![Pennsylvania Department of Human Services — Office of Long-Term Living logo]

Office of Long-Term Living (OLTL) Provider Revalidation Quick Reference Guide

The federal regulation at 42 CFR 455.414 requires that state Medicaid agencies revalidate the enrollment of all providers, regardless of provider types, at least every five (5) years. OLTL recommends that revalidations be submitted three (3) months in advance to ensure adequate time for processing and to avoid any service interruptions. You may locate your revalidation due date in PROMISe™ in the field "Revalidation Date". It is the responsibility of the provider to submit their revalidation in advance, otherwise the system will automatically close your location at the end of the month your revalidation is due and will impact your ability to bill for services rendered.

Instructions on How to Find Your Revalidation Date in PROMISe™

1. Providers will need to log into the PROMISe™ Internet via the following link: https://promise.dhs.pa.gov/portal/provider/Home/tabid/135/Default.aspx

2. Once a provider logs into PROMISe™ Internet, they will see a screen similar to the one below. Providers should then select "Enrollment Summary" under Provider Services at the bottom left side of the page. (Refer to red arrow for additional guidance.)

3. Once a provider selects Enrollment Summary the following page will appear. The revalidation date is found in the upper right-hand corner of the page. (Refer to the red arrow for additional guidance.)

4. The Enrollment Summary for a provider service location now allows users to download an extract of all active service locations associated with their 9-digit provider identification (ID) within the last two (2) years. By selecting the blue icon in the Active Service Locations section of the Enrollment Summary (Refer to the red square for additional guidance.), an extract with detailed information about the active service locations associated with the 9-digit provider ID can be downloaded. Fields include: the 13-digit provider ID, National Provider Identifier (NPI), revalidation date, provider type, name, address, specialties, and taxonomy codes.

Active Service Locations

To download a Comma Separated Values (CSV) file containing the complete list of the active service locations for this provider, select the download icon (download not available from PDF):

5. Providers are required to revalidate every five (5) years. The Office of Long-Term Living recommends submitting your revalidation application at least three (3) months prior to the revalidation expiration date.

![Pennsylvania Department of Human Services - Office of Long-Term Living logo]

Instructions on How to Revalidate

1. Logon to the PROMISe™ Portal using the provider's login credentials at https://promise.dhs.pa.gov/portal/provider/Home/tabid/135/Default.aspx.

2. From the Provider Services Section on the My Home Page select "Revalidation". (Refer to the red arrow below for additional guidance.)

3. Complete the application and upload all required documents and submit.

4. From the first page of the revalidation application, please ensure that you are populating the following fields correctly:
   a. Program Type = Pennsylvania Medical Assistance (PA MA)
   b. Provider Type=
      i. **59 OLTL Programs** (this is for all Home and Community-Based Services (HCBS) waiver providers)
      ii. **03 Extended Care Facilities** (all Nursing Facilities or Intermediate Care Facilities)
      iii. **Please note:** Living Independence for the Elderly **(**LIFE) providers are unable to revalidate through the online portal. Revalidation applications must be submitted via paper application to RA-PWMAFACILITY@pa.gov.

c. Enrollment Type = Facility (regardless of Provider Type, this field should always be facility). Please ensure that you are populating the following fields correctly as errors within these fields cannot be corrected without needing to complete a new application. (Refer to red box below for additional guidance.)

*Program Type	Pennsylvania Medical Assistance (PA MA)
*Provider Type	59 - Oltl Programs
*Enrollment Type	Facility

d. For any specific application/revalidation processing questions, please contact the Division of Provider Operations at either 1-800-932-0939 option 1 or the resource accounts listed below.
   i. Home and Community Based Service Providers: RA-HCBSEnProv@pa.gov
   ii. Nursing Facility, ICF/ID, or LIFE Providers: RA-PWMAFACILITY@pa.gov

Revalidation and Provider Type 59/03 Frequently Asked Questions

1. **Question:** Our agency currently has multiple service locations and/or provider types enrolled in PROMISe™; do we still need to complete an application for each service location?
   - *Answer: Separate applications are required for each unique physical address that is currently enrolled. For example: If you have an office on Market Street and an office on Main Street you would need to submit 2 applications.*

2. **Question:** Is our agency required to provide a full application with all required documentation to revalidate?
   - *Answer: Yes*

3. **Question:** How often must I revalidate my application?
   - *Answer: All enrolled Medicaid providers must revalidate their enrollment every five years.*

4. **Question:** Why am I being asked to submit documentation and information that I did not have to submit in the past?
   - *Answer: Agencies are now required to meet regulation enrollment requirements and submit documentation that may not have been collected in the past. Please refer to 55 Pa. Code Chapter 52 for more information.*

5. **Question:** Are tax returns and business policies required for revalidation?
   - *Answer: Yes, as per 55 Pa. Code § 52.11 Prerequisites for Participation, these documents are required for initial enrollment and revalidation.*

6. **Question:** Where can we submit specific questions regarding our agency's revalidation?
   - *Answer: For HCBS revalidation please email questions to RA-HCBSEnProv@pa.gov. Nursing Facility and LIFE revalidation questions should be directed to PWMAFACILITY@pa.gov. Please ensure you reference Revalidation in the subject line.*

7. **Question:** What Provider Type should I list on the application?
   - *Answer: Please indicate Provider Type 59 for HCBS, and Provider Type 03 for Skilled Nursing Facilities or Intermediate Care Facilities.*

8. **Question:** What effective date should I indicate on the application?
   - *Answer: You may enter the date that you are filling out the application, however the effective date will be changed to the first of the month that the application is processed and finalized.*

9. **Question:** If my revalidation application is not approved by OLTL by the end of the month my revalidation is due, will my provider file close?

- *Answer: No, if the revalidation application is submitted by the end of the month the revalidation is due the provider file will remain open while OLTL works the application. Providers must ensure to submit the request for additional information within 30 calendar days or the application will expire. If the application expires after the date of the revalidation, then the provider file will close, and the agency will need to submit a reactivation application which could create payment issues.*

10. **Question:** As a provider do I receive any written notification when my revalidation is due?

- *Answer: Yes, a revalidation reminder will be sent to the email address listed on the Mail to Address on the providers profile 90 calendar days and 30 calendar days prior to the revalidation date. If a provider needs to update their contact information a change request can be submitted via the online portal or by emailing the HCBS resource account at RA-HCBSEnProv@pa.gov or the Nursing Facility Resource Account at PWMAFACILITY@pa.gov.*

Resources

1. **Electronic Provider Enrollment Application**
   a. https://promise.dhs.pa.gov/portal
2. **Provider Enrollment Information**
   a. https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Enrollment-Information1030-794.aspx
   b. Includes information regarding requirements for each Provider Type
3. **Provider Enrollment and Screening Requirements of the Affordable Care Act**
   a. https://www.pa.gov/en/agencies/dhs/resources/for-providers/aca-for-providers.html
   b. Includes the most current information from the Department relating to the Affordable Care Act (ACA) federally mandated regulations
4. **Medicaid Information**
   a. https://www.medicaid.gov/medicaid/index.html
   b. Provides information about the ACA federally mandated regulations and how they relate to the Medicaid program
5. **Department of Human Services Website**
   a. http://www.dhs.pa.gov/
6. **Provider Assistance Center – 800-248-2152**
   a. Obtain PROMISe™ Portal account information and portal password resets
7. **Provider Quick Tip**
   a. https://www.dhs.pa.gov/providers/Quick-Tips/Pages/default.aspx
      i. #270 - Revalidation of Multiple Locations
      ii. #265 - How to Check the Status of Your Electronic Provider Enrollment Application/Actions to Take if Your Application Was Returned for Additional Information
      iii. #195 - Additional Information on the Provider Enrollment Application Fee
8. **Medical Assistance Bulletins**
   a. https://www.dhs.pa.gov/docs/For-Providers/Pages/Bulletin-Search.aspx
      i. MAB 99-16-10 – Revalidation of Medical Assistance (MA) Providers
      ii. MAB 99-16-07 – Enrollment of Ordering, Referring and Prescribing Providers
      iii. MAB 08-16-13 – ACA Enrollment Application Fee
9. **OLTL Contact**
   a. Phone: 1-800-932-0939, Option 1 for enrollment
      i. Operating Hours: Monday – Friday from 9:00-12:00 and 1:00-4:00, Closed on State Holiday's
   b. E-Mail:
      i. Home and Community Based Resource Account: RA-HCBSEnProv@pa.gov
      ii. Nursing Facility Resource Account: RA-PWMAFACILITY@pa.gov