
**Medicaid PENNSYLVANIA (MCDPA)
Enrollment Instructions – ERA Only**

- ✓ **BEFORE enrolling, the billing provider must be setup as a Practice Insight EDI Customer.**
Contact your EDI solutions vendor to confirm your EDI customer record has been setup.
- | | |
|--|------------|
| This payer accepts dual clearinghouse claim submission. | YES |
| This payer notifies the provider when EDI Enrollment is completed. | YES |

**Providers must complete Online ERA Enrollment with Pennsylvania
Department of Human Resources PROMISE™ Internet Provider Portal**

BEFORE the provider can go online, the provider MUST ALREADY HAVE a logon to the portal.
To obtain a User ID and Password- [Click Here](#) to go to payer's website, click, "**Register Now**".

ERAS (835) NEW or CHANGE OF SERVICE

1. GO TO <https://promise.dhs.pa.gov/portal/provider>
2. LOG ONTO the Medicaid PA web portal with Provider's User ID and Password.
NOTE: The following steps describe briefly how to complete the online ERA Enrollment Setup request.
3. CLICK [**EFT and ERA Enrollment**] menu option in the menu bar
4. CLICK [**ERA Enrollment Request**] to complete the Electronic Remittance Advice Enrollment Application.
SEE "**Provider Information**" "**Provider Identifiers**" and "**Provider Contact Information**"

ENTER: Billing Provider's Group Name, Address, Identifiers such as Group Tax ID, Group NPI #.

SEE "**Electronic Remittance Advice Information**"

Preference for Aggregation of Remittance Data SELECT/ENTER ONLY ONE- **TIN #** or **NPI #**.
Method of Retrieval SELECT "**Clearinghouse**"

SEE "**Electronic Remittance Advice Clearinghouse Information**" ENTER the following information.

Clearinghouse Name – **Practice Insight** (*Just FYI- PI's Trading Partner ID # is 945928152*)

Clearinghouse Contact Name – **Enrollment Department**

Telephone Number – **(713) 333-6000 Option 2**

Email Address – pi-enrollment@waystar.com

SEE "**Submission Information**" Select **New Enrollment** or **Change Enrollment**

SEE "**Authorized Signature**" ENTER Electronic Signature, Printed Name, Title, Submission Date.

5. CLICK 

ALLOW 2-4 WEEKS FOR PROCESSING

For assistance with submitting your online enrollment or to make inquiries regarding the status of your request, contact the Provider Support at 1-800-248-2152 or email papacl@hp.com.