PA PROMIS*e*™

User Manual

PA PROMIS*e*™

Provider Internet

User Manual

SYSTEM DOCUMENTATION LIBRARY REFERENCE NUMBER: [00000164]
SECTION: 4-5B
LIBRARY REFERENCE NUMBER: [0000082]
PROVIDER INTERNET USER MANUAL
REVISION DATE: [07/03/2014]
VERSION 5.19

Library Reference Number: [00000082]

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Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 5.6c	8/6/2010		New Document	HP Documentation Team
Version 5.7	1/1/2012		Updates for 5010	HP Documentation Team
Version 5.8	2/7/2012	94	Updated Surgical Codes	HP Documentation Team
Version 5.9	4/19/2012	141, 1	Took out "Newborn", Changed sentence structure	HP Documentation Team
Version 5.10	8/8/2012		Added Copy function information	HP Documentation Team
Version 5.11	10/4/2012		Updated EVS information	HP Documentation Team
Version 5.12	1/4/2013		Added information relating to NPI processing and new EVS search criterion	HP Documentation Team
Version 5.13	2/4/2013		Updated NPI fields to indicate they're required	HP Documentation Team
Version 5.14	3/6/2013		Updated Portal Login information	HP Documentation Team
Version 5.15	9/20/2013		Integrated ePEAP Manual Added information on Attestation Form	HP Documentation Team
Version 5.16	10/30/2013		Updated per CO 13689	HP Documentation Team
Version 5.17	12/17/2013		Updated for 14597	HP Documentation Team
Version 5.18	04/08/2014		Updated for enhancements to the fee schedule	HP Documentation Team

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 5.19	07/03/2014		Updated PO Box on ACN form	HP Documentation Team

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1 Introduction

The PROMISe™ Provider Portal allows 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 update enrollment information.

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
- Update specific provider enrollment information electronically
- Verify recipient eligibility within seconds of querying

1.1 Key Features and Benefits

The interactive features on the PROMISe™ Provider Portal provide easy access and exchange of up-to-date information previously unavailable between providers, DPW, 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 PROMISe™ Internet application.

The PA PROMISe™ 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.

If you have an account that was already established for the PROMISe™ Provider Internet, there is no need to re-register, as your information will be migrated over to the new portal.

1.2 Secured External Web site

PA PROMISe™ 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 PROMISe™ providers, managed care organizations, and drug labeler and manufacturer communities who have received authorization to access this site.

Providers and Managed Care Organizations

- Receive messages and informational notices from the Department of Public Welfare (DPW). These messages are displayed when a provider arrives at the PROMISe™ 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 DPW 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, ePEAP, 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
- Download MA Program Outpatient Fee Schedules from the Provider My Home Page
- Providers can download or review Provider manuals, claim forms, etc., from the DPW Web site, which is accessed from the Provider My Home Page

1.3 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 5 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 5, 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 5, Provider Internet Windows* of this document. See *Section 1.4* 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

1.4 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 5*, 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 PROMISe™ 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 PROMISe™ 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

1.4.1 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.

1.4.2 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

1.5 The Menu Bar and other Functions

Common to almost all PA PROMISe™ 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 Public Welfare" window banner. Additionally, the "Logout" links appears on most pages.

1.5.1 The Menu Bar

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. Available Menu Bar options will vary depending on your user role (i.e. Provider, Billing Agent, or Out of Network Provider).

Select a command or window option in the following manner:

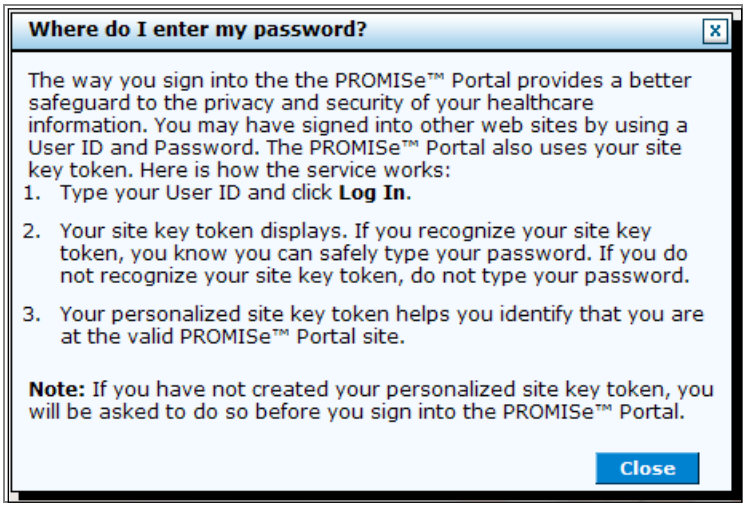
1. Drag the cursor over the desired command on the Menu Bar
2. A horizontal menu appears with secondary options for the Claims, Eligibility, and Trade Files menus. Select the desired option

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	
– 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	
– Inquiry	Displays the Recipient Eligibility Verification function
Trade Files	
– 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	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	Displays the Outpatient Fee Schedule
ePEAP	Displays the ePEAP Menu window
Help	Opens the PA PROMISe™ Internet Help function

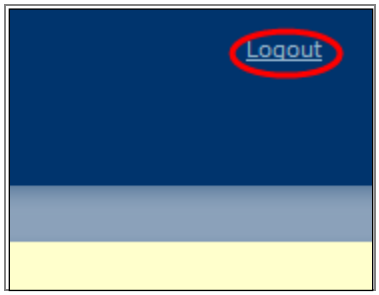
1.5.2 Where Do I Enter My Password? Link

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 PROMISe™ Welcome Page. Clicking it displays a dialogue box that includes a brief explanation of the login process.

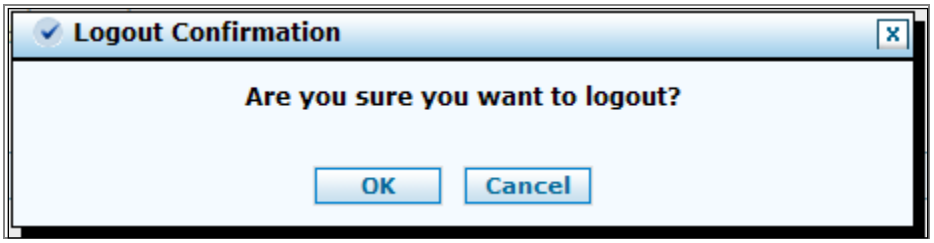


Logout Link

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



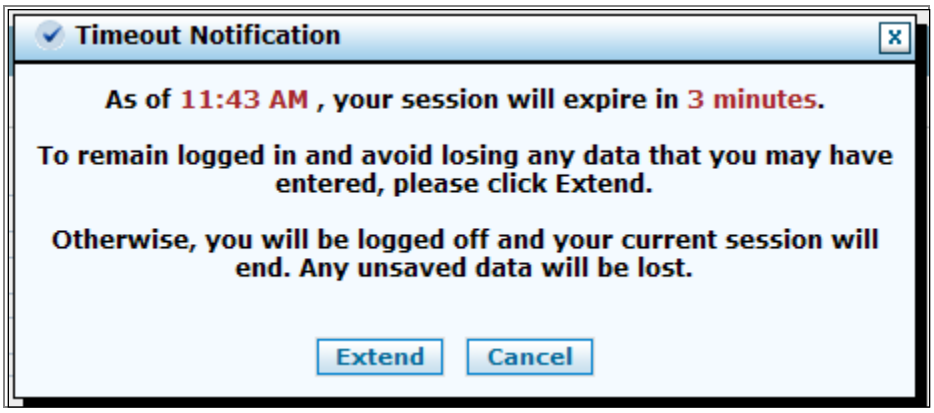
Clicking this link will cause the following confirmation message to appear:



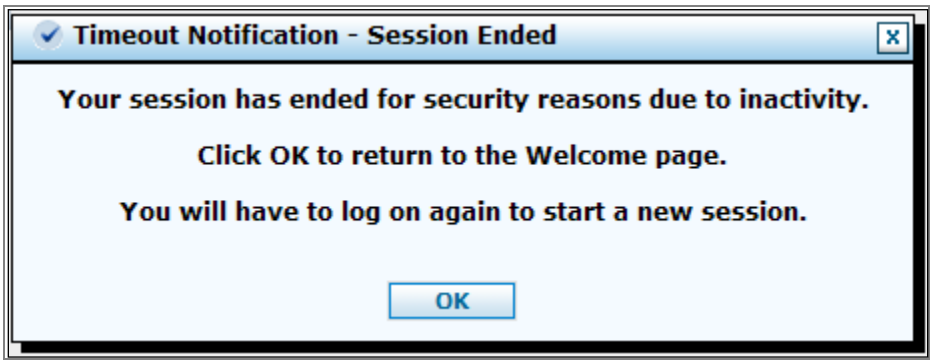
Click the OK button to logout. You will be returned to the PROMISe™ Welcome Page in a logged-out status.

1.6 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.



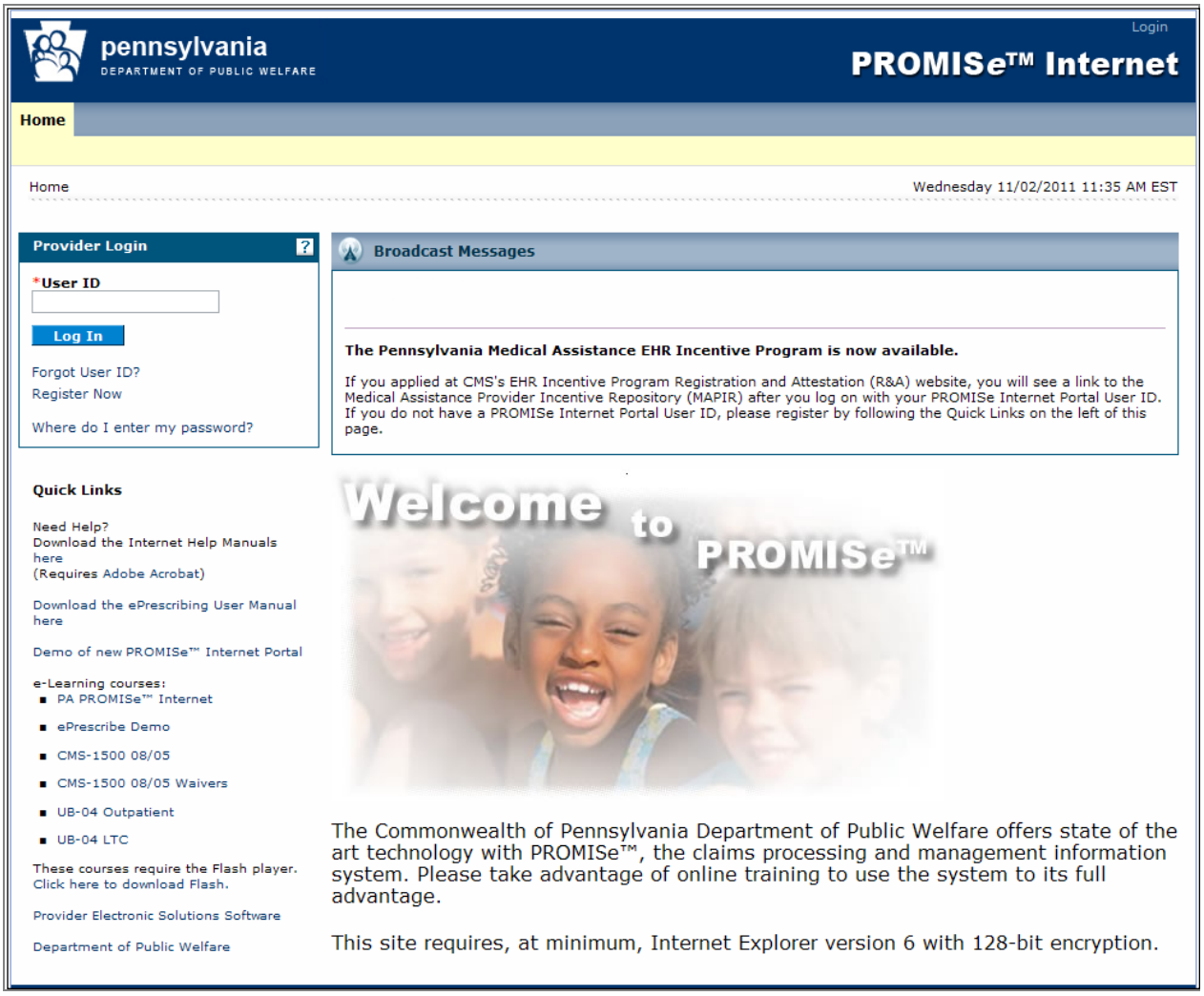
1. Click the OK button
2. Click the Home tab
3. You will be returned to the Welcome to PROMISe™ Page

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

Providers must follow the security process to be granted access to the PROMISe™ 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.dpw.state.pa.us/ - to access the PROMISe™ Welcome Page.



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 PROMISe™ supports user IDs issued from both PA PROMISe™ and DPW Unified Security. Because a provider user ID is comprised of the nine-digit PROMISe™ 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 PROMISe™ Welcome Page. The Registration Selector window will display.

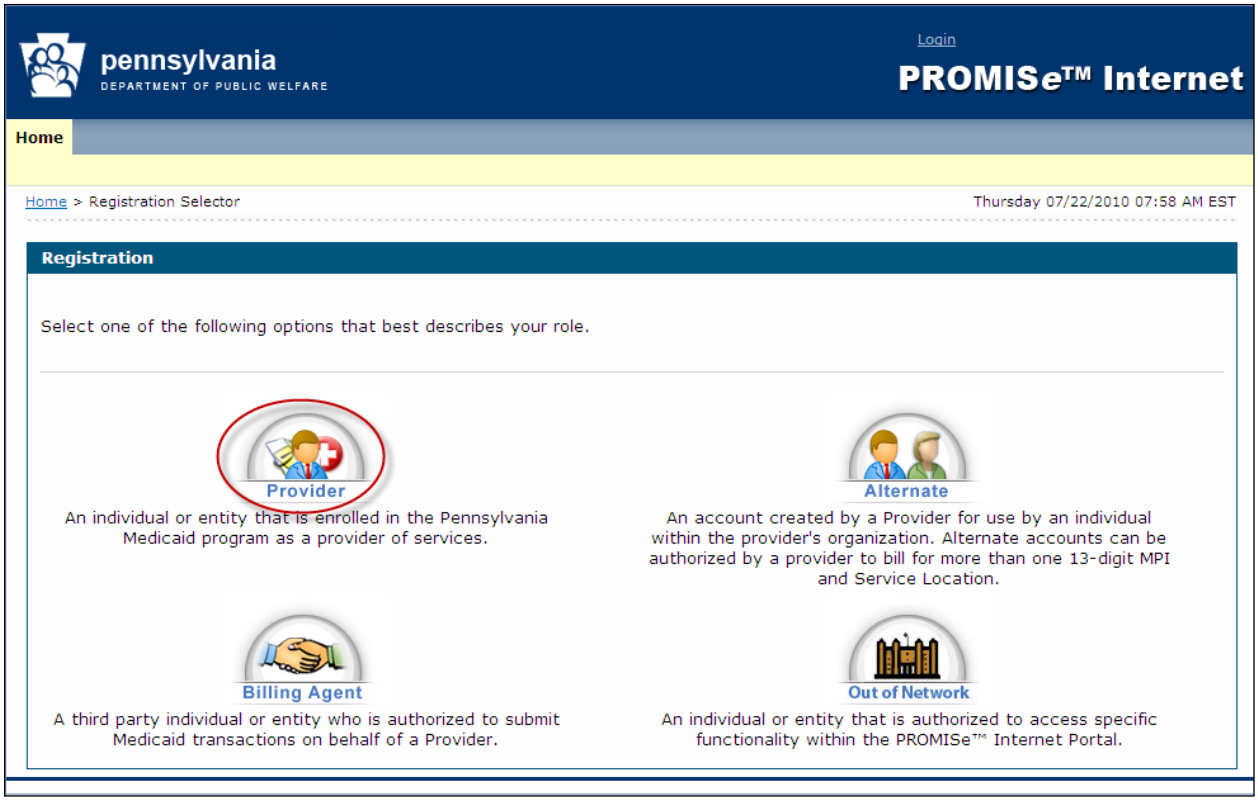
2.1 Process for Registering and Obtaining a Password - Providers

The User Registration process allows providers, OON providers, and billing agents to request access to the PA PROMISe™ 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.

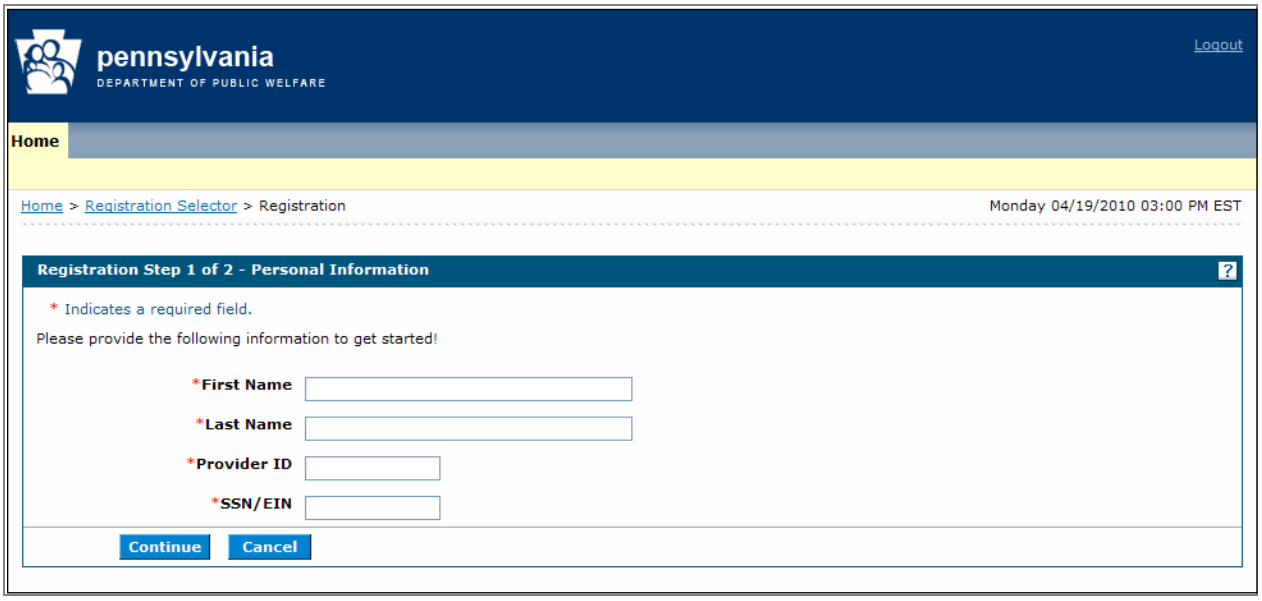
Note: This section addresses the registration process for providers; the processes for OON providers, billing agents, and alternates will be discussed in subsequent sections.

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.

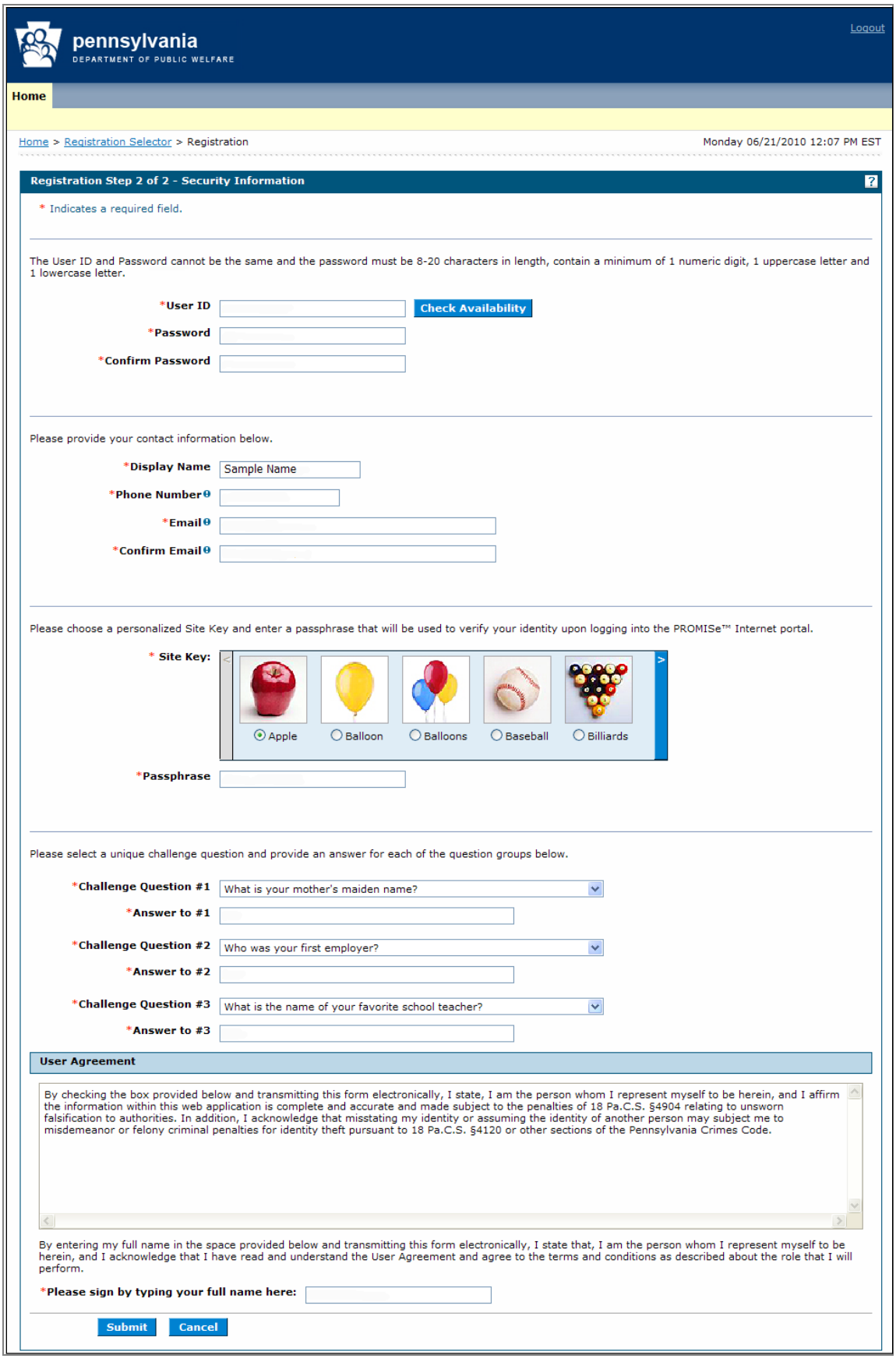
1. Click the Register Now link located under the Log In button on the PROMISe™ Welcome Page. The Registration Selector window will appear



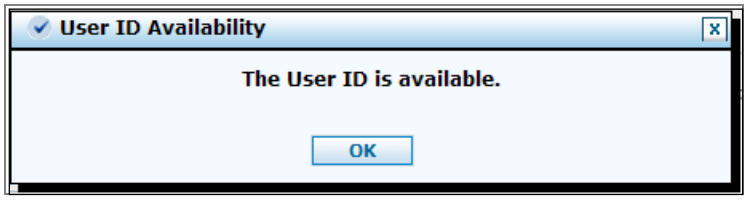
2. Select the Provider option. The Registration – Personal Information window will appear

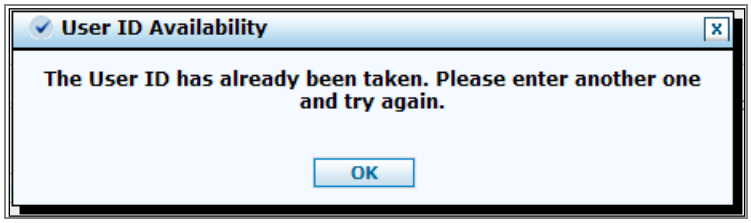


3. Enter your first name, last name, 13-digit Provider ID number, and social security number (SSN) or employer identification number (EIN) into the applicable fields
4. Click the **Continue** button. The Registration – Security Information window opens. The Display Name field is already populated with the first and last name entered in the Registration – Personal Information window


pennsylvania
DEPARTMENT OF PUBLIC WELFARE
Logout
Home
Home > Registration Selector > Registration
Monday 06/21/2010 12:07 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
Sample Name
*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
What is your mother's maiden name?
*Answer to #1
*Challenge Question #2
Who was your first employer?
*Answer to #2
*Challenge Question #3
What is the name of your favorite school teacher?
*Answer to #3
User Agreement
By checking the box 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





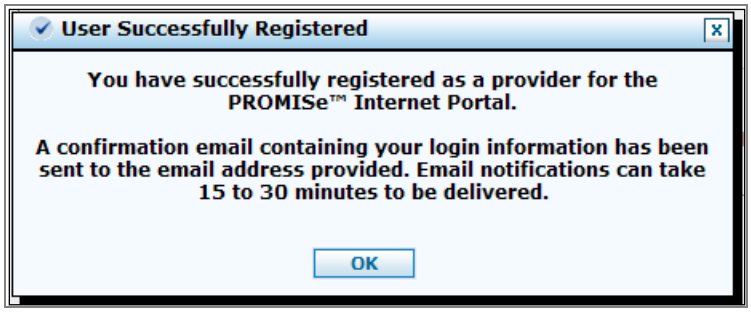
6. Create a password, and enter it into the Password and Confirm Password fields.

   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 lists 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 PROMISe™ Web application

The following confirmation message should appear:



2.2 Process for Registering and Obtaining a Password – Billing Agents

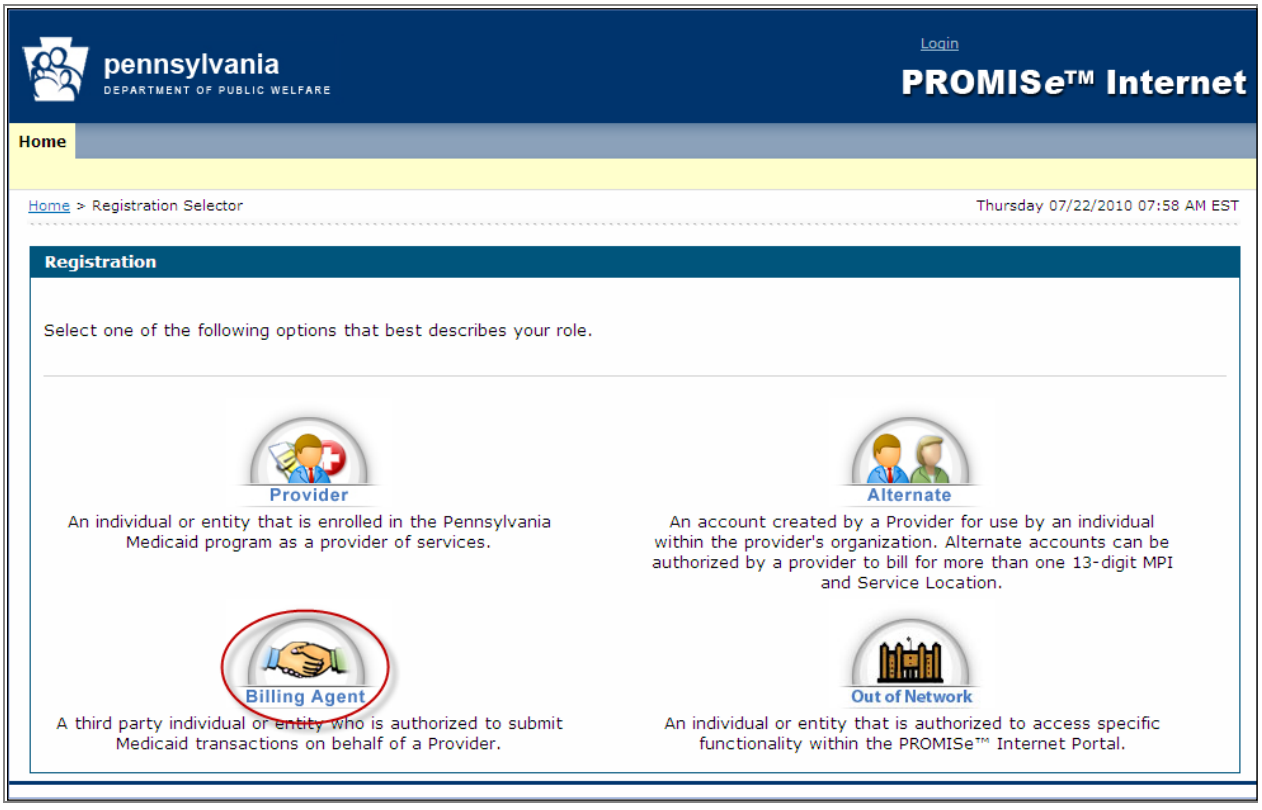
Providers who are DPW billing agents – formerly known as "business partners" – must follow the instructions in this section to log on to the PA PROMIS*e*™ Internet site.

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

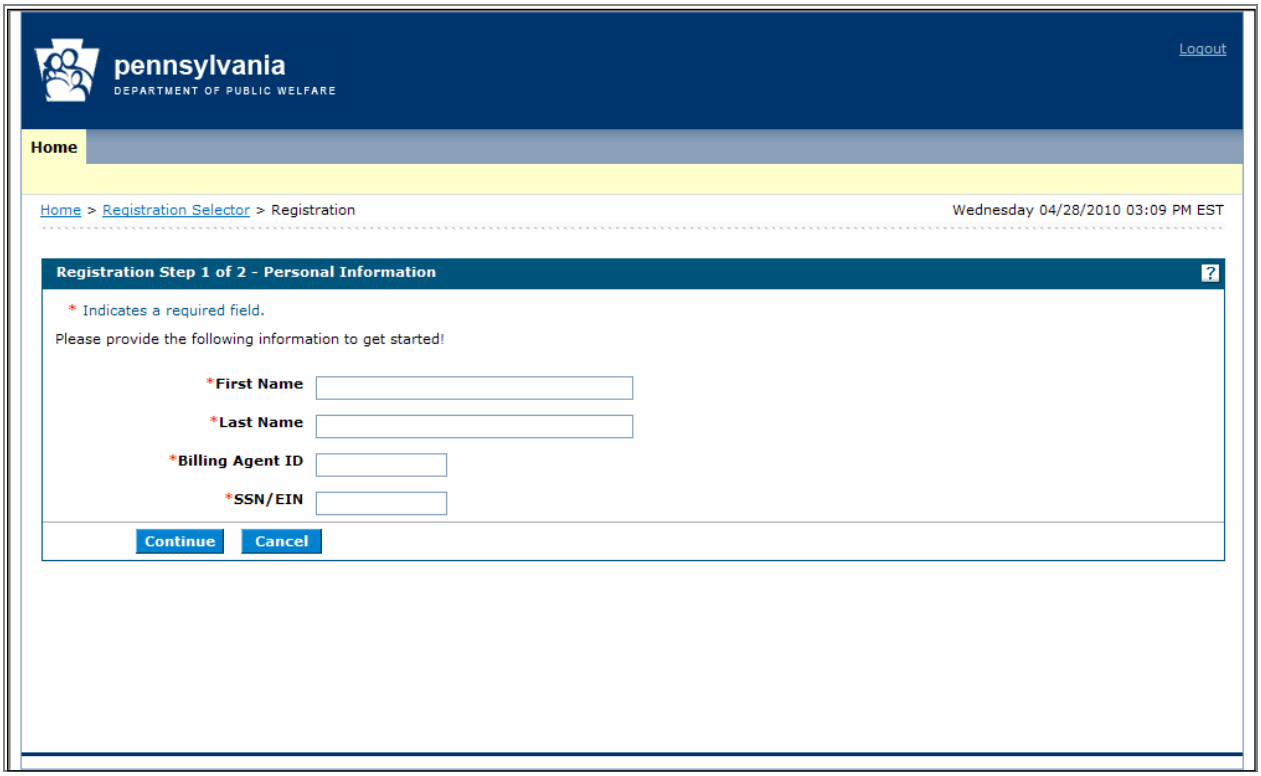
Billing agents include the following provider types who do business with DPW:

- HCSIS
- PH
- BH MCO

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

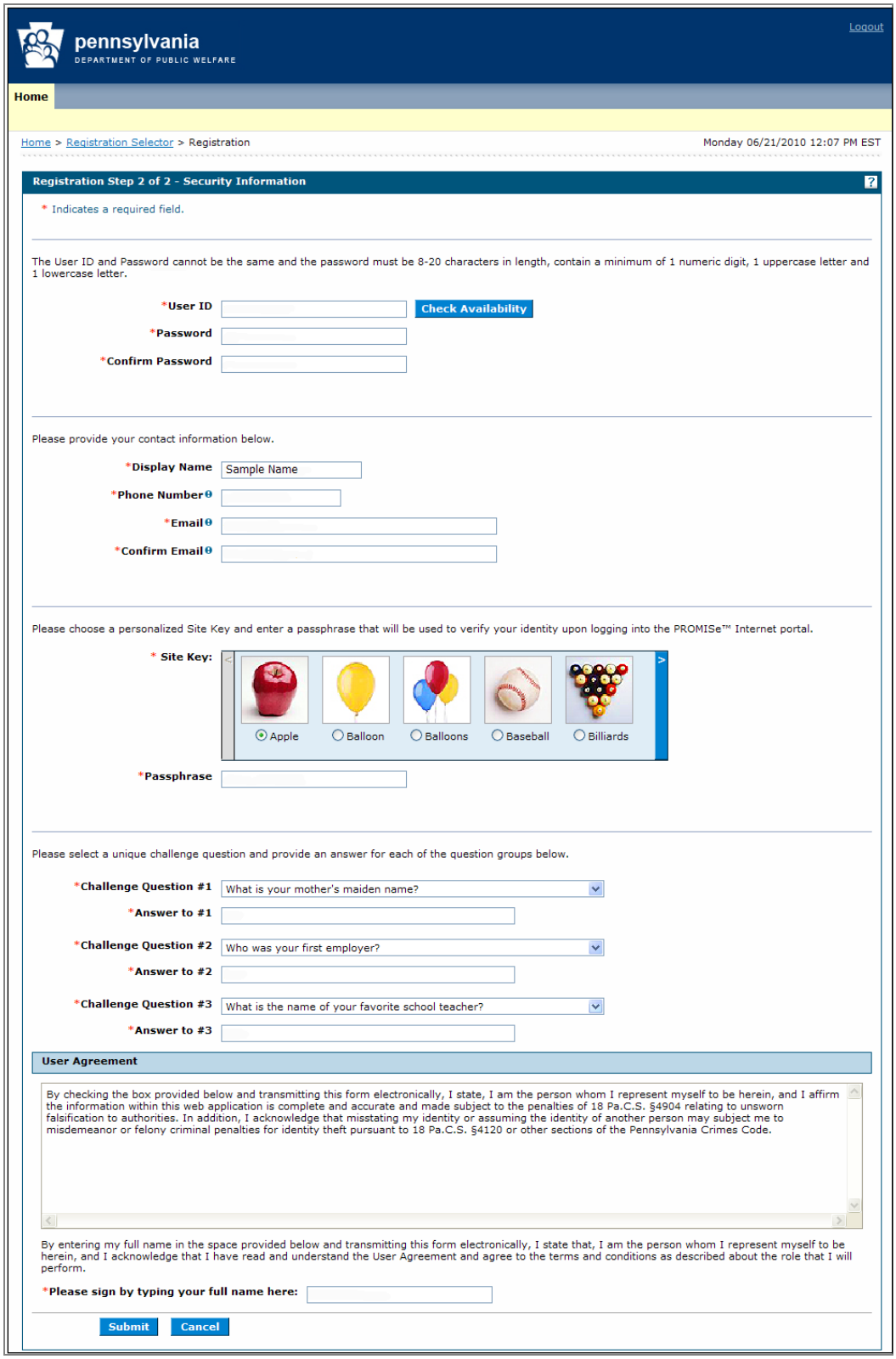


1. Select the Billing Agent option. The Registration – Personal Information window appears

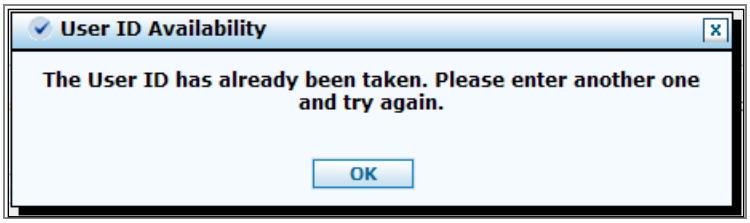


2. Enter your first name, last name, Billing Agent ID, and social security number (SSN) or employer identification number (EIN) into the applicable fields
3. Click the Continue button

4. The Registration – Security Information window appears



5. The Display Name field is already populated with the first and last 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

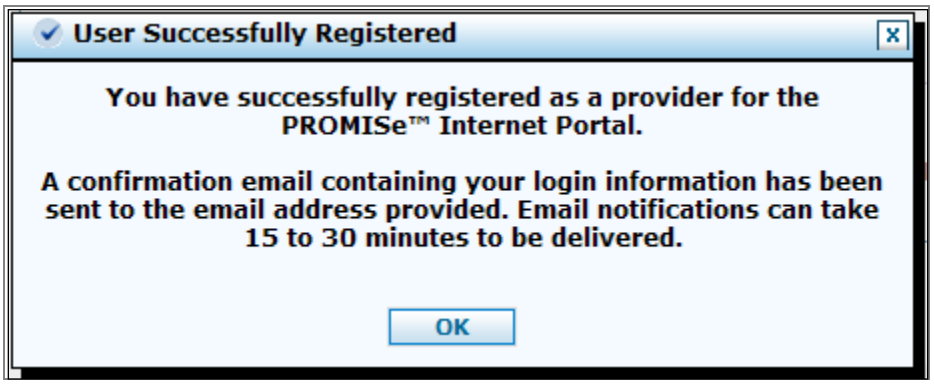
Type your phone number and email address into the fields indicated.

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 PROMISe™ Web application.

The following confirmation message should appear:

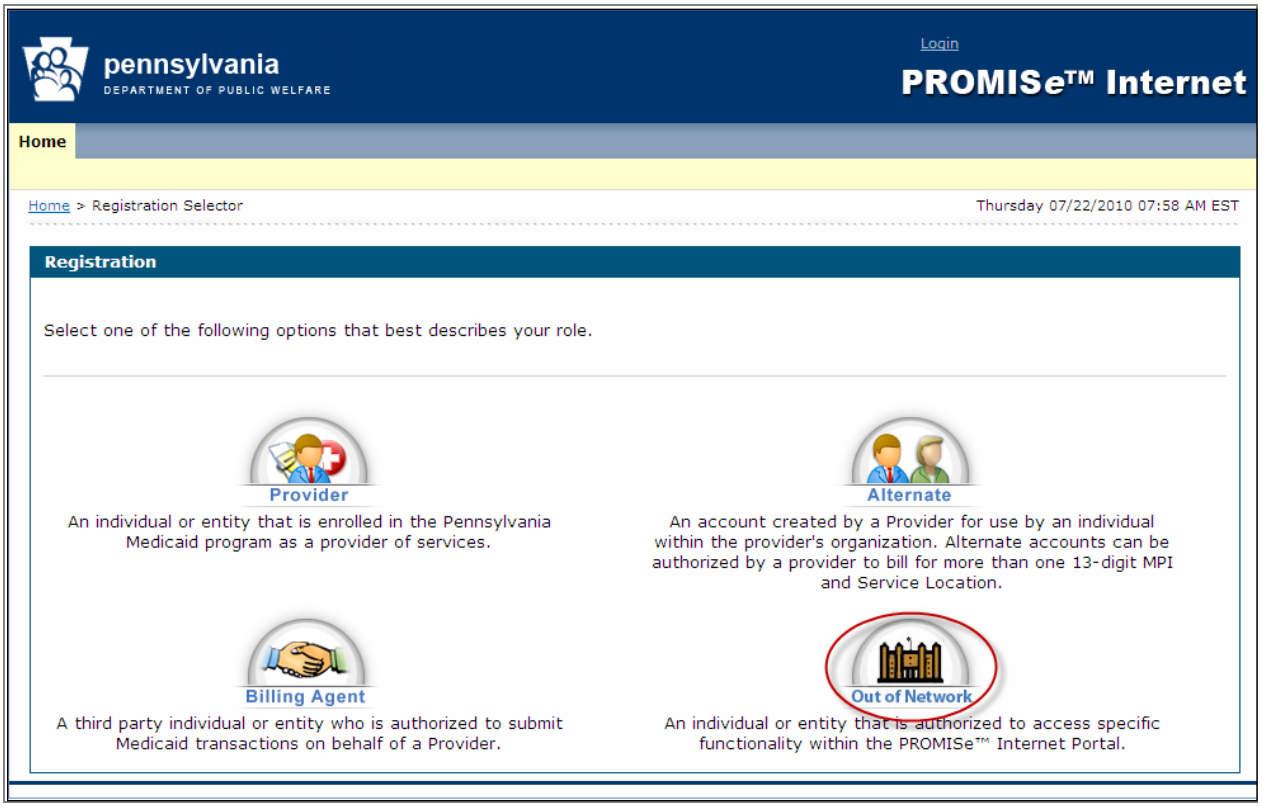


2.3 Process for Registering and Obtaining a Password – OON Providers

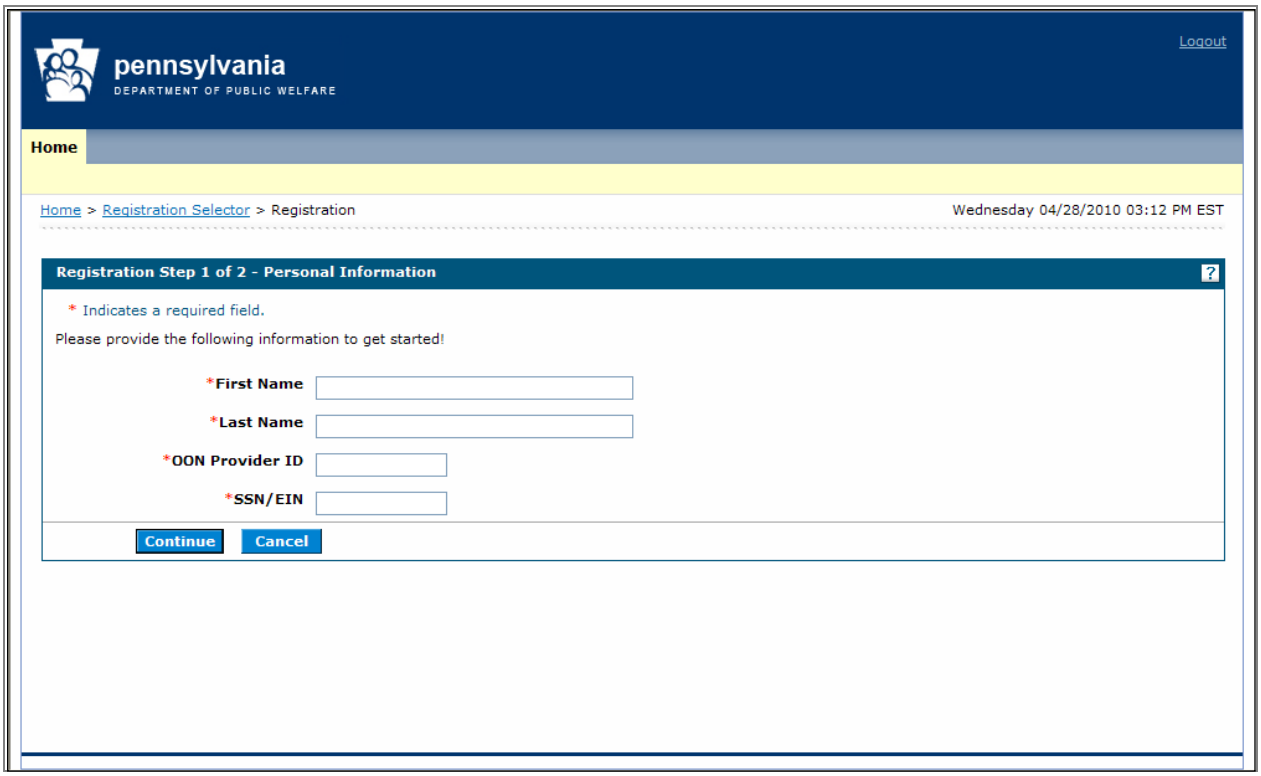
An OON provider is defined as an out-of-network business entity that is enrolled in the Healthcare program as a provider of services.

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

1. The Registration Selector window displays

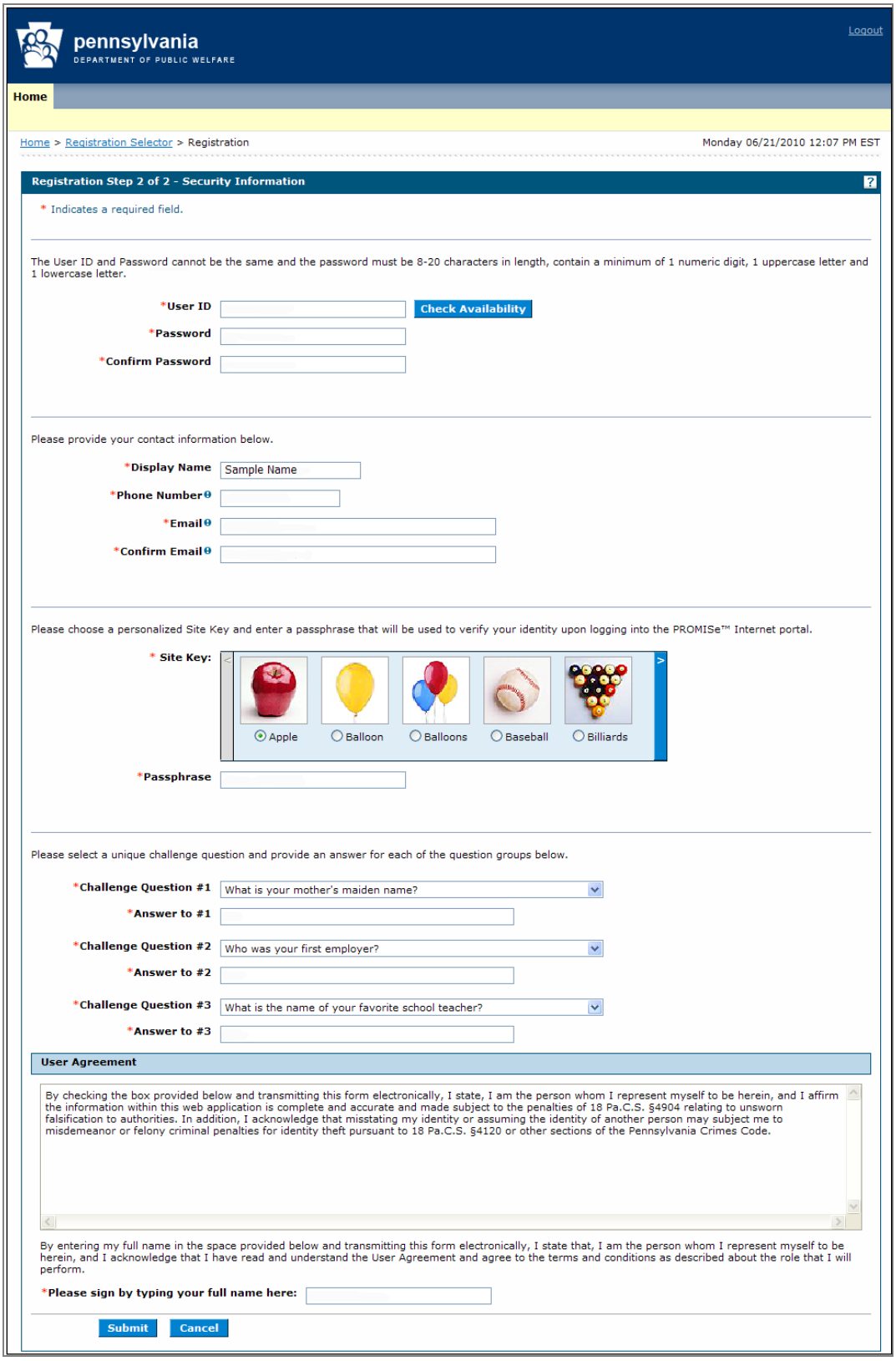


2. Select the OON Provider option
3. The Registration – Personal Information window displays

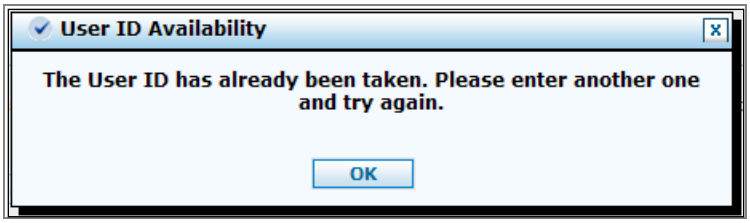


4. Enter your first name, last name, OON Provider ID, and social security number (SSN) or employer identification number (EIN) into the applicable fields
5. Click the Continue button

6. The Registration – Security Information window displays



7. The Display Name field is already populated with the first and last name 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

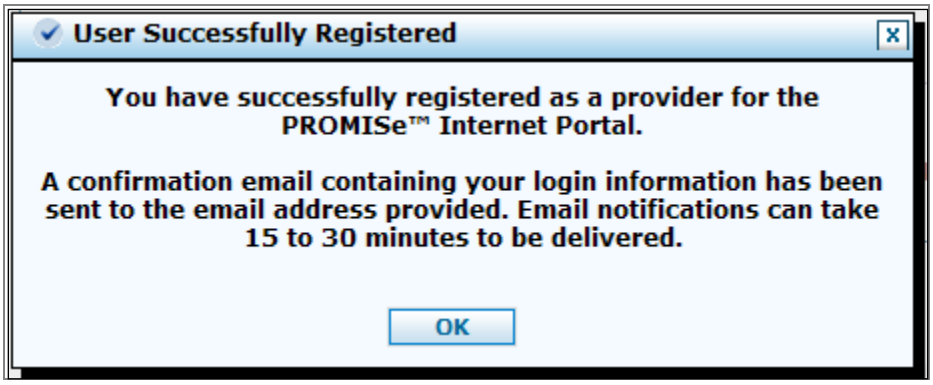


9. Create a password, and enter it into the Password and Confirm Password fields. The password:
   - Cannot be the same as the user's User ID
   - Must be between 8 and 20 characters in length
   - Can only contain letters and numbers
   - Must contain one capital letter, one lowercase letter, and one 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 PROMISe™ Web application

13. The following confirmation message should appear:



2.4 About Alternates

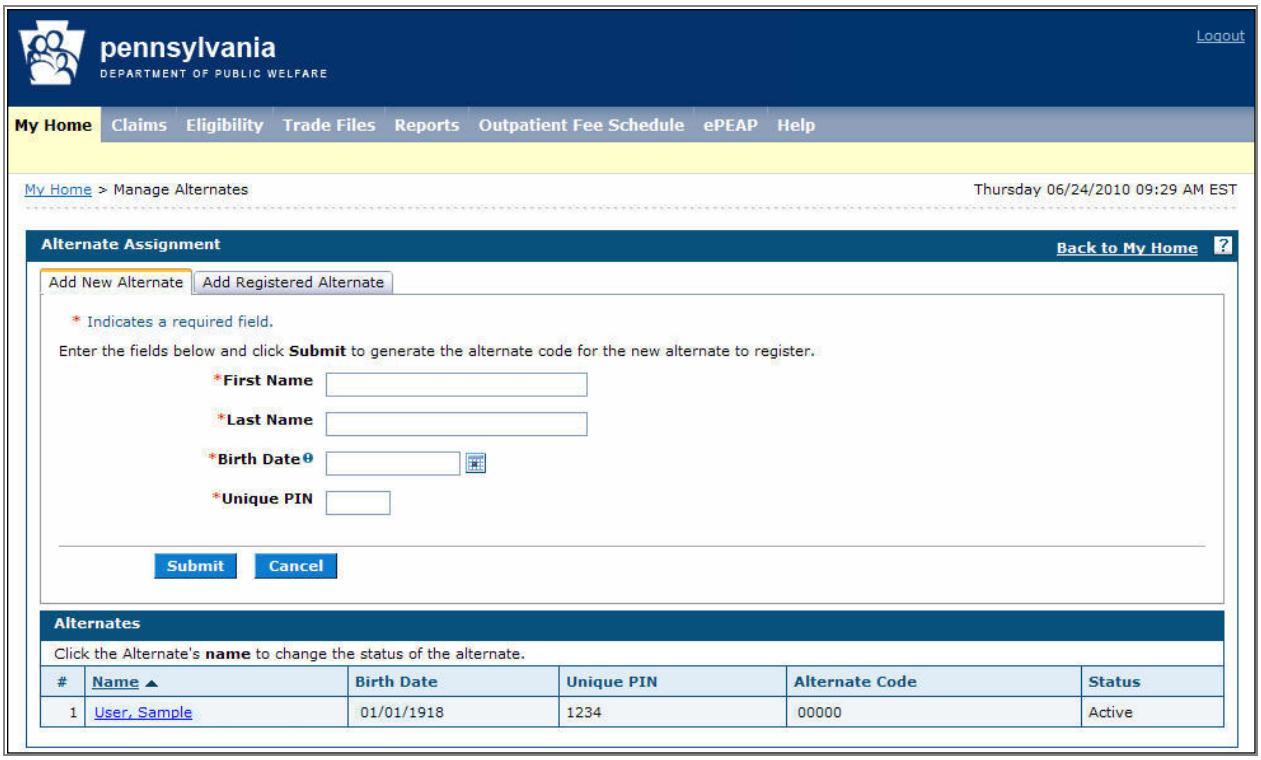
An alternate is an account created by a Provider for use by an individual within the provider's organization. Alternate accounts can be authorized by a provider to bill for more than one 13-digit MPI and Service Location. The alternate is responsible for ensuring patient privacy information accessed 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 PROMISe™ Provider Portal.

2.4.1 Creating an Alternate

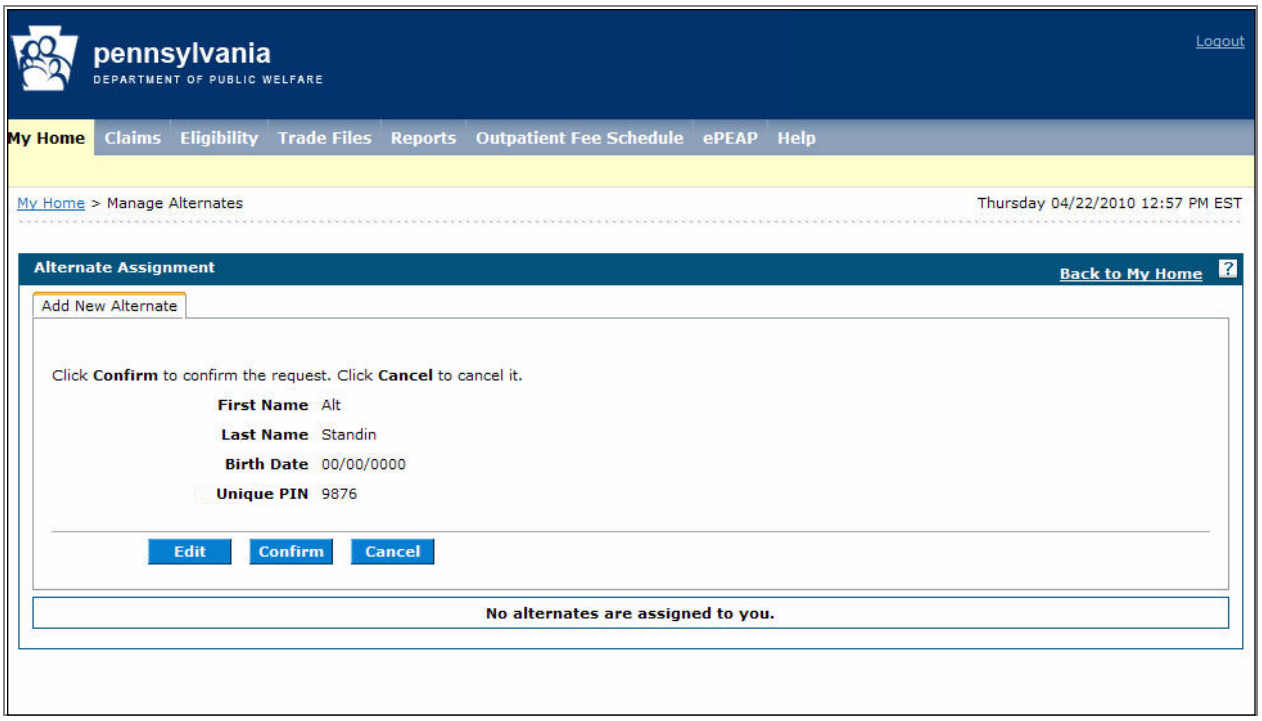
Providers, OON providers, and billing agents can create alternates. Follow the steps below to assign an alternate to your account. These steps are identical for providers, OON providers, and billing agents.

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

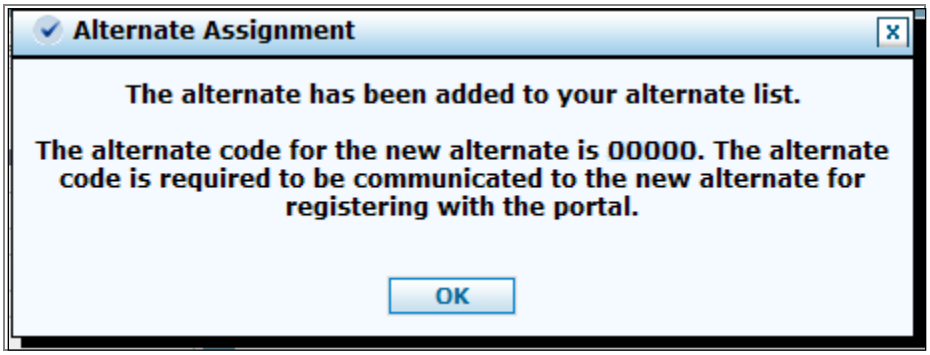


Adding a New Alternate

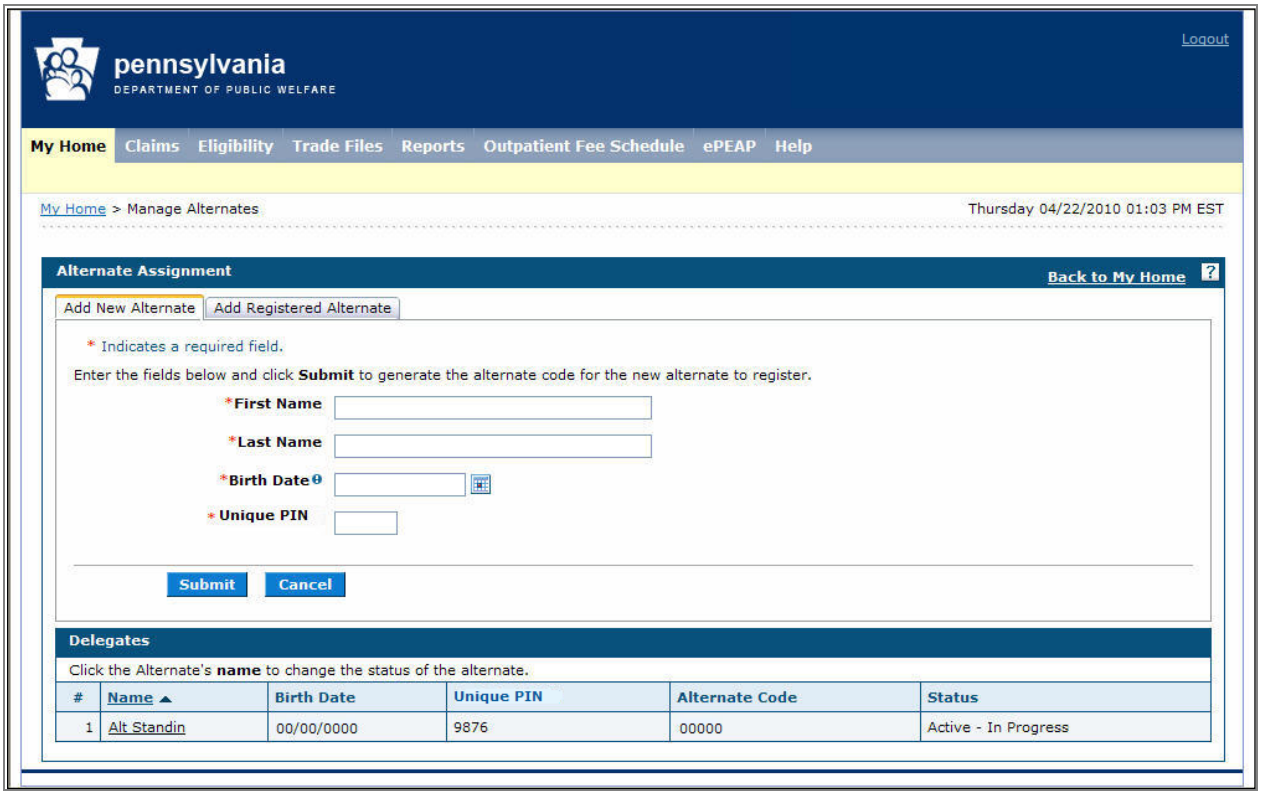
1. The Add New Alternate tab is selected by default
2. Enter the alternate's first name, last name, birth date, and a unique, four-digit number into the specified fields
3. Click the Submit button
4. A confirmation window appears



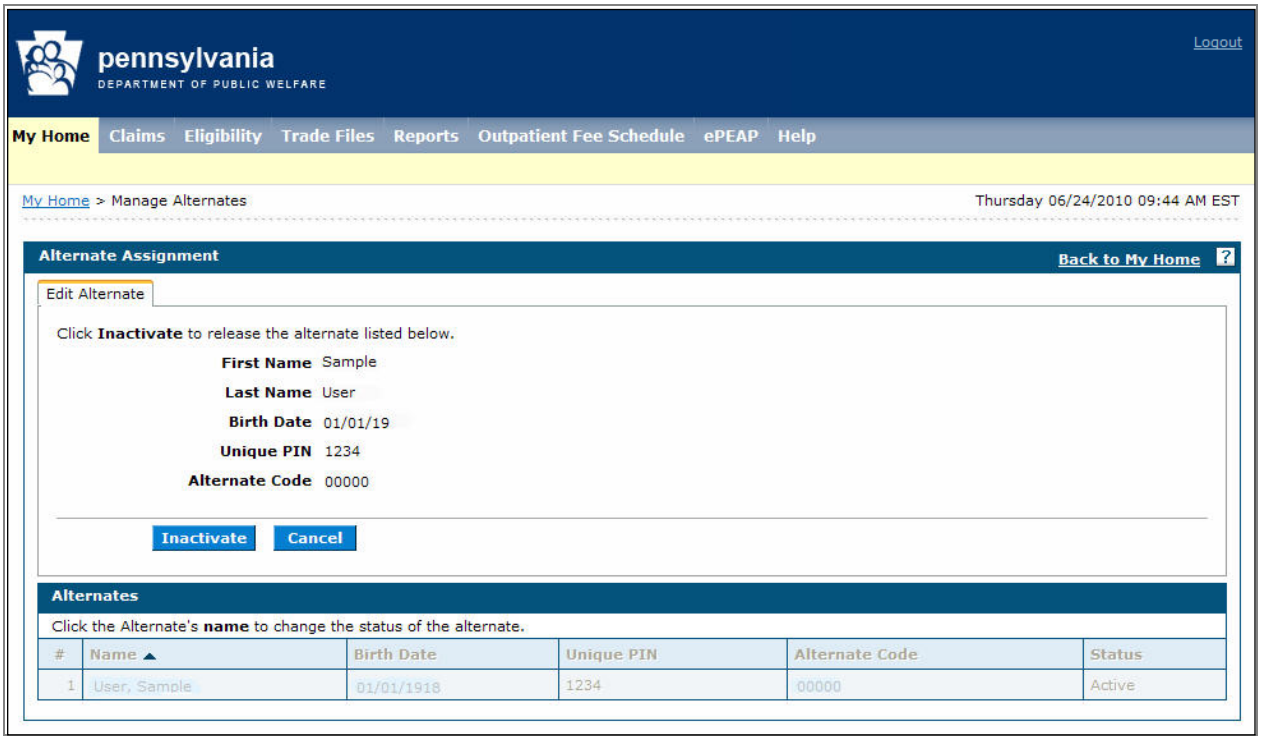
5. To change the information displayed, click the **Edit** button. To cancel the request, click the **Cancel** button. To confirm the request, click the **Confirm** button
6. A confirmation message will appear



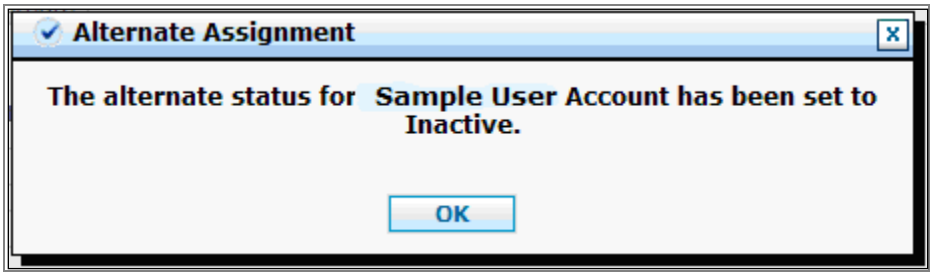
7. Click the OK button. The Manage Alternates screen appears again; however, a Delegates sub-window appears at the bottom, listing the alternate's name, birth date, unique PIN, alternate code, and status



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

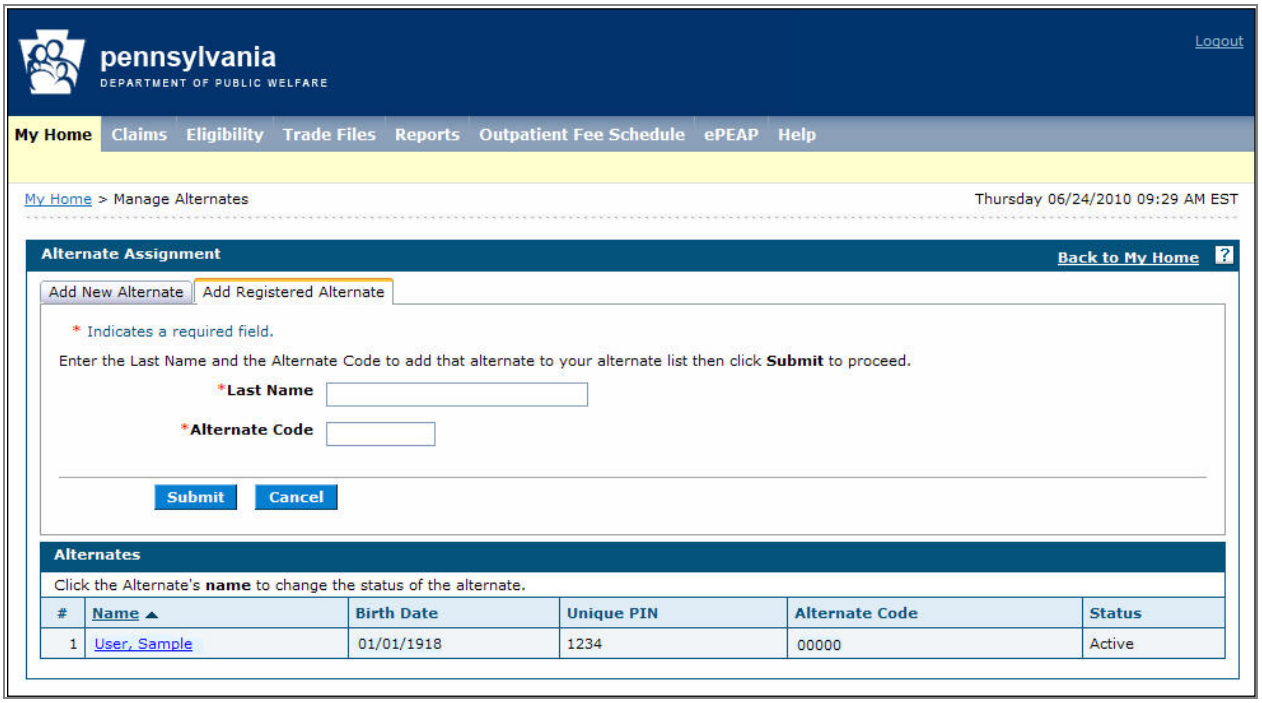


11. The Inactivate button is replaced by the Reactivate button; to reactivate the alternate, click the Reactivate button

2.4.2 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 PROMISe™ via the Welcome to PROMISe™ 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



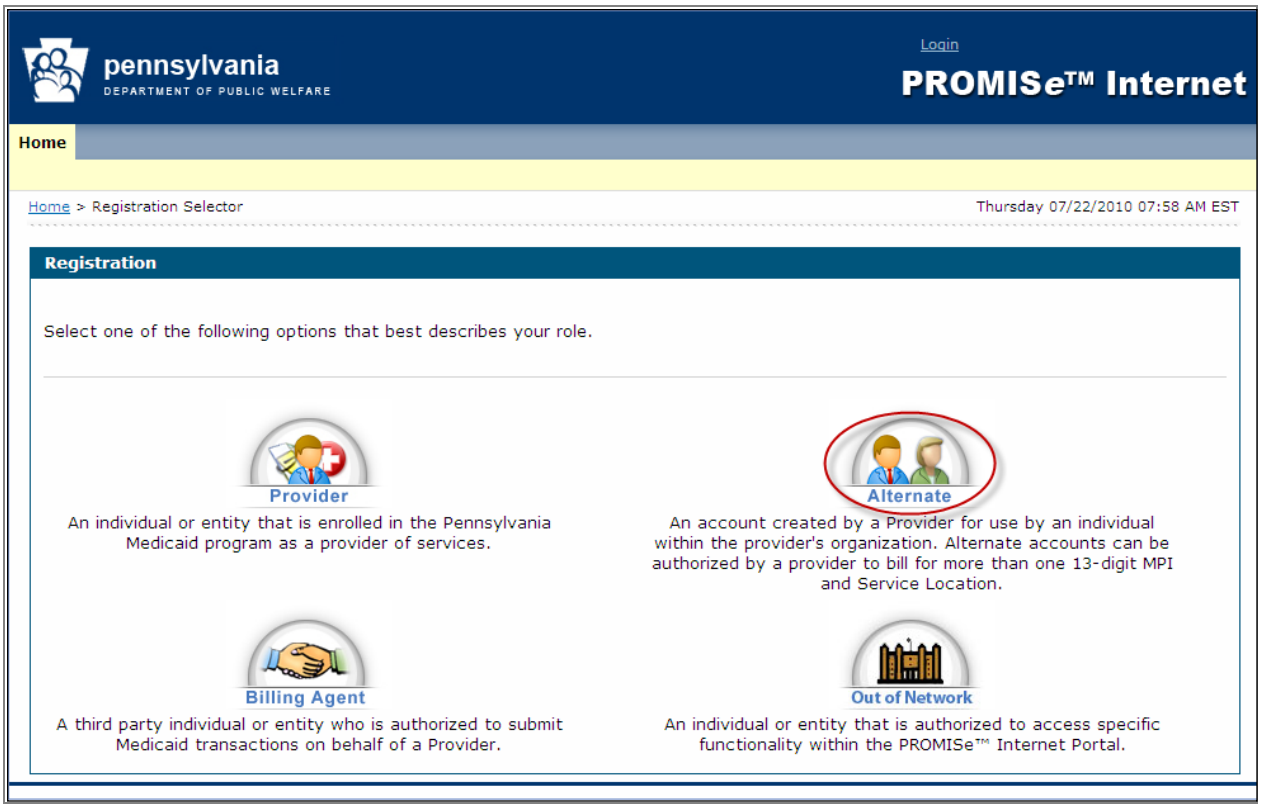
4. Enter the alternate's last name and Alternate Code into the relevant fields, and click the Submit button

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

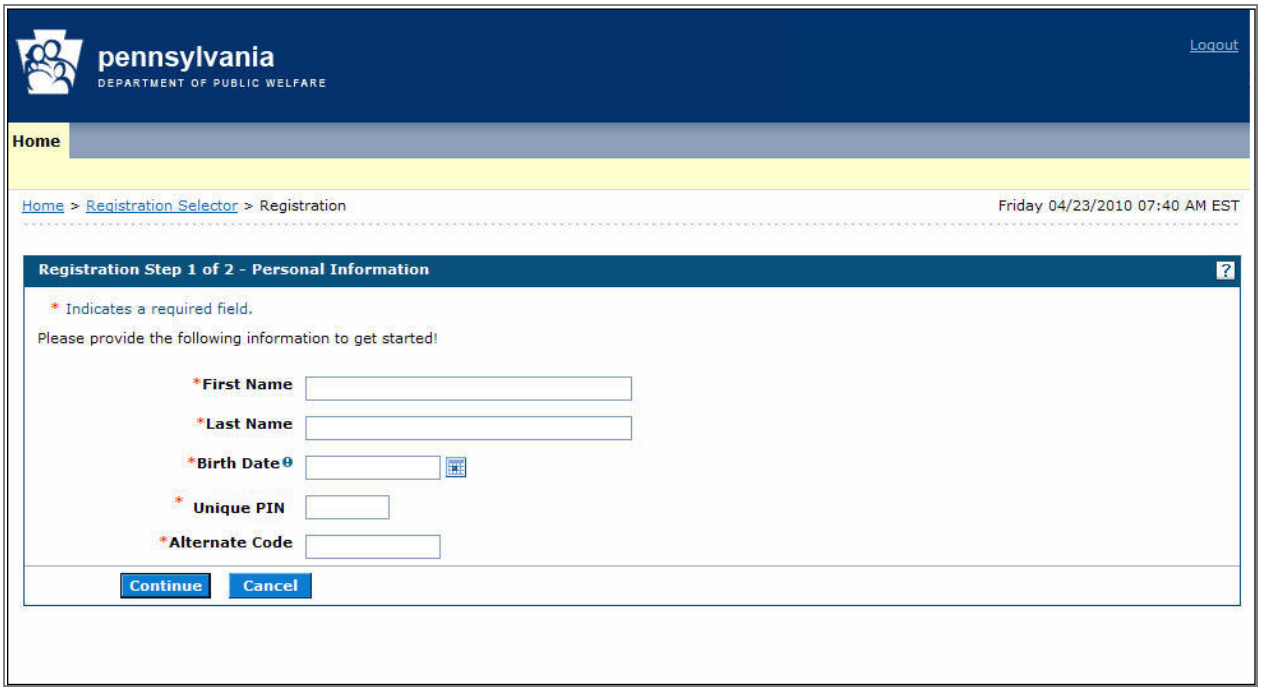
2.4.3 First Time Access for Alternates – Initial Password

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

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

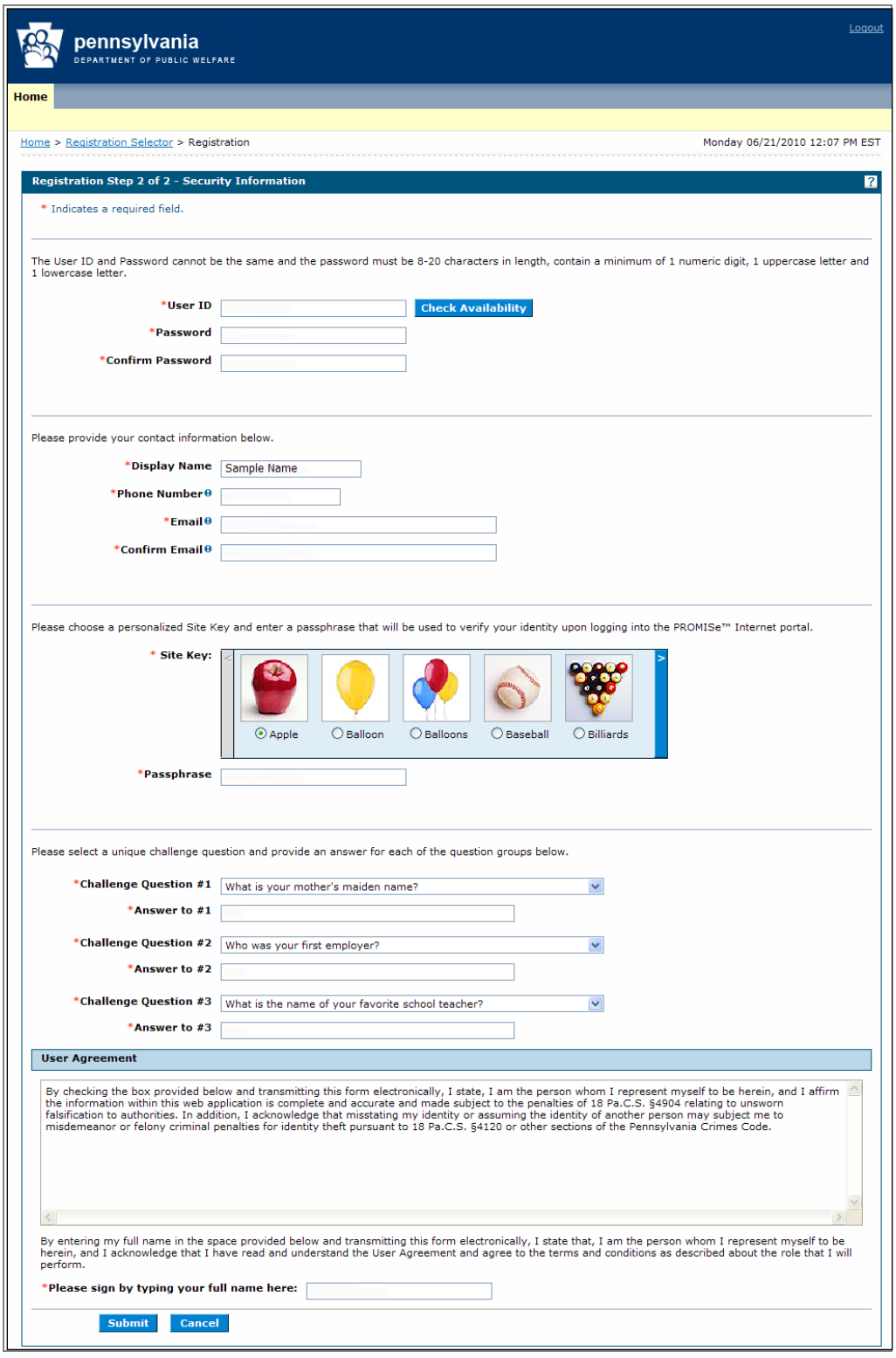


2. The Registration – Personal Information window for alternates displays

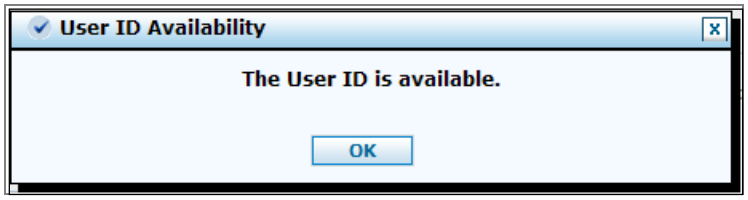


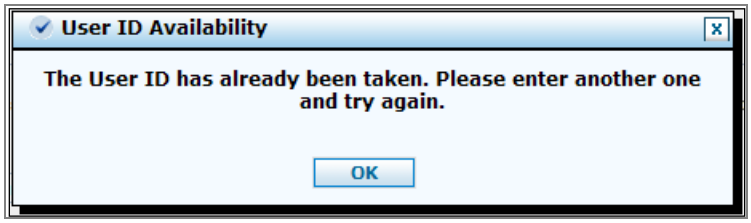
3. Enter first name, last name, date of birth, the unique four-digit PIN number created by the provider, billing agent, or OON provider, and the alternate code generated when the provider created the alternate role into the applicable fields

4. Click the **Continue** button
5. The Registration – Security Information window displays, with the Display Name field already completed



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

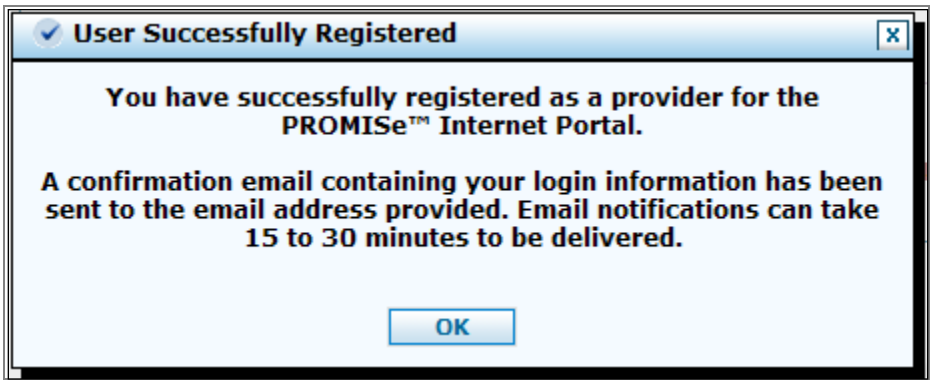




7. Create a password, and enter it into the Password and Confirm Password fields. The password:
   - Cannot be the same as the user's User ID
   - Must be between 8 and 20 characters in length
   - Can only contain letters and numbers
   - Must contain one capital letter, one lowercase letter, and one 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 PROMISe™ Web application
11. A registration confirmation message appears

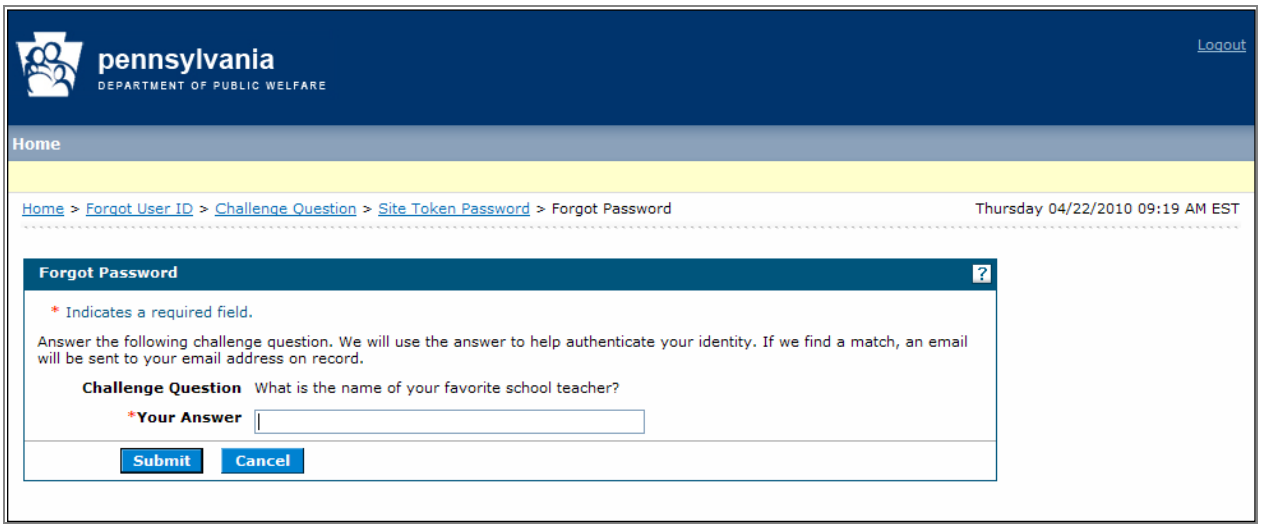


12. The user will be returned to the initial "Welcome to PROMISe™" page, and will need to logon

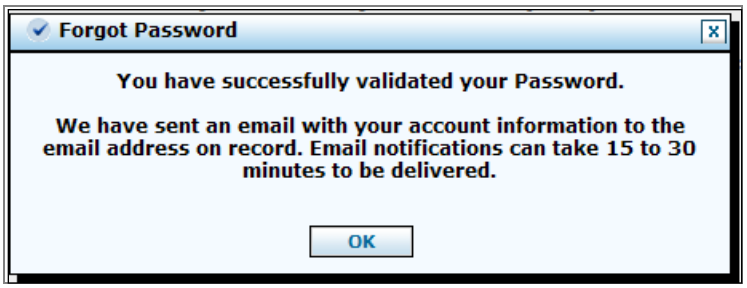
2.5 Forgotten Passwords

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 PROMISe™ 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



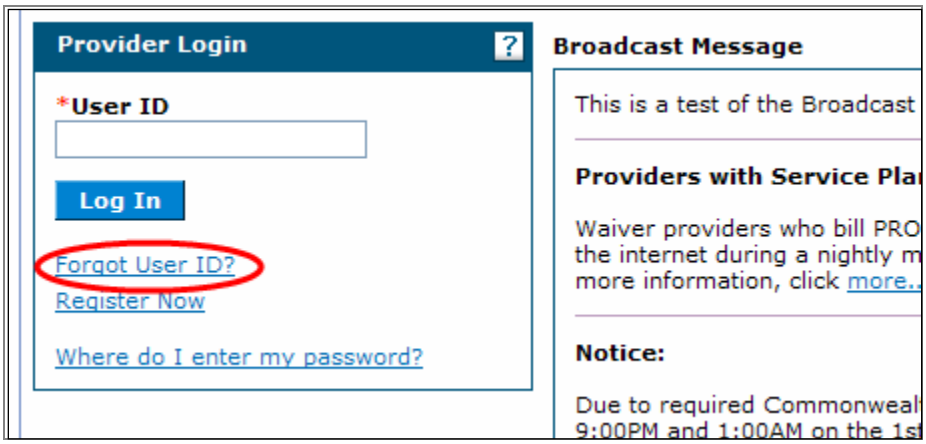
The email message you receive should read, in part, as follows:

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.*

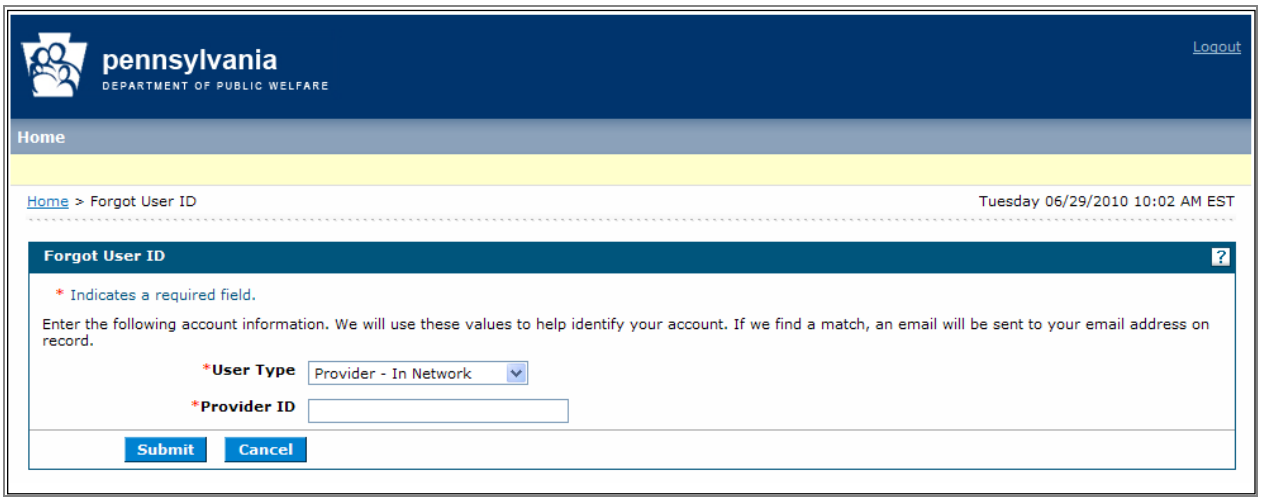
2.6 Forgot User ID

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

1. Access the PROMISe™ Welcome Page
2. Click the **Forgot User ID?** link



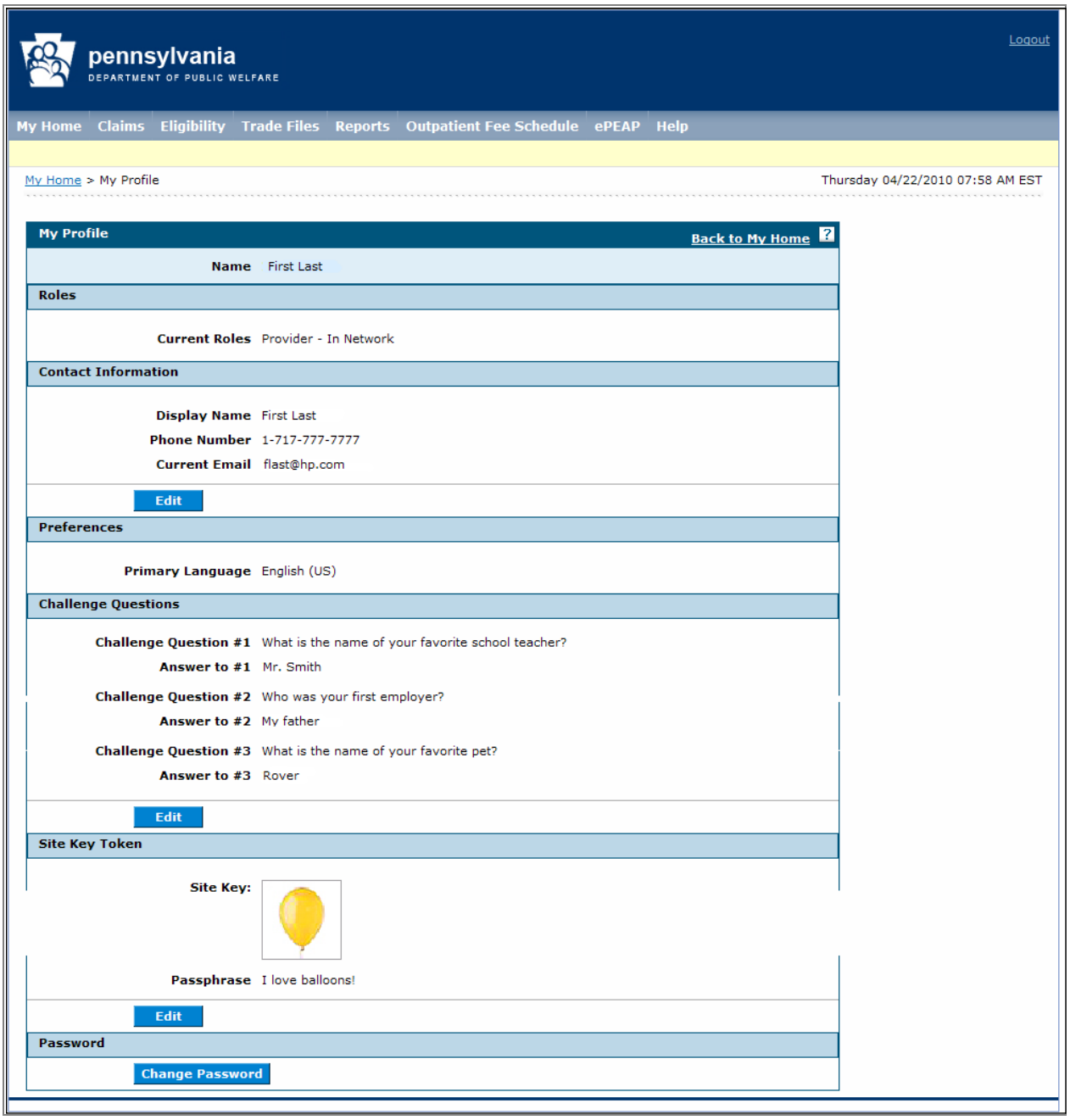
3. The Forgot User ID window displays



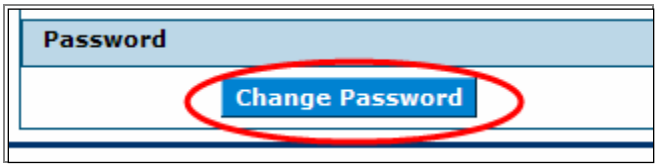
4. Select your user type from the User Type drop-down field
5. Enter your 13-digit provider ID in the Provider ID field
6. Click the **Submit** button
7. A conformation message will appear, and an email message containing your User ID will be sent to you

2.7 Changing a Password

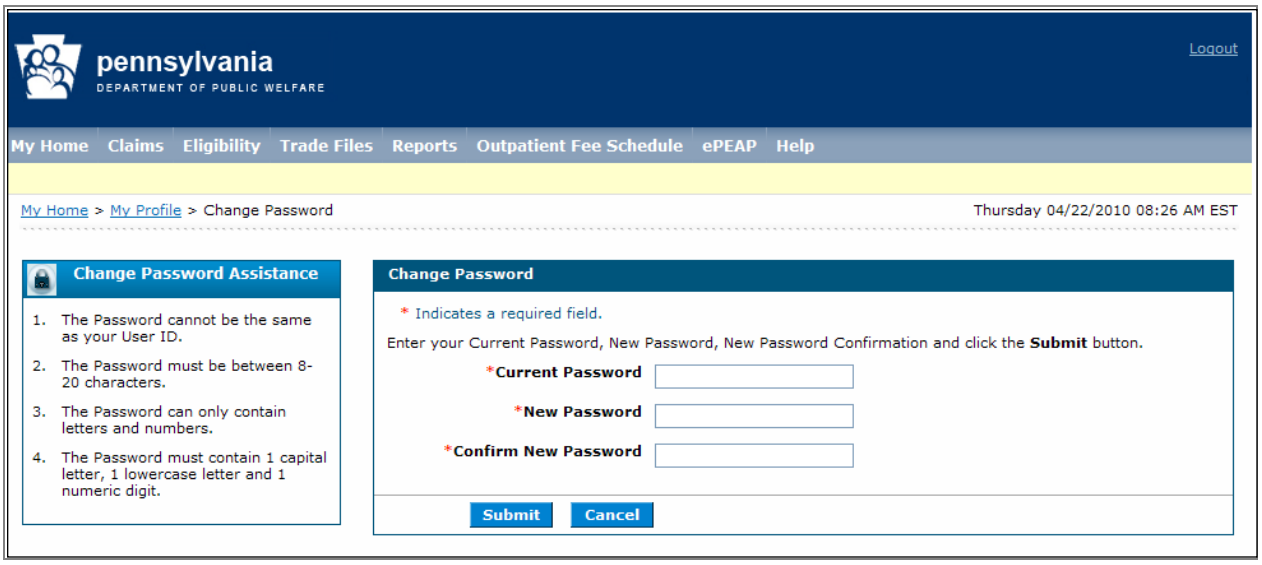
To change a password, access the My Profile window by clicking the My Profile link on the Provider My Home Page. This process is identical for providers, OON providers, billing agents, and alternates.



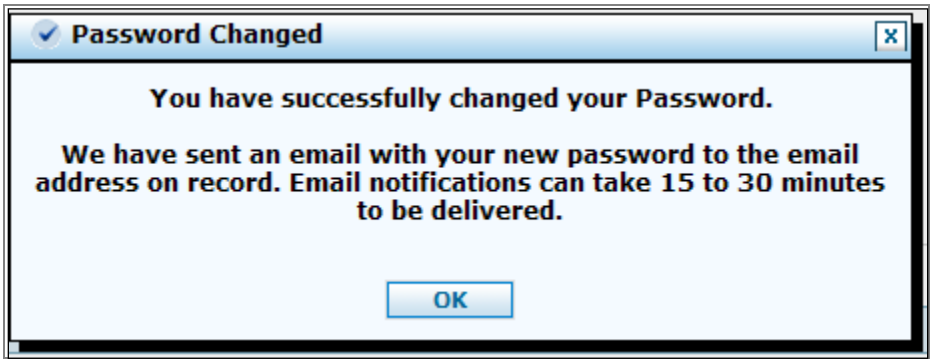
1. Click the Change Password button located at the bottom of the screen



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



2.8 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 2.5, *Forgotten Passwords*)

- You must contact the Provider Assistance Center to reset your account's status

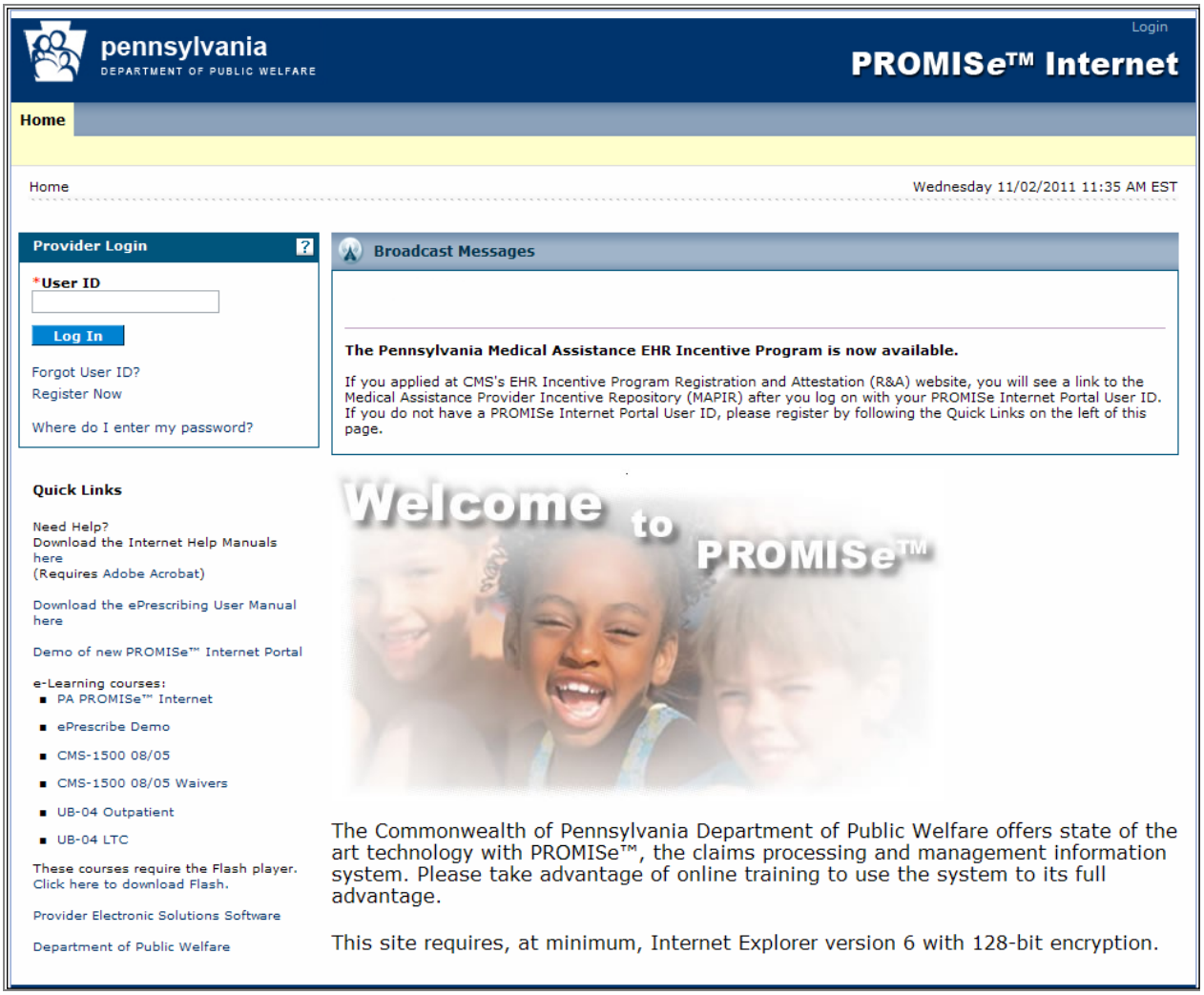
2.9 How to Log On To PA PROMISe™

Note: If you are an existing provider, upon logging in, you will be directed to the My Profile page; the following pop-up message will appear:

There, you will need to verify your current settings, select a passphrase, challenge questions and answers, and a site key token.

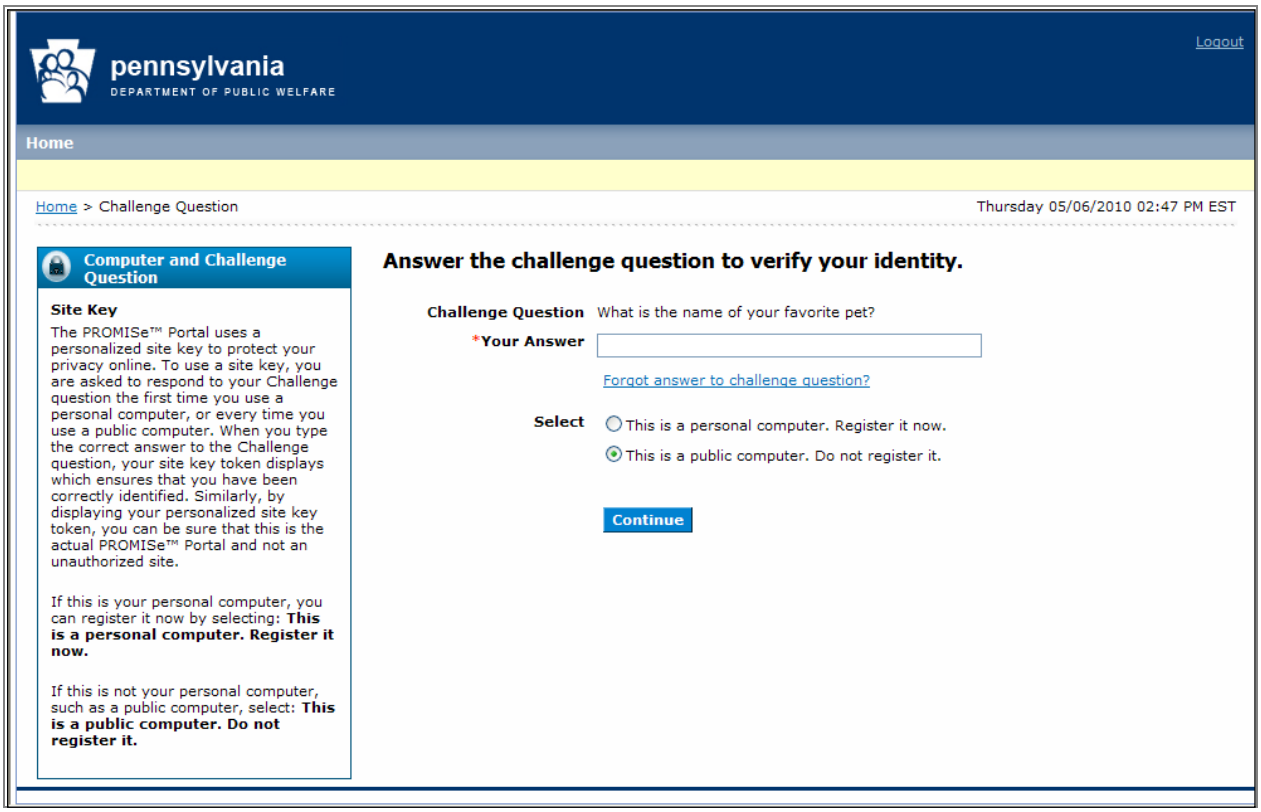
Follow the instructions below to log on to PA PROMISe™.

1. Access the PROMISe™ Welcome Page from the OMAP Web site, or use this link: http://promise.dpw.state.pa.us/

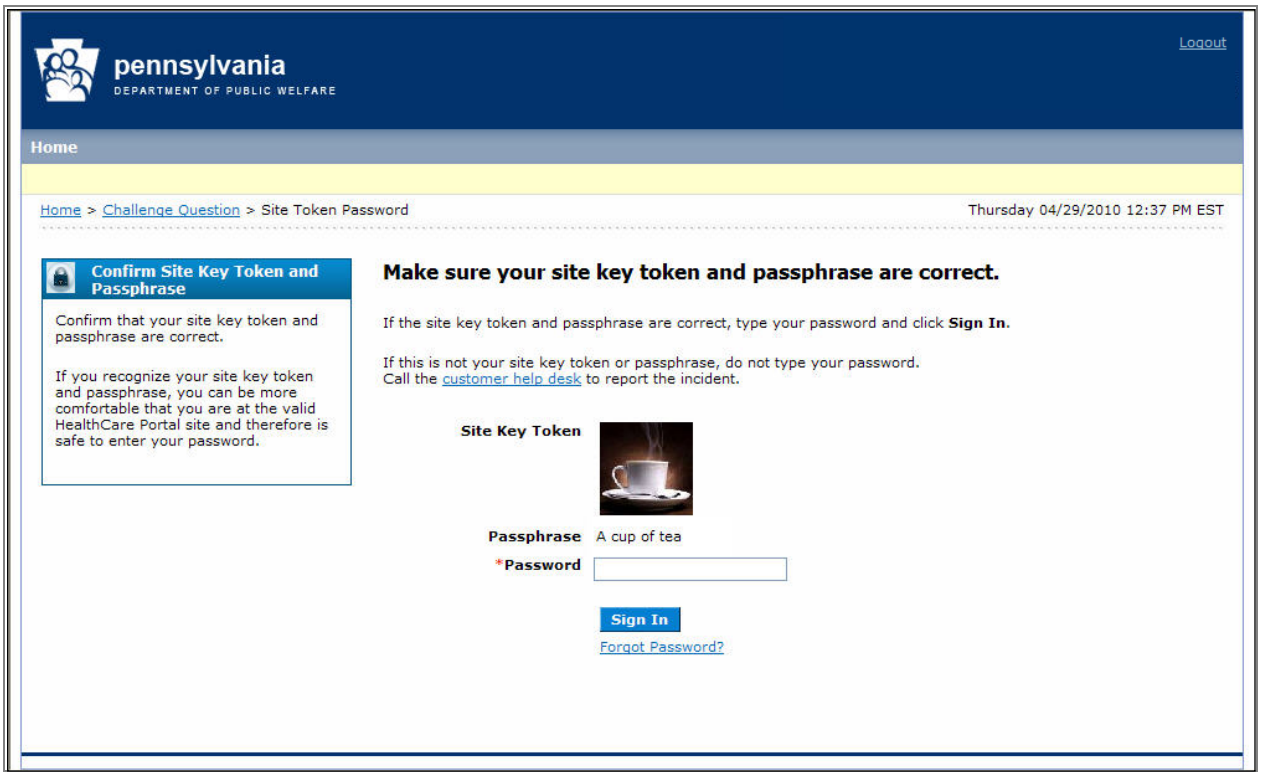


It is from this window that you initially log on to the PA PROMISe™ application. Providers with more than one service location may create more than one account. However, only one account can be created per service location. To continue, follow the steps outlined below. Helpful information can be accessed from this page by clicking the Use the Internet Help Manuals here link. Users may also take the online e-Learning course titled "PROMISe™ Internet"; a link to this course is located on this page.

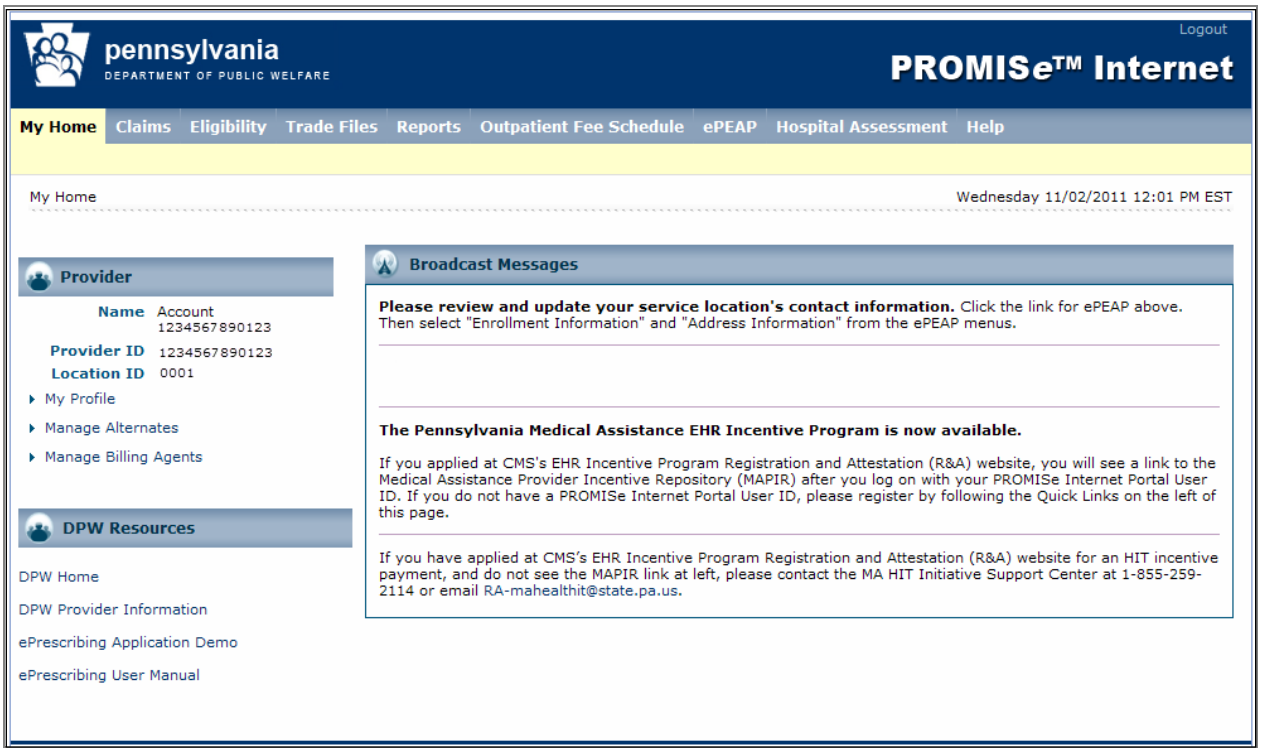
1. Enter your user ID in the User ID field
2. Click the Log In button
3. The Challenge Question window displays



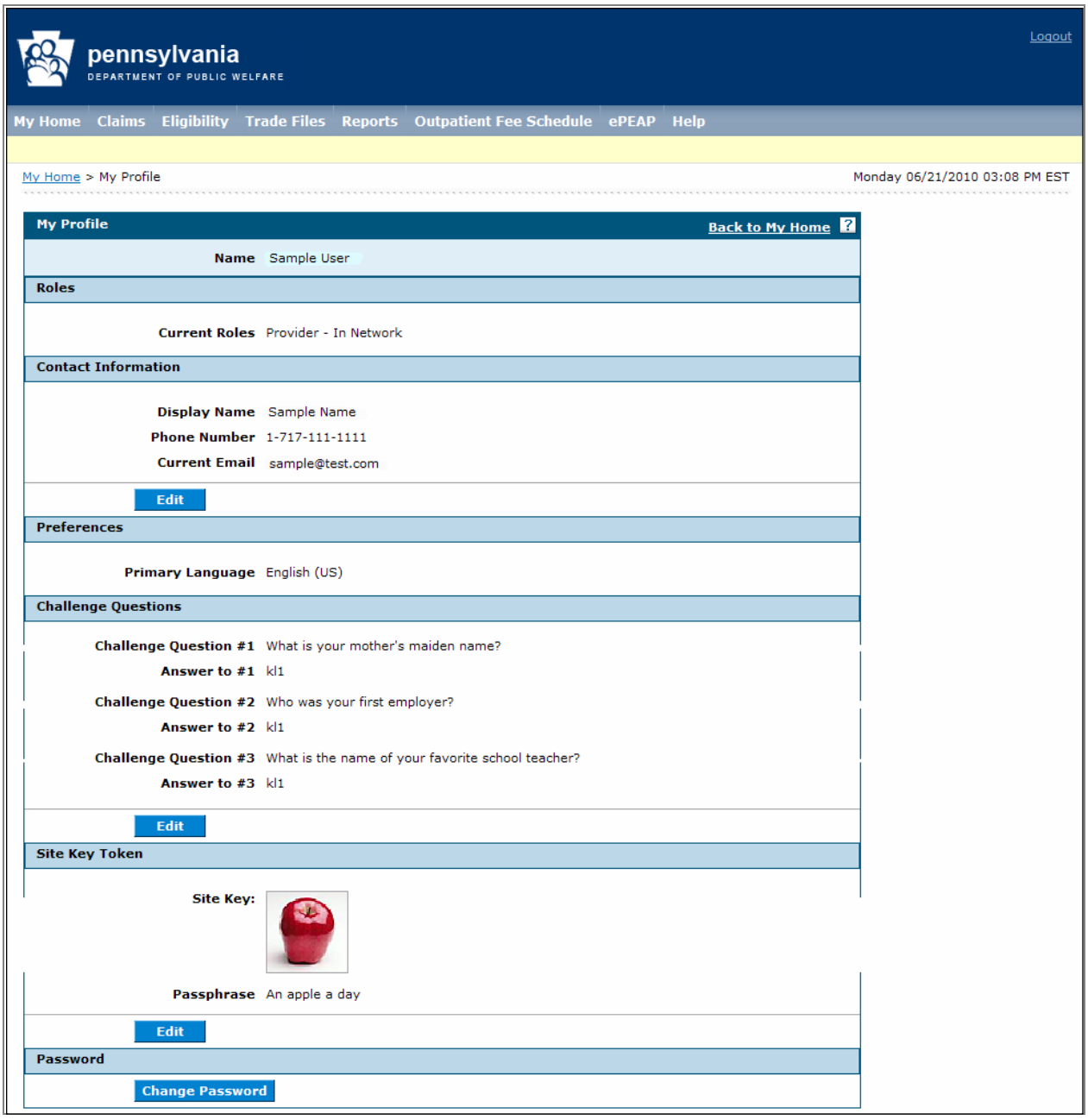
4. In the Your Answer field, enter the answer you created for the challenge question posed
5. Select the personal computer or public computer option. If you select the "personal computer" option, the Portal will skip the Challenge Question window for future logons. If you select the "public computer" 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



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



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 2.7, "Changing a Password"*).

2.10 Submitting Claims Electronically Using PA PROMISe™

The PA PROMISe™ 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 PROMISe™.

You can also adjust a claim or one of its service lines through this online feature. Each claim submission window in *Section 5, PA PROMISe™ Internet Windows* includes detailed information regarding how to perform these functions.

2.10.1 About Dental Claims

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

2.10.2 About Institutional Claims

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

2.10.3 About Pharmacy Claims

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

2.10.4 About Professional Claims

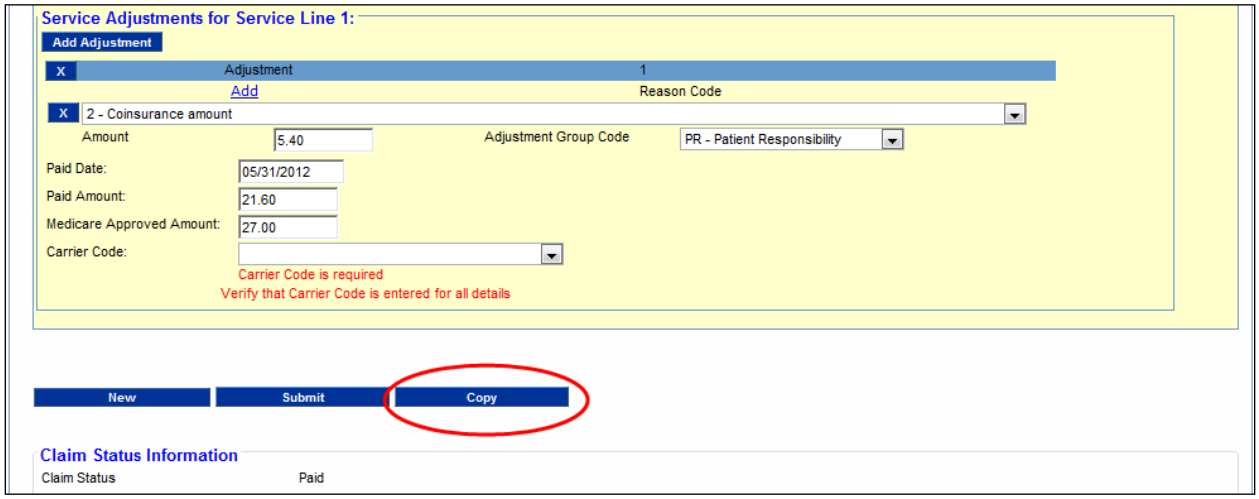
Providers can access the online Professional claim form by clicking on the **Submit Professional** link in the Claims option in the menu bar of the Provider My Home Page window.

Section 5.14, Provider Professional Claim provides step-by-step information for submitting or adjusting a Professional claim.

2.10.5 About the Copy Function

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 PROMISe™ Portal

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

3.1 About the Electronic Funds Transfer Enrollment Application Window

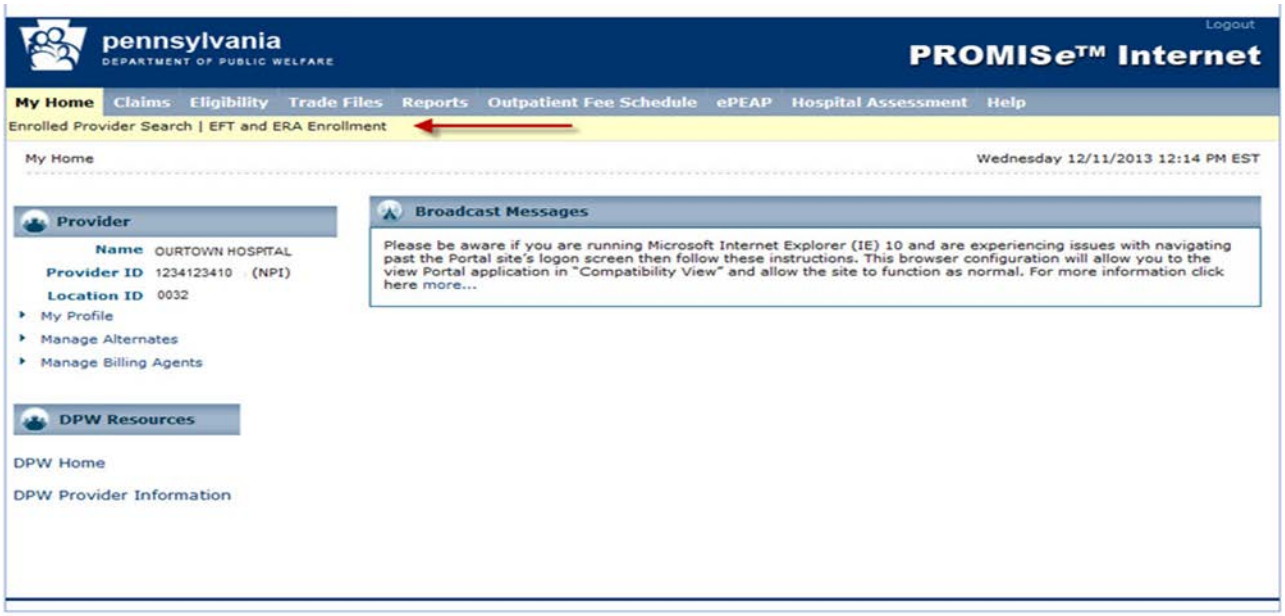
The Electronic Funds Transfer Enrollment Application window constitutes an online application form that is easy to fill out and submit.

Providers and Provider Alternates who are registered on the PROMISe™ 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@hp.com

Layout



3.1.1 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 PROMISe™ 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.

Field Descriptions

Field	Description	Data Type	Length
Provider ID	13-digit PROMISe 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 PROMISe. Possible values (and meanings) are: • Enrolled -- (PROMISe EFT status is active) • Pre-notification – (PROMISe sending test transactions for 3 weeks before full enrollment) • Not Enrolled – (PROMISe EFT status is cancelled or EFT was never set up)	Alpha	15
Financial Institution	Identifies service location's financial	Numeric	9

Field	Description	Data Type	Length
Routing Number	institution. Field will be blank when EFT Status is "Not Enrolled".		
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			

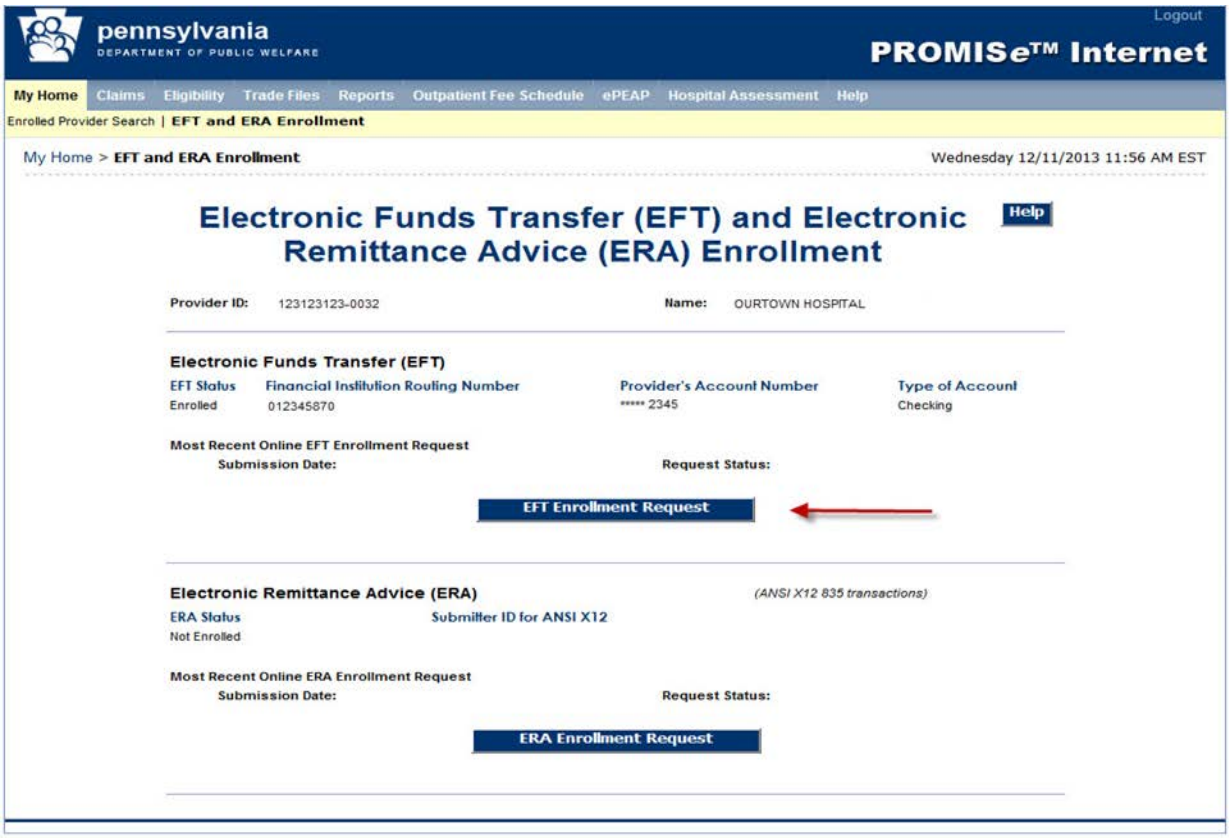
Field	Description	Data Type	Length
ERA Status	Service location's ERA activity Status in PROMISe. Possible values (and their meanings) are: • Enrolled – (Service location is assigned a Submitter ID and has Auto RA Date less than or equal to current date.) • Not Enrolled – (Service location is not assigned a Submitter ID and/or has Auto RA Date greater than current date.)	Alpha	15
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 PROMISe™ Portal

This window allows registered PROMISe™ provider service locations to enroll for payment by Electronic Funds Transfer (EFT). This window is accessed from the PA PROMISe™ 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 – (PROMISe™ EFT status is active)
- Pre-notification – (PROMISe™ sending test transactions for 3 weeks before full enrollment)
- Not Enrolled – (PROMISe™ EFT status is cancelled or EFT was never set up

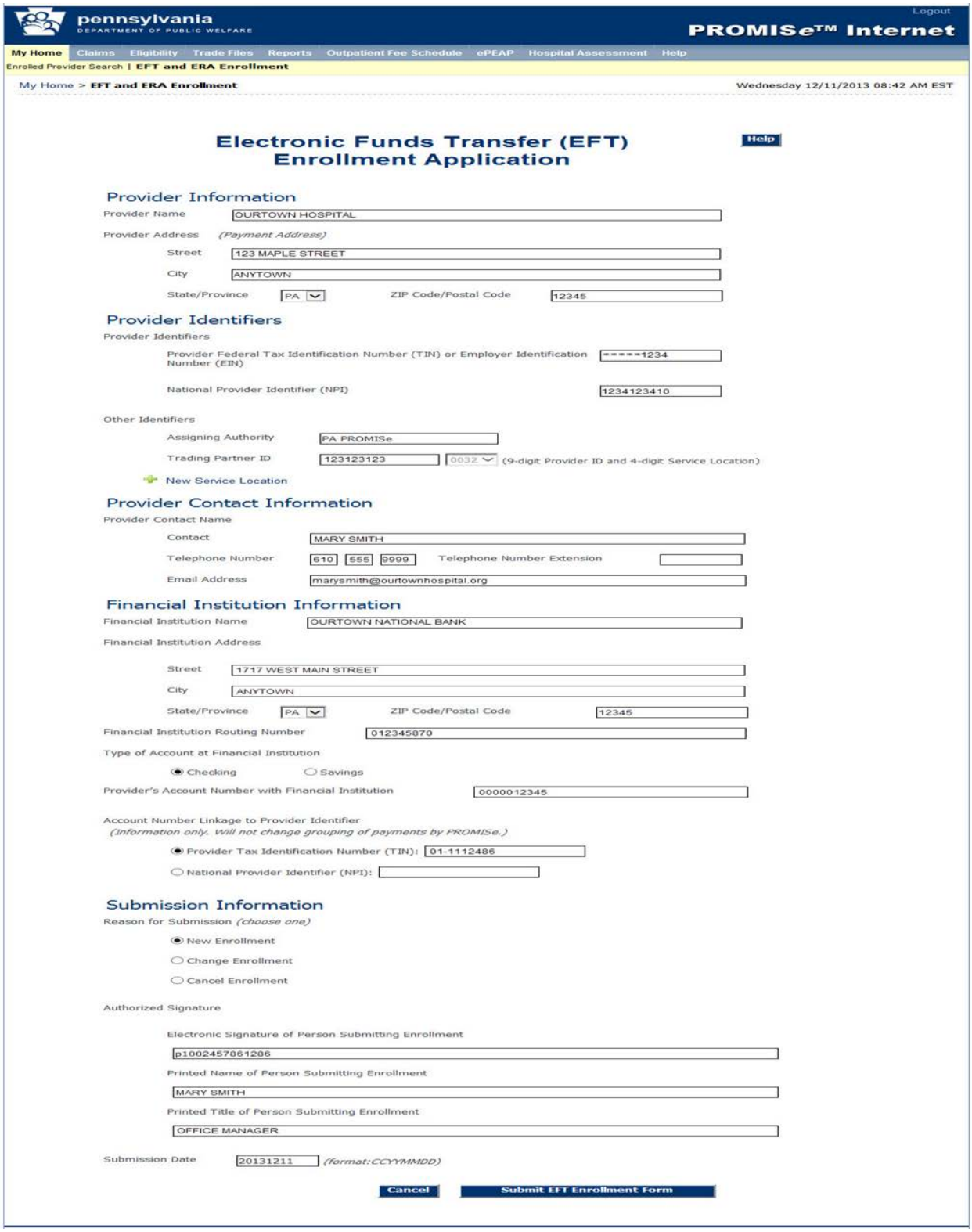
Layout



3.2.1 Accessibility and Use

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

Layout

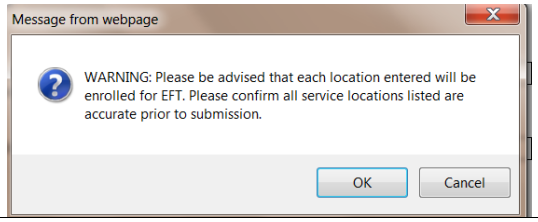

pennsylvania
DEPARTMENT OF PUBLIC WELFARE
Logout
PROMISe™ Internet
My Home
Claims
Eligibility
Trade Files
Reports
Outpatient Fee Schedule
ePEAP
Hospital Assessment
Help
Enrolled Provider Search | EFT and ERA Enrollment
My Home > EFT and ERA Enrollment
Wednesday 12/11/2013 08:42 AM EST
Electronic Funds Transfer (EFT) Enrollment Application
Help
Provider Information
Provider Name
OURTOWN HOSPITAL
Provider Address (Payment Address)
Street
123 MAPLE STREET
City
ANYTOWN
State/Province
PA
ZIP Code/Postal Code
12345
Provider Identifiers
Provider Identifiers
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)
*****1234
National Provider Identifier (NPI)
1234123410
Other Identifiers
Assigning Authority
PA PROMISe
Trading Partner ID
123123123
0032
(9-digit Provider ID and 4-digit Service Location)
New Service Location
Provider Contact Information
Provider Contact Name
Contact
MARY SMITH
Telephone Number
610
555
9999
Telephone Number Extension
Email Address
marysmith@ourtownhospital.org
Financial Institution Information
Financial Institution Name
OURTOWN NATIONAL BANK
Financial Institution Address
Street
1717 WEST MAIN STREET
City
ANYTOWN
State/Province
PA
ZIP Code/Postal Code
12345
Financial Institution Routing Number
012345870
Type of Account at Financial Institution
Checking
Savings
Provider's Account Number with Financial Institution
0000012345
Account Number Linkage to Provider Identifier
(Information only. Will not change grouping of payments by PROMISe.)
Provider Tax Identification Number (TIN):
01-1112486
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
p1002457861286
Printed Name of Person Submitting Enrollment
MARY SMITH
Printed Title of Person Submitting Enrollment
OFFICE MANAGER
Submission Date
20131211
(format:CCYYMMDD)
Cancel
Submit EFT Enrollment Form

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

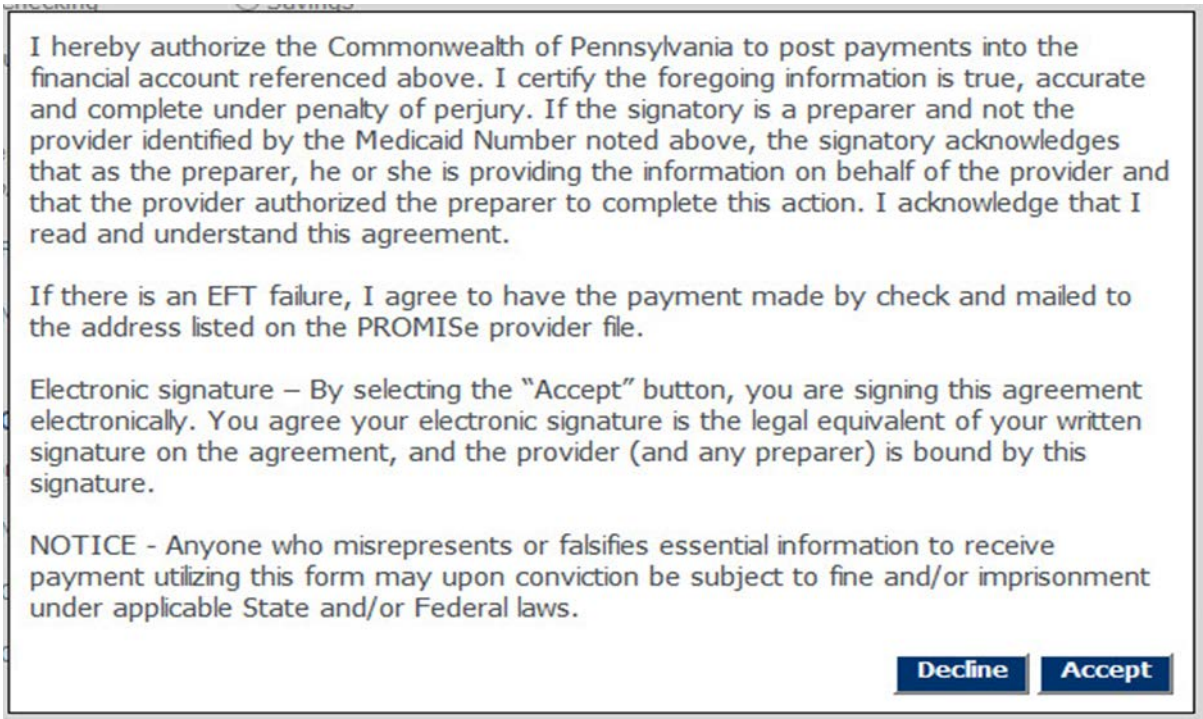
STEP	ACTION	RESPONSE
1	In the **Provider Information** Section, **Name** field, the **legal name** of the **institution, corporate entity, practice** or **individual provider associated with the service location's pay-to address.**	This information is auto-filled from the data available in PROMISe™. The user may **not** update this information via the EFT Enrollment Application window if appropriate
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
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 PROMISe™. The user may **not** update this information via the EFT Enrollment Application window if appropriate
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 PROMISe™. The user may **not** update this information via the EFT Enrollment Application window if appropriate

8	In the **Other Identifiers** Section, **Assigning Authority** field "PA PROMISe™"	"PA PROMISe™" will be auto-filled in this field. The user may **not** update this information via the EFT Enrollment Application window.
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 PROMISe™. 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. 
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.
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.
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	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

	payments are to be deposited.	EFT payment is to be deposited.
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 PROMISe™ 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 PROMISe™ User ID of an individual authorized by the provider or it's agent to initiate, modify, or terminate the EFT enrollment.	The Authorized Signature field **is** auto-filled with the electronic signature of the PROMISe™ Portal User ID of the person submitting the enrollment form. The User may **not** update this field via the EFT Enrollment Application window.
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.

Layout



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 PROMISe™ database for review and processing.
2	Click the **Decline** option	The user will be returned to the EFT Enrollment Application window.

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	Alpha	2

Field	Description	Data Type	Length
	abbreviation code.		
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 PROMISe")	"PA PROMISe"	Alpha	10
Other Identifiers: Trading Partner ID ("PA PROMISe")	13-digit PROMISe Provider ID selected for the Portal user. Formatted as 9-digit MPI and 4-digit Service Location Code	Numeric	9 + 4
Other Identifiers: Trading Partner ID ("PA PROMISe") + 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.	Link	N/A

Field	Description	Data Type	Length
	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. DPW will provide the wording for this pop-up message.		
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			
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	Identifies provider's financial	Numeric	9

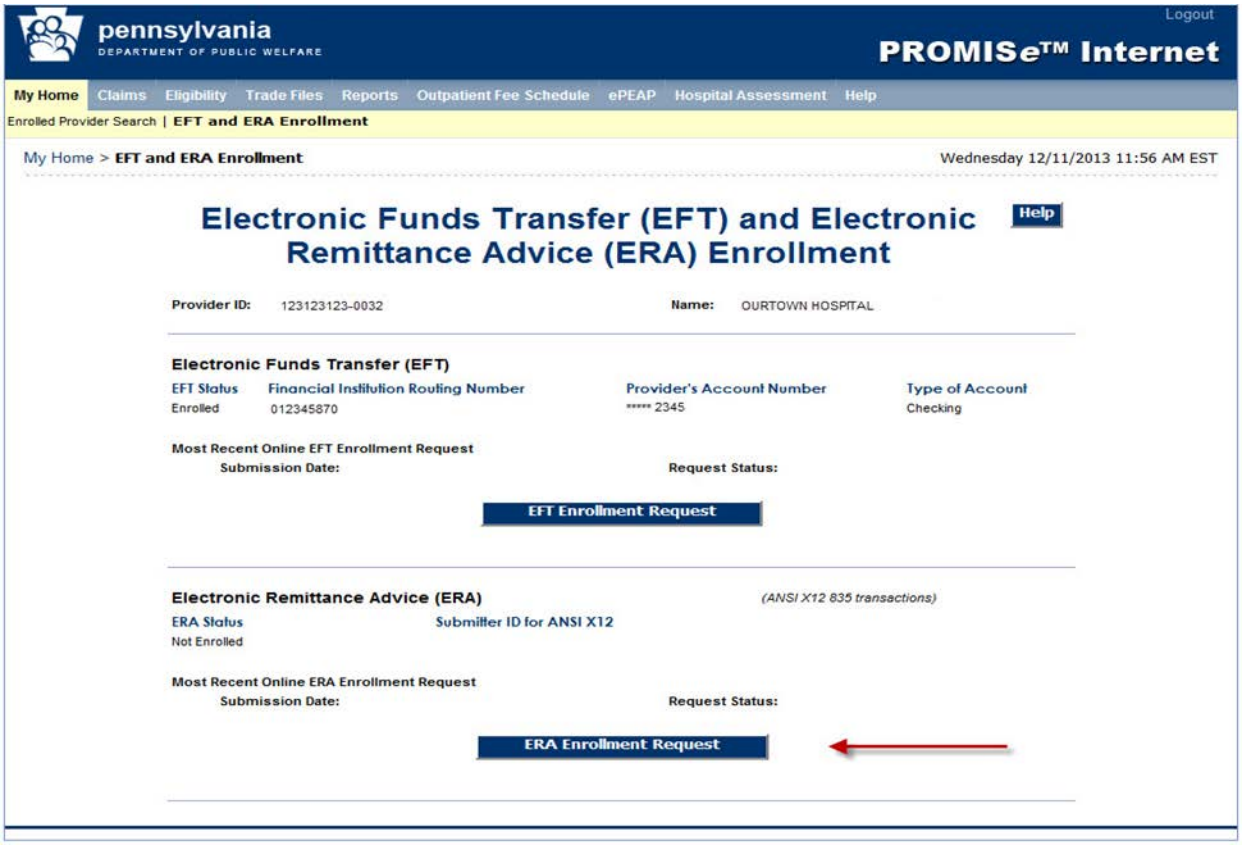
Field	Description	Data Type	Length
Routing Number	institution.		
Type of Account at Financial Institution	Indicates the type of account provider will use to receive EFT payments. Possible values are: Checking Savings	Radio buttons	N/A
Provider's Account Number with Financial Institution	Identifies provider's 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 Provider Identifier (NPI)	NPI number to be used for grouping of payments. Required when NPI is selected preference.	Numeric	10
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	PROMISe Portal User ID of	Alpha-numeric	50

Field	Description	Data Type	Length
Person Submitting Enrollment	person submitting enrollment		
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 PROMISe™ provider service locations to enroll for Electronic Remittance Advice (ERA) delivered as ANSI X12 835. This window is accessed from the PA PROMISe™ 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.

Layout



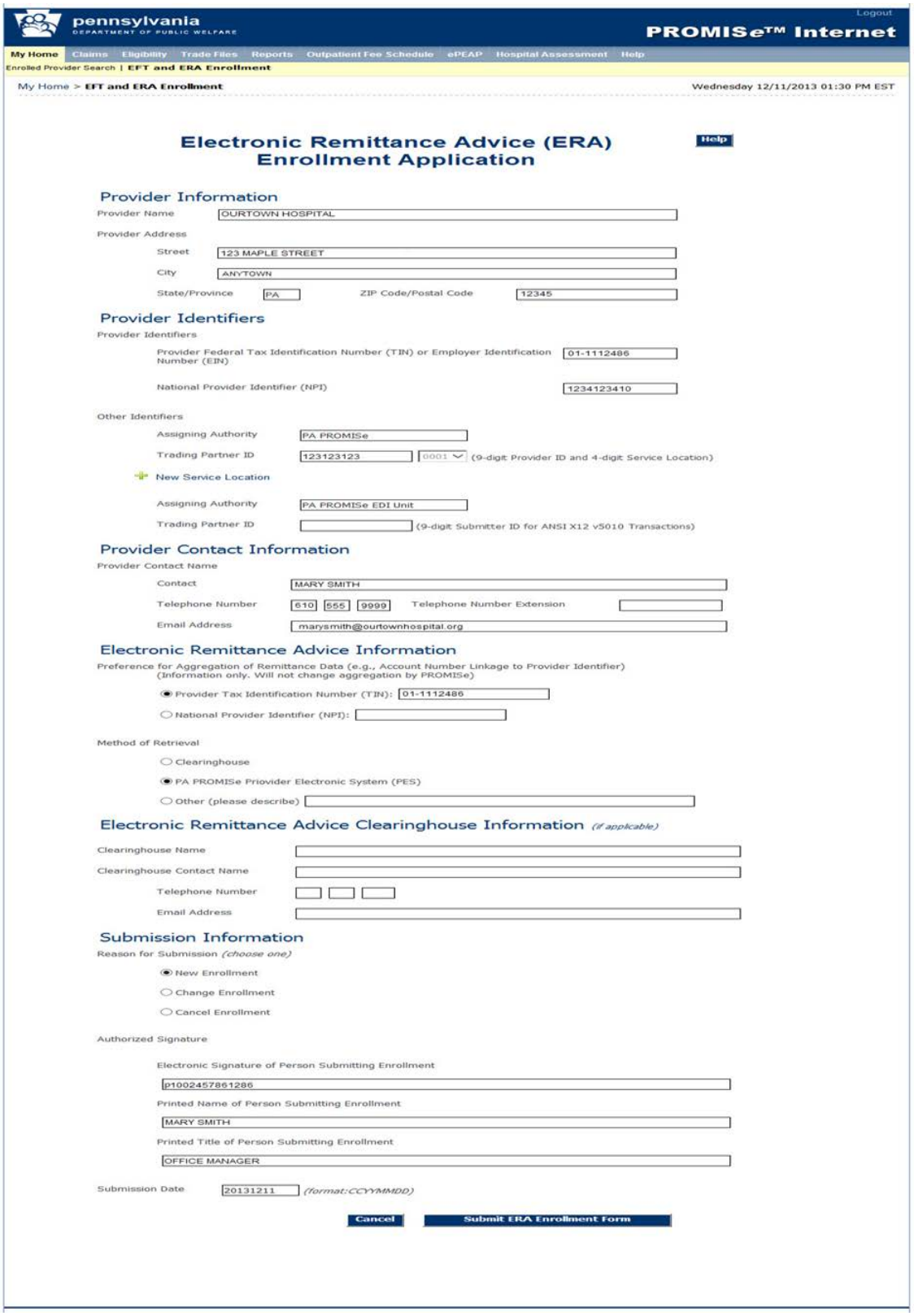
3.3.1 Accessibility and Use

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

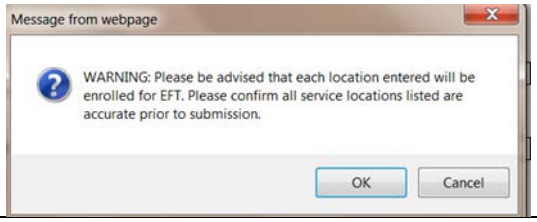
STEP	ACTION	RESPONSE
1	Click the ERA Enrollment Request Option.	The Electronic Remittance Advice (ERA) Enrollment Application window opens.

Layout


pennsylvania
DEPARTMENT OF PUBLIC WELFARE
Logout
PROMISe™ Internet
My Home
Claims
Eligibility
Trade Files
Reports
Outpatient Fee Schedule
ePEAP
Hospital Assessment
Help
Enrolled Provider Search | EFT and ERA Enrollment
My Home > EFT and ERA Enrollment
Wednesday 12/11/2013 01:30 PM EST
Electronic Remittance Advice (ERA) Enrollment Application
Help
Provider Information
Provider Name
OURTOWN HOSPITAL
Provider Address
Street
123 MAPLE STREET
City
ANYTOWN
State/Province
PA
ZIP Code/Postal Code
12345
Provider Identifiers
Provider Identifiers
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)
01-1112486
National Provider Identifier (NPI)
1234123410
Other Identifiers
Assigning Authority
PA PROMISe
Trading Partner ID
123123123
0001
(9-digit Provider ID and 4-digit Service Location)
New Service Location
Assigning Authority
PA PROMISe EDI Unit
Trading Partner ID
(9-digit Submitter ID for ANSI X12 v5010 Transactions)
Provider Contact Information
Provider Contact Name
Contact
MARY SMITH
Telephone Number
610
555
9999
Telephone Number Extension
Email Address
marysmith@ourtownhospital.org
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):
01-1112486
National Provider Identifier (NPI):
Method of Retrieval
Clearinghouse
PA PROMISe Priovider Electronic System (PES)
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
p1002457861286
Printed Name of Person Submitting Enrollment
MARY SMITH
Printed Title of Person Submitting Enrollment
OFFICE MANAGER
Submission Date
20131211
(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 PROMISe™. 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 PROMISe™. The user may **not** update this information via the ERA Enrollment Application window if appropriate.
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 PROMISe™. 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 PROMISe™. 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 PROMISe™. 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 PROMISe™. The user may **not** update this information via the ERA Enrollment Application window.
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 PROMISe™. The user may **not** update this information via the ERA Enrollment Application window.
8	The **Other Identifiers** Section, **1st Assigning Authority** field represents "PA PROMISe™"	"PA PROMISe™" 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	This information is **partially** auto-filled from the data available in PROMISe™.

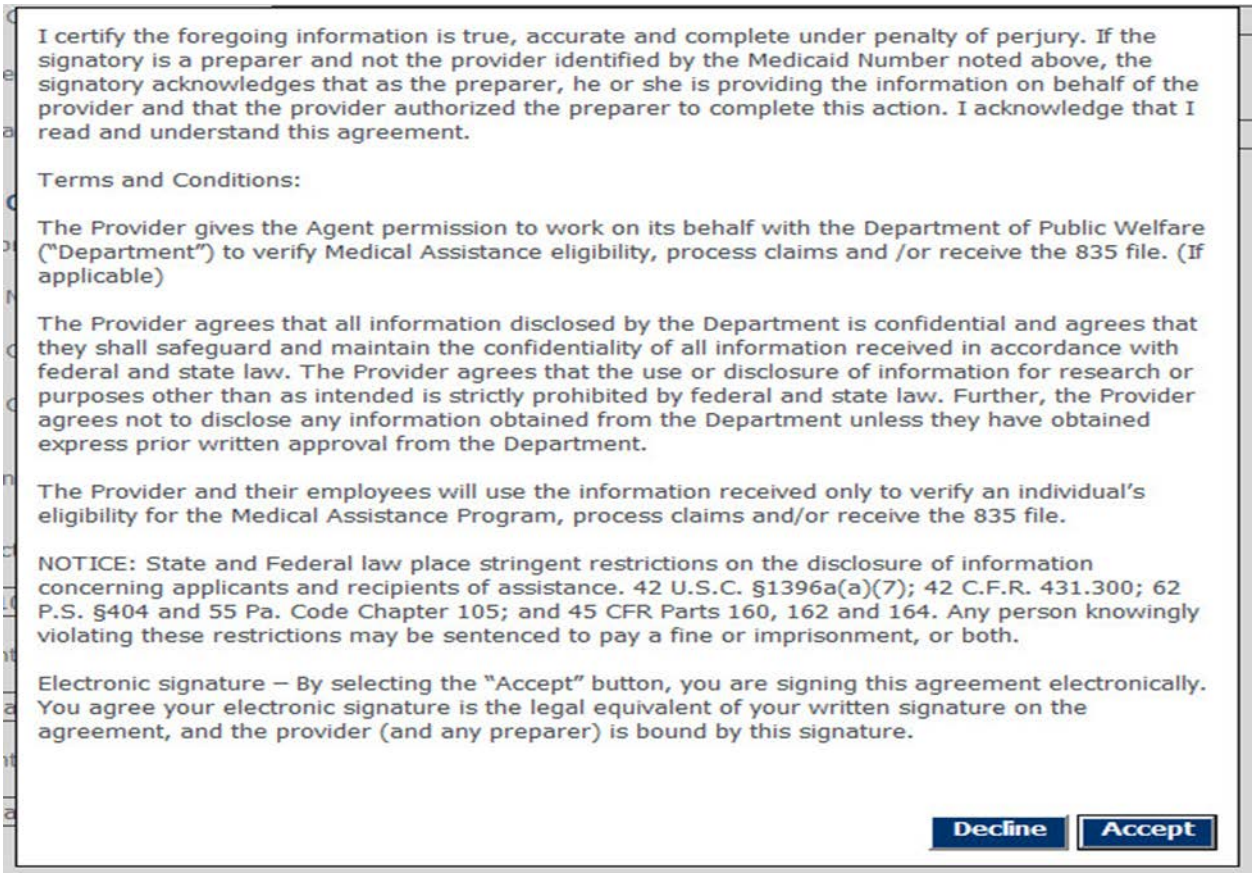
	the provider's assigned 9-digit Medical Assistance ID number will be auto-filled. The 4-digit Service Location is initially blank.	The user **must** update the 4-digit Service Location. An automatic edit will verify that the entered Service Location is active for the submitting provider legal entity. **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. 
10	The **Other Identifiers** Section, **2nd Assigning Authority** field represents "PA PROMISe™ EDI Unit"	PA PROMISe™ 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 PROMISe™. The user **must** enter the 9-digit Submitter ID for ANSI X12 Transactions if the information does not auto-fill from PROMISe™.
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)>. PROMISe™ will NOT aggregate payments. This is informational only.
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 • PA PROMISe™ Provider Electronic System (PES) • 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**	The Clearinghouse Name field is a

	Clearinghouse Information Section, the **Clearinghouse Name** field represents the name of the Clearinghouse.	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 **Telephone Number** field represents the telephone number of the contact in the Clearinghouse office for handling ERA issues.	The Telephone Number field is a required field when "Clearinghouse" is the selected Method of Retrieval. The information is **not** auto-filled. The 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 PROMISe™ Portal user ID of the individual who is submitting the ERA application form.	This information is auto-filled from the data available in PROMISe™. 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.

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.

Layout



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 PROMISe™ database for review and processing.
2	Click the **Decline** option	The user will be returned to the ERA Enrollment Application window.

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 PROMISe”)	“PA PROMISe”	Alpha	10
Other Identifiers: Trading Partner ID (“PA PROMISe”)	13-digit PROMISe Provider ID selected for the Portal user. Formatted as 9-digit MPI and 4-digit Service Location Code	Numeric	9 + 4
Other Identifiers: Trading Partner ID (“PA	Adds a new row for Trading Partner ID (“PA PROMISe”).	Link	N/A

Field	Description	Data Type	Length
PROMISe") + Add New Service Location	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. DPW will provide the wording for this pop-up message.		
Other Identifiers: Assigning Authority ("PA PROMISe EDI Unit")	"PA PROMISe EDI Unit"	Alpha	19
Other Identifiers: Trading Partner ID ("PA PROMISe 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
Provider Contact Name: Telephone Number	Phone number of contact person.	Numeric	10

Field	Description	Data Type	Length
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 • PA PROMISe Provider Electronic System (PES) • Other	Radio Buttons	N/A
Method of Retrieval: Other	Description of the means that provider will use to retrieve ERA. Required when "Other" is the	Alpha-numeric	50

Field	Description	Data Type	Length
	selected preference.		
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	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

Field	Description	Data Type	Length
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 Provider Inquiries

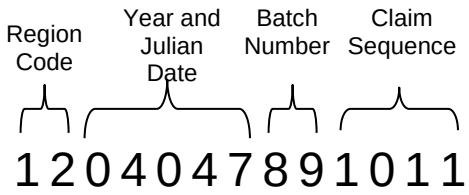
Through the PA PROMISe™ Internet application, providers can check a claim's status, along with other claim inquiry capabilities. The search can be narrowed by specifying the ICN, date range, claim status, or claim type criteria.

4.1 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 DPW, 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 and 9 represent the Batch Number
- Digits 10 through 13 represent the Claim Sequence within the batch



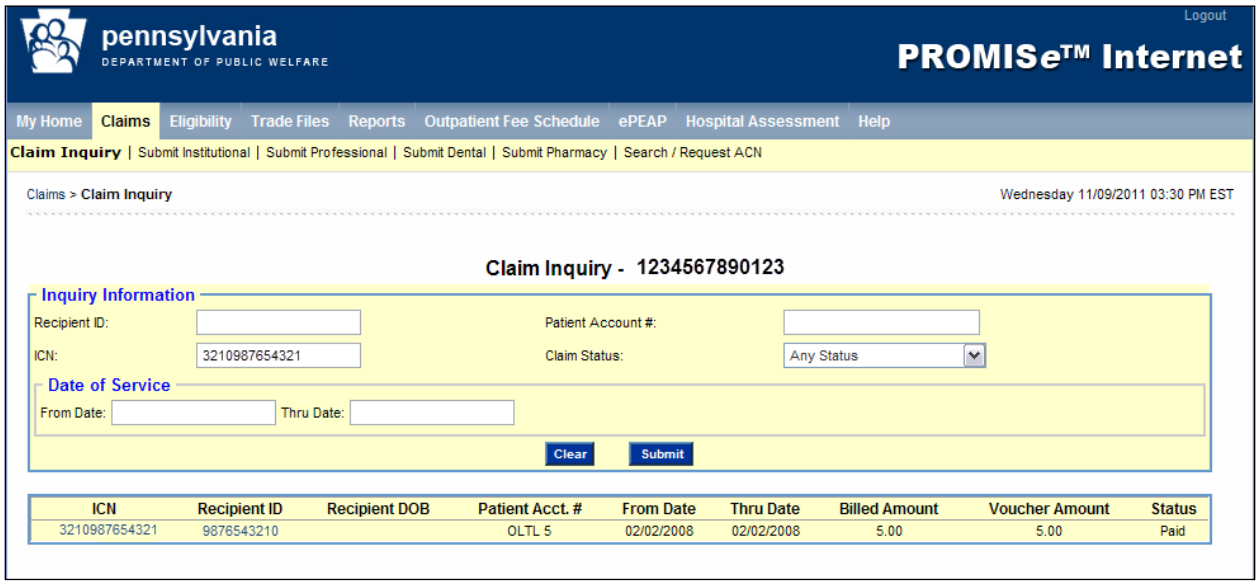
4.2 Using the Provider Claim Inquiry Window

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 media 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 5.7* for a full description of the Provider Claim Inquiry window.

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 5.7, 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	
7	In the **Adjustment 1** row, select a value	

Step	Action	Response
	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

4.3 Recipient Eligibility Verification

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

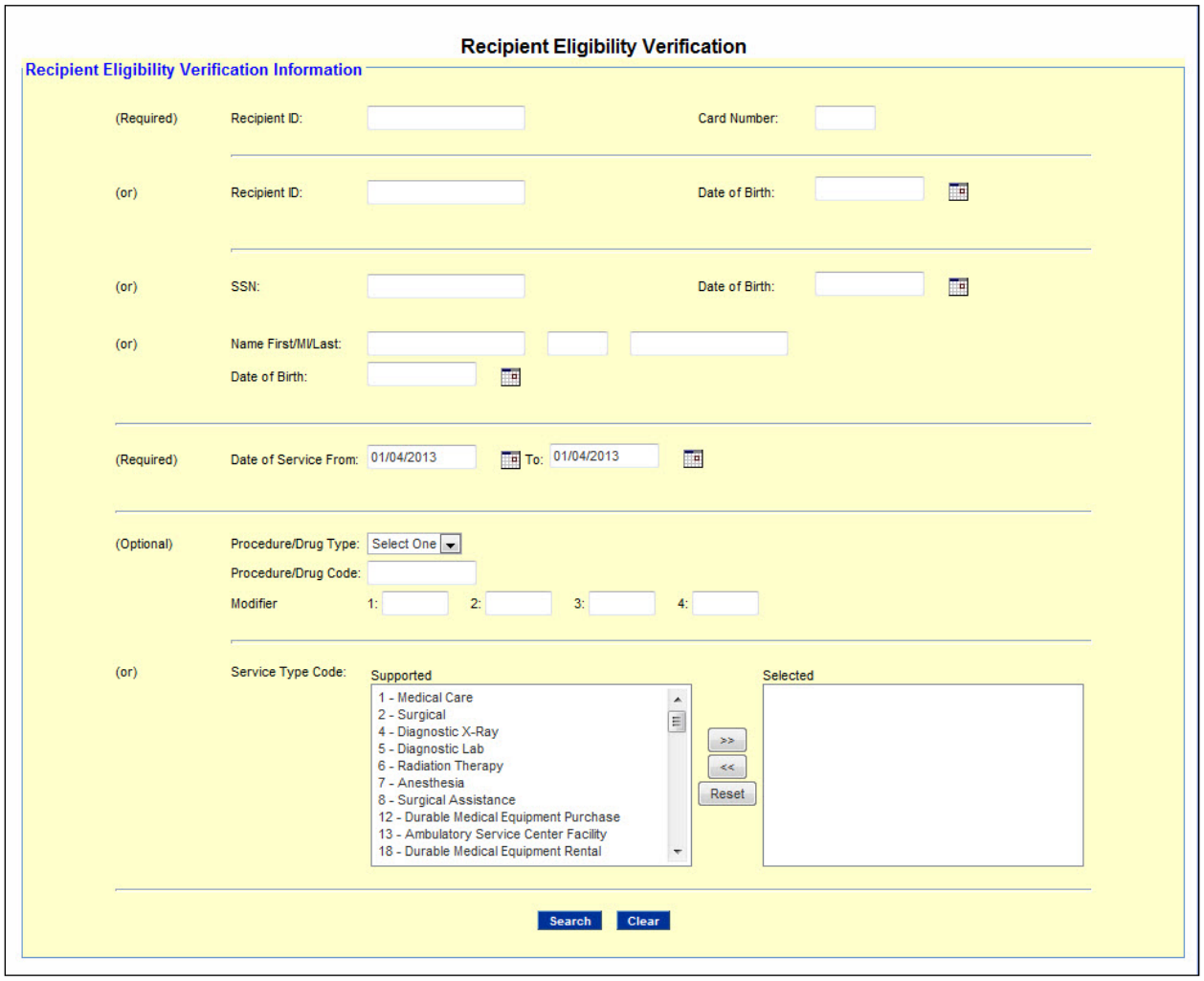
- Recipient ID and Card Issuance Number
- Recipient ID/Date of Birth
- Social Security Number/Date of Birth
- Recipient Name/Date of Birth

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.

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

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
>>
<<
Reset
Selected
Search
Clear

Verification No. [redacted] - 06/23/2010

Recipient

Name:	[redacted]
Recipient ID:	[redacted]
Date of Birth:	[redacted]
Gender:	[redacted]

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 [redacted] Information Contact Telephone: [redacted]

Eligibility Detail

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

5 Provider Reports

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

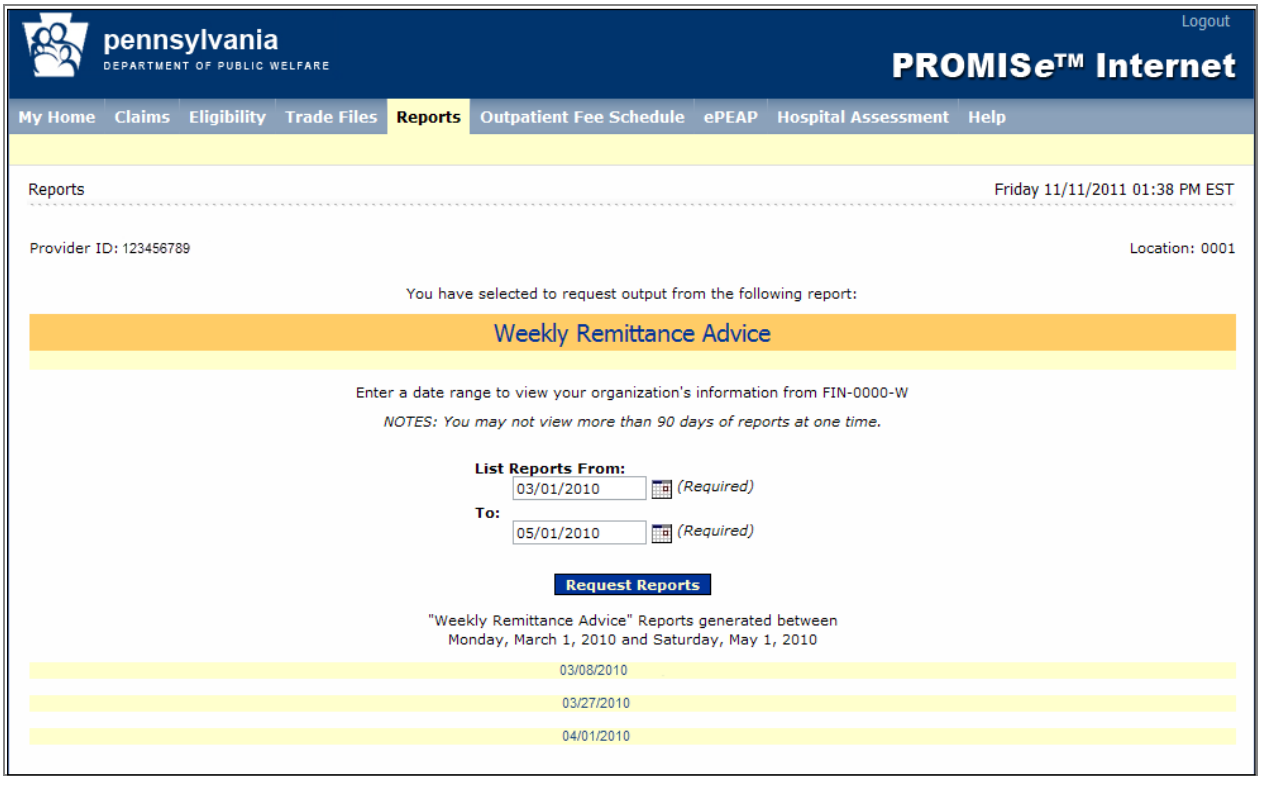
5.1 About the Provider Report Index Window

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 PROMISe™ 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 PROMISe™.

Layout



For detailed information about this window, see *Section 5.18, Provider Report Index* window.

6 PA PROMISe™ Internet Windows

This section of the *Provider Internet User Manual* contains detailed information regarding the windows within the PA PROMISe™ Internet application to help users better understand how each window is used. Windows presented in this section are listed in alphabetical order, and include explanations of the fields, fields edit (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."

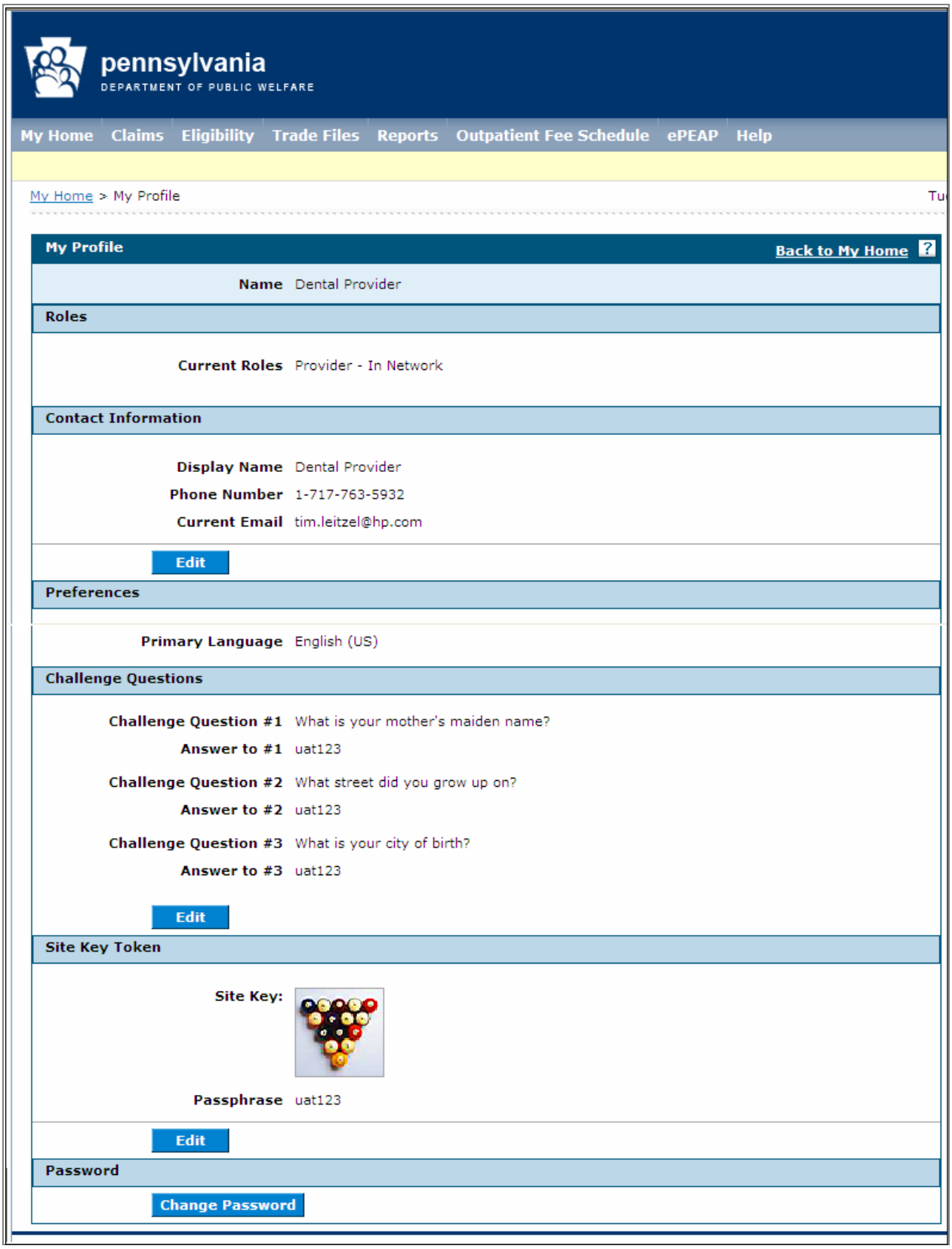
6.1 My Profile (My Profile)

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.

Layout


pennsylvania
DEPARTMENT OF PUBLIC WELFARE
My Home
Claims
Eligibility
Trade Files
Reports
Outpatient Fee Schedule
ePEAP
Help
My Home > My Profile
My Profile
Back to My Home
Name Dental Provider
Roles
Current Roles Provider - In Network
Contact Information
Display Name Dental Provider
Phone Number 1-717-763-5932
Current Email tim.leitzel@hp.com
Edit
Preferences
Primary Language English (US)
Challenge Questions
Challenge Question #1 What is your mother's maiden name?
Answer to #1 uat123
Challenge Question #2 What street did you grow up on?
Answer to #2 uat123
Challenge Question #3 What is your city of birth?
Answer to #3 uat123
Edit
Site Key Token
Site Key:
Passphrase uat123
Edit
Password
Change Password

Field Descriptions

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

Field Edits

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

6.1.1 Accessibility and Use

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

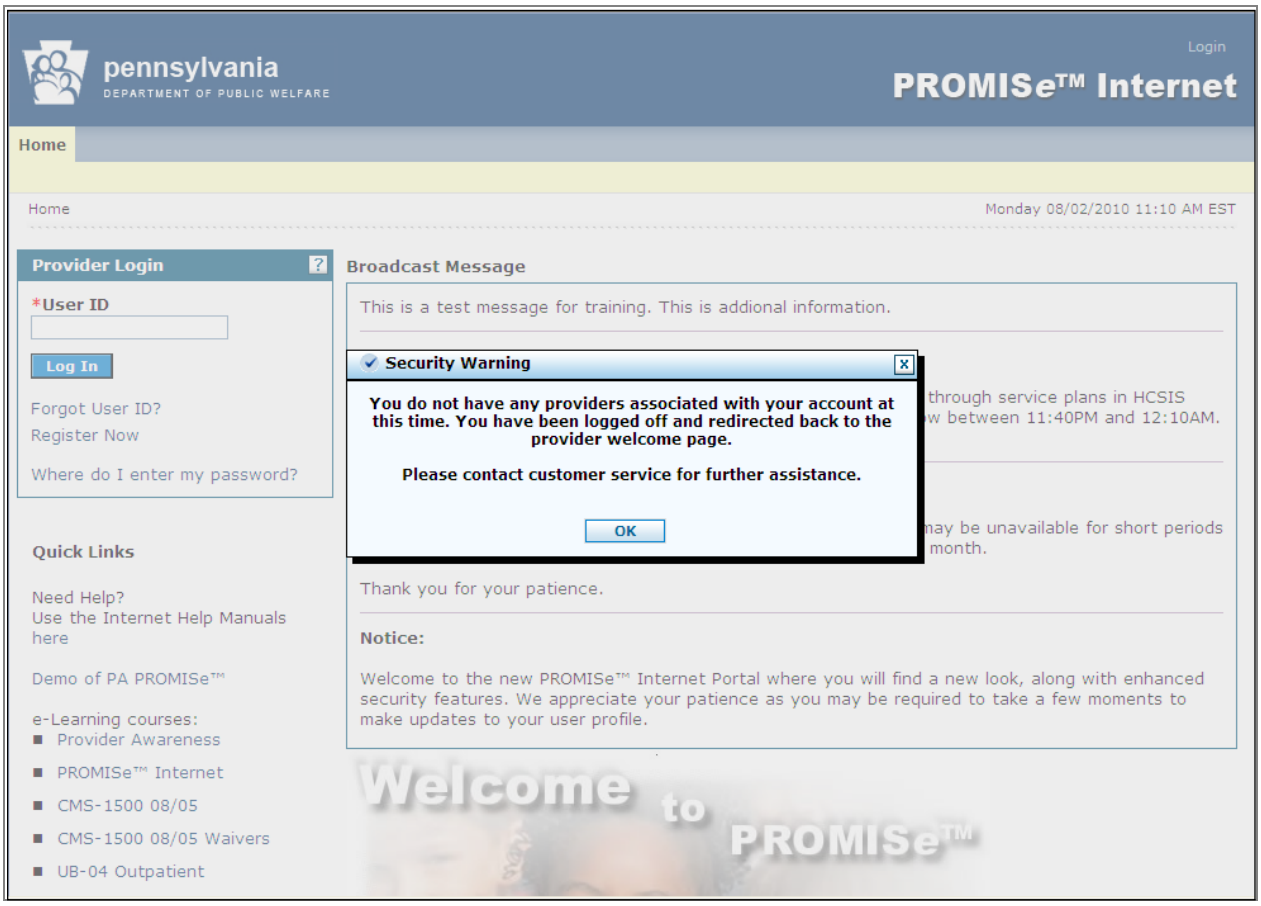
To Access My Profile window

Step	Action	Response
1	Logon to PA PROMISe™ 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

6.2 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.

Layout



Field Descriptions

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

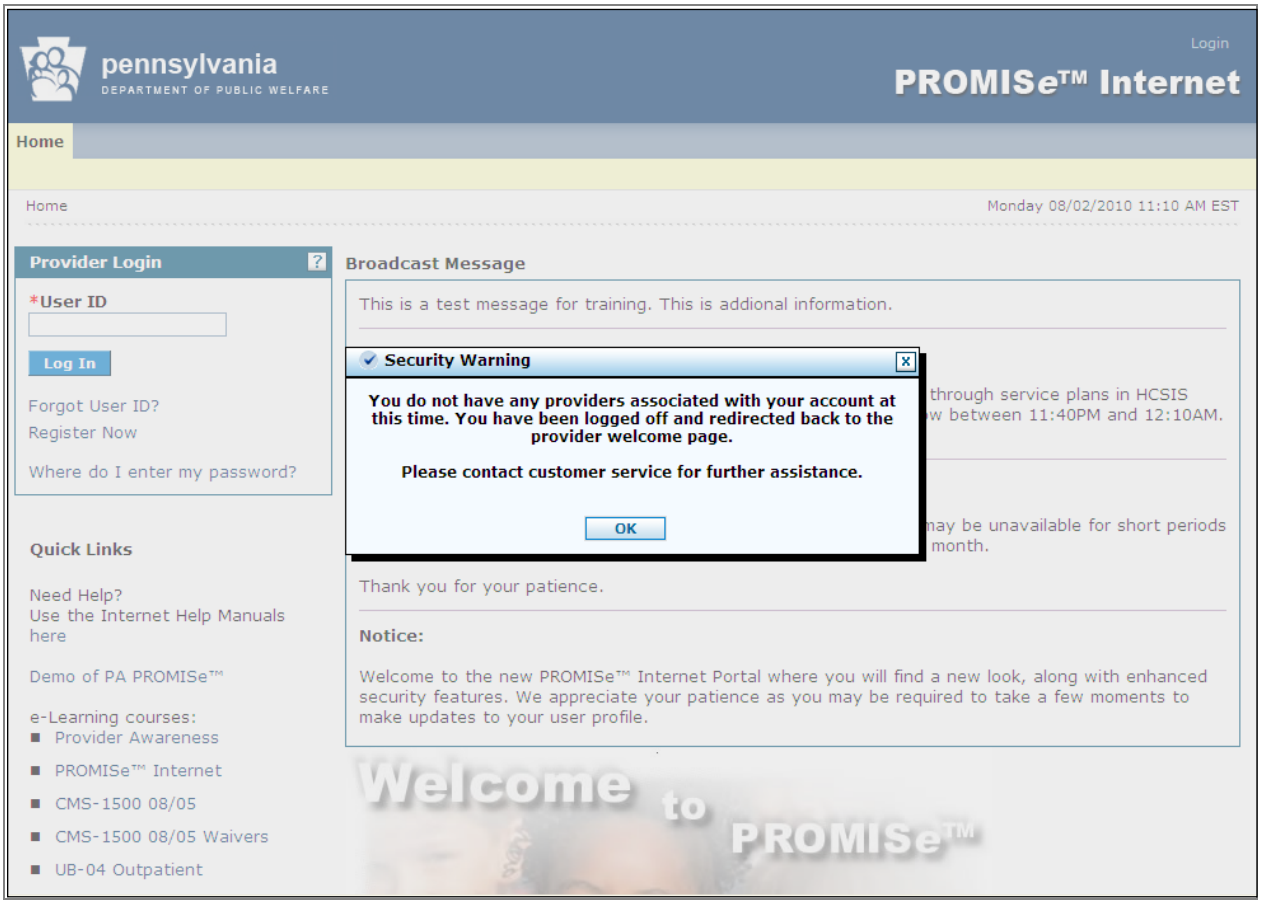
Field Edits

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

6.3 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.

Layout



Field Descriptions

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

Field Edits

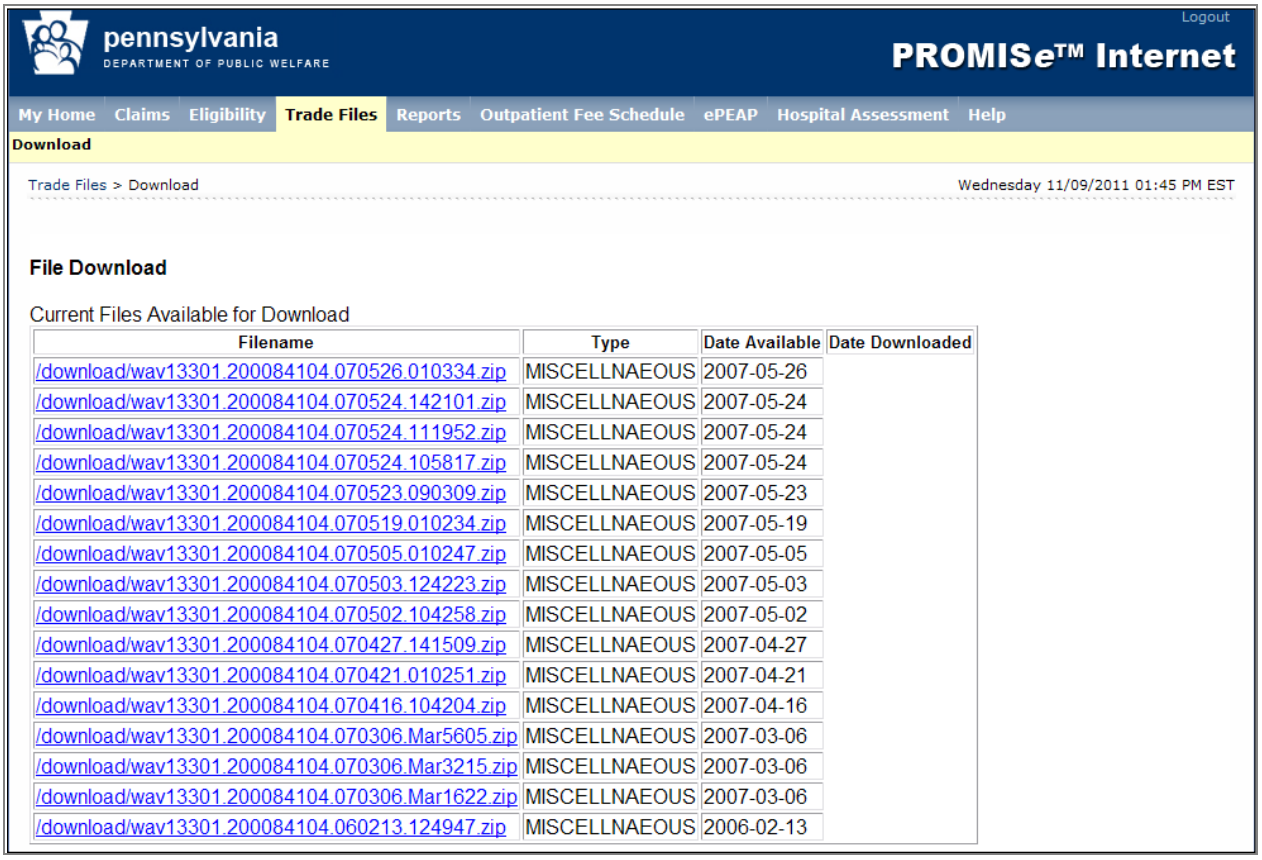
Field	Error Code	Error Message	To Correct
No Error Code Messages found for this window			

6.4 File Download (File Download)

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

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

Layout



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

Field Edits

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

6.4.1 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 PROMISe™ 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

6.5 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 paper attachment forms to be submitted in reference to an electronic claim. A batch cover form with the ACN is present on all paper attachment batches. The ACN on the paper batch must match the ACN entered on the related electronic claim.

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 that provider.

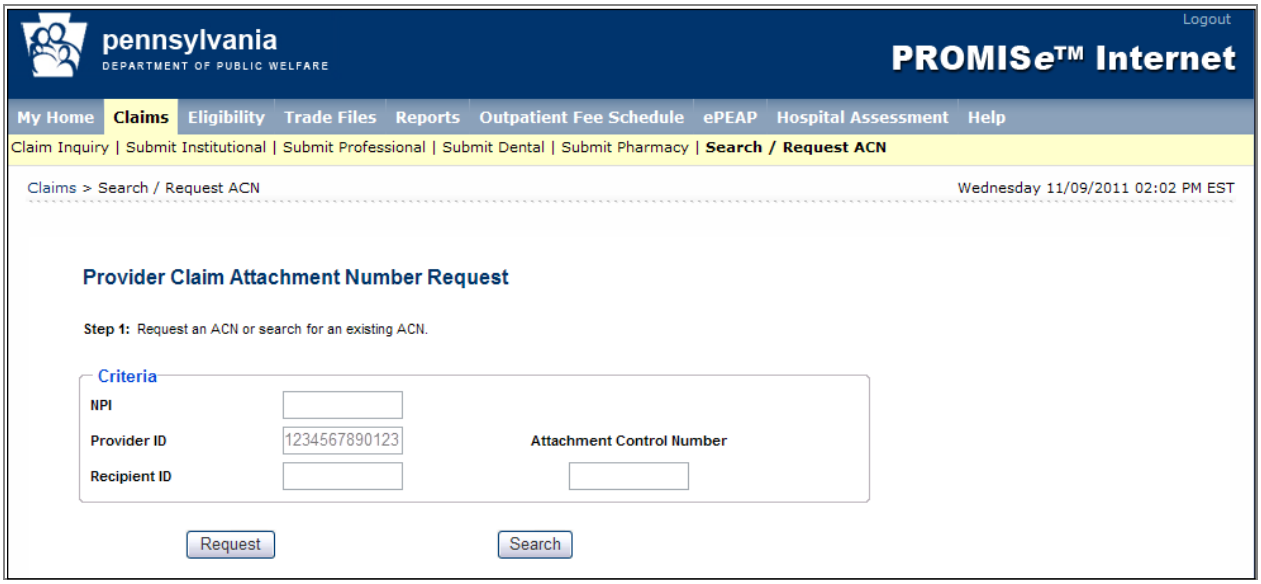
The Request button returns a new claim ACN as a link in a group box that appears at the bottom of the window. To print the associated Paper Attachment to Electronic Cover Sheet, click on the linked ACN. The cover sheet opens in an Adobe PDF format, and can be printed from the Adobe page.

The Search button returns all records associated with the Recipient ID identified for the search.

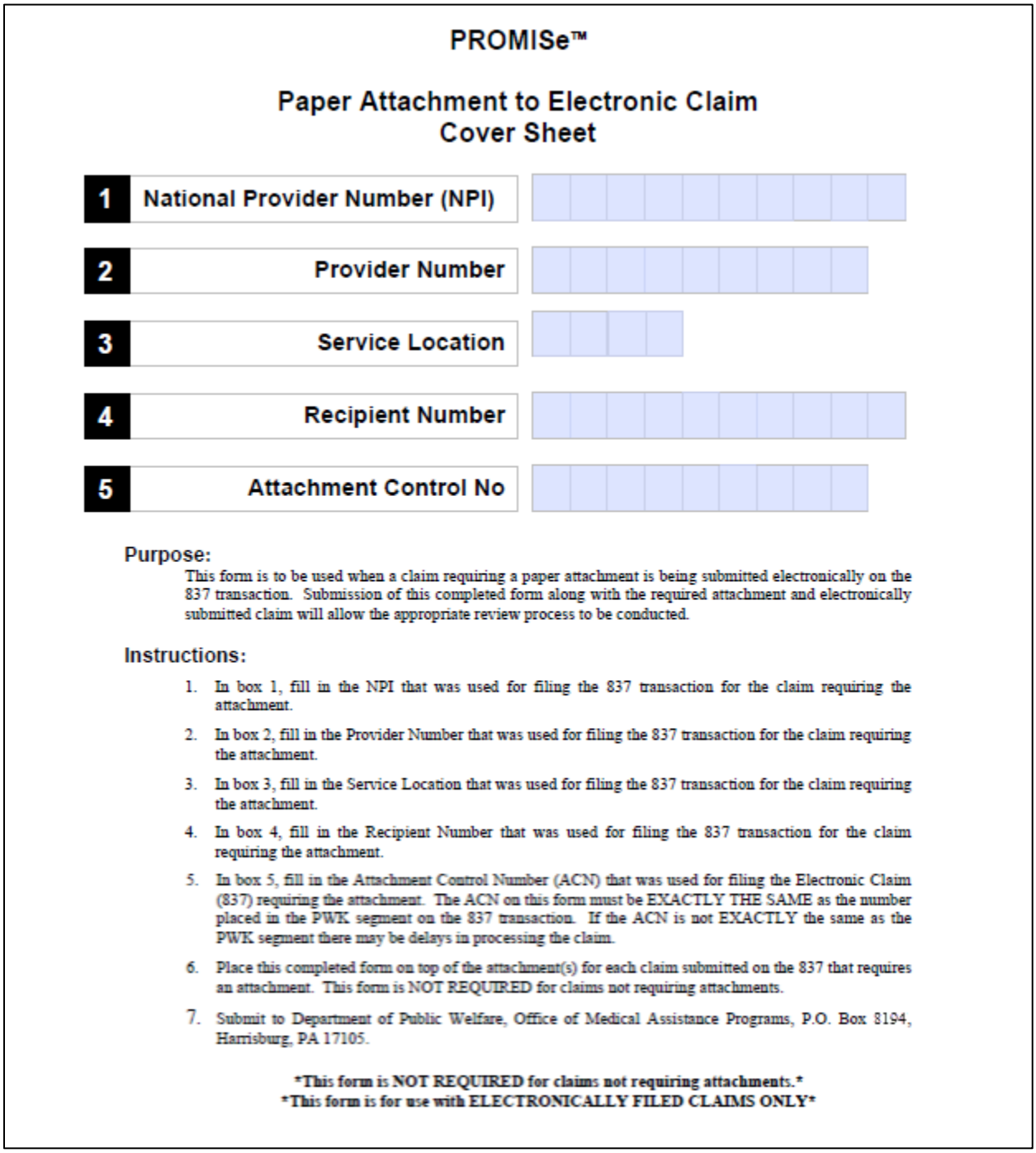
This window is accessed from the Provider Main Page by selecting the Search/Request Attachment Control Number option from the Claims drop down menu. This window is also accessed from the Provider Main Page by clicking the Claim Submission link to open the Claims Menu. Click on the Search/Request Attachment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

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.

Layout


Logout
pennsylvania
DEPARTMENT OF PUBLIC WELFARE
PROMISe™ Internet
My Home
Claims
Eligibility
Trade Files
Reports
Outpatient Fee Schedule
ePEAP
Hospital Assessment
Help
Claim Inquiry | Submit Institutional | Submit Professional | Submit Dental | Submit Pharmacy | Search / Request ACN
Claims > Search / Request ACN
Wednesday 11/09/2011 02:02 PM EST
Provider Claim Attachment Number Request
Step 1: Request an ACN or search for an existing ACN.
Criteria
NPI
Provider ID
1234567890123
Attachment Control Number
Recipient ID
Request
Search

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



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 Public Welfare, Office of Medical Assistance Programs, P.O. Box 8194, Harrisburg, PA 17105.

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

Field Descriptions

Field	Description	Data Type	Length
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
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

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

6.5.1 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 PROMISe™ using the steps presented in the General User Manual	The Provider Main Page window open

Step	Action	Response
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 Search for New Claim Attachment Number

Step	Action	Response
1	In the **Criteria** section, type a value for the **Provider ID** and **Recipient ID** fields	
2	Click the **Request** button	A new claim attachment number is displayed

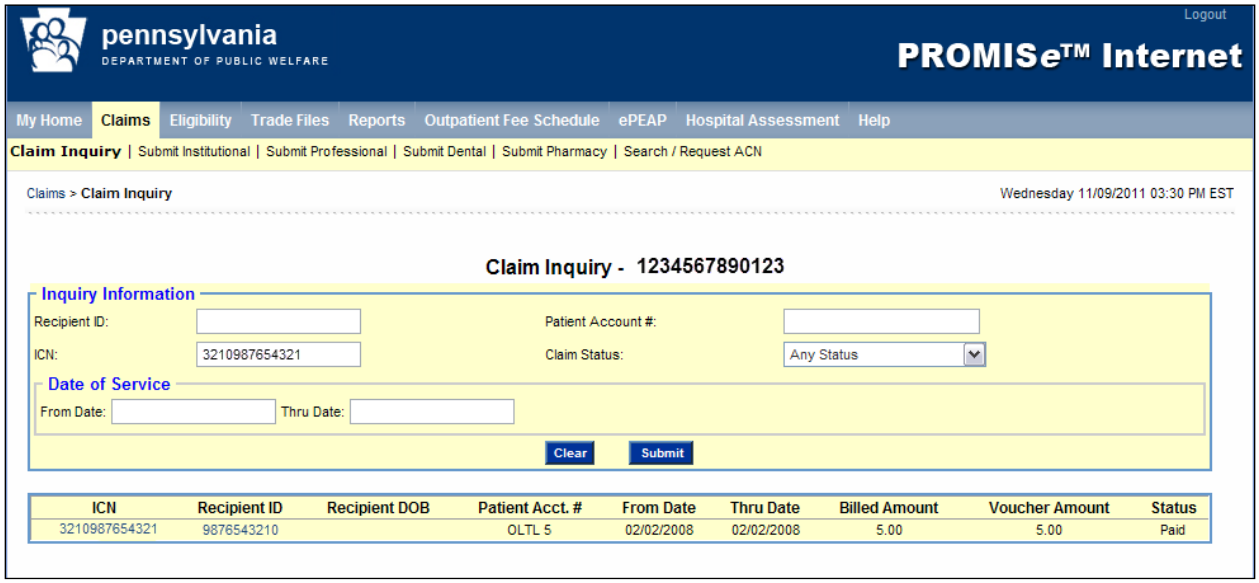
6.6 Provider Claim Inquiry (inquiry.asp)

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.

Layout



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

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

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.

Field	Error Code	Error Message	To Correct
	1	[x] is not a valid day in [month]. Use a value in the range 1-[days in month].	Enter a valid date.

6.6.1 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, Logging On To The PROMISe™ Provider Internet Site*	The DPW 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	

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	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

6.7 Provider Dental Claim (Dental.asp)

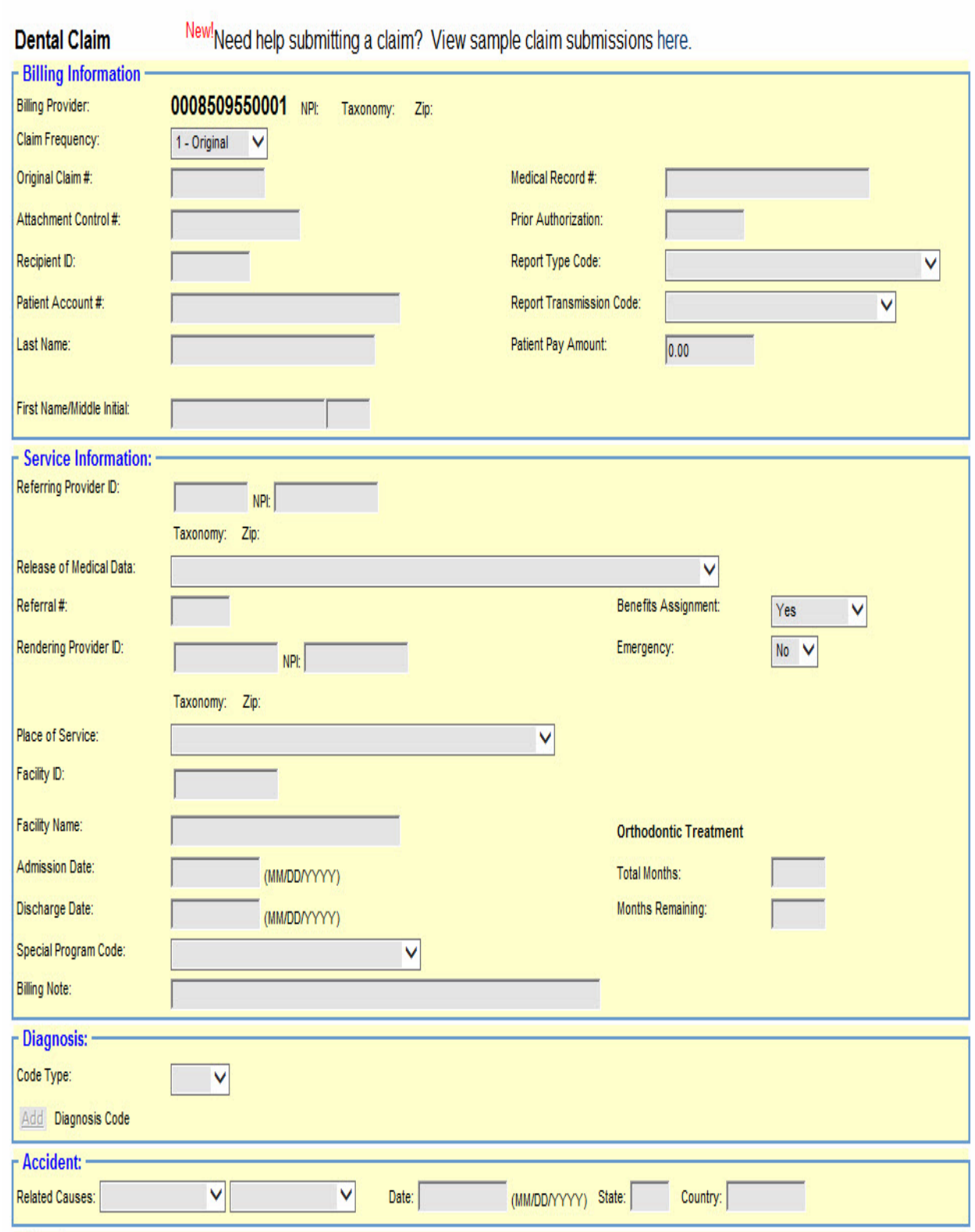
The Provider Dental Claim window is used to display or input dental claims. From here, a provider can enter or review all of the required information to submit a dental claim including multiple detail lines.

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.

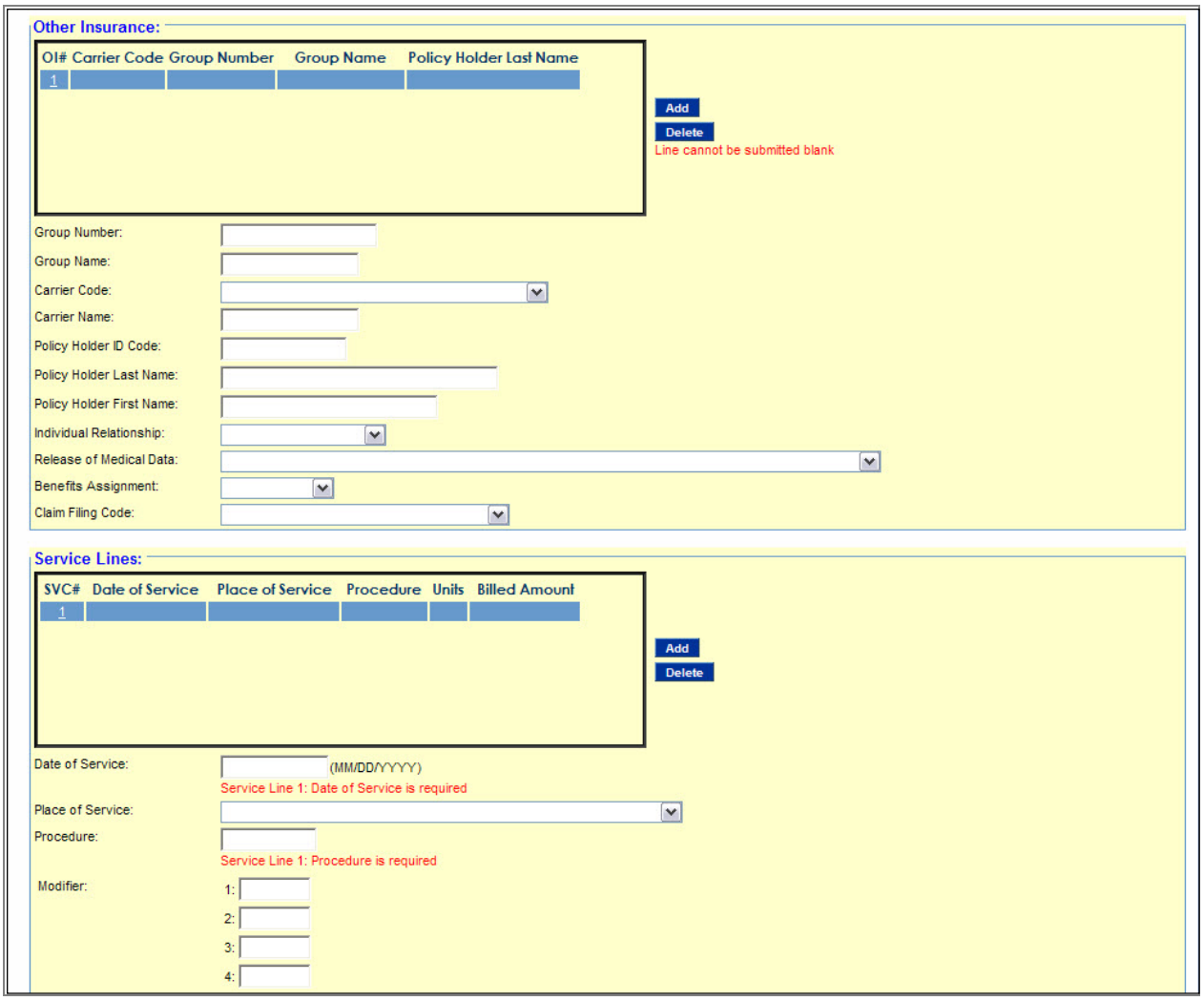
The provider can access this window by selecting Submit Dental link from Claims option list or select Dental from the Claims Submission page.

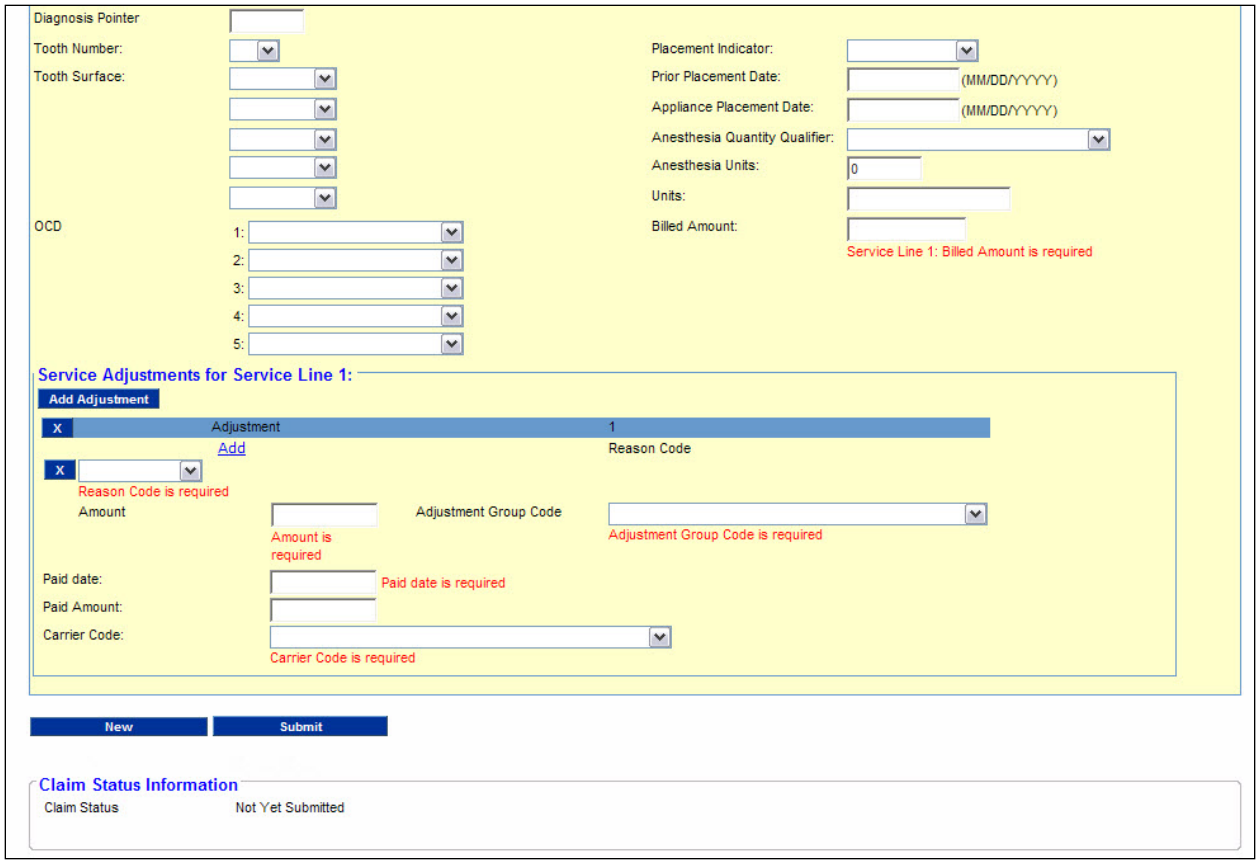
The first window Layout below shows the initial viewable display; the following Layouts show the remaining data viewable by scrolling.

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
1
Add
Delete
Line cannot be submitted blank
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:



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

Field	Description	Data Type	Length
Code Type	ICD type indicator for this claim	Drop Down List Box	0
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
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

Field	Description	Data Type	Length
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
Policy Holder ID Code (Other Insurance)	Identification number of the policy holder	Character	12

Field	Description	Data Type	Length
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 policyholder	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 diagnosis 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 diagnosis 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 DPW	Button	0
Svc #	Sequential number of each service detail line	Number	2

Field		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

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

Field	Error Code	Error Message	To Correct
Country (Accident)	0	Accident country can only contain alphanumeric characters.	Enter a valid country
	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
	1	Reason Code [#] can only contain alphanumeric character(s).	Enter a valid alphanumeric Reason Code

Field	Error Code	Error Message	To Correct
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 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
	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

Field	Error Code	Error Message	To Correct
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 then 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

6.7.1 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 the General User Manual	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 DPW's guidelines, policies, and procedures. Refer to the DPW 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	

Step	Action	Response
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**	
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	

Step	Action	Response
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.

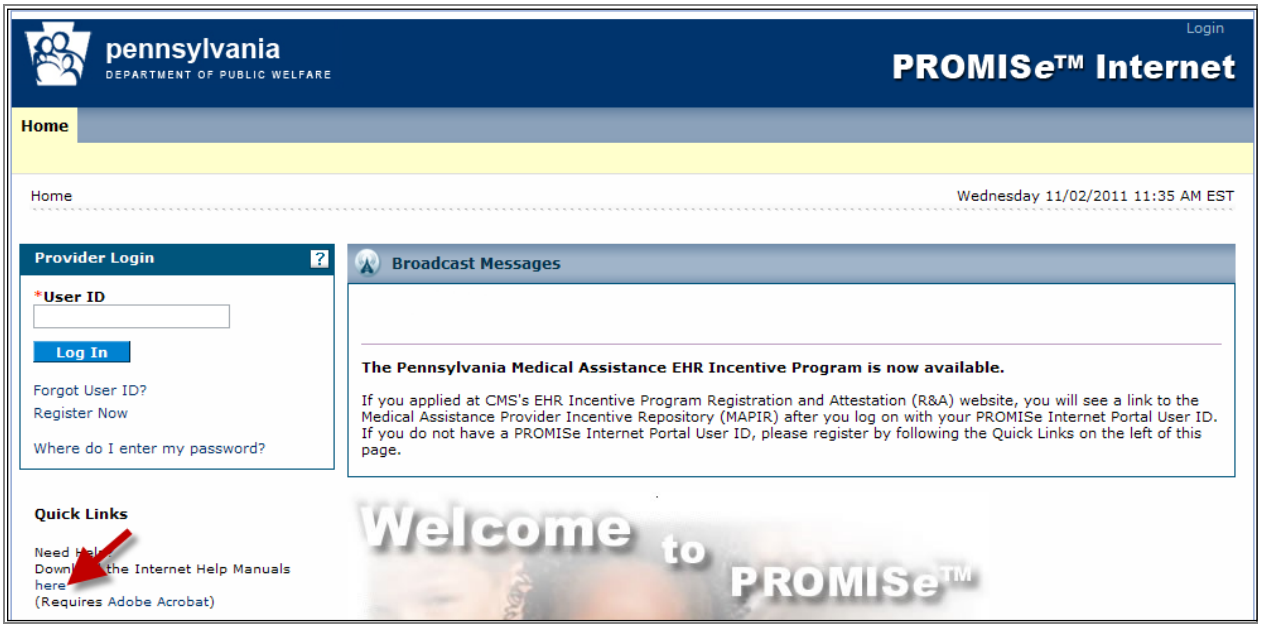
Step	Action	Response
1	Using Claim Inquiry (inquiry.asp) complete a claim search	If a match is found, the search results list is displayed
2	Select a paid claim	The paid claim displays
3	Click the **Copy** button	All data from the selected paid claim is copied to a new claim

6.8 Provider Help (Provider Help)

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

The PROMISe™ Internet Manual is accessed by selecting the Help link from the Main logon page.

Layout



6.8.1 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 PROMISe™ Internet User manual opens

6.9 Provider Institutional Claim (Institutional.asp)

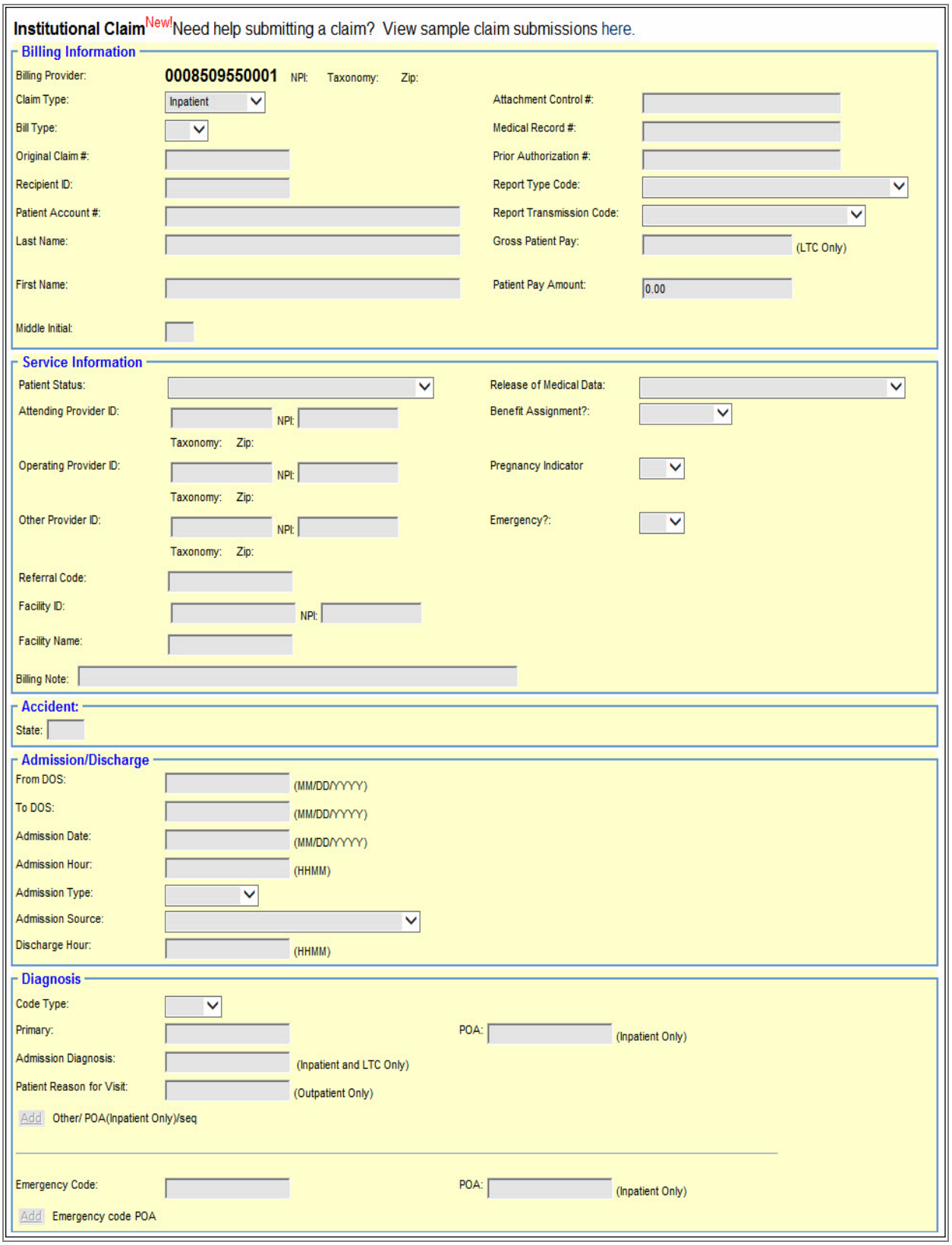
The Provider Institutional Claim window is used to submit 837 Institutional claims. From this window, a provider can enter all of the required information to submit an institutional claim, including multiple detail lines.

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.

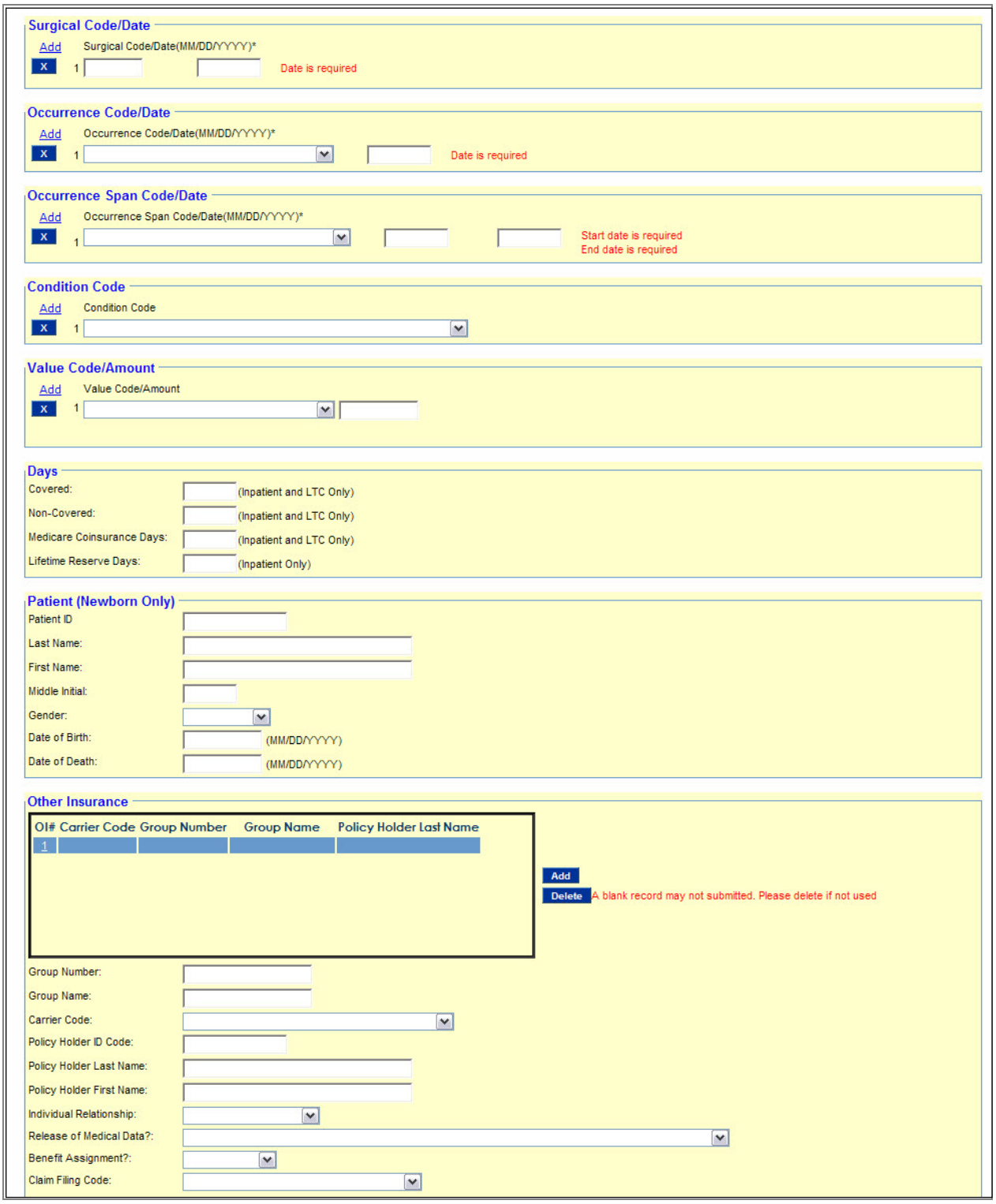
The first window Layout below shows the initial viewable display; the following Layouts show the remaining data viewable by scrolling.

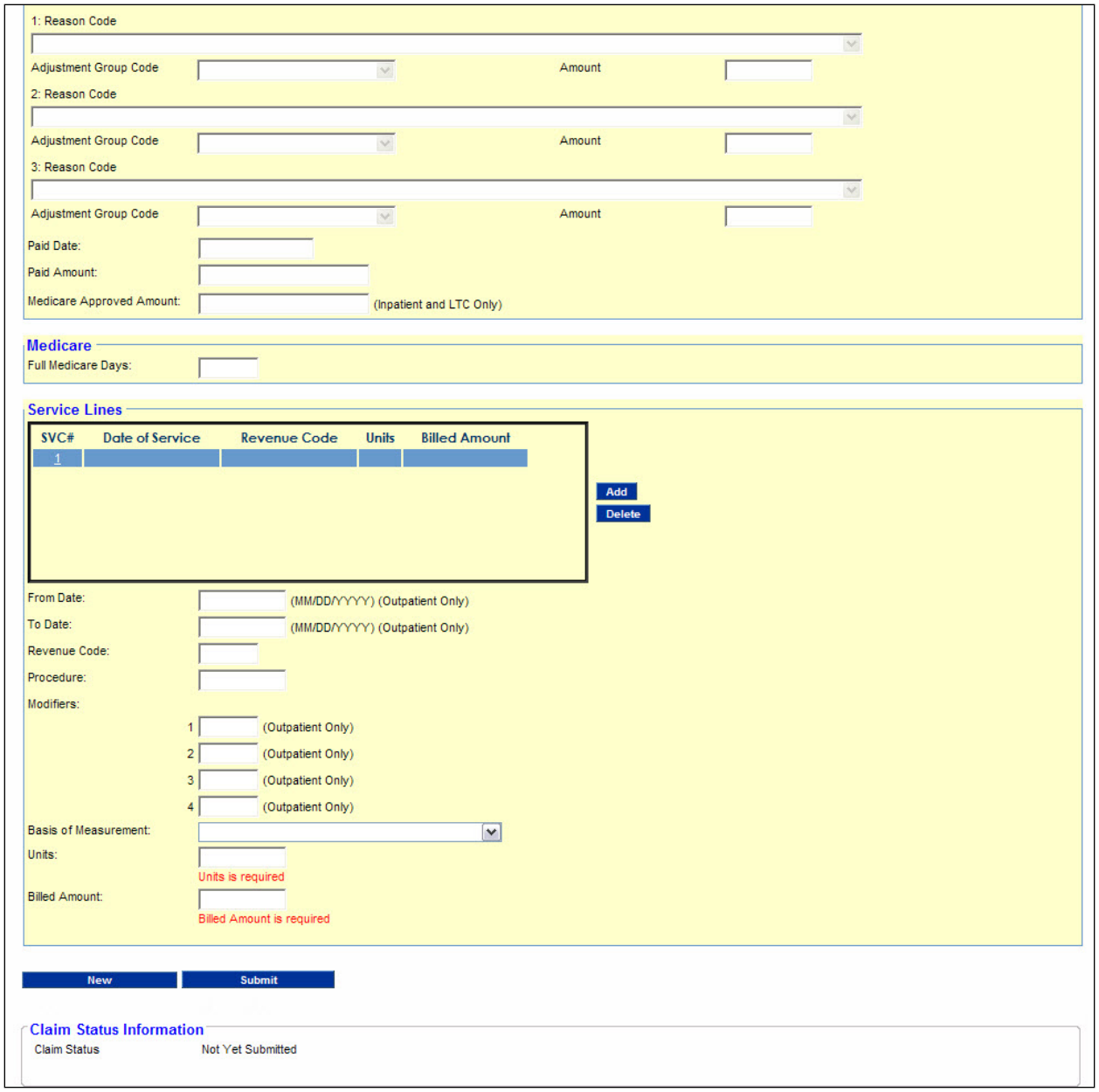
Note: Maximum field lengths for this window are limited by HIPAA X12 guidelines. Differences may appear between fields on this window and fields on other windows that are based on different underlying HIPAA transaction formats.

Layout


Institutional Claim New! Need help submitting a claim? View sample claim submissions here.
Billing Information
Billing Provider: 0008509550001 NPI: Taxonomy: Zip:
Claim Type: Inpatient
Bill Type:
Original Claim #:
Recipient ID:
Patient Account #:
Last Name:
First Name:
Middle Initial:
Attachment Control #:
Medical Record #:
Prior Authorization #:
Report Type Code:
Report Transmission Code:
Gross Patient Pay: (LTC Only)
Patient Pay Amount: 0.00
Service Information
Patient Status:
Attending Provider ID: NPI: Taxonomy: Zip:
Operating Provider ID: NPI: Taxonomy: Zip:
Other Provider ID: NPI: Taxonomy: Zip:
Referral Code:
Facility ID: NPI:
Facility Name:
Billing Note:
Release of Medical Data:
Benefit Assignment?:
Pregnancy Indicator
Emergency?:
Accident:
State:
Admission/Discharge
From DOS: (MM/DD/YYYY)
To DOS: (MM/DD/YYYY)
Admission Date: (MM/DD/YYYY)
Admission Hour: (HHMM)
Admission Type:
Admission Source:
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.




1: Reason Code
Adjustment Group Code
Amount
2: Reason Code
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

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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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. Prior authorization 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
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 diagnosis 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	
Release of Medical Data (Other Insurance)	Indicates whether the provider has informed consent to release medical info. For conditions or diagnosis 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. 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 DPW	Button	0
Surgical Code 1	Surgical ICD procedure code most relevant to the care being rendered	Character	7
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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

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 a 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 a 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 a 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 a 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 a 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 a 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 a 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 a 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 a 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 a 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 a 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 a 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 a Occurrence Date that is less than or equal to today's date
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 a Occurrence Span Code that contains only alphanumeric characters

Field	Error Code	Error Message	To Correct
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 a 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
	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

Field	Error Code	Error Message	To Correct
	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 a 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
	1	Operating Provider ID must be 8 or 9 characters in length.	Enter a 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 PROMISe™ 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

Field	Error Code	Error Message	To Correct
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 a 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
	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

Field	Error Code	Error Message	To Correct
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
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

Field	Error Code	Error Message	To Correct
	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)
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

Field	Error Code	Error Message	To Correct
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
	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

Field	Error Code	Error Message	To Correct
	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
	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

Field	Error Code	Error Message	To Correct
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
	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

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 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
	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

6.9.1 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 PROMISe™ using the steps presented in the General User Manual	The Provider Main Page window opens
2	Click the **Claims** tab	The Claims window opens

Step	Action	Response
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 DPW's guidelines, policies, and procedures. Refer to the DPW 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	
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 more than 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 more than 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	
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	

Step	Action	Response
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

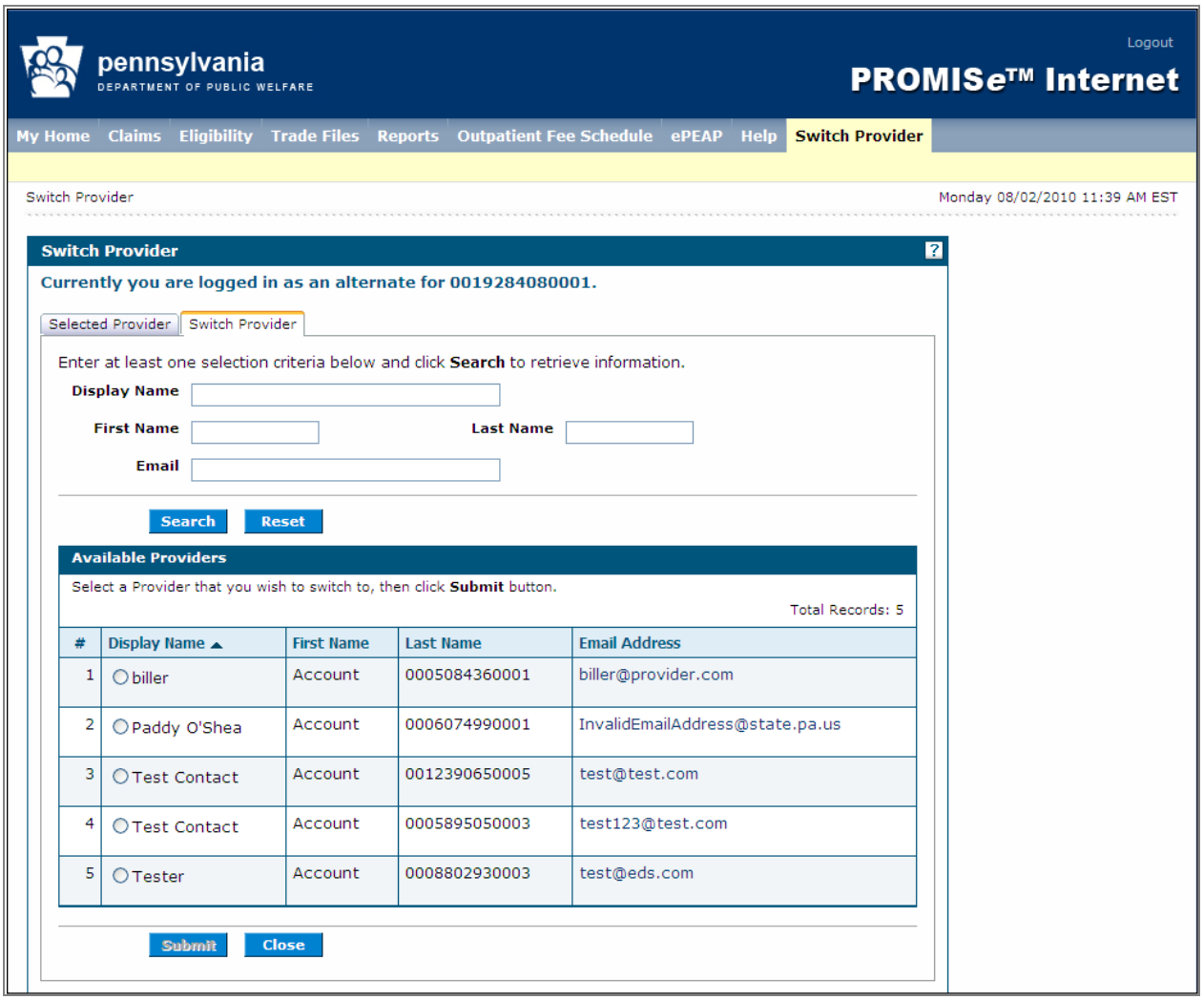
6.10 Switch Provider Number

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.

Layout



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

Field Edits

Field	Error Code	Error Message	To Correct

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

6.10.1 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 PROMISe™ 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

6.11 Provider Pharmacy Claim (Pharmacy.asp)

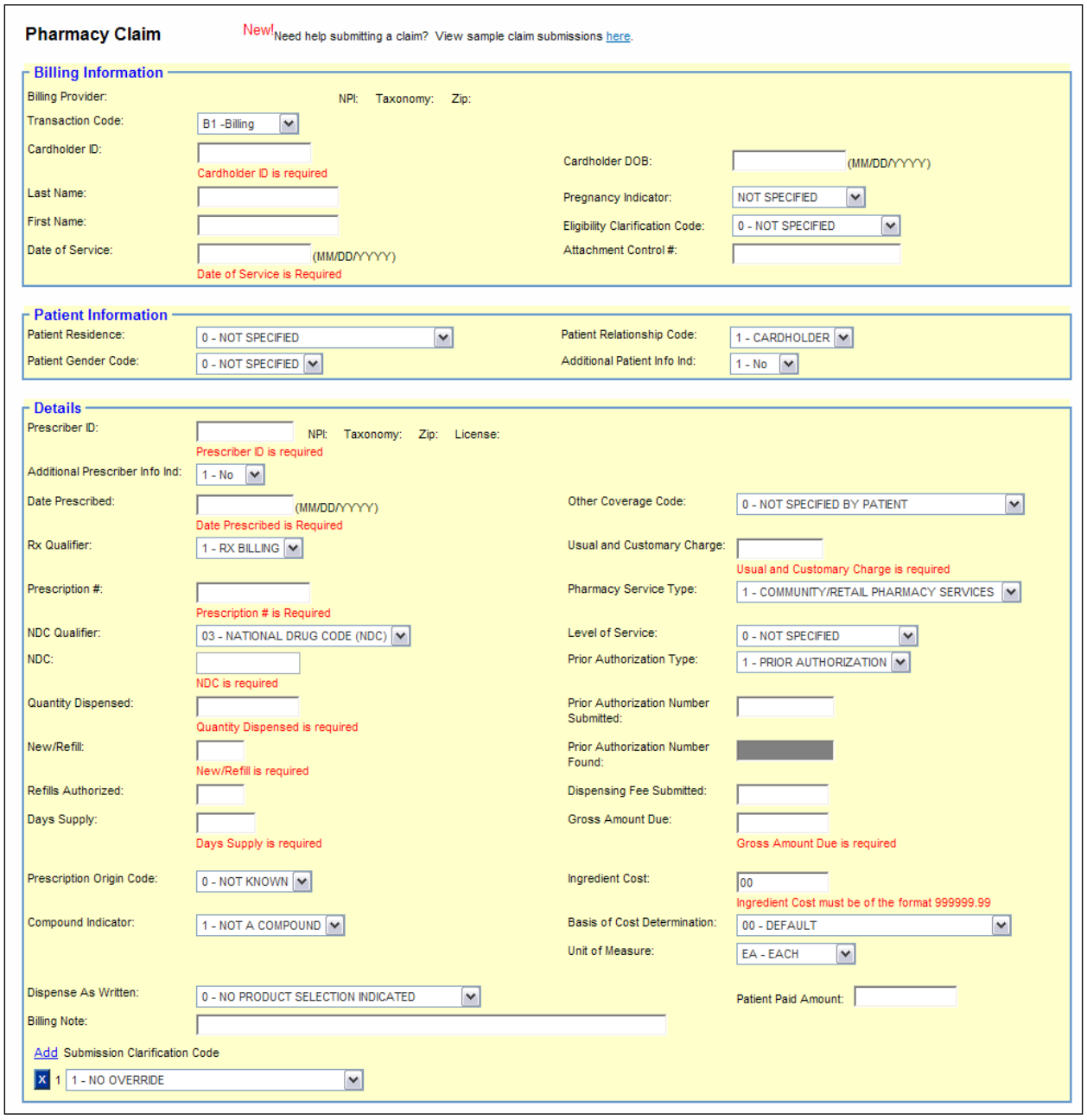
The Provider Pharmacy Claim window is used to submit pharmacy claims. A provider can enter all of the required information to submit a pharmacy claim in this window, including multiple detail lines.

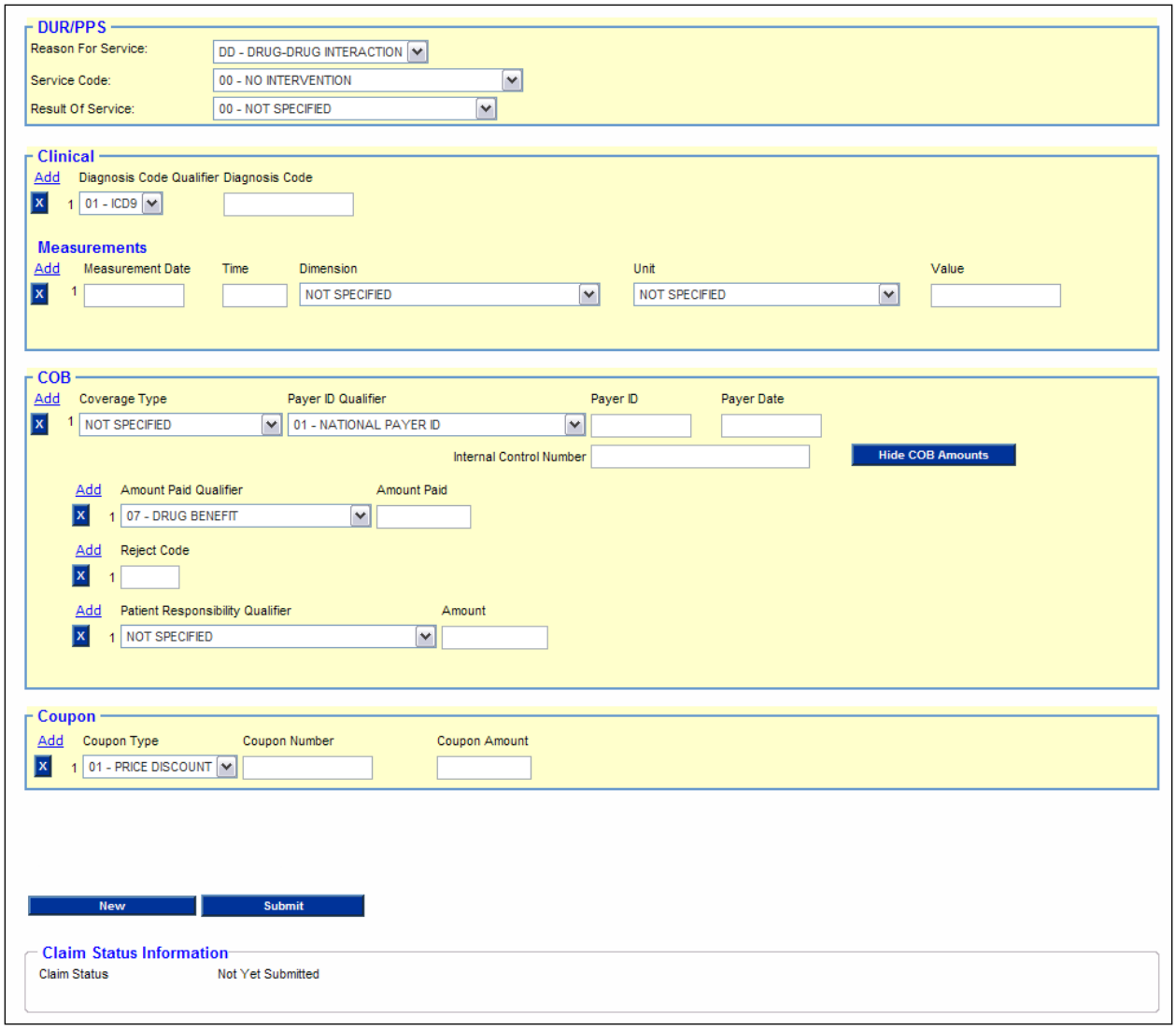
This window is accessed by selecting the Submit Pharmacy link from the Claims option on the Menu Bar, or by clicking the Pharmacy link in the Claims Menu window.

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.

Layout





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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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 Psychaitric 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
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

Field	Description	Data Type	Length
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
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 DPW	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

Field	Description	Data Type	Length
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 Qualifer)	Remove the Amount Paid Qualifier	Button	0
X (Clincal)	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
Zip (Prescribing Provider)	Zip for Prescribing Provider ID	Character	9
Zip Code	Patient’s zip code	Character	9

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

Field	Error Code	Error Message	To Correct
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

6.11.1 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 the General User Manual	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 DPW's guidelines, policies, and procedures. Refer to the DPW 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	
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
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.

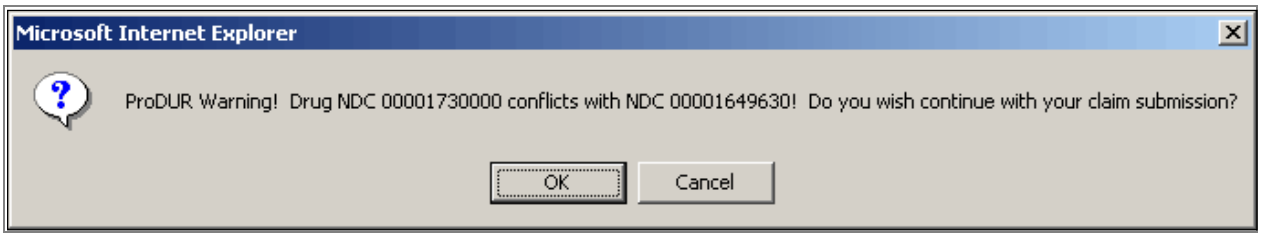
Step	Action	Response
1	Using Claim Inquiry (inquiry.asp) complete a claim search	If a match is found, the search results list is displayed
2	Select a paid claim	The paid claim displays
3	Click the **Copy** button	All data from the selected paid claim is copied to a new claim

6.12 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.

Layout



Field Descriptions

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

Field Edits

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

6.13 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.

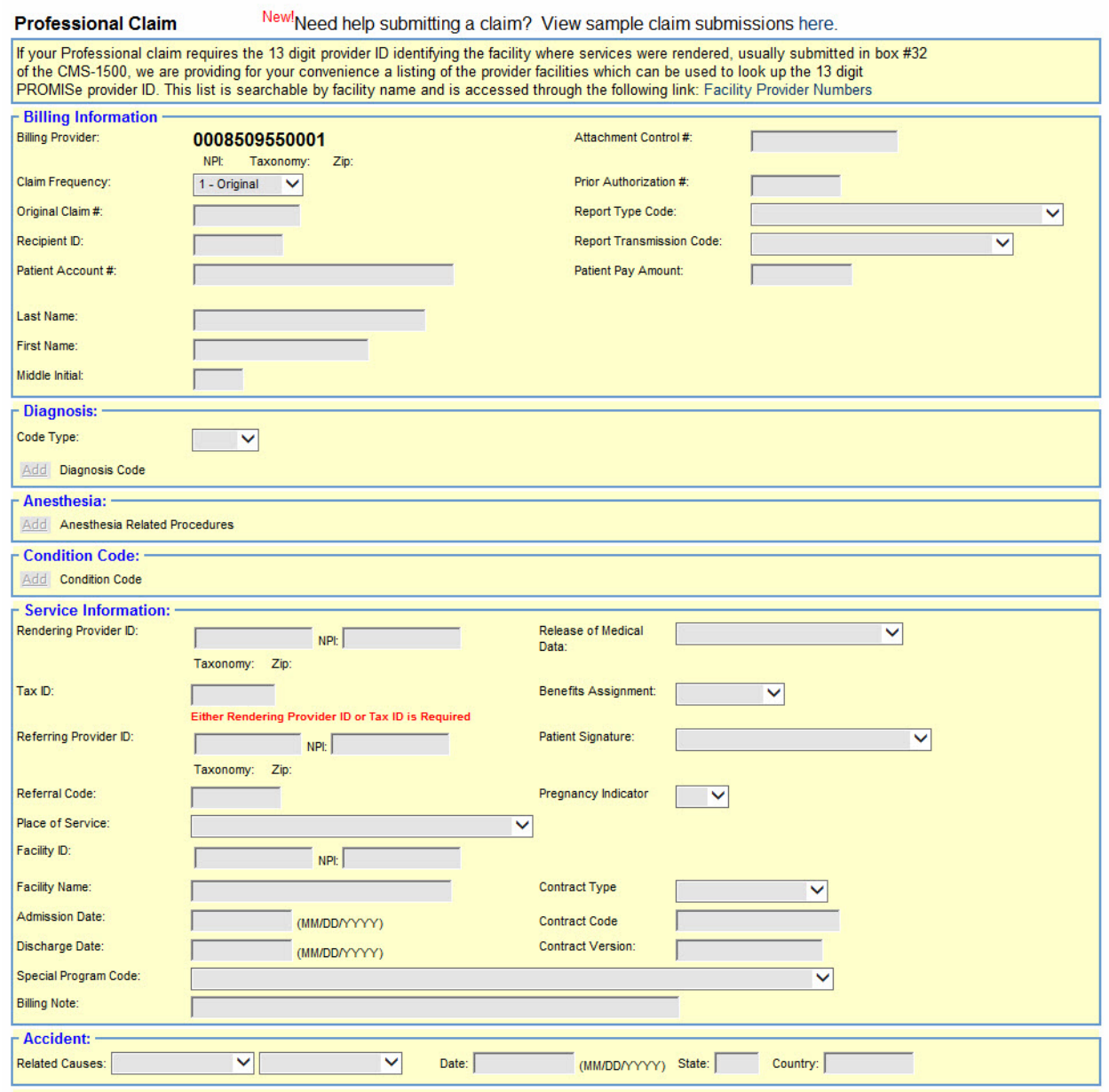
This window is accessed by selecting Submit Professional from the Claims menu, or by clicking the Claim submission link to open the Claim Menu, then clicking the Professional link.

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

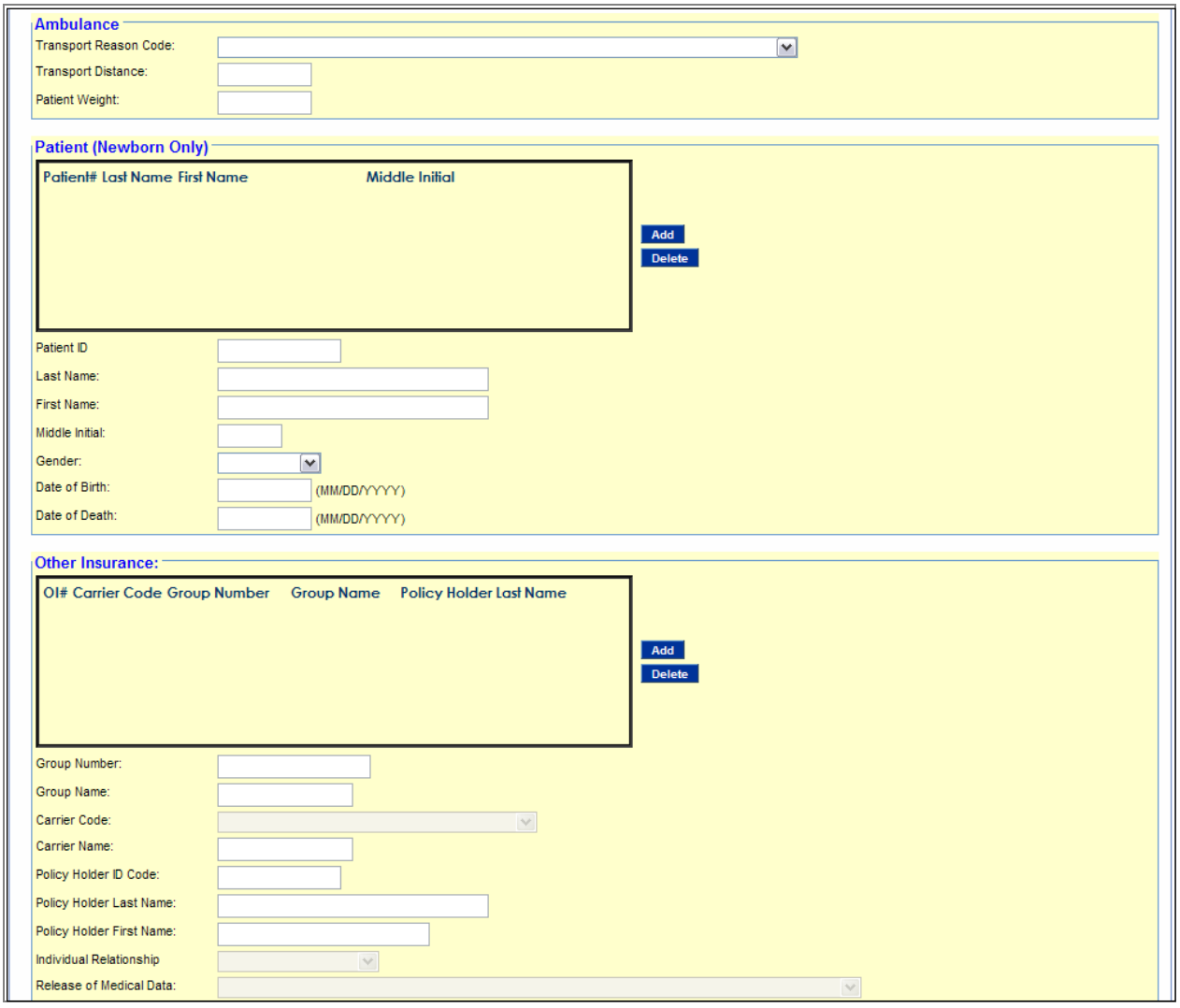
Note: Maximum field lengths for this window are limited by HIPAA X12 guidelines. Differences may appear between fields on this window and fields on other windows that are based on different underlying HIPAA transaction formats.

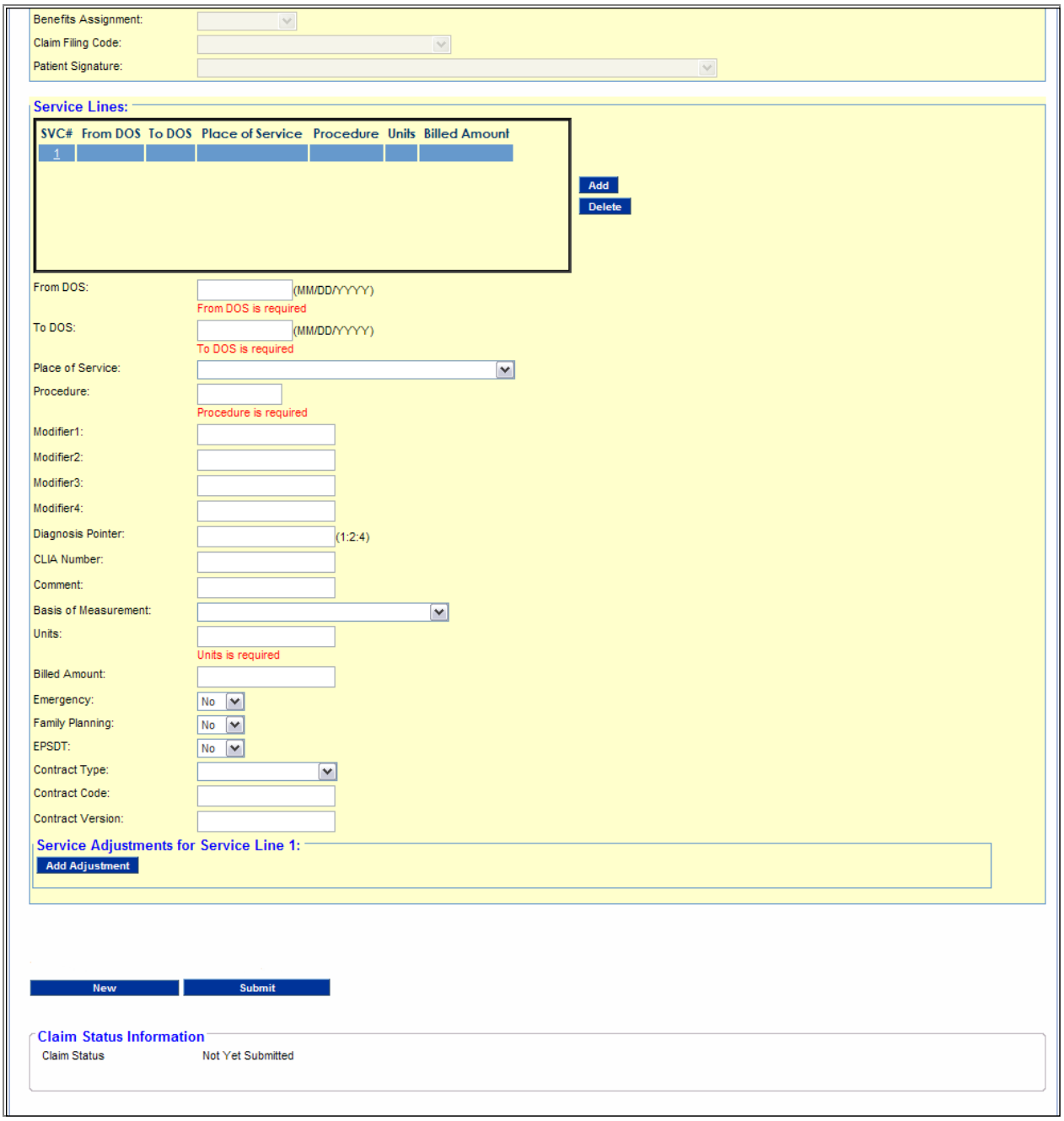
The first window Layout below shows the initial viewable display; the following Layouts show the remaining data viewable by scrolling.

Layout


Professional Claim
New! Need help submitting a claim? View sample claim submissions here.
If your Professional claim requires the 13 digit provider ID identifying the facility where services were rendered, usually submitted in box #32 of the CMS-1500, we are providing for your convenience a listing of the provider facilities which can be used to look up the 13 digit PROMISe provider ID. This list is searchable by facility name and is accessed through the following link: Facility Provider Numbers
Billing Information
Billing Provider: 0008509550001
NPI: Taxonomy: Zip:
Attachment Control #:
Claim Frequency: 1 - Original
Prior Authorization #:
Original Claim #:
Report Type Code:
Recipient ID:
Report Transmission Code:
Patient Account #:
Patient Pay Amount:
Last Name:
First Name:
Middle Initial:
Diagnosis:
Code Type:
Add Diagnosis Code
Anesthesia:
Add Anesthesia Related Procedures
Condition Code:
Add Condition Code
Service Information:
Rendering Provider ID:
NPI:
Taxonomy: Zip:
Release of Medical Data:
Tax ID:
Benefits Assignment:
Either Rendering Provider ID or Tax ID is Required
Referring Provider ID:
NPI:
Taxonomy: Zip:
Patient Signature:
Referral Code:
Pregnancy Indicator
Place of Service:
Facility ID:
NPI:
Facility Name:
Contract Type
Admission Date: (MM/DD/YYYY)
Contract Code
Discharge Date: (MM/DD/YYYY)
Contract Version:
Special Program Code:
Billing Note:
Accident:
Related Causes:
Date: (MM/DD/YYYY)
State:
Country:

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





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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
Release of Medical Data	Indicates whether the provider has informed consent to release medical info. For conditions or diagnosis 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 diagnosis 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

Field	Description	Data Type	Length
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 DPW	Button	0
Tax ID	Tax ID number for ISOs	Number	9
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
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

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
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-charactera Accident Country
Date (accident)	0	Accident Date must be entered when Employment, Other Accident, or Auto Accident is populated.	Enter a 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

Field	Error Code	Error Message	To Correct
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
	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

Field	Error Code	Error Message	To Correct
	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
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 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 less than 10 or 13 characters in length.	Enter a provider ID that is less than 10 or enter 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

Field	Error Code	Error Message	To Correct
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
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

6.13.1 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 PROMISe™ 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 DPW's guidelines, policies, and procedures. Refer to the DPW 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	
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 3	Type a value in the **Transport Distance** and **Patient Weight** fields. 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	
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 Visit's Rendered** and **Total Visit's 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	

Step	Action	Response
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	
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

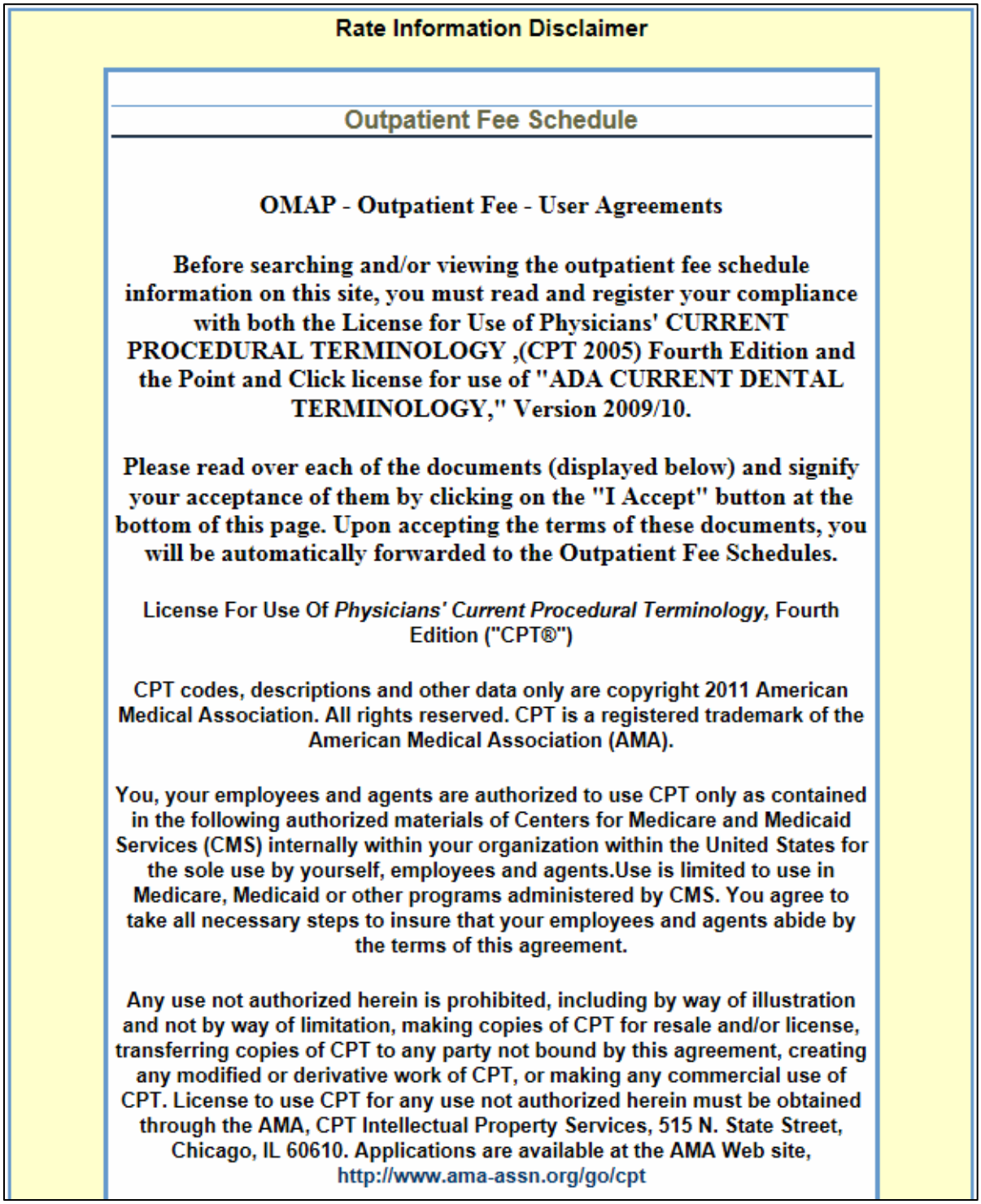
Note: The Copy button is only available on paid claims.

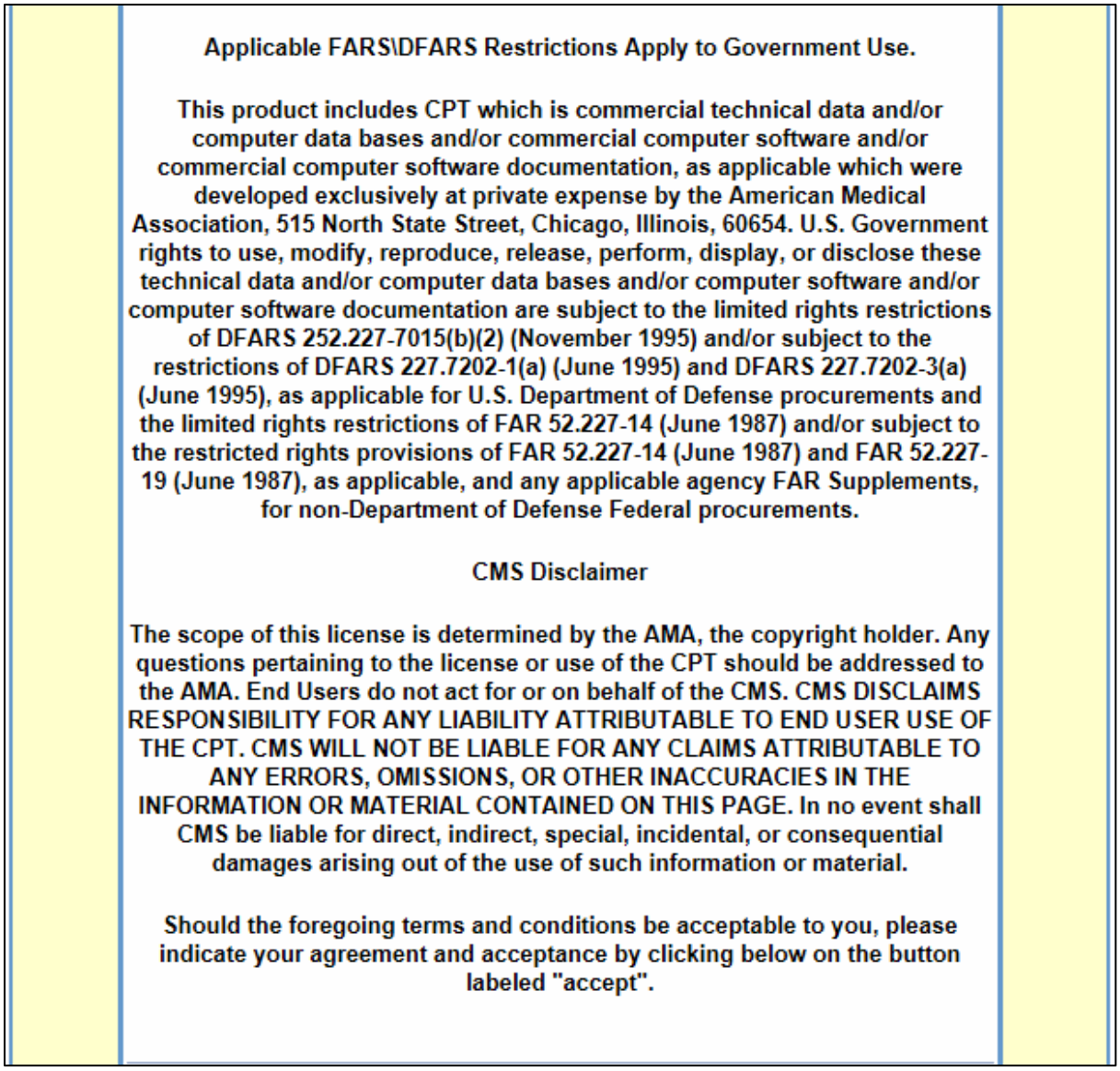
Step	Action	Response
1	Using Claim Inquiry (inquiry.asp) complete a claim search	If a match is found, the search results list is displayed
2	Select a paid claim	The paid claim displays
3	Click the **Copy** button	All data from the selected paid claim is copied to a new claim

6.14 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.

Layout





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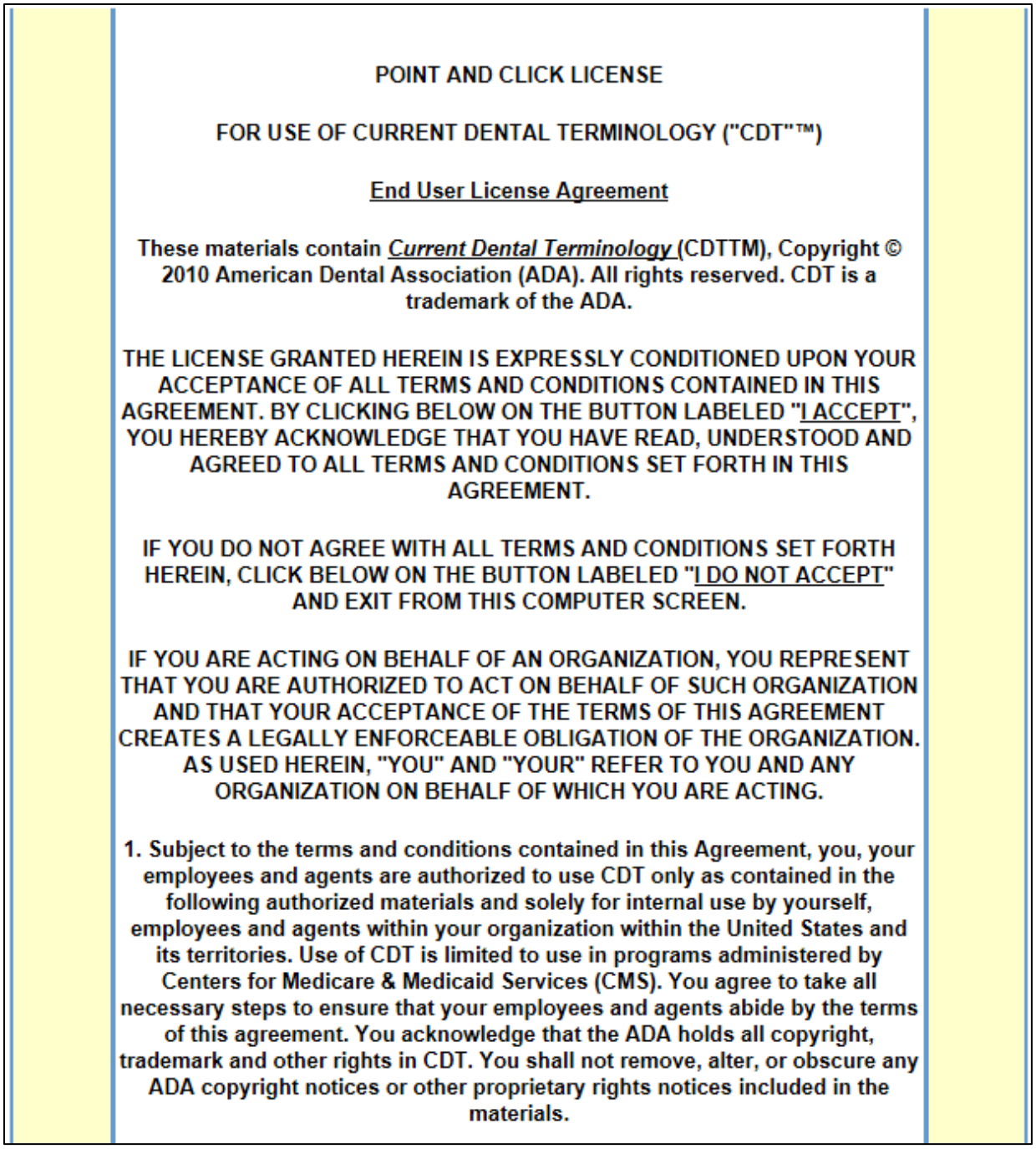

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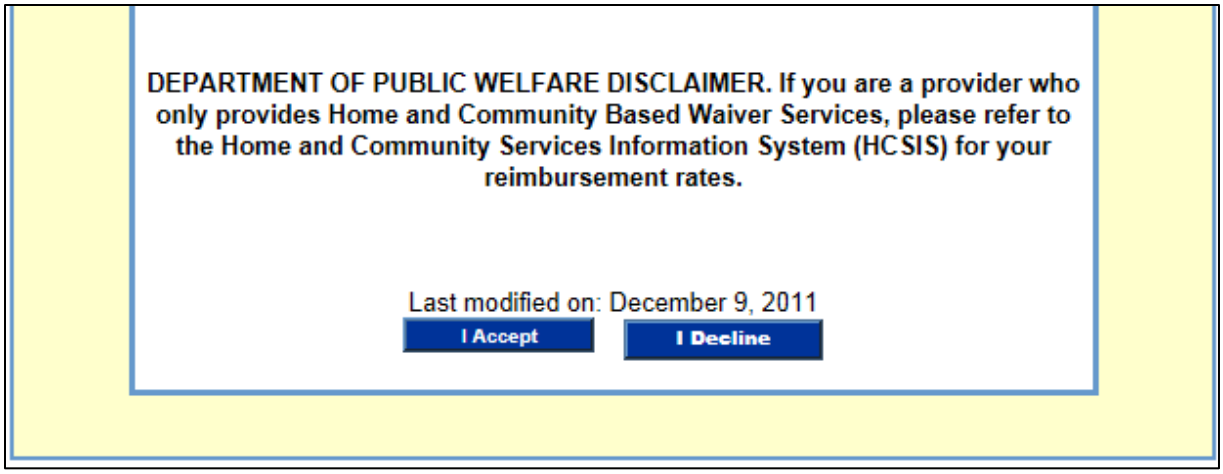


Field Descriptions

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

Field Edits

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

6.14.1 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 PROMISe™ 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

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

Step	Action	Response
3	To reject the Terms and Conditions, click the **I Decline** button	The Provider Main window opens

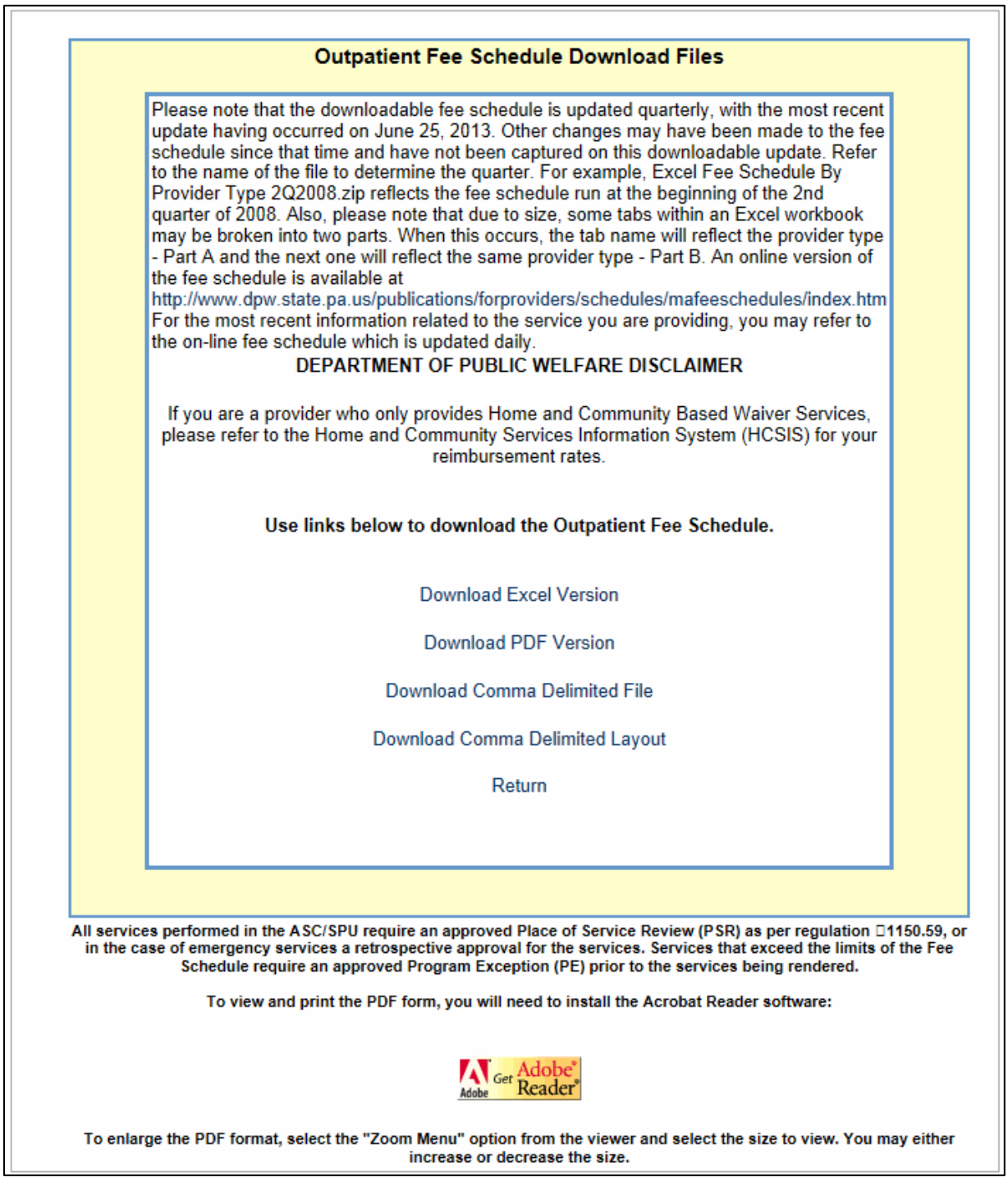
6.15 Provider Rate File (Provider_Rate_File)

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.

Layout


Outpatient Fee Schedule Download Files
Please note that the downloadable fee schedule is updated quarterly, with the most recent update having occurred on June 25, 2013. 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 http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm 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 PUBLIC WELFARE 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
All services performed in the ASC/SPU require an approved Place of Service Review (PSR) as per regulation 1150.59, or in the case of emergency services a retrospective approval for the services. Services that exceed the limits of the Fee Schedule require an approved Program Exception (PE) prior to the services being rendered.
To view and print the PDF form, you will need to install the Acrobat Reader software:
Get Adobe Reader
To enlarge the PDF format, select the "Zoom Menu" option from the viewer and select the size to view. You may either increase or decrease the size.

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

Field Edits

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

6.15.1 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 PROMISe™ 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

6.16 Provider Recipient Eligibility Verification (Provider Recipient Eligibility Verification)

The Provider Recipient Eligibility Verification window is used to perform inquires 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.

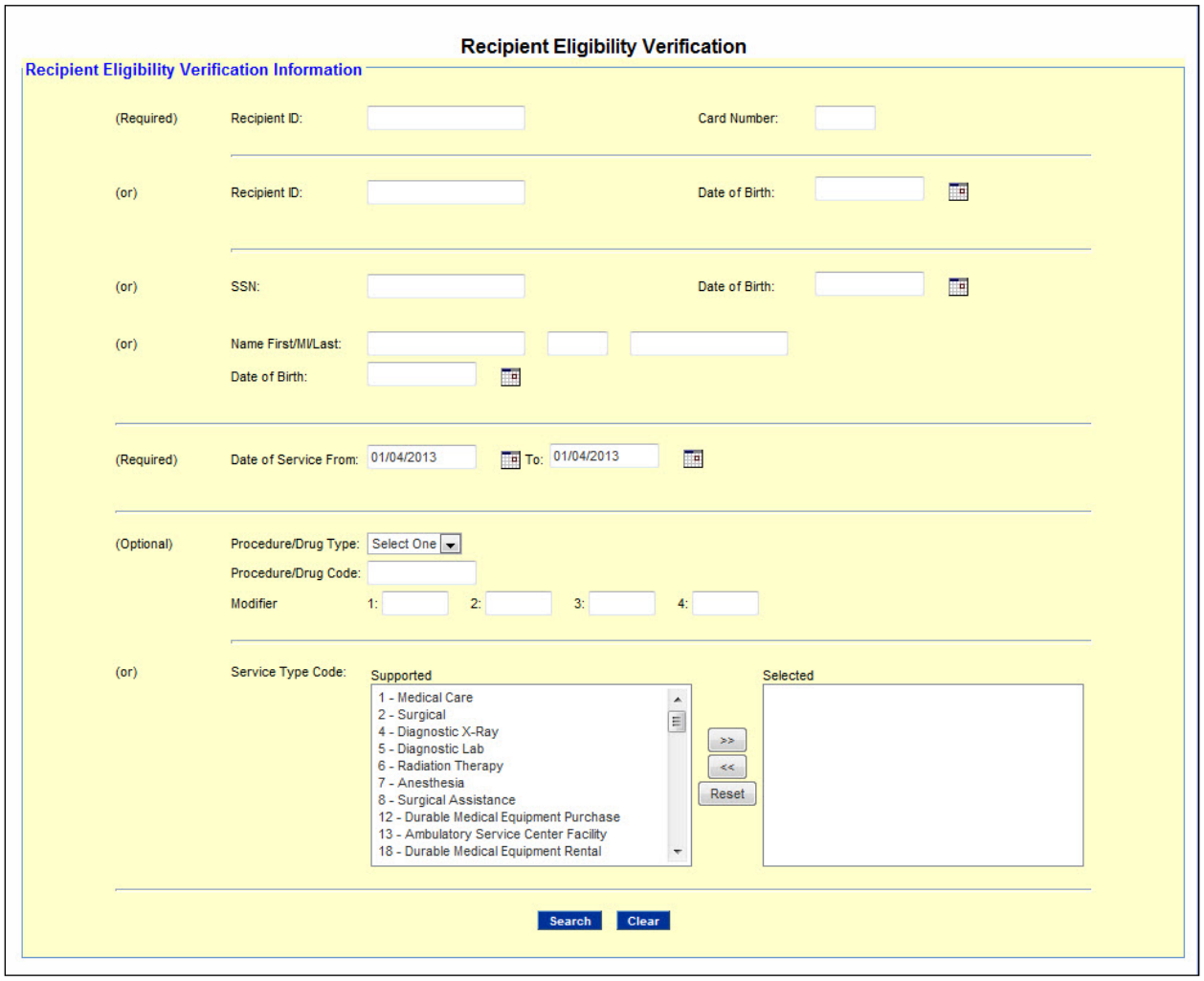
A procedure code, drug code, or modifier can optionally be provided. The EVS engine returns eligibility information for the provider's ability to provide the drug or service and the recipient's eligibility to receive the drug or service. This feature is supported only for fee-for-service recipients.

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

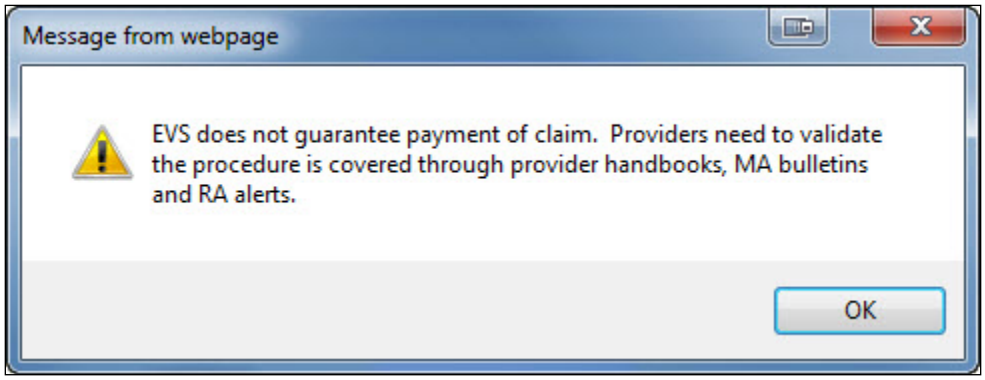
Note: Information returned by this window may be modified or limited at a future date by the decisions made by the Confidentiality work group.

The First window Layout below shows the initial viewable display.

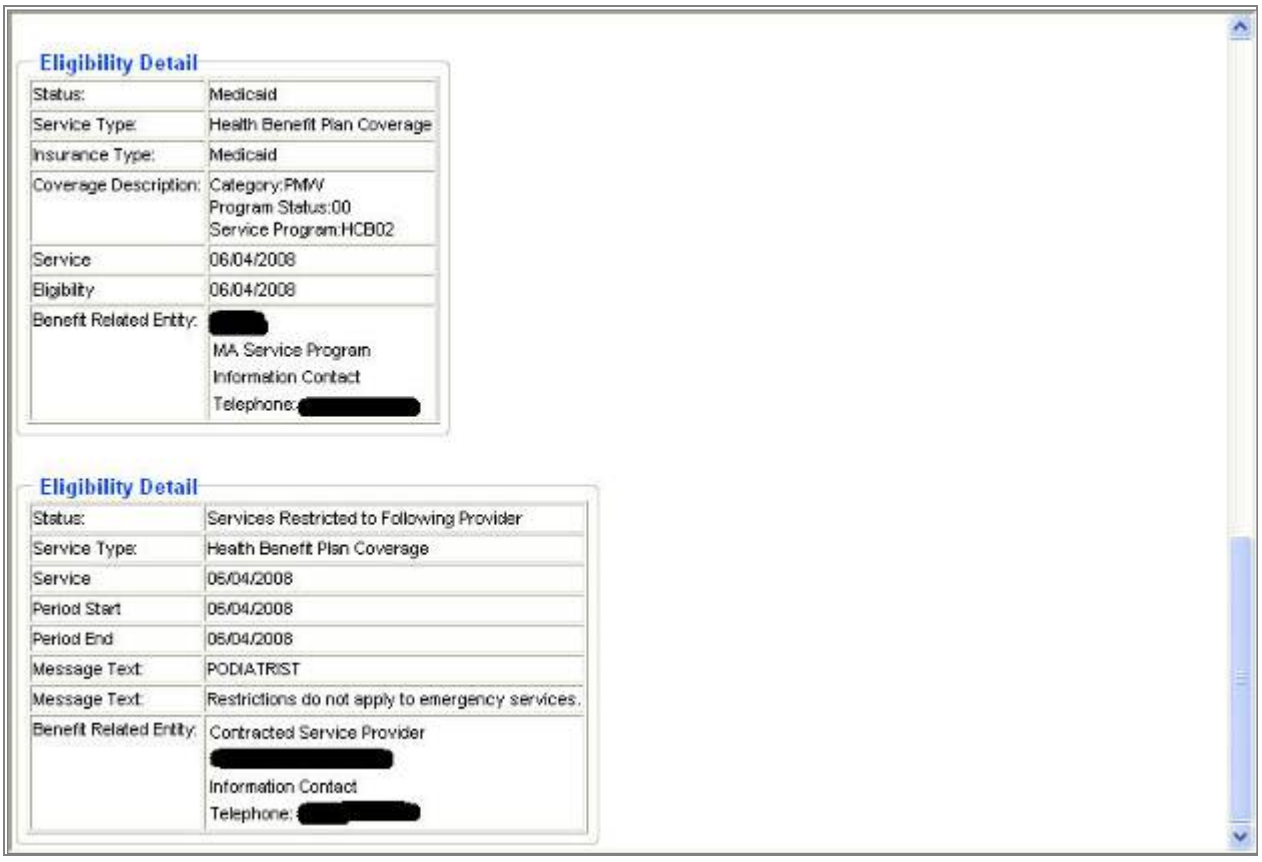
Layout



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



The following Layouts show the remaining data viewable by scrolling.



Field Descriptions

Field	Description	Data Type	Length
Address Line 1 (Recipient)	Recipient's first address line	Character	55

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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
In Plan Network (Eligibility Detail)	Indicates if benefits are in or out of Plan-Network or not	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

Field	Description	Data Type	Length
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
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

Field	Description	Data Type	Length
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

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

Field	Error Code	Error Message	To Correct
	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
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

Field	Error Code	Error Message	To Correct
	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

6.16.1 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 PROMISe™ 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	
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	

Step	Action	Response
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	
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

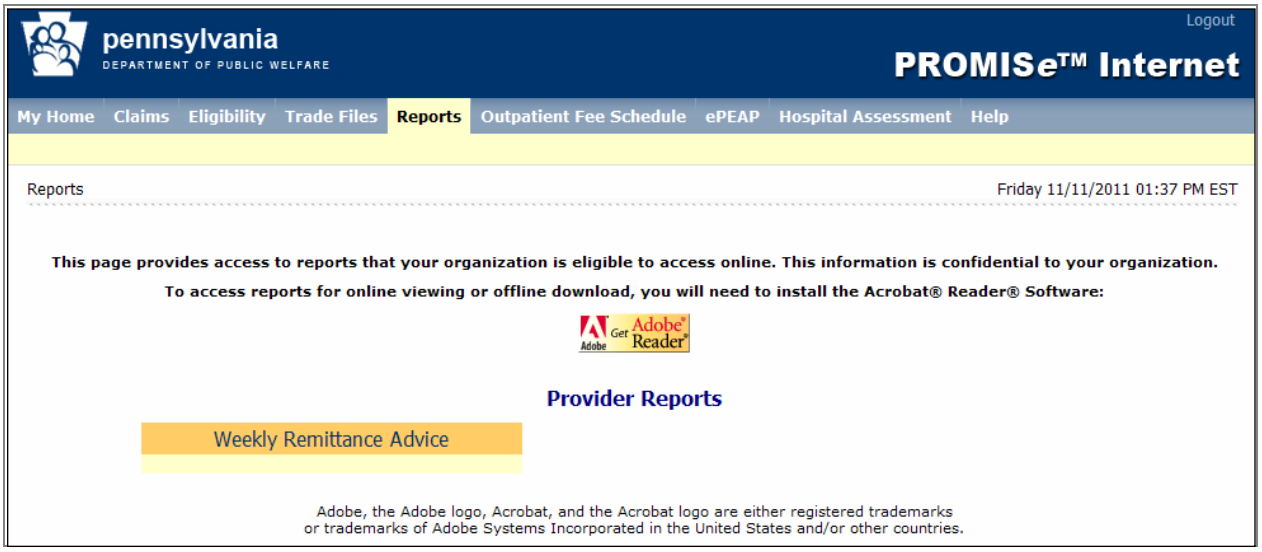
Step	Action	Response
1	Click the **Clear** button	The window is cleared and ready for new search criteria

6.17 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.

Layout



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

Field Edits

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

6.17.1 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 PROMISe™ using the steps presented in the General User Manual	The Provider Main Page window opens
2	Click the **Reports** tab	The Provider Report Index window opens

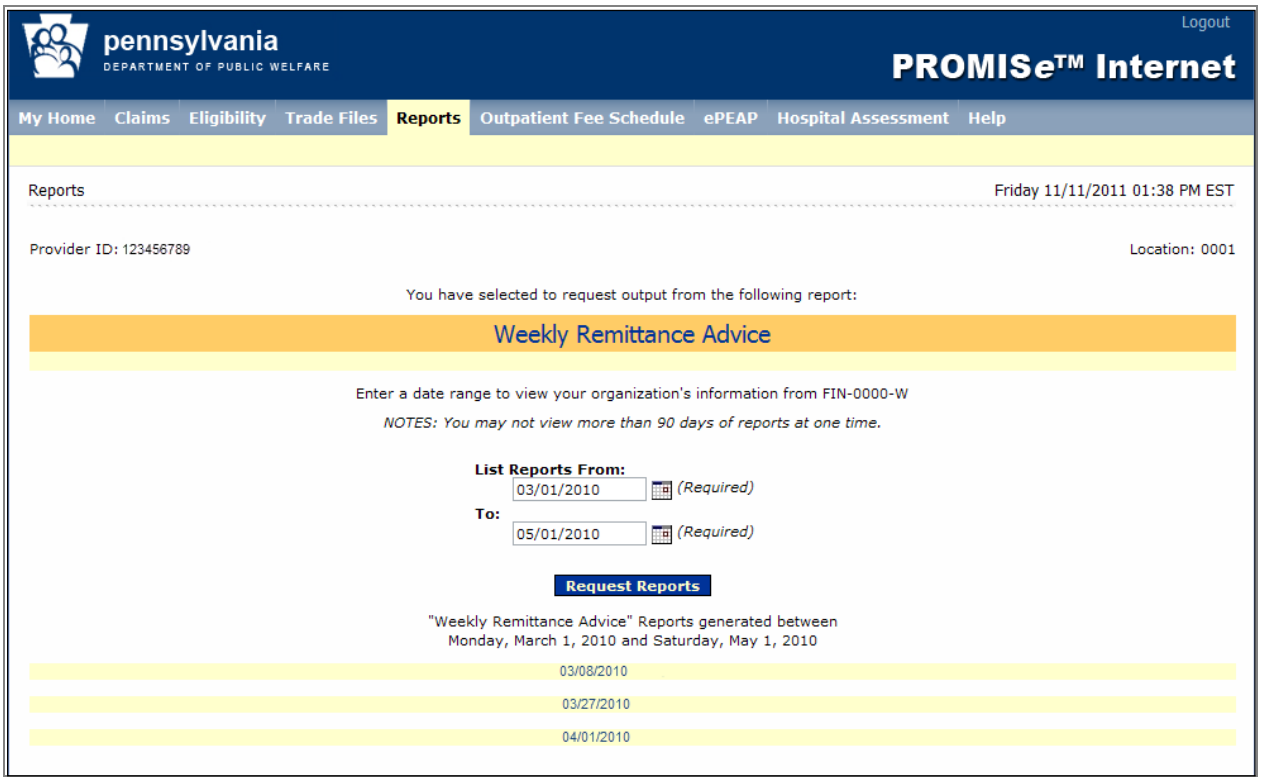
To View Provider Reports

Step	Action	Response
1	Click the hyperlink for the desired report	The Provider Report Request window opens

6.18 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.

Layout



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

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

6.18.1 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 PROMISe™ using the steps presented in the General User Manual	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

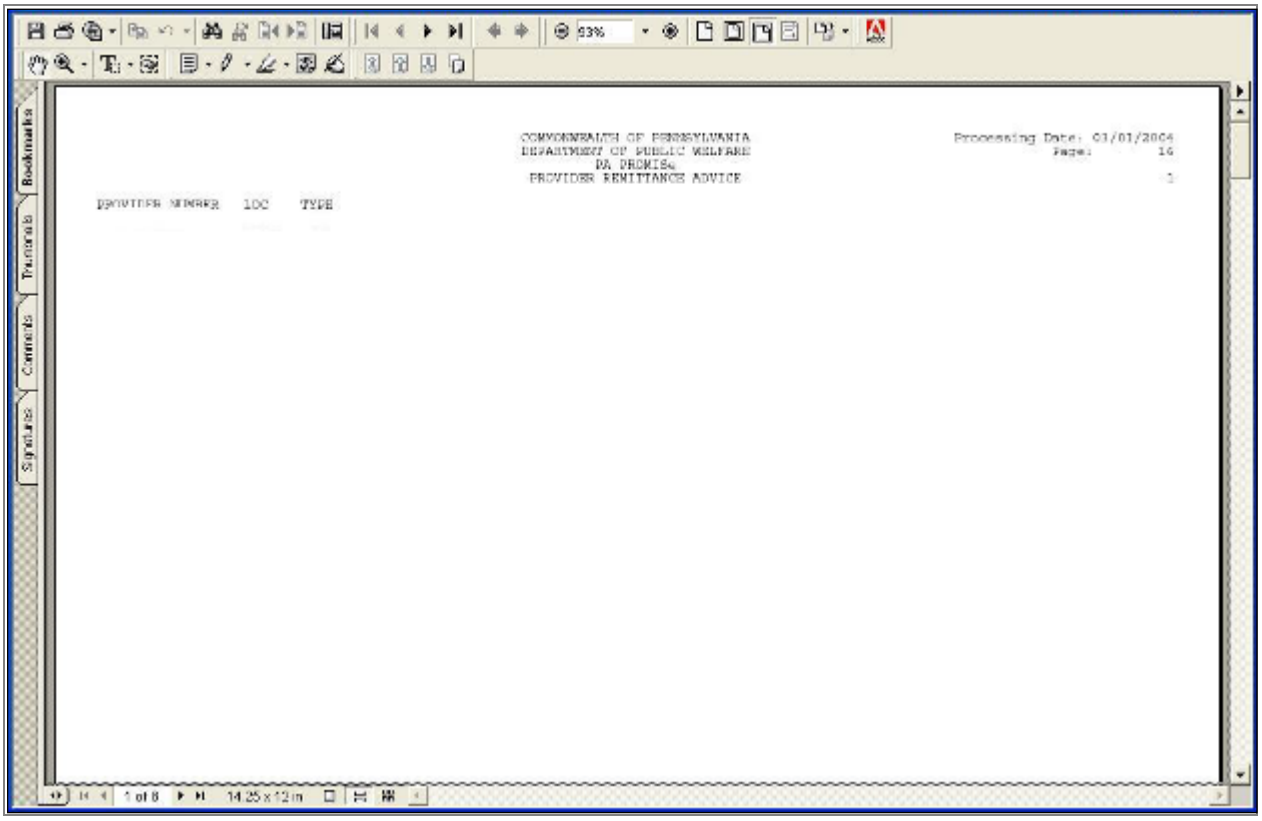
To View Provider Reports

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

6.19 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.

Layout



Field Descriptions

Field	Description	Data Type	Length
PDF image	PDF for Remittance advice Report	N/A	0

Field Edits

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

6.19.1 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 PROMISe™ using the steps presented in the General User Manual	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

6.20 ePEAP Menu

When you have successfully logged into the Provider Internet Application and accessed the ePEAP Menu, you can access each sub-application, as explained in this section. The following documentation describes how to navigate to the various parts of the ePEAP system.

By clicking on the following links in the **Provider Options** box, the windows described below are accessed:

Enrollment Information – ePEAP Enrollment Information window

Recent Requests – ePEAP Recent Requests window

Terminate MA Enrollment – ePEAP Terminate Medical Assistance Participation window

Manage Remittance Advice – ePEAP Manage Remittance window.

Active Service Locations – Active Service Locations window.

SelectPlan for Women Directory – ePEAP SelectPlan for Women Directory window.

Upload PDF – Upload PDF window.

By clicking on the following links in the **For Groups Only** box, the windows described below are accessed.

Verify Provider Membership – ePEAP Verify Provider Membership In My Group window

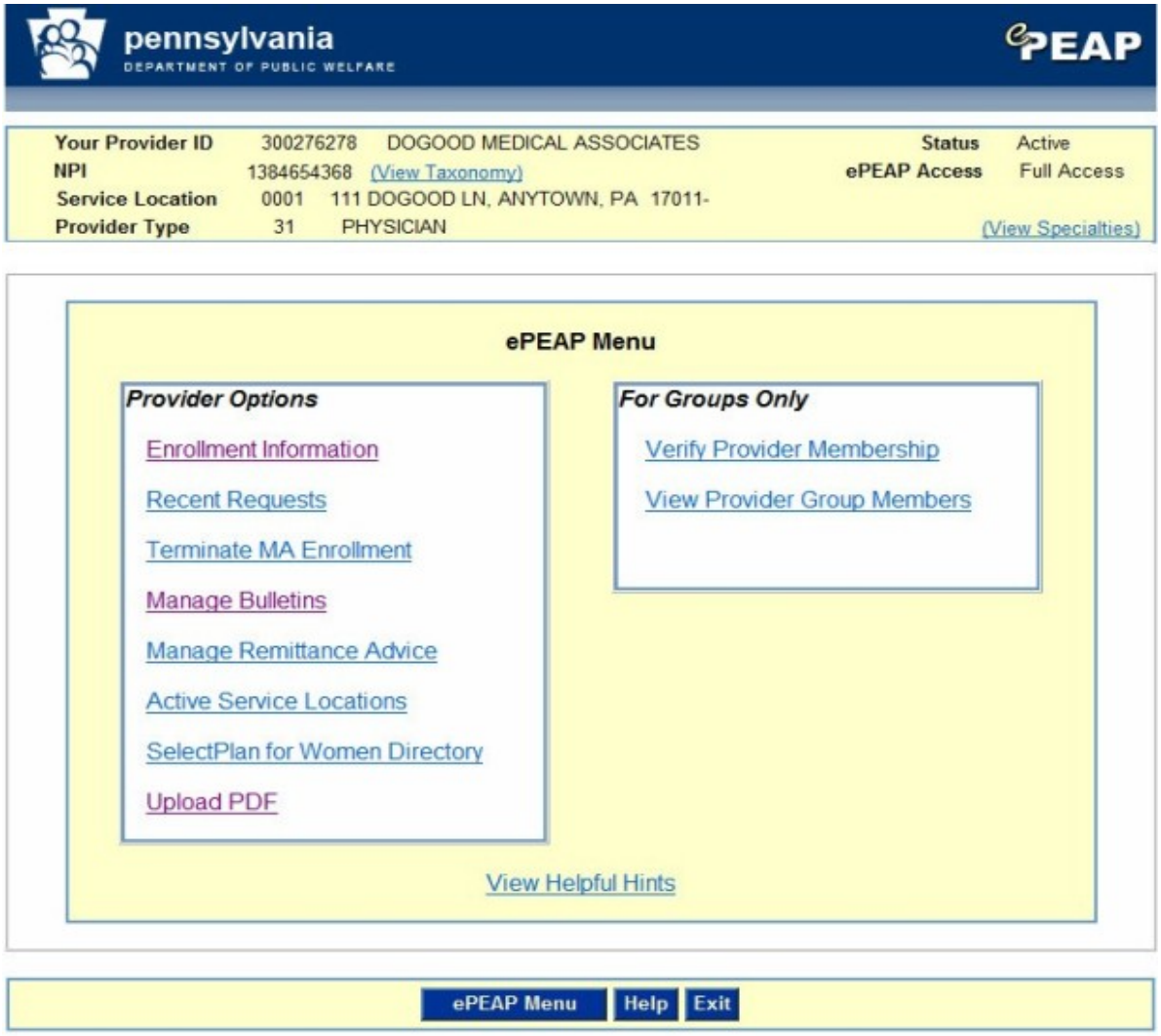
View Provider Group Members – Pop-up window listing the provider's group members.

Please note: The **For Groups Only** box is only displayed if you are logged on with a Group Provider ID.

Click the **View Helpful Hints** link to view a printable list of helpful tips.

Layout

Layout (Groups Only)



6.20.1 Accessibility and Use

To access the ePEAP Menu, complete the steps in the step/action table(s).

To Access the ePEAP Menu

Step	Action	Result
1	Access the PA PROMIS*e*™ Provider Internet using the instructions provided in Section 2.9. This application is accessed from the DPW Web site by clicking the **PROMIS*e*™ Online** link.	The Provider Internet application opens. Step-by-step instructions are found in the *Provider Internet User Manual*.
2	Log into the application by entering your **Logon ID** and **Password**, and click the **Log On** button.	The Provider Main Page opens.

Step	Action	Result
3	Click the **ePEAP (Provider Enrollment Automation Project)** link.	The ePEAP Menu opens.

To Access Options

Step	Action	Result
1	Click the Enrollment Information link.	The Enrollment Information window opens.
2	Click the Recent Requests link.	The Recent Requests window opens.
3	Click the Terminate MA Enrollment link.	The Terminate Medical Assistance Participation window opens.
4	Click the Manage Remittance Advice link.	The Manage Remittance Advice window opens.
5	Click the Active Service Locations link.	The Active Service Location window opens.
6	Click SelectPlan for Women Directory	Displays the SelectPlan for Women Directory where a Provider can choose to include or remove their Service Location from the Directory.
7	Click Upload PDF	Passes control to the ePEAP Upload PDF window

For Groups Only

Step	Action	Result
1	Select the Verify Provider Membership link.	The Verify Provider Membership In My Group window opens.
2	Select the View Provider Group Members link.	The Provider Group Members pop-up window opens.

To Access Help

Step	Action	Result
1	Select the View Helpful Hints link.	The Helpful Hints for the ePEAP User window opens and displays a list of tips for using the page.

To Exit ePEAP

Step	Action	Result
1	Click the Exit button.	Opens the Provider Main Page.

ePEAP Menu Field Descriptions

Field	Description	Data Type	Length
Enrollment Information	Opens the ePEAP enrollment window.	Hyperlink	0
Exit	Exits ePEAP.	Button	0
Help	Describes the fields on the ePEAP window.	Button	0
Manage Remittance Advice	Opens the Manage Remittance Advice window.	Hyperlink	0
Active Service Locations	Opens the Active Service Locations window.	Hyperlink	0
Recent Request	Opens the Recent Request window.	Hyperlink	0
SelectPlan for Women Directory	Opens the SelectPlan for Women Directory	Hyperlink	0
Terminate MA Enrollment	Opens the Terminate MA Enrollment window.	Hyperlink	0
Upload PDF	Opens the Upload PDF window	Hyperlink	0
Verify Provider Membership	Opens the Provider Membership window.	Hyperlink	0
View Helpful Hints	Displays helpful hints for the ePEAP user.	Hyperlink	0
View Provider Group Members	Displays pop-up window with list of Provider's group members.	Hyperlink	0

6.21 Using the ePEAP Enrollment Information Options

The ePEAP Enrollment Information link will access the enrollment options of the PEAP system. The links in the Request Changes box of the ePEAP Enrollment Information window are used to access the windows listed below:

Base Information – Opens the Basic Enrollment Information window.

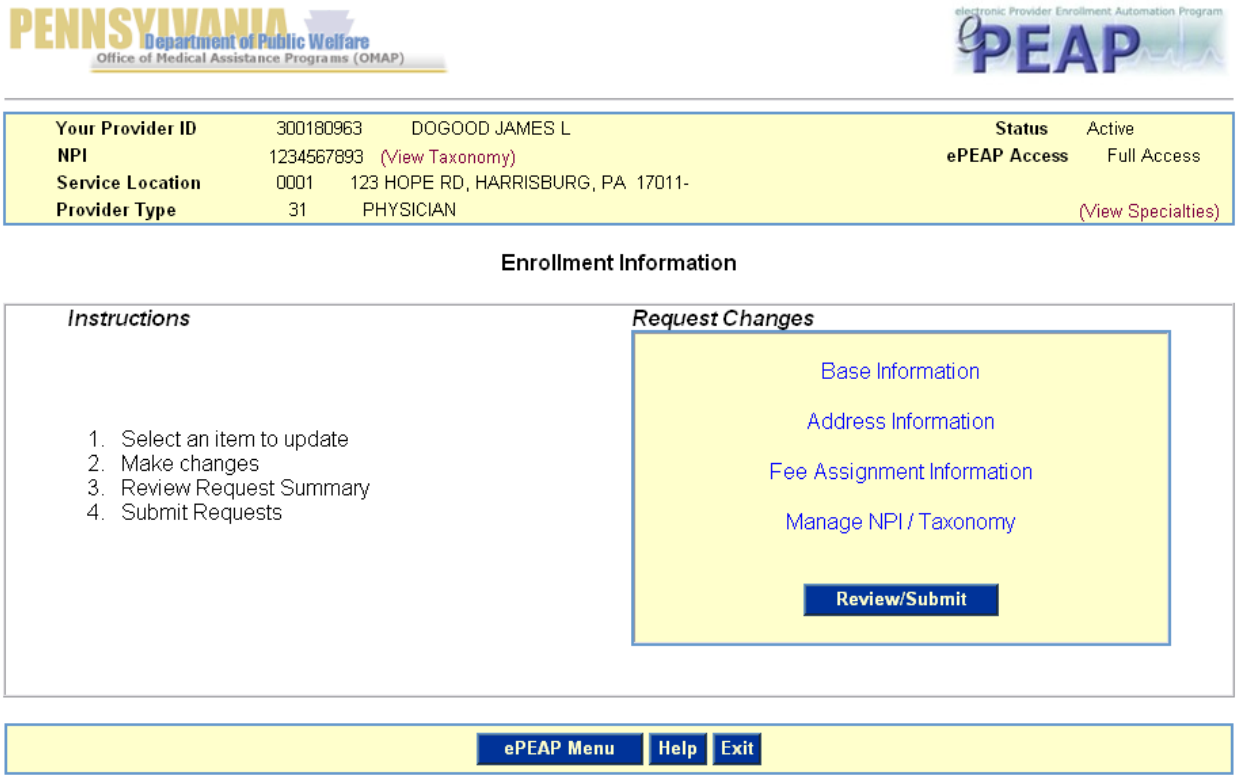
Address Information – Opens the Provider Address Information window.

Fee Assignment Information – Opens the Fee Assignment Information window.

Manage NPI/Taxonomy – Opens the Manage NPI and Taxonomy Codes window.

These windows are described in this section.

Layout



6.21.1 Accessibility and Use

To access the ePEAP Enrollment functions, complete the steps in the following step/action tables.

To Access the ePEAP Enrollment Information Window

Step	Action	Result
1	Select the **ePEAP Menu** link.	The ePEAP Menu window opens.
2	Select the **Enrollment Information** option from the ePEAP Menu.	The Enrollment Information window opens.

To Request Changes to Basic Enrollment Information

Step	Action	Result

Step	Action	Result
1	Select **Base Information**.	The Basic Enrollment Information window opens.

To Request Changes to Provider Address Information

Step	Action	Result
1	Select **Address Information**.	The Provider Address Information window opens.

To Request Changes to Fee Assignment Information

Step	Action	Result
1	Select **Fee Assignment** Information.	The Fee Assignment Information window opens.

To Manage NPI Codes and Associated Taxonomy Codes

Step	Action	Result
1	Select the **Manage NPI/Taxonomy** button.	The Manage NPI and Taxonomy Codes window opens.

To Review and Submit Completed Changes

Step	Action	Result
1	Select the **Review/Submit** button.	The Review Your Changes window opens.

Other Options

Step	Action	Result
1	Click the **ePEAP Menu** button.	Opens the ePEAP Menu window.
2	Click the **Help** button.	Displays the ePEAP Help window
3	Click the **Exit** button.	Opens the PA PROMISe™ Provider Main Page.

Field Descriptions

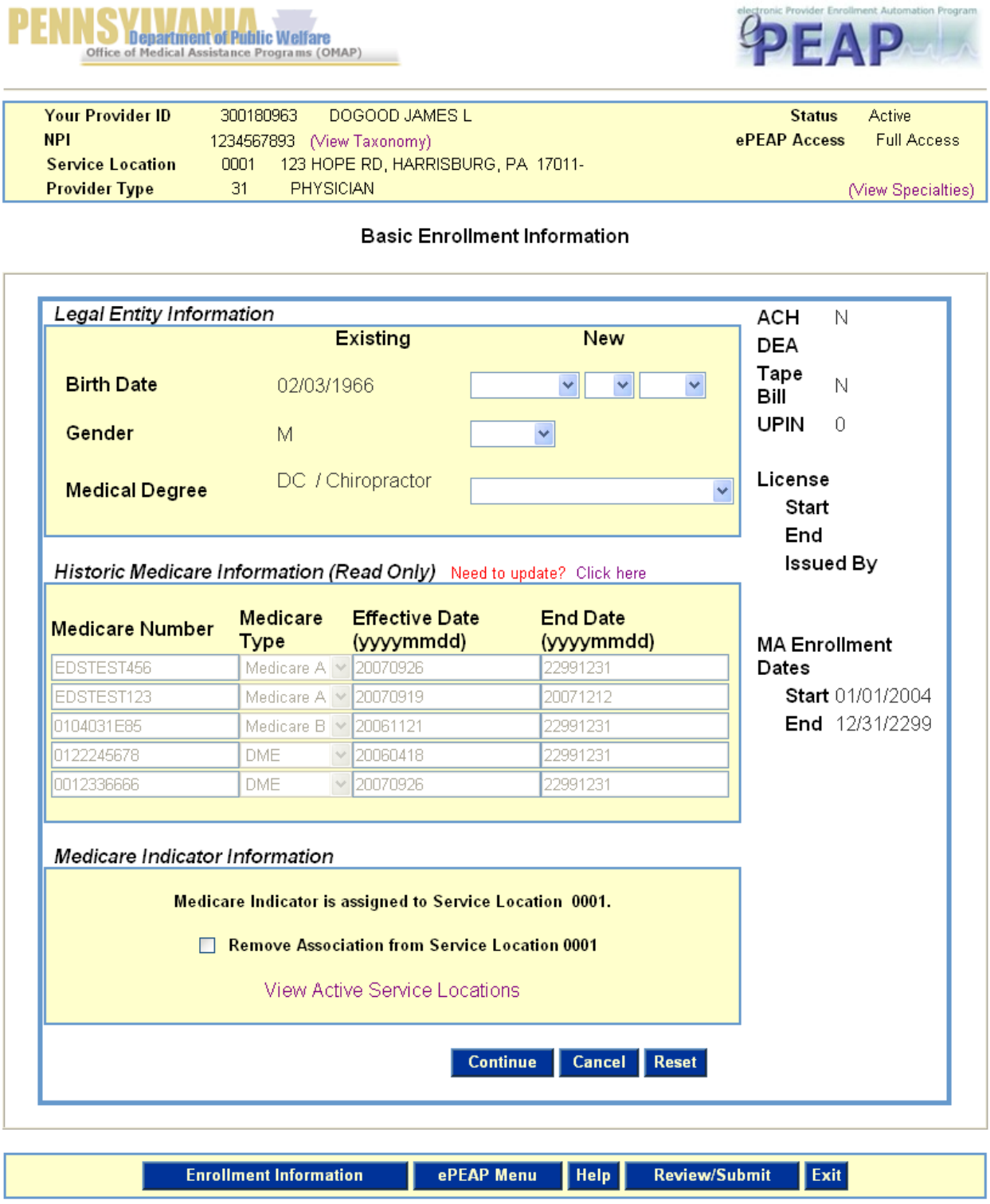
Field	Description	Data Type	Length
Address Information	Accesses the Provider Address Information window, used to change the Address/Phone/FAX data for the Pay To, Mail To, and Home Office addresses, and to change the provider's email address. **Note:** This window cannot be used to add a new service location.	Hyperlink	0
Base Information	Each enrolled MA provider has basic information that should be kept current. This link accesses the ePEAP Basic Enrollment Information window, used to display and update this information, including medical degrees, licensing, ID numbers, billing, and Medicare participation.	Hyperlink	0
ePEAP Menu	Opens the ePEAP Menu window.	Button	0
Exit	Exits ePEAP and returns to the PA PROMISe™ Provider Main Page.	Button	0
Fee Assignment Information	Accesses these options: Add a Group for Fee Assignment, Manage Fee Assignments.	Hyperlink	0
Help	Opens the Help menu for the current ePEAP window.	Button	0
Manage NPI/Taxonomy	Opens the Manage NPI and Taxonomy Codes window.	Hyperlink	0
Review/Submit	Opens the Review Your Changes window.	Button	0

6.22 ePEAP Basic Enrollment Information

The ePEAP Basic Enrollment Information window is used by the provider community to display and update basic provider information. Existing provider information is automatically displayed.

This window is accessed from the PA PROMISe™ Internet Provider Main Page by clicking on the "ePEAP (Provider Enrollment Automation Project)" link in the Other Links section of the window to open the ePEAP Menu. Under Provider Options, click the "Provider Enrollment" link to open the ePEAP Enrollment Information window. Click on the "Base Information" link to open the ePEAP Basic Enrollment Information window.

Layout


PENNSYLVANIA
Department of Public Welfare
Office of Medical Assistance Programs (OMAP)
electronic Provider Enrollment Automation Program
ePEAP
Your Provider ID 300180963 DOGOOD JAMES L
Status Active
NPI 1234567893 (View Taxonomy)
ePEAP Access Full Access
Service Location 0001 123 HOPE RD, HARRISBURG, PA 17011-
Provider Type 31 PHYSICIAN
(View Specialties)
Basic Enrollment Information
Legal Entity Information
Existing
New
Birth Date 02/03/1966
Gender M
Medical Degree DC / Chiropractor
ACH N
DEA
Tape Bill N
UPIN 0
License
Start
End
Issued By
Historic Medicare Information (Read Only) Need to update? Click here
Medicare Number
Medicare Type
Effective Date (yyyymmdd)
End Date (yyyymmdd)
EDSTEST456 Medicare A 20070926 22991231
EDSTEST123 Medicare A 20070919 20071212
0104031E85 Medicare B 20061121 22991231
0122245678 DME 20060418 22991231
0012336666 DME 20070926 22991231
MA Enrollment Dates
Start 01/01/2004
End 12/31/2299
Medicare Indicator Information
Medicare Indicator is assigned to Service Location 0001.
Remove Association from Service Location 0001
View Active Service Locations
Continue
Cancel
Reset
Enrollment Information
ePEAP Menu
Help
Review/Submit
Exit

Formats for Medicare Indicator Information display:

Medicare Indicator not assigned. Service Location does not have a validated NPI number:

Medicare Indicator not assigned. Service Location has a validated NPI number:

Medicare Indicator assigned to current Service Location:

Medicare Indicator assigned to another Service Location:

6.22.1 Accessibility and Use

To process ePEAP Base Information change requests, complete the steps in the following step/action tables.

To Access the ePEAP Basic Enrollment Information Window

Step	Action	Result
1	Sign on to the PA PROMIS*e*™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the **Enrollment Information** option.	The ePEAP Enrollment Information window opens.
4	Click the **Base Information** link**.**	The ePEAP Basic Enrollment Information window opens.

To Enter Enrollment Changes

Step	Action	Result
1	To change the **Birth Date**, select new values for the month, day, and year from the corresponding drop-down lists.	The provider's birth date is changed.
2	To change the **Gender**, select a new value from the corresponding drop-down list.	The gender information is changed.
3	To change the **Medical Degree** information, select a new value from the corresponding drop-down list.	The medical degree information is changed.
4	For Service Locations having a validated NPI number, the **Medicare Indicator** may be associated with the Service Location--or removed from it--by clicking on the check box in the Medicare Indicator Information display.	The Medicare Indicator (for Medicare crossover claims) is associated with the current Service Location--or removed from it--as requested. **Note:** Medicare numbers can no longer be updated via ePEAP. Beginning May 23, 2008, NPI numbers will be used to process Medicare carrier crossover claims instead of Medicare numbers.
5	Click the **Continue** button to review any changes.	The Review Your Changes window opens. Click the **Continue To Make Changes** button to return to the Enrollment Information window.

Other Options

Step	Action	Result
1	Click the **Cancel** button to cancel all changes and restore the original information.	The update is cancelled and the Enrollment Information window opens.
2	Click the **Reset** button to reset the information to its original values.	New information is cleared and the original information is restored.
3	Click the **Review/Submit** button to review and submit all changes to the information.	The Review Your Changes window opens.
4	Click the **Enrollment Information** button.	The update is cancelled and the Enrollment Information window opens.
5	Click the **ePEAP Menu** button.	Returns to the ePEAP Menu window.
6	Click the **Help** button.	Describes the fields on the ePEAP window.
7	Click the **Exit** button.	The ePEAP Main window opens.

Field Descriptions

Field	Description	Data Type	Length
ACH	Indicates whether provider service location receives payment electronically. Possible values are "Y" (yes) or "N" (no).	Character	1
Birth Date	Provider's date of birth.	Drop Down List Box	0
Cancel	Cancel transaction; clear contents.	Button	0
Click here	Contact information when a Medicare number needs to be updated.	HyperLink	0
Comment (do not use this box to request changes)	Add relevant supporting information (to justify a request).	Character	200
Continue	Moves to the next logical page or form.	Button	0
DEA	Provider's DEA number indicates the provider is a prescribing physician.	Character	9
Effective Date	Beginning date for a Medicare billing number. Read only as of 2/1/2008.	Date (CCYYMMDD)	8
End Date	Ending date for a Medicare billing number. Read only as of 2/1/2008.	Date (CCYYMMDD)	8
Enrollment Information	Returns to the Enrollment Information window.	Button	0
Exit	Exit ePEAP.	Button	0
Gender	Provider's gender, if an individual, otherwise leave blank.	Drop Down List Box	0

Field	Description	Data Type	Length
Help	Description of the fields on the ePEAP window.	Button	0
Issued By	Authority (state agency) that issued the provider's medical license.	Character	40
License	Practitioners in Pennsylvania must be licensed and currently registered by the appropriate state agency.	Character	10
License End Date	Date license expires.	Date (MM/DD/CCYY)	8
License Start Date	Date this license was first issued, or a renewal date.	Date (MM/DD/CCYY)	8
MA Enroll End Date	Date provider officially terminates enrollment; concludes a period in which the provider is authorized to receive Medicaid payments for services rendered.	Date (MM/DD/CCYY)	8
MA Enroll Start Date	Date the provider officially began as a Medical Assistance provider and became authorized to receive Medicaid payments.	Date (MM/DD/CCYY)	8
Medical Degree	Provider's medical degree.	Drop Down List Box	0
Medicare Indicator Information	Assign, move, or remove Medicare Indicator when current service location has a validated NPI number.	Check Box	0
Medicare Number	Medicare billing number assigned to the provider service location. Read only as of 2/1/2008.	Alphanumeric	10
Medicare Type	Type of Medicare billing number. Possible values are DME, Medicare A, Medicare B and Railroad. Read only as of 2/1/2008.	Drop Down List Box	10
NPI	NPI of the group.	Character	10
New Medicare	Adds a set of Medicare fields in which the user can enter information about a new Medicare number. Fields added are Medicare number, Medicare Type, Effective Date and End Date	Button	0
Provider Name	Unlabeled field following "Your Provider ID". Name of current provider as used on official Commonwealth records.	Character	50
Provider Type	Provider Type for current Service Location.	Character	4
Provider Type Description	Unlabeled field following "Provider Type". Describes provider type.	Character	50

Field	Description	Data Type	Length
Reset	Clears the contents of the form fields on a page.	Button	0
Review/Submit	Reviews the Request Summary and Submit Request document.	Button	0
Service Location	Current provider service location for this ePEAP session.	Character	4
Service Location Address	Unlabelled field following "Service Location". Abbreviated address of current service location	Character	78
Status	Status of provider service location. Will display "Active" or "Inactive"	Character	8
Tape Bill	Provider submits claims via tape.	Character	1
UPIN	Unique Provider Identification Number assigned to each Medicare provider.	Character	6
View Active Service Locations	Displays active service locations for the current Provider ID.	HyperLink	0
View Taxonomy	Opens the w_epeap_view_taxonomy window in a new window.	N/A	0
Your Provider ID	Identifies current provider for this ePEAP session. Uses number assigned to provider at time of enrollment in MA program.	Number	9
ePEAP Access	EPEAP access levels include Read-Only access or Full access. Your access level is always displayed in the upper right corner of an ePEAP page.	Character	16
ePEAP Menu	Returns to the ePEAP Menu window.	Button	0

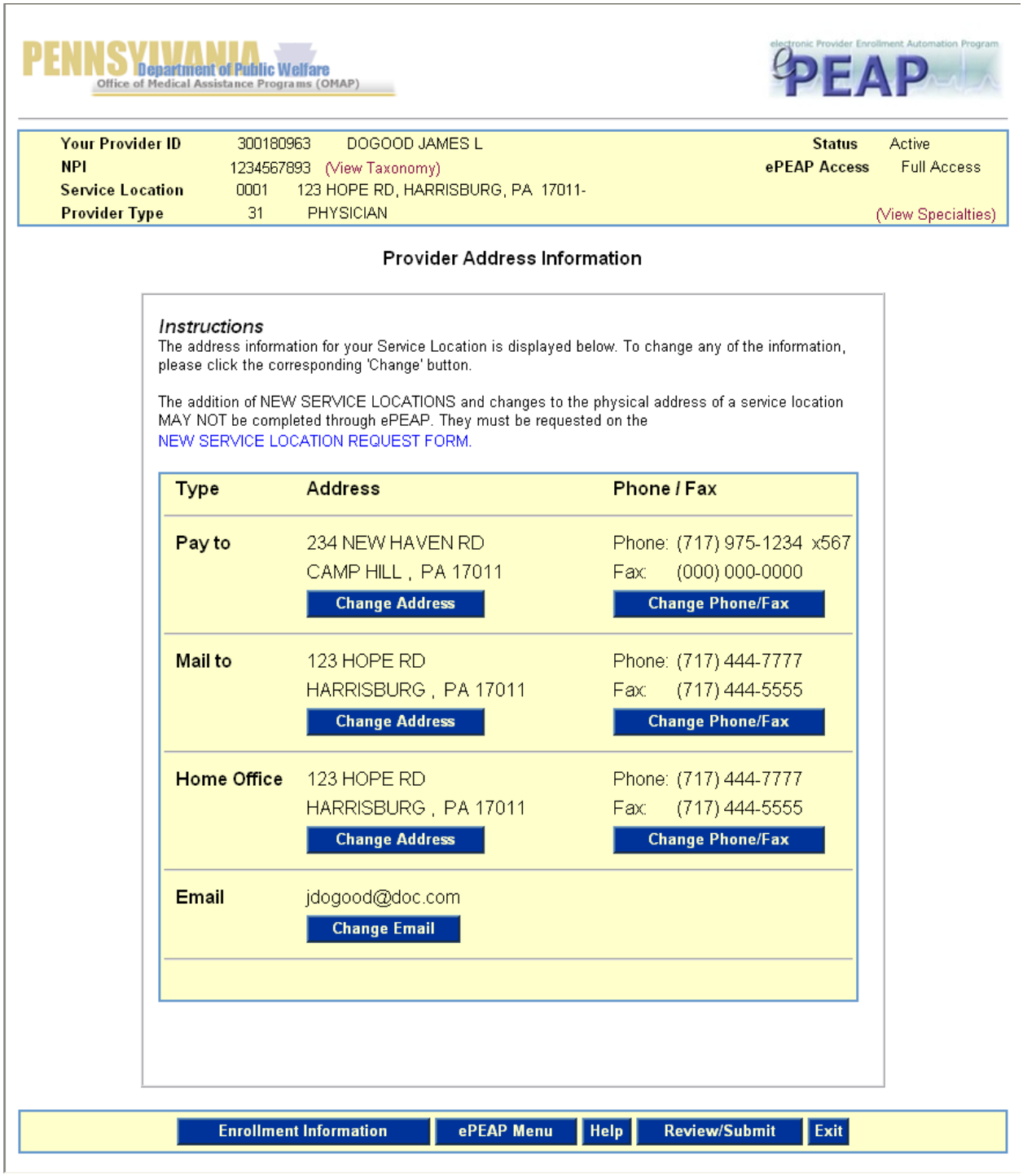
6.23 ePEAP Provider Address Information

The ePEAP Provider Address Information window is available to the provider community, and displays the current Pay-to, Mail-to, Home Office, and Email addresses associated with the user's service location. The window includes “Change” buttons that allow the user to change any of the displayed address information.

This window is accessed from the PA PROMISe™ Internet Provider Main Page by clicking on the “ePEAP (Provider Enrollment Automation Project)” link, which opens the ePEAP Menu. Click the “Enrollment Information” link to open the Enrollment Information window, and then click the “Address Information” link.

Note: This window cannot be used to add a new service location or modify a service location’s physical address. To add a new service location or change a service location address, click the “New Service Location Request Form” to download a copy of the form that must be printed, filled-out, and submitted to DPW for approval and processing.

Layout



6.23.1 Accessibility and Use

To access the ePEAP Provider Address Information window and perform address maintenance tasks, complete the steps in the step/action table(s).

To Access the ePEAP Provider Address Information Window:

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the **Enrollment Information** option.	The ePEAP Enrollment Information window opens.
4	Click the **Address Information** link**.**	The ePEAP Provider Address Information window opens.

To Update Provider Address Information

Step	Action	Result
	Select any of the following options:	
1	Click the **(Pay to) Change Address** link.	The Manage Active Addresses window opens.
2	Click the **(Mail to) Change Address** link.	The Manage Active Addresses window opens.
3	Click the **(Home Office) Change Address** link.	The Manage Active Addresses window opens.
4	Click the (**Email) Change Email** link.	The Manage Email Address window opens.
5	Click the **(Pay to) Change Phone/Fax** link.	The Edit Address-Related Information window opens
6	Click the **(Mail to) Change Phone/Fax** link.	The Edit Address-Related Information window opens
7	Click the **(Home Office) Change Phone/Fax** link.	The Edit Address-Related Information window opens.

Other Options

Step	Action	Result
1	Click the **Enrollment Information** button.	Return to the Enrollment Information window.
2	Click the **ePEAP Menu** button.	Return to the ePEAP Menu window.
3	Click the **Help** button.	Describes the fields on the ePEAP window.
4	Click the **Exit** button.	The ePEAP Menu window opens.

Step	Action	Result
5	Click the **Review/Submit** button.	The Review Your Changes window opens.
6	Click the **New Service Location Request Form** link.	A copy of the Pennsylvania Promise™ New Service Location Application is downloaded to the user's computer for printing.

Field Descriptions

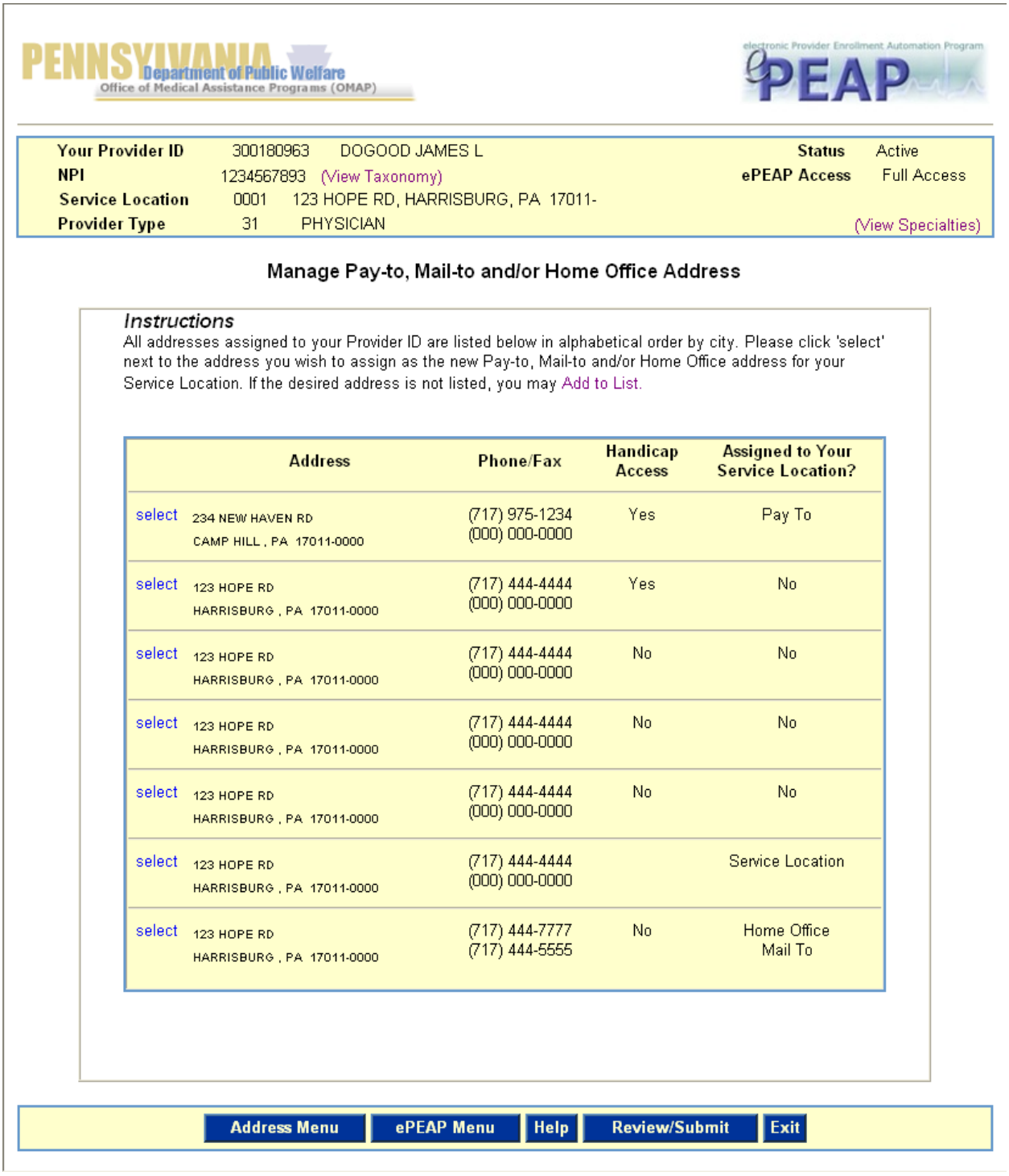
Field	Description	Data Type	Length
Change Address	Displays the Manage Active Addresses window.	Button	0
Change Email	Displays the Manage Email window.	Button	0
Change Phone/Fax	Displays the Edit Address window.	Button	0
Enrollment Information	Opens the Enrollment Information window.	Button	0
Exit	Exit ePEAP.	Button	0
Help	Describes the fields on the ePEAP window.	Button	0
Review/Submit	Opens the Review Your Changes window.	Button	0
ePEAP Menu	Returns the ePEAP user to the ePEAP menu window.	Button	0

6.24 ePEAP Manage Active Addresses

The ePEAP Manage Active Addresses window displays all addresses assigned to the ePEAP user's Provider ID. It is used to select alternate Pay-to, Mail-to, and Home Office addresses for the user's service location.

This window is accessed from the PA PROMISe™ Internet Provider Main Page by clicking the "ePEAP (Provider Enrollment Automation Project)" link, which opens the ePEAP Menu. Click the "Enrollment Information" link to open the Enrollment Information window, and then click the "Address Information" link to open the Provider Address Information window. Then click the "Change Address" link to open the Manage Active Addresses window.

Layout



6.24.1 Accessibility and Use

To access the Provider Address Information, complete the steps in the step/action table(s).

To Access the Manage Active Addresses Information

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the **Enrollment Information** option.	The ePEAP Enrollment Information window opens.
4	Click the **Address Information** link**.**	The ePEAP Provider Address Information window opens.
5	Click the **Manage Active Addresses** link.	The Manage Active Addresses window opens.

To Update Address Related Information

Step	Action	Result
1	Click the **Select** link next to the address to be updated.	The Edit Address Related Information window opens. You can change the phone number, fax number, and/or handicap access status for this address. You may also assign this address to replace the current Pay-to, Mail-to, and/or Home Office Address for your service location.
2	Click the **Add to List** hyperlink.	The Add New Pay-To, Mail-To, and/or Home Office Address window opens. This window is used to specify an address and assign it to replace the current Pay-to, Mail-to, and/or Home Office address for your service location.

Other Options

Step	Action	Result
1	Click the **Address Menu** button	Return to the Provider Address Information window.
2	Click the **ePEAP Menu** button.	Opens the ePEAP Menu window.
3	Click the **Help** button.	Describes the fields on the ePEAP window.
4	Click the **Review/Submit** button.	The Review Your Changes window opens.
5	Click the **Exit** button.	Exits ePEAP and returns to the Provider Main Page of PA PROMISe™.

Field Descriptions

Field	Description	Data Type	Length
Add to List	Links to the "Add Address" window.	Hyperlink	0
Address	Complete address: street, city, state, and ZIP code.	Character	87
Address Menu	Opens the Address Menu window.	Button	0
Assigned to Your Service Location?	Indicates relationship, if any, of this address to the current service location. Possible values are "No" or any combination of "Service Location Address," "Mail to Address," "Pay to Address," and/or "Home Office Address."	Character	50
ePEAP Menu	Opens the ePEAP menu window.	Button	0
Exit	Exits ePEAP.	Button	0
Handicap Access	Values "Yes" or "No" indicate handicap access status.	Character	3
Help	Describes fields on the ePEAP window.	Button	0
Phone/Fax	Phone and fax numbers for the address.	Character	20
Review/Submit	Reviews the request summary and submit request document.	Button	0
Select	Links to the Edit Address window.	Hyperlink	0

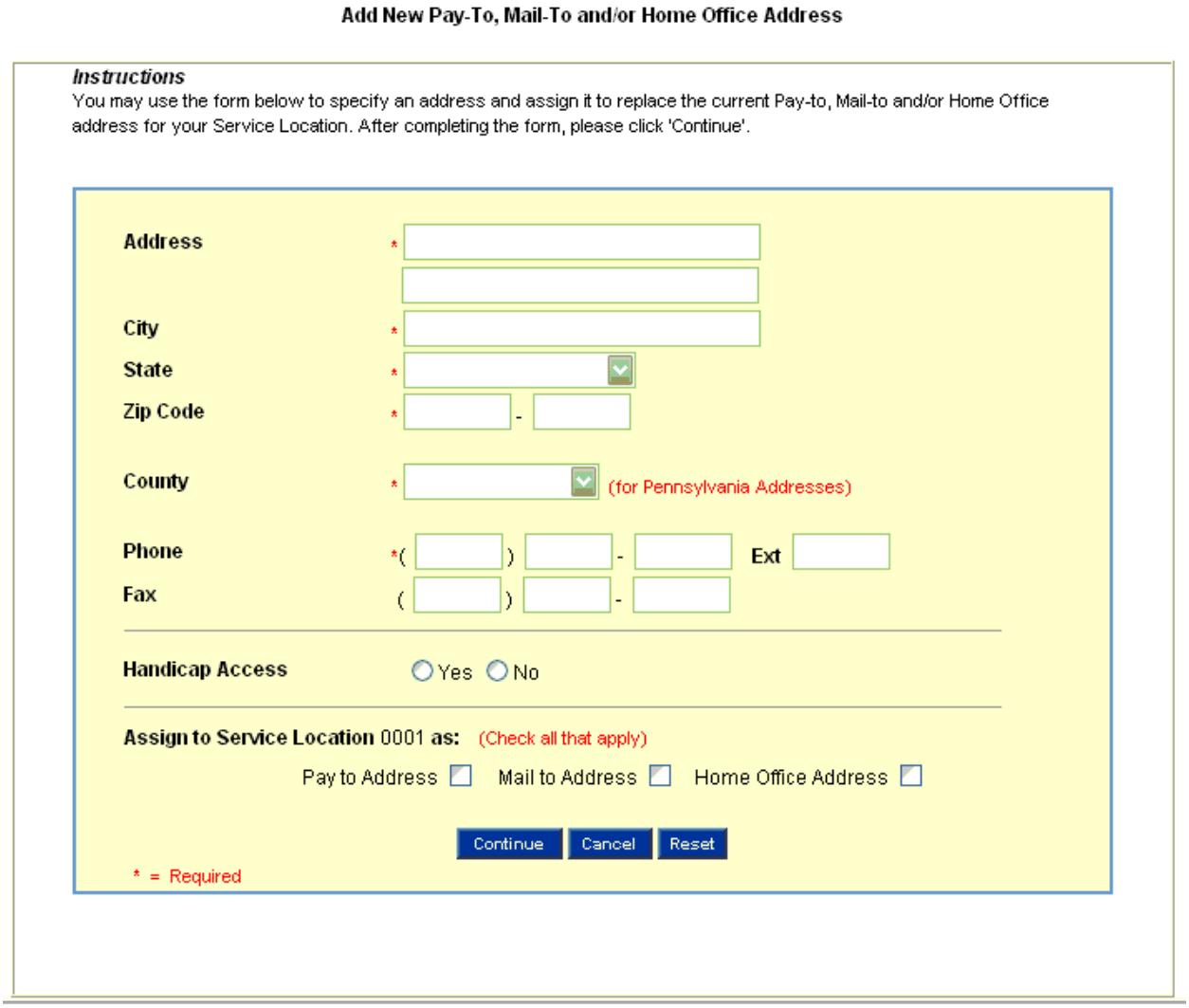
6.25 ePEAP Add a New Address

The ePEAP Add a New Address window is used to specify a new Pay-to, Mail-to, and/or Home Office address for a provider's service location.

This window is accessed from the PA PROMISe™ Internet Provider Main Page by clicking the "ePEAP (Provider Enrollment Automation Project)" link, which opens the ePEAP Menu. Click the "Enrollment Information" link to open the Enrollment Information window, and then click the "Address Information" link to open the Provider Address Information windows. Click the "Change Address" button to open the Manage Active Addresses window. Then click the "Add to List" link.

Note: This window cannot be used to add a new service location or modify a service location's physical address. To add a new service location or change a service location address, click the "New Service Location Request Form" from the Provider Address Information window to download a copy of the form. This form must be printed, filled-out, and submitted to DPW for approval and processing.

Layout



6.25.1 Accessibility and Use

To access the Add a New Address window and perform address maintenance tasks, complete the steps in the following step/action tables.

To Access the Add a New Address Information window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.

Step	Action	Result
3	Select the **Enrollment Information** option.	The ePEAP Enrollment Information window opens.
4	Click the **Address Information** link**.**	The ePEAP Provider Address Information window opens.
5	Click the **Change Address** link.	The Manage Active Addresses window opens.
6	Click the **Add to List** link.	The Add New Pay-To, Mail-To, and/or Home Office Address window opens. This window is used to specify a new address and assign it to replace the current Pay-to, Mail-to, and/or Home Office address for your service location.

To Update Address Information

Step	Action	Result
1	Enter the new information in the **Address** field.	Two lines are provided for the address; one line must be completed at a minimum.
2	Enter the **City.**	
3	Select a **State** from the drop-down list.	
4	Enter the **ZIP Code.**	The first five digits are required; the next four (ZIP+4) are optional.
5	Click the **County** drop-down list and select the Pennsylvania county for this address.	
6	Enter the **Phone Number.**	Include area code and extension if applicable.
7	Enter the **Fax Number.**	Enter the fax number if available.
8	Enter **Yes** or **No** for Handicap Access.	
9	Assign to Current Location nnnn as: **Pay to Address** **Mail to Address** **Home Office Address**	Check all boxes that apply.
10	Click the **Continue** button.	The Review Your Changes window opens.

Other Options

Step	Action	Result
1	Click the **Cancel** button.	The update is cancelled and returns to the Manage Pay-to, Mail-to, and/or Home

Step	Action	Result
		Office Address window.
2	Click the **Reset** button.	The contents on this page are cleared.
3	Click the **Address Menu** button.	Returns to the Provider Address Information window.
4	Click **ePEAP Menu.**	Returns to the ePEAP Menu window.
5	Click the **Help** button	Describes the fields on the ePEAP window.
6	Click the **Review/Submit** button	The Review Your Changes window opens.
7	Click the **Exit** button.	Returns to the ePEAP Menu window.

Field Descriptions

Field	Description	Data Type	Length
Address	New street address.	Character	60
Address Menu	Returns to the Address Menu window.	Button	0
Cancel	Update is cancelled and the content is cleared.	Button	0
City	New city.	Character	18
Continue	Opens the Review Your Changes window.	Button	0
County	Pennsylvania county where address is located.	Drop-down List Box	0
Exit	Exits ePEAP.	Button	0
Ext	Telephone extension for new address.	Number	4
Fax	Fax number for the specific address code.	Character	10
Handicap Access	Indicates by “Yes” or “No” whether address is handicap accessible.	Radio Button	0
Help	Describes the fields on the ePEAP window.	Button	0
Home Office Address	Assigns this new address as the home office address for current service location.	Check Box	0
Mail to Address	Assign this new address as mail-to address for current service location.	Check Box	0
Pay to Address	Assigns this new address as the pay-to address for current service location.	Check Box	0
Phone	Phone number for the specific address code.	Character	10

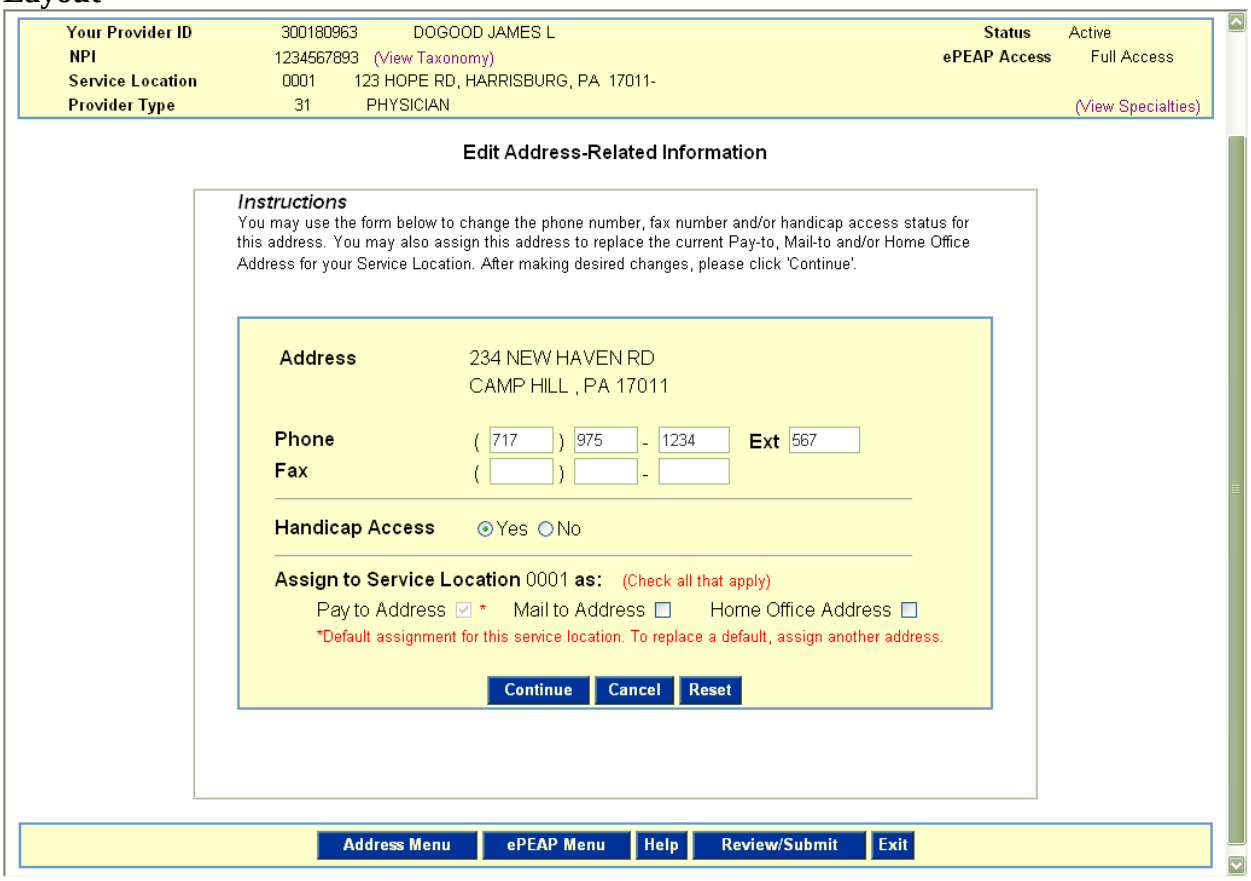
Field	Description	Data Type	Length
Reset	Clears all fields.	Button	0
Review/Submit	Opens the Review Your Changes window.	Button	0
State	New state.	Drop-down List Box	0
ZIP Code	New 5-digit ZIP code plus 4-digit suffix.	Character	9
ePEAP Menu	Returns to the ePEAP menu window.	Button	0

6.26 ePEAP Edit Address - Related Information

The ePEAP Edit Address-Related Information window is used to modify address-related phone and fax numbers and handicap access status information for the current provider. In addition, the user can assign or unassign this address as the Pay to, Mail to, or Home Office address for the current provider service location.

This window is accessed from the PA PROMISe™ Internet Provider Main Page by clicking the "ePEAP (Provider Enrollment Automation Project)" link, which opens the ePEAP Menu. Click the "Enrollment Information" link to open the Enrollment Information window, and then click the "Address Information" link to open the Provider Address Information windows. Click the "Change Phone/Fax" button to open the Edit Address-Related Information window

Layout



6.26.1 Accessibility and Use

To access the Edit Address-Related Information window and perform address maintenance tasks, complete the steps in the following step/action tables.

To Access the Edit Address-Related Information Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the **Enrollment Information** option.	The ePEAP Enrollment Information window opens.
4	Click the **Address Information** link**.**	The ePEAP Provider Address Information window opens.
5	Click the **Change Phone/Fax** button.	The Edit Address-Related Information window opens.

To Change Address-Related Information

Step	Action	Result
1	Enter the new information in the **Phone, Ext,** and **Fax** fields.	
2	If the location is handicapped accessible, click **Yes**, otherwise click **No**.	
3	Assign Current Location nnnn as: **Pay to Address** **Mail to Address** **Home Office Address**	Check all boxes that apply. Preselected items cannot be removed; you can only add a function to this service location.
4	Click the **Continue** button.	The Review Your Changes window opens.

Other Options

Step	Action	Result
1	Click the **Cancel** button.	The update is cancelled and returns to the Provider Address Information window.
2	Click the **Reset** button.	The contents on this page are cleared.
3	Click the **Address Menu** button.	Returns to the Provider Address Information window.
4	Click **ePEAP Menu.**	Returns to the ePEAP Menu window.
5	Click the **Help** button.	Describes the fields on the ePEAP window.
6	Click the **Review/Submit** button.	The Review Your Changes window opens.
7	Click the **Exit** button.	Returns to the ePEAP Menu window.

Field Descriptions

Field	Description	Data Type	Length
Address	Selected address. Complete address: street, city, state, and ZIP code.	Character	87
Address Menu	Returns to the Provider Address Information window.	Button	0
Cancel	Cancels the update process.	Button	0
Continue	Continues the update process.	Button	0
Exit	Exits ePEAP.	Button	0
Ext	Phone extension number.	Number	4

Field	Description	Data Type	Length
Fax	Fax number for the specific address code.	Character	10
Handicap Access	Indicates by “Yes” or “No” whether address is handicapped accessible.	Radio Button	0
Help	Describes the fields on the ePEAP window.	Button	0
Home Office Address	Assigns new address as the Home Office address for current service location.	Check Box	0
Mail to Address	Mail to Address for current service location.	Check Box	0
Pay to Address	Pay to Address for current service location.	Check Box	0
Phone	Phone number for the specific address code.	Character	10
Reset	Resets the form.	Button	0
Review/Submit	Opens the Review Your Changes window.	Button	0
ePEAP Menu	Returns to the ePEAP menu window.	Button	0

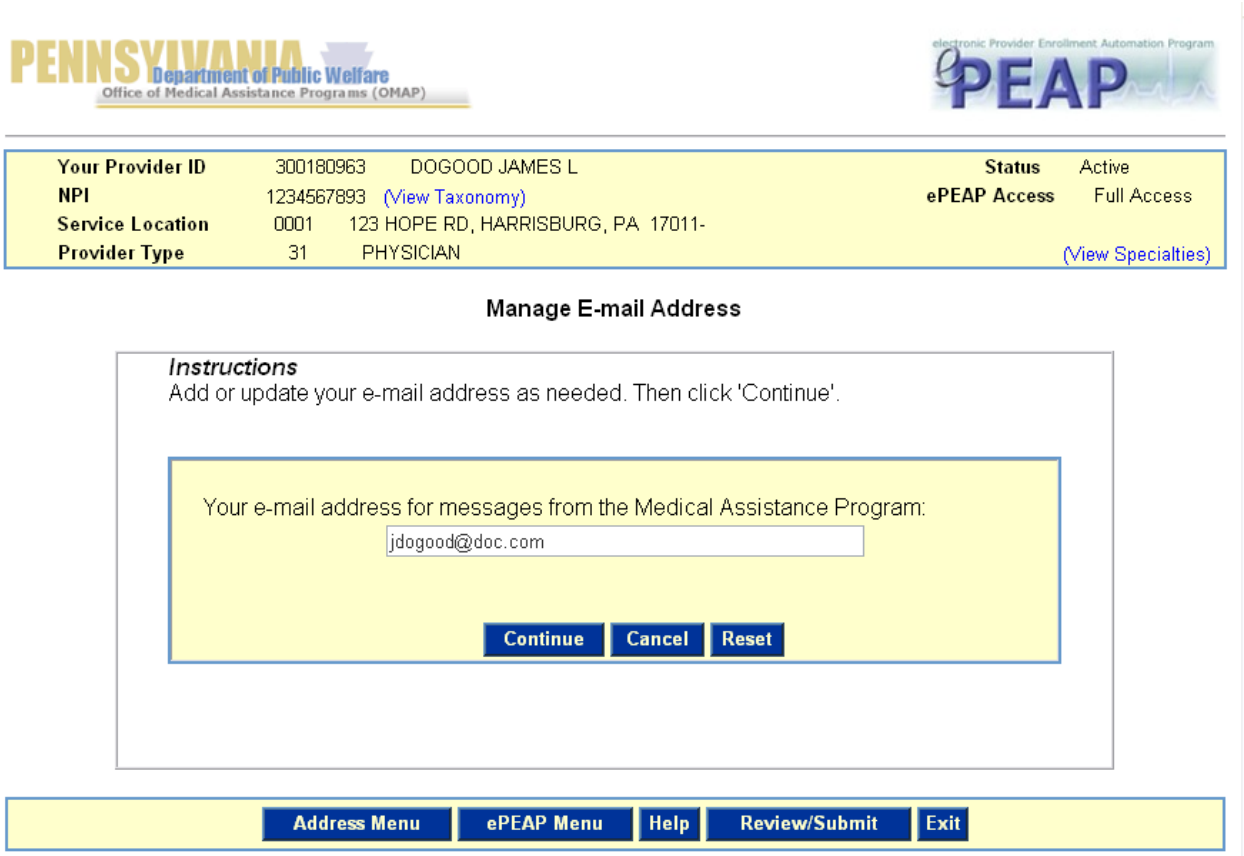
6.27 ePEAP Manage Email Address

The ePEAP Manage Email Address window is used by providers to update the email address to which messages from the Medical Assistance program are sent.

This window is accessed from the PA PROMISe™ Internet Provider Main Page through the ePEAP (Provider Enrollment Automation Project) link, which opens the ePEAP Menu. Click the Enrollment Information link to open the Enrollment Information window, then the Address Information link to open the Provider Address Information window. Click the “Change E-mail” link to open the Manage E-mail Address window.

Several edits ensure the validity of an email address. If an IP address is given instead of a symbolic name, the system ensures the IP address is valid. For domain names, the system verifies that the domain name is validly composed and contains a proper ending (a three-letter domain or a two-letter country code).

Layout



6.27.1 Accessibility and Use

To access the Manage E-mail Address window and add or update your e-mail address, complete the steps in the following step/action tables.

To Access the Manage E-mail Address

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the **Enrollment Information** option.	The ePEAP Enrollment Information window opens.
4	Click the **Address Information** link**.**	The ePEAP Provider Address Information window opens.
5	Click the **Change Email** link.	The Manage E-mail Address window

Step	Action	Result
		opens.

To Add or Modify E-mail Address:

Step	Action	Result
1	If an existing email address needs to be changed, highlight the existing e-mail address and press the **Delete** key.	Old e-mail address is deleted from the field.
2	Type in your new e-mail address**.**	
3	Click the **Continue** button.	The Review Your Changes window opens.
4	Click the **Continue To Make Changes** button to continue with the change.	A confirmation window opens. Click **Continue** to return to the Enrollment Information window.

Other Options

Step	Action	Result
1	Click the **Cancel** button to cancel the change.	Opens the Provider Address Information window.
2	Click the **Reset** button.	Clears the e-mail field.
3	Click the **Address Menu** button.	Opens the Provider Address Information window.
4	Click **ePEAP Menu.**	Opens the ePEAP Menu window.
5	Click the **Help** button.	Describes the fields on the ePEAP window.
6	Click the **Review/Submit** button.	Opens the Review Your Changes window.
7	Click the **Exit** button.	Opens the ePEAP Menu.

Field Descriptions

Field	Description	Data Type	Length
Address Menu	Opens the Address Menu window.	Button	0
Cancel	Cancels the update process.	Button	0
Continue	Opens the Review Your Changes window.	Button	0
Exit	Exits ePEAP.	Button	0
Help	Describes the fields on the ePEAP window.	Button	0
Reset	Resets the form.	Button	0
Review/Submit	Opens the Review Your Changes window.	Button	0

Field	Description	Data Type	Length
Your e-mail address for messages from the Medical Assistance Program:	Provider's legal entity e-mail address.	Character	70
ePEAP Menu	Returns the ePEAP user to the ePEAP menu window.	Button	0

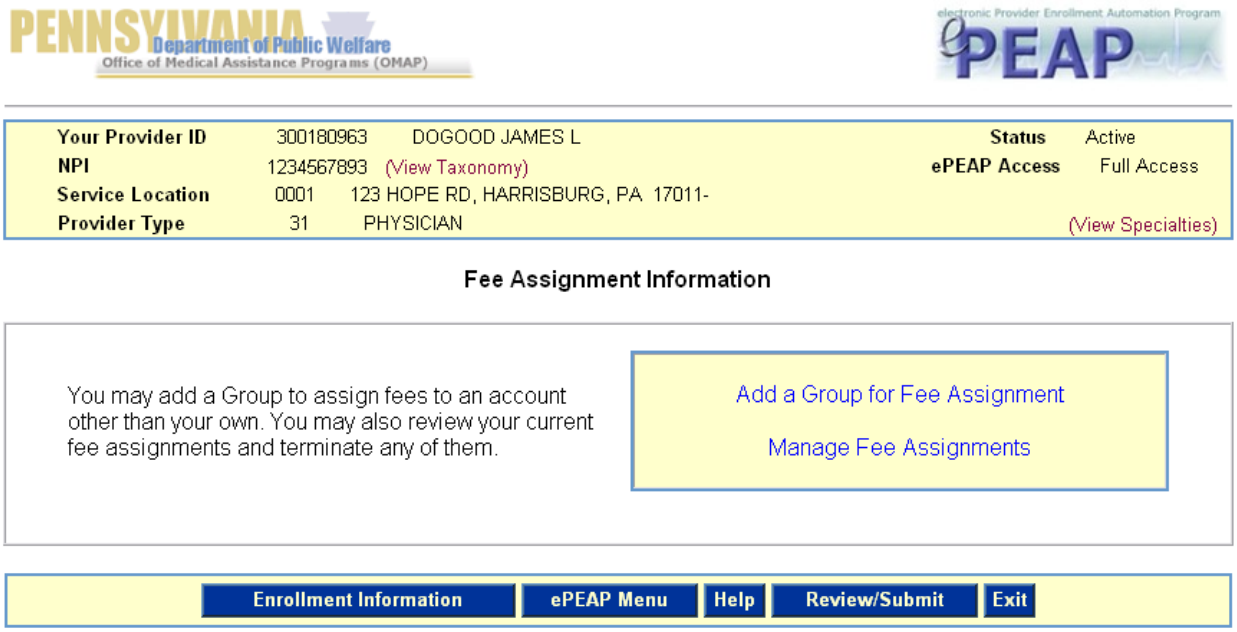
6.28 ePEAP Fee Assignment Information

The ePEAP Fee Assignment Information window contains a menu of maintenance options for providers to use to manage fee assignment. From this window, the following options can be selected:

- Add a Group for Fee Assignment
- Manage Fee Assignments

This window is accessed from the PA PROMISe™ Internet Provider Main Page through the ePEAP (Provider Enrollment Automation Project) link, which opens the ePEAP Menu. Click the Enrollment Information link to open the Enrollment Information window, and then click the Fee Assignment Information link to open the Fee Assignment Information window.

Layout



6.28.1 Accessibility and Use

To access the ePEAP Fee Assignment Information window and update fee assignment information, complete the steps in the following step/action tables.

To Access the ePEAP Fee Assignment Information window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the **Enrollment Information** option.	The ePEAP Enrollment Information window opens.
4	Click the **Fee Assignment Information** link**.**	The ePEAP Fee Assignment Information window opens.

To Update Fee Assignment Information

Step	Action	Result
1	To add a fee assignment to a group, click the **Add a Group for Fee Assignment** link.	The Add a Group for Fee Assignment window opens.
2	To edit fee assignment information already assigned to a group, click the **Manage Fee Assignment** link.	The Fee Assignments window opens.

Other Options

Step	Action	Result
1	Click the **Enrollment Information** button.	Opens the Enrollment Information window.
2	Click the **ePEAP Menu** button.	Opens the ePEAP Menu.
3	Click the **Help** button.	Describes the fields on the ePEAP window.
4	Click the **Review/Submit** button.	Opens the Review Your Changes window.
5	Click the **Exit** button.	Opens the PA PROMISe™ Provider Main Page.

Field Descriptions

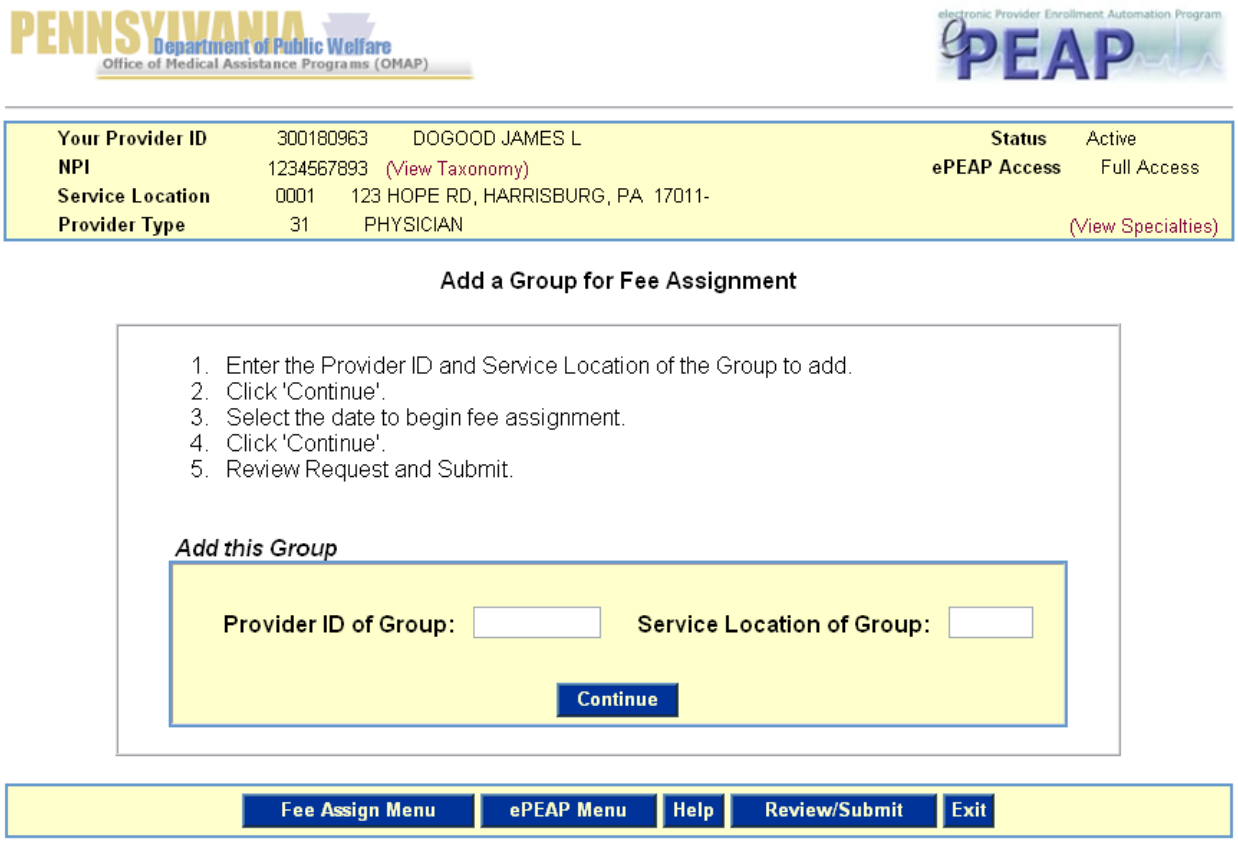
Field	Description	Data Type	Length
Add a Group for Fee Assignment	Opens the ePEAP Add a Group for Fee Assignment window, used to add fee assignments for the current provider service location.	Hyperlink	0
Enrollment Information	Opens the Enrollment Information window.	Button	0
Exit	Exits ePEAP.	Button	0
Help	Describes the fields on the ePEAP window.	Button	0
Manage Assignment Info	Removes a group to end the fee assignment.	Hyperlink	0
Review/Submit	Opens the Review Your Changes window.	Button	0
ePEAP Menu	Opens the ePEAP Menu window.	Button	0

6.29 ePEAP Add a Group for Fee Assignment

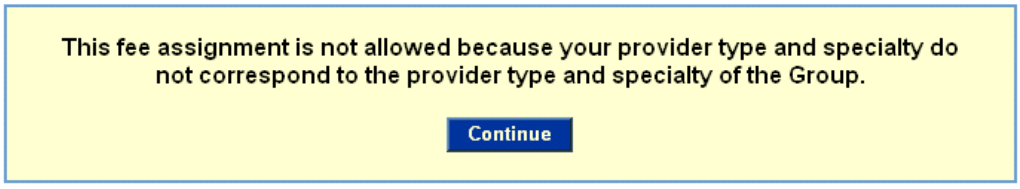
The ePEAP Add a Group for Fee Assignment window is used by providers to add fee assignments for the current provider service location.

This window is accessed from the PA PROMISe™ Internet Provider Main Page through the ePEAP (Provider Enrollment Automation Project) link, which opens the ePEAP Menu. Click the Enrollment Information link to open the Enrollment Information window, then the Fee Assignment Information link to open the Fee Assignment Information window. Click the Add a Group for Fee Assignment link to display the Add a Group for Fee Assignment window.

Layout



The following error message is displayed if there is a conflict between your provider type and specialty and the group being added for fee assignment. If this happens, and it is not a data entry error, please send an email to **promise@state.pa.us** with the subject line: "Enrollment - Fee Assignment," detailing the assignment you are trying to complete.



6.29.1 Accessibility and Use

To access the ePEAP Add a Group for Fee Assignment window and add a group, complete the steps in the following step/action tables.

To Access the Add A Group for Fee Assignment Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the **Enrollment Information** option.	The ePEAP Enrollment Information window opens.
4	Click the **Fee Assignment Information** link**.**	The ePEAP Fee Assignment Information window opens.
5	Click the **Add A Group For Fee Assignment** link.	The ePEAP Add A Group For Fee Assignment window opens.

To Add a Group for Fee Assignment Information

Step	Action	Result
1	Enter the provider ID number of the group being added in the **Provider ID of Group** field.	
2	Enter the service location number of the group being added in the **Service Location of Group** field.	
3	Click the **Continue** button	The Review Your Changes window opens. Click **Continue** to return to the Enrollment Information window

Other Options

Step	Action	Result
1	Click the **Fee Assignment Menu** button.	Opens the Fee Assignment Menu window.
2	Click the **ePEAP Menu** button	Opens the ePEAP Menu window.
3	Click the **Help** button	Describes the fields on the ePEAP window.
4	Click the **Review/Submit** button	The request summary is reviewed and submitted.
5	Click the **Exit** button.	Opens the PA PROMISe™ Provider Main Page.

Field Descriptions

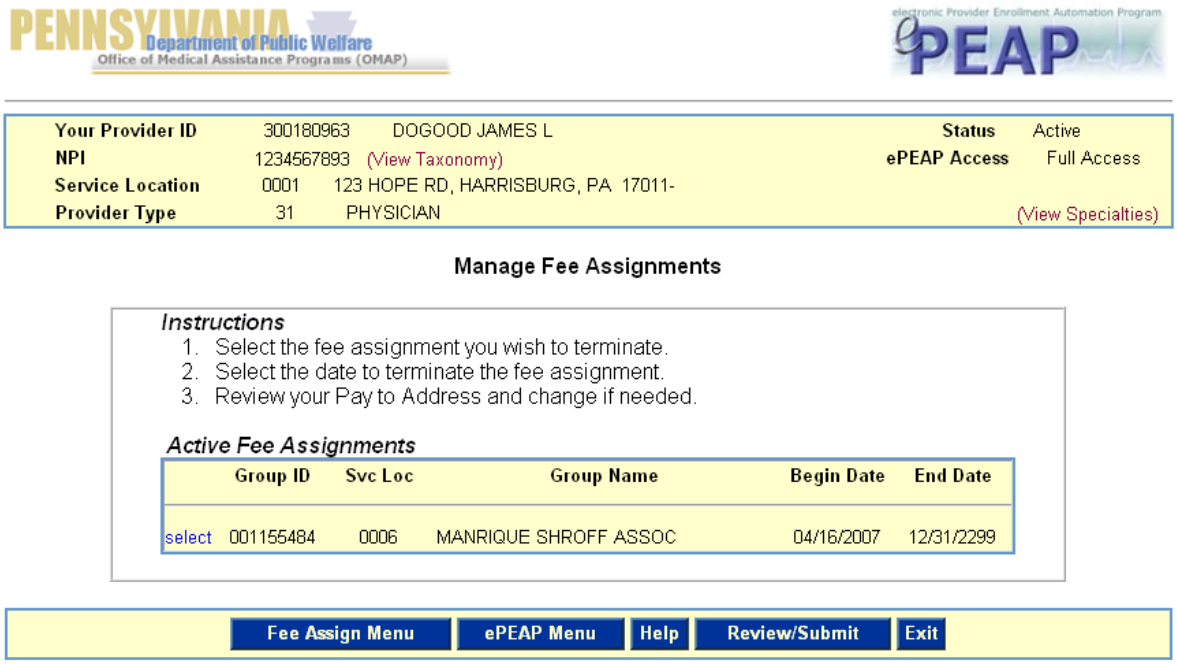
Field	Description	Data Type	Length
Continue	Moves to the next logical page or form.	Button	0
Exit	Exit ePEAP	Button	0
Fee Assign Menu	Returns the ePEAP user to the Fee Assignment window.	Button	0
Help	Describes the fields on the ePEAP window.	Button	0
Provider ID of Group	Provider identification number of the group.	Number	9
Review/Submit	Opens the Review Your Changes window.	Button	0
Service Location of Group	Service location of the group.	Character	4
ePEAP Menu	Returns the ePEAP user to the ePEAP menu window.	Button	0

6.30 ePEAP Manage Fee Assignments

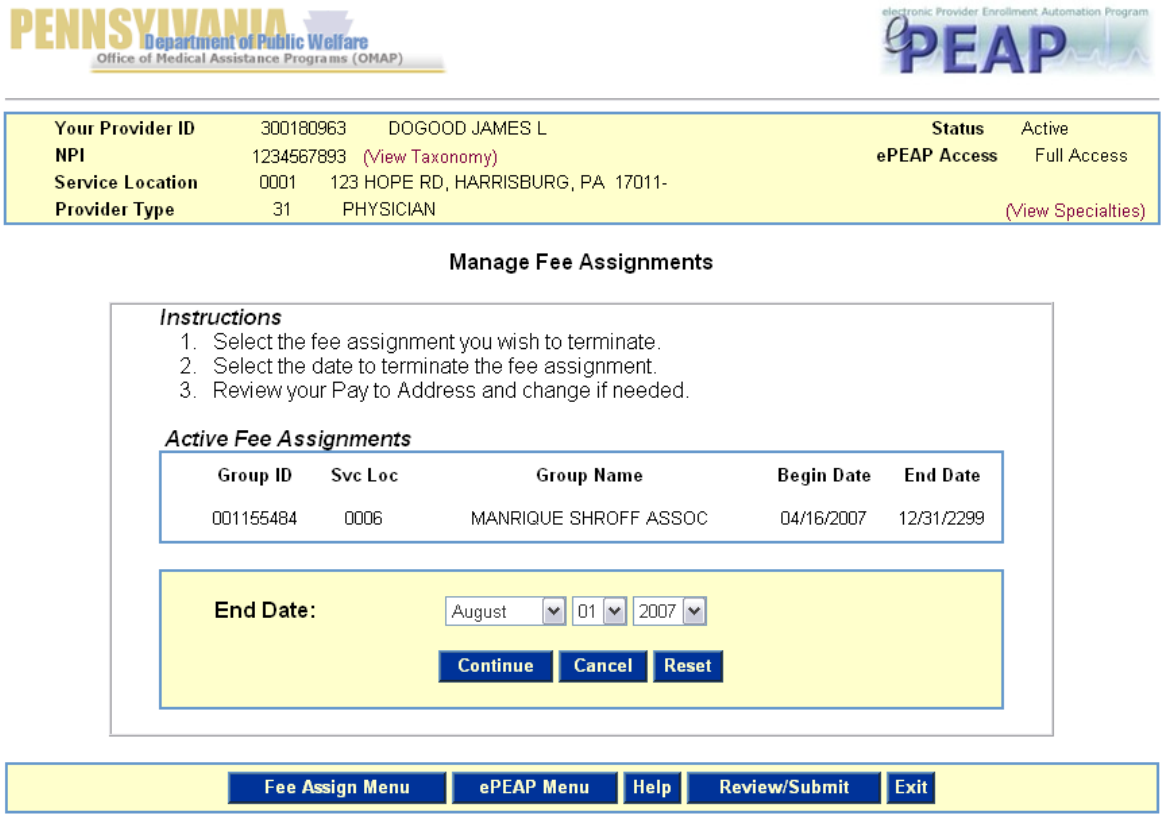
The ePEAP Manage Fee Assignments window lists the fee assignments for the current provider service location, and selects fee assignments to be terminated.

This window is accessed from the PA PROMISe™ Internet Provider Main Page through the ePEAP (Provider Enrollment Automation Project) link, which opens the ePEAP Menu. Click the Enrollment Information link to open the Enrollment Information window, then the Fee Assignment Information link to open the Fee Assignment Information window. Click the Manage Fee Assignments link to display the window.

Layout (Initial)



Layout (After Selection)



6.30.1 Accessibility and Use

To access the ePEAP Manage Fee Assignment window and terminate an active fee assignment, complete the steps in the step/action table(s).

To Access the Manage Fee Assignment Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the **Enrollment Information** option.	The ePEAP Enrollment Information window opens.
4	Click the **Fee Assignment Information** link**.**	The ePEAP Fee Assignment Information window opens.
5	Click the **Manage Fee Assignments** link.	The ePEAP Manage Fee Assignments window opens.

Terminate a Fee Assignment

Step	Action	Result
1	Click the **Select** link next to the fee assignment to be terminated from the list in the Active Groups box.	The window expands to include fields in which this information can be edited.
2	Highlight the **Fee Assignment** you wish to terminate.	
3	Select the **End Date** on which to terminate the fee assignment.	The End Date is displayed.
4	Click the **Continue** button.	The Review Your Changes window opens. Click **Continue** to return to the Enrollment Information window.

Other Options

Step	Action	Result
1	Click the **Fee Assignment Menu** button.	Return to the Fee Assignment Menu window.
2	Click the **ePEAP Menu** button.	Return to the ePEAP Menu window.
3	Click the **Help** button.	Describes the fields on the ePEAP window.
4	Click the **Review/Submit** button.	Opens the Review Your Changes window.

Step	Action	Result
5	Click the **Exit** button.	The ePEAP Main window opens.

Field Descriptions

Field	Description	Data Type	Length
Begin Date	Date when current provider service location began fee assignment to the group.	Date (CCYYMMDD)	8
End Date	Date when current provider service location will end fee assignment to the group.	Date (CCYYMMDD)	8
Exit	Exits ePEAP.	Button	0
Fee Assign Menu	Opens the Fee Assignment window.	Button	0
Group ID	Provider ID number of the group.	Number	9
Group Name	Actives a provider group name.	Character	50
Help	Describes the fields on the ePEAP window.	Button	0
Review/Submit	Opens the Review Your Changes window.	Button	0
Svc Loc	Service location of the group.	Character	4
ePEAP Menu	Opens the ePEAP menu window.	Button	0

6.31 ePEAP Manage NPI Taxonomy

The ePEAP Manage NPI Taxonomy window is used to capture a provider's NPI number and associated taxonomy codes.

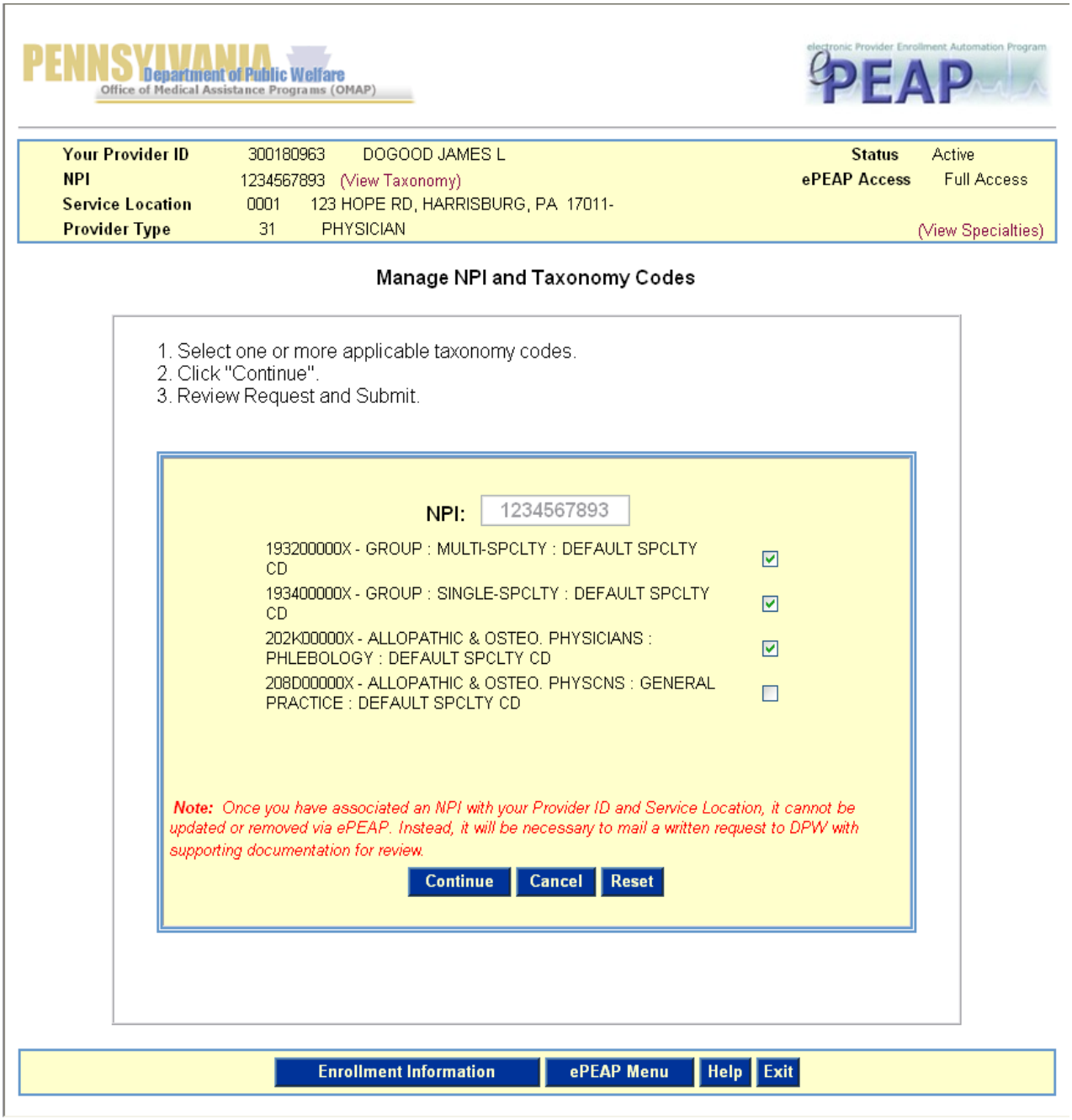
If the NPI is not currently on file, the NPI field will appear blank and be available for data entry. If the NPI is on file, the NPI field will display the value and will be read-only.

All potentially valid taxonomy codes and descriptions for the provider will appear below the NPI field with a corresponding checkbox. Taxonomy codes that are already associated with the NPI and are active will be checked. To check the valid combinations of provider type/specialty to taxonomy codes, see the Provider Type and Specialty to Taxonomy Crosswalk on the DPW website.

This window can be accessed from the PA PROMISe™ Internet Provider Main Page and select ePEAP (Provider Enrollment Automation Project). From here, select Enrollment Information and then Manage NPI/Taxonomy Codes.

This window is accessible by the provider community.

Layout



Error Messages:

The number entered is not a valid NPI number. Please verify and re-enter.

The above error message is displayed if the NPI number you entered is invalid (this would occur if the number was keyed in error):

The entered NPI# cannot be associated with the service location to which you are logged in. Please refer to your ePEAP Manual for handling.

The above error message is displayed if there is a conflict between the 13-digit Provider ID number to which you are logged in and the NPI number you are entering. If you receive this message, please contact Provider Enrollment at **PROMISe@state.pa.us**, with a subject line of "NPI registration problem." In your email, please include the error message text and number, details about the entry, as well as a contact name and phone number.

The NPI/taxonomy/zip code combination is already being used.

The same NPI/taxonomy/nine-digit ZIP Code combination can only be associated with one service location. The above error message will be displayed if you attempt to associate this same combination with another service location. If you receive this error message, please contact Provider Enrollment at **PROMISe@state.pa.us**, with a subject line of "NPI registration problem." In your email, please include the error message text and number, details about the entry, as well as a contact name and phone number.

6.31.1 Accessibility and Use

To access the ePEAP Manage NPI and Taxonomy Codes window, complete the steps in the step/action table(s).

To Access the Manage NPI and Taxonomy Codes Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the **Enrollment Information** option.	The ePEAP Enrollment Information window opens.
4	Click the **Manage NPI / Taxonomy** link**.**	The ePEAP Manage NPI and Taxonomy Codes window opens.

To Add an NPI (National Provider Identifier Code

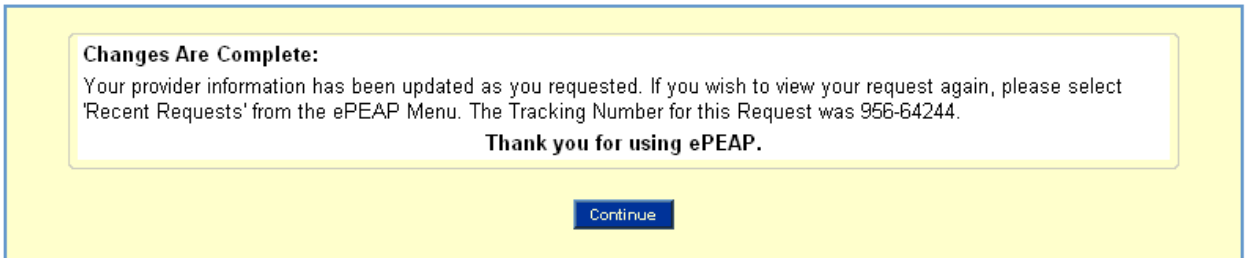
(Available only if an NPI Code has not been previously associated with a provider and service location combination.) Once you have associated an NPI number with your Provider ID and Service Location, it cannot be updated or removed via ePEAP. Instead, you must mail a written request to DPW, with supporting documentation, for review.

Step	Action	Result
1	Enter a valid NPI number in the Manage NPI and Taxonomy Codes window: (**Note**: If an NPI number has already been added, the NPI field will be read-only and not accessible.)	
2	Click the applicable check box (es) to select one or more taxonomy codes. This window will only display the taxonomies valid for the registered Provider Type and Specialty combination. If the taxonomy related to your provider type/specialty does not appear, contact Provider Enrollment via email at **PROMISe@state.pa.us**, with a subject line "Taxonomy Discrepancy," to verify the provider type and specialty codes associated with this service location.	
3	Click the **Continue** button**.**	The Review Your Changes window opens.
4	Review the entered information. If ready to process, click **Submit Changes**.	The Contact Information window opens.
5	Complete the requested contact information fields. (Name, Phone, and E-Mail are required fields.) Click **Submit**.	The following confirmation window is displayed:

Step	Action	Result
		
6	As noted in the window above, forward a copy of your NPI assignment documentation to the listed address, and include a printout of the page showing your Provider ID, Service Location, and NPI number. This information is required to validate your NPI assignment. If documentation is not received, claims may be rejected.	
7	Click the **Continue** button.	The ePEAP Main Menu window opens.

Note: Until the NPI number is validated by DPW, a red "**Pending**" label will display next to the NPI field on all window headers.

To Add or Change Taxonomy Codes

Step	Action	Result
1	Click the **Manage NPI / Taxonomy** link**.**	The ePEAP Manage NPI and Taxonomy Codes window opens.
2	Select new taxonomy code(s) to be added by clicking the check box(es) next to the code. Remove existing taxonomy codes by clicking the check box(es) next to the code to remove the check mark. This window will only display the taxonomies valid for the registered Provider Type and Specialty combination.	
3	Click the **Continue** button**.**	The Review Your Changes window opens.
4	Review the entered information. If ready to process, click **Submit Changes**.	The Contact Information window opens.
5	Complete the requested contact information fields. (Name, Phone, and E-Mail are required fields.) Click **Submit**.	The following Changes are Complete window is displayed:
		
3	Click the **Continue** button**.**	The ePEAP Main Menu window opens.

Other Options

Step	Action	Result
1	Click the **Enrollment Information** button.	Return to the Enrollment Information window.
2	Click the **ePEAP Menu** button.	Return to the ePEAP Menu window.
3	Click the **Help** button.	Describes the fields on the ePEAP window.
4	Click the **Exit** button.	The ePEAP Main window opens.
5	Click the **Cancel** button.	Cancels all entries/changes and returns to the Enrollment Information window.

Step	Action	Result
6	Click the **Reset** button.	Cancels all entries/changes but leaves the Manage NPI and Taxonomy Codes window open.

Field Descriptions

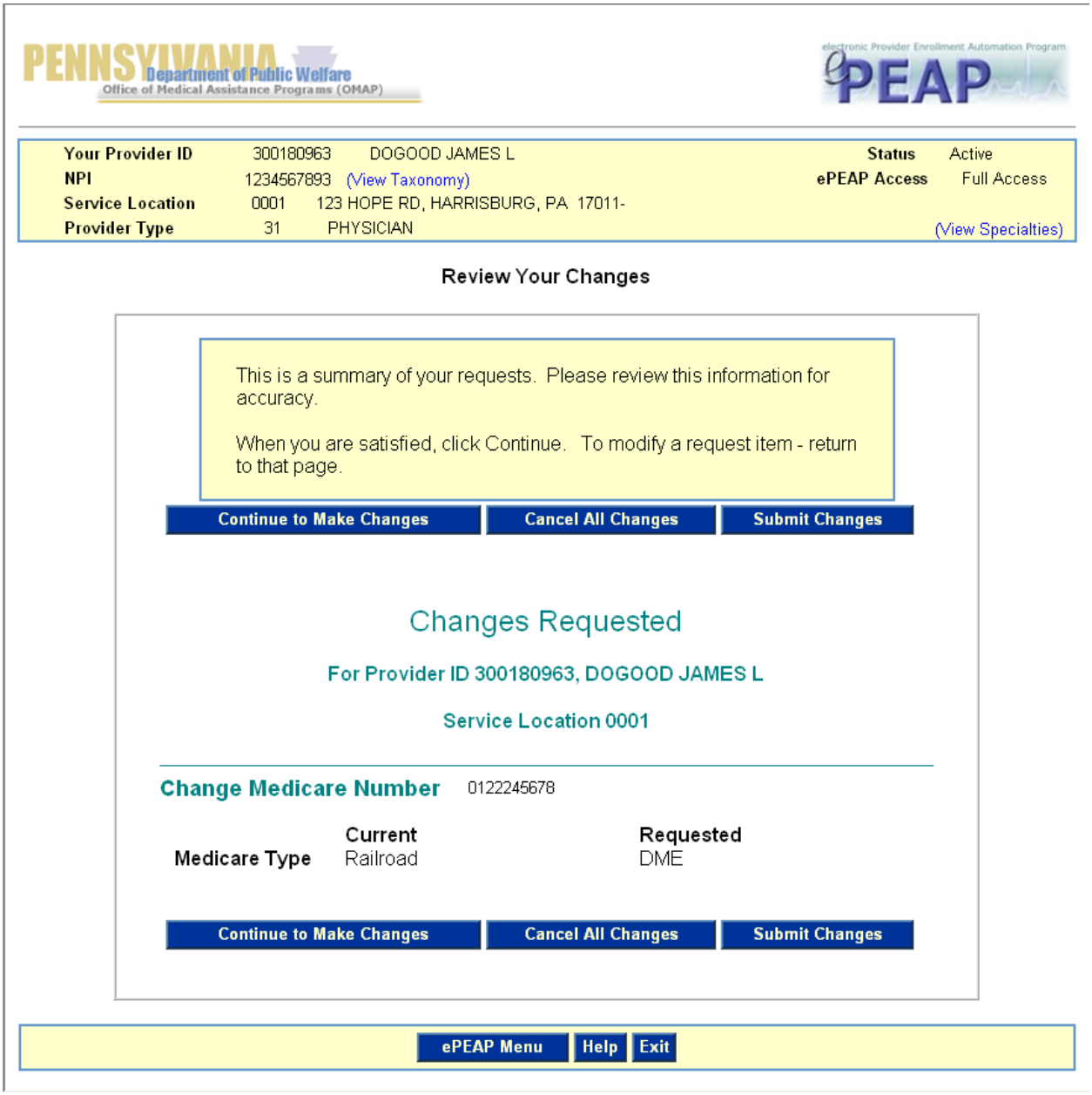
Field	Description	Data Type	Length
Cancel	End manage NPI Taxonomy request.	Button	0
Continue	Moves to the next logical page or form.	Button	0
NPI	Text entry field for the service location NPI. Read only if already on file in PROMISe.	Character	10
Reset	Restores the page to initial values.	Character	2000
Taxonomy Code	Unlabeled field. New instance for each active taxonomy code on file.	Character	10
Taxonomy Code Selector	Unlabeled field. New instance for each active taxonomy on file.	N/A	0
Taxonomy Description	Unlabeled field. New instance for each active taxonomy on file.	Character	50

6.32 ePEAP Review Changes

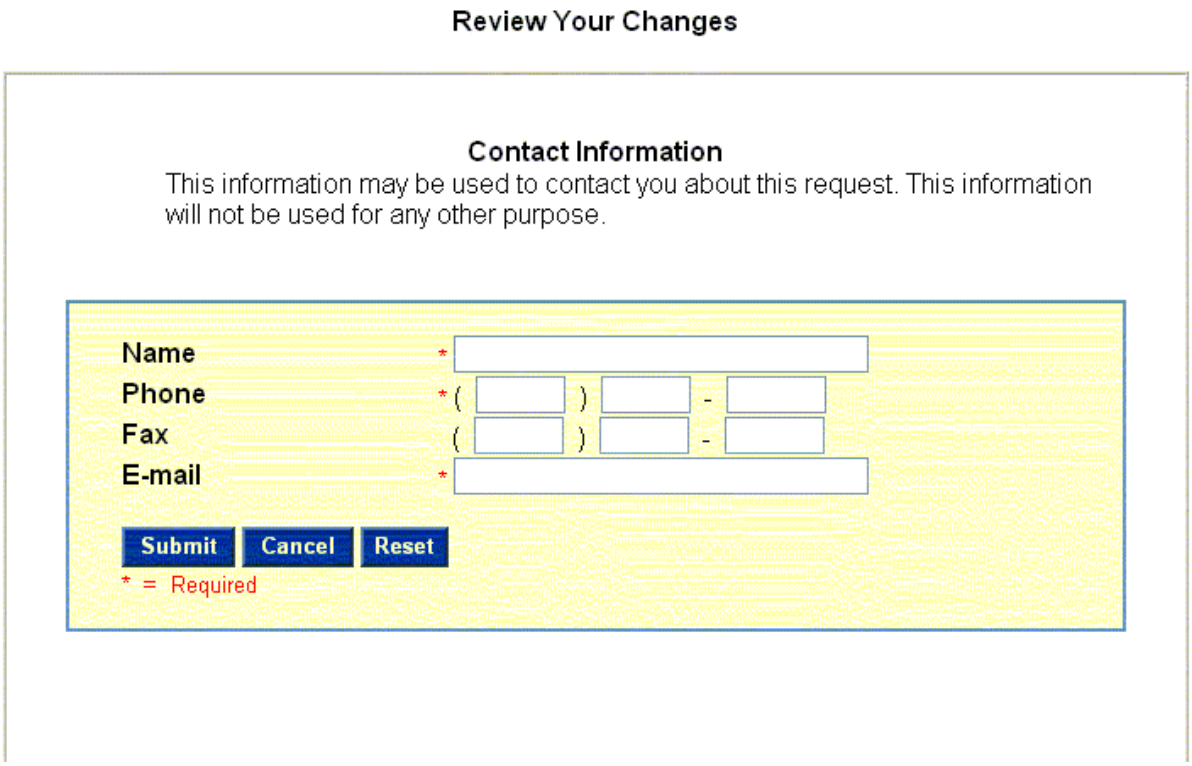
The ePEAP Review Changes window is used to review and submit data update requests that were entered during the current ePEAP session.

This window can be accessed from the PA PROMISe™ Internet Provider Main Page by selecting ePEAP (Provider Enrollment Automation Project). From here, select Enrollment Information and then click the **Review/Submi**t button. In addition, this window is automatically displayed each time the user makes a valid change and clicks the **Continue** button on any other ePEAP window.

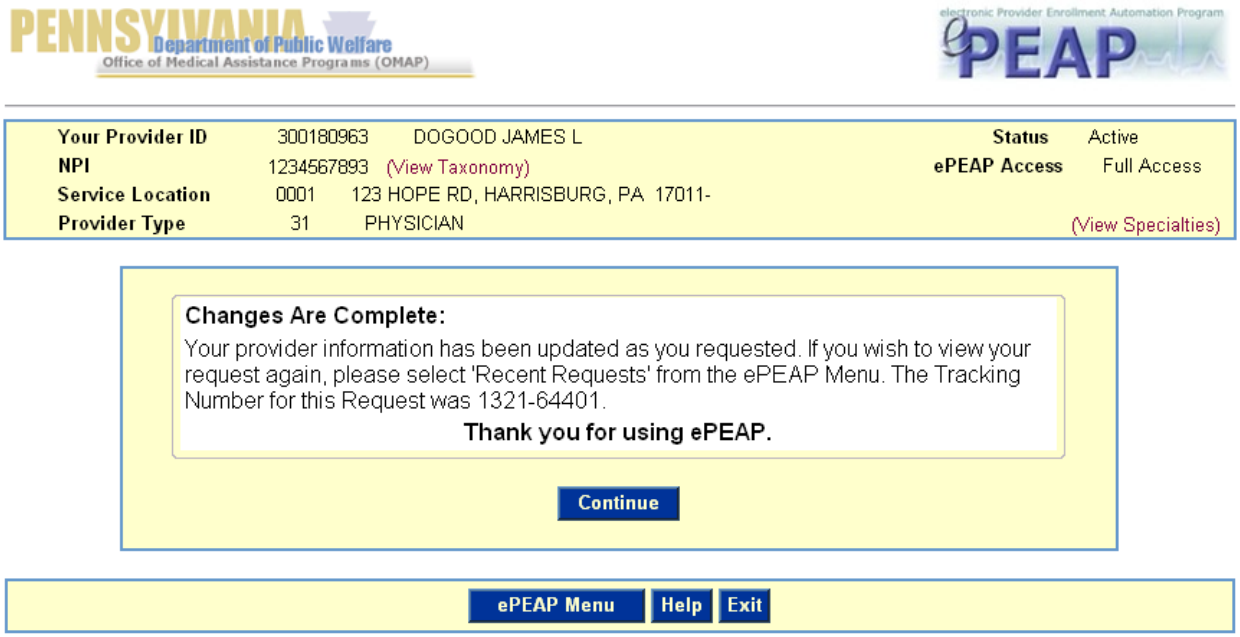
Layout


PENNSYLVANIA
Department of Public Welfare
Office of Medical Assistance Programs (OMAP)
electronic Provider Enrollment Automation Program
ePEAP
Your Provider ID 300180963 DOGOOD JAMES L
Status Active
NPI 1234567893 (View Taxonomy)
ePEAP Access Full Access
Service Location 0001 123 HOPE RD, HARRISBURG, PA 17011-
Provider Type 31 PHYSICIAN
(View Specialties)
Review Your Changes
This is a summary of your requests. Please review this information for accuracy.
When you are satisfied, click Continue. To modify a request item - return to that page.
Continue to Make Changes
Cancel All Changes
Submit Changes
Changes Requested
For Provider ID 300180963, DOGOOD JAMES L
Service Location 0001
Change Medicare Number 0122245678
Current
Requested
Medicare Type
Railroad
DME
Continue to Make Changes
Cancel All Changes
Submit Changes
ePEAP Menu
Help
Exit

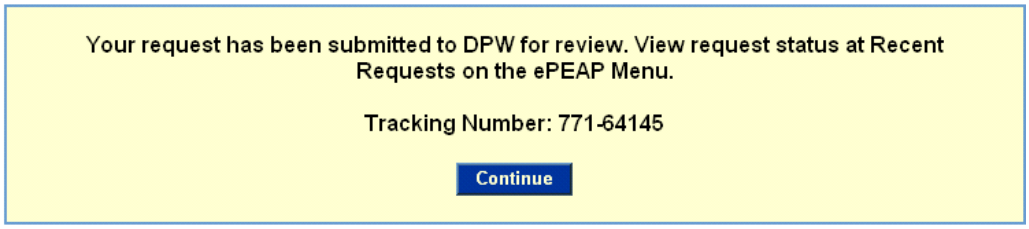
After reviewing and clicking the **Submit Changes** button, the following window will display:



After completing the Contact Information and clicking the **Submit** button, the following window will display.



The following message is displayed if your request cannot be updated immediately. DPW will review and process the request manually.



6.32.1 Accessibility and Use

To access the ePEAP Review Your Changes window and review, approve, and submit your changes, complete the steps in the following step/action tables.

To Access the Review Your Changes Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select and process one of the Menu options to change provider information. After requesting and submitting changes, this window will open.	The Review Your Changes Window opens.

To Review, Approve, and Submit Your Changes

Step	Action	Result
1	Review the displayed information for accuracy.	
2	If displayed information is correct and no other changes are required, click the **Submit Changes** button.	The Contact Information window is displayed.
3	If additional changes are required, click the **Continue to Make Changes** button.	The previous maintenance window will be displayed.
4	To cancel all entered changes, click the **Cancel** button.	The message “This request has been cancelled” is displayed.

To Enter Contact Information

Step	Action	Result
1	Enter the following information in the Contact Information window: • Name (required) • Phone (required) • Fax • E-mail (required)	
2	If the displayed information is correct, click the **Submit** button.	The message "Changes Are Complete" is displayed.
3	To clear the entered information, click the **Reset** button.	
4	To cancel the requested changes, click the **Cancel** button.	The previous maintenance window is displayed.

Field Descriptions

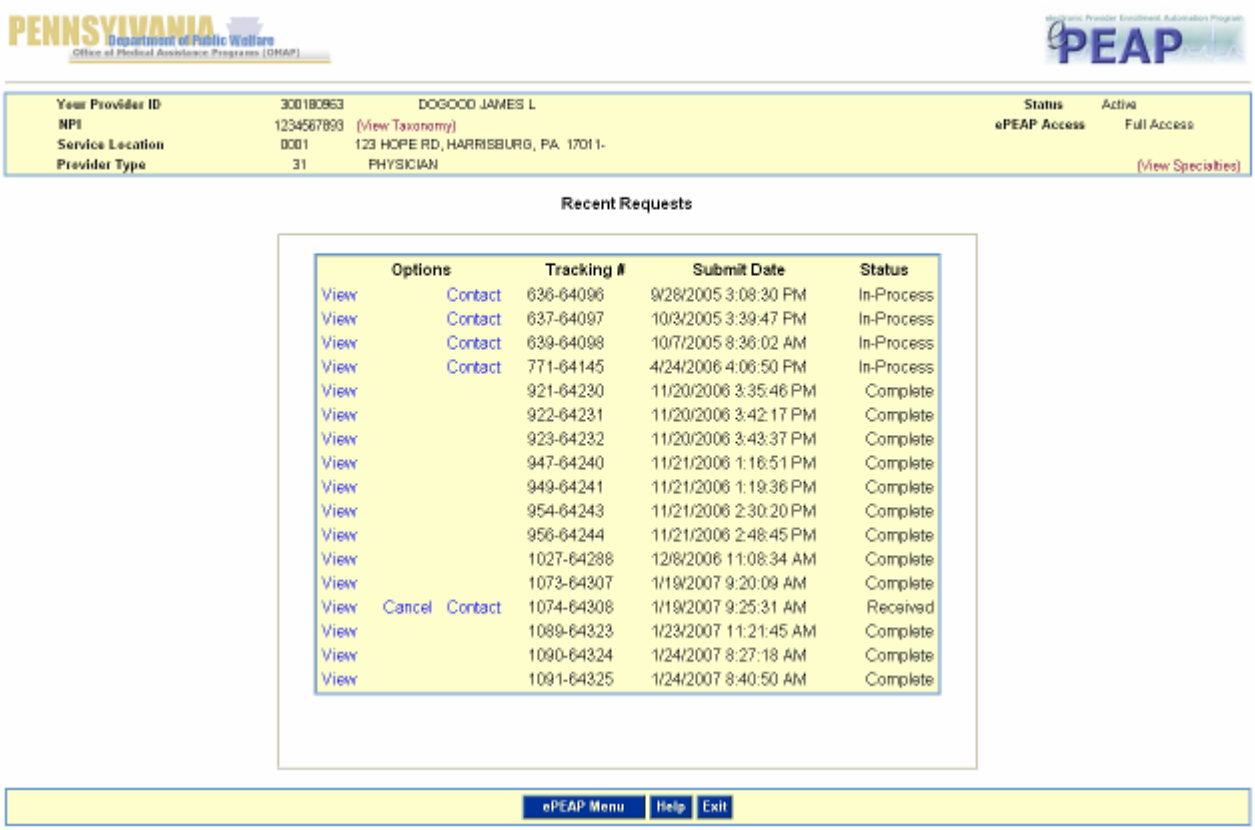
Field	Description	Data Type	Length
Cancel	Cancels the update process.	Button	0
Cancel All Changes	Cancels all entered ePEAP change requests.	Button	0
Continue	Continues the update process.	Button	0
Continue to Make Changes	Continues the ePEAP update process.	Button	0
Email	The email address of the contact person for the ePEAP change request.	Character	35
Exit	Exits ePEAP.	Button	0
Fax	The fax number of the contact person for the ePEAP change request.	Character	10
Help	Describes the fields on the ePEAP window.	Button	0
Name	The name of the contact person for the ePEAP change request	Character	35
Phone	The phone number of the contact person for the ePEAP change request.	Character	10
Reset	Resets the form.	Button	0
Submit Changes	Submits all entered ePEAP change requests.	Button	0
ePEAP Menu	Navigates to the ePEAP Menu Window.	Button	0

6.33 ePEAP Recent Request Window

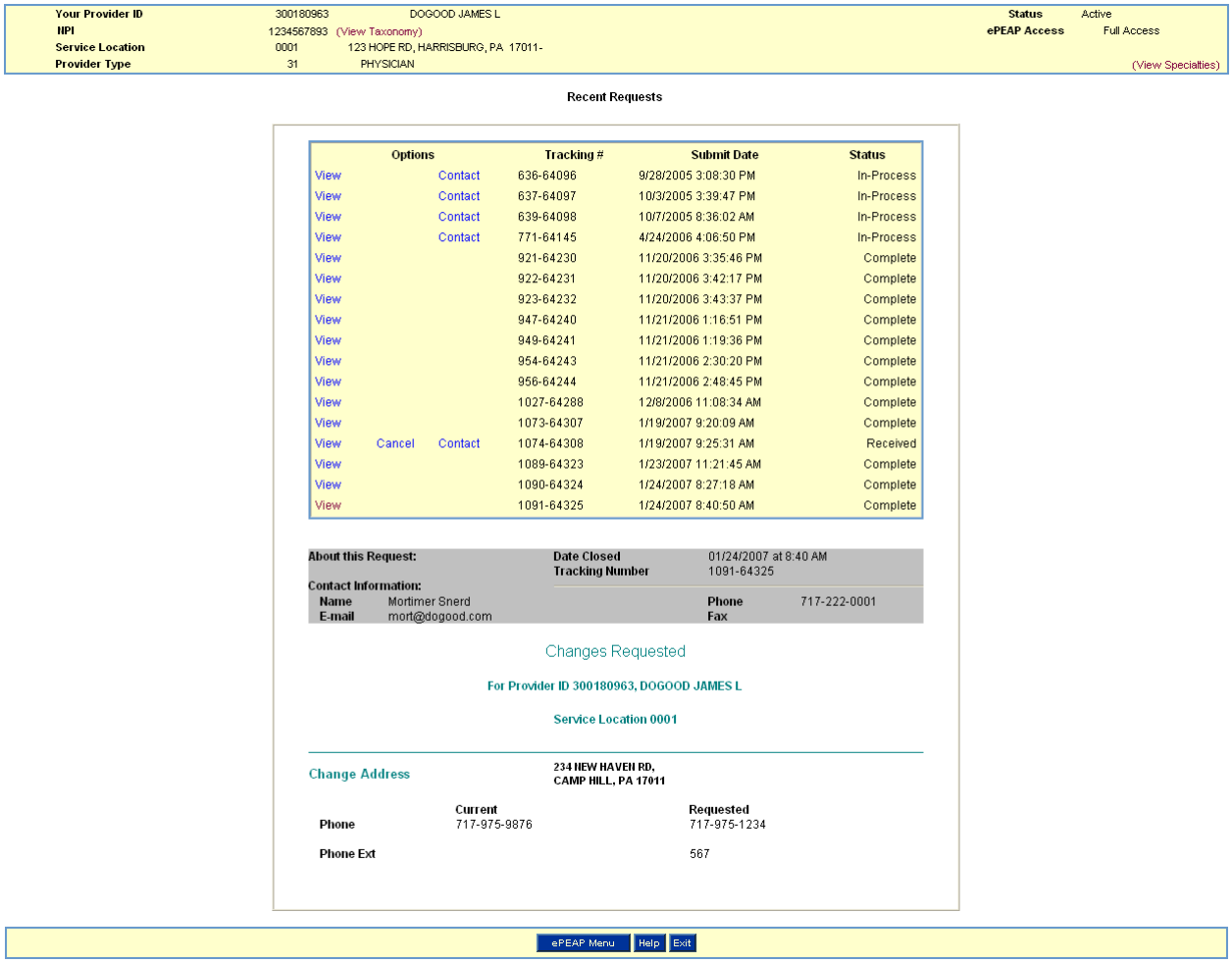
The ePEAP Recent Request window is used to track a provider's open requests in the ePEAP system. The details of individual requests can be viewed, open requests can be cancelled, and messages can be sent to DPW requesting information regarding the status of a request.

This window can be accessed from the PA PROMISe™ Internet Provider Main Page and then select ePEAP (Provider Enrollment Automation Project). From here, select Recent Requests to display the Recent Requests window.

Layout



The following window is displayed after selecting a request and clicking "View."



6.33.1 Accessibility and Use

To access the ePEAP Recent Requests window and view, cancel or submit a message to DPW, complete the steps in the following step/action tables.

To Access the ePEAP Recent Request window

Step	Action	Result
1	Select **Recent Requests** from the ePEAP Menu.	The Recent Requests window opens.

View Recent Requests

Step	Action	Result
1	Click the **View** link next to the request to view.	The request you selected will be displayed below the request list.

Contact DPW

Step	Action	Result
1	To contact DPW regarding the status of an In-Process request, click the **Contact** link.	The Contact DPW message form opens.
2	Type the message in the Message field.	
3	To clear any entered text, click the **Clear Message** button.	The entered text is erased.
4	To send the message to DPW, click the **Send Message** button.	The message is forwarded to DPW for review.

Cancel Requests

Step	Action	Result
1	Click the **Cancel** link next to the request to be cancelled.	The request you selected will be cancelled.

Other Options

Step	Action	Result
1	Click the **ePEAP Menu** button.	Opens the ePEAP Menu.
2	Click the **Help** button.	Describes the fields on the Recent Requests window.
3	Click the **Exit** button.	Opens the PA PROMISe™ Provider Main Page.

Field Descriptions

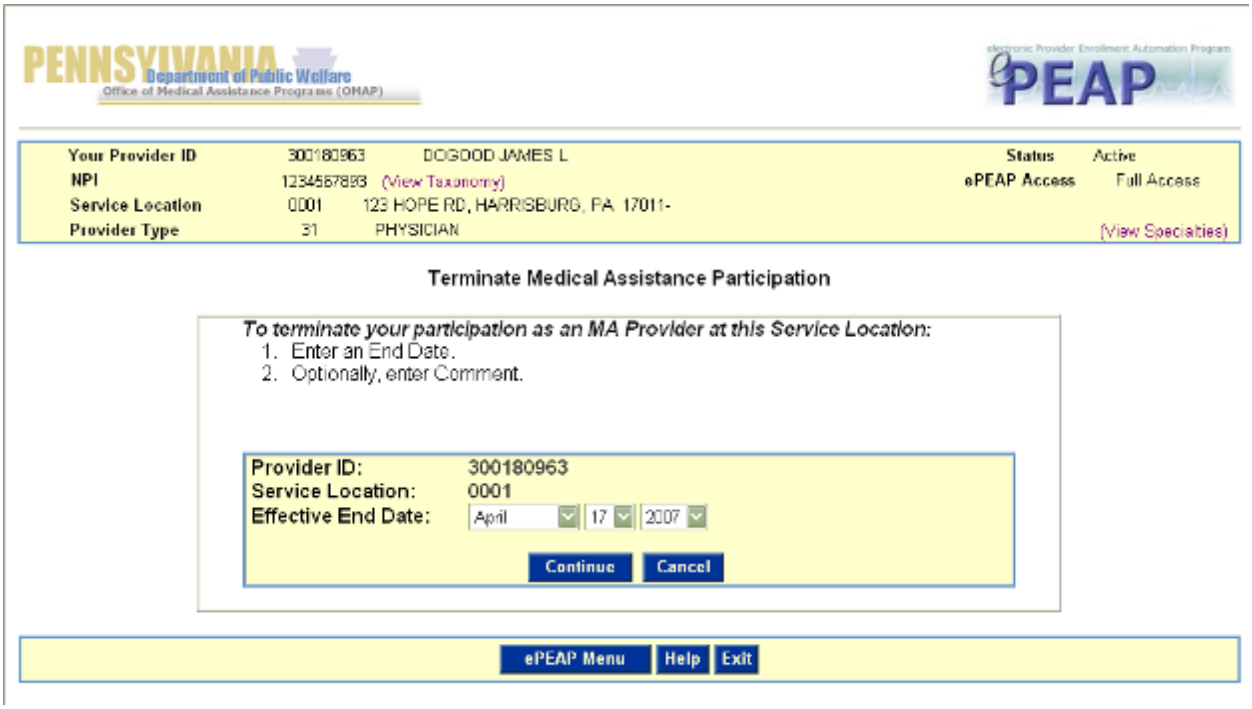
Field	Description	Data Type	Length
Cancel	Cancels the selected request.	Hyperlink	0
Contact	Displays a message area at bottom of window. Through message area, user may submit a message to DPW regarding the selected request.	Hyperlink	0
Exit	Exit ePEAP.	Button	0
Help	Describes the fields on the ePEAP window.	Button	0
Options	Options available for request.	Character	4
Status (Recent Rqst)	Identifies the current status of a request. A request may have the status of Received, In-Process, Complete, Rejected, or Withdrawn.	Character	10

Field	Description	Data Type	Length
Submit Date	Date request was submitted.	Date (CCYYMMDD)	8
Tracking #	Identifies requests submitted through ePEAP; displays as a link to a request document.	Character	10
View	Displays selected request at bottom of window.	Hyperlink	0
ePEAP Menu	Opens the ePEAP menu window.	Button	0

6.34 ePEAP Terminate Medical Assistance Participation

You can use the ePEAP Terminate Medical Assistance Participation window to end your Medical Assistance participation at a service location. This window is accessed by clicking the **Terminate MA Enrollment** link in the ePEAP Menu.

Layout



6.34.1 Accessibility and Use

To access the ePEAP Terminate Medical Assistance Participation window and terminate your participation as a MA provider at this service location, complete the steps in the following step/action tables.

To Access the ePEAP Terminate Medical Assistance Participation Window

Step	Action	Result
1	Sign on to the PA PROMIS*e*™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the **Terminate MA Enrollment** option.	The ePEAP Terminate Medical Assistance Participation window opens.

To Terminate Your Participation as a MA Provider at this Service Location

Step	Action	Result
1	Select an **Effective End Date** (month, day, and year) from the drop-down box.	
2	Click the **Continue** button.	The Review Your Changes window opens to verify your request.
3	Click the **Cancel** button.	This enrollment termination process will be ended and will not complete.
4	Click the **Continue To Make Changes** button to make additional changes.	Opens the ePEAP Menu.
5	Click the **Cancel All Changes** button to cancel all changes.	The message "This request has been cancelled" is displayed. Click the **Continue** button to return to the ePEAP menu window.
6	Click the **Submit Changes** button to submit the changes.	Request for MA enrollment termination is submitted.

Other Options

Step	Action	Result
1	Click the **ePEAP Menu** button.	Opens the ePEAP Menu window.
2	Click the **Help** button.	Describes the fields on the Recent Requests window.
3	Click the **Exit** button.	Opens the PA PROMISe™ Provider Main Page.

Field Descriptions

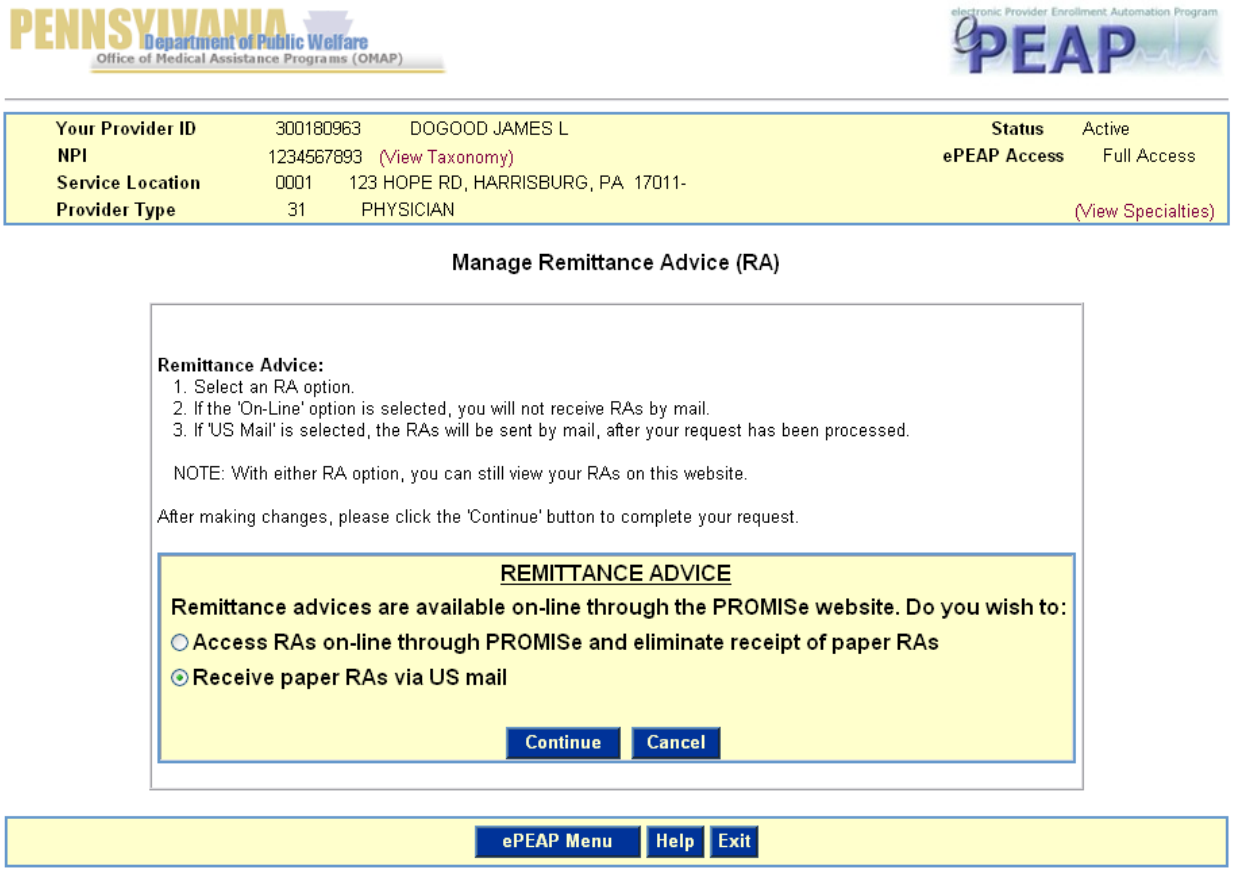
Field	Description	Data Type	Length
Cancel	End termination request.	Button	0
Continue	Opens the Review Your Changes window.	Button	0
Effective End Date	Date provider officially terminates enrollment as a Medical Assistance provider.	Drop-down List Box	14
Exit	Exit ePEAP.	Button	0
Help	Describes the fields on the ePEAP window.	Button	0
ePEAP Menu	Returns the user to the ePEAP menu window.	Button	0
Provider ID	Nine-digit provider number.	Character	9
Service Location	Four-digit service location number.	Character	4

6.35 ePEAP Manage Remittance Advice

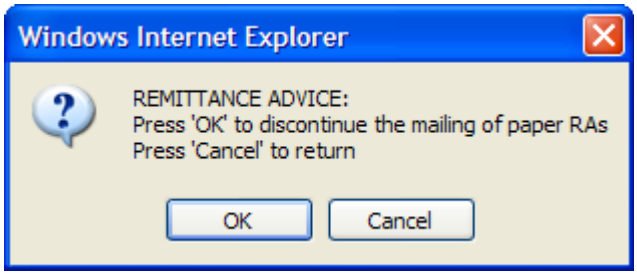
The Manage Remittance Advice window is used by providers to suppress or reinstate mail delivery of paper Remittance Advices (RAs).

This window is accessed by clicking the **Manage Remittance Advice** link in the ePEAP Menu.

Layout (Manage Remittance Advice Only)



Confirmation Window – Remittance Advice



6.35.1 Accessibility and Use

To access the ePEAP Manage Remittance Advice window and manage the delivery of Medical Assistance Remittance Advices, complete the steps in the following step/action tables.

To Access the ePEAP Manage Remittance Advice Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the **Manage Remittance Advice** option.	The ePEAP Manage Remittance Advice window opens.

To Discontinue Delivery of Paper Remittance Advices

Step	Action	Result
1	Click on the **Access RAs on-line through PROMISe and eliminate receipt of paper RAs** radio button to discontinue delivery of paper RAs.	
2	Click **Continue** to process the request.	The Remittance Advice Confirmation pop-up window appears.
3	Press **OK** to terminate the mailing of paper RAs or **Cancel** to return.	The Review Your Changes window is displayed.

To Restart Delivery of Paper Remittance Advices

Step	Action	Result
1	Click on the **Receive paper RAs via US mail** radio button to restart delivery of paper RAs.	
2	Click **Continue** to process the request.	The Review Your Changes window is displayed.

Field Descriptions

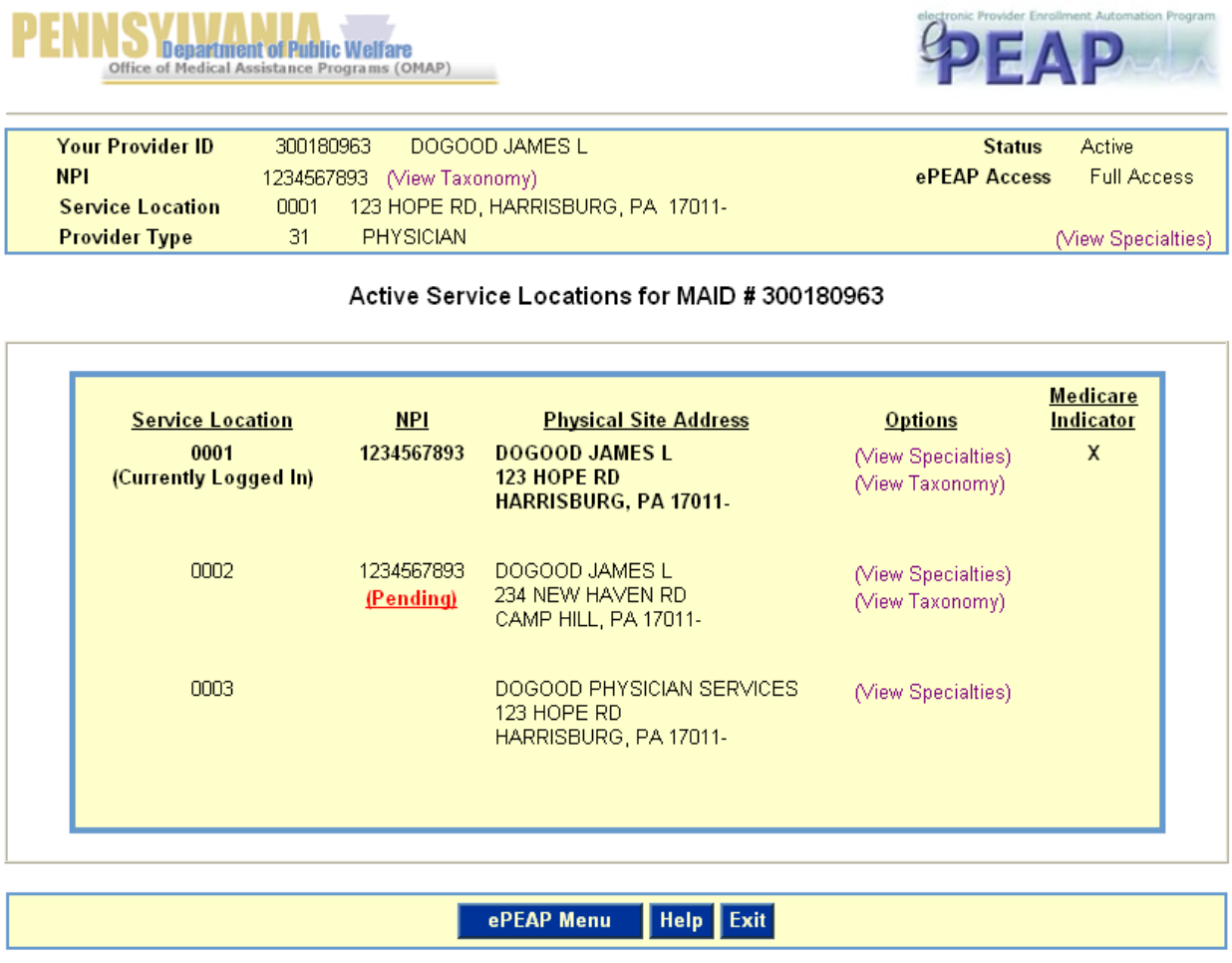
Field	Description	Data Type	Length
Access RAs on-line…	Select to receive RAs on-line.	Radio Button	0
Cancel	Sends user back to previous window.	Button	0
Continue	Forwards user to Review Request window.	Button	0
My Email address is:	Display/update 'mail-to' email address.	Character	100
NPI	NPI of the group.	Character	10
Receive paper RAs	Select to receive RAs by US mail.	Radio Button	0

Field	Description	Data Type	Length
via US mail			
Retype Email address:	Confirm email address is correct.	Character	100
View Specialties	Opens a window displaying the specialty code(s) associated with the provider service location.	Hyperlink	
View Taxonomy	Opens a window displaying the taxonomy code(s) associated with the NPI.	Hyperlink	0

6.36 ePEAP Active Service Location

The Active Service Locations window is used by providers to display all active Service Locations for the provider. This window is accessed by clicking the **Active Service Locations** link in the ePEAP Menu.

Layout



6.36.1 Accessibility and Use

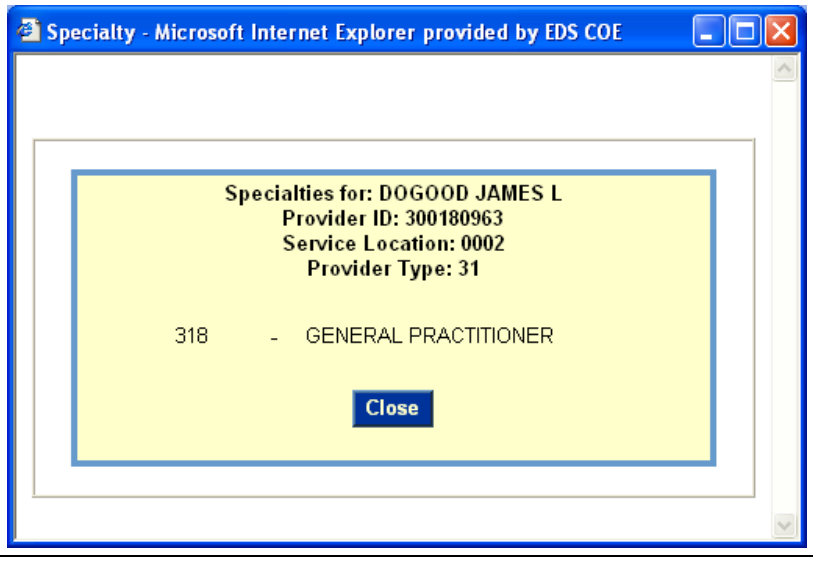
To access the ePEAP Active Service Locations window, view all service locations associated with a provider ID, and review specialties or taxonomy codes associated with a service location, complete the steps in the following step/action tables.

To Access the ePEAP Active Service Locations Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 2.9 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the **Active Service Locations** option.	The ePEAP **Active Service Locations** window opens.

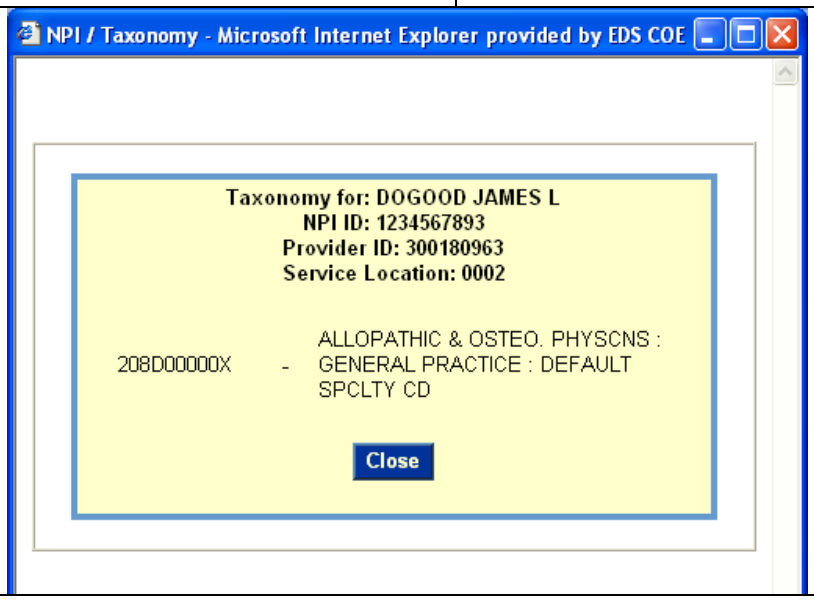
To View Specialties Associated With a Service Location

Step	Action	Result
1	Click on the **View Specialties** link for the requested Service Location.	The following pop-up window opens:



To View Taxonomy Codes Associated With a Service Location

Step	Action	Result
1	Click on the **View Taxonomy** link for the requested Service Location.	The following pop-up window opens:



Field Descriptions

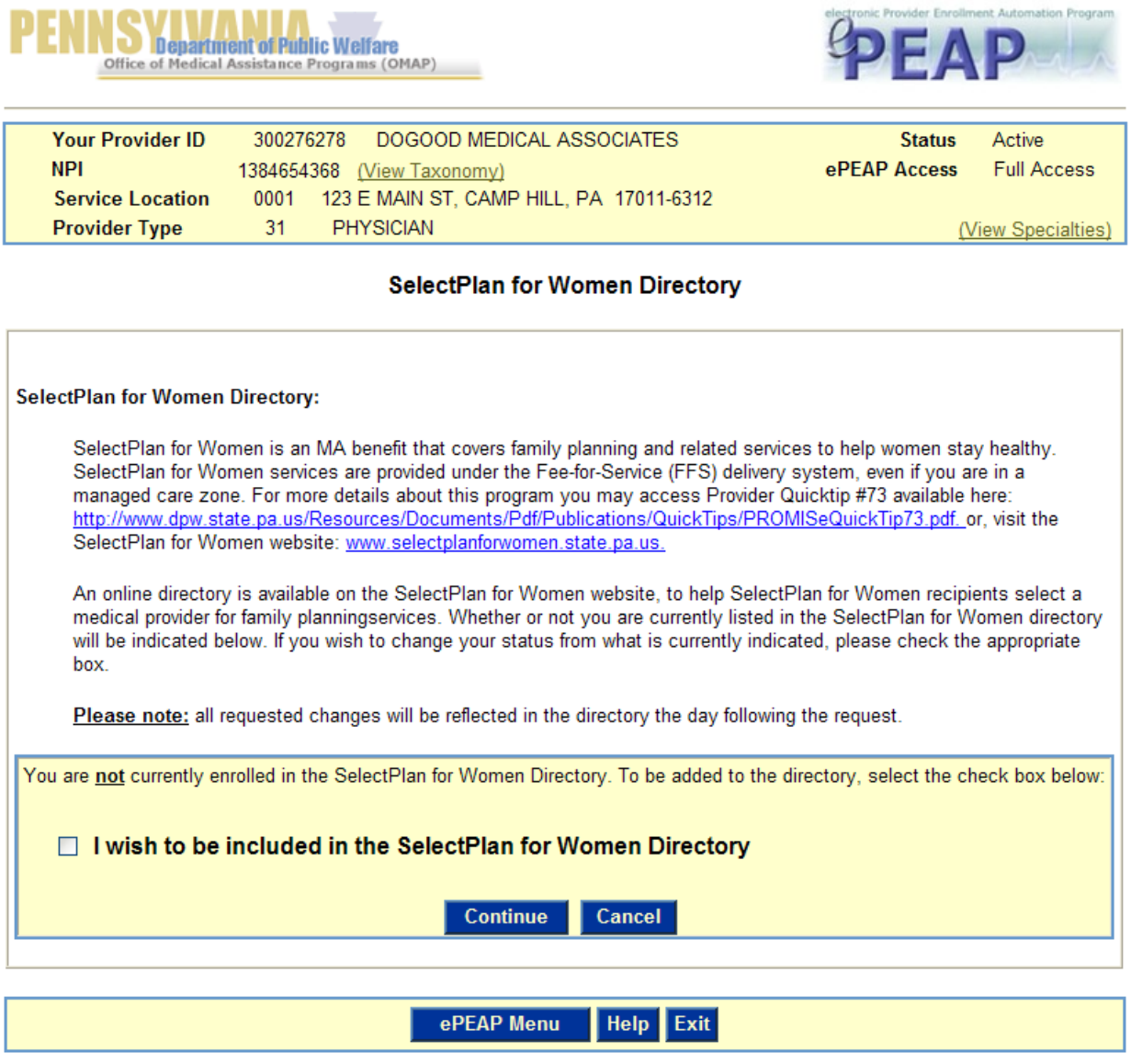
Field	Description	Data Type	Length
Exit	Exit ePEAP.	Button	0
ePEAP Menu	Opens the ePEAP menu window.	Button	0
Help	Describes the fields on the ePEAP window.	Button	0
NPI	National Provider Identifier.	Number	10
Physical Site Address	Street address associated with a service location. The address consists of the following items: Name Address Line 1 Address Line 2 City State Zip (10 digit)		
Service Location	Number assigned to an individual service location.	Character	4
View Specialties	Opens the Specialties window for the selected service location.	Hyperlink	0
View Taxonomy	Opens the Taxonomy window for the selected service location.	Hyperlink	0

6.37 ePEAP SelectPlan for Women Directory

The SelectPlan for Women Directory window is used by providers of certain provider types to manage their inclusion in the SelectPlan for Women directory. This window is accessed by clicking the **SelectPlan for Women Directory** link in the ePEAP Menu.

The Active Service Locations window is used by providers to display all active Service Locations for the provider. This window is accessed by clicking the **Active Service Locations** link in the ePEAP Menu.

Layout



6.37.1 Accessibility and Use

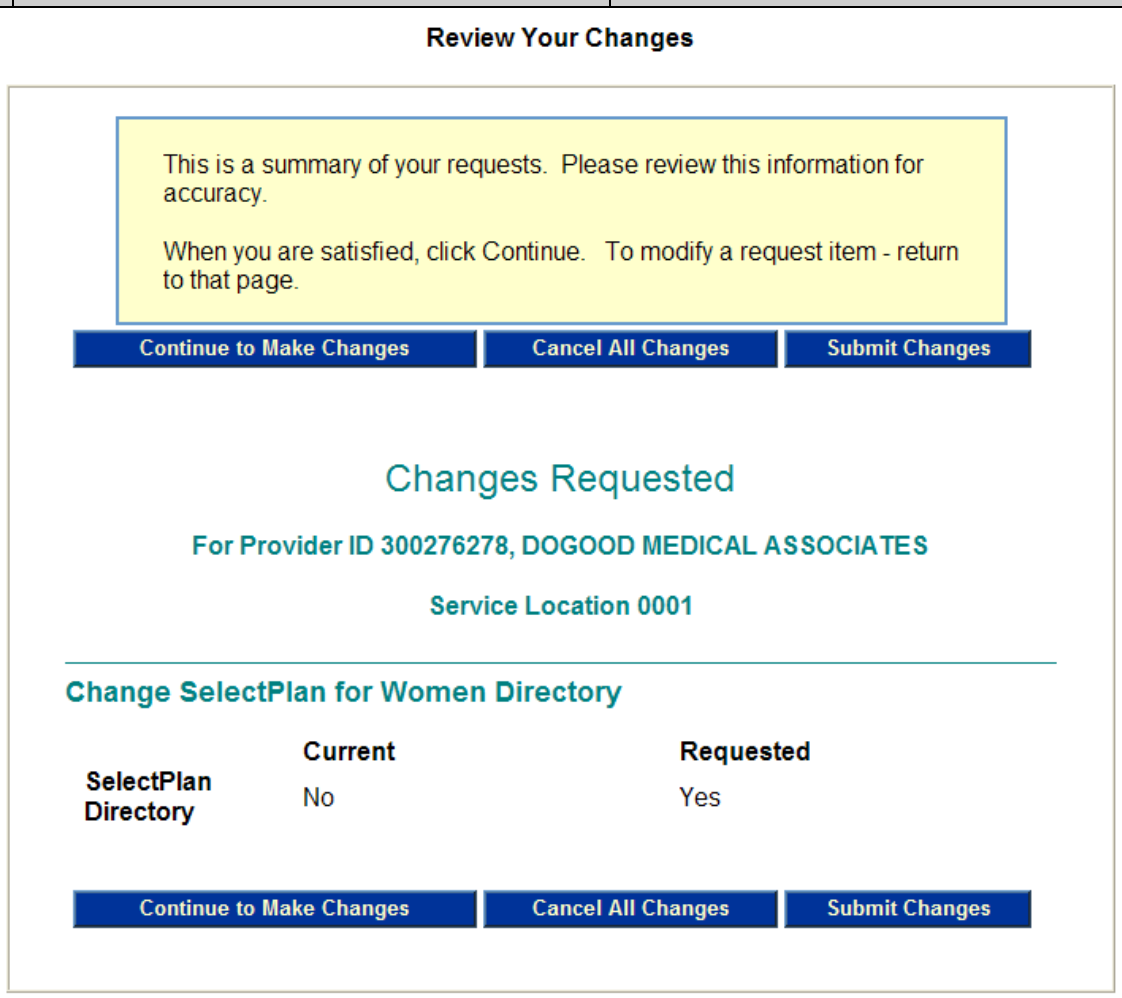
To access the ePEAP SelectPlan for Women Directory window, add your service location to the directory, or remove your service location from the directory, complete the steps in the following step/action tables.

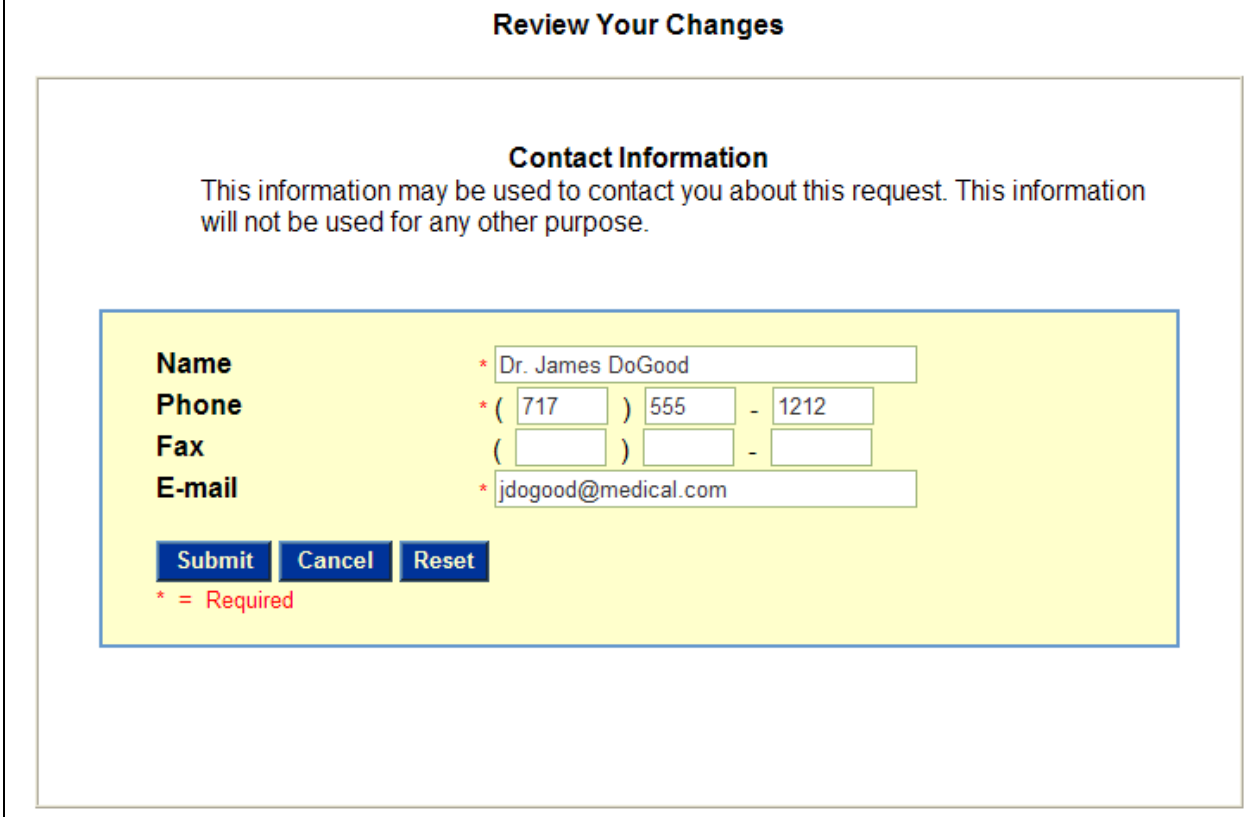
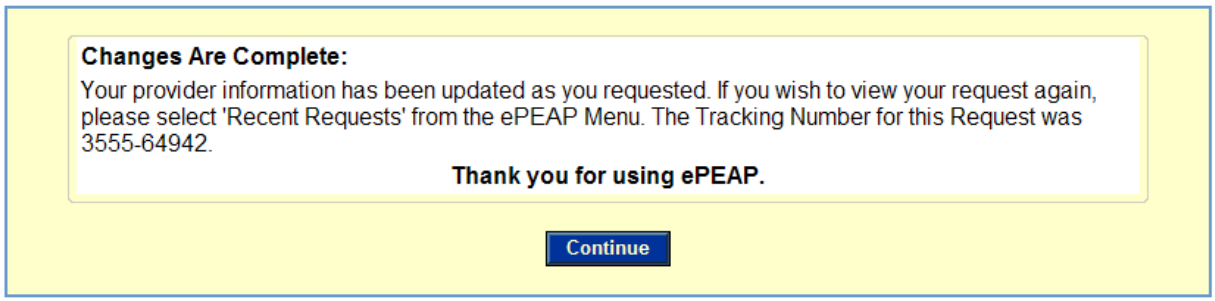
To Access the ePEAP SelectPlan for Women Directory Window

Step	Action	Result
1	Sign on to the PA PROMISe™ Internet application using instructions provided in Section 1.5 of this manual.	The Provider Main Page appears on the desktop.
2	Click on the **ePEAP (Provider Enrollment Automation Project)** link in the Other Links section of the window.	The ePEAP Menu window opens.
3	Select the **SelectPlan for Women Directory** link.	The ePEAP **SelectPlan for Women Directory** window opens.

To Add Service Location to the Directory

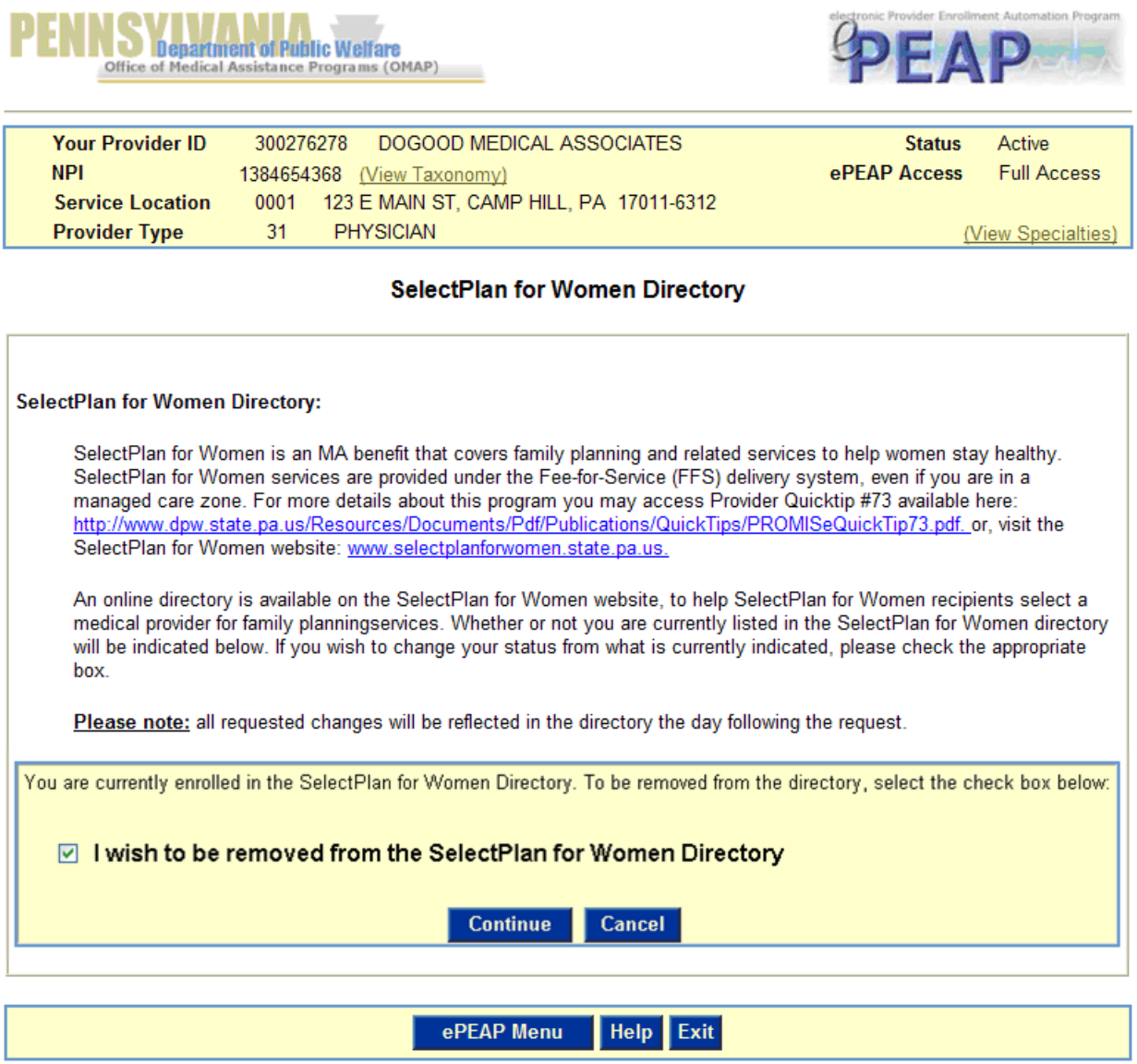
Step	Action	Result
1	Click to place a checkmark next to "I wish to be included in the SelectPlan for Women Directory".	
2	Click **Continue** to process the request.	The Review Your Changes Summary window opens.

Step	Action	Result
		
3	Click the **Submit Changes** button to include the Service Location in the directory.	The Review Your Changes Contact Information window opens.

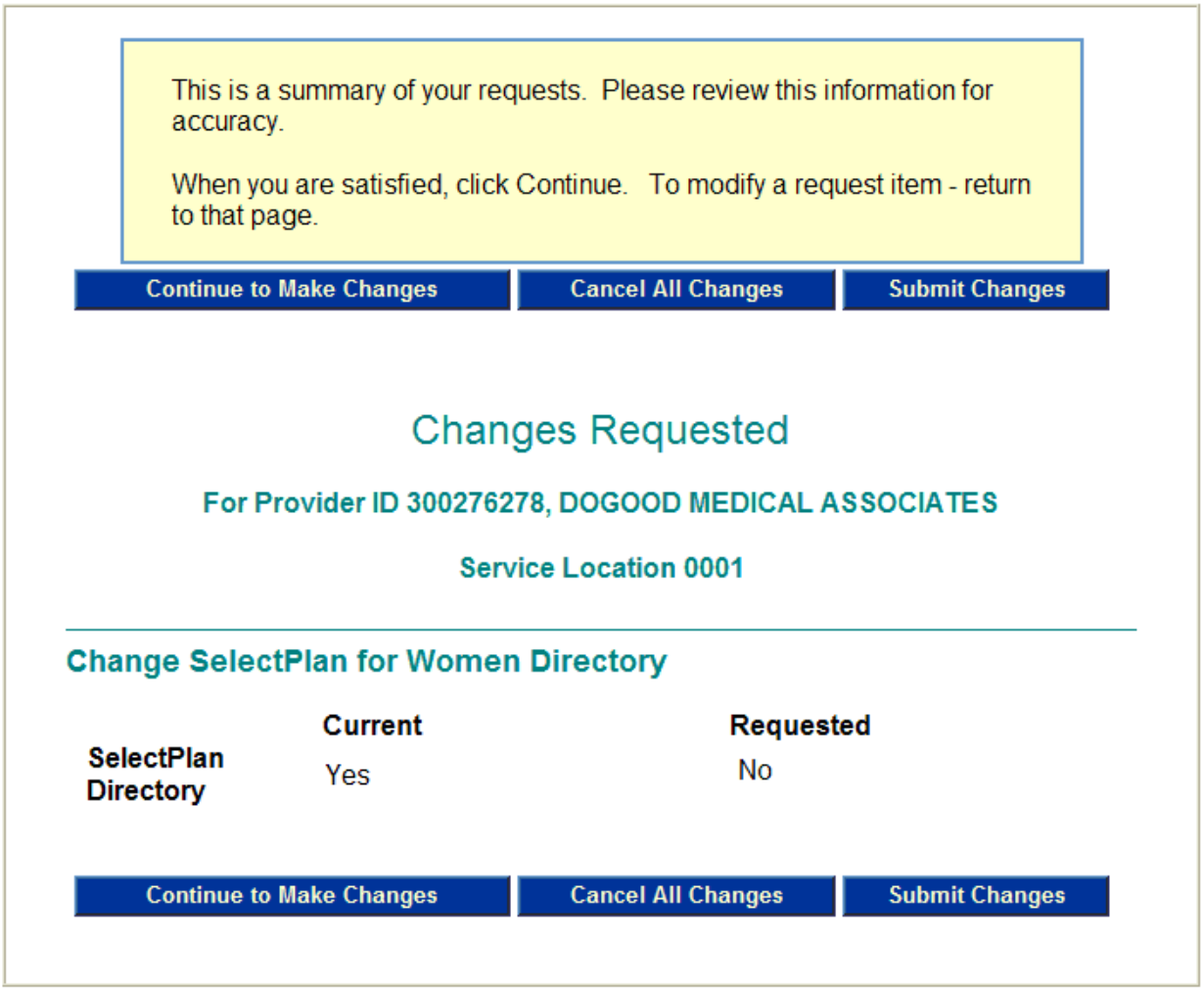
Step	Action	Result
		
4	Enter a contact name, phone number, and email address.	
5	Click the **Submit** button	Your request is submitted.
		

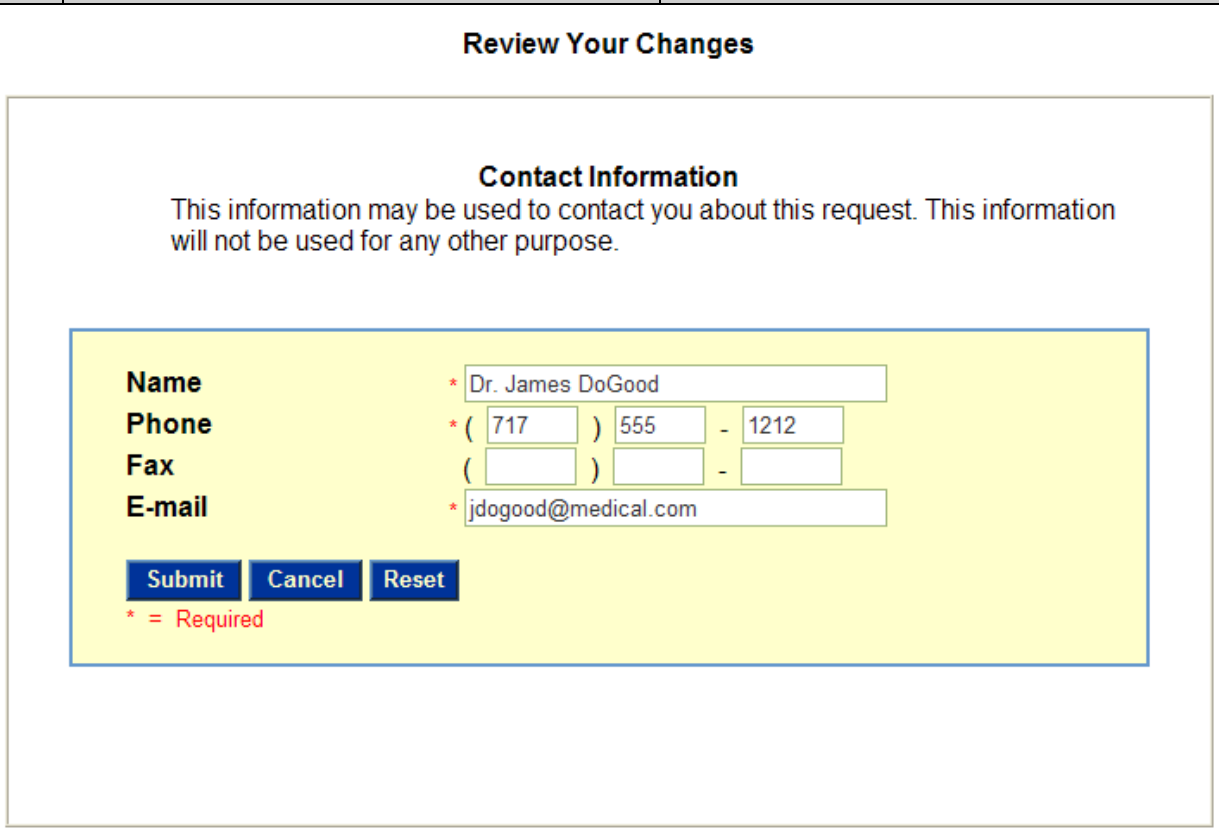
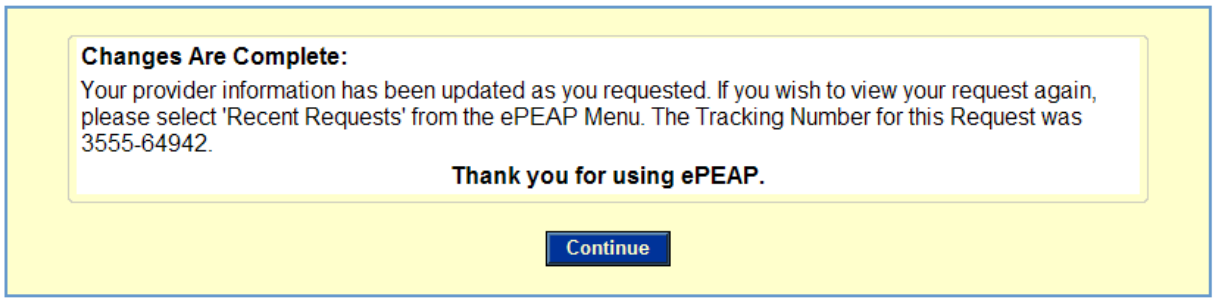
To Remove Service Location from the Directory

Step	Action	Result
1	Click to place a checkmark next to "I wish to be included in the SelectPlan for Women Directory".	



2	Click **Continue** to process the request.	The Review Your Changes Summary window opens.

Step	Action	Result
	Review Your Changes  This is a summary of your requests. Please review this information for accuracy. When you are satisfied, click Continue. To modify a request item - return to that page. Continue to Make Changes | Cancel All Changes | Submit Changes Changes Requested For Provider ID 300276278, DOGOOD MEDICAL ASSOCIATES Service Location 0001 Change SelectPlan for Women Directory SelectPlan Directory — Current: Yes — Requested: No Continue to Make Changes | Cancel All Changes | Submit Changes	
3	Click the **Submit Changes** button to include the Service Location in the directory.	The Review Your Changes Contact Information window opens.

Step	Action	Result
		
4	Enter a contact **name**, **phone number**, and **email address**.	
5	Click the **Submit** button	Your request is submitted.
		

Field Descriptions

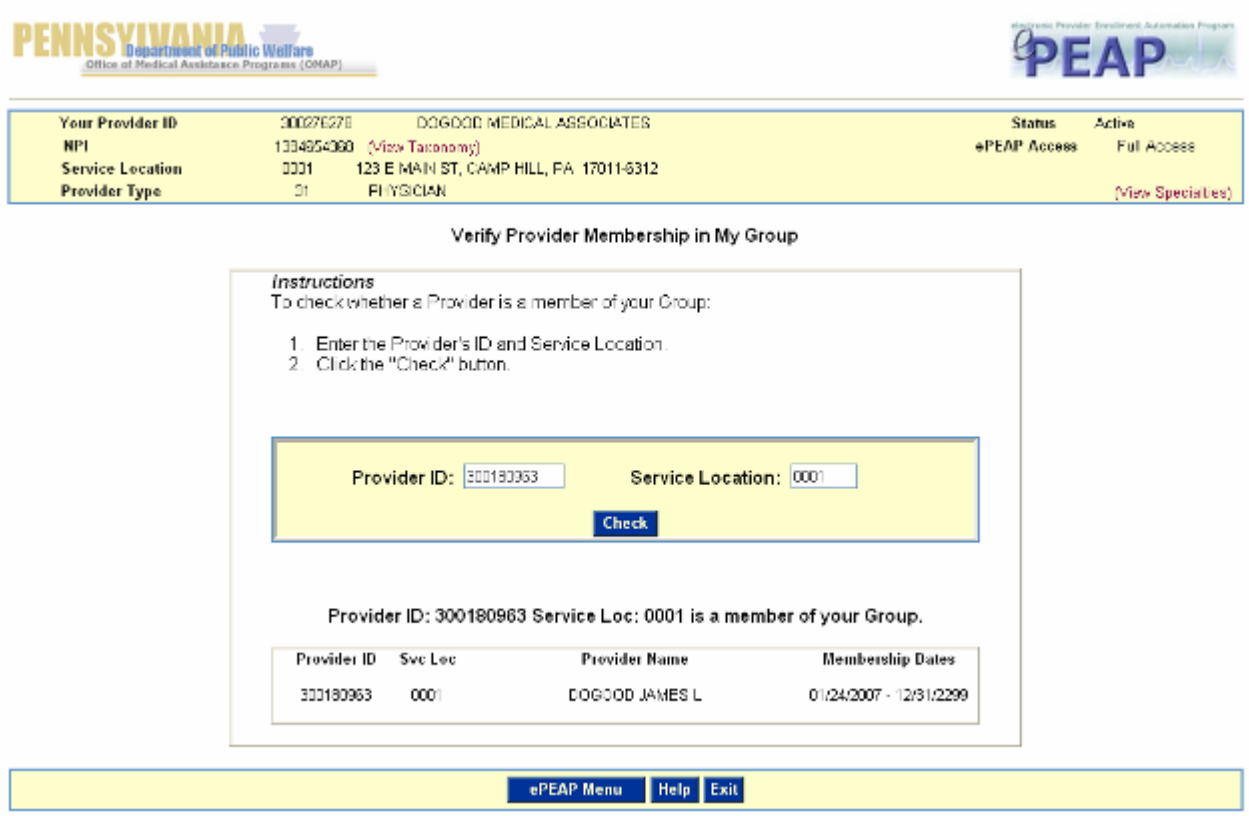
Field	Description	Data Type	Length
Exit	Exit ePEAP.	Button	0
ePEAP Menu	Opens the ePEAP menu window.	Button	0
Help	Describes the fields on the ePEAP window.	Button	0

Field	Description	Data Type	Length
NPI	National Provider Identifier.	Number	10
Physical Site Address	Street address associated with a service location.	Character	78
Service Location	Number assigned to an individual service location.	Character	4
View Specialties	Opens the Specialties window for the selected service location.	Hyperlink	0
View Taxonomy	Opens the Taxonomy window for the selected service location.	Hyperlink	0
I wish to be included…	Select to be included in the SelectPlan for Women directory.	Checkbox	0
I wish to be removed…	Select to be removed from the SelectPlan for Women directory.	Checkbox	0
Continue	Moves to the next page.	Button	0
Cancel	Cancels the transaction.	Button	0

6.38 ePEAP Verify Provider Membership

Group providers can use the ePEAP Verify Provider Membership in My Group window to verify that individual providers have made fee assignments to the group at the current group service location. This window is accessed by clicking the **Verify Provider Membership** link in the ePEAP Menu.

Layout



6.38.1 Accessibility and Use

To access the ePEAP Verify Provider Membership in My Group window and verify membership, complete the steps in the following step/action tables.

To Access the ePEAP Verify Provider Membership in My Group Window

Step	Action	Result
1	Select the **Verify Provider Membership** link in the ePEAP Menu.	The Verify Provider Membership in My Group window opens.

Verify Provider Membership in My Group

Step	Action	Result
1	Enter the **Provider ID** and **Service Location** in the corresponding fields.	
2	Click the **Check** button.	The verification is displayed.

Other Options

Step	Action	Result
1	Click the **ePEAP Menu** button.	Opens the ePEAP Menu window.
2	Click the **Help** button.	Describes the fields on the Recent Requests window.
3	Click the **Exit** button.	Opens the PA PROMISe™ Provider Main Page.

Field Descriptions

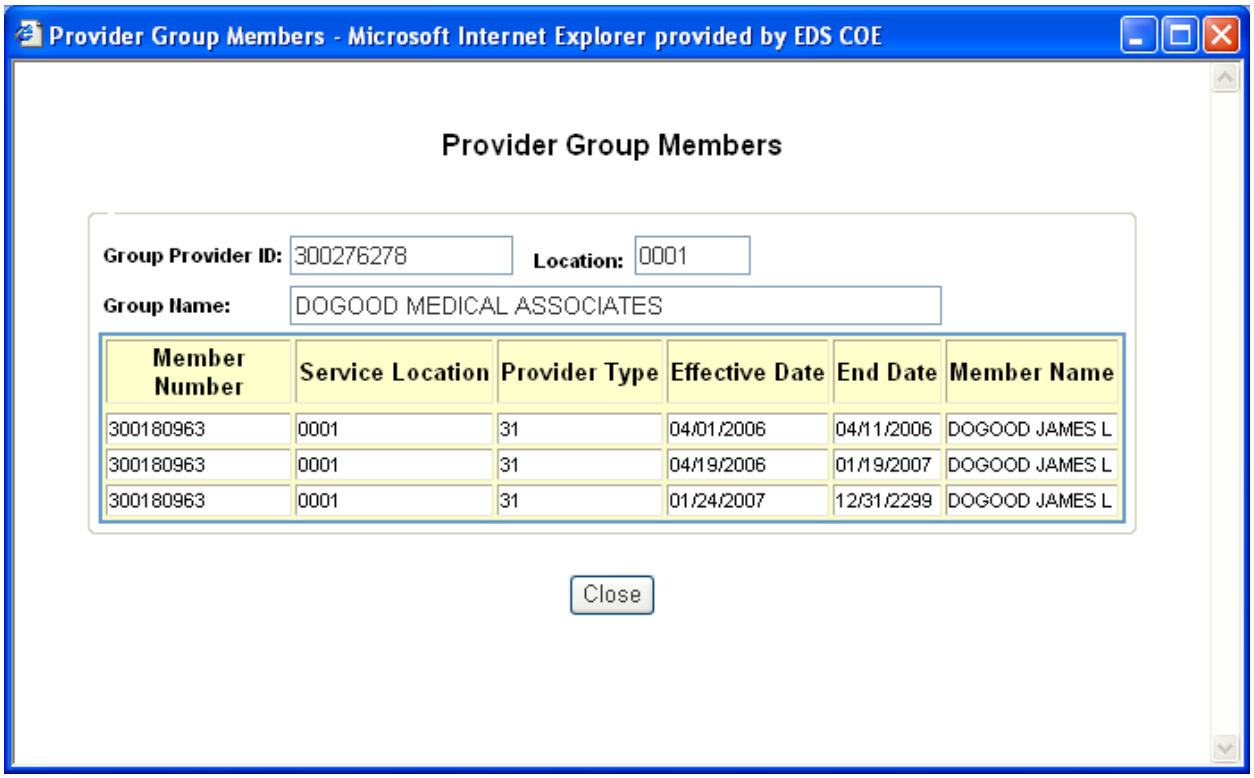
Field	Description	Data Type	Length
Check	Verify a provider is in a specific group.	Button	0
Exit	Exit ePEAP.	Button	0
Help	Describes the fields on the ePEAP window.	Button	0
Provider ID	Provider ID of the individual provider whose group membership is being verified.	Number	9
Service Location	Service location of the individual provider whose group membership is being verified.	Character	4
ePEAP Menu	Opens the ePEAP menu window.	Button	0

6.39 ePEAP Provider Group Members

The Provider Group Members window is used to view a provider's group enrollment. This is a view-only window, and the information it displays cannot be modified by the user. This window is accessed by clicking the **View Provider Group Members** link in the ePEAP Menu.

When the results for this window exceed 1000 records, only the first 1000 records are displayed and the **Displaying results** drop-down list appears to specify the range group being displayed. Results beyond the first 1000 are viewed by selecting a range of results from the drop-down list and pressing the **View Results** button.

Layout



6.39.1 Accessibility and Use

To access and view the ePEAP Provider Group Members window, complete the steps in the following step/action tables.

To Access the ePEAP Provider Group Members Window

Step	Action	Result
1	Select the **View Provider Group Members** link in the ePEAP Menu.	The Provider Group Members window opens.

To View More Than 1000 Records

Step	Action	Result
1	If more than 1000 records are on file for a provider group, only the first 1000 are initially displayed. To view additional results, select the desired block of records from the **Displaying results** drop-down list.	
2	Click **View Results.**	The selected block of records is displayed in the Provider Group Members window.

Other Options

Step	Action	Result
1	Click the **Close** button.	Opens the ePEAP Menu window.

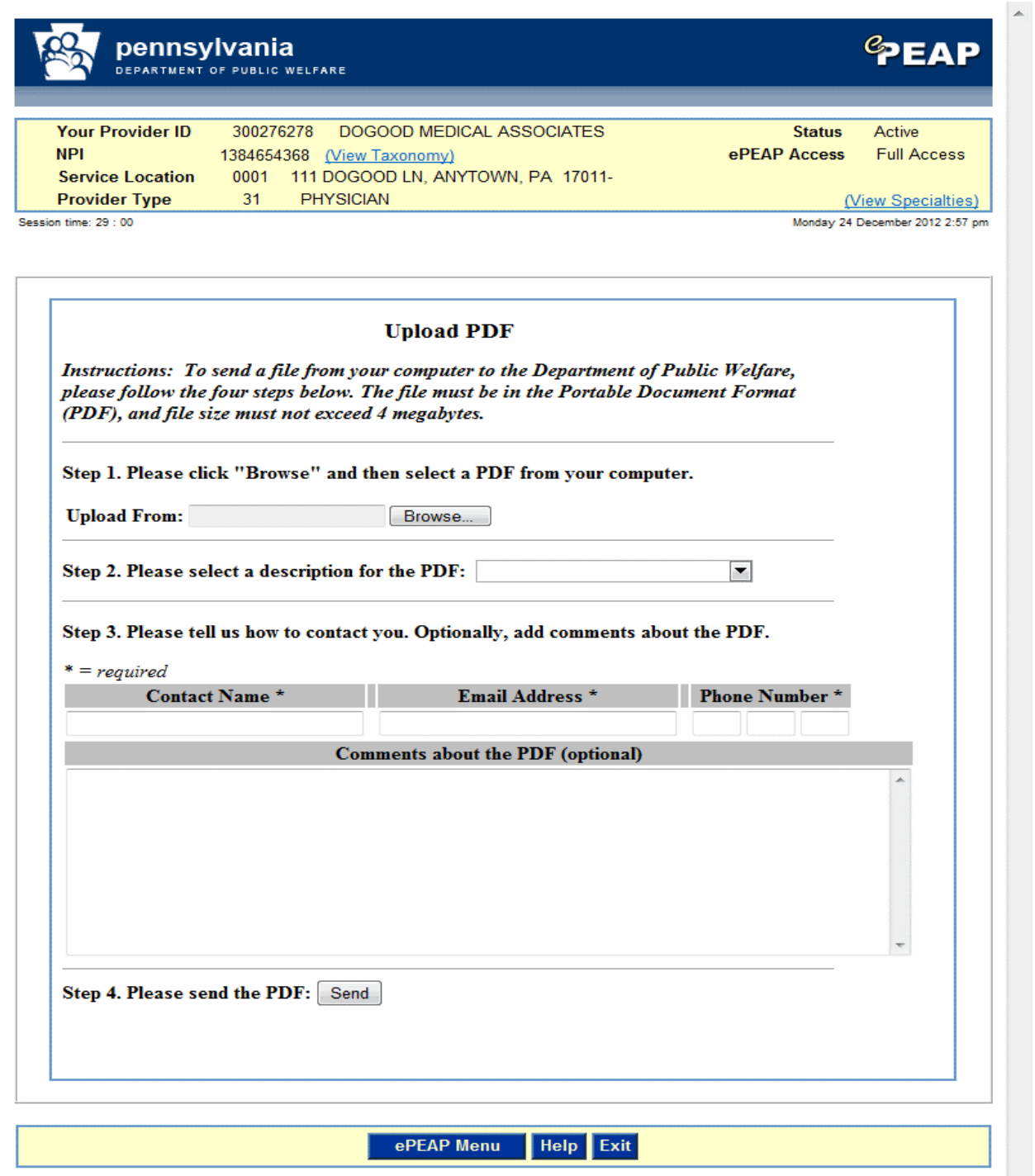
Field Descriptions

Field	Description	Data Type	Length
Close	Closes the current window.	Button	0
Displaying Results	List of results in increments of 1000. Only displayed when more than 1000 results are returned.	Drop-down List Box	15
Effective Date	Individual membership effective date.	Date (MM/DD/CCYY)	8
End Date	End date of individual's group membership.	Date (MM/DD/CCYY)	8
Group Name	Group name.	Character	50
Group Provider ID	Group provider number.	Character	9
Location	Group provider location.	Character	4
Member Name	Group member's name.	Character	50
Member Number	Group member's provider number.	Character	9
Provider Type	Group member's provider type.	Character	2
Service Location	Group member's service location.	Character	4
View Results	Displays a group of results.	Button	0

6.40 ePEAP Upload PDF

The Upload PDF allows ePEAP users to upload documents into ePEAP Workflow and Doc Search. Documents must be in the Adobe Portable Document Format (PDF) and may not exceed 4 MB in size.

Layout



6.40.1 Accessibility and Use

To access and view the ePEAP Upload PDF window, complete the steps in the following step/action tables.

To Access the ePEAP Upload PDF Window

Step	Action	Result
1	Select the Upload PDF link in the ePEAP Menu.	The Upload PDF window opens.

Field Descriptions

Field	Description	Data Type	Length
Browse	Opens a Windows Explorer window on which the user can select a filie to upload	Button	0
Comments About the PDF	Optional Comments	Alphanumeric	1800
Contact Name	Name of person uploading the file	Alphanumeric	50
Email Address	Email address of the person uploading the file	Alphanumeric	35
Exit	Ends the user's ePEAP session	Button	0
NPI	User's NPI	Number	0
Phone Number	Phone number of person uploading the file	Number	10
Please select a description	Description corresponding to a PEAP Document Type. Description "Other" corresponds to PEAP Document Type "ePEAP Upload"	Drop Down List Box	0
Provider Type	User's Provider Type code and description	Alphanumeric	0
Send	Uploads the file	Button	0
Service Location	User's service location code and address	Alphanumeric	0
Status	Status of user's service location in PROMISe. Possible values are "Active" or "Closed"	Character	0

Upload Form	Path name of file selected for upload	Alphanumeric	0
View Specialties	Opens a new window that displays specialty codes assigned to the user's service location	Hyperlink	0
View Taxonomy	Opens a new window that displays taxonomy codes assigned to user's service location	Hyperlink	0
Your Provider ID	User's MPI and Legal Entity Name	Alphanumeric	0
ePEAP Access	Indicates whether or not user's service location is authorized to update enrollment information through ePEAP. Possible values: "Full Access" or "Read Only"	Character	0
ePEAP Menu	Returns to the ePEAP Menu	Button	0

6.41 ePEAP Upload Attestation Form

Section 1202 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 the ACA) and the implementing regulations, require state Medicaid programs to pay increased fees for certain primary care services to qualifying physicians that are no less than the Medicare rates in effect in Calendar Year (CY) 2013 and 2014. You may view the federal implementing regulation by accessing the following website link: http://www.gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf.

To qualify for the increased fees, among other things, you must complete and submit a signed Attestation Form in which you self-attest to a specialty or subspecialty designation of family medicine, general internal medicine or pediatric medicine recognized by the American Board of Physician Specialties (ABPS), the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); and, that

a) You are board certified with a specialty or subspecialty of family medicine, general internal medicine or pediatric medicine or a subspecialty recognized by the ABMS, the ABPS or the AOA; or

b) At least 60 percent of your billings for services rendered to Medicaid beneficiaries were for Healthcare Common Procedure Coding System (HCPCS) Evaluation and Management (E&M) procedure codes 99201 through 99499, Current Procedural Terminology (CPT) vaccine administration codes 90460, 90461, 90471, 90472, and/or the toxoid vaccine product codes listed below currently used by the MA Program for purposes of vaccine administration payment.

PA MA VACCINE PRODUCT CODES

90585	90656	90693	90714	90735
90632	90657	90696	90715	90736
90633	90658	90698	90716	90743
90634	90660	90700	90717	90744
90636	90669	90702	90718	90746
90645	90670	90703	90719	90747
90646	90675	90704	90721	90748
90647	90676	90705	90723	90749
90648	90680	90706	90725	G0008
90649	90681	90707	90727	G0009
90650	90690	90708	90732	
90654	90691	90710	90733	
90655	90692	90713	90734	

If you attest that you qualify for the increased fees based on your board certification, you must also provide documentation of current board certification in family medicine, internal medicine or pediatric medicine as granted by the ABPS, the ABMS or the AOA to OMAP on or before December 31, 2013. If your board certification documentation is valid through December 31, 2014, you will continue to be eligible for the enhanced primary care payment rates in 2014. If your board certification expires prior to the end of 2014, you must submit a new attestation and updated board certification to continue to qualify for the increased primary care fees.
If you attest that you qualify for the increased fees because your claims meet the 60% threshold, you should note that

- If you were enrolled as an MA provider for the entire previous CY, you are attesting that at least 60% of Medicaid-billed codes during the entire previous calendar year are qualifying E&M, vaccine administration, and/or vaccine product codes.
- If you have been enrolled as an MA provider for less than one full calendar month, or if you newly enroll as an MA Provider during 2013 or 2014, you must submit claims to the MA Program for a minimum of one full calendar month before submitting an Attestation Form. You are attesting that at least 60% of Medicaid-billed codes from your enrollment date through the calendar month of the date in which you attest are qualifying E&M, vaccine administration, and/or vaccine product codes.

    - If you have been enrolled as an MA provider for one full calendar month or more in 2013, but less than the full calendar year in 2012, you are attesting that at least 60% of Medicaid-billed codes billed from your enrollment date in 2012 to the day in which you attest are the qualifying E&M and vaccine administration or product codes.

- If you have been enrolled as an MA provider for one full calendar month or more in 2014, but less than the full calendar year in 2013, you are attesting that at least 60% of Medicaid-billed codes billed from your enrollment date in 2013 to the day in which you attest are the qualifying E&M and vaccine administration or product codes.

Layout

Medical Assistance Program Fee Increase for Select Primary Care Services Physician Attestation Form for Calendar Years 2013-2014

Please complete the information in the sections I and III or IV, sign and return per the instructions
NOTE: EACH physician must complete an Attestation Form to be considered to meet eligibility requirements. PRINT CLEARLY.

SECTION I: PHYSICIAN INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
PRACTICE NAME (Optional)	INDIVIDUAL NPI#	13-DIGIT PROVIDER ID(s)
DESIGNATED CONTACT NAME	DESIGNATED CONTACT PHONE NUMBER	DESIGNATED CONTACT E-MAIL ADDRESS

Check specialty(s) that apply:
☐ Family Medicine ☐ Internal Medicine ☐ Pediatric Medicine

AND ☐ Subspecialty (if applicable)_____

SECTION II: INFORMATION – ELIGIBILTY FOR PRIMARY CARE RATE INCREASE

Section 1202 of the ACA and the implementing regulations require states to increase fees for specified primary care services to at least the Medicare Physician Fee Schedule rate in effect for calendar years (CYs) 2013 and 2014, or if higher, the CY 2009 Medicare conversion from January 1, 2013 through December 31, 2014. The regulation at 42 CFR § 447.400, provides that in order to be eligible for the increased payment the services must be provided by a physician as defined in 42 CFR § 440.50, or under the personal supervision of a physician with specialty designation in family practice, general internal medicine and pediatrics or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA); **and the physician self-attests that the physician**

- Is board certified with such a specialty or subspecialty as set forth above; **or**
- has furnished evaluation and management (E&M) and vaccines services that equal at least 60% of the Medicaid codes billed a) during the most recently completed Calendar Year or, b) for newly enrolled physicians the prior month plus a partial year or, c) the prior month(s) in the current year if newly enrolled the current year.

SECTION III: AMERICAN BOARD OF MEDICAL CERTIFICATION - (COMPLETE THIS SECTION IF PHYSICIAN IS BOARD CERTIFIED)

Complete this section **only** if you have a certification from American Board of Medical Specialties (ABMS), American Board of Pediatric Specialties (ABPS), or American Osteopathic Association (AOA).

CERTIFICATION BOARD NAME:	CERT BEGIN DATE:	CERT END DATE:

I attest that I am an eligible primary care physician or subspecialist and have a certification issued by the ABMS, ABPS, or AOA. I attest that the information submitted in this attestation is true and accurate. I understand that any false statements made herein are subject to the penalties contained in 18 PA. C.S. § 4904, relating to any unsworn falsifications to authorities.

SIGNATURE	PRINTED NAME	DATE

SECTION IV: 60% ATTESTATION - (COMPLETE THIS SECTION IF PHYSICIAN IS NOT BOARD CERTIFIED)

Complete this section **only** if you are NOT board certified as described above, but at least 60% of the Medicaid codes that you billed are Evaluation and Management (E&M) Codes: 99201 through 99499 and Current Procedural Terminology (CPT) Vaccine Administration Codes: 90460, 90461, 90471, 90472, 90473 and 90474, or their successor codes, and/or the toxoid vaccine product codes currently used by the MA Program for purposes of vaccine administration payment found on page 01 of the instructions for this form. .

CURRENT PA MA PHYSICIAN PROVIDERS enrolled for at least 1 full calendar year: I attest that I am an eligible primary care physician or subspecialist but I do not have a certification recognized by the ABMS, ABPS, or AOA. I attest that at least 60% of the procedure codes billed to Medicaid in the previous calendar year (as of the signature date of this attestation form) were for the E&M, vaccine administration, and/or vaccine product codes as set forth above. I attest that the information submitted in this attestation is true and accurate. I understand that any false statements made herein are subject to the penalties contained in 18 PA. C.S. § 4904, relating to any unsworn falsifications to authorities.

SIGNATURE	PRINTED NAME	DATE

PA MA PHYSICIAN PROVIDERS enrolled 1 full calendar month or more but less than the full previous calendar year *(more than 31 days billing history and enrolled in the previous calendar year):*
I attest that I am an eligible primary care physician or subspecialist but I do not have a certification recognized by the ABMS, ABPS, or AOA. I attest that at least 60% of the procedure codes billed to Medicaid in the prior calendar year's billings (as of the signature date of this attestation form), through the current CY month were for the E&M, vaccine administration, and/or vaccine product codes as set forth above. I attest that the information submitted in this attestation is true and accurate. I understand that any false statements made herein are subject to the penalties contained in 18 PA. C.S. § 4904, relating to any unsworn falsifications to authorities.

SIGNATURE	PRINTED NAME	DATE

NEWLY ENROLLED PA MA PHYSICIAN PROVIDERS *(more than 31 days billing history in the current year and not enrolled at any time in the previous calendar year):*
I attest that I am an eligible primary care physician or subspecialist but I do not have a certification recognized by the ABMS, ABPS, or AOA. I attest that at least 60% of the procedure codes billed to Medicaid in the prior full calendar month (as of the signature date of this attestation form), were for the E&M, vaccine administration, and/or vaccine product codes as set forth above. I attest that the information submitted in this attestation is true and accurate. I understand that any false statements made herein are subject to the penalties contained in 18 PA. C.S. § 4904, relating to any unsworn falsifications to authorities.

SIGNATURE	PRINTED NAME	DATE

6.41.1 Accessibility and Use

To access and view the ePEAP Upload PDF window, complete the steps in the following step/action tables.

To Access the ePEAP Upload PDF Window

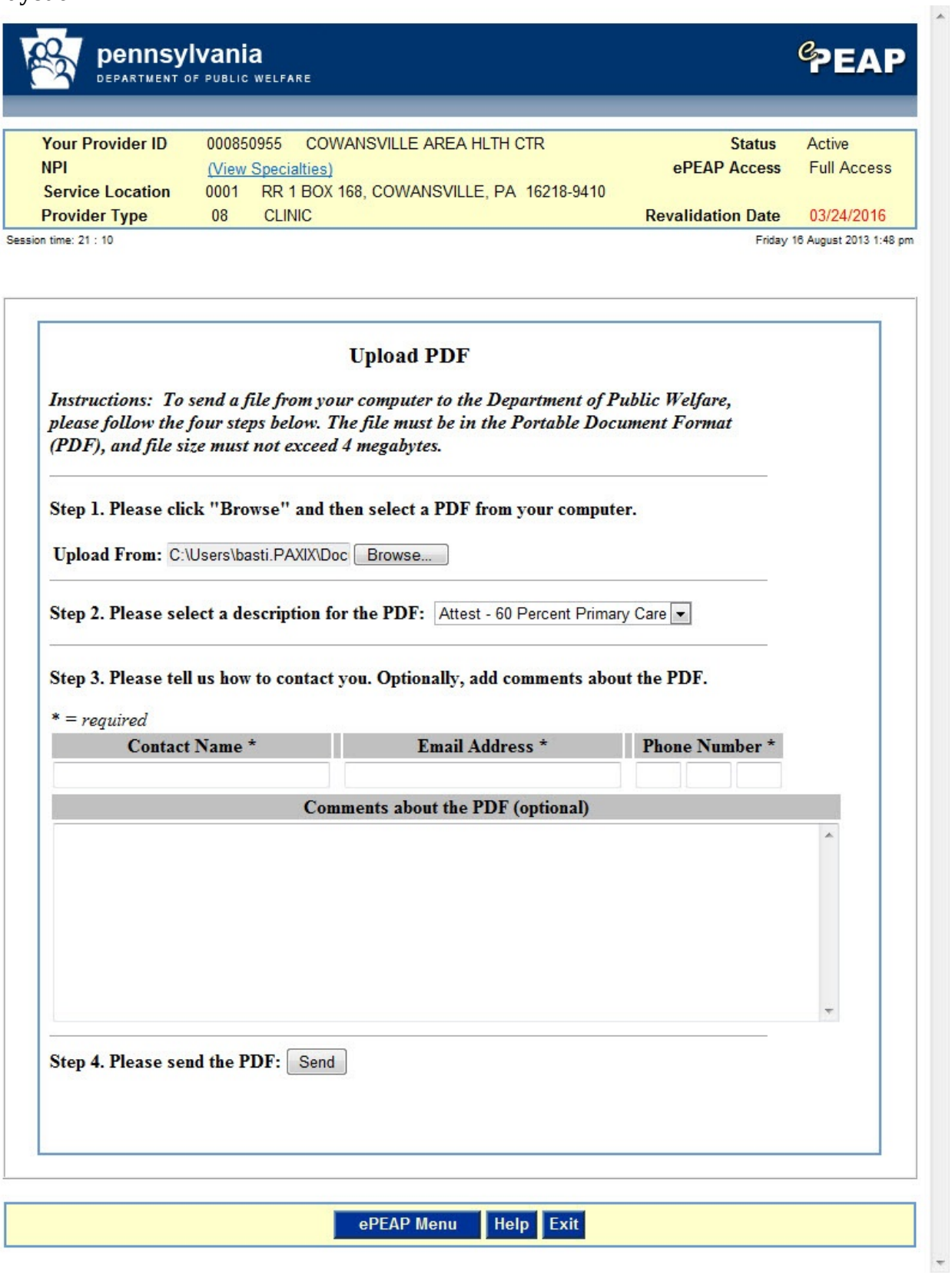
Step	Action	Result
1	Select the Upload PDF link in the ePEAP Menu.	The Upload PDF window opens.

Field Descriptions

Field	Description	Data Type	Length
Browse	Opens a Windows Explorer window on which the user can select the PDF file to upload	Button	0
Comments About the PDF	Optional Comments	Alphanumeric	1800
Contact Name	Name of person uploading the file	Alphanumeric	50
Email Address	Email address of the person uploading the file	Alphanumeric	35
Exit	Ends the user's ePEAP session	Button	0
NPI	User's NPI	Number	0
Phone Number	Phone number of person uploading the file	Number	10
Please select a description	Description corresponding to a PEAP Document Type. Select either "Attest 60 Percent Board Certification" or PCP Board Certification" corresponds to PEAP Document Type "ePEAP Upload"	Drop Down List Box	0
Provider Type	User's Provider Type code and description	Alphanumeric	0
Send	Uploads the file	Button	0
Service Location	User's service location code and address	Alphanumeric	0

Status	Status of user's service location in PROMISe. Possible values are "Active" or "Closed"	Character	0
Upload Form	Path name of file selected for upload	Alphanumeric	0
View Specialties	Opens a new window that displays specialty codes assigned to the user's service location	Hyperlink	0
View Taxonomy	Opens a new window that displays taxonomy codes assigned to user's service location	Hyperlink	0
Your Provider ID	User's MPI and Legal Entity Name	Alphanumeric	0
ePEAP Access	Indicates whether or not user's service location is authorized to update enrollment information through ePEAP. Possible values: "Full Access" or "Read Only"	Character	0
ePEAP Menu	Returns to the ePEAP Menu	Button	0

Layout


pennsylvania
DEPARTMENT OF PUBLIC WELFARE
ePEAP
Your Provider ID 000850955 COWANSVILLE AREA HLTH CTR
Status Active
NPI (View Specialties)
ePEAP Access Full Access
Service Location 0001 RR 1 BOX 168, COWANSVILLE, PA 16218-9410
Provider Type 08 CLINIC
Revalidation Date 03/24/2016
Session time: 21 : 10
Friday 16 August 2013 1:48 pm
Upload PDF
Instructions: To send a file from your computer to the Department of Public Welfare, please follow the four steps below. The file must be in the Portable Document Format (PDF), and file size must not exceed 4 megabytes.
Step 1. Please click "Browse" and then select a PDF from your computer.
Upload From: C:\Users\basti.PAXIX\Doc Browse...
Step 2. Please select a description for the PDF: Attest - 60 Percent Primary Care
Step 3. Please tell us how to contact you. Optionally, add comments about the PDF.
* = required
Contact Name *
Email Address *
Phone Number *
Comments about the PDF (optional)
Step 4. Please send the PDF: Send
ePEAP Menu
Help
Exit

6.42 ePEAP Field Edits

All of the field edits for the ePEAP Internet system are listed in this section.

Field	Error Code	Error Message	To Correct
Address	1	Enter Address to continue.	Enter the first street address.
	2	You must update at least one item to continue.	Enter the first street address.
City	3	City can only contain letters, spaces and hyphens.	Enter a valid city name.
Comment (do not use this box to request changes)	1	Enter comments to continue.	Enter in comments.
Continue	1	NPI must be numeric.	Enter a numeric value.
	2	NPI must be 10 digits in length.	Enter a 10 digit value.
	3	Your NPI and Taxonomy selections already match what is on file for this Service Location.	Changes must be made for the page to submit.
	4	You must select at least one Taxonomy Code.	At least one taxonomy code checkbox must be selected for the page to submit.
	5657	The number entered is not a valid NPI number. Please verify and re-enter.	Re-enter the NPI #
	5658	This NPI# has been discontinued and cannot be used. Please verify and re-enter.	N/A
	5662	This NPI is associated with another individual. Please verify and re-enter.	N/A
	5663	This individual is associated with a different NPI#. Only one NPI# is allowed per legal entity for individuals.	N/A
	5664	This NPI is associated with another legal entity. Please verify and re-enter.	N/A

Field	Error Code	Error Message	
	5665	This service location already is associated with a different NPI#. Only one NPI# is allowed per service location during the same time period.	N/A
	5666	The taxonomy is not associated with the provider types and specialties for this service location.	N/A
	5667	The NPI / Taxonomy / Zip combination is already being used.	N/A
	5669	End date must be greater than effective date.	N/A
	5675	Individuals can only have one NPI number. Tax ID cannot be changed to SSN.	N/A
County	4	You must select a county when adding a Pennsylvania address.	Select a county for the drop down list.
Effective Date	5	Effective date must be numeric	Enter numeric date
	6	Effective date must be 8 numbers in length	Enter 8 numbers
	10	Effective date is not a valid date. Valid date range is 19660731-22991231.	Enter a date within the valid date range
Effective End Date	2	Enter a Complete Date.	Enter in a valid end date.
	3	Enter a date in the future.	Enter a future end date.
End Date	7	End date must be numeric	Enter numeric values
	8	End date must be 8 numbers in length	Enter 8 numbers.
	9	End date is not a valid date. Valid date range is 19660731-22991231	Enter a date within the valid date range.
Fax	5	Fax number must be numeric.	Enter in a 10-digit fax number.
	6	Fax number must 10 digits.	Enter in a 10-digit fax number.
Fax	1	Fax number must be numeric.	Enter a 10-digit fax number

Field	Error Code	Error Message	To Correct
	2	Fax number must be 10 digits.	Enter a 10-digit fax number.
Medicare Number	3	Medicare number must be 0-9 or A-Z	Enter an alphanumeric Medicare number.
	4	Medicare number must be at least 6 characters in length.	Enter a Medicare number with 6-10 characters.
Pay to	1	You must change at least one pay to value to continue	Select new pay to value from the drop down list.
	2	Pay to code must be numeric.	Select new pay to value from the drop down list.
Phone	3	Phone number must be numeric.	Enter a 10-digit phone number.
	4	Phone number must be 10 digits.	Enter a 10-digit phone number.
Phone	8	Phone number must be numeric.	Enter in a 10-digit phone number.
	9	Phone number must be 10 digits.	Enter in a 10-digit phone number.
Phone/Fax	3	The fax number must be numeric	Enter in a 10-digit fax number.
	4	The fax number must be 10 digits	Enter in a 10-digit fax number.
Provider ID	1	Enter Provider Number to continue.	Enter in a 9-digit provider number.
	2	Provider Number must be numeric.	Enter in a 9-digit provider number.
	3	Provider Number must be 9 digits.	Enter in a 9-digit provider number.
	4	This Provider ID is the same one signed on to ePEAP.	Enter a new 9-digit group provider number.
Provider ID of Group	1	Provider ID must be numeric.	Enter a 9-digit provider number.
	2	Provider ID must be nine digits.	Enter a 9-digit provider number.
	3	Enter Provider ID to continue	Enter a 9-digit provider number.
Service Location of Group	4	Service Location must be 4 characters	Enter a 4-character service location.

Field	Error Code	Error Message	To Correct
State	10	You must enter a state before continuing.	Select a valid state from drop down list.
Your e-mail address for messages from, etc.	1	Enter an Email address to continue	Enter an email address.
	2	Email Address you typed was invalid.	Enter a valid email address.
	3	Email destination is invalid.	Enter a valid email address.
	4	Email address appears incorrect. (must end in a three-letter domain, or two letter country)	Enter a valid email address.
Zip Code	11	Zip code must be numeric.	Enter in a 5-digit zip code number.
	12	Zip code must be 5 digits.	Enter in a 5-digit zip code number.