ODP Provider Qualification Reviewer Job Aid

Contents

Purpose ........................................................................................................................................... 2
Job Aid Organization ....................................................................................................................... 3
Background ...................................................................................................................................... 4
Key Terms and Concepts ................................................................................................................... 5
Roles and Responsibilities ............................................................................................................... 8
High Level Process Flow .................................................................................................................. 9
Your Tasks ..................................................................................................................................... 15
Add an Initial Specialty ..................................................................................................................... 16
Add a Specialty with Exiting Specialties .......................................................................................... 22
Edit a Specialty .................................................................................................................................. 26
Delete a Specialty ............................................................................................................................ 31
View History ....................................................................................................................................... 32
Request and Retrieve Reports .......................................................................................................... 33
Appendix A: HCSIS Generated Alerts for Reviewers ..................................................................... 41
Purpose

This document is intended for the Office of Developmental Programs (ODP) Provider Qualification Reviewer (Central Office), Provider Qualification Region Reviewer (Regional Office) and Provider Qualification Administrative Entity (AE) Reviewer (County Office) roles to use as an on-the-job reference for the Provider Qualification subsystem supported by the Home and Community Services Information System (HCSIS).

The provider qualification process is a structured approach to enable the capture of critical provider information in HCSIS and to guarantee that providers meet Commonwealth standards – thus qualifying them to render waiver funded services throughout Pennsylvania. Providers will no longer initiate the provider qualification application in HCSIS to become a qualified provider for ODP. Providers will submit the DP 1059 Form and the Provider Qualification Documentation Record along with supporting documentation to their AE. Provider Qualification determination will be made on the DP 1059 Form. The Providers will need to attach their approved DP 1059 when applying to the Electronic Provider Enrollment Application User Interface (UI) for Provider Enrollment.

This document provides step-by-step instructions for ODP reviewers to:

- Add a Specialty (Program Office and Regional Roles Only)
- Add a Specialty with Existing Specialties (Program Office and Regional Roles)
- Edit Specialty (Program Office and Regional Roles Only)
- Edit Specialty (Assigned AE)
- View History
- Print Provider Qualification Status Report
Job Aid Organization

This job aid contains the following subsections:

- **Background Information**: The Background Information section includes a brief overview of the provider qualification history.

- **Key Terms and Concepts**: The Key Terms and Concepts section includes terms and definitions used within the job aid.

- **Roles and Responsibilities**: The Roles and Responsibilities section includes the associated HCSIS roles and responsibilities defined in this job aid.

- **High Level Process Flow**: The High-Level Process Flow is the visual representation of the process steps.

- **Your Tasks**: The Your Tasks section outlines the steps necessary to complete this job aid. In addition, this section identifies the HCSIS screens used to complete the tasks.

- **Tasks**: The Task sections illustrate how to complete each task within the job aid.
Background

Based on a requirement from the Centers for Medicare and Medicaid Services (CMS), identifying the need for a statewide process to ensure providers are qualified to render services to waiver-funded individuals, ODP developed a provider qualification process. This process specifies requisite skills and competencies for enrollment for waiver providers, as well as the structure that affords all qualified providers the opportunity to enroll as Medicaid providers.

Provider qualifications differ depending on the type of service being offered. For services that have a standardized State license or certification, documentation of licensure or certification may be requested. In order to qualify, providers submit a DP 1059 Form, and the Provider Qualification Record to their assigned AE.

Standards or qualifications for provider participation are at the discretion of the State and subject to review and approval by CMS. The provider qualification initiative is a first step in assuring that providers deliver ongoing and consistent quality services to individuals receiving waiver funding. In addition, this process affords all providers with the opportunity to become a qualified provider in Pennsylvania and share this status with individuals and family members as they make informed choices regarding the services they receive.
Key Terms and Concepts

Qualification Process
Detailed information on the qualifications will be maintained on a paper form (DP 1059) outside of HCSIS. The provider will complete the Provider Qualification Form DP 1059, Provider Documentation Record and the New Provider Self-Assessment. The provider will then submit the supporting documentation to the AE in which they intend to provide the most services.

The AE will review the information, correspond with the provider and if approved, will forward a signed copy of the DP 1059 back to the provider.

Required Documents
In addition to the Provider Qualification Form DP 1059, providers are required to submit a varying number of documents. The number of required documents is based on the provider’s organization type. Providers are responsible for sending, via parcel post, the required documents to the Reviewing Entity.

Review Process
The three-tier review process is a standardized method of examining the application, reviewing responses to the qualification questions, and reviewing required documents to determine if a provider is deemed qualified by ODP standards.

Reviewing Entity
A Reviewing Entity is an organization identified to determine provider qualification utilizing a standardized method of examining submitted documents based upon guidelines developed by ODP. There are three Reviewing Entity types: Central Office, Regional Office and AE.
Key Terms and Concepts, continued

Service Qualification Status
The service qualification status is used to designate a provider’s current service qualification status. The qualification statuses are as follows:

- Qualified – The provider meets ODP's qualification requirements.
- Not Requalified – User would change the status from 'Qualified' or 'Expiring' to 'Not Requalified', if the provider no longer meets ODP's qualification requirements.
- Not Qualified – HCSIS would change the status from 'Not Requalified' to 'Not Qualified' on 07/01 or users can change the status to 'Not Qualified' at any time, if the provider's qualification is being terminated.
- Expiring – HCSIS would automatically change the status form 'Qualified' to 'Expiring' on 05/01, if the provider has not been requalified.
- Expired – HCSIS would change the status for 'Expiring' to 'Expired' on 07/01, if the provider has not been requalified.

Requalification Cycles
All providers classified as New are to be requalified during the fiscal year that falls after their first date of qualification. For example, if a New provider’s first Qualification Begin Date is 01/20/2017, the provider must be requalified by 06/30/2018. A New provider's status is updated from New to Existing via a batch process upon the provider's initial requalification.

All providers classified as Existing are to be requalified on a three-year cycle based on the last digit of the provider's MPI number. Please reference the table below:

<table>
<thead>
<tr>
<th>Cycle 1</th>
<th>Last digit of MPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>2018</td>
</tr>
<tr>
<td>Year 2</td>
<td>2019</td>
</tr>
<tr>
<td>Year 3</td>
<td>2020</td>
</tr>
</tbody>
</table>

Provider Qualification Status Report
This online report shows each provider’s qualification status to provide ODP reviewers a way to monitor the progress of providers in the qualification process. HCSIS roles that can access the report are:

- HCSIS Reviewer
- Provider Qualification State Reviewer
- Provider Qualification Region Reviewer
- Provider Qualification AE Reviewer
- County SC Oversight
- SC Supervision
Key Terms and Concepts, continued

Service Specialties
Service specialties are groupings of closely related waiver services selected by the provider to be offered to waiver-funded individuals.

Service Suspension Impact Report
This report shows the service authorizations on current and future plans that relate to a provider’s service specialty as selected by the requesting user. Only the Central Office reviewers have access to this report.
Roles and Responsibilities

Provider Qualification AE Reviewer: The Provider Qualification AE Reviewer role is responsible for reviewing the Provider Qualification DP1059 Form, reviewing submitted documentation, and making qualification decisions for providers registered within their county.

Provider Qualification Region Reviewer: The Provider Qualification Region Reviewer role is responsible for reviewing provider qualification applications that have been submitted by providers who are registered in counties within their region.

Provider Qualification Reviewer: The Provider Qualification Reviewer role is responsible for reviewing provider qualification applications, reviewing submitted documentation and making qualification decisions.

Provider Registration Data Entry: The Provider Registration Data Entry role can enter and update a provider’s information as well as complete the qualification application in HCSIS. This role can maintain the information for one provider only. The provider qualification tasks associated with this role are documented in the Provider Qualification Provider Job Aid.

Note: Provider qualification applications cannot be completed by the AE on behalf of a provider. Providers must complete the application for themselves. Providers can receive assistance from the ODP Regional Office if they do not have access to the necessary technology.
New Licensed Provider Process Flow

Procedure Description:

This job aid focuses on the tasks necessary to review provider qualification applications and record a qualification decision in HCSIS. Reviewer, in this process flow, can be the Reviewer at the State, Region or AE level.
New Licensed Provider Process Flow, continued

To be qualified for specialties new unlicensed providers will need to follow a process in order to be approved and ultimately be able to bill for services rendered.

- Providers who express interest in rendering Consolidated and/or P/FDS Waiver services within ODP are sent email which directs them to the Provider Applicant Orientation Training website.

- The provider registers with the MYODP website and registers for the Application Orientation Training. If provider fails, they will receive an email stating they failed and their score. If provider Passes, ODP Central Office will forward Applicant Orientation Certificate along with Applicant Orientation & Next Steps e-mail to Provider within 10 business days. **NOTE:** 120-day clock begins – applicant orientation certificate will expire 120 days from receipt if provider does not become qualified.

- The provider will need register for a USERID on through the Create Provider Self Service Account on the HCSIS landing page. The provider will receive an email confirming their USERID.

- For Licensed Residential service providers (2380, 2390, 6400, 6500), they need to review ODP Communication Number: Packet 055-12. After reviewing the communication, the licensed provider must email the ODP Regional Waiver Capacity Manager (WCM) for site clearance and non-contiguous approval with the required information.

- Licensed Providers under (Regulation Chapters (2380, 2390, 6400, 6500,) need to apply for licensing through Certification Licensing System (CLS). The provider will need to login into Provider Self Service on the HCSIS landing page to apply for licensing.

- The provider will then complete the ODP Provider Agreement, an endorsed ODP agreement will be sent back to the provider to use with the qualification and enrollment application.

- The provider will then need to complete the ODP QA&I contact information on Question Pro, which can be found on MyODP.

- The provider completes the Provider Qualification Documentation Record, PQ Form 1059 and New Provider Self-Assessment and submits the supporting documentation to the AE in which they intend to provide the most services. The AE will review the information, correspond with the provider, and if approved will forward a signed copy of the PQ Form DP 1059 back to the provider.

- For 6400 Residential sites Provider submits copy of 6400 licensing addendum certificate (most recent license with appropriate site) along with request for Approved Program Capacity (APC) to Regional WCM. For 6400 Residential ODP Regional WCM will review APC request and review qualification application in HCSIS to assure that Specialty 521 is qualified prior to giving APC approval.
New Licensed Provider Process Flow, continued

- The provider will then need to go to the electronic Provider Enrollment Application website and applies for the Specialties they are qualified for. They will need their supporting documentation including Approved APC letter (if needed), and **DP FORM 1059** to ODP Enrollment for each site. Other forms may be required depending on the specialty of service.

- ODP Provider Enrollment unit will review application and if approved, enroll in PROMISE™. The provider will receive an automatically generated letter from OMAP confirming site enrollment details.

- ODP Provider Enrollment will contact the HCSIS Help Desk and provide the use name, organization name, the FEIN number and unique email address of the provider for ODP role to be added. The provider may now add services they are qualified for in HCSIS. The provider will receive notification from the HCSIS Helpdesk that they have an ODP role to access HCSIS.
New Un-Licensed Provider Process Flow

Procedure Description:

This job aid focuses on the tasks necessary to review provider qualification applications and record a qualification decision in HCSIS. Reviewer, in this process flow, can be the Reviewer at the State, Region or AE level.
New Un-Licensed Provider Process Flow, continued

To be qualified for specialties new unlicensed providers will need to follow a process in order to be approved and ultimately be able to bill for services rendered.

- Providers who express interest in rendering Consolidated and/or P/FDS Waiver services within ODP are sent email which directs them to the Provider Applicant Orientation Training website.

- The provider registers with the MYODP website and registers for the Application Orientation Training. If provider fails, they will receive an email stating they failed and their score. If provider **Passes**, ODP Central Office will forward Applicant Orientation Certificate along with Applicant Orientation & Next Steps e-mail to Provider within 10 business days. **NOTE:** 120-day clock begins – applicant orientation certificate will expire 120 days from receipt if provider does not become qualified.

- The provider will need register for a USERID on through the Create Provider Self Service Account on the HCSIS landing page. The provider will receive an email confirming their USERID.

- For unlicensed residential service provider, they need to review ODP Communication Number: Packet 055-12. After reviewing the communication, the provider needs to email their ODP Regional Waiver Capacity Manager (WCM) for site clearance and non-contiguous approval with the required information.

- The provider will then complete the ODP Provider Agreement, an endorsed ODP agreement will be sent back to the provider to use with the qualification and enrollment application.

- The provider will then need to complete the ODP QA&I contact information on Question Pro, which can be found on MyODP.

- The provider completes the Provider Qualification Documentation Record, PQ Form 1059 and New Provider Self-Assessment and submits the supporting documentation to the AE in which they intend to provide the most services. The AE will review the information, correspond with the provider, and if approved will forward a signed copy of the PQ Form DP 1059 back to the provider.
New Un-Licensed Provider Process Flow, continued

- The provider will need to go to the electronic Provider Enrollment Application website and applies for the Specialties they are qualified for. They will need their supporting documentation including Approved APC letter (if needed), and DP FORM 1059 to ODP Enrollment for each site. Other forms may be required depending on the specialty of service.

- ODP Provider Enrollment unit will review application and if approved, enroll in PROMISe™. The provider will receive an automatically generated letter from OMAP confirming site enrollment details.

- ODP Provider Enrollment will contact the HCSIS Help Desk and provide the use name, organization name, the FEIN number and unique email address of the provider for ODP role to be added. The provider may now add services they are qualified for in HCSIS. The provider will receive notification from the HCSIS Helpdesk that they have an ODP role to access HCSIS.
Your Tasks

To complete this job aid, it is imperative that you understand the High Level Process Flow in this job aid before performing the following tasks:

1. Review and approve the Provider Qualification Form DP 1059 and supporting documentation.
2. Add Specialty (Program Office and Regional roles only)
3. Add Specialty with Existing Specialty (Program Office and Regional roles only)
4. Edit Specialty (Program Office and Regional roles only)
5. Edit Specialty for Assigned AE
6. View History Screen (All roles)
7. Provider Qualification Status Report Request
Add an Initial Specialty

Procedure Description:

All providers offering ID waiver services have to complete the DP 1059 and New Self-Assessment and submit to the AE that they will be performing the most services. The assigned AE will review the documentation according to ODP policy guidelines and procedures, and qualifying providers to render waiver services within the Commonwealth.

This task provides step-by-step instructions on how to search for and select a provider to add, edit or delete a specialty for a New or Existing provider on the Provider Qualification Status screen. Program Offices and Regional Staff roles can add and edit specialties, AEs do not have the ability to add or edit specialties.

Steps:

1. To access the qualification application in HCSIS, open your Internet browser and type http://www.hcsis.state.pa.us in the address bar.

2. Click HCSIS Login.
Add an Initial Specialty, continued

**Steps, continued:**

3. Type your **Username** and **Password**.

4. Click [LOGIN]. The *Welcome* screen appears.

5. Navigate through HCSIS using the following menu path:

```
Provider

Provider ➢ Qualification

Provider ➢ Qualification ➢ Qualification Status
```
Add an Initial Specialty, continued

Steps, continued

The Provider Qualification Search screen displays.

6. Enter the appropriate search parameters and click [Search].

**Note:** Enter at least one of the following: Provider Name, Identifier Type/Identifier.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>Enter the name of the provider whose application you would like to review.</td>
</tr>
<tr>
<td>Identifier Type</td>
<td>The Identifier Type indicates which identifier you are using for the search. Select one of the following from the drop-down list:</td>
</tr>
<tr>
<td></td>
<td>• Social Security Number (SSN)</td>
</tr>
<tr>
<td></td>
<td>• Federal Employer Identification Number (FEIN)</td>
</tr>
<tr>
<td></td>
<td>• Master Provider Index (MPI).</td>
</tr>
</tbody>
</table>
| Identifier      | Enter the actual identifier based on the Identifier Type selected in the previous field. **Note:** This field is mandatory if an Identifier Type is selected.
Add an Initial Specialty, continued

**Steps, continued:**

7. Click a hyperlink in the **Provider Name** column in the search results.

The **Qualification Status** screen appears for the selected provider.
Add an Initial Specialty, continued

Steps, continued:

8. To add an initial specialty for either a New or Existing provider, fill in the mandatory fields by selecting a value from the drop-down list. The mandatory fields are:

- Provider Status
- Assigned AE
- Specialty
- Enhanced Level
- Qualification Status
- Begin Date
- End Date

9. Click [Save]
Add an Initial Specialty, continued

Steps, continued:

The *Qualification Status* screen refreshes and a validation message of "Operation Successful" displays along with the new added specialty.
Add a Specialty with Exiting Specialties

If a new or existing provider wishes to add a specialty they will need to complete a paper application and submit to their AE, they will not use the Electronic Provider Enrollment System. The AE will review the request and either approve or deny.

Navigate to the Provider Qualification Status Provider Search screen.

10. Enter the search criteria for the provider.

11. Click [Search]
Add a Specialty with Existing Specialties, continued

**Steps, continued:**

Search results will be returned, if there are multiple matches, click on the hyperlink of the desired provider.

The *Provider Qualification Status* screen displays for the selected provider.

12. Click [Add] to add additional qualified specialties for the provider
Add a Specialty with Existing Specialties, continued

Steps, continued:

The Provider *Qualification Status* screen refreshes, mandatory fields are to be completed in the *Provider Qualification Details* section of the screen.

13. Click on the drop-down boxes to make the appropriate selection for the Specialty, Enhanced Level, Qualification Status, Begin Date and End Date. This are all mandatory fields.

14. Click [Save]

*Note*: If 'Not Qualified' has been chosen for *Qualification Status*, the Reason field must be completed.
Add a Specialty with Existing Specialties, continued

**Steps, continued:**

The *Provider Qualification Status* screen refreshes, you will receive the validation message “Operation Successful”, the added specialty displays.
Edit a Specialty

Specialties can be edited for many reasons, for example, if a Provider no longer wishes to provide a specialty, the End Date can be changed, if the wrong Begin Date was entered it too can be changed.

Program Office and Regional roles will have the ability to modify the following fields:

- Provider Status
- Assigned AE
- Enhanced Level
- Qualification Status
- Reason (If not qualified)
- Begin Date (MM/DD/YYYY)
- End Date (MM/DD/YYYY)
- Comments (Maximum of 1024 characters)

AE roles will have the ability to modify the following fields:

- Enhanced Level
- Qualification Status
- Reason (If not qualified)
- Comments (Maximum of 1024 characters)

Navigate to the Provider Qualification Status Provider Search screen.

15. Enter the search criteria for the provider.
Edit a Specialty, continued

Steps, continued:

16. Click [Search]

Search results will be returned, if there are multiple matches, click on the hyperlink of the desired provider.
Edit a Specialty, continued

**Steps, continued:**

The Provider Qualification Status screen displays for the selected provider.

![Provider Qualification Status Screen](image)

17. Select the radio button of the specialty to modify and click [Edit]

18. The specialty details display in the Provider Qualification Details section of the screen

19. Select the drop-down box in the field(s) you wish to edit

20. Click [Save]
Edit a Specialty, continued

Steps, continued:

The *Provider Qualification Status* screen refreshes, the validation message "Operation Successful" will display. The changes made to the selected Specialty will also display.
Edit a Specialty, continued

Steps, continued:

This is the Program Qualification Status screen users with the AE role will see, the only buttons available are the [Recalculate], [Edit] and [View History] buttons.

21. To modify a specialty, you would follow the same process as outlined on the previous pages.

22. AE's have the ability to modify the End Date (MM/DD/YYYY) field by clicking the [Recalculate] button, which will populate the calculated new End-date of the specialty based on the requalification cycles defined by last digit of the providers MPI number.

Note: AE’s with no assignment to the Provider will have the ability to view the Qualification Status screen in read-only mode.
Delete a Specialty

Program Offices and Regional roles have the ability to delete a specialty if needed.

Navigate to the **Program Qualification Status** screen for a selected provider.

23. Select the radio button of the specialty you wish to delete

24. Click [Delete]

The **Program Qualification Status** screen刷新es and the deleted specialty no longer displays.
View History

Program Office, Regional and AE role have the ability to View History on the *Qualification Status* screen.

Navigate to the *Program Qualification Status* screen for a selected provider.

25. Select the radio button of the specialty you wish to view.

26. Click [View History]

The *Provider Qualification Status* screen refreshes and displays only the history for the selected specialty. To return to the main *Provider Qualification Status* screen, click [View Current]
Request and Retrieve Reports

Procedure Description:

This task outlines the steps to request reports created for the provider qualification application process. There are three provider qualification reports:

- **Provider Qualification Status Report**: This report gives ODP reviewers an overview regarding provider qualification applications. The report is available to all Provider Qualification Reviewer roles (AE, Region and Central Office), County SC Oversight and SC Supervision.

- **Service Suspension Impact Report**: This report shows the service authorizations on current and future plans that relate to a provider’s service specialty as selected by the requesting user. The report is available to the Provider Qualification Reviewer (Central Office) role only.

**Note**: Both provider qualification reports are online. However, the process to request and view the Service Suspension Impact Report is different from that for the other two reports. This will be discussed in more detail later in this section.

Menu Path:

<table>
<thead>
<tr>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tools ➢ Reports</td>
</tr>
<tr>
<td>Tools ➢ Reports ➢ Reports Request</td>
</tr>
</tbody>
</table>

Steps:

1. Follow the above menu path. The *Reports Request* screen appears.
Request and Retrieve Reports, continued

Steps, continued:

2. To request the Provider Qualification Status Report, click Provider Qualification Status Report from the Reports Request screen.

This online report displays each provider's qualification status to provide ODP reviewers a way to monitor the progress of the provider's qualification progress. The information provided in this report is organized by AE, Region and State.

3. Enter the appropriate report parameters. A brief description of each parameter is provided below.
Request and Retrieve Reports, continued

*Steps, continued:*

The following table provides a brief description of the report parameters for the Provider Qualification Status Report.

**Note:** Mandatory fields are marked by an asterisk (*) next to the field name.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region</td>
<td>Select the region for which the report should be run.</td>
</tr>
<tr>
<td>Assigned AE</td>
<td>Select the AE for which the report should be run.</td>
</tr>
<tr>
<td>Qualification End Date From (MM/DD/YYYY)</td>
<td>Enter the start date for the date range.</td>
</tr>
<tr>
<td>Qualification End Date To (MM/DD/YYYY)</td>
<td>Enter the end date for the date range</td>
</tr>
<tr>
<td><strong>NOTE:</strong> Must be greater than or equal to the Qualification End Date From and must be provided when Qualification End From has been provided.</td>
<td></td>
</tr>
<tr>
<td>Provider Status</td>
<td>Select the Provider status to be listed on the report. They are:</td>
</tr>
<tr>
<td></td>
<td>▪ New</td>
</tr>
<tr>
<td></td>
<td>▪ Existing</td>
</tr>
<tr>
<td>Qualification Status</td>
<td>Select the qualification statuses that should be listed on the report.</td>
</tr>
<tr>
<td></td>
<td>Multiple statuses can be selected.</td>
</tr>
<tr>
<td>Report Format*</td>
<td>Select how the report should appear:</td>
</tr>
<tr>
<td></td>
<td>▪ Microsoft Excel displays report results in an Excel spreadsheet.</td>
</tr>
<tr>
<td></td>
<td>▪ CSV (Comma Delimited) displays report results in a file where data within a line is separated by commas and can be imported into Excel.</td>
</tr>
<tr>
<td><strong>NOTE:</strong> This is a mandatory field</td>
<td></td>
</tr>
<tr>
<td>User Label</td>
<td>Enter a unique label for the report to distinguish it from other reports that might appear in your Reports Inbox with the same title.</td>
</tr>
</tbody>
</table>

4. Click [View Report] to view the online report. The *File Download* window appears.

5. Click [Open] to open a temporary copy of the report or click [Save] to save a copy of the report on your computer.
Request and Retrieve Reports, continued

Steps, continued:

6. The Provider Qualification Status Report opens in a separate window. Review the report and close the window.

<table>
<thead>
<tr>
<th>MPI</th>
<th>Provider Name</th>
<th>Specialty</th>
<th>Enhanced Level</th>
<th>Qualification Status</th>
<th>Reason (If not qualified)</th>
<th>Qualification Begin Date</th>
<th>Qualification End Date</th>
<th>Provider Status</th>
<th>Assigned AE</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>500316669</td>
<td>ABC Provider Services Inc.</td>
<td>503 ATTENDANT CONPERSONAL ASSISTANCE SERVICE</td>
<td>No</td>
<td>Qualified</td>
<td></td>
<td>08/01/2017</td>
<td>06/30/2018</td>
<td>New</td>
<td>ALLEGHENY</td>
<td>West</td>
</tr>
<tr>
<td>500316669</td>
<td>ABC Provider Services Inc.</td>
<td>518 HOME AND COMMUNITY HABILITATION</td>
<td>No</td>
<td>Qualified</td>
<td></td>
<td>08/01/2017</td>
<td>06/30/2018</td>
<td>New</td>
<td>ALLEGHENY</td>
<td>West</td>
</tr>
<tr>
<td>500316669</td>
<td>ABC Provider Services Inc.</td>
<td>520 CHILD &amp; YOUTH LIC. OR HOME IN MNTL HTH TKYMNY COMP.</td>
<td>N/A</td>
<td>Qualified</td>
<td></td>
<td>08/01/2017</td>
<td>06/30/2018</td>
<td>New</td>
<td>ALLEGHENY</td>
<td>West</td>
</tr>
<tr>
<td>500316669</td>
<td>ABC Provider Services Inc.</td>
<td>121 ADULT RESIDENTIAL - 6400</td>
<td>N/A</td>
<td>Qualified</td>
<td></td>
<td>08/01/2017</td>
<td>06/30/2018</td>
<td>New</td>
<td>ALLEGHENY</td>
<td>West</td>
</tr>
<tr>
<td>500000001</td>
<td>ALL ABOUT NURSES INC.</td>
<td>163 PSYCHIATRIC NURSE</td>
<td>N/A</td>
<td>Qualified</td>
<td></td>
<td>01/01/2017</td>
<td>06/30/2018</td>
<td>Existing</td>
<td>ALLEGHENY</td>
<td>West</td>
</tr>
<tr>
<td>500000001</td>
<td>ALL AUTISM SERVICES INC.</td>
<td>171 OCCUPATIONAL THERAPIST</td>
<td>N/A</td>
<td>Qualified</td>
<td></td>
<td>06/30/2015</td>
<td>07/01/2018</td>
<td>Existing</td>
<td>ALLEGHENY</td>
<td>West</td>
</tr>
</tbody>
</table>

The Provider Qualification Status Report displays the following columns:

- MPI
- Provider Name
- Specialty
- Enhanced Level
- Qualification Status
- Reason (If not qualified)
- Qualification Begin Date
- Qualification End Date
- Provider Status
- Assigned AE
- Region
Steps, continued:

7. To request the Service Suspension Impact Report, click **Service Suspension Impact Report** from the **Reports Request Screen**.

   **Note**: Unlike the Provider Qualification Status Report discussed earlier, the process to request and view the Service Suspension Impact Report is different. Initially, you search for a specific provider name or service name and can then request multiple reports based on the search results. After you request the report(s) you can access each report from the **Reports Inbox** screen.

   The Service Suspension Impact Report shows the service authorizations on current and future plans that relate to a provider’s service specialty. The report will include all service authorizations within your scope.
Request and Retrieve Reports, continued

Steps, continued:

8. Enter at least one of the following search parameters for the report request: **Provider Name** or **Service Name**. Mandatory fields are marked by an asterisk (*) next to the field name.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>Enter the name or one or more letters of the provider’s name.</td>
</tr>
<tr>
<td>Service Name</td>
<td>Select a service name from the drop-down list.</td>
</tr>
<tr>
<td>Report Format*</td>
<td>Select how you would like the report to appear from the drop-down list:</td>
</tr>
<tr>
<td></td>
<td>▪ <strong>Adobe Acrobat (PDF)</strong> displays report results with graphics and a user-friendly layout.</td>
</tr>
<tr>
<td></td>
<td>▪ <strong>Microsoft Excel</strong> displays report results in an Excel spreadsheet.</td>
</tr>
<tr>
<td></td>
<td>▪ <strong>CVS (Comma Delimited)</strong> displays report results in a file where data within a line is separated by commas and can be imported into Excel or Access.</td>
</tr>
<tr>
<td>User Label</td>
<td>Enter a unique label for the report to distinguish it from other reports that might appear in your <strong>Reports Inbox</strong> with the same title.</td>
</tr>
</tbody>
</table>

9. Click [Search]. Search results contain all providers matching the search criteria.
Request and Retrieve Reports, continued

Steps, continued:

10. Click [Request Report] for a service. The screen displays a message that the report has been saved. The report will be available for review in the Reports Inbox.

11. You may request as many reports as there are options on the screen. Remember to change the name of the User Label to make it easier when retrieving your reports.
Request and Retrieve Reports, continued

Steps, continued:

12. To retrieve the requested report(s), follow the menu path:

```
<table>
<thead>
<tr>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tools ➢ Reports</td>
</tr>
<tr>
<td>Tools ➢ Reports ➢ Reports Inbox</td>
</tr>
</tbody>
</table>
```

The Reports Inbox screen appears.

After a report request has been submitted, the Request Status shows as one of the following:

- **New** - Request has not yet been processed.
- **Processed** - Request was successfully processed. The report title changes to a hyperlink. Click the link to access the requested report.
- **Failed** - An abnormal error occurred with either the database or the server. The error prevented the report from running successfully.
  
  **Note**: Users must re-request reports with a Failed status.

13. Click the hyperlink in the Report Title column for the report you want to retrieve. The File Download window appears.

14. Click [Open] to open a temporary copy of the report or click [Save] to save a copy of the report on your computer.

  **Note**: When saving the report, browse to the location where you want to save the report and enter a more descriptive file name.

15. Review the report and close it.
Appendix A: HCSIS Generated Alerts for Reviewers

This appendix contains the alerts that are generated within the Provider Qualification module for the Provider Qualification Reviewer, Provider Qualification Region Reviewer and Provider Qualification AE Reviewer roles. Refer to the HCSIS Alerts Guide under the HCSIS Information link on the Learning Management System (LMS) website for more detailed information about the alerts.

Provider Qualification AE Reviewer

- **Pending AE Review**: A service summary has been marked as **Pending AE Review**.
- **Qualification Status Change (Region)**: A regional reviewer changed the qualification status of one or more service groups.
- **Qualification Status Change (Central Office)**: A central office reviewer changed the qualification status of one or more service groups.
- **AE Seven Calendar Day Review Limit**: One or more service specialties on an application have a status of **Pending AE Review** and the application has a submission date greater than seven business days from the current date.
- **Expiration**: A provider’s qualification has expired.

Provider Qualification Region Reviewer

- **Pending Regional Review**: A service summary has been marked as **Pending Regional Review**.
- **Qualification Status Change (AE)**: An AE reviewer changed the qualification status of one or more service groups.
- **Qualification Status Change (Central Office)**: A central office reviewer changed the qualification status of one or more service groups.
- **AE Seven Calendar Day Review Limit**: One or more service specialties on an application have a status of **Pending AE Review** and the application has a submission date greater than seven business days from the current date.
- **Expiration**: A provider’s qualification has expired.

Provider Qualification Reviewer

- **Pending Additional Review**: A service summary has been marked as **Pending Additional Review**.