

Providers and AEs MUST maintain electronic version of DP 1059

The DP 1059 is a required attachment to enrollment application for:

<u>New specialties</u>	<u>New sites</u>	<u>Re-validation</u>
New specialties must be qualified on the DP 1059 prior to enrollment & attached.	The attached DP 1059 must indicate that the Provider Type (PT)/Specialty rendered at the site is qualified.	The attached DP 1059 must indicate that the PT/Specialty rendered at the site is qualified.

PURPOSE

Providers and vendors of Consolidated, Community Living and Person/Family Directed Support (P/FDS) Waiver services must be qualified prior to enrollment for PT/Specialty as well as be re-qualified for PT/Specialty per ODP requirements.

The DP 1059 should be completed by the person responsible for the overall administration of the provider's operations as it relates to the provision of waiver services. This may be the person who signs the Provider Agreement for Participation in Pennsylvania's Consolidated, Community Living and P/FDS Waivers or a designee. Providers should be advised that regardless of who signs the DP 1059, ODP will treat the provider as an entity in terms of completion of ODP qualifications and responsibility for its content.

The DP 1059 is an electronic form and shall be completed and maintained electronically by both the Provider and Administrative Entity (AE). The form has functionality that opens or locks sections based on choices in order to assist the user in completion of the form.

The DP 1059 is an ever evolving form. The most recent version will take place of previous version.

DEFINITION OF TERMS

New Provider (Initial Qualification) – Provider who is submitting initial qualification application to ODP

- Providers who are enrolled with other offices (i.e. OLTL, etc.) but have never completed the enrollment process with ODP are considered "New Providers".

Existing Provider (Re-Qualification) – Provider who has previously been qualified by ODP and is due for re-qualification

- **Existing ODP Providers who are completing the DP 1059 for the 1st time shall choose the New Provider option.**
- New providers re-qualification timeframe is the following fiscal year after their initial qualification
- Ongoing re-qualification is based on provider's MPI# and occurs every 3 years.

Update (Addition/Removal of PT/Specialty) – Providers shall choose this option when they want to add a PT/Specialty beyond the PT/Specialties that they have been previously qualified for. This option is also used to remove a PT/Specialty when the provider is no longer qualified or no longer wants to provide the service. When removing a PT/Specialty, the provider will send the DP-1059 to the AE and the AE will mark the PT/Specialty as "Not Qualified" and include a comment.

- **Existing ODP Providers who are completing the DP 1059 for the 1st time shall choose the New Provider option.**

Due Date and Expiration Dates

- New Providers will have Due & Expiration dates assigned for the fiscal year following the initial qualification.
- Existing Providers will have Due & Expiration dates assigned based on last digit of provider's MPI number. Re-qualification occurs on a 3 years cycle.
 - Last digit of MPI# = 0-2 will have Due/Expiration date in Year 1
 - Last digit of MPI# = 3-5 will have Due/Expiration date in Year 2
 - Last digit of MPI# = 6-9 will have Due/Expiration date in Year 3

INSTRUCTIONS FOR COMPLETION

PROVIDER	ADMINISTRATIVE ENTITY (AE)
<u>New Provider (Initial Qualification)</u>	<u>New Provider (Initial Qualification)</u>
<u>Existing Provider (Re-Qualification)</u>	<u>Existing Provider (Re-Qualification)</u>
<u>Update to Add/Remove PT/Specialty</u>	<u>Update to Add/Remove PT/Specialty</u>

Providers and AEs should click on hyperlink for the type of DP 1059 they need to complete. The hyperlink will take entity to specific instructions.

QUESTIONS: forward to PQ Mailbox (ra-odpproviderqualif@pa.gov) with Subject Line: DP 1059

PROVIDER – New Provider (Initial Qualification)

1. Entity Completing Form: Choose “Provider”
2. Choose: “New Provider (Initial Qualification)”
 - NOTE: New Provider shall be chosen for all Existing Providers completing the DP 1059 for the 1st time.
3. Complete sections 1, 2 and 3
4. SAVE AS – Provider Name_DP1059_Date of Submission
5. Submit completed DP 1059 to Assigned AE along with:
 - PQ Documentation Record
 - Supporting Documentation
 - Provider Applicant Orientation Certificate
 - New Provider Self-Assessment
 - QA&I contact form

Section 1 – Provider Information

Field Title	Description of Information to be Entered
<i>Provider Name:</i>	Enter provider’s IRS Name
<i>MPI #:</i>	Assigned Master Provider Index number. If New provider has not yet been assigned MPI#, this can be left blank.
<i>Last Name:</i>	Last Name of CEO or Designee completing the DP 1059
<i>First Name:</i>	First Name of CEO or Designee completing the DP 1059
<i>Title:</i>	Choose CEO or Designee from pull-down
<i>Phone Number:</i>	Enter phone number of person completing the DP 1059
<i>e-mail Address:</i>	Enter e-mail of person completing the DP 1059
<i>Street Address:</i>	Enter street address of provider business address
<i>City, State, Zip Code:</i>	Enter City, State, Zip Code of provider business address
<i>Assigned AE:</i>	Choose the Administrative Entity (AE) in which the provider intends to initially render the most services.
<i>Date Submitted:</i>	Enter date the DP 1059 is submitted to Assigned AE

Section 2 – Provider Attestations

- Providers shall review attestations and indicate Yes or No to the entity’s ability to comply with attestations.
 - If “No” is chosen, it will prevent the provider from becoming qualified and enrolled as an ODP Provider.
- The typing of Provider CEO in Section 2 indicates that the organization attests to the accuracy of the responses to each attestation.
- Enter date in which attestations were answered.

Section 3 – Qualification Determination of Services

- Providers shall choose the Provider Type (PT) and Specialty they wish to be qualified for from the pull downs.
 - PT and Specialties are listed in pull down numerically.
- If the provider would like to become qualified for an enhanced level of the service, they should check Yes in Enhanced Level column.
 - For PT/Specialties that do not have an enhanced level – the checkbox automatically pre-populates to “No”
 - Provider is able to enter comments on line of PT/Specialty for enhanced level.
- The PT/Specialty chosen on the DP 1059 should match information included on the PQ Documentation Record and Supporting Documentation shall be submitted based on qualification requirements.
- The Overall Comments box at the end of Section 3 can be used as needed.

PROVIDER – Existing Provider (Re-Qualification)

1. Entity Completing Form: Choose “Provider”
2. Choose: “Existing Provider (Re-Qualification)”
 - NOTE: New Provider shall be chosen for all Existing Providers completing the DP 1059 for the 1st time. Update shall be chosen if the provider is making any changes to the specialties for which they want to qualify.
3. Complete sections 1 and 2
4. SAVE AS – Provider Name_DP1059_Date of Submission
5. Submit completed DP 1059 to Assigned AE along with:
 - PQ Documentation Record
 - Supporting Documentation

Section 1 – Provider Information
Update information as applicable

<i>Field Title</i>	<i>Description of Information to be Entered</i>
<i>MPI #:</i>	Assigned Master Provider Index number
<i>Last Name:</i>	Last Name of CEO or Designee completing the DP 1059
<i>First Name:</i>	First Name of CEO or Designee completing the DP 1059
<i>Title:</i>	Choose CEO or Designee from pull-down
<i>Phone Number:</i>	Enter phone number of person completing the DP 1059
<i>e-mail Address:</i>	Enter e-mail of person completing the DP 1059
<i>Street Address:</i>	Enter street address of provider business address
<i>City, State, Zip Code:</i>	Enter City, State, Zip Code of provider business address
<i>Assigned AE:</i>	Choose the Administrative Entity (AE) that ODP has Assigned
<i>Date Submitted:</i>	Enter date the DP 1059 is submitted to Assigned AE

Section 2 – Provider Attestations

- Providers shall review attestations and indicate Yes or No to the entity’s ability to comply with attestations.
 - If “No” is chosen, it will prevent the provider from becoming qualified and enrolled as an ODP Provider.
- The typing of Provider CEO in Section 2 indicates that the organization attests to the accuracy of the responses to each attestation.
- Enter date in which attestations were answered.

Section 3 – Qualification Determination of Services

- Providers shall complete the PQ Documentation Record based on PT/Specialty listed on the DP 1059 and shall submit Supporting Documentation per qualification requirements.
- The Overall Comments box at the end of Section 3 can be used as needed.

PROVIDER – Update to Add/Remove PT/Specialty

1. Entity Completing Form: Choose “Provider”
 - NOTE: New Provider shall be chosen for all Existing Providers completing the DP 1059 for the 1st time.
2. Choose: “Update to Add/Remove PT/Specialty”
3. Complete sections 1 and 3
4. SAVE AS – Provider Name_DP1059_Date of Submission
5. Submit completed DP 1059 to Assigned AE along with:
 - PQ Documentation Record
 - Supporting Documentation

Section 1 – Provider Information

Update information as applicable

Field Title	Description of Information to be Entered
<i>Last Name:</i>	Last Name of CEO or Designee completing the DP 1059
<i>First Name:</i>	First Name of CEO or Designee completing the DP 1059
<i>Title:</i>	Choose CEO or Designee from pull-down
<i>Phone Number:</i>	Enter phone number of person completing the DP 1059
<i>e-mail Address:</i>	Enter e-mail of person completing the DP 1059
<i>Street Address:</i>	Enter street address of provider business address
<i>City, State, Zip Code:</i>	Enter City, State, Zip Code of provider business address
<i>Assigned AE:</i>	Choose the Administrative Entity (AE) that ODP has Assigned
<i>Date Submitted:</i>	Enter date the DP 1059 is submitted to Assigned AE

Section 3 – Qualification Determination of Services

- Providers shall choose the Provider Type (PT) and Specialty they wish to be qualified for from the pull downs.
 - PT and Specialties are listed in pull down numerically.
- If the provider would like to become qualified for an enhanced level of the service, they should check “Yes” in “Enhanced Level” column.
 - For PT/Specialties that do not have an enhanced level – the checkbox automatically pre-populates to No
 - Provider is able to enter comments on line of PT/Specialty for enhanced level.
- The PT/Specialty chosen on the DP 1059 should match information included on the PQ Documentation Record and Supporting Documentation shall be submitted based on qualification requirements.
- The Overall Comments box at the end of Section 3 can be used as needed.

AE – New Provider (Initial Qualification)

1. Entity Completing Form: Choose “Administrative Entity (AE)”
 - Enter AE password
2. Review Section 1 and Section 2 completed by Provider
3. Review the following information submitted by provider:
 - PQ Documentation Record
 - Supporting Documentation
 - Provider Applicant Orientation Certificate
 - New Provider Self-Assessment
 - QA&I contact form
4. Complete sections 3 and 4
5. SAVE AS – Provider Name_DP1059_Date of Submission
6. Return completed DP 1059 to Provider copying the PQ Mailbox

Section 3 – Qualification Determination of Services

- AE to complete qualification determination for each PT/Specialty listed after review of PQ Documentation Record and Supporting Documentation.
 - AE shall enter comments when qualifying enhanced level.
 - Please indicate requested Base Services as “qualified” if listed on the form if provider meets the required guidelines.
- AE shall indicate date that qualification determination has been made. The date of determination will aid in differentiating between former PT/Specialties that were qualified.
- When qualification determination of “Not Qualified” is chosen, the AE shall enter Comments.
- The Overall Comments box at the end of Section 3 can be used as needed.

Section 4 – Administrative Entity Verification of Qualification

- AE to review statements and indicate Yes/No
 - If “No” is chosen, it will prevent the provider from becoming qualified and enrolled as an ODP Provider.
- The typing of AE Representative in Section 4 indicates that AE attests to the review of documentation as indicated in the responses.
- The verifying date by AE will assign the New Provider Due Date/Expiration Date which will be assigned to the following Fiscal Year.
 - If an existing provider is completing the DP 1059 for the 1st time using the New Provider option – the Existing Provider Due Date/Expiration Date shall be used which is assigned based on MPI#.

AE – Existing Provider (Re-Qualification)

1. Entity Completing Form: Choose “Administrative Entity (AE)”
 - Enter AE password
2. Review Section 1 and Section 2 completed by Provider
3. Review the following information submitted by provider:
 - DP-1059 Form
 - PQ Documentation Record
 - Supporting Documentation
4. Complete sections 3 and 4
5. SAVE AS – Provider Name_DP1059_Date of Submission
6. Return completed DP 1059 to Provider copying the PQ Mailbox

Section 3 – Qualification Determination of Services

- AE shall review Overall Comments box to see if Provider has any noted changes/updates to the existing PT/Specialties that are qualified.
 - If a provider is no longer interested in rendering a qualified PT/Specialty, the AE shall mark that PT/Specialty Not Qualified.
- AE to complete qualification determination for each PT/Specialty listed after review of PQ Documentation Record and Supporting Documentation.
 - AE shall enter comments when qualifying enhanced level.
 - Please indicate requested Base Services as “qualified” if listed on the form if provider meets the required guidelines.
- AE shall indicate date that qualification determination has been made.
- When qualification determination of “Not Qualified” is chosen, the AE shall enter Comments.
- The Overall Comments box at the end of Section 3 can be used as needed.

Section 4 – Administrative Entity Verification of Qualification

- AE to review statements and indicate Yes/No
 - If “No” is chosen, it will prevent the provider from becoming qualified and enrolled as an ODP Provider.
 - Statements that apply to New Providers are not able to be changed.
- The typing of AE Representative in Section 4 indicates that AE attests to the review of documentation as indicated in the responses.
- Existing Provider Due Date/Expiration Date is based on the last digit of Provider’s MPI#

AE – Update to Add/Remove PT/Specialty

1. Entity Completing Form: Choose “Administrative Entity (AE)”
 - Enter AE password
2. Review Section 1 and Section 2 completed by Provider
3. Review the following information submitted by provider:
 - DP-1059 Form
 - PQ Documentation Record
 - Supporting Documentation
4. Complete sections 3 and 4
5. SAVE AS – Provider Name_DP1059_Date of Submission
6. Return completed DP 1059 to Provider copying the PQ Mailbox

Section 3 – Qualification Determination of Services

- AE to complete qualification determination for each additional PT/Specialty added after review of PQ Documentation Record and Supporting Documentation.
 - AE shall enter comments when qualifying enhanced level.
 - Please indicate requested Base Services as “qualified” if listed on the form if provider meets the required guidelines.
- AE shall indicate date that qualification determination has been made.
- When qualification determination of “Not Qualified” is chosen, the AE shall enter the determination date in the comments box.
- The Overall Comments box at the end of Section 3 can be used as needed.

Section 4 – Administrative Entity Verification of Qualification

- AE to review statements and indicate Yes/No
 - If “No” is chosen, it will prevent the provider from becoming qualified and enrolled as an ODP Provider.
 - Statements that apply to New Providers are not able to be changed.
- The typing of AE Representative in Section 4 indicates that AE attests to the review of documentation as indicated in the responses.
- Update will not impact Existing Provider Due Date/Expiration Date as it remains based on the last digit of Provider’s MPI#