
Submit the completed Payer Request Form to:

Inovalon Enrollment
enrollmentsupport@inovalon.com

INSTRUCTIONS

- Complete all sections of the **Payer Request Form**
- Complete this form using group or individual provider information as listed on file with the payer you wish to set up

Note: Some payers require additional documentation to be completed and signed by the provider in order to complete enrollment. If additional forms are required, the required forms will be sent to you for completion.

IMPORTANT: You must specify the payer(s) with which you wish to enroll. If no payers are specified, enrollment forms WILL BE RETURNED.

If you have more than ten payers to enroll, please make additional copies of this form.

Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or enrollmentsupport@inovalon.com

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INSTRUCTIONS

Complete one form per TAX ID.

PROVIDER BILLING INFORMATION

Please type your responses directly into the form. Please check: New Request Change Request

Billing Service Name (if applicable)

TIN or INOVALON ID:

Contact Name:

Phone: () Fax: () Email:

Group/Provider Name:

Please check for designation: Professional Institutional

Billing Tax ID: Indicate TIN/EIN SSN Billing NPI:

Street Address:

City: State: Zip:

Name of Authorized Signee:

Title of Authorized Signee:

PAYER INFORMATION

List payers with which you wish to enroll below. Please refer to the Inovalon Payer List for enrollment requirements. Check the transaction(s) you want to enroll for each payer.

Payer ID	Payer Name	PTAN, Medicaid ID or Provider ID	Claims	ERA

PENNSYLVANIA MEDICAID

PROFSSIONAL PAYER ID SKPA0 – SUBMITTER ID 545303153

<https://promise.dpw.state.pa.us/portal/provider/Home/tabid/135/Default.aspx?s35=Y&s07=Y&s19=vPy98nsFLbBnkJULYDNguXgZ+FsY=>

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

PROMISE™ Internet

Home

Home Monday 02/09/2015 10:59 AM EST

Provider Login

*User ID

Log In

Forgot User ID?
Register Now
Where do I enter my password?

Broadcast Messages

Attention Providers - The Implementation of Healthy Pennsylvania web based training is now available under the Quick Links on the left-hand side of this page. Also available is a downloadable version (PDF) of the training material.

MAPIR NOTIFICATION:

If you have applied at CMS's EHR Incentive Program Registration and Attestation (R&A) website (more than 1-2 days ago) for a HIT incentive payment and do not see the MAPIR link at left, please email the MA HIT Initiative Support Center at ra-maHealthit@pa.gov

NOTE: In order to apply for the EHR Incentive payment via MAPIR, the individual provider who registered at the R&A must have a PROMISE Internet account ID. A group practice internet account ID will not display the MAPIR link. If the EP does not have an individual PROMISE™ Internet account ID, you may register for one at <http://promise.dpw.state.pa.us>. more...

Quick Links

Need Help?
Download the Internet Help Manual here (Requires Adobe Acrobat)

Implementation of Healthy PA

Implementation of Healthy PA (PDF version)

e-Learning courses:

- PA PROMISE™ Internet
- CMS-1500 02/12
- CMS-1500 02/12 Waivers
- UB-04 Outpatient
- UB-04 LTC

These courses require the Flash player. Click here to download Flash.

Provider Electronic Solutions Software

Department of Public Welfare

Welcome to PROMISE™

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

This site requires, at minimum, Internet Explorer version 6 with 128-bit encryption.



Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Enrollment

[Help](#)

Provider ID: 123123123-0032

Name: OURTOWN HOSPITAL

Electronic Funds Transfer (EFT)

EFT Status: Enrolled
Financial Institution Routing Number: 012345870

Provider's Account Number: *****2345

Type of Account: Checking

Most Recent Online EFT Enrollment Request
Submission Date:

Request Status:

[EFT Enrollment Request](#)

Electronic Remittance Advice (ERA)

(ANSI X12 835 transactions)

ERA Status: Not Enrolled
Submitter ID for ANSI X12:

Most Recent Online ERA Enrollment Request
Submission Date:

Request Status:

[ERA Enrollment Request](#)





Electronic Remittance Advice (ERA) Enrollment Application

[Help](#)

Provider Information

Provider Name:

Provider Address:

Street:

City:

State/Province: ZIP Code/Postal Code:

Provider Identifiers

Provider Identifiers:

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

National Provider Identifier (NPI):

Other Identifiers

Assigning Authority:

Trading Partner ID: (9-digit Provider ID and 4-digit Service Location)

New Service Location

Assigning Authority:

Trading Partner ID: (9-digit Submitter ID for ANSI X12 v5010 Transactions)

Provider Contact Information

Provider Contact Name:

Contact:

Telephone Number: Telephone Number Extension:

Email Address:

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) (Information only. Will not change aggregation by PROMISe)

Provider Tax Identification Number (TIN):

National Provider Identifier (NPI):

Method of Retrieval

Clearinghouse

PA PROMISe Provider Electronic System (PES)

Other (please describe):

Electronic Remittance Advice Clearinghouse Information *(if applicable)*

Clearinghouse Name:

Clearinghouse Contact Name:

Telephone Number:

Email Address:



Submission Information

Reason for Submission *(choose one)*

New Enrollment

Change Enrollment

Cancel Enrollment

Authorized Signature

Electronic Signature of Person Submitting Enrollment:

Printed Name of Person Submitting Enrollment:

Printed Title of Person Submitting Enrollment:

Submission Date: *(format:CCYYMMDD)*

[Cancel](#)

[Submit ERA Enrollment Form](#)

ABILITY Network
ENROLLMENT HELP DESK
888-499-5465
setup@abilitynetwork.com
See top of page for submitter id

Providers can instantly confirm ERA enrollment by accessing the [PROMISe™ Provider Portal](#). Upon entering the portal select My Home in the upper left-hand corner and then select EFT and ERA Enrollment. This page displays the ERA enrollment status and Submitter ID number the provider service location is linked to.