

August 4, 2017

Dear CHIP Provider(s):

This letter is to inform you that the Department of Human Services (Department) is implementing the Affordable Care Act (ACA)<sup>1</sup> provision which requires that all providers and other practitioners who order, refer, or prescribe items or services to Children's Health Insurance Program (CHIP) enrollees be enrolled with the Department as a provider. You must complete an enrollment application for your provider type for each service location (provider's address) and submit all required documents to the Department. These documents should be submitted at least sixty (60) days in advance of December 31, 2017 to allow for timely processing of your application.

Section 6401(b) of the ACA amended section 1902 of the Social Security Act ("Act") to add subsections (a)(77) and (kk), which include requirements for provider enrollment and screening.<sup>2</sup> Additionally, Section 1866(j)(1)(A) of the Act requires the Secretary of U.S. Department of Health and Human Services (HHS) to determine the level of screening of providers to be conducted according to the risk of fraud, waste, and abuse assigned to the category of the provider. The HHS regulations implementing these requirements can be found at 42 CFR Part 455, subpart E.

If you have already enrolled in the Pennsylvania Medical Assistance (MA) Program, you do not need to enroll again. If you are a part of another state's Medicaid or CHIP Program, or enrolled in Medicare, you still must enroll with the Department. If you receive this letter from multiple CHIP Managed Care Organizations (MCOs), you are only required to enroll once. Each location at which you practice must be separately enrolled. Although, you will be enrolled in the Department's Provider Reimbursement and Operations Management Information System (PROMIS<sup>TM</sup>), you will not become a MA provider nor be required to render services to MA beneficiaries.

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<sup>1</sup>The Patient Protection and Affordable Care Act (Pub. L. 111-148, enacted on March 23, 2010), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152, enacted on March 30, 2010), is being collectively referred to in this document as the Affordable Care Act.

<sup>2</sup> Section 6401(c) of the ACA amends Section 2107(e)(1) of the Act by mandating that subsections (a)(77) and (kk) of Section 1902 of Title XIX of the Act shall apply to States in the same manner under Title XXI of the Act.

**Office of Children's Health Insurance Program (CHIP)**

P.O. Box 2675 | 1142 Strawberry Square | Harrisburg, PA 17105-2675 | Phone: 717.346.1363 | Fax: 717.705.1643 |  
[www.dhs.pa.gov](http://www.dhs.pa.gov) [www.chipcoverspakids.com](http://www.chipcoverspakids.com)

The following paragraphs outline the enrollment and screening requirements:

### **CHIP Provider Application**

To begin the application process, providers must select a provider type that is based on their current scope of practice. **Attachment A** provides a crosswalk of CHIP provider type/specialty that corresponds to the PROMISe provider type descriptions.

You are required to complete one of the following applications: CHIP Individual Practitioner Enrollment Application, CHIP Provider Facility/Agency Enrollment Application, or the CHIP Provider Group Enrollment Application.

All applications, requirements, and the step-by-step instructions are available on the following website:

<http://dhs.pa.gov/provider/promise/enrollmentinformation/CHIPProEnrollInfo/index.htm>

### **Provider Enrollment and Screening**

The Department is required to conduct screening of providers seeking to enroll.

#### **Fingerprint Based Criminal Background Checks**

The ACA requires providers designated by the Department as “high” categorical risk to consent to criminal background checks requiring the provider or any person with a 5% or more direct or indirect ownership interest in the provider to also submit a set of fingerprints in a form and manner determined by the Department. “High risk” providers are identified in **Attachment B**.

#### **Onsite Visits**

The ACA also requires the Department to conduct on-site visits of providers designated by the Department as “high” or “moderate” categorical risk. The site visit may include unscheduled and unannounced site visits, including pre-enrollment site visits. Successful completion of the site visit is a requirement of the enrollment process if a site visit is required.

#### **Application Fee**

The ACA also requires the Department to impose a fee on each institutional provider of medical, other items, services, or supplies as identified in **Attachment C**. The application fee is currently \$560; however, this fee will vary from year-to-year based on adjustments made by the Centers for Medicare & Medicaid Services (CMS). All CHIP providers will be required to pay the application fee once the Convenience Pay option in the electronic provider enrollment portal becomes available. **CHIP institutional providers are required to use the paper application until the electronic provider enrollment portal becomes available, therefore, the application fee will not be collected. If you wait until the electronic provider enrollment portal becomes available for enrollment, you will then be required to pay the application fee.** If multiple applications are submitted under the same Federal Tax Identification Number, i.e., Federal Employer

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Number (FEIN), the Department will collect one fee for all applications submitted within seven (7) calendar days of the Department's receipt of the first application. Providers must submit documentation that the application fee was paid within the seven (7) calendar day timeframe by providing a copy of the receipt generated from Convenience Pay.

Additionally, CHIP providers may request a hardship exception from paying the application fee by completing the *Hardship Exception Request Form*. Providers must include documentation to support their request. The hardship exception request will be submitted to CMS for review and decision. CMS will communicate the decision to the Department. Hardship exceptions are explained in **Attachment D**.

Please ensure that the application is complete and the information is accurate to ensure there are no delays in processing your application. The checklist titled "**Did you remember to...?**" lists common reasons the enrollment applications are returned. Please remember to review the checklist carefully; the Department will return incomplete applications. If you have any questions regarding the application, please contact Provider Enrollment at 1-800-537-8862; option 1, option 2, option 2, and option 4.

The current methodology regarding claims processing will not change. The applicable CHIP MCO will provide claims adjudication for all services rendered by a CHIP provider. However, effective **January 1, 2018**, any claims submitted to a CHIP MCO by a non-enrolled provider will not receive payment.

**Send the completed application to:**  
**DHS Provider Enrollment**  
**PO Box 8045**  
**Harrisburg, PA 17105-8045**  
**Fax: (717) 265-8284**  
**E-mail: [Ra-ProvApp@pa.gov](mailto:Ra-ProvApp@pa.gov)**

For further information, please visit the following website:

<http://dhs.pa.gov/provider/promise/enrollmentinformation/CHIPProEnrollInfo/index.htm>

Sincerely,

CHIP contractor

Attachments:

Attachment A – CHIP Provider Crosswalk

Attachment B – CHIP Providers Required to Obtain a Background Check

Attachment C – CHIP Providers Required to Pay Application Fee

Attachment D – Hardship Exception Form

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**Attachment A**

Children's Health Insurance Program (CHIP) Provider Types and Specialties for Enrollment

CHIP Type Code	CHIP Provider Description	PROMISE Provider Type	PROMISE Provider Type Description	Provider Specialty	PROMISE Provider Specialty Description
306 307	Hospital Hospital Units	01	Inpatient Facility	010 011 012 013 014 019 021 022 023 183 441	Acute Care Hospital Private Psychiatric Hospital Inpatient Medical Rehab Hospital Accredited Residential Treatment Facility Inpatient Medical Rehab Unit Inpatient Drug and Alcohol Hospital Short Procedure Unit Private Psychiatric Unit Public Psychiatric Hospital Hospital Based Medical Clinic Drug and Alcohol Rehab Unit
305	Ambulatory Health Care Facilities	02	Ambulatory Surgical Center	020	Ambulatory Surgical Center
308 309	Nursing and Custodial Care Facilities Residential Treatment/Respite Care Facilities	03	Extended Care Facility	030 031 035 036	Nursing Facility County Nursing Facility Residential Nursing Facility Respite Care
N/A	Rehabilitation	04	Rehabilitation	041	Comprehensive Outpatient Rehab Facility
N/A	Home Health	05	Home Health	026 050 051 250	Home infusion Therapy Home Health Agency Private Duty Nursing DME/Medical Supplies
203	Hospice	06	Hospice	060	Hospice
	MCO Contractor/Plan	07	Capitation	770	CHIP
302 304 303 202	Federally Qualified Health Center (FQHC) Rural Health Center/Clinic (RHC) Migrant Health Center Clinic (MHC) Family Planning Clinic	08	Clinic	080 081 083	Federally Qualified Health Center Rural Health Clinic Family Planning Clinic
109 204	Nurse Practitioner (CRNP)- Not CRNP classified PCP Nurse Practitioner Group (Stand alone practice or without medical director)	09	Certified Registered Nurse Practitioner	093	Nurse Practitioner (Primary Care)
110 N/A	Physician Assistant Public Health Dental Hygienist	10	Mid-Level Practitioner	100 141 269	Physician Assistant Acupuncturist Public Health Dental Hygiene Practitioner

**Attachment A**

Children's Health Insurance Program (CHIP) Provider Types and Specialties for Enrollment

CHIP Type Code	CHIP Provider Description	PROMISE Provider Type	PROMISE Provider Type Description	Provider Specialty	PROMISE Provider Specialty Description
113 113 113 112	Behavioral Health Therapists Technicians Counselors Social Worker	11	Mental Health/Substance Abuse	110 111 112 113 115 116 117 118 122 124 127 129 558 559	Psychiatric Outpatient Community Mental Health Outpatient Practitioner - MH Partial Psychiatric Hospitalization - Children Family Based Mental Health Licensed Clinical Social Worker Licensed Social Worker Mental Health Crisis Intervention Marriage and Family Counselor Mental Illness/Substance Abuse Drug and Alcohol Outpatient Drug and Alcohol Partial Hospitalization Behavioral Specialist Children with Autism Behavioral Specialist Consultant
101	Podiatrist	14	Podiatrist	140	Podiatrist
101	Chiropractor	15	Chiropractor	150	Chiropractor
N/A	Nurse	16	Nurse	160 161 162	RN LPN Psychiatric Nurse
114 114 114	Physical Health Therapists Technicians Counselors	17	Therapist	170 171 172 173 174 175	Physical Therapist Occupational Therapist Respiratory Therapist Speech/Hearing Therapist Art Therapist Music Therapist
N/A	Optometrist	18	Optometrist	180	Optometrist

**Attachment A**

Children's Health Insurance Program (CHIP) Provider Types and Specialties for Enrollment

CHIP Type Code	CHIP Provider Description	PROMISE Provider Type	PROMISE Provider Type Description	Provider Specialty	PROMISE Provider Specialty Description
111	Psychologist	19	Psychologist	190 191 192 195 196 197 199 201 202 207 370	General Psychologist Clinical Neuropsychologist Clinical Health Psychologist Clinical Psychologist Clinical Child Psychologist Counseling Psychologist Behavioral Psychologist Forensic Psychologist Family Psychologist Cognitive Therapist Tobacco Cessation
103	Audiologist	20	Audiologist	200 220	Audiologist Hearing Aid Dispenser
200	Case Management	21	Case Manager	138 211 212 213 215 216 221 222	D&A Targeted Case Management Case Management for HIV& AIDS Case Management for under 21 Early Intervention Case Management MH Case Management - Administrative Licensed Social Worker, Early Intervention MH Targeted Case Management, Resource MH Targeted Case Management, Intensive
107	Dietary/Nutritional Services	23	Nutritionist	230	Registered Nutritionist
224	Pharmacy	24	Pharmacy	220 240 241 242 243 244 245	Hearing Aid Dispenser Independent Institutional Independent Chain Institutional Chain Long Term Care (LTC) Mail Order
201	Durable Medical Equipment and Medical Suppliers	25	DME/Medical Supplies	250 251 252 253	DME/Medical Supplies

**Attachment A**

Children's Health Insurance Program (CHIP) Provider Types and Specialties for Enrollment

CHIP Type Code	CHIP Provider Description	PROMISE Provider Type	PROMISE Provider Type Description	Provider Specialty	PROMISE Provider Specialty Description
N/A	Transportation	26	Transportation	260 261 262 264 265	Ambulance BLS Ambulance ALS Air Ambulance Mass Transit Paratransit
104 105	Dentist (General Practice) Dentist (All Specialists)	27	Dentist	271	General Dentistry
N/A	Laboratory	28	Laboratory	280	Independent Lab
N/A	X-Ray	29	X-Ray Clinic	290 291	IDTF Mobile X-ray Clinic



**Attachment A**

Children's Health Insurance Program (CHIP) Provider Types and Specialties for Enrollment

CHIP Type Code	CHIP Provider Description	PROMISE Provider Type	PROMISE Provider Type Description	Provider Specialty	PROMISE Provider Specialty Description
100 101	Primary Care Physician (PCP) Medical Doctor - Specialist	31	Physician	310 311 314 315 316 318 319 322 328 330 331 332 333 336 337 339 340 341 342 343 345 347 370 548 549 559 220	Allergy & Immunology Anesthesiology Dermatology Emergency Medicine Family Practice General Practitioner Surgery Internal Medicine Obstetrics And Gynecology Ophthalmologist Orthopaedic Surgery Otolaryngology Pathology Physical Medicine & Rehabilitation Plastic Surgery Psychiatry And Neurology Program Exception Radiology Preventive Medicine Urologist Pediatrics Radiation Therapist Tobacco Cessation Therapeutic Staff Support Mobile Therapy Behavioral Specialist Consultant Hearing Aid Dispenser
115	Certified Registered Nurse Anesthetist (CRNA)	32	Certified Registered Nurse Anesthetist	320	Certified Registered Nurse Anesthetist
108	Midwife - Nurse or Lay	33	Certified Nurse Midwife	335	Certified Nurse Midwife
N/A	Tobacco Cessation	37	Tobacco Cessation	370	Tobacco Cessation
N/A	Birthing Center	47	Birthing Center	470	Birthing Center

**Attachment B**

**Provider Types Required To Obtain a Criminal Background Check**

<b>Provider Type Code</b>	<b>Provider Type Description</b>	<b>Provider Type Specialty Code</b>	<b>Provider Specialty Description</b>
5	Home Health	50	Home Health Agency
5	Home Health	51	Private Duty Nursing
25	DME/Medical Supplies	250	DME/Medical Supplies
25	DME/Medical Supplies	251	Prosthetist
25	DME/Medical Supplies	252	Orthotist
25	DME/Medical Supplies	253	Optician

Additionally, the following providers will be assigned to the “high” categorical risk level:

- Providers on which the Department has imposed a payment suspension based on a credible allegation of fraud, waste, or abuse. The provider’s risk remains “high” for 10 years beyond the date of the payment suspension.
- Providers that have been excluded by the U.S. HHS, Office of Inspector General, or from participation in another state’s CHIP program within the last 10 years.
- Providers that have an outstanding overpayment due to the Department that is greater than \$1,500 and is more than 30 days old, have not repaid the overpayment at the time the application was filed, are not currently appealing the overpayment, and do not have an approved extended repayment schedule for the entire outstanding overpayment. Providers will remain “high” risk until the overpayment is paid.
- Providers that apply for enrollment in the CHIP program within six months after a federally imposed moratorium for the particular provider type has been lifted. Once the provider is enrolled, the provider will be assigned the risk level which corresponds to the provider’s type/specialty.

For newly enrolling providers, the Department assigned the provider types and specialties listed in the chart below to the “high” categorical risk level for purposes of provider screening. The providers identified in the chart above will be changed to the “moderate” categorical risk level once enrolled.

Attachment C



**Provider Types Required To Pay the Enrollment Application Fee**

Provider Type Code	Provider Primary Specialty	Provider Type Description	Provider Specialty Description
01	010	Inpatient Facility	Acute Care General Hospital
01	011	Inpatient Facility	Private Psychiatric Hospital
01	012	Inpatient Facility	Medical Rehab Hospital
01	013	Inpatient Facility	Residential Treatment Facility (JCAHO Certified)
01	014	Inpatient Facility	Inpatient Medical Rehab Unit
01	017	Inpatient Facility	Emergency Room Arrangement 2
01	018	Inpatient Facility	Extended Acute Psych Inpatient Unit
01	019	Inpatient Facility	Drug and Alcohol Rehab Hospital/Unit
01	021	Inpatient Facility	Short Procedure Unit
01	022	Inpatient Facility	Private Psychiatric Unit
01	183	Inpatient Facility	Hospital Based Medical Clinic
02	020	Ambulatory Surgical Center	Ambulatory Surgical Center
03	030	Extended Care Facility	Nursing Facility
03	031	Extended Care Facility	County Nursing Facility
03	032	Extended Care Facility	ICF/MR 8 Beds or Less
03	033	Extended Care Facility	ICR/MR 9 Beds or More
03	037	Extended Care Facility	State LTC Unit
03	039	Extended Care Facility	ICF/ORC
03	040	Extended Care Facility	Special Rehab Nursing Facility
03	382	Extended Care Facility	Inpatient Facility Based LTC Extended Care Facility

Attachment C



Provider Type Code	Provider Primary Specialty	Provider Type Description	Provider Specialty Description
04	041	Rehabilitation Facility	Comprehensive Outpatient Rehabilitation Facility
05	050	Home Health	Home Health Agency
06	060	Hospice	Hospice
08	080	Clinic	Federally Qualified Health Center
08	081	Clinic	Rural Health Center
08	082	Clinic	Independent Medical/Surgical Clinic
24	240	Pharmacy	Independent
24	241	Pharmacy	Institutional Independent
24	242	Pharmacy	Chain
24	243	Pharmacy	Institutional Chain
24	244	Pharmacy	LTC
24	245	Pharmacy	Mail Order
25	250	DME/Medical Supplies	DME/Medical Supplies
25	251	DME/Medical Supplies	Prosthetic Supply
25	252	DME/Medical Supplies	Orthotist Supply
25	253	DME/Medical Supplies	Optical Supply
26	260	Transportation	Basic Life Support
26	261	Transportation	Advanced Life Support
26	262	Transportation	Air Ambulance
28	280	Laboratory	Independent Laboratory
56	560	Residential Treatment Facility	Residential Treatment Facility (Non-JCAHO Certified)

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF MEDICAL ASSISTANCE PROGRAMS (OMAP) &  
THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)**

**Hardship Exception Request Form**

The Patient Protection and Affordable Care Act (ACA) requires state Medicaid and Children's Health Insurance Program (CHIP) agencies (referred to as Medical Assistance (MA) and CHIP respectively in Pennsylvania) to impose an application fee on each institutional provider of medical or other items or services that is seeking to enroll in the MA Program and/or CHIP or is revalidating its enrollment.

A provider can request a hardship exception from the payment of the application fee by submitting (uploading) this form when prompted in the Electronic Provider Enrollment Portal. Please complete all fields to ensure prompt processing of the request.

Providers should submit the Hardship Exception Request Form with:

- A separate page which can be in the form of a cover memo or letter that explains the financial hardship created by the fee and the health care access created by the provider's enrollment and participation in the Pennsylvania MA and/or CHIP program. CMS suggests providers include a strong argument to support the request for the hardship exception.
- Comprehensive documentation that supports the request, which may include historical cost reports, recent financial reports (such as balance sheets and income statements), cash flow statements, and tax returns.

PROVIDER NAME(FROM ENROLLMENT OR REVALIDATION APPLICATION)		MAID
PROVIDER ADDRESS(SERVICE LOCATION ADDRESS)		NPI
CITY	STATE	ZIP CODE
CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

The Centers for Medicare and Medicaid Services (CMS) identified factors that that may suggest that a hardship exception is appropriate. These are:

- Considerable bad debt expenses,
- Significant amount of charity care/financial assistance furnished to patients,
- Presence of substantive partnerships (whereby clinical, financial integration are present) with those who furnish medical care to a disproportionately low-income population,
- Receipt of considerable amounts of funding through disproportionate share hospital payments, or
- Whether the provider is enrolling in a geographic area that is a Presidentially-declared disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5206 (Stafford Act).

DHS will forward the request for a hardship exception to CMS. CMS will review the request and make a decision.

*The application will be held until DHS is notified of CMS's decision. If CMS grants the hardship exception, the application will be processed by DHS. If the request is denied, the application will be returned to the provider with directions to login to the electronic provider enrollment application to pay the application fee through HP@ Convenience Pay.*