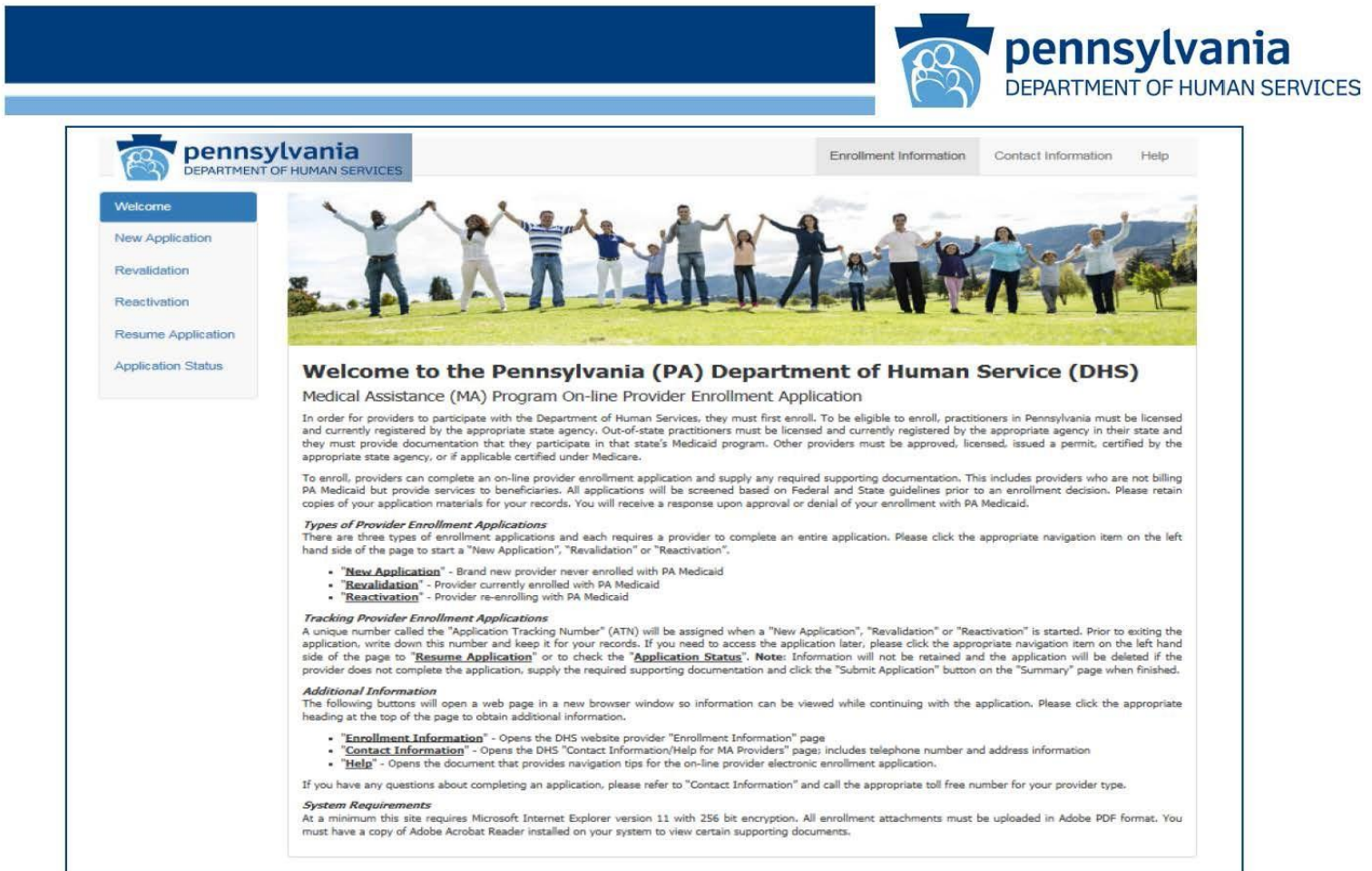


Electronic Portal Instructions for enrollment of Diabetes Prevention Program (DPP) Providers

- 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 staff 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.



The screenshot displays the web interface for the Pennsylvania Department of Human Services (DHS) Medical Assistance (MA) Program On-line Provider Enrollment Application. The page features a blue header with the Pennsylvania DHS logo and navigation links for "Enrollment Information", "Contact Information", and "Help". A left-hand navigation menu includes "Welcome", "New Application", "Revalidation", "Reactivation", "Resume Application", and "Application Status". The main content area is titled "Welcome to the Pennsylvania (PA) Department of Human Service (DHS) Medical Assistance (MA) Program On-line Provider Enrollment Application". It contains introductory text, a list of application types (New Application, Revalidation, Reactivation), tracking information, additional information, and system requirements. A photograph of a diverse group of people holding hands in a circle is positioned above the main text.

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Enrollment Information Contact Information Help

Welcome
New Application
Revalidation
Reactivation
Resume Application
Application Status

Welcome to the Pennsylvania (PA) Department of Human Service (DHS)
Medical Assistance (MA) Program On-line Provider Enrollment Application

In order for providers to participate with the Department of Human Services, they must first enroll. To be eligible to enroll, practitioners in Pennsylvania must be licensed and currently registered by the appropriate state agency, Out-of-state practitioners must be licensed and currently registered by the appropriate agency in their state and they must provide documentation that they participate in that state's Medicaid program. Other providers must be approved, licensed, issued a permit, certified by the appropriate state agency, or if applicable certified under Medicare.

To enroll, providers can complete an on-line provider enrollment application and supply any required supporting documentation. This includes providers who are not billing PA Medicaid but provide services to beneficiaries. All applications will be screened based on Federal and State guidelines prior to an enrollment decision. Please retain copies of your application materials for your records. You will receive a response upon approval or denial of your enrollment with PA Medicaid.

Types of Provider Enrollment Applications
There are three types of enrollment applications and each requires a provider to complete an entire application. Please click the appropriate navigation item on the left hand side of the page to start a "New Application", "Revalidation" or "Reactivation".

- **"New Application"** - Brand new provider never enrolled with PA Medicaid
- **"Revalidation"** - Provider currently enrolled with PA Medicaid
- **"Reactivation"** - Provider re-enrolling with PA Medicaid

Tracking Provider Enrollment Applications
A unique number called the "Application Tracking Number" (ATN) will be assigned when a "New Application", "Revalidation" or "Reactivation" is started. Prior to exiting the application, write down this number and keep it for your records. If you need to access the application later, please click the appropriate navigation item on the left hand side of the page to **"Resume Application"** or to check the **"Application Status"**. **Note:** Information will not be retained and the application will be deleted if the provider does not complete the application, supply the required supporting documentation and click the "Submit Application" button on the "Summary" page when finished.

Additional Information
The following buttons will open a web page in a new browser window so information can be viewed while continuing with the application. Please click the appropriate heading at the top of the page to obtain additional information.

- **"Enrollment Information"** - Opens the DHS website provider "Enrollment Information" page
- **"Contact Information"** - Opens the DHS "Contact Information/Help for MA Providers" page; includes telephone number and address information
- **"Help"** - Opens the document that provides navigation tips for the on-line provider electronic enrollment application.

If you have any questions about completing an application, please refer to "Contact Information" and call the appropriate toll free number for your provider type.

System Requirements
At a minimum this site requires Microsoft Internet Explorer version 11 with 256 bit encryption. All enrollment attachments must be uploaded in Adobe PDF format. You must have a copy of Adobe Acrobat Reader installed on your system to view certain supporting documents.

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.

Request Information

You are initiating a provider enrollment application for the Pennsylvania Department of Human Services (DHS) Medical Assistance (MA) program and/or the Pennsylvania Children's Health Insurance Program (CHIP). If you are enrolled as a MA provider and provide CHIP services at this service location, a separate CHIP enrollment application is not required.

If you exit the application before it has been submitted, you can resume your provider enrollment application at a later time by providing the system generated Application Tracking Number (ATN), the Federal Tax Identification Number (FEIN or SSN) and password you established.

- * Indicates a required field.
- 📎 Indicates an attachment is required.

Initial Enrollment Information

Verify your program type, provider type and enrollment type selections prior to saving this page. Once this information is saved, it cannot be changed. If this information is incorrect, you will need to begin a brand new application.

* **Program Type**

* **Provider Type**

* **Enrollment Type**

Tax Identifier

Based on the Enrollment Type selected above, you are required to specify either a Social Security Number (SSN) or Federal Tax Identification Number (FEIN). A Federal Tax Identification Number (FEIN) is used to identify a business entity. A Social Security Number (SSN) is used to identify an individual.

Name of Enrollee

Based on the Enrollment Type selected above, you are required to specify either an Entity Name or an Individual's Name.

Medicare Enrollment Information

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.

Tax Identifier

Based on the Enrollment Type selected above, you are required to specify either a Social Security Number (SSN) or Federal Tax Identification Number (FEIN). A Federal Tax Identification Number (FEIN) is used to identify a business entity. A Social Security Number (SSN) is used to identify an individual.

*FEIN

*Confirm FEIN

Name of Enrollee

Based on the Enrollment Type selected above, you are required to specify either an Entity Name or an Individual's Name.

*Entity Name

Medicare Enrollment Information

*Are you a Medicare participating Provider? Yes No

Contact Information

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**

*** Confirm Email**

*** 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

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Enrollment Information ▾ Contact Information ▾ Help

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Provider Identification
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Summary

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

Service Location Address

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

- * Indicates a required field.
- 📎 Indicates an attachment is required.

Service Location Physical Address

This address must be a physical address where a practitioner maintains an office, holds office hours/sets appointments and renders services. A post office box is not a valid Service Location Physical Address.

Verify your selection of the service location physical address state prior to saving this page. Once this information is saved, it cannot be changed. If this information is incorrect, you will need to begin a [brand new](#) application.

* **Street** **Room/Suite**

* **City** * **State**

* **Zip+4**

* **Email** * **Confirm Email**

* **Phone Number** **Phone Extension**

Fax Number

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


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

Specialties

The provider type was established on the Request Information page. Specialties that may be associated with this provider type can be added on this page. At least one specialty is required for enrollment. The first specialty assigned will be designated as the primary specialty. Not all specialties allowed for a provider type can be designated as the primary specialty.

Additional specialties can be assigned by selecting the add button once the primary specialty has been established. For specialties requiring a license, a license must be added. Pennsylvania Medicaid requires you to be licensed by the state where you perform services. Therefore, the issuing state for the license will automatically be set to the state assigned to the Service Location Address on the address page.

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

- * Indicates a required field.
-  Indicates an attachment is required.

Associated Specialties

Specialty	Sub-Specialty	Primary
ProviderType 55 - Vendor		Yes
* Specialty <input type="text" value="Select a Specialty type"/>	Sub-Specialty <input type="text" value="Not Applicable"/>	

[+ Add Additional Specialty](#)

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

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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	Harrisburg	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 if 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

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Provider Identification

Additional information identifying the provider is collected on this page.
Complete the fields on this page and select the Save and Continue button to continue with this application.

* Indicates a required field.
📎 Indicates an attachment is required.

Provider IRS/Legal Name and Address

Enter the Legal Name as it is filed with the IRS and as it appears on the IRS generated document. The address entered below is where your 1099 tax document will be sent.

[📄 Copy Name from "Request Information" page](#) [📄 Copy Address from "Service Location Address" page](#)

* **Entity Name**

* **Street** **Room/Suite**

* **City** * **State**

* **Zip+4**
The Zip+4 field is required.

Contact IRS/Legal Name and Address

Enter the contact information for the IRS address.

[📄 Copy Contact from "Request Information" page](#)

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	<input type="text" value="Judy"/>	
* First Name	<input type="text" value="Barbara"/>	
Title	<input type="text" value="Supervisor"/>	
* Phone Number	<input type="text" value="717-772-5216"/>	Phone Extension <input type="text"/>
Toll Free Number	<input type="text" value="### ### ##"/>	Toll Free Extension <input type="text"/>
Fax Number	<input type="text" value="### ### ##"/>	
* Email	<input type="text" value="bjudy@pa.gov"/>	
* Confirm Email	<input type="text" value="bjudy@pa.gov"/>	


Organizational Structure

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

* 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

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.

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Additional Information

Additional information for the provider is collected on this page.
Complete the fields on this page and select the Save and Continue button to continue with this application.

* Indicates a required field.
🔗 Indicates an attachment is required.

Enrollment Languages

*In addition to English, do you or your staff communicate with patients in another language? Yes No

Tax Exempt Status

*Do you currently have tax exempt status? 🔗 Yes No






[🔄 Finish Later](#) [🏠 Save & Continue](#)

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.

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Ownership/Control Interest

Note: Ownership and control information is required in accordance with Federal Regulations 42 CFR Part 455, Subpart B published July 17, 1979, and expanded through additional subparts on February 02, 2011 through the Provider Enrollment and Screening provisions of the Affordable Care Act

- * Indicates a required field.
- 📎 Indicates an attachment is required.

▼ Definitions

The definitions below are designed to clarify certain questions on the following Ownership and Control Disclosure forms. The full text of the regulations governing the disclosure of information by providers and fiscal agents can be found in [42 CFR Part 455 Subpart B](#).

Agent means any person who has been delegated the authority to obligate or act on behalf of a provider.

Disclosing Entity means a Medicaid provider (other than an individual practitioner or a group of practitioners), or a fiscal agent.

Other Disclosing entity means any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:

- Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
- Any Medicare intermediary or carrier; and
- Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.

Fiscal agent means a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Group of practitioners means two or more health care practitioners who practice their profession at a common location (whether or not the share common facilities, common supporting staff, or common equipment).

Indirect ownership interest means an ownership interest in an entity that has an ownership interest in the disclosing entity.

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


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Attachments








For each of the required attachments below you must upload the corresponding documents.



Use the **Browse...** to navigate to the document you wish to upload. Once you have chosen your document, please save the document to your application by clicking on **Upload**. Portable Document Format (PDF) is the only accepted document type for upload. Each file that you upload is limited to a maximum of **4MB** in size.

Some attachments require the use of a form that is available to download. If a form is required, the download icon  will be displayed next to the Required Attachment's name. You can click this button to download the form as a PDF.

When available, additional information regarding the attachment/file can be displayed by clicking on the  information icon.


Provider

Required Attachments (5 Total)	File
Copy of Federal IRS Tax Document	<input type="text" value="Browse..."/>  Upload
Copy of Department of State Corporation Bureau or Business Partnership Agreement	<input type="text" value="Browse..."/>  Upload
Proof of *FEDERAL/IRS* Tax Exemption	<input type="text" value="Browse..."/>  Upload
 CDC Recognition	<input type="text" value="Browse..."/>  Upload
 Coaches	<input type="text" value="Browse..."/>  Upload

 Finish Later  Save & Continue

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 hovering 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.

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**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
OFFICE OF MEDICAL ASSISTANCE PROGRAMS**

Provider Agreement for Outpatient Providers

This Agreement, made by and between the Department of Human Services (hereinafter the "Department") and **Grossmont Hospital** (hereinafter the "Provider") sets forth the terms and conditions governing participation in the Medical Assistance Program. The parties to this Agreement, intending to be legally bound, agree as follows:

1. The Provider agrees to comply with all applicable State and Federal statutes and regulations, and policies which pertain to participation in the Pennsylvania Medical Assistance Program.
2. The Provider agrees to keep any records necessary to disclose the extent of services the Provider furnishes to recipients.
3. The Provider agrees upon request, furnish to the Department, the United States Department of Health and Human Services, the Medicaid Fraud Control Unit, any other authorized governmental agencies and the designee of any of the foregoing, any information maintained under the paragraph above and any information regarding payments claimed by the Provider for furnishing services under the Pennsylvania Medical Assistance Program.
4. To the extent applicable, the Provider agrees to comply with the advance directive requirements for hospitals, nursing facilities, Providers of home health care and personal care services and hospices as specified in 42 C.F.R. § 489, subpart I.
5. The Provider agrees to comply with the disclosure requirements specified in 42 CFR, Part 455, Subpart B (relating to Disclosure of Information by Providers and Fiscal Agents), or any amendments thereto.
6. The Provider agrees that it will submit within 35 days of the date of request by the Department or the United States Department of

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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Enrollment Information Contact Information Help

Application Tracking Number (ATN): 1000000208 Type: New Enrollment Start Date: 06/04/2015 Completion By: 07/04/2015

Application Comments Provided by Pennsylvania Department of Human Services (DHS) Medical Assistance (MA)

This is a test of the emergency broadcast system!

Summary

▼ Provider Information

Provider Type	31 - Physician	Enrollment Type	Individual with SSN	
Last Name	Kent	First Name	Clark	Middle Initial

Social Security Number (SSN) 123456789

Contact Information

Last Name	The Dark Knight	First Name	u0opp	Title
Phone Number	(123) 456-7890	Extension	4664	
Toll Free Number	(979) 797-0707	Extension	7979	
Fax Number	(101) 632-0013			
Email	lois@thedailypalnet.edufr			

▼ Service Location

Street	123 Reality Drive	Room/Suite	
City	Morning Heights	State	PA - Pennsylvania
Zip+4	12346-5798	County	Adams
Email	homer@simpson.biz		
Phone Number	(123) 465-7980	Extension	
Fax Number			

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

A screenshot of the Pennsylvania Department of Human Services website. The page title is "Application Status". It contains instructions for reviewing application status and a form with three input fields: "Application Tracking Number (ATN)", "SSN or FEIN", and "Password". A "Search" button is located at the bottom right of the form area. The left sidebar contains navigation links: "Welcome", "New Application", "Revalidation", "Reactivation", "Resume Application", and "Application Status" (which is highlighted in blue). The top navigation bar includes "Enrollment Information", "Contact Information", and "Help".

Application Status

Enter your application tracking number (ATN), Federal Tax Identification Number (FEIN or SSN) and password in order to review your application status.

If you have any questions about completing an electronic enrollment application, please call the appropriate phone number shown on the Important Phone Numbers and Addresses page of this site.

If forgotten, the password cannot be reset and your application information is no longer available. You will need to begin a [brand new](#) application.

* Indicates a required field.

* Application Tracking Number (ATN)

* SSN or FEIN

* Password

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

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Resume Application
Application Status

Resume Application

Enter your application tracking number (ATN), Federal Tax Identification Number (FEIN or SSN) and password in order to resume your existing provider enrollment application.

If you have any questions about completing an electronic enrollment application, please call the appropriate phone number shown on the Important Phone Numbers and Addresses page of this site.

If forgotten, the password cannot be reset and your application information is no longer available. You will need to begin a [brand new](#) application.

* Indicates a required field.

* Application Tracking Number (ATN)

* SSN or FEIN

* Password

Submit

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.