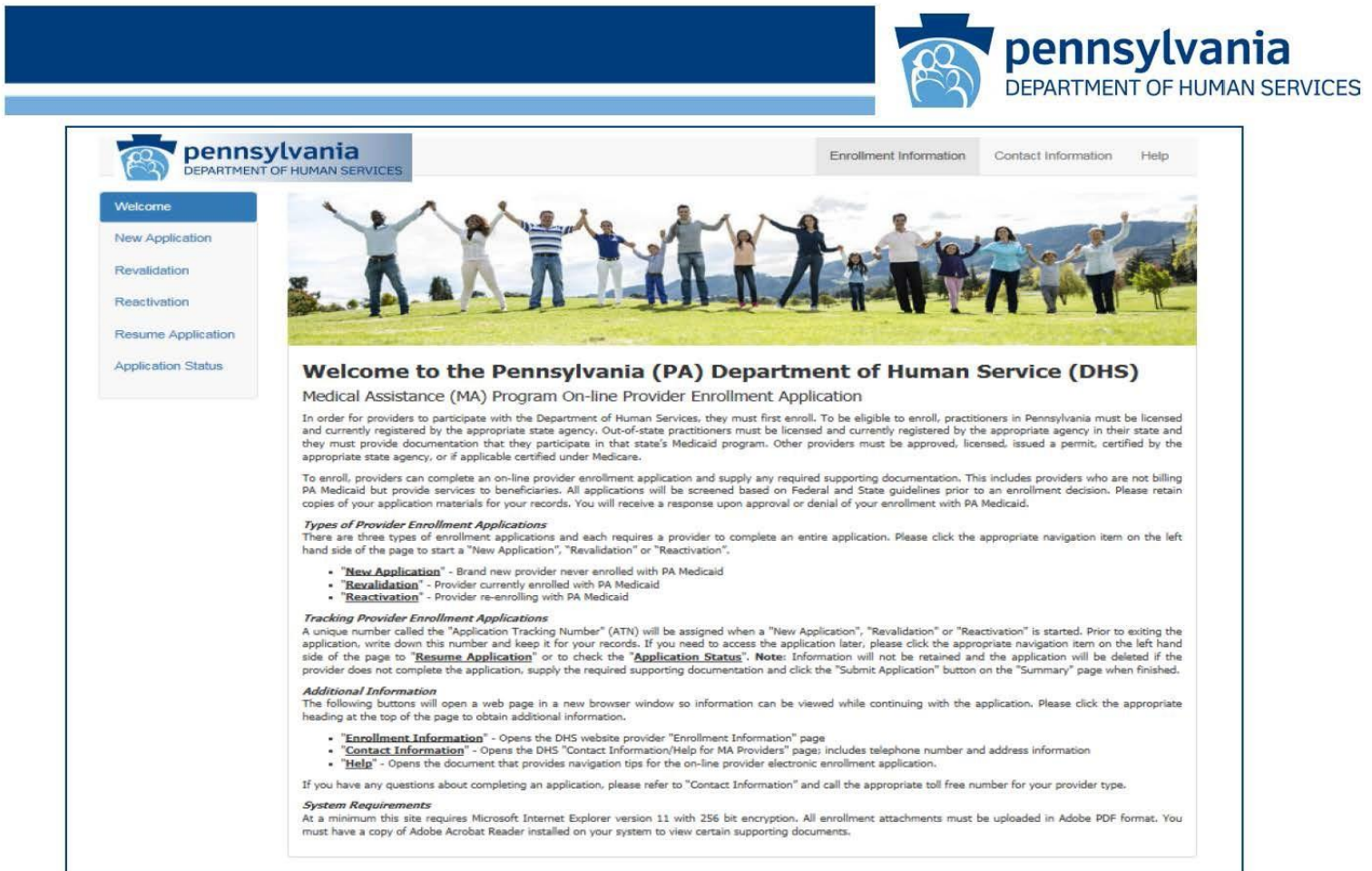# Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

- The Electronic Provider Enrollment Application UI is accessed from a secure internet site: **https://provider.enrollment.dpw.state.pa.us**

  - Providers will need to create a password for each application, we suggest using one standard password for your agency so all staff have access to your submitted applications in case of stave turnover.

  - Each online provider enrollment application is assigned a unique Application Tracking Number (ATN). Make sure to retain this number as you may need it to access your application for corrections at a later date.

  - Providers will be able to resume a previously started application or check status of a submitted application. This portal cannot be used to submit changes for existing enrolled providers.

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

When Newly enrolling you will want to select "New Application" at the top on the right-hand side of the Welcome page on the electronic portal.

For "Program Type"- Select Pennsylvania Medical Assistance (PA MA) from the drop down

For "Provider Type"- Select 55-Vendor

For "Enrollment Type"- Select Facility this will allow you to enroll as an entity with your FEIN number (all other selections from this screen will not allow you to enroll correctly)

Remember you are answering all questions for your Entity and not enrolling as an individual to provide DPP services.

Enter the FEIN for your entity and confirm

Enter the name of your organization as you want it to appear on your service location?

Are you a Medicare participating Provider? If the FEIN entered is enrolled with Centers for Medicare Services (CMS) to provider service to Medicare recipients answer YES.

If the FEIN is not enrolled with CMS answer NO.

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

Contact Information

Contact information will be used for correspondence regarding this application. Please provide a contact person who can assist with questions regarding this application.

The password you enter will allow you to continue the application at a later time and to check the status of the application.

* Last Name
The Last Name field is required.

* First Name

Title

* Phone Number ###-###-####   **Phone Extension**

Toll Free Number ###-###-####   **Toll Free Extension**

Fax Number ###-###-####

* Email myemail@domain.com

* Confirm Email myemail@domain.com

* Password

✖ One Lowercase Letter   ✖ (8-20) Characters Long
✖ One Number   ✖ One Uppercase Letter

* Confirm Password

✖ Passwords Match

[→ Finish Later]   [🖪 Save & Continue]

Information entered here is extremely important, all notices from the electronic system will be sent out based on what is entered on this screen.

We suggest using a universal email address and a universal password for your specific office. Using information that is specific to one individual or known to only one individual may cause issues if you have staffing changes.

You will also need to ensure that you remember the password in case you need to return to the application later.

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

You will want to make sure that you remember your ATN as you will need this number if you contact enrollment for assistance or if you need to return to the application.

The Service location Address is the address from which your DPP services will be coordinated or provided. If you are performing services in patient homes or remotely you will use the address where your services are coordinated and will bill all services from that address. If you have several addresses where patients come into an office to receive services, you will need to enroll each location.

The Address used must be a USPS approved address that contains the zip+4 (if available in your area).

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

Co-location Providers

If the service location you are enrolling is already occupied by another enrolled provider group that has a different owner than the provider group you work for, you are sharing space, (co-located) and an attestation is required per Medical Assistance Bulletin 99-16-04 titled Enrollment of Co-location Providers.

*Are you sharing space with another provider? 📎   ☐ Yes   ☑ No

General & Historical Questions

The following questions pertain to the service location you are enrolling.

*Does the office have exterior steps leading to the main entrance doorway?   ☐ Yes   ☐ No

*Does the office have interior steps leading to the main entrance doorway?   ☐ Yes   ☐ No

*Is this address an active Rural Health Clinic or FQHC?   ☐ Yes   ☐ No

Has screening been performed at this location for this provider within the last 12 months by:

*Medicare?   ☐ Yes   ☐ No

*Children's Health Insurance Program (CHIP)?   ☐ Yes   ☐ No

*Another state's Medicaid?   ☐ Yes   ☐ No

[→ Finish Later]   [💾 Save & Continue]

Shared Space should always be answered NO unless you are Sharing a Space with another entity that has a unique tax id that is in no way related to your corporate chain of ownership.

RHC/FQHC – if your location is a Rural Health Clinic (RHC) or Federally Qualified Health Clinic (FQHC) you will need to answer YES to shared space unless your entity is owned by the same corporation or individuals with ownership of the RHC/FQHC

If your location is Medicare enrolled, you should answer YES next to Medicare and will be prompted to indicate your last screening date. (please note the answer to this question should match your previous answer regarding Medicare enrollment)

If you are a CHIP Provider and were enrolled for CHIP, you should answer YES and a screening date will be requested.

Same for another state Medicaid.

After answering all questions click Save & Continue

Please note you can also select finish later at any point and return to your application later

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

Select specialty 223- Diabetes Prevention Program

You should not select any sub-specialties and will not need to add any additional specialties

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

Application Tracking Number (ATN): 1100452776	Type: New Enrollment	Start Date: 05/19/2020	Completion By: 06/18/2020

Other Addresses

On this page you have the option to assign a Mail-To, Pay-To or Home Office address that is different from the Service Location Physical Address.

Below is the physical address of your service location. This address is currently being set as the default address for all other address types. If you would like to specify a different address, please check the box next to the corresponding address type. Leaving a box unchecked will default that address to your service locations address.

Complete the fields on this page and select the Save and Continue button to continue with this application.

* Indicates a required field.

Service Location Physical Address

Street	123 anywhere St	**Room/Suite**	
City	Harriburg	**State**	PA - Pennsylvania
Zip+4	17011-2222		

Other Address Information

Select the address type that you would like to be different than the Service Location Physical Address:

☐ Mail-To
☐ Pay-To
☐ Home Office

If you wish to utilize the Electronic Funds Transfer Direct Deposit Option please visit the following link for further information:
http://www.dhs.pa.gov/provider/electronicfundstransferdirectdepositinformation/index.htm

If the box is checked here it will open a section to complete the information for the different address.

Mail-To Address is the address where you would like all mailings to be sent concerning your enrollment

Pay-To Address is where you would like payment for services sent

Home Office Address is the address of your corporate location

As you scroll down on this page there is a question regarding Bulletins. Please check YES is you would like MA assistance Bulletins for your provider type emailed to your mail-to email address.

If you answer NO to this question, bulletins will not be emailed, and it will be your responsibility to ensure you are kept abreast of any updates or changes.

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

Note: information on the Legal Entity section should include the entity name as it appears on the IRS document. The address does not need to match your IRS document.

Please note there are copy buttons that can be used here if your information is the same as previously entered.

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

Contact IRS/Legal Name and Address

Enter the contact information for the IRS address.

Copy Contact from "Request Information" page

*Last Name	Judy
*First Name	Barbara
Title	Supervisor
*Phone Number	717-772-5216
Toll Free Number	###-###-####
Fax Number	###-###-####
*Email	bjudy@pa.gov
*Confirm Email	bjudy@pa.gov

Phone Extension

Toll Free Extension

Organizational Structure

Select the appropriate type of Practice Organization from the drop down list.

*Type   Select Organization Type ▼

*Does the provider operate under a Fictitious business / doing business as (d/b/a) name?   ☐ Yes   ☐ No

DEA Number

*Is a Drug Enforcement Administration (DEA) Number associated with this provider?   ☐ Yes   ☐ No

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Contact information here should be for the individual who would answer tax information questions for your organization.

The Business organization type that you select is important as it will affect what information is required for ownership of your entity. Please ensure that you are definite as to how your entity is organized prior to answering this question. If you are a nonprofit a second question will appear to ask if you are incorporated and a third question of if you operate under a doing business as name will appear.

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

Please do not select every language if you have an interpreter service, this question is only asking languages that your office staff speak.

The Tax-exempt question is asking about federal tax exemption please answer NO if you are only exempt from state income tax.

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

Have you, any agent, or managing employee ever:

* Been terminated, excluded, precluded, suspended, debarred from or had their participation in any federal or state health care program limited in any way, including voluntary withdrawal from a program for an agreed to definite or indefinite period of time? ⌀   ☐ Yes ☐ No

* Been the subject of a disciplinary proceeding by any licensing or certifying agency, had his/her license limited in any way, or surrendered a license in anticipation of or after the commencement of a formal disciplinary proceeding before a licensing or certifying authority (e.g., license revocations, suspensions, or other loss of license or any limitation on the right to apply for or renew license or surrender of a license related to a formal disciplinary proceeding)? ⌀   ☐ Yes ☐ No

* Had a controlled drug license withdrawn? ⌀   ☐ Yes ☐ No

* Been convicted of a criminal offense related to Medicare or Medicaid; practice of the provider's profession; unlawful manufacture, distribution, prescription or dispensing of a controlled substance; or interference with or obstruction of any investigation? ⌀   ☐ Yes ☐ No

* In connection with the delivery of a health care item or service, been convicted of a criminal offense relating to neglect or abuse of patients or fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct? ⌀   ☐ Yes ☐ No

[→ Finish Later] [🖫 Save & Continue]

These questions are for any and all individuals who work for your entity and must be answered truthfully. Answering YES to any of these questions does not automatically disqualify your agency from enrolling.

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

Please note this section must be completed in the application, enter all managing employees, board members and owners. All entity types must have one managing employee, Please do not list all of your employees as managing employees. Please consult the definitions provided. Most corporately owned entities must provide board members. All Partnerships, Sole Owners, and Business Corporations must provide owner information.

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

All documents must be saved as a PDF and must be less than 4 MB in order to upload. You cannot save and continue until documents are uploaded. If you are unsure of what document is being requested hoovering on the required attachment name and additional information maybe available. You can also call the provider enrollment call center at 1-800-537-8862 and follow the prompts for enrollment.

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

The signature at the bottom of this section must be from an individual who has the authority to enter into agreement on behalf of your entity. (Such as the President, CEO or Director of the agency)

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

After you have completed and uploaded the information requested you will be prompted to review a summary of all the information that you entered prior to submitting the application. Once submitted the application goes through several electronic checks prior to reaching provider enrollment.

Once submitted you can check the status of your application by returning to the electronic portal welcome page and selecting "Application Status".

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

You will be prompted to enter the ATN, the Tax ID used and the password.

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

Application Status Summary

This is the most current information regarding your PA Medicaid provider enrollment application. To resume your existing application, please Click Here

Application Tracking Number (ATN)	-	1000000217
Start Date	-	06/05/2015
Date Submitted	-	Not Submitted
Status	-	Incomplete Application
Status Date	-	06/09/2015

There are several applications statuses that can appear in the application status summary.

- Incomplete Application – this would indicate an application that was started but has not been submitted through as complete
- Screening Review- this means that the application is awaiting processing with the enrollment unit
- Site Visit- this indicates the provider is a Moderate or high-risk provider and is currently awaiting having the site visit entered (this can take up to 14 days)
- Background Check- this indicates a high-risk provider that is currently awaiting finger printing
- Validation Issue- this indicates provider enrollment attempted to process the application but there was an issue with the information and the application may need to be returned
- Returned to Provider- this indicates that the application had an issue and was returned to the provider for corrections

To make corrections in your application once it is returned you will need go to the electronic portal welcome screen and select "Resume Application"

Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

You will be prompted to enter the ATN, the Tax ID used and the password.

Once you enter this information and hit submit you will be taken back to your application. The return reason will appear at the top of the application and should instruct you as to what information needs to be corrected. You will need to review all information in the application and make corrections as needed prior to resubmitting the application.

If you are unsure of what is being requested, you can contact the provider enrollment call center at 1-800-537-8862 and follow the prompts for enrollment.