

Best Practices Medicaid Assistance Enrollment Information

Submit all documents via US Mail (not priority mail) to the PO Box listed. If you send priority mail, it goes to a different place in Harrisburg and can take weeks to actually get to where it should be for processing

MEDICAID APPLICATION FOR A GROUP

1. **Obtain the most updated application and requirements document**
Go onto the PA Access website for the latest application. DO NOT use one that you have saved. Applications can be found at:
<http://www.dhs.state.pa.us/provider/promise/enrollmentinformation/index.htm>

2. **Include all the documents required on the requirements document or the entire application will be returned as unacceptable.**
 - Include a copy of the document generated by the IRS, which shows the group name and FEIN Number. THE W-9 IS NOT ACCEPTABLE!
 - A Copy of the NPPES
 - Corporation Bureau documents
 - Proof of Participation with home state Medicaid participation (Out of state providers only)

3. A new group MA application only needs to be completed to open a group under a new Tax ID: Groups are overarching billing entities and do not need to be opened for every address you have a service location practicing at. The individual providers must have each service location where they see patients enrolled on their individual file.

Service Location is defined as: Any address at which the provider has regularly scheduled office hours.

NOTE: Page 11 of the application "Group Members" page must contain at least one individual's providers name and signature in order for your group application to be processed. If the provider is not enrolled you must submit an individual application for the provider and mark "pending" on the line requesting the 13 digit provider number.

MEDICAID APPLICATION FOR AN INDIVIDUAL

1. **Obtain the most updated application and requirements document**
Go onto the PA Access website for the latest application. DO NOT use one that you have saved. Find applications at:

<http://www.dhs.state.pa.us/provider/promise/enrollmentinformation/index.htm>

2. **Include all the documents required on the requirements document or the entire application will be returned as unacceptable.**

- Dental license
- Anesthesia license (if Applicable)
- DEA
- Clear copy of a SS Card (which does not say not eligible for employment) or a copy of a W-2
- If SS card indicates valid for work only Home Land Security paperwork indicating what dates the individual can work within the US, a US passport or a copy of the Permanent Resident Card are required.

3. **A provider applying for an MA number, working in a group practice must include the group MA ID number on the application.**

IF you are providing services through a dental group check question 2d on page 4 of the application and provide the 13 digit group id number on the specified lines.

NOTE: The Managed Care Medicaid Plans also use the group MA ID to link the practice providers together for custom fee schedules

4. Individual providers with a current MA ID number must also apply to work in an additional office. The first nine digits of the provider id number denote the individual provider the additional Four-digits indicate the service location and are specific to the address.
5. Complete the primary specialty code as well as the sub specialty of anesthesia (code 286) if the dentist will be providing nitrous or other means of sedation in the office. If this is not listed, a submission of nitrous for reimbursement may be denied

Bill and Set up Online Access

Upon receiving your MA numbers, follow the directions to set up a user name and password on the promise website. If you are setting up a group you can submit via a dropdown of providers assigned to that MA group. This will simplify the process with only one login rather than one for each doctor to submit claims. Follow the ePEAP manual for directions.

Keep track of the login of your enrollment dates

The Department of Human Service and the Managed Medicaid Plans require re-enrollment as per the ACA, every 5 years. All providers were given until March 2016 to revalidate all existing groups, facilities and individual providers.

This document developed in collaboration by