

<b>ISSUE DATE</b> February 27, 2014	<b>EFFECTIVE DATE</b> March 31, 2011	<b>NUMBER</b> 99-14-02
<b>SUBJECT</b> Provider Credentialing by the Pennsylvania Medical Assistance Program		<b>BY</b>  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** On **October 1, 2014**, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. Additional information is available on the DPW website at:  
[http://www.dpw.state.pa.us/provider/icd10information/P\\_012571](http://www.dpw.state.pa.us/provider/icd10information/P_012571)

**Purpose:**

The purpose of this bulletin is to inform providers that the Department of Public Welfare (Department) is updating its credentialing and recredentialing procedures. This bulletin supersedes Medical Assistance (MA) Bulletin 99-09-08 titled “Revision of the PROMISe Individual Practitioner Enrollment Application and the Implementation of Credentialing for Certain Provider Types.”

**Scope:**

This bulletin applies to all providers enrolled in the MA Program in the Fee-for-Service and managed care delivery systems.

**Background:**

Section 6401(b) of the Patient Protection and Affordable Care Act (Pub. L. 111–148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152) (collectively known as the Affordable Care Act or ACA) amended Section 1902 of the Social Security Act (Act), to add paragraphs (a) (77) and (kk), that require States to comply with provider screening requirements. The Department of Health and Human Services promulgated regulations implementing regulations on March 23, 2011, which are found at 42 Code of Federal Regulations (CFR) 455, Subpart E – Provider Screening and Enrollment.

The Department implemented a provider credentialing process on November 1, 2009.

The Department has made changes to the MA Program’s enrollment and credentialing process for individually licensed practitioners. The Department no longer contracts with a

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at  
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

credentialing verification organization for verification of providers' credentials. In addition, the Department will no longer accept the Pennsylvania Standard Application or registration with the Council for Affordable Quality Healthcare's (CAQH) Universal Provider Datasource in lieu of completing the MA Enrollment Application.

**Discussion:**

Currently, the Department neither refers practitioners to CAQH nor accepts the "Pennsylvania Standard Application" in lieu of answering specific questions to the PROMISe™ Provider Application as previously indicated.

All providers in the MA Program must complete the Pennsylvania PROMISe™ Provider Enrollment Base Application and submit any additional required information.

Upon receipt of the completed PROMISe™ Provider Enrollment Application and any additional submitted information, the Department will initiate the review of the credentials of the provider. The Department will send a letter to providers advising them if their enrollment applications have been approved or denied.

In the event that a provider application is not approved and the provider is denied enrollment, the applicant/provider may appeal the adverse determination by following the provider appeal process set forth in 55 Pa. Code, Chapter 41 MA Provider Appeal Procedures.

**Procedure:**

- 1) Prior to completing an application for re-enrollment/revalidation in the MA Program, providers should review enrollment requirements to determine which provider type they are eligible to enroll under in order to participate in the MA Program.
- 2) Applicants must complete the latest version of the PROMISe™ Provider Enrollment Application including all required accompanying supplemental documentation.
- 3) Providers may view enrollment requirements and applications by accessing the following website link:  
<http://www.dpw.state.pa.us/provider/promise/enrollmentinformation/index.htm> or by calling the MA Provider Enrollment toll free number 1-800-537-8862.
- 4) Providers can submit their MA application in one of 3 ways:

Email: [Ra-ProvApp@pa.gov](mailto:Ra-ProvApp@pa.gov)

Fax: 717-265-8284

Mail: DPW/OMAP/BFFSP  
Attention: Provider Enrollment Unit  
PO Box 8045  
Harrisburg, PA 17105-8045

Please allow adequate time for application processing and screening (at least 60-90 days).

- 5) Once a completed application has been submitted, the Department will conduct the required screening. Providers must undergo the revalidation/re-enrollment process at least every five years.
- 6) In the event that a provider application is not approved, the applicant/provider may appeal an adverse determination by following the provider appeal process set forth in 55 Pa. Code, Chapter 41 MA Provider Appeal Procedures which may be accessed at the following website link: <http://pacode.com/secure/data/055/chapter41/chap41toc.html>