



## Pennsylvania Department of Human Services (DHS) Provider Enrollment Requirements Frequently Asked Questions (FAQ)

### GENERAL

**Q: We have two office locations. Our main office has already revalidated or enrolled with DHS. Should we also enroll for the additional office location under our group separately?**

A: Every provider must enroll with DHS at every practice location where they render services to Medicaid and CHIP members, and revalidate this enrollment every five years. HPP will be required to remove locations from our directory where the provider does not have an active PROMISe ID, effective January 1, 2018.

**Q: Is there a contingency plan in place when HPP denies a claim because a provider or location does not have an active PROMISe ID, but a revalidation application was recently submitted?**

A: There is no contingency plan. Effective January 1, 2018, if the provider is not enrolled at the location where services have been rendered and they do not have an active PROMISe ID, the claim will be denied. If and when providers do enroll, they should notify HPP and appeal their denials through HPP Claims Reconsideration.

**Q: Is this for Health Partners Medicare as well?**

A: No, this enrollment requirement does not apply to Health Partners Medicare.

**Q: How frequently are HPP claims and credentialing systems updated with data from DHS?**

A: HPP systems are updated at the time of credentialing, re-credentialing and any other time we are made aware of data changes from a provider. HPP creates weekly reporting from DHS files and updates our claims and credentialing systems weekly, as necessary.

**Q: I have experienced MCOs indicating Medicaid ID numbers being termed due to what they see on the PROMISe portal, which can sometimes be incorrect. How is HPP working to meet this challenge?**

A: We validate provider enrollment through PROMISe and through weekly and monthly reports we receive from DHS. If a provider is not listed as an actively enrolled provider through each of these tools, we will remove the provider from our network for Medicaid and/or CHIP.

**Q: Are groups required to enroll with DHS if all of the providers from different service locations are already enrolled? Do groups need to enroll separately?**

A: Yes. DHS requires both group and individual provider enrollment.

**Q: Will this also affect patients that are Medicare primary? For example, if a member has Medicare and is receiving wound care and the 20 percent coinsurance is being billed to HPP, will the provider be paid for coinsurance if they are not enrolled with DHS?**

A: Yes, this applies to any situation where Medicaid or CHIP is a payer, regardless if they are primary or secondary. The provider will not be paid if they are not actively enrolled with DHS at the location where services were rendered.

## TIMING

### **Q: Does everyone need to enroll with DHS or revalidate before January 2018?**

A: All providers enrolled with DHS are required to revalidate their enrollment every five years. DHS will notify you when you are due to revalidate and HPP will notify you 90, 60 and 30 days prior to your enrollment status expiration date.

### **Q: We enrolled with DHS or revalidated in 2016, do we need to do this again or after five years?**

A: Revalidation is required every five years. You will be notified by DHS and HPP when you are due to revalidate again. You can also check your revalidation date online at the [DHS provider enrollment site](#).

## CHIP PROVIDERS

### **Q: If you are already enrolled as a provider/location in Medicaid, do you still need to enroll separately in CHIP?**

A: No, you do not need to enroll separately for CHIP if you are already enrolled with DHS for Medicaid. However, if you are not currently enrolled for every location where services are rendered, you must do so prior to January 1, 2018.

If you are not currently enrolled with DHS for Medicaid and you do not render services to Medicaid and/or CHIP members, you do not need to enroll with DHS.

## PROVIDER TYPE

### **Q: Do resident physicians need to enroll with DHS?**

A: Yes, residents must enroll with DHS in order to prescribe medications and order services. If a resident does not enroll with DHS and they prescribe/order services, the rendering provider's claim will not be paid by the MCO.

### **Q: Are these requirements for acupuncturists too?**

A: While DHS does not currently enroll acupuncturists, DHS is developing required enrollment criteria, which we expect to be released soon. It is recommended that acupuncturists begin the enrollment process with DHS.

### **Q: Do DME (durable medical equipment) providers have to re-enroll with DHS before January 1, 2018?**

A: DME providers are required to be enrolled with DHS in order to be paid for services rendered to Medicaid members.

**Q: Is DHS enrollment required for skilled nursing homes?**

A: Yes. The provider enrollment requirement applies to all providers who render care to Medicaid and CHIP members.

**Q: We are a home health care provider. If the doctor sending the order to us is not enrolled with DHS, will we be paid for our services?**

A: No. If the ordering provider is not enrolled with DHS, your claim will be denied.

## CREDENTIALING

**Q: Once a provider has their PROMISe ID for all locations and is enrolled with DHS, we send in the HPP credentialing application. Is the CHIP credentialing application separate or included with the HPP credentialing application?**

A: If you are enrolled with DHS for Medicaid, a separate CHIP application is not required.

**Q: If all of our providers have been enrolled with DHS and have a PROMISe ID, does a provider or group need to re-enroll or be re-credentialed with HPP?**

A: No, you do not need re-enroll or be re-credentialed with HPP if you are already credentialed.

## STATUS

**Q: How do I know if I have to revalidate or enroll with DHS?**

A: DHS will let you know when you are due to revalidate. In addition, you can check your enrollment status and revalidation date by logging into the [DHS provider enrollment site](#).

## ORDERING, REFERRING, PRESCRIBING (ORP)

**Q: What if the ORP provider always bills under a supervising provider who is enrolled with DHS? Does the ORP provider need to enroll with DHS?**

A: As long as DHS allows the supervising provider to be listed as the rendering provider, you do not need to enroll the ORP provider separately. However, this does not apply to prescriptions written for medications, as the ORP provider will always be listed as the prescriber, not the supervising provider.

**Q: Do physician assistants need to be on the claims if they are ordering?**

A: You are not required to list the physician assistant as the rendering provider on the claim. You can list the supervising provider as the rendering provider. In either situation, the rendering provider on the claim must be enrolled with DHS at the location where services were rendered in order for the claim to be paid.

**Q: How can the rendering provider verify if the ordering physician is enrolled with DHS?**

A: The status of an ORP provider can be checked online at the [DHS provider enrollment site](#). Follow these [quick tips](#) for more information.

## **OTHER**

**Q:** Since podiatrists are not required to enroll with DHS using the same provider type code as MDs and DOs, it is my understanding that DME providers cannot be reimbursed for wound care supply orders signed by a DPM (doctor of podiatric medicine). As a result, Medicaid members cannot get wound care supplies ordered by a DPM unless they pay out of pocket. How do these new DHS provider enrollment requirements impact this?

**A:** We are required to follow DHS guidelines with regard to DME ordering provider limitations. This means that DME providers are required to be enrolled with DHS in order to be paid for services rendered to Medicaid and CHIP members.