

# Informational Packet

## Preparations for Fiscal Year 2015-2016 Intellectual Disability ISP Renewal Period

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### ODP Communication Number: Packet 041-15

*The mission of the Office of Developmental Programs is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.*

**AUDIENCE:** Administrative Entities (AEs), Supports Coordination Organizations (SCOs), Supports Coordinators (SCs), All Direct Service Providers (Waiver and Base Providers), Agency with Choice (AWC) providers, Vendors, Organized Health Care Delivery System (OHCDS) providers, and Financial Management Services (FMS) organizations and Other Interested Parties.

**PURPOSE:** This Office of Developmental Program (ODP) communication is intended to provide guidance to the above audience during the fiscal year (FY) 2015-2016 Individual Support Plan (ISP) renewal period.

The following topical areas are addressed in this communication:

- Service Definitions for FY 2015-2016
- FY 2015-2016 Estimated Waiver Rate Load
- Rate Load Dependencies
- Leap Year Impact
- Cap for the P/FDS Waiver
- Enhanced Communication Services (ECS)
- Approved Program Capacity Changes
- Billing for Respite Out of Home Licensed and Unlicensed 24 hours and 15 minutes units
- Supplemental Habilitation (SH) and Additional Individualized Staffing (AIS) services (Also referred to as 'SH/AIS')
- Transportation Mile (Mid-year Change)
- Reserve to Encumbrance (R2E)
- SSD Clean-up Activity

## SERVICE DEFINITIONS FOR FY 2015-2016

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For FY 2015-2016 renewal Individual Support Plans (ISPs), stakeholders will continue to use the service definitions found in the approved Consolidated and Person/Family Directed Support (P/FDS) waivers<sup>1</sup> located in Attachment #1 of [Bulletin # 00-15-01](#), titled *Individual Support Plan (ISP) Manual for individuals with an intellectual disability*.

Effective July 1, 2015, two new specialty codes have been added to HCSIS for providers to use for Fiscal Year (FY) 2015-2016. These two specialty codes are Behavioral Support - ODP (508) and Supports Broker Services - ODP (509). The following has occurred for specialty code 510 as it applies to procedure codes W7095 and W7096:

1. Specialty 510 for procedure codes W7095 and W7096 were end dated in HCSIS effective June 30, 2015.
2. Service offerings in the ISP were end dated effective June 30, 2015.

See ODP [Informational Memo #035-15](#) for more details regarding these changes.

**Please note:** In regard to the waiver amendments communicated in [Announcement #039-15](#), ODP submitted a fourth set of amendments for the Consolidated and Person/Family Directed Support (P/FDS) Waivers to the Centers for Medicare and Medicaid Services (CMS) on April 23, 2015. The Consolidated and P/FDS waiver amendments are in the middle of the CMS approval process and changes may be made to the content based upon discussions with CMS. ODP will inform all stakeholders when CMS has officially approved the Consolidated and P/FDS Waivers and will make the approved Waivers available at that time.

## FY 2015-2016 ESTIMATED WAIVER RATE LOAD

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The FY 2015-2016 estimated rates are anticipated to be viewable in HCSIS by June 17, 2015. ODP recognizes that the rate load historically has been completed in May of each fiscal year. This year the rate load experienced a delay as a result of several competing Department initiatives that took precedence. ODP extends our apologies for any inconvenience this may have caused.

**Note: Department established fees for waiver eligible services, residential ineligible services, and Targeted Services Management (TSM) are proposed and contingent on the final amounts appropriated by the General Assembly for FY 2015-2016.**

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<sup>1</sup> Information on the approved Consolidated and P/FDS Waivers, effective July 1, 2012, can be found on the DPW Website (<http://www.dhs.state.pa.us/>); *DHS Organization* > scroll to bottom > *Topics Related to DHS Organization* > *Office of Developmental Programs* > *Consolidated Waiver for Individuals with an Intellectual Disability or Person/Family Directed Support Waiver*.

## RATE LOAD DEPENDENCIES

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TASK	ACTION
Validate provider type and specialty codes are synchronized	<p><b>PROVIDER ACTION</b></p> <p>Providers should review their current service locations, provider types, and specialties in PROMISe™ and in the Provider Access component of HCSIS to ensure that both systems have identical enrollment information. If the provider types and specialty codes do not match exactly in both systems, a rate cannot be loaded for the procedure code (service).</p> <p>To validate the provider type and specialty code associated with each service; go to the <i>Individual Support Plan (ISP) Manual for individuals with an intellectual disability</i> found in <a href="#">Bulletin # 00-15-01</a>, Attachment #1.</p>
Provider Qualification	<p><b>Direct Service Provider Action (Including Vendors, AWC and OHCD providers)</b></p> <p>In order for services to be authorized on FY 2015-2016 ISPs, all service providers must be qualified in HCSIS for each waiver service specialty they intend to offer. Provisional on-hold contracts will only be converted to real contracts for services that are in “Qualified” status in HCSIS. <u>Services in any other status other than “Qualified” will prevent provisional on-hold contracts from being converted to real contracts in HCSIS, which will prevent the FY 2015-2016 service from being authorized in an ISP.</u></p> <p><b>SCO Qualification</b></p> <p>SCOs are qualified outside of HCSIS so contracts should be created manually. ODP will be generating a list of current qualified FY 2014-2015 SCO contracts to roll forward to FY 2015-2016. If the SCO is having issues with FY 2015-2016 contracts, contact the ODP Regional Coordinator assigned to your region. A list of ODP Regional Coordinators is located on the last page of this communication.</p> <p>See the <b>RESOURCES</b> section of this communication for more information regarding qualification.</p>

ANTICIPATED DATE	ACTIVITIES TO SUPPORT IMPLEMENTATION OF FY 2015-2016 ISPs AND RATE SETTING PROCESSES
5/22/2015	Waiver appropriations and county allocations loaded in HCSIS for FY 2015-2016.
6/16/2015	Batch program will run to convert Provisional On-Hold service contracts in HCSIS to Real.
6/17/2015	FY 2015-2016 estimated Department established fees and fee schedule rates loaded in HCSIS. Rates visible on service contracts and the ISPs.
6/18/2015	Reserves to Encumbrance (R2E) batch is anticipated to be released on this date and AEs may run the R2E.  <b>NOTE:</b> R2E process may be run many times, however it must be run at least once AFTER 6/30 and BEFORE providers submit claims

### LEAP YEAR

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When the draft 2015-2016 fiscal year renewal is created, HCSIS copies all of the information from the existing approved ISP into a new draft ISP. FY 2015-2016 is a leap year which means one extra day will need to be reflected on the ISP. For fiscal year 2015-2016, AEs and SCOs should ensure the units reflect 366 calendar days instead of 365 calendar days.

Leap year also impacts the Annual Review Update Date found on the Annual Review ISP. The Annual Review Update Date is the end date of the current plan year. The Annual Review begin date and Annual Review Update Date should always reflect 365 days. Remember to correct ISPs if the Annual Review Update Date does not reflect the end date of the current plan year.

### CAP FOR THE P/FDS WAIVER ISPs

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The P/FDS Waiver cap will remain unchanged at \$30,000 for FY 2015-2016. The individual's plan budget total on the Service Details screen will not be accurate until after the FY 2015-2016 waiver rates are loaded in HCSIS.

#### **AE Action**

AEs who have access to the Enterprise Data Warehouse (EDW) should review the ODP AE Performance Dashboard for a list of waiver participants with current FY 2014-2015 authorizations near the waiver cap. To access the AE Performance Dashboard, click on the following link: <https://www.dpwrpt.state.pa.us> > enter your username and password > click the HCSIS link > click *Near Real Time Reports* > click *ODP AE Reports*

Additionally, ODP will forward "**P/FDS Cap Exception Report**" to AEs mid-June.

## ENHANCED COMMUNICATION SERVICES (ECS)

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### PROVIDER

#### ACTION:

Providers will notice there is a U1 modifier attached to services (procedure codes) in the Services and Supports Directory (SSD). The U1 modifier and service (procedure code) combination signifies that the associated service is eligible for an enhanced communication rate. The letters "ECS" is attached to the service name in HCSIS and the "U1" modifier is attached to the procedure code. Both "ECS" and "U1" mean that enhanced communication services are eligible with that service.

At this time, the services containing the U1 modifier and ECS can be added to a provider's service offerings. **The U1 services should only be added to a provider's service offerings when the provider is capable of providing enhanced communication services to Harry M Class Members<sup>2</sup> and with the approval of ODP's Deaf Services Coordinator.** Information regarding how to request an exception to the fee schedule rates and how to become qualified for enhanced communication services can be obtained by contacting the Deaf Services Coordinator at [ra-ODPDeafServices@pa.gov](mailto:ra-ODPDeafServices@pa.gov)

### SCO

#### ACTION:

SCs should not attach enhanced communication services to the ISP until the provider has been determined qualified to provide the service(s) by the Deaf Services Coordinator, a HCSIS Contract is created, and a rate is loaded into PROMISe™.

### AE ACTION:

Enhanced communication services are not able to be approved in an ISP until the provider has been determined qualified by the Deaf Services Coordinator to provide the service(s).

## APPROVED PROGRAM CAPACITY CHANGES - IMPACT TO DRAFT FY ISPs

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Changes made to a provider's Approved Program Capacity (APC), as a result of the provider Settlement Agreement, will impact the 2015-2016 fiscal year renewal process. When the draft 2015-2016 fiscal year renewal is created, HCSIS copies all of the information from the existing approved ISP into a new draft ISP. For example, some FY 2014-2015 ISPs may have two different residential habilitation services with two or three different date segments on their ISPs due to changes made to APC during FY 2014-2015. These three lines will be copied into the 2015-2016 draft fiscal year renewal and will need to be reviewed and modified to reflect the current needs of the individual.

Any APC adjustment made that resulted in changes to APC during FY 2014-2015, pursuant to the procedures of the Settlement Agreement, will automatically be end dated on June 30, 2015 and the APC that was previously approved for the service location will be reinstated. All APC approved changes made during FY 2014-2015 will be tracked on a spreadsheet and the ODP Regional Waiver Capacity Manager (WCMs) will provide that data to the AEs in early June 2015.

See Informational Packet #028-15 for more information regarding changes to APC as a result of the provider Settlement Agreement.

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<sup>2</sup> "Harry M" refers to a settlement agreement that was approved by a federal court judge on August 20, 2013. This settlement agreement was created in order to ensure Pennsylvanians who are deaf, have an intellectual disability, and are enrolled the Consolidated Waiver ("class members") are provided with necessary communication assistance services based on their assessed needs.

## RESPITE OUT OF HOME LICENSED AND UNLICENSED 24 HOURS AND 15 MINUTES UNITS

It is anticipated that effective July 1, 2015, all **Licensed and Unlicensed Out-of-Home respite services** for both the 24 hour unit and the 15 minute unit must be billed using the service location (the physical address) where the service was rendered. It will no longer be acceptable to bill from another service location (ex. “site not specified”) for Licensed / Unlicensed Out-of-Home respite services that are rendered at a physical location that provides other services and is registered in HCSIS and PROMISE™ as ‘site not specified’. The only exception to this rule is when Unlicensed Out-of-Home respite services are provided in someone’s private home. In this instance, the billing provider may use a ‘site not specified’ service location; however, the ISP should reflect where the service was actually rendered.

Billing for **Licensed and Unlicensed Out-of-Home respite services** from a service location other than the rendering service location will be limited only to emergency situations of thirty days or less in which the physical address site from which the service is to be provided is not an ongoing or an operating service location site beyond the emergency delivery of the **Licensed and Unlicensed Out-of-Home respite services**.

This rule does not apply to 24 Hour or 15 Minute In-Home Respite services.

SERVICE DESCRIPTION	ACTION
<b>Respite Out of Home – Licensed and Unlicensed 24 hours / 15 minutes units</b>	<p><b><u>PROVIDER ACTION:</u></b></p> <p>Providers who render Out-of-Home Respite Services are required to enroll each service location (physical address) in HCSIS and PROMISE™ as a provider type 51, specialty 513, or they will risk not getting paid. The following procedure codes are subject to this requirement:</p> <ul style="list-style-type: none"> <li>• Respite-Unlicensed Out-of-Home, 24 hours Service: W8000, W8001, W8002, W8003, W8004, W8005</li> <li>• Respite-Unlicensed Out-of-Home 15 Minutes Service: W8010, W8011, W8012, W8013, W8014, W8015</li> <li>• Respite-Licensed Out-of-Home, 24 hours Service: W7259, W7260, W7262, W7263, W7299, W7300</li> <li>• Respite-Licensed Out-of-Home 15 Minutes Service: W7267, W7268, W7270, W7400, W7401, W7402</li> </ul> <p>Waiver providers interested in providing waiver funded <b>Respite Out of Home Licensed and Unlicensed 24 hours/ 15 minute units of service</b> beginning July 1, 2015 must have registered in HCSIS and enrolled in PROMISE™ the physical location where the services will be delivered ODP will be monitoring the usage of Respite Out of Home Licensed and Unlicensed procedure codes to ensure that</p>

SERVICE DESCRIPTION	ACTION
	<p>the service is rendered in the appropriate service location and that the procedure codes billed reflect the exact site where the service was rendered.</p> <p><b><u>SCO ACTION:</u></b> If the ISP Team determines that a <b>Respite Out of Home Licensed and Unlicensed 24 hours/ 15 minutes</b> service will continue to meet the assessed needs of the individual in FY 2015-2016, the SC/SCO should validate with the current provider whether they will continue to provide <b>Respite Out of Home Licensed and Unlicensed</b> services for FY 2015-2016. In addition, the SC/SCO should confirm that the provider has registered each physical location where the service will actually be rendered in HCSIS and PROMISe™.</p> <p><b><u>AE ACTION:</u></b> Before Respite Out of Home Licensed and Unlicensed 24 hours/ 15 minutes service is authorized on the consumer’s ISP, the AE should validate that the service location where the service will be delivered is enrolled in both HCSIS and PROMISe™ appropriately.</p>

## SH AND AIS SERVICES

The table below lists two scenarios that apply to the prior authorization of SH/AIS services and the FY 2015-2016 renewal ISP. The second column of the table describes the action that will be taken by ODP or the action that is expected for the stakeholder identified.

Please review the latest version of the SH/AIS User Guide for more information regarding the prior authorization process for SH and AIS. The SH/AIS User Guide is located on [www.odpconsulting.net](http://www.odpconsulting.net) under “Resources “ > “Publications and Other Resources”.

SCENARIO	ACTION
<b>AIS Resulting from retirement</b>	<p>ODP recognizes that individuals who are prior authorized to receive AIS services, as a result of a retirement, will likely continue to maintain a need for AIS services in future fiscal years. As a result, ODP will be using an abbreviated prior authorization process for this specific situation.</p> <p>ODP will automatically approve AIS as a result of retirement for FY 2015-2016 if it is approved for FY 2014-2015. If AIS was approved for less than a fiscal year in 2014-2015, then the units will be calculated for FY 2015-2016 by annualizing the pro-rated units.</p>

SCENARIO	ACTION
	<ol style="list-style-type: none"> <li>1. The FY 2015-2016 prior authorization number will be the same number that is associated with FY 2014-2015.</li> <li>2. <b>AE ACTION:</b> When the prior authorization is updated in PROMISE™, the individual, provider, SCO and AE will receive the “Notice of Prior Authorization Decision” letter in the mail. Once the AE receives this letter in the mail, they should verify the number of units (Quantity), dates of service for which the authorization is valid (Authorization Period), the assigned AIS procedure code (Billing Code) in the notice is the same as the procedure code in the ISP before the services are pre-authorized. Next the AE should perform the following steps for services that are attached to the FY renewal ISP: <ol style="list-style-type: none"> <li>a. Navigate to the <b>Pending Approval/Review</b> screen and click [Approved].</li> <li>b. When the <b>Authorize Services</b> screen is displayed, the Authorization Status will be pre-populated with Pre-Authorized and the applicable funding stream.</li> <li>c. Click [Authorize Services].</li> </ol> </li> </ol>
<p>SH or AIS that overlap fiscal years</p>	<p><b><u>PROVIDER ACTION:</u></b></p> <p>Complete the appropriate sections of the ISP Review Checklist (DP 1050) to initiate the prior authorization request process. <b>Only one ISP Review Checklist (DP 1050) is needed for this scenario.</b> Enter the begin and end date for which the service is being requested in the <b>Reason service for service need/justification of ongoing service need</b>” section of the DP 1050 form and e-mail the completed form to the SCO and AE.</p> <p><b><u>AE ACTION:</u></b></p> <p>Complete and mail two (2) MA97s and two (2) DP1031s; one for the current fiscal year and one for the next fiscal year. When a prior authorization request is approved for overlapping fiscal years, ODP creates two line items on the prior authorization file in PROMISE™. These two lines will be reflected on the “Notice of Prior Authorization Decision” letter. ODP recognizes that HCSIS only allows the service to be authorized on the plan for one fiscal year or a period within a fiscal year.</p> <p>When a draft fiscal year renewal is created, services previously authorized in the current fiscal year ISP, if any, will pre-populate into the fiscal year renewal ISP.</p>



SCENARIO	ACTION
	<p>AEs should ensure that once the FY 2015-2016 Renewal is created that the units associated with the SH or AIS services are adjusted accordingly and reflects the information on the “Notice of Prior Authorization Decision” letter that was sent to them.</p> <p>If AEs are unable to locate the prior authorization decision letter, they should e-mail the ODP SH/AIS section at <a href="mailto:RA-CentralO.SHAIS@pa.gov">RA-CentralO.SHAIS@pa.gov</a> for assistance.</p> <p><b>SCO ACTION:</b></p> <ol style="list-style-type: none"> <li>1. For FY 2014-2015 prior authorization requests, SCs should attach the service to the current FY ISP.</li> <li>2. For FY 2015-2016 prior authorization requests, SCs should only update the narrative of the FY renewal ISP to reflect the reason for the need, the service, units requested and length of time the service is needed.</li> </ol> <p><b>NOTE:</b></p> <p>If the individual already received SH service authorization for 12 consecutive calendar months, then any new SH prior authorization requests made for the same individual and same provider for a period beyond the 12 consecutive calendar month period will be denied. If the ISP team believes there is a continuing need for enhanced staffing support, a new prior authorization request for AIS should be submitted.</p> <p>For SH or AIS prior authorization requests that apply to the following fiscal year only, Providers, AEs, and SCs should follow the prior authorization request process specified in the SH/AIS User Guide.</p>
<p><b>AE Tracking</b></p>	<p>If an AE has inquiries pertaining to the individuals/providers on their internal tracking systems related to the SH/AIS scenarios listed in this table, please e-mail the ODP SH/AIS section at <a href="mailto:RA-CentralO.SHAIS@pa.gov">RA-CentralO.SHAIS@pa.gov</a> for assistance.</p>

## TRANSPORTATION MILEAGE RATE

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Effective January 1, 2015, ODP changed its rate for reimbursement of transportation mile, procedure code W7271, to \$0.575per mile. Only provider type (PT) 54 (AWC/Vendor Fiscal [VF]) and PT 55 (Vendor and OHCDs) are able to receive payment from the Department for this service.

### **SCO Action:**

When entering the **Bid Amount** in the FY 2015-2016 Renewal ISP for transportation mile rendered by a provider type 55 (Vendors and OHCDs), follow the instructions below to enter in the **Bid Amount** field on the Vendor Information screen.

- STEP 1:** Login to HCSIS
- STEP 2:** Navigate to **Plan > Services and Supports > SSD**
- STEP 3:** Select **Vendor Services** from the **Go To** drop-down list and click [Go]
- STEP 4:** Enter **Provider Name**, select **County of Service** and click [Search]
- STEP 5:** On the vendor screen under the *Service Name* column select the "Transportation-Mile" link.
- STEP 6:** Enter .575 in the **Bid Amount** field for Transportation Mile (W7271).
- STEP 7:** Click [**Save**].
- STEP 8:** After attaching transportation mile with the updated bid amount of \$0.575 to the ISP in HCSIS, SCs should navigate to Service Details screen (**Plan > Services and Supports > Service Details**) then enter the service start date, service end date and total number of units which will equal total miles.

## R2E: RESERVE TO ENCUMBRANCE

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**AE/COUNTY ACTION:** *Please note that the following actions are contingent upon ODP's entry of the projected allocation which is anticipated to occur no later than May 29, 2015.*

### **A. Preparation tasks before running the year end R2E process**<sup>3</sup>

1. Run the Provider Service Status Report (contract types) for FY 2015-2016 and Provisional On-Hold Contracts: **Tools --> Reports --> Reports Request**
2. Run the Provider Service Status Report for FY 2015-2016, Real Contracts: **Tools --> Reports --> Reports Request**
3. Review the base allocation amount by accessing the **Funding Level** screen. To make changes, navigate to the **Non-Service Encumbrance, Overbooking** and **Revenue Adjustment** screens.
4. Run the County Funding Level Report for the upcoming FY and all Funding Streams: **Tools --> Reports --> Reports Request**
5. Run R2E after:
  - ODP communicates the R2E batch has been released
  - There are no incorrect rates for real contracts in the upcoming FY
  - Providers have service authorizations and can begin providing services

### **B. Enter the Projected Plan Budget (PPB) for Base ISPs**

1. Use the last year's (FY 2014-2015) PPB amounts to populate the PPB amounts for FY 2015-2016. This task can be accomplished by doing one of the following:
  - a. The county user can use the **View / Update Budget Amount By Individual** option from the **Budget Management Menu** screen to enter the PPB amount for one individual at a time - or -
  - b. The county user can use the **Populate Future Fiscal Year Projected Plan Budget Amounts** option to auto-populate future fiscal year (target fiscal year) PPB amounts for all the individuals within their scope using existing data from the previous fiscal year (source fiscal year).
2. If the user entered the PPB amounts by copying over the prior year's funding **before ODP entered the FY 2015-2016 funding streams**, the FY 2014-2015 funding stream(s) would have been selected. Once the AE runs the Reserves to Encumbrance (R2E), the funding stream(s) will automatically be replaced by the corresponding funding stream applicable for FY 2015-2016. The request to copy over the PPB amounts is processed overnight. The next day, the **Populate Future Fiscal Year Projected Plan Budget Amounts Report** is made available on the **Reports Inbox** screen.
3. If manually entering the PPB amounts **after ODP entered the FY 2015-2016 funding streams**, select the "HUMAN SERVICE DEVELOPMENT FUND - Waiver Ineligible" funding stream.
4. Run the **Projected Plan Budget Amount Exceeded Report** for FY 2015 -2016: **Tools --> Reports --> Reports Request**



**NOTE:** The R2E process may be run many times, however it must be run at least once AFTER 6/30 and BEFORE providers submit claims.

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<sup>3</sup> Resource located in HCSIS > LMS > FM Guidebook and Supporting Materials > "Year End R2E Process Checklist v2.0 06/17/10"

## SSD CLEAN UP ACTIVITIES

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It is the provider's responsibility to ensure the information in HCSIS and PROMISE™ is accurate. If there are questions on how to end date services or delete service locations in HCSIS, please refer to the *"HCSIS Provider Updates Tip Sheet"* which can be found in LMS and on the Provider Access home page on the left hand side under Job Aids.

If a provider has closed or is closing a service location in HCSIS, they should also request that the service location is closed in PROMISE™. This is accomplished by completing and submitting the *"PROMISE™ Provider Service Location Change Request"* Form which can be found by clicking the following hyperlink:

<http://www.dhs.state.pa.us/provider/promise/enrollmentinformation/index.htm>

On March 7, 2014, the Office of Medical Assistance (OMAP) issued Bulletin # 99-14-06 titled "Re-enrollment/Revalidation of Medical Assistance (MA) Providers". This bulletin was a result of the Affordable Care Act (ACA) amending Section 1902 of the Social Security Act which requires States to comply with provider screening requirements. All providers must revalidate their enrollment information for each individual service location enrolled, initially by March 24, 2016 and at least every five (5) years thereafter. See [MA Bulletin # 99-14-06](#) for the procedure to use to determine your re-enrollment deadline and more details regarding revalidation of enrollment.

## BI-ANNUAL AND QUARTERLY REVIEW ISPs

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The current logic in HCSIS states that Bi-Annual and Quarterly Review ISPs cannot be created on or after the Annual Review Update Date.

Bi-Annual and Quarterly Reviews cannot be performed on plans for the prior fiscal year. If the SC needs to perform a Bi-Annual or Quarterly Review, they will need to use the FY 2015-2016 ISP. If changes to an ISP need to be made for the current fiscal year, a critical revision can be performed.

For SCs that waited until the final day of June to complete a Bi-Annual Review, it is recommended to complete the Bi-Annual review off of the FY 2015-2016 ISP.

## INQUIRIES

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For general inquiries regarding this communication contact your ODP Regional Coordinators.

Region	Regional Coordinator	Contact
Central Region	Denise Sloand	<a href="mailto:dsloand@pa.gov">dsloand@pa.gov</a>
Northeast Region	Shawn Lynn	<a href="mailto:shlynn@pa.gov">shlynn@pa.gov</a>
Southeast Region	Shana Wimmer	<a href="mailto:swimmer@pa.gov">swimmer@pa.gov</a>
Western Region	Dan Goclano	<a href="mailto:dgoclano@pa.gov">dgoclano@pa.gov</a>

**ODP Customer Service Line:** 1-888-565-9435

TTY number 1-866-388-1114

Monday – Friday, 8:30AM – 4:00PM

For all inquiries or complaints regarding services, policies, and Provider Enrollment

*Provider Enrollment Mailbox:* [ra-odpproviderenroll@pa.gov](mailto:ra-odpproviderenroll@pa.gov)

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**HCSIS Helpdesk:** 1-866-444-1264

Monday – Friday, 8:00AM – 5:00PM

For inquiries and issues regarding HCSIS

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For inquiries and issues regarding claims:

**ODP Claims Resolution Hotline** and e-mail: 1-866-386-8880, [ra-odpclaimsres@pa.gov](mailto:ra-odpclaimsres@pa.gov)

Monday – Thursday, 8:30AM – 12:00PM and 1:00 – 3:30PM

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**PROMISe™ Helpdesk:** 1-800-537-8863

Monday – Friday, 8:00AM – 4:30PM

For inquiries and issues regarding PROMISe™

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