

Every activity in this tip sheet can be performed by the **Provider Registration Data Entry Role**. This tip sheet assumes that providers have already signed up in the Provider Access website. The activities in this tip sheet are listed alphabetically and include:

BASIC NAVIGATION INFORMATION LOG INTO PROVIDER ACCESS	2
NAVIGATE IN PROVIDER ACCESS	
FIND A KEY WORD ON A WEBPAGE	
DEMOGRAPHIC AND SITE MANAGEMENT	
UPDATE A BUSINESS, MAILING AND/OR PAYMENT ADDRESS	5
CHECK VERIFICATION STATUS	
UPDATE A SITE ADDRESS	8
DELETE A SITE	
SERVICE MANAGEMENT	
ADD OR EDIT SERVICE LOCATION	0
DELETE SERVICE LOCATION	1
REVIEW ALL PROVIDER INFORMATION1	3
ADD A SERVICE1	4
DELETE A SERVICE1	6
END DATE A SERVICE	8
REVIEW ALL SERVICES USING THE PROVIDER SERVICE STATUS REPORT IN HCSIS	1

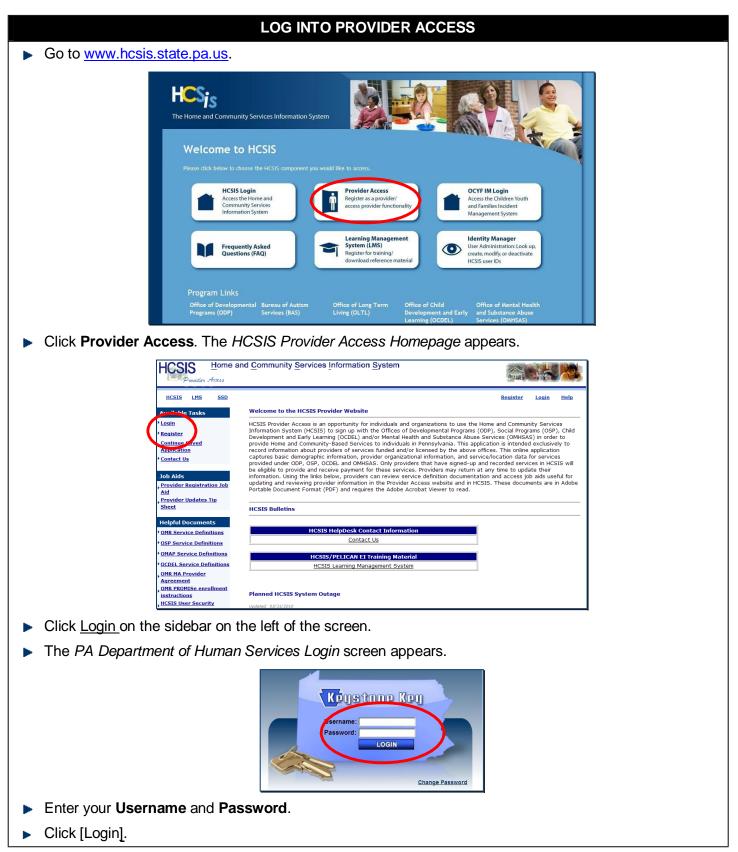
#### 

If you have any questions about the screens in the Provider Access application or in HCSIS, click the <u>Help</u> hyperlink in the upper right-hand corner of any screen or call the **HCSIS Help Desk** at **1-866-444-1264**.

#### A Note about the Provider Access Screens:

There are seven different tabs within Provider Access: Identification, Contacts, Addresses, SSD Options, Organizations, Sites, and Services.







	NAVIGATE I	N PROVIDER A	ACCESS			
There are two ways to navig	gate in Provider Ac	ccess:				
1. Use the tabs across t	the top of the scree	en to navigate t	o the main area	as of Pro	ovider Access.	
Provider Registrat Step 1 of 2: Sites and Ser		NY SERVICE	S			
Identification Cont		SSD Options	Organization	Sites	Services	
Provider Registration ->	Sites and Service Lo	cation -> Sites				
<ol> <li>2. The sidebar to the lef Provider Access.</li> <li>Available Tasks</li> <li>Modify Service Offerings</li> <li><u>View/Update Basic</u> <u>Demographics</u></li> <li><u>View/Update Sites</u> <u>Information</u></li> <li><u>View/Update NPI and</u> <u>Taxonomies</u></li> <li><u>View My Application</u> <u>Summary</u></li> <li><u>Access Provider</u> <u>Qualification</u></li> <li><u>Service Authorization</u> <u>Notice</u></li> </ol>	<ul> <li>Modify view the</li> <li><u>View/U</u> delete b</li> <li><u>View/U</u> delete s</li> <li><u>View/U</u> delete F</li> <li><u>View M</u> printable</li> <li><u>Access</u> provide</li> <li><u>Service</u> electron</li> </ul>	Service Offeri e provider's ser pdate Basic D pasic informatio pdate Sites Inf site information. pdate NPI and Provider Type, S v Application e version of pro Provider Qua r qualification s Authorization	ngs – Click this vice offerings. emographics - n. formation – Cli	s link to a – Click th – Click th – Click th I, and Ta ick this lint S. < this lint	add, edit, delete his link add, edi nk to add, edit, his link to add, e axonomy code. ink to access a nk to access the k to access an	e or t, or or edit, or



#### FIND A KEY WORD ON A WEBPAGE

- Click your mouse anywhere on the screen that you want to search.
- Hold [Ctrl] and press the letter F on the keyboard or follow the menu path: Edit > Find (on This Page). The Find dialog box appears.

🕗 Find		? ×
Find what: services		<u>F</u> ind Next
☐ Match <u>w</u> hole word only ☐ Match <u>c</u> ase	Direction CUp ODown	Cancel

- Type the search criteria in the Find What text box.
- Click [Find Next].
- > The search begins where the cursor point is located on the screen and continues to the end.



UPD	DATE A BUSINE	SS, MAILING	and/or p	AYME	NT A	DDRESS	
elect the Addresse	<b>es</b> tab found at th	e top of the sc	reen. The J	Addres	s Info	rmation so	reen appears
HCSIS Home Provider Access	e and <u>C</u> ommunity <u>S</u> e	ervices Informatio	n <u>S</u> ystem				
<u>Home</u> <u>Contact Us</u>	Provider Registra		, ED				<u>Help</u>
Available Tasks Modify Service Offerings View/Update Basic Demographics		n and Demographics Itacts Addresses	SSD Options	Sites ddresses	Service	s	
View/Update Sites	Select Address Type	Address				Phone	Verification Status
Information View/Update NPI and		55 100 CORPORATE CEN	NTER DR.CAMP HI	11.PA 1701			
Taxonomies	C Mailing Address					(555) 555-5550	
View My Application			· · · · ·				
Summary	Business Adure	55 300 CORPORATE CE		LL,PA 1701	1-1700	(215) 555-5550	Vermeu
Access Provider Qualification			Edit				
Service Authorization			Address Infor Check all tha				
Notice		🗆 Business Add	ress 🗆 Mailing A		ayment .	Address	
Job Aids	Street Address:	* 100 CORPORA	TE CENTER DR				
Provider Registration	Suite / PO Box:						
Job Aid	Building / Dept.:						
Provider Updates Tip     Sheet	City:	* CAMP HILL					
	State:	Pennsylvania	•				
Helpful Documents	Zip:	* 17011-1758					
• OMR Service Definitions	County:	Philadelphia	•				
• <u>OSP Service Definitions</u>	Phone:	*( 555 ) - 5	55 - 5555				
DMAP Service	Fax:						
Definitions	Email Address:						
OMR MA Provider Agreement	Website:						
PROMISe enrollment							
instructions	Reset Save						Save And Continue

- Click the option circle to the left of the address to be updated.
- Click [Edit].
- Make changes as necessary. When updating Zip codes, be sure to enter only five numeric digits.
- Click [Save] if you desire to remain on this screen and edit another entry, or click [Save and Continue] to save the information and continue on to the next area.
- Refer to the Appendix B at the end of this tip sheet for rules and restrictions on permissible characters that can be entered in address and city-name fields in this screen.

CONTINUED ON NEXT PAGE



HCSIS Hom Provider Access	e and <u>C</u> o	mmuni	ty Services	s Informatio	n <u>S</u> ysten	n					8 100
<u>Home</u> <u>Contact Us</u>	Provid	ler Red	istration	- MICHEAL	, ED						Help
Available Tasks		-		Demographics							
Modify Service Offerings	Identi	fication	Contacts	Addresses	SSD Opti	long	Sites	Serv	loos		
<u> View/Update Basic</u> <u>Demographics</u>				ification and De				Jerv	1665		
View/Update Sites					Address	s Inforr	mation				
Information View/Update NPI and					You Entere						
Taxonomies	Select		Line One	Address Line	Two Ac	ddress	: Line Th	ree	City		de Plus
View My Application	•	10 Main							Harrisburg	17101	
Summary	Select		r postal softw : Line One	are has found Address Line		~ .	ntial mate Line Th		or the addre City		Plus 4
Access Provider										ate Zip	

- Click the option circle for the correct address match based on the results suggested by the geo-coding (postal) application, or click [Try Again] if the address information you entered is incorrect.
   Note: If you click [Try Again], the address information that you entered will be cleared, and you will be prompted to re-enter the address information.
- Refer to the Appendix A at the end of this tip sheet for the documentation the HCSIS Help Desk and MPI require for verification of changes to business, mailing, or payment addresses.



		CH	ECK VEI	RIFIC	ATION ST	ATU	S			
Click <u>View/Update Sites</u> <b>Sites</b> tab found at the to				ebar lo	ocated on	the le	ft si	de of th	ne s	creen, or sele
HCSIS Home Provider Access	and <u>C</u> o	ommunity S	ervices Info	ormatio	n <u>S</u> ystem					
<u>Home</u> <u>Contact Us</u> Available Tasks		der Registi of 2: Sites and			, ED					<u>Help</u>
Modify Service Offerings View/Update Basic Democrachics View/Update Sites				<b>dresses</b> Service Lo	SSD Options cation -> Sites	Sites	Serv	vices		
Information Viewy opdace NP1 and	Select	Site Name	Contact Name	Address				Verificatio Status	on	Service Location Exists?
Taxonomies View My Application	o	Ed Michaels, MD		1245 CI 18123	AIR RD, PHILADE	.PHIA, PA	, - <b> </b>	Verificatio Pending	on	Yes
Summary Access Provider Qualification	0	Service Site	ED, MICHEALS	8220 C/ 191522	ASTOR AVE, PHIL/ 729	ADELPHIA,	PA, -	Verificatio Pending	on	No
<u>Service Authorization</u> Notice	0	Service Site 2	ED, MICHEALS	8225 C/ 191522	ASTOR AVE, PHIL/ 718	ADELPHIA,	PA, -	Verification Pending	on	No
Job Aids	0	Site Not Specified		712 VAI	LEY, PHILADELPH		19128	Verified		Yes
Provider Registration	Re-l	Use From MPI			Ad		Delet	e		
Job Aid					Site Inform	ation				
, <u>Provider Updates Tip</u> <u>Sheet</u>		ime: t Name: s Line One:		Ed Mich						
Helpful Documents	Addres:	s Line Two: s Line Three:								
DMR Service Definitions OSP Service Definitions	City: State: Zie:			*PHILADE Pennsyl *18123						
OMAP Service	Zip: Country County			United 9						
Definitions	Phone: Fax:			*(215) 55						
Agreement PROMISe enrollment	Email A	ddress:								
instructions										Continue

- Check the Verification Status of the provider's addresses in the table. The verification statuses include:
  - Verification Pending: change has not been verified by the Provider Sign-up Verifier role yet.
  - Verified: change has been reviewed by the Provider Sign-up Verifier role.

**Note:** If the updates are not accepted, the address reverts to its original **Verified** status without the requested changes. Therefore, seeing **Verified** informs you that a decision has been made regarding the request, not necessarily that the requested changes were made. You must review the address to determine if the change was accepted or rejected.



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Provider Access		-			- Second	
<u>Home</u> <u>Contact Us</u> Available Tasks		der Regis of 2: Sites and		MICHEAL, ED		<u>Help</u>
Modify Service Offerings View/Update Basic Demographics View/Update Sites			Contacts on -> Sites a	Addresses SSD Option Sites Bervio	es	
<u>Information</u> <u>View/Update NPI and</u>	12		Contact		Verification	Provider Type
Taxonomies View My Application	Select	Site Name	Name	Address	Status	Added?
Summary Access Provider	0	New SAT Site		3600 VARTAN WAY, HARRISBURG, PA, 17110- 9438	Verified	Yes
Qualification	2	нттр		155 W 8TH ST, ERIE, PA, 16501-1012	Verified	Yes
Service Authorization Notice	$\bigcirc$	Service Site		8220 CASTOR AVE, PHILADELPHIA, PA, 19152-2729	Verified	Yes
Job Aids	ō	Service Site 2		8225 CASTOR AVE, PHILADELPHIA, PA, 19152-2718	Verified	Yes
Provider Registration	Re-	Use From MPI		Add Edit Delete		
<u>Job Aid</u> <u>Provider Updates Tip</u>				Site Information		
Sheet	Site Na Contac	me: t Name:		*Service Site		
	Addres	s Line One:		*8220 CASTOR AVE		
Helpful Documents		s Line Two: s Line Three:				
• OMR Service Definitions	City:	s Line Three:		*PHILADELPHIA		
• OSP Service Definitions	State:			Pennsylvania		
OMAP Service	Zip:			*19152-2729		
Definitions	County Phone:	:		Philadelphia *(215) 123-4567		
OMR MA Provider	Fax:			(210) 120 1001		
Agreement	Email A	ddress:				
PROMISe enrollment						
instructions						Continue

- Click the option circle to the left of the address to be updated.
- Click [Edit].
- Make changes as necessary and click [Save].

**Note**: You should only update a site address if the address was entered incorrectly. If a site physically moves, end-date all services at that site and delete the site entirely from HCSIS. Once the entire site has been deleted successfully, add a new site in HCSIS using the new address, and add the appropriate services to that site.

- Click the option circle for the correct address match based on the results suggested by the geo-coding (postal) application, or click [Try Again] if the address information you entered is incorrect.
   Note: If you click [Try Again], the address information that you entered will be cleared, and you will be prompted to re-enter the address information.
- Refer to the Appendix A at the end of this tip sheet for the documentation the HCSIS Help Desk and MPI require for verification of site address changes.
- Refer to the Appendix B at the end of this tip sheet for rules and restrictions on permissible characters that can be entered in site-name (service-location), address and city-name fields in this screen.



#### **DELETE A SITE**

Follow the steps below when there are no Provider Types associated with the site. If Provider Types are associated with the site, please see the **DELETE SERVICE LOCATION** task in this tip sheet.

**Note:** Before a site can be deleted from Provider Access, all services associated with that site must be end-dated in the past. Please see the **END-DATE A SERVICE** task in this tip sheet prior to completing the following steps to delete a site.

Click <u>View/Update Sites Information</u> in the sidebar located on the left side of the screen, or select the Sites tab found at the top of the screen.

Home Contact Us	Provide	er Regi	stration -	- MICHEAL	FD				He
Available Tasks		-	nd Service L						
Modify Service Offerings					C				
View/Update Basic	Identifi		Contacts	Addresses	SSD Options	Sites	Service	5	
Demographics	Provider	Registrat	ion -> Sites	and Service Lo	cation -> Sites				
View/Update Sites									
Information	12								
View/Update NPI and	12		Questionst					1-10-10-1	Dura i dan Tanan
<u>Taxonomies</u>	Select Si	te Name	Contact Name	Address				/erification Status	Provider Type Added?
View My Application	NI.	ew SAT	Ivanie	2600 VADT	AN WAY, HARRIS			status	Added:
Summary		ew SAT		9438	AN WAY, HARRIS	BUKG, PA,	1/110-	/erified	Yes
Access Provider Dualification		ТТР			ST, ERIE, PA, 16	E01-1012		/erified	Yes
Service Authorization		116	_					venneu	165
Notice	<b>O</b> 50	ervice Site	9	8220 CAST 19152-272	OR AVE, PHILADE 9	LPHIA, PA	, i	/erified	Yes
	O Se	ervice Site	9		OR AVE, PHILADE	LPHIA, PA	, ,	/erified	Yes
lob Aids	2			19152-271					
Provider Registration	Re-Use	From MPI			Ad		Delete		
Job Aid					Site Inform	ation			
Provider Updates Tip	Site Name			*Service	Site				
Sheet	Contact N Address L			*0000 04	STOR AVE				
Helpful Documents	Address L Address L			- 8220 CA	STURAVE				
	Address L		:						
OMR Service Definitions	City:			*PHILADE					
OSP Service Definitions	State:			Pennsylv					
OMAP Service	Zip: County:			* 19152-2 Philadelr					
Definitions	Phone:			*(215) 12					
OMR MA Provider	Fax:			(210) 12	0.001				
Agreement	Email Add	ress:							

- Click the option circle to the left of the address to be deleted.
- Click [Delete].
- Review the *Site* screen to verify that the site has been deleted.



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	ew/Update Sites									screen, or se	lect t
	HCSIS Home Provider Access	and <u>C</u> omn	nunity	Services	Informatio	n <u>S</u> ystem					
	<u>Home</u> <u>Contact Us</u> Available Tasks	Provider Step 1 of 2:	-		MICHEAL cation	., ED				<u>Help</u>	
	Modify Service Offerings	Identifica Provider Re		Contacts on -> Sites a	Addresses and Service Lo	SSD Options cation -> Sites	Sites S	Services			
(	View/Update Sites Information View/ opdate NP1 and Taxonomies	1 2 Select Site	Name	Contact Name	Address			Verifica	ation	Provider Type Added?	
	<u>View My Application</u> <u>Summary</u> <u>Access Provider</u>	Site		Name	9438	AN WAY, HARRIS		verified		Yes	
	Qualification Service Authorization Notice	O HTT	P vice Site			I ST, ERIE, PA, 16 OR AVE, PHILADE 9		Verified Verified		Yes	
	Job Aids Provider Registration	C Serv 2 Re-Use Fr	vice Site		8225 CAST 19152-271			Verified	ł	Yes	
	Job Aid			_		Site Inform					
	Provider Updates Tip Sheet	Site Name: Contact Nar			*Service	Site	lation				
	Helpful Documents	Address Line Address Line Address Line	e Two:			STOR AVE					
	OMR Service Definitions     OSP Service Definitions	City: State:			*PHILADE Pennsylv	vania					
	Definitions	Zip: County: Rhana:			* 19152-2 Philadelp	ohia					
	, OMR MA Provider	Phone: Fax:			*(215) 12	23-450/					
	Agreement PROMISe enrollment	Email Addres	55:								
	instructions									Continue	/

Click the option circle to the left of the site to be edited and click [Continue]. The Service Location Details screen appears for the selected site.

Provider Access								0.000	
Home Contact Us	Provider Reg	istration	- MICHEAL	, ED					<u>Help</u>
Available Tasks	Step 2 of 2: Sites	and Service L	ocation						
Modify Service Offerings	Identification	Contacts	Addresses	SSD Op	tions	Sites	Services		
<u>View/Update Basic</u> <u>Demographics</u>	Provider Registra	ation -> Sites	and Service Lo	cation ->	Site ->	Service	Location		
<u>View/Update Sites</u> Information	Select Provider	Туре			NPI Nu	mber	Service Locatio	on Id	Status
View/Update NPI and	S2.Comm	unity Resider	itial Rehabilitatio	n			0013		Verification Pending
Taxonomies	05.Home	Health			100009	989	0011		Verified
<u>View My Application</u> Summary			ity Habilitation		100001		0012		Verified
Access Provider Qualification	[]L			Add	Edit	elete			1
Service Authorization				Service I	.ocatio	n Detail	s		
Notice	Provider Type:	* 52.Co	ommunity Reside	ntial Reha	bilitatio	n			
Job Aids <u>Provider Registration</u> Job Aid	Specialities:	* 456. 520.	PROGRAM EXCEPT CRR-ADULT CHILD & YOUTH LI ADULT RESIDENTI	IC GRP HOM	IE W MNT	ГL НLТН Т			
<u>Provider Updates Tip</u> <u>Sheet</u>	Reset Save								Save And Continue

- To add a new service location: Click [Add] and select the appropriate provider type, specialties, and NPI and Taxonomy, if applicable.
- **To modify a service location**: Click the option circle to the left of the provider type you wish to edit. Click [Edit] and make the necessary changes.
- Click [Save] if you desire to remain on this screen and edit another entry or [Save and Continue] to save the information and continue on to the next area.



#### DELETE SERVICE LOCATION

**ATTENTION:** Deleting service locations from MPI is not possible. This task deletes service locations from the Provider Access website and HCSIS only. *Remember; if you are a provider of OLTL services, do not attempt to delete any addresses with provider types listed for OLTL services.* 

**Note:** Before a service location can be deleted from Provider Access, all services associated with that service location must be end-dated in the past. Please see the **END-DATE A SERVICE** task in this tip sheet prior to completing the following steps to delete a service location.

Click <u>View/Update Sites Information</u> in the sidebar located on the left side of the screen, or select the Sites tab found at the top of the screen. The Site Information screen appears.

	of 2: Sites a		- MICHEAL							
		and Service L	ocation	,						
	ification	0			011	0				
		Contacts	Addresses	SSD Options	Sites	Service	IS			
FIOVIC	ает кеуізста	don > bites	and Service Lo	cation > ones						
<u>1</u> 2										
Select	Site Name	Contact Name	Address					Provider Type Added?		
-	New SAT		3600 VART	AN WAY, HARRISI	BURG, PA,					
0	Site		9438				Verified	Yes		
0	HTTP		155 W 8TH	ST, ERIE, PA, 16	501-1012		Verified	Yes		
$\bigcirc$	Service Sit	e			LPHIA, PA	,	Verified	Yes		
0	Service Sit 2	e			LPHIA, PA	J	Verified	Yes		
Re-	Use From MPI			Ad	d Edit	Delete				
				Site Inform	ation					
			*Service	Site						
			*0000 CA	CTOD AVE						
			0220 CA	STOR AVE						
Addres:	s Line Three	9:								
City:										
			*(215) 12	23-4507						
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Linal A	aa.655.									
	12 Select C C C Re- Site Na Contac Addres Addres Addres Addres City: State: Zip: County Phone: Fax:	1 2 Select Site Name New SAT Site C HTTP Service Sit C Service Sit C Service Sit Re-Use From MP1 Site Name: Contact Name: Address Line One: Address Line Three City: State: Zip: County: Phone:	1 2         Select       Site Name       Contact Name         O       New SAT       Site         O       HTTP       Service Site         C       Service Site       Service Site         C       Service Site       Service Site         C       Service Site       Service Site         Re-Use From MPI       Service Site       Service Site         Site Name:       Contact Name:       Address Line One:         Address Line Three:       City:       State:         Zip:       County:       Phone:         Fax:       Service Site       Service Site	1 2         Select       Site       Name       Address         O       New SAT       3600 VART         9438       9438       9438         O       HTTP       155 W BTH         Image: Service Site       8220 CAST         19152-272       Service Site       8225 CAST         Image: Contact Name:       *Service         Site Name:       *Service         Site Name:       *Service         Address Line One:       *8220 CA         Address Line Three:       City:         City:       *PHILADE         State:       Pennsyly         Zip:       *19152-2         County:       Philadelp         Phone:       *(215) 12	Select       Site       Contact Name       Address         C       New SAT Site       3600 VARTAN WAY, HARRIS 9438         C       HTTP       155 W 8TH ST, ERIE, PA, 16         Service Site       8220 CASTOR AVE, PHILADE 19152-2729         C       Service Site       8225 CASTOR AVE, PHILADE 19152-2718         Re-Use From MPI       Address Site Inform         Site Name:       *Service Site         Contact Name:       *Service Site         Address Line One:       *8220 CASTOR AVE         Address Line Three:       *         City:       *PHILADELPHIA         State:       Pennsylvania         Zip:       *19152-2729         County:       Philadelphia         Phone:       *(215) 123-4567	1 2         Select       Site Name       Address         O       New SAT       3600 VARTAN WAY, HARRISBURG, PA, 9438         O       HTTP       155 W 8TH ST, ERIE, PA, 16501-1012         Image: Service Site       8220 CASTOR AVE, PHILADELPHIA, PA 19152-2729         C       Service Site       8225 CASTOR AVE, PHILADELPHIA, PA 19152-2718         Re-Use From MPI       Add       Edit         Site Information         Site Inf	1 2         Select       Site Name       Address         C       New SAT       3600 VARTAN WAY, HARRISBURG, PA, 17110- 9438         C       HTTP       155 W 8TH ST, ERIE, PA, 16501-1012         Image: Service Site       8220 CASTOR AVE, PHILADELPHIA, PA, 19152-2729         C       Service Site       8225 CASTOR AVE, PHILADELPHIA, PA, 19152-2718         Re-Use From MPI       Add Edit       Delete         Site Information         Site Name:       *Service Site         Add Edit         Delete         Site Information         Site Information <td <="" colspan="2" td=""><td>1 2         Select       Site Name       Address       Verification Status         C       New SAT       3600 VARTAN WAY, HARRISBURG, PA, 17110- 9438       Verified         C       HTTP       155 W 8TH ST, ERIE, PA, 16501-1012       Verified         Image: Service Site       8220 CASTOR AVE, PHILADELPHIA, PA, 19152-2729       Verified         Image: Service Site       8225 CASTOR AVE, PHILADELPHIA, PA, 19152-2718       Verified         Image: Service Site       8225 CASTOR AVE, PHILADELPHIA, PA, 19152-2718       Verified         Image: Service Site       8220 CASTOR AVE, PHILADELPHIA, PA, 19152-2718       Verified         Image: Service Site       Site Information       Verified         Site Name:       *Service Site       Site Information         Site Name:       *8220 CASTOR AVE       Address         Address Line Two:       *8220 CASTOR AVE       Address         Address Line Two:       *8220 CASTOR AVE       Address         Address Line Three:       *8220 CASTOR AVE       ************************************</td></td>	<td>1 2         Select       Site Name       Address       Verification Status         C       New SAT       3600 VARTAN WAY, HARRISBURG, PA, 17110- 9438       Verified         C       HTTP       155 W 8TH ST, ERIE, PA, 16501-1012       Verified         Image: Service Site       8220 CASTOR AVE, PHILADELPHIA, PA, 19152-2729       Verified         Image: Service Site       8225 CASTOR AVE, PHILADELPHIA, PA, 19152-2718       Verified         Image: Service Site       8225 CASTOR AVE, PHILADELPHIA, PA, 19152-2718       Verified         Image: Service Site       8220 CASTOR AVE, PHILADELPHIA, PA, 19152-2718       Verified         Image: Service Site       Site Information       Verified         Site Name:       *Service Site       Site Information         Site Name:       *8220 CASTOR AVE       Address         Address Line Two:       *8220 CASTOR AVE       Address         Address Line Two:       *8220 CASTOR AVE       Address         Address Line Three:       *8220 CASTOR AVE       ************************************</td>		1 2         Select       Site Name       Address       Verification Status         C       New SAT       3600 VARTAN WAY, HARRISBURG, PA, 17110- 9438       Verified         C       HTTP       155 W 8TH ST, ERIE, PA, 16501-1012       Verified         Image: Service Site       8220 CASTOR AVE, PHILADELPHIA, PA, 19152-2729       Verified         Image: Service Site       8225 CASTOR AVE, PHILADELPHIA, PA, 19152-2718       Verified         Image: Service Site       8225 CASTOR AVE, PHILADELPHIA, PA, 19152-2718       Verified         Image: Service Site       8220 CASTOR AVE, PHILADELPHIA, PA, 19152-2718       Verified         Image: Service Site       Site Information       Verified         Site Name:       *Service Site       Site Information         Site Name:       *8220 CASTOR AVE       Address         Address Line Two:       *8220 CASTOR AVE       Address         Address Line Two:       *8220 CASTOR AVE       Address         Address Line Three:       *8220 CASTOR AVE       ************************************

▶ Click [Continue]. The Service Location Details screen appears.

CONTINUED ON NEXT PAGE



Available Tasks       Step 2 of 2: Sites and Service Location/Provider Types         Nodify Service Offerings       Identification Contacts Addresses SSD Options Organization Sites Services         View/Update Basic Demographics       Provider Registration -> Sites and Service Location/Provider Types -> Site -> Service Location         View/Update Sites Information       Select Provider Type         View/Update NPI and Taxonomies       Select Provider Type         View Mupdate NPI and Taxonomies       Select Provider Type         View Mupdate NPI and Taxonomies       Select Provider Type         Summary Access Provider Dualification Service Authorization       Service Location Details         Provider Type:       52.Community Residential Rehabilitation Specialities:	Home Contact Us	Provider Reg	istration ·	- ALLEGHE		S		imi.Si	Help
View/Update Basic       Contacts       Addresses       SSD Options       Organization       Sites       Services         Demoaraphics       Provider Registration -> Sites and Service Location/Provider Types -> Site -> Service Location       Service Location       Service Location         View/Update Sites       Information       Select       Provider Type       NPI Number       Service Location         View/Update NPI and       Taxonomics       0001       Verified       Verified         Summary       Service Location Details       Provider Type:       S2.Community Residential Rehabilitation       Service Location         Dualification       Specialities:       S2.Community Residential Rehabilitation       Service Location       Verified	Available Tasks								
Demographics       Provider Registration Posities and Service Location Provider Types of Site Posities Control Posites Control Posities Control Posities Control		Identification	Contacts	Addresses	SSD Options	Organization	Sites	Services	
Information View/Update NPI and Taxonomies View My Application Summary Access Provider Unalification     Select Provider Type     Provider Type     NPI Number     Service Location Id     Status       Summary Access Provider Dualification     Made     Edit     Detects     Detects     View     View		Provider Registra	ation -> Sites	and Service Lo	cation/Provider T	ypes -> Site -> S	ervice Lo	cation	
View/Update NPI and Taxonomics     0001     Verified       View My Application Summary     Add     Edit     Delete       Access Provider Dualification     Provider Type:     52.Community Residential Rehabilitation     0001     Verified		Select Provide	r Type			NPI Number	Service	Location Id	Status
View My Application         Red         Letter         Detect           Summary         Service Location Details         Service Location Details           Access Provider         Provider Type:         52.Community Residential Rehabilitation		© 52.Com	munity Reside	ntial Rehabilita	tion		0001		Verified
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Qualification         Provider Type:         52.Community Residential Rehabilitation           Snexialities:					Service Locatio	n Details			
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Notice Continue									Continue

• Click [Continue] to return to the *Site Information* screen.



	nary in the sidebar located on the left side of the screen to vintact, address, SSD, organization, site, and service informations.	
lote: Click [Back] to return t	to the Identification Data screen.	
Back		
	PROVIDER REGISTRATION	
	Commonwealth of Pennsylvania Department of Public Welfare	
	Identification Information	
Organization Type: Business Name: IRS Name: MPI Number: SSN: Department of State Number: Business Type: Opearting Status:	Individual MICHEAL, ED HELP SOURCE 300181334 213875690 N/A Individual Not-for-Profit	
	Site Information	
1) Ed Michael Corporate Office		
Contact Name: Street Address: Suite/PO Box: Building/Dept:	300 CORPORATE CENTER DR	
City: State: Zip: County: Country: Phone:	CAMP HILL Pennsylvania 170111760 Philadelphia United States (215) 555-5550	
Fax: Email: Service Locations:	Provider Type: 51.Home and Community Habilitation NPI: Service Location Id: 0003 Specialities: Provider Type: 26.Transportation NPI: Service Location Id: 0001 Specialities: Provider Type: 36.Personal Care Services NPI: Service Location Id: 0002 Specialities: Provider Type: 52.Community Residential Rehabilitation NPI: 1000099089 Service Location Id: 0004 Specialities:	



	ADD A SERVICE	
· · · · ·	ngs in the sidebar located on the left side	
Services tab found at the t	op of the screen. The Service Manageme	<i>ent</i> menu appears.
	Service Management	
	Add Service	
	Madify Service	
	Delete Service	
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	,	
Click Add Service. The Sea	arch screen appears.	
	Search Criteria Program Office: *	
	County/Joinder: *	
	Site: *	•
	Reset Search	
	ram Office from the drop-down box. The	
populate with additional sea	arch criteria drop-down menus according	to the Program Office selected.
	Search Criteria	
	Program Office: * ODP -	
	County/Joinder: *	101
	Site: *	•
	Reset Search	
l		
For the ODP Program Offic	e, you have the option of selecting a fisc	al year from the drop-down list, in
	der and a Site; for ODP-BAS, you must s	
•	select the Local Entity and a Site.	
Trogram Onices you muse	Select the Eocal Entity and a One.	
Click [Search].		
	and Community Services Information System	
Provider Access		
Home Contact Us	Provider Registration - SERVICE, PROVIDER	Help
Available Tasks	Step 3 of 3: Select Service Offerings	
Modify Service Offerings View/Update Basic	Identification Contacts Addresses SSD Options Organization Sites	Services
Demographics	Provider Registration -> Service Offerings	
<u>View/Update Sites</u> <u>Information</u>		Site Name : ALLEGHENY
<u>View/Update NPI and</u> <u>Taxonomies</u>	Program Office : ODP County/Joinder Name : Berks	(ALLEGHENY)
View My Application Summary		Qualification Status Contracted Rate
Access Provider Qualification	Home and Community Services 51.Home and Community Habilitation	
Service Authorization Notice	Companion Services (Basic Staff Support) (W1724)	
	Companion Services (Level 1) (W1725)	
Job Aids <u>Provider Registration Job</u>	Companion Services (Level 2) (W1726)     Older Adult Day Service-1/2 day (W7094)	
Aid Provider Updates Tip Sheet	Other Community Services	
	51.Home and Community Habilitation Companion Services (Level 3) (W1727)	
Helpful Documents           OMR Service Definitions		legin Date (MM/DD/YYYY):
OSP Service Definitions	Reset	Select And Continue
OMAP Service Definitions		
Click the checkbox to the le	ft of each service that will be provided th	rough this site and contracted with

 Click the checkbox to the left of each service that will be provided through this site and contracted with the selected county.

**Note**: The Services that appear are based on the provider types selected on the Service Location Detail Screen. CONTINUED ON NEXT PAGE.



#### ADD A SERVICE (CONTINUED) Enter the Tentative Service Begin Date (MM/DD/YYYY) for all of the selected services. Click [Select] and Continue]. The next screen will allow you to edit the Tentative Service Begin Date for each selected service, if ► needed. Home and Community Services Information System HCSIS Acres Contact Us Provider Registration - SERVICE, PROVIDER Help Home Step 3 of 3: Select Service Offerings Available Tasks Modify Service Offerings Identification Contacts Addresses SSD Options Organization Sites Services View/Update Basic Provider Registration -> Service Offerings Demographics View/Update Sites Information Site Name : ALLEGHENY (ALLEGHENY) Program Office : ODP County/Joinder Name : Berks View/Update NPI and Taxonomies View My Application End Date (MM/DD/YYYY) **ODP Services** Begin Date (MM/DD/YYYY Summary Access Provider Home and Community Services Qualificatio 51.Home and Community Habilitation Service Authorization Notice Companion Services (Basic Staff Support) (W1724) Companion Services (Level 1) (W1725) Job Aids Companion Services (Level 2) (W1726) 07/01/2010 Provider Registration Job Aid Older Adult Day Service-1/2 day (W7094) 07/01/2010 Provider Updates Tip Sheet Other Community Services 51.Home and Community Habilitation Helpful Documents Companion Services (Level 3) (W1727) 07/01/2010 OMR Service Definitions OSP Service Definitions Reset Save And Continu

If you selected multiple services and the begin date is not the same for each service, enter the appropriate Begin Date (MM/DD/YYYY) for when the provider will offer each service to the county for the site selected.

**IMPORTANT NOTE:** The **End Date** field is not required. Even if you have a contract for a service that ends on a certain date, leave this field blank unless the provider will no longer be offering the service as of a specific date.

▶ Click [Save and Continue]. The Service Offerings screen appears.

Home Contact Us	Provider Reg	istration ·	- SERVICE	, PROVIDER					Hel
Available Tasks	Step 3 of 3: Selec	t Service Offe	erings						
Modify Service Offerings	Identification	Contacts	Addresses	SSD Options	Organization	Sites	Services		
<u>View/Update Basic</u> <u>Demographics</u> <u>View/Update Sites</u> <u>Information</u>	Provider Registra	ation -> Servio	ce Offerings	Operati	on successful.	1			
<u>View/Update NPI and</u> <u>Taxonomies</u> View My Application	Progran	nder Name : Bei	ks	Si		: ALLEGHENY GHENY)			
Summary		ODP	Services		Service St	atuc	Oualification	Status	Contracted F
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lob Aids			vel 2) (W1726)		Selecte	- d			
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Provider Updates Tip Sheet	Other Communi	,	-1/2 day (W70	<sup>94</sup> )	Selecte	-	Qualifie	u	
retuel opartes rip bleet	51.Home and C		abilitation						
Helpful Documents			vel 3) (W1727)		Selecte	d			
OMR Service Definitions	Companior	, ocraces (re	•0.07 (••1/2/)		beleete	-			

Repeat these steps for all service, county, and site combinations by selecting the Services tab at the top of the screen.



		DELET	E A SERVICE		
<ul> <li>Click Modify Service tab found at the top</li> </ul>					ect the <b>Services</b>
<ul> <li>Click <u>Delete Service</u></li> </ul>	to search for t	≙ № ⊻	ice Management dd Service todify Service elete Service iew Service Du wish to delete.		
	Program Office: * Site:		arch Criteria		
<ul> <li>Select the appropriate populate with addition</li> </ul>	•		•		
	Program Office: * County/Joinder: * Site: Service:	ODP 🔽	Search	V	
1000		DEL Prograr	m Offices you must		
Home Contact Us Notify Service Offerings View/Update Basic Demographics View/Update Sites	Provider Registr Step 3 of 3: Select Ser Identification Co Provider Registration	vice Offerings	SSD Options Organization	Sites Services	Help
Information View/Update NPI and Taxonomies	Select County/Joinc	ler Site/Location	Provider Type (MPI Service Location ID)	Service (Procedure Code)	Qualification Status
<u>View My Application</u> Summary Access Provider	Berks	ALLEGHENY	51.Home and Community Habilitation (0019) 51.Home and Community Habilitation (0019)	Companion Services (Level 3) (W1727) Companion Services (Level 2) (W1726)	
<u>Qualification</u> Service Authorization Notice	□   erks	ALLEGHENY	51.Home and Community Habilitation (0019) 51.Home and Community	Companion Services (Basic Staff Support) (W1724) Older Adult Day Service-1/2 day	
Job Aids <u>Provider Registration Job</u> <u>Aid</u>	Berks	ALLEGHENY	Habilitation (0019) 51.Home and Community Habilitation (0019)	(W7094) Companion Services (Level 1) (W1725)	Qualified
<ul> <li>Click the Select box b</li> <li>Remember - Do not</li> </ul>			•	delete and click [Cont	
CONTINUED ON NEXT	PAGE				



### DELETE A SERVICE (CONTINUED)

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ome <u>Contact Us</u>	Provider Reg	jistration -	SERVICE,	PROVIDER						<u>Help</u>		
ilable Tasks	Step 3 of 3: Selec	t Service Offei	rings									
odify Service Offerings	Identification	Contacts	Addresses	SSD Options	Organization	Sites	Service	25				
v/Update Basic nographics v/Update Sites	Provider Registration -> Service Offerings -> Delete Service											
ormation w/Update NPI and	County/Joinde	r Site/Locatio		pe e Location ID)	Service (Procedure	code)		Qualification Status	Begin Date	End Date		
<u>conomies</u> w My Application	Berks	ALLEGHENY	51.Home and Habilitation (		Companion ( (W1727)	Services (	Level 3)		07/01/20	010		
mmary	Cancel							· · · · · · · · · · · · · · · · · · ·	Confirm	Delete		



					END D	ATE A SERV	ICE				
	<b>e:</b> To end- in date.	date a servio	ce, the s	ervice's	end date	e must be in	the past an	d great	er tha	ın or equ	al to the
۲						ocated on the ce <i>Managem</i>				or selec	t the <b>Services</b>
	Click Mod	lifu Service t	o soarol	for the		vice Management Add Service Modify Service Delete Service View Service You Wish to 6					
						earch Criteria					
			Program O	ffice: * Site:		Search			×		
•						e drop-down own menus a					
•			Ser Office,	inder: * Site: vice: you mu	st at leas	Search st select the G am Offices yo					DP-BAS, you nd a Site
			me and <u>C</u> om		ices Informatio	•					
		Home Contact Us Available Tasks Modify Service Offering View/Update Basic Demographics View/Update Sites	s Provi Step 3 Ident Provic	of 3: Select Serv tification Con der Registration	rice Offerings           Address           Ntacts         Address           > Service Offering	gs -> Modify Services	rganization Sites	Services		Help	
		Information View/Update NPI and Taxonomies	Select	t County/Joind	er Site Name	Service Location ID)	Service (Procedure Code)	Qualification Status	n Service Begin Date	Service Statu: End Date	5
		View My Application Summary Access Provider		Berks	ALLEGHENY	51.Home and Community Habilitation (0019) 51.Home and	Companion Services (Basic Staff Support) (W1724)		07/01/201	0	_
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		Job Aids Provider Registration Jo		Eerks	ALLEGHENY	Community Habilitation (0019) 51.Home and	Companion Services (Level 2) (W1726)		07/01/2010	0	=
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		Helpful Documents		Berks	ALLEGHENY	Community Habilitation (0019)		Qualified	07/01/201	0 Continue	5
•	Click the			e namo	of each	service you v	want to and	-data a	nd cli		inuel
		er - Do not				•		-uale d			

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#### END DATE A SERVICE (CONTINUED)

Provider Access								- THE REAL PROPERTY OF
Home Contact Us	Provider Reg	istration	- SERVICE	, PROVIDER				Help
vailable Tasks	Step 3 of 3: Select							
<u>Iodify Service Offerings</u>	Identification	Contacts	Addresses	SSD Options	Organization	Sites	Services	
/iew/Update Basic Demographics				Modify Services	orgunization	Sites	Scivices	
/iew/Update Sites	County/Joinder:		Berk	1				
nformation	Site Name:			GHENY				
<u>/iew/Update NPI and</u>	Provider Type(MP	I Service Loc	ation					
iew My Application	ID):		51.H	ome and Commun	ity Habilitation (00	19)		
Summary	Service(Procedure	e Code):	Com	oanion Services (E	Basic Staff Suppor	t) (W172	4)	
Access Provider	Status:							
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Service Authorization	Latest Contract E	nd Date:						
lotice	Earliest Request E	legin Date:						
in an	Latest Request Er	nd Date:	/					
ob Aids	Service Begin Dat	e (MM/DD/YY	YY): * 07/0	1/2010				
Provider Registration Job Aid	Service End Date	(MM/DD/YYY	Y):					
Provider Updates Tip Sheet	View Search R	esults					Save And Contin	ue Skip And Continue



				RE		RRENT SE	RVICES					
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-	tab found at											
					Service	e Management						
					<u>Adc</u>	I Service						
					Moc	dify Service						
					Dele	ete Service						
					Viev	<u>w Service</u>						
	Click View S	ervice	The Sea	orch Criter	ria screen a	appears						
				_	Sear	ch Criteria						
			Program	Office: *	<b>T</b>				_			
				Site:		Search			-			
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	Select the ap											
	populate with	n addit	ional sear	ch criteria	a drop-dow	n menus a	according	to the P	rogram	Offic	e select	ed.
					Sear	ch Criteria						
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			County/1	loinder: *		•						
				Site:								
			S	ervice:				•				
						Search						
	For the ODP	Progr	am Office	, you mu	st at least s	select the	County/Joi	inder an	d a Site	e; for	ODP-BA	AS, you
	must select a	a Site	and for bo	oth OCDE	L Program	Offices yo	ou must se	elect the	Local	Entity	and a S	Site.
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		.1.										
		Identific Provider			s SSD Options	Organization	Sites Service	es				
		0	County/Joinde	-		Comilar	Constality	Qualification	Countries at a d	Chatura		
		Office	County/Joinde	i Site Name	Provider Type (MPI Service Location ID)	Service (Procedure Code)		Qualification Status	Rate	Status		
		ODP			51.Home and Community	Companion	363.					
		Services	Berks	ALLEGHENY	Habilitation (0019)	Services (Basic Staff Support) (W1724)	COMPANION SERVICE					
		000			51.Home and	Companion	363.					
		ODP Services	Berks	ALLEGHENY	Community Habilitation (0019)	Services (Level 1) (W1725)	COMPANION SERVICE					
		0.00			51.Home and	Companion	363.					
		ODP Services	Berks	ALLEGHENY	Community Habilitation	Services (Level 2) (W1726)	COMPANION SERVICE					
					(0019) 51.Home and	Companion	363.			<u> </u>		
		ODP Services	Berks	ALLEGHENY	Community Habilitation	Services (Level 3) (W1727)	COMPANION					
					(0019) 51.Home and	Older Adult Day						
		ODP Services	Berks	ALLEGHENY	Community Habilitation	Service-1/2 day (W7094)	410. ADULT DAY CARE	Qualified				
		L		1	(0019)				Do	wnload		
	Review the li	et of a	onvicos o	nd ratios a	surrontly of	fored and/	or contrac	tod by t				d
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Click [Download] to download the list of services displayed on this screen into an excel spreadsheet.

address combinations selected.



# REVIEW ALL SERVICES USING THE PROVIDER SERVICE STATUS REPORT IN HCSIS

ATTENTION: This step takes place over two business days.

Day 1 –

▶ Go to <u>www.hcsis.state.pa.us</u>.



Click the **<u>HCSIS Loain</u>** hyperlink.



- ► Enter your **Username** and **Password** you use to log into Provider Access.
- Click [Login].
- From the HCSIS Homepage, follow the menu path: **Tools > Reports > Reports Request**.
- ► Click the **Provider Service Status Report** hyperlink under the **Financials** category.

HCS; The Home a	nd Community Services Information System	Help
	Individual   ISP   SC   Provider   Financial   Admin.   Tools	
	es   Alerts   Data Extract   Misc   IM Utils   Archive   RDE	
	it   Reports Inbox	
Tools - Reports - Reports Request		
	Provider Service Status Report	
	· · · · · · · · · · · · · · · · · · ·	
	Fiscal Year: *	
	Provider:	
	Service:	
	County/Joinder	
	Service Category: *  Real Contracted Service(s)	
	Provisional Contracted Service(s)	
	Provisional On-Hold Contracted Service(s)	
	Requested Service(s)	
	UnContracted Service(s)	
	Report Format: *	
	User Label:	
	Recet Request Report	

Select the appropriate Fiscal Year, Service Category (check all boxes to see all services), and Report Format. You may also choose a Provider, Service, and County/Joinder to specify your search.

**Note:** For more in formation on the reports and the report parameters in HCSIS, please refer to the ODP HCSIS Report Guide available on the Learning Management System (LMS) website under the <u>HCSIS</u> Information link.

- Click [Request Report].
- Your request will be processed overnight. Continue requesting this report for all fiscal years you want to review.

CONTINUED ON NEXT PAGE



#### **REVIEW ALL SERVICES USING THE PROVIDER SERVICE STATUS REPORT IN HCSIS (CONTINUED)**

#### Day 2 -

Access the report results by logging into HCSIS and following the menu path: Tools > Reports > Reports Inbox.

Tools - Reports - Reports Inbox
Report Title
Provider Service Status Report

- Click the <u>Provider Service Status Report</u> hyperlink in the Report Title column to open, save, and review each of the reports you requested.
- Analyze the Provider Service Status Report:
  - Un-contracted Services:
    - Providers can end-date;
    - County can end-date or delete.
  - Contracted Services (Real and Provisional On-Hold):
    - Providers can end-date on or after contract expires;
    - County can delete the contract and/or end-date the service. If the contract is deleted, the service must still be end-dated in the past or deleted by the county.
  - Requested Services:
    - Providers can end-date on or after the service request expires;
    - Supports Coordinators can delete service requests. If a service request is deleted, the service itself must be end-dated in the past or deleted by the county.



# Appendix A: Provider Documentation for Clearance and Verification

This appendix summarizes the provider documentation that the provider must send to the HCSIS Help Desk for the validation of any new or updated provider information in HCSIS.

Please fax the following documentation to the HCSIS Help Desk at 717-540-0960.

PUpdate to any Tax Reporting Information (e.g.: FEIN or name change, merging of agencies):

Call the HCSIS Help Desk (866-444-1264) for specific instructions.

<u>Enter a Provider's Information into HCSIS for the First Time:</u>

A cover sheet with the provider's name, the name of the provider contact, and the contact's phone number.

For (a) individuals who are not doing business as sole proprietorships; and (b) provider organizations enrolling as agencies, a copy of the Determination Letter they received from the Internal Revenue Service (IRS) or documentation from an independent third party (such as an auditor) is required as a proof of their Federal Employer Identification Number (FEIN).

For all individuals are doing business as a sole proprietorship, a copy of their Social Security Card is required as proof of their Social Security Number (SSN).

On a company letterhead or a signed document, a list of all site/service location addresses that will be enrolled in HCSIS.

For PROMISe<sup>™</sup> enrollment, complete the form attached to this link:

http://www.dhs.pa.gov/omap/promise/enroll/omappromiseenroll.asp. Update or



Add Sites:

- a. If adding a <u>new Site or Provider Type</u>, fax a cover letter, signed by the CEO or a Director, with the following information:
  - Program Office for which you are updating or adding a site
  - Provider IRS Name
  - o MPI#
  - Contact Information:
    - Name
      - E-mail Address
    - Phone Number
    - County in which you are physically located
  - o A list of the new and/or changed sites to be verified

**NOTE:** For all other changes to a site, (e-mail address, fax number, etc.) fax a summary of the changes to the HCSIS Help Desk. A signed memo is not required, because changes to a site's name or address is for correcting mistakes only.



# Appendix A: Provider Documentation for Clearance and Verification, Continued

b. To record in PROMISe<sup>™</sup>, complete the form attached to this link:

http://www.dhs.pa.gov/omap/promise/enroll/omappromiseenroll.asp.

Update the Provider's Business, Mailing, and/or Payment Address:

- a. Fax a cover letter signed by the CEO or a Director, including the following information:
  - o Program Office for which you are updating or adding a site
  - Provider IRS Name
  - o MPI#
  - Contact Information:
    - Name
    - E-mail Address
    - Phone Number
    - County in which you are physically located
  - A list of the changed addresses to be verified



## Appendix B: Internal Revenue Service and US Postal Service Requirements for Business Names and Business Addresses

With HCSIS Release 7.5, screens in the provider module begin enforcing standard formatting in accordance with the Internal Revenue Service and United States Postal Service requirements for Business Names and Business Addresses, respectively. In each of the standards given below, the numbers in parentheses indicate the field lengths in MPI.

#### Names (IRS (40), Legal Entity (50), Service Location (50)) (First Name (21), Last Name (25))

The only allowable characters are:

- 1) Letters
- 2) Numbers
- 3) Spaces
  - a. Cannot be the first or last character
  - b. Cannot be consecutive
- 4) Ampersand (&)
  - a. Cannot be the first or last character
  - b. Must be preceded and followed by a space
- 5) Hyphen (–)
  - a. Cannot be the first or last character
  - b. Must be preceded and followed by letters or numbers
- 6) Forward Slash (/)
  - a. Cannot be the first or last character
  - b. Must be preceded and followed by letters or numbers

Periods and commas are *not* allowed in the name fields.

#### Addresses (Address 1 (26), Address 2 (26))

The only allowable characters are:

- 1) Letters
- 2) Numbers
- 3) Spaces
  - a. Cannot be the first or last character
  - b. Cannot be consecutive
- 4) Pound (#)
  - a. Cannot be the first or last character
  - b. Must be preceded and followed by a space
- 5) Hyphen (-)
  - a. Cannot be the first or last character
  - b. Must be preceded and followed by letters or numbers
- 6) Forward Slash (/)
  - a. Cannot be the first or last character
  - b. Must be preceded and followed by letters or numbers

All other punctuation should be omitted.



# Appendix B: Internal Revenue Service and US Postal Service

#### Requirements for Business Names and Business Addresses, Continued

#### City Names (23)

The only allowable characters are:

- 1) Letters
- 2) Numbers
- 3) Spaces
  - a. Cannot be the first or last character
  - b. Cannot be consecutive

All other punctuation should be omitted.