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Welcome to Pennsylvania Community Health Workers (CHWs) Enrollment Training

Primary topics:

- Affordable Care Act Overview
- What is a Community Health Worker (CHW) Provider?
- CHW Enrollment Requirements
- National Provider Identifier (NPI)
- Accessing the Enrollment Application
- Enrollment Application Completion
- Resume Application
- Check Application Status
- PROMISE™ Portal Registration, Logon and Revalidation
- Resources

ACA - Overview



- In accordance with the Code of Federal Regulations (CFR) Medicaid requirements at 42 CFR §§ 438.602(b) and 438.608(b), relating to state responsibilities and program integrity requirements under the contract, with regard to the screening, enrollment and revalidation of providers, a provider must be enrolled in the MA Program as a condition of being enrolled in a managed care network.
- Pennsylvania Community Health Workers who wish to participate as PH-MCO network providers to render services to MA beneficiaries under the MA managed care delivery system must be enrolled in the MA Program.
- The ACA and implementing regulations require states to revalidate the enrollment of providers every five years.

Please Note: This training does not address MCO credentialing or contracting questions or concerns.

What is a Community Health Worker?



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What is a Community Health Worker (CHWs)?

- CHWs are trusted individuals who contribute to improved health outcomes for individuals with chronic health concerns.
- MAB 08-26-50 - Community Health Worker Enrollment in the Medical Assistance (MA) Program.

- **Effective 30 days from MAB issue date**, CHWs may enroll in the Medical Assistance (MA) Program to allow for participation in the managed care networks within the MA managed care delivery system.
- Must have current certification from the Pennsylvania Certification Board (PCB) as a Certified Community Health Worker.
 - Provider Type 13 Non-Traditional Provider
 - Specialty Code 139 Certified Community Health Worker

- CHW providers must obtain a 10-digit NPI via National Provider and Plan Enumeration System (NPPES).
- Providers can apply for an NPI online at the NPPES website.
 - <https://nppes.cms.hhs.gov>
- The 10-digit NPI is required on the enrollment application.

🇺🇸 An official website of the United States government [Here's how you know](#) ▼



🔍 SEARCH NPI REGISTRY

📘 HELP

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID ⓘ

I&A User ID, used to access NPPES & PECOS



Password

I agree to the [Terms and Conditions](#)

SIGN IN

[FORGOT USER ID or PASSWORD?](#)

*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information

Create or Manage an Account

You need an Identity & Access Management System (I&A) account to log into NPPES.



Individual Providers or Users Working on Behalf of a Provider or Organization

If you don't have an I&A account, or you need to update your existing I&A account, then select the "CREATE or MANAGE AN ACCOUNT" button below to go to I&A.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log in. This is where you can create and maintain NPI data that you are associated with.

CREATE or MANAGE AN ACCOUNT



ANNOUNCEMENTS

Obtaining a NPI



Identity & Access Management System

[? Help](#)

The Multi-Factor Authentication (MFA) policy has changed. Your MFA e-mail will match your I&A profile primary e-mail address. Please contact the Help Desk if you have any questions.

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

Assistive technology users can navigate to and select the 'Close' button on the pop-up by pressing the Tab key. Tabbing past this button may move focus away from the pop-up content. If this happens, use the Shift + Tab keys to return to the previous focus point.

Sign In

* indicates required field(s)

* **User ID:**

* **Password:**

Sign In 

[? Forgot Password](#)

[? Retrieve Forgotten User ID](#)

[? Enter your PIN](#)


One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, PEPPER, and CBR, manage staff, and authorize others to access your information.

IMPORTANT! - Every individual user with access to the I&A system is responsible for:

- Keeping login information secure.
- Selecting strong passwords.
- Reporting any unauthorized use of accounts.

Sharing of login information is strictly prohibited!

Create Account Now 



Use this system to register for Medicare or update your current enrollment information.



- CHWs wishing to enroll will need to complete a new enrollment application.
 - Step 1:
 - Go to the Landing page of the PROMISE™ Portal.
 - website: <https://promise.dhs.pa.gov>
 - Step 2:
 - Select “New Application” from the Provider Enrollment Section of the Landing Page.
 - Step 3:
 - Complete the application using the CHWs’ information and submit.

Accessing Enrollment Application



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Login

PROMISe™ Internet

Home

Home

Thursday 07/20/2023 10:58 AM EST

Provider Login

***User ID**

Log In

[Forgot User ID?](#)


[Register Now](#)

[Where do I enter my password?](#)

Broadcast Messages

NOTE: Providers will begin to receive communications from donotreply@gainwelltechnologies.com. Please be sure to check your spam folder and add this email address to your contact list to ensure receipt of notifications.

Provider Enrollment

- New Application 
- Reactivation
- Resume Application
- Application Status



The Commonwealth of Pennsylvania Department of Human Services offers state of the art technology with PROMISe™, the claims

Application Tracking Number (ATN)



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- Each online provider enrollment application is assigned a unique Application Tracking Number (ATN).
- An email containing the 10-digit ATN will be sent to the email address entered in the Contact Information on the application.
- Additionally, the ATN will display at the top of the application.
- The ATN is required to resume or check the status of the application.

The electronic enrollment system will send email notices to providers at key points during the application submission and determination process. The emails will be generated from a 'do not reply' email address. The following are the types of emails generated:

- Online Application Initiated
- Online Application Submitted
- Online Application Returned to Provider for Revisions
- Online Application Initiated – Expiring
- Online Application Returned to Provider – Expiring



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Community Health Worker Enrollment Application Completion

Request Information Page



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Enrollment Information | Contact Information | Help

Welcome

Request Information

- Service Location Address
- Other Addresses
- Specialties
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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.

In addition, once submitted, you can check the status of your application at any time by selecting the "Application Status" link from the PROMISE portal landing page on the left side under "Provider Enrollment", entering the ATN, SSN/FEIN, and password fields and clicking "submit". The Application Summary section will display on the page showing the current status of the application.

- * 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	Pennsylvania Medical Assistance (PA MA)
* Provider Type	13 - Non-Traditional Provider
* Enrollment Type	Individual with SSN

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.

* Social Security Number (SSN)	987-65-4321	🔗
* Confirm Social Security Number (SSN)	987-65-4321	

Name of Enrollee

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

* Last Name	CHW		
* First Name	Provider	Middle Initial	E

Medicare Enrollment Information

* Are you a Medicare participating Provider? Yes No

Contact Information

Contact information will be used for correspondence regarding this application. This is not required to be the provider's contact information, but rather should be the contact information of the person who is completing the application and can assist with questions regarding this application. In addition, email notifications will be sent to the contact email address provided, at key points during the application process:

- Online application initiated
- Online application submitted
- Online application returned to provider for revisions
- Online application expiring

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	CHW		
* First Name	Provider		
Title			
* Phone Number	717-555-1112	Phone Extension	
Toll Free Number	###-###-####	Toll Free Extension	
Fax Number	###-###-####		
* Email	myemail@gmail.com		
* Confirm Email	myemail@gmail.com		
* Password		
* Confirm Password		
	✓ One Lowercase Letter	✓ (8-20) Characters Long	
	✓ One Number	✓ One Uppercase Letter	
	✓ Passwords Match		

🔙 Finish Later

🔜 Save & Continue

Service Location Address Page



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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	<input type="text" value="10 Apple Lane"/>	Room/Suite	<input type="text"/>
* City	<input type="text" value="Anytown"/>	* State	<input type="text" value="PA - Pennsylvania"/>
* Zip+4	<input type="text" value="18001-1234"/>	* County	<input type="text" value="Northampton"/>
* Email	<input type="text" value="myemail@gmail.com"/>	* Confirm Email	<input type="text" value="myemail@gmail.com"/>
* Phone Number	<input type="text" value="267-555-1212"/>	Phone Extension	<input type="text"/>
Fax Number	<input type="text" value="###-###-####"/>		

After this information is saved, you will have the option to enter different address information for Mail-To, Pay-To, and Home Office Addresses on a separate page.

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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
* Does the office have interior steps leading to the main entrance doorway?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
* Is this address an active Rural Health Clinic or FQHC?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

* Medicare?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
* Children's Health Insurance Program (CHIP)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
* Another state's Medicaid?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Other Addresses Page



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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	10 Apple Lane	Room/Suite	
City	Anytown	State	PA - Pennsylvania
Zip+4	18001-1234		

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:<https://www.pa.gov/agencies/dhs/resources/for-providers/promise/eft.html>

Once enrolled, you can retrieve RAs from PROMISe™ online. If you require paper RAs, please call 1.800.537.8862 option 2 to see if you meet the requirements.

* Would you like to receive E-Mail notification of new bulletins to the email address assigned to your mail-to address? If you did not provide a different address for your mail-to address, the email address assigned to your service location address will be used. Yes No

🔙 Finish Later

🏠 Save & Continue

Specialties Page



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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. Once the issuing entity is selected, a drop-down issuing state list will be presented. Only valid states for the issuing entity will be presented for selection. In most situations, only the state assigned to the Service Location Address on the address page will be available for selection.

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
139 - Certified Community Health Worker		Yes
ProviderType 13 - Non-Traditional Provider		
▪ Specialty	139 - Certified Communi	Sub-Specialty Not Applicable
License, Certificate & Permit Information		
▪ Issuing Entity	PA CERTIFICATION BO	▪ Issuing State PA - Pennsylvania
▪ Number	D12345	
▪ Issuing Date	03/01/2026	▪ Expiration Date 12/31/2027

+ Add Additional Specialty

Finish Later

Save & Continue

Program Eligibility Program (PEP) Page



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Provider Eligibility Program (PEP)

Provider Eligibility Programs (PEPs) that may be associated with the provider type and specialties selected earlier in the application process can be added on this page. At least one PEP is required for enrollment.

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

* Indicates a required field.

Requested Effective Date

By default, the requested effective date for this application will be set to the submission date of the application when the application is submitted.

* Is a requested effective date prior to the application submission date required for this enrollment?

Yes No

Associated PEPs

You may select more than one Provider Eligibility Program (PEP) by clicking on the appropriate PEPs.

* Provider Eligibility Program (PEP)

Enrolled Renter Only

Click below to download a listing of the Provider Eligibility Programs (PEP) and their descriptions.

[Download](#)

[Finish Later](#)

[Save & Continue](#)

Provider Identification Page



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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

* Last Name	<input type="text" value="CHW"/>	Middle Name	<input type="text" value="E"/>
* First Name	<input type="text" value="Provider"/>	Room/Suite	<input type="text"/>
* Street	<input type="text" value="10 Apple Lane"/>		
* City	<input type="text" value="Anytown"/>	* State	<input type="text" value="PA - Pennsylvania"/>
* Zip+4	<input type="text" value="18001-1234"/>		

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="CHW"/>	Phone Extension	<input type="text"/>
* First Name	<input type="text" value="Provider"/>	Toll Free Extension	<input type="text"/>
Title	<input type="text"/>		
* Phone Number	<input type="text" value="717-634-1567"/>		
Toll Free Number	<input type="text" value="#####-#####"/>		
Fax Number	<input type="text" value="#####-#####"/>		
* Email	<input type="text" value="myemail@gmail.com"/>		
* Confirm Email	<input type="text" value="myemail@gmail.com"/>		

Individual Provider

* Birth Date	<input type="text" value="04/02/1987"/>	* Gender	<input type="text" value="Female"/>
Title/Degree	<input type="text" value="CHW"/>		

NPI

NPI is a unique identification number for healthcare providers.

*** NPI**

* Taxonomy

You may select more than one Taxonomy by clicking on the appropriate taxonomies.

172V00000X - Community Health Worker: Default Specialty

Finish Later

Save & Continue

Additional Information Page



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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

 Finish Later

 Save & Continue

Provider Disclosure Page



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Provider Disclosures

Respond to the following provider disclosure questions and select the Save and Continue button to continue with this application.

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

Definitions

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

Managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.

Have you ever:

- Yes No
Had clinical privileges or hospital privileges denied, suspended, restricted, revoked, or not renewed; either voluntarily or involuntarily for an agreed to definite or indefinite period of time?
- Yes No
Had any judgments entered against you or settlements been agreed to in any professional liability cases?
- Yes No
Are there any professional liability lawsuits pending against you at the present time?
- Yes No
Do you have physical or mental health condition(s) which in any way impairs your ability to practice your profession, with or without accommodations?
- Yes No
Do you have any physical or mental health condition(s) which in any way poses a risk of harm to your patients?
- Yes No
Are you currently using, or have you used in the past five years, drugs or any other chemical substance that has or may impair your ability to practice your profession?

Have you or anyone in your employ ever:

- Yes No
Been terminated, excluded, precluded, suspended, debarred from or had your participation in any federal or state health care program or hospital privileges 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 your 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, or a state health care program?
- Yes No
Been convicted of a criminal offense relating to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance?
- Yes No
Been convicted of interference with or obstruction of any investigation?
- Yes No
In connection with the delivery of a health care item or service, or with respect to any act or omission in a health care program, been convicted of any criminal offense relating to neglect or abuse of patients or fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?
- Yes No
Been in default on repayments of scholarship obligations or loans in connection with your education as a health professional?
- Yes No
Been subject to a civil penalty or assessment for any act or omission related to Medicare, Medicaid, or a state health care program?

Finish Later

Save & Continue

Ownership/Control Interest Page



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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.

Managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.

Significant business transaction means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of a provider's total operating expenses.

Subcontractor means:

- An individual, agency, or organization to which a provider has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

Supplier means an individual, agency, or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer or hospital beds, or a pharmaceutical firm).

Wholly owned supplier means a supplier whose total ownership interest is held by a provider or by a person, persons, or other entity with an ownership or control interest in a provider.

Managing Employee or Agent Disclosure

* Does the enrolling individual practitioner have any Managing Employees or Agents? Yes No

Direct Or Indirect Ownership

* Are there any subcontractors in which the enrolling individual practitioner has a direct or indirect ownership interest of 5% or more? Yes No

Criminal Offense

* Has the enrolling individual practitioner been convicted of a criminal offense related to Medicare, Medicaid, Title XX, Title XXI (CHIP), or a state health care program? Yes No

Significant Business Transactions

* Has the enrolling individual practitioner had any significant business transactions with any wholly owned supplier or with any subcontractor during the preceding five year period? Yes No

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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. Click on the appropriate link for more information on creating a PDF document when using [Microsoft Windows](#) or [Apple macOS](#).


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 (1 Total)	File
Copy of PA Certification Board Provider License/Certificate/Permit D12345	Copy of PA Certification Board Provider License Certificate Permit .pdf  

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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

Provider E CHW (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 Health and Human Services Secretary full and complete information about the following:
 - A. the ownership of any subcontractor with whom the Provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
 - B. any significant business transactions between the Provider and any wholly owned supplier, or between the Provider and any subcontractor, during the 5-year period ending on the date of the request.
7. The Provider agrees that it will allow the Centers for Medicare and Medicaid Services, its agents and its contractor and the Department to conduct unannounced on-site inspections of any and all of its locations, including locations where services are provided.
8. The Provider agrees that it will consent to criminal background checks, including fingerprinting, of individuals with an ownership interest in the Provider, and will provide to the Department any information needed for the Department to conduct a background check of the Provider and its owners.
9. The Provider agrees that upon written request from the Department it will disclose the identity of any person who has an ownership or control interest in the Provider or is an agent or managing employee of the Provider that has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XX, or Title XXI (CHIP).
10. The Provider agrees that if there is any change in the ownership or control of the Provider, it will submit updated disclosure information to the Department within 35 days of the change in ownership or control of the Provider.
11. This agreement shall continue in effect unless and until it is terminated by either the Provider or the Department. Either the Provider or the Department may terminate this agreement, without cause, upon thirty days prior written notice to the other. The Provider's participation in the Pennsylvania Medical Assistance Program may also be terminated by the Department, with cause, as set forth in applicable Federal and State law and regulations.

The Provider represents and warrants that the person signing this agreement is a duly authorized representative of the Provider and has the authority to enter into a legal, valid, and binding obligation on behalf of the Provider.

* Please sign by typing your full name here:

Provider E CHW

Today's Date: 3/11/2026

Finish Later

Save & Continue

Summary Page



Enrollment Information ▾ Contact Information ▾ Help

Welcome

Request Information

Service Location
Address

Other Addresses

Specialties

Provider Eligibility
Program (PEP)

Provider
Identification

Additional
Information

Provider Disclosures

Ownership / Control
Interest

Attachments

Agreements

Summary

ATN: 100009681

Provider Number: Pending

Type: New Enrollment

Start Date: 03/03/2026

Completion By: 05/02/2026

Summary

▼ Provider Information

Program Type Pennsylvania Medical Assistance (PA MA)
Provider Type 13 - Non-Traditional Provider
Enrollment Type Individual with SSN

Last Name	First Name	Middle Initial
CHW	Provider	E

Social Security Number (SSN) 987654321

Are you a Medicare participating Provider? No

Contact Information

Last Name	First Name	Title
CHW	Provider	
Phone Number	Extension	
(717) 634-1567		
Toll Free Number	Extension	
Fax Number		
Email		
myemail@gmail.com		

Submission Details



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Instructions to submit application

If changes are required when viewing the Summary page, please select the appropriate link from the Application Navigation Panel. Navigate back to that section and make your changes. Please note that navigating back through the enrollment application will require you to proceed forward through the rest of the enrollment application pages.

Once you have reviewed the content of this application and signed the application, select 'Submit Application' to submit the enrollment application for processing. Please save a copy of this application to PDF for your records.

I have reviewed the information in this enrollment application and affirm that the information submitted in or with this application is true, accurate and complete.

I understand that I am responsible for notifying the Department of Human Services if any information included in this enrollment application changes or if I become aware that any of the information is not true, accurate or complete.

I understand that any false statements or omissions may be subject to prosecution under applicable state or federal law, including 18 Pa. C.S. § 4904, relating to any unsworn falsifications to authorities.

I understand that knowingly and willfully providing incomplete or false information in this application may result in the denial of enrollment or termination of my enrollment in the Pennsylvania Medical Assistance (PA MA).

* Please sign by typing your full name here:

Provider E CHW

Today's Date: 3/11/2026

 Save as PDF

 Finish Later

 Submit Application



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Example of Provider Application Summary

Provider and Contact Information



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Summary

▼ Provider Information

Program Type	Pennsylvania Medical Assistance (PA MA)				
Provider Type	13 - Non-Traditional Provider				
Enrollment Type	Individual with SSN				
Last Name	CHW	First Name	Provider	Middle Initial	E
Social Security Number (SSN)	987654321				

Are you a Medicare participating Provider? No

Contact Information

Last Name	CHW	First Name	Provider	Title
Phone Number	(717) 634-1567	Extension		
Toll Free Number		Extension		
Fax Number				
Email	myemail@gmail.com			



▼ Service Location

Street	10 Apple Lane	Room/Suite	
City	Anytown	State	PA - Pennsylvania
Zip+4	18001-1234	County	Northampton
Email	myemail@gmail.com		
Phone Number	(267) 555-1212	Extension	
Fax Number			



General & Historical Questions

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

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

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

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

Medicare? No

Children's Health Insurance Program (CHIP)? No

Another state's Medicaid? No



▼ Other Addresses

If you wish to utilize the Electronic Funds Transfer Direct Deposit Option please visit the following link for further information: <https://www.pa.gov/agencies/dhs/resources/for-providers/promise/eft.html>

Once enrolled, you can retrieve RAs from PROMISE™ online. If you require paper RAs, please call 1.800.537.8862 option 2 to see if you meet the requirements.

Would you like to receive E-Mail notification of new bulletins to the email address assigned to your mail-to address? If you did not provide a different address for your mail-to address, the email address assigned to your service location address will be used. Yes

Mail-To Address : *Same As Service Location*

Pay-To Address : *Same As Service Location*

Home-Office Address : *Same As Service Location*



▼ Specialties

▼ **Primary Specialty** 139 - Certified Community Health Worker **Sub-Specialty** **Primary** Yes

ProviderType	13 - Non-Traditional Provider
Specialty	139 - Certified Community Health Worker
	Sub-Specialty

License, Certificate & Permit Information

Issuing Entity	PA CERTIFICATION BOARD	Issuing State	PA
Number	D12345		
Issuing Date	03/01/2026	Expiration Date	12/31/2027

Provider Eligibility Program (PEP)



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▼ Provider Eligibility Program (PEP)

Requested Effective Date

Is a requested effective date prior to the application submission date required for this enrollment? No

Associated PEPs

Provider Eligibility Program (PEP)

Enrolled Render Only

Provider Identification



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▼ Provider Identification

Provider IRS/Legal Name and Address

Last Name	CHW	First Name	Provider	Middle Name
Street	10 Apple Lane	Room/Suite		
City	Anytown	State	PA - Pennsylvania	
Zip+4	18001-1234			

Contact IRS/Legal Name and Address

Last Name	CHW	First Name	Provider	Title
Phone Number	(717) 634-1567	Extension		
Toll Free Number		Extension		
Fax Number				
Email	myemail@gmail.com			

Individual Provider

Birth Date	04/02/1987	Gender	F
Title/Degree	CHW		

NPI

NPI 1033917075

Taxonomy

📄 172V00000X - Community Health Worker: Default Specialty



▼ Additional Information

Enrollment Languages

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

Provider Disclosures

Have you ever:

Had clinical privileges or hospital privileges denied, suspended, restricted, revoked, or not renewed; either voluntarily or involuntarily for an agreed to definite or indefinite period of time? No

Had any judgments entered against you or settlements been agreed to in any professional liability cases? No

Are there any professional liability lawsuits pending against you at the present time? No

Do you have physical or mental health condition(s) which in any way impairs your ability to practice your profession, with or without accommodations? No

Do you have any physical or mental health condition(s) which in any way poses a risk of harm to your patients? No

Are you currently using, or have you used in the past five years, drugs or any other chemical substance that has or may impair your ability to practice your profession? No

Provider Disclosures (cont.)



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Have you or anyone in your employ ever:

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

Been the subject of a disciplinary proceeding by any licensing or certifying agency, had your 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)? No

Had a controlled drug license withdrawn? No

Been convicted of a criminal offense related to Medicare or Medicaid, or a state health care program? No

Been convicted of a criminal offense relating to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance? No

Been convicted of interference with or obstruction of any investigation? No

In connection with the delivery of a health care item or service, or with respect to any act or omission in a health care program, been convicted of any criminal offense relating to neglect or abuse of patients or fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct? No

Been in default on repayments of scholarship obligations or loans in connection with your education as a health professional? No

Been subject to a civil penalty or assessment for any act or omission related to Medicare, Medicaid, or a state health care program? No



Ownership / Managing Individuals

Managing Employee or Agent Disclosure

Does the enrolling individual practitioner have any Managing Employees or Agents? No

Direct Or Indirect Ownership

Are there any subcontractors in which the enrolling individual practitioner has a direct or indirect ownership interest of 5% or more? No

Criminal Offense

Has the enrolling individual practitioner been convicted of a criminal offense related to Medicare, Medicaid, Title XX, Title XXI (CHIP), or a state health care program? No

Significant Business Transactions

Has the enrolling individual practitioner had any significant business transactions with any wholly owned supplier or with any subcontractor during the preceding five year period? No



▼ Attachments

Provider

Required Attachment	Uploaded File Name
Copy of PA Certification Board Provider License/Certificate/Permit D12345	⬇ Copy of PA Certification Board Provider License Certificate Permit .pdf <small>i</small>



**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

Provider E CHW (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.

Provider Agreement (cont.)



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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 Health and Human Services Secretary full and complete information about the following:
 - A. the ownership of any subcontractor with whom the Provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
 - B. any significant business transactions between the Provider and any wholly owned supplier, or between the Provider and any subcontractor, during the 5-year period ending on the date of the request.
7. The Provider agrees that it will allow the Centers for Medicare and Medicaid Services, its agents and its contractor and the Department to conduct unannounced on-site inspections of any and all of its locations, including locations where services are provided.
8. The Provider agrees that it will consent to criminal background checks, including fingerprinting, of individuals with an ownership interest in the Provider, and will provide to the Department any information needed for the Department to conduct a background check of the Provider and its owners.
9. The Provider agrees that upon written request from the Department it will disclose the identity of any person who has an ownership or control interest in the Provider or is an agent or managing employee of the Provider that has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XX, or Title XXI (CHIP).
10. The Provider agrees that if there is any change in the ownership or control of the Provider, it will submit updated disclosure information to the Department within 35 days of the change in ownership or control of the Provider.
11. This agreement shall continue in effect unless and until it is terminated by either the Provider or the Department. Either the Provider or the Department may terminate this agreement, without cause, upon thirty days prior written notice to the other. The Provider's participation in the Pennsylvania Medical Assistance Program may also be terminated by the Department, with cause, as set forth in applicable Federal and State law and regulations.

The Provider represents and warrants that the person signing this agreement is a duly authorized representative of the Provider and has the authority to enter into a legal, valid, and binding obligation on behalf of the Provider.

Please sign by typing your full name here:

Provider E CHW

Today's Date: 03/11/2026

Helpful Application Information

- After the agreement and application is signed, providers should review all sections prior to submitting the application.
- The Department cannot access the application prior to the application being completed and submitted.
- Returned applications from DHS will contain a message as to why the application has been returned.

PLEASE NOTE: All applications pass through automated checks that can take up to 15 days prior to appearing in the Department's work queue.

How to Resume or Check Enrollment Application Status

- Resume application
 - Allows a provider to resume an application that has been started but not yet submitted.
 - Or resume an application that was returned to the provider for corrections.
 - Items needed to Resume Application
 - Application Tracking Number (ATN)
 - FEIN or SSN of provider on the application
 - Password created when saving the application

- To resume an application
 - Step 1:
 - Go to the Landing page of the PROMISe™ Portal.
 - website: <https://promise.dhs.pa.gov>
 - Step 2:
 - Select “Resume Application” from the Provider Enrollment Section of the Landing Page.
 - Step 3:
 - This link opens a window requesting the Application Tracking Number (ATN), Tax Id or SSN and Password.
 - Once supplied and verified, the provider can resume an application that has not been submitted or resume an application that has been returned for corrections.

Resume Application



Login

PROMISE™ Internet

Home

Home

Wednesday 11/29/2023 10:26 AM EST

Provider Login



*User ID

[Log In](#)

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)



Broadcast Messages

Attention Provider Groups and Individuals: Effective 10/27/2023: The Department has added functionality to the Provider Enrollment system to allow one application to revalidate multiple Individual and Group locations. Providers can utilize this functionality if they are enrolled as one of the following Provider types 09, 14, 15, 17, 18, 19, 20, 23, 27, 31, 32, 33 and meet specific match criteria. For more details, please review Quick Tip #270 PROMISEQuickTip270 (pa.gov).

NOTE: Providers will begin to receive communications from donotreply@gainwelltechnologies.com. Please be sure to check your spam folder and add this email address to your contact list to ensure receipt of notifications.

Provider Enrollment



[New Application](#)

[Reactivation](#)

[Resume Application](#)

[Application Status](#)



Quick Links



Resume Application



Enrollment Information ▾ Co

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.

- * Indicates a required field.

* Application Tracking Number (ATN)

* SSN or FEIN

* Password

[Forgot Password?](#)

I'm not a robot



- Application Status
 - Allows a provider to check on the status of an existing application either submitted or incomplete.
 - Items needed to check Application Status:
 - Application Tracking Number (ATN)
 - FEIN or SSN of provider on the application
 - Password created when saving the application

- To check the status of a submitted application
 - Step 1:
 - Go to the Landing page of the PROMISe™ Portal.
 - website: <https://promise.dhs.pa.gov>
 - Step 2:
 - Select “Application Status” from the Provider Enrollment Section of the Landing Page.
 - Step 3:
 - This link opens a window requesting the Application Tracking Number (ATN), tax Id or SSN and Password.
 - Once supplied and verified, the provider can view the status of a current application whether submitted or not. The provider can also view the application PDF of a submitted application from this page.

Application Status



Login

PROMISE™ Internet

Home

Home

Wednesday 11/29/2023 10:26 AM EST

Provider Login



*User ID

Log In

Forgot User ID?

Register Now

Where do I enter my password?



Broadcast Messages

Attention Provider Groups and Individuals: Effective 10/27/2023: The Department has added functionality to the Provider Enrollment system to allow one application to revalidate multiple Individual and Group locations. Providers can utilize this functionality if they are enrolled as one of the following Provider types 09, 14, 15, 17, 18, 19, 20, 23, 27, 31, 32, 33 and meet specific match criteria. For more details, please review Quick Tip #270 PROMISEQuickTip270 (pa.gov).

NOTE: Providers will begin to receive communications from donotreply@gainwelltechnologies.com. Please be sure to check your spam folder and add this email address to your contact list to ensure receipt of notifications.

Provider Enrollment



New Application

Reactivation

Resume Application


Application Status



Quick Links



Application Status



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Enrollment Information - Contact Information - 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.

* Indicates a required field.

*Application Tracking Number (ATN)

*SSN or FEIN

*Password [Forgot Password?](#)

I'm not a robot 

[Search](#)

Application Status Summary

This is the most current information regarding your Pennsylvania Medical Assistance (PA MA) provider enrollment application.

Application Tracking Number (ATN):	1000006626
Start Date:	10/13/2022
Date Submitted:	10/18/2022
Status:	Application Approved
Status Date:	10/18/2022
Application Submission PDF:	Download

Approved Application Summary

Below are the details regarding your approved Pennsylvania Medical Assistance (PA MA) provider enrollment application.

Provider ID:	300594890-0001
Effective Date:	10/14/2022
Revalidation Date:	10/24/2027

PROMISe™ Provider Portal Registration, Logon and Revalidation

- Upon approved enrollment in the MA Program providers will receive a 9-digit Provider ID Number and 4-digit Service Location which comprise the 13-digit PROMISe™ Provider Number.
 - 4-digit Service Location identifies the address of the service location
- Providers will need to establish a User Account on the PROMISe™ Provider Portal using their 13-digit PROMISe™ Provider Number to revalidate their enrollment.
- Providers must revalidate their enrollment every five years.

- CHWs will not be billing through the PROMISe™ Provider Portal for rendered services.
- MCO Engagement and Billing best practices for Pennsylvania Certified CHWs – Tuesday, March 31, 2026, 10:00 a.m. – 11:30 a.m.
- Register for the MCO engagement and billing training for Pennsylvania Certified CHWs at:
 - <https://attendee.gotowebinar.com/register/1029024590028248667>




- To register a new PROMISe™ User Account
 - Step 1:
 - Go to the Landing page of the PROMISe™ Portal.
 - website: <https://promise.dhs.pa.gov>
 - Step 2:
 - Click the “Register Now” link located under the Log In button on the PROMISe™ Landing Page. The Registration Selector window will display.
 - Step 3:
 - Select the “Provider” option from the Registration Selector window.
 - Complete the 2 Step Registration Process.

Please Note: A link to the Internet User Manual is available on the Landing Page.

Provider Login

***User ID**

Log In

[Forgot User ID?](#)
[Register Now](#) 
[Where do I enter my password?](#)

Broadcast Messages

NOTE: Providers will begin to receive communications from donotreply@gainwelltechnologies.com. Please be sure to check your spam folder and add this email address to your contact list to ensure receipt of notifications.



Provider Enrollment

- New Application
- Reactivation
- Resume Application
- Application Status

Quick Links

[Internet Help Manual](#) 

The Commonwealth of Pennsylvania Department of Human Services offers state of the art technology with PROMISE™, the claims processing, provider enrollment, and user management information system. Please take advantage of online training to use the system to its full advantage.

Medical Assistance (MA) and Children's Health Insurance Program (CHIP) On-line Provider

Registration

Select one of the following options that best describes your role.



Provider

An individual or entity that is enrolled in the Pennsylvania Medicaid program as a provider of services.



Alternate

An account created by a Provider for use by an individual within the provider's organization. Alternate accounts can be authorized by a provider to bill for more than one 13-digit MPI and Service Location.



Billing Agent

A third party individual or entity who is authorized to submit Medicaid transactions on behalf of a Provider.



Out of Network

An individual or entity that is authorized to access specific functionality within the PROMISe™ Internet Portal.

PROMISe™ Provider Portal Registration cont.



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Home

Login

PROMISe™ Internet

Home > Registration Selector > Registration

Monday 01/22/2024 03:06 PM EST

Registration Step 1 of 2 - Personal Information ?

* Indicates a required field.

Please provide the following information to get started!

*First Name

*Last Name

*Provider ID

*SSN/EIN

[Continue](#) [Cancel](#)

- Enter the First and Last Name of the provider
- The 13-digit Provider ID number and social security number (SSN) or Tax ID
- Click Continue to complete Step 2 of the Registration Process

PROMISE™ Provider Portal Registration cont.

A screenshot of the PROMISE™ Internet registration form, titled "Registration Step 2 of 2 - Security Information". The form includes fields for User ID, Password, and Confirm Password, with a "Check Availability" button. It also has fields for Display Name, Phone Number, Email, and Confirm Email. A "Site Key" section offers five options: Apple, Balloon, Balloons, Baseball, and Billards. Below this is a "Passphrase" field. The form also contains three challenge questions, each with a dropdown menu for the question and a text box for the answer. At the bottom, there is a "User Agreement" section with a text area for the user to sign by typing their full name, and "Submit" and "Cancel" buttons.

- Create a user ID and password
- Complete the Contact Information
- Select Site Key Token and enter a Passphrase
- Select three questions and enter answers
- Read the User Agreement, enter your name into the "Please sign by typing your full name here" field, and click "Submit"
- If all required information is present, you will be able to gain access to the PA PROMISE™ Web application



- To logon to the PROMISe™ Portal
 - Step 1:
 - Go to the Landing page of the PROMISe™ Portal.
 - website: <https://promise.dhs.pa.gov>
 - Step 2:
 - Enter the User ID
 - Answer Challenge Question
 - Enter Password

PROMISe™ Provider Portal Logon cont.



A screenshot of the PROMISe™ Internet Provider Portal login page. The page has a dark blue header with the Pennsylvania Department of Human Services logo on the left and "PROMISe™ Internet" on the right. Below the header is a yellow navigation bar with "Home" on the left. The main content area is white and contains a "Provider Login" section on the left and a "Broadcast Messages" section on the right. The "Provider Login" section has a "User ID" field with a red arrow pointing to it, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". The "Broadcast Messages" section contains a note about communications from donotreply@gainwelltechnologies.com. At the bottom of the page is a large banner image of three children smiling, with the text "Welcome to PROMISe™" overlaid.

- Enter your user ID in the User ID field
- Click the Log In button



Login

PROMISe™ Internet

Home

Home > Challenge Question

Friday 01/26/2024 12:24 PM EST

Computer and Challenge Question

First Time Users:

Ensure you are fully registered as a User to the Provider Portal. Click on "Register Now" link below the Log In and choose the appropriate type of user you are. If you choose Alternate, Billing Agent, or Out of Network user then your account administrator has provided you with the necessary authorization information to proceed.

Established Users:

Having trouble logging on? If you receive an error that your challenge answer was incorrect, please confirm that you are using the correct [User ID](#) and your challenge answer was typed exactly the same as what you had created. If you forgot your User ID, click on Forgot User ID link on the Log In page. If you are still having trouble accessing your account, email papac1@gainwelltechnologies.com include your User ID, 13 digit Provider ID, name and contact information.

Answer the challenge question to verify your identity.

Challenge Question What is your mother's maiden name?

***Your Answer**

[Forgot answer to challenge question?](#)

- Select**
- This is a personal computer. Register it now.
 - This is a public computer. Do not register it.

[Continue](#)

- Enter the answer you created for the challenge question
- Select the personal computer or public computer option. If you select the “personal computer” option, the Portal will skip the Challenge Question window for future logons
- Select Continue

Confirm Site Key Token and Passphrase

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid PROMISe™

Internet Portal site and therefore is safe to enter your password.

If you receive an error while trying to log in, do not use the back arrow, click the Home tab or close the page and start from a fresh browser window. If you are still having trouble accessing your account, email

papac1@gainwelltechnologies.com include your User ID, 13 digit Provider ID, name and contact information.

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.

If this is not your site key token or passphrase, do not type your password, click Home and login again using your correct User ID. If this problem persists, contact the customer help desk to report the incident.

Site Key:



Passphrase Cadbury

*Password

Sign In

[Forgot Password?](#)

- Enter your password in the Password field
- Click the Sign In button
- The My Home page will display

Revalidation Link



Logout

PROMISe™ Internet

- My Home**
- Claims
- Eligibility
- Trade Files
- Reports
- Outpatient Fee Schedule
- Hospital Assessment
- Help

Enrolled Provider Search | EFT and ERA Enrollment

My Home

Tuesday 03/17/2026 03:27 PM EST

Provider

Name Account

00000172001

Provider ID 0000017200 (NPI)

Location ID 0001

- ▶ My Profile
- ▶ Manage Alternates
- ▶ Manage Billing Agents

Provider Services

- ▶ Enrollment Summary
- ▶ New Service Location
- ▶ **Revalidation**
- ▶ Change Request
- ▶ Resume Application
- ▶ Application Status
- ▶ Application Help
- ▶ Terminate Enrollment





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Resources

Electronic Provider Enrollment Application

- <https://promise.dhs.pa.gov>

Provider Enrollment Information

- [Enrollment Information \(pa.gov\)](#)
- Includes information regarding requirements for each Provider Type

Provider Enrollment and Screening Requirements of the Affordable Care Act

- [ACAforproviders \(pa.gov\)](#)
- Includes the most current information from the Department relating to the ACA federally mandated regulations

Medicaid Information

- [Medicaid | Medicaid](#)
- Provides information about the ACA federally mandated regulations and how they relate to the Medicaid program

Resources (continued)



Department of Human Services Website

- <http://www.dhs.pa.gov/>

MCO Engagement and Billing best practices for Pennsylvania Certified CHWs – Tuesday, March 31, 2026, 10:00 a.m. – 11:30 a.m.

Register for the MCO engagement and billing training for Pennsylvania Certified CHWs at:

- <https://attendee.gotowebinar.com/register/1029024590028248667>

Provider Quick Tip

#265 - How to Check the Status of Your Electronic Provider Enrollment Application/Actions to Take if Your Application Was Returned for Additional Information

- [Quick Tips \(pa.gov\)](#)

Medical Assistance Bulletins

MAB 08-26-50 – Community Health Worker Enrollment in the Medical Assistance (MA) Program

MAB 99-16-10 – Revalidation of Medical Assistance (MA) Providers

- [Bulletin Search \(pa.gov\)](#)

DHS Provider Services Center – 800/537-8862 option 2; option 4 for Enrollment

NPPES website to request a NPI

- <https://nppes.cms.hhs.gov>



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Questions