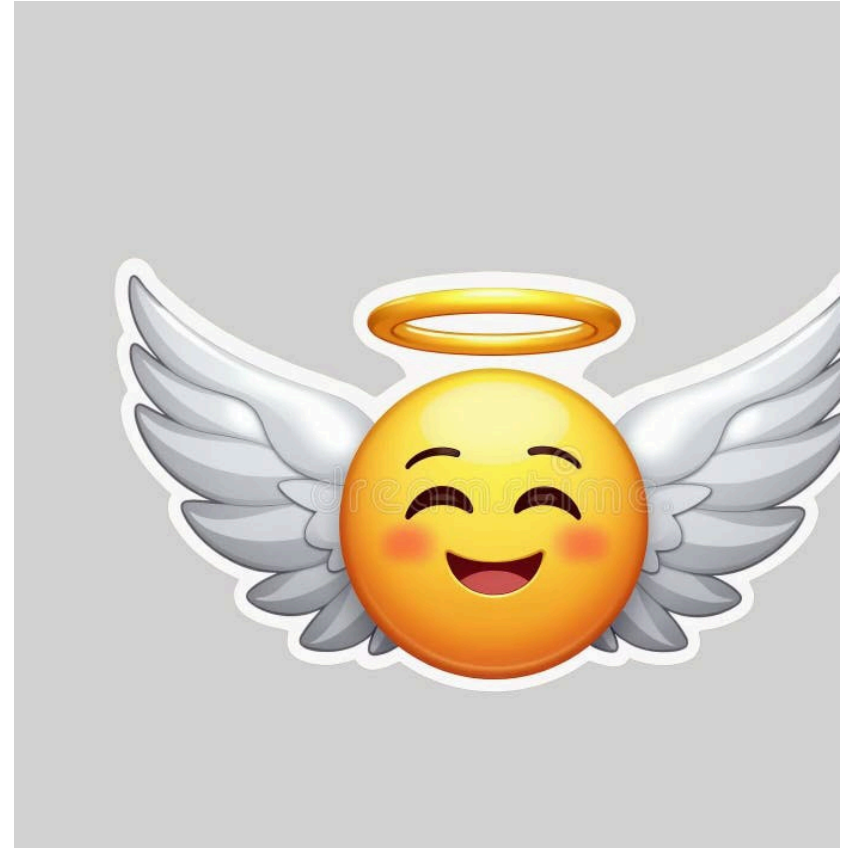
DHS has worked to shorten their timelines in processing new and change applications.

DHS continue to make changes to improve. Current timeline 7 -14 days clean applications.

Many customer service reps are knowledgeable in generic scenarios.

Calling DHS – wait times have improved

Hospital-based providers Do not need to enroll every facility for hospitalist in same Tax ID.



More Good Takeaways....Using DHS Resources – enrolling providers via PROMISE Internet Portal

Portal creates ATN number for:

- ❖ New Applications
- ❖ Revalidations
- ❖ Change Requests
- ❖ Terms

Great way to check status application

Decreases wait time to review applications

Tracking via Application Track number (ATN)



Landing 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.

In addition, once submitted, you can check the status of your application at any time by selecting the "Application Status" link from the PROMISE portal landing page on the left side under "Provider Enrollment", entering the ATN, SSN/FEIN, and password fields and clicking "submit". The Application Summary section will display on the page showing the current status of the application.

* 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**

Select a Program Type ▾

* **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.



PennState Health

The ATN – Application Tracking Number

The Good....

- Return to the ATN when Changes occur within a few months. (?)
Pre-populated with the data you entered. Trial and error. Adding additional locations. Retains some data elements. You can initiate an application and pause. Return to the application and finish. Data is stored. Application does not time out.

The bad.....

- Once application is submitted, the ATN is good only for a few months. Trial and error. If not there, new app is needed

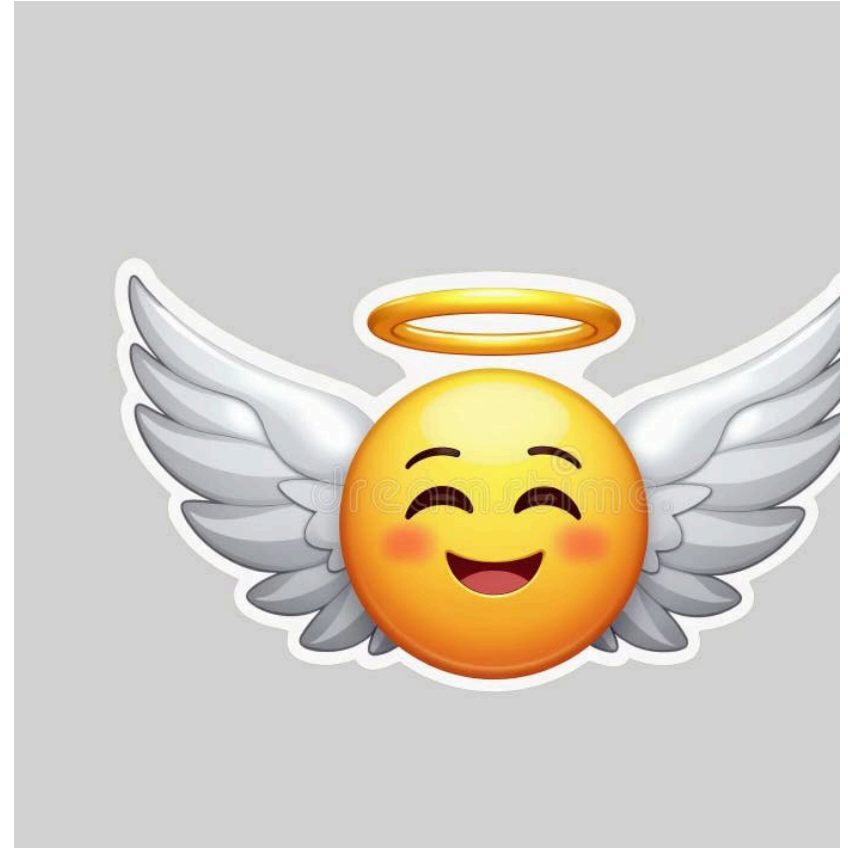
The ugly.....

- Reattaching documents
Some duplication of efforts. Some Data elements drop. Keeps you on your toes.



Portal not used:

- Last name changes are done via email. This is favored approach and timeline has improved. 7-10 days.



PROMISe™

Legacy - ePEAP

The Good – Provides a listing of groups in your tax ID

Shows all groups linked to the tax ID 0001 to 0XXX

Provides a listing for a provider(s) with their Group affiliation

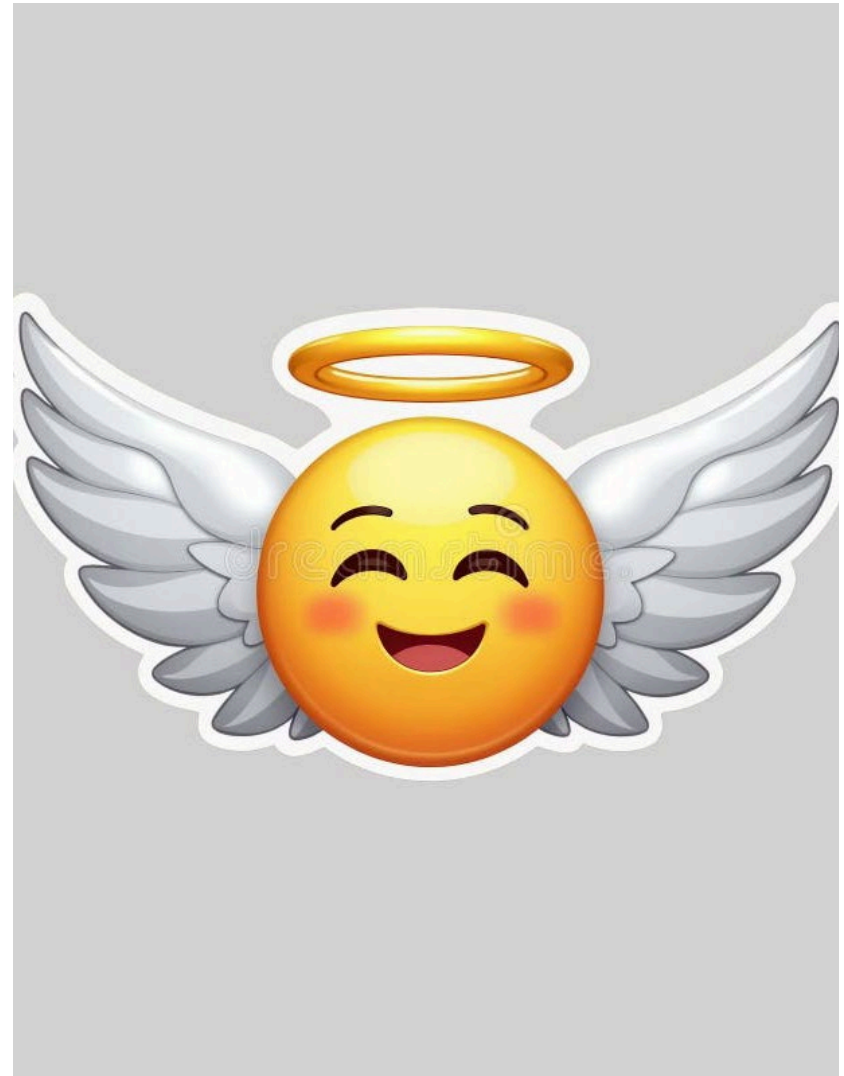
Provides Effective and Revalidation dates

Check if provider is active or not active in particular location

Other Miscellaneous tasks can be completed through ePEAP. Terms, etc.

Each provider needs to be registered with a log in. Individual provider option.

Enrollment Specialist has access to each group and revalidation exercises are facilitated through this option. A provider, if fee assigned, can be revalidated in this process.



Easy access to check if provider is approved. Print enrollment record.

The final phase.....The finished product.

Checking the ATN or using ePEAP – both provide quick approval status. A great resource for the enrollment team to view approvals and release claims. It's a team win for enrollment and the revenue cycle.

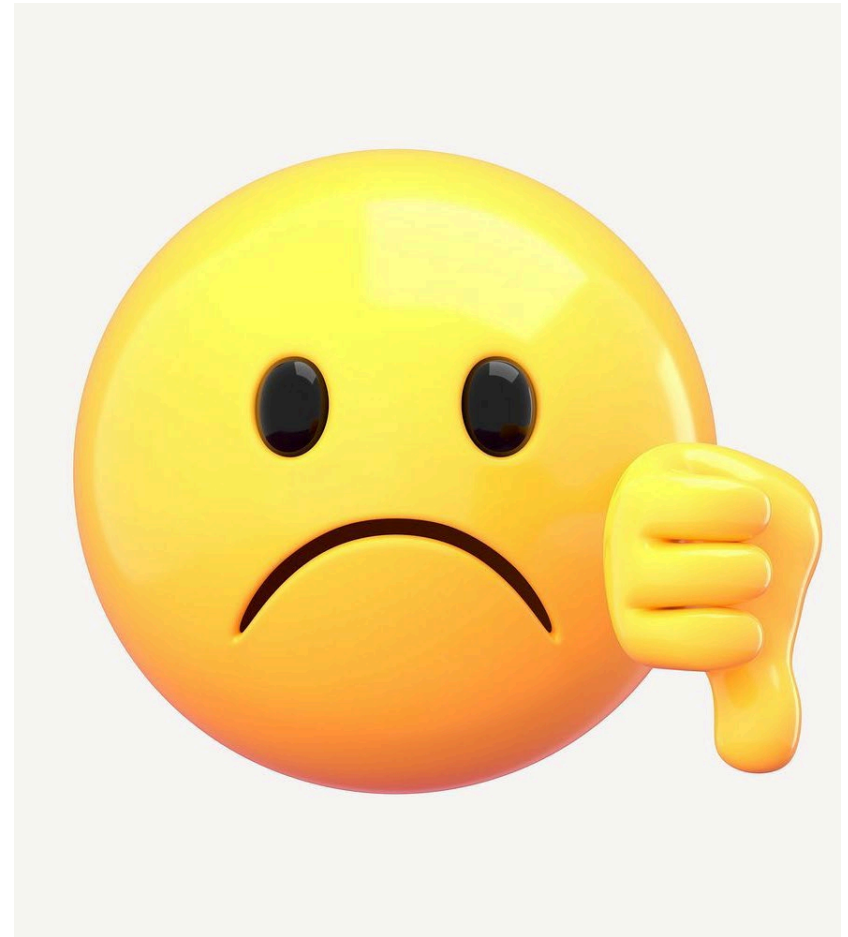
Hardcopy confirmations are always sent as well.



The BADDD

The process has glitches....

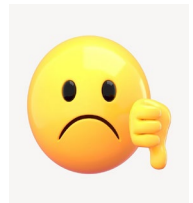
- Attachments requested vary. Board verification always requested. Stay on your toes for monitoring other attachments requested.
- Individual provider board dates are a moving target in PROMISe during the revalidation process.



Request for Assignment of Fees – Individual within group - CHANGES

“Fee Assign” - submit application for existing provider to new location via portal. Within the application there is a Fee Assign component.

Wishlist - streamline adding location to existing providers. Mirror the CMS world. Work from any location in the entity without enrolling provider in each location. In Pennsylvania, every practice/provider (office setting) location needs a MAID number;



The UGLY -

Via PROMISe... GROUP work –

Group Revalidations – Although data on file with DHS, some data must be entered again.

The UGLIEST PAIN POINT....

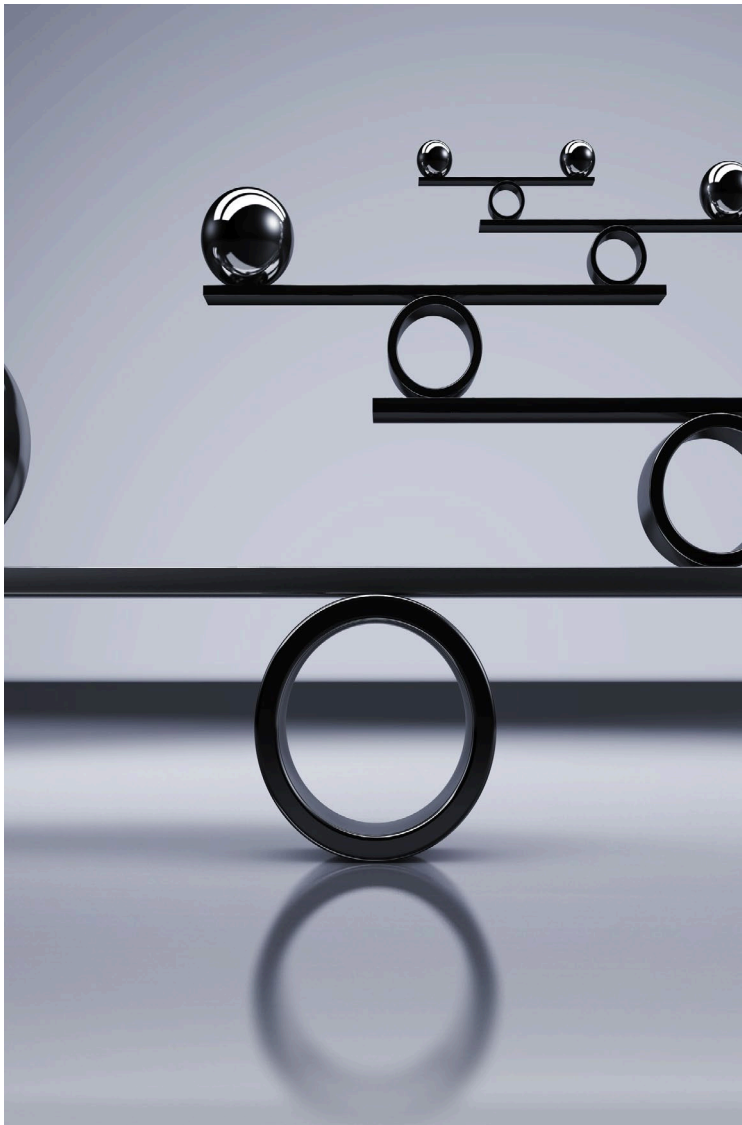
Corporate entities with Ownership or Control Interest – This could involve pages of data which need to be keyed for every location being revalidated. One location Revalidation can take 90 minutes to execute.



The ugly – working these pain points

- For large entities – Ownership Control – Group Apps/Revalidation is extremely cumbersome and a day(s) of dedication to enter the data
- Details about managing employees, agents, indirect/direct ownership interests. Any changes with ownership or control information must be reported. All data must be entered on each application. This data is not saved for the group.
- Varied provider types means different groups within same practice. i.e. CRNA provider type 32 while Anesthesiologists are 31. One suffix for all locations for same taxonomy, same tax ID
- The light in the tunnel - Only one form is submitted per tax ID, not per service location for Group process.
- Medicaid is state governed, not Federal. Managing multiple out-of-state provider enrollment applications means knowledge for each state's requirements
- Behavioral Medicine gatekeepers have their own structure. Consult with each network in building these groups. The MAID for individual providers, who can enroll, is always the first step to prepare for the gatekeeper application process.





Streamlining the Revalidation timeline/process

If possible, work 2-3 months ahead of your revalidation date. Outreach provider to complete confidential questionnaire.

Give yourself time to balance your everyday workload between submitting revalidations.

Amerihealth Caritas provides listing of DHS revalidations as a heads up.



Teamwork makes the load easier and possible.

Shout out to the Credentialing teams who support their enrollment teams!

