



LIHEAP Crisis policy overview



The Crisis component of LIHEAP is available for households who are in a home heating emergency during the LIHEAP Season from: Monday, November 4, 2024 – Friday, April 4, 2025

- A LIHEAP customer who has a heating emergency from 11/4/24 4/4/25 must contact a County Assistance Office (CAO) to request help with LIHEAP Crisis.
- The CAO determines whether the customer is eligible for LIHEAP Crisis.
- When LIHEAP Crisis is approved, the CAO enters information in the DHS eligibility system that creates a Crisis Authorization # that conveys to the vendor's Worklist in PROMISe[™] the next day.
- The CAO will also provide the vendor with a Crisis 'pledge'. The \$ amount of the pledge is based on the amount needed to resolve the crisis with consideration of any LIHEAP Cash grant credits, **already received by** the vendor (based on the Cash grant Treasury Pay Date) at the time of the Crisis pledge:
 - For deliverable fuels, the amount needed to resolve the crisis is defined as the amount of fuel needed to fill the tank ('up to' the amount pledged by the CAO).
 - For utilities, it is the minimum amount needed to prevent termination or restore service.

LIHEAP Crisis policy overview



- The 2024/25 season maximum for Crisis is \$1000 per household.
 - A household may receive several Crisis authorizations during the season, but the <u>combined total of all Crisis grants</u> issued for the season may not exceed \$1000.
- Each Crisis Authorization # is to resolve **a specific heating emergency** so it is good for a <u>one-time</u> delivery, pickup or utility-shutoff situation.
- When Crisis funds are needed to fully resolve a heating emergency, vendors must data enter information about the delivery into a claim management system called **PROMISe**[™].



Deliverable Fuel Types (non-utilities)

- Every time LIHEAP Crisis is authorized to a non-utility, the CAO will pledge an 'up to' amount, with consideration of how much Crisis \$ the household has already received. This amount will also be conveyed to the vendor's Worklist in PROMISe[™].
- Fuel deliveries or fuel pickup made **prior to or without CAO approval** will not be paid.
- **Don't prepare separate delivery tickets for** Cash and Crisis grants as we want to ensure the customer receives the lowest price based on total quantity delivered.
- If your company offers discounted pricing for paying quickly, this pricing must be applied to a LIHEAP customer.
- Automatic Delivery: Vendors can help LIHEAP customers on automatic delivery by letting them know the date of an upcoming delivery so the customer has time to contact the CAO to make a request for LIHEAP Crisis. The CAO must contact the vendor to make a LIHEAP Crisis pledge before the delivery is made.

Accessing PROMISe[™]



PROMISe[™] is the web-based system a vendor uses to process a LIHEAP Crisis claim. Access PROMISe[™] using Microsoft Edge via Website <u>https://LIHEAP.dhs.pa.gov</u>





- Use Microsoft Edge as the web browser to process claims in PROMISe[™]. (PROMISe[™] doesn't support data entry using Mozilla Firefox, Safari, or Chrome)
- Every vendor designates a primary PROMISe[™] user. This user must register in PROMISe[™] using the 13-digit Vendor ID, then establish a password.
- If your company assigns a new primary PROMISe[™] user, call the # below.
- Users with access to more than one Vendor ID or service location must set up log on/passwords for each location.
- The primary PROMISe[™] user may add and remove alternate users. Alternate users may access LIHEAP Vouchers and help with Crisis claim processing.
- PROMISe[™] requires passwords to be reset every 90 days.
- For help with Password Resets call 1-800-248-2152.

PROMISe User Log On Screen





This site requires Microsoft EDGE for Claim Processing. System may not function correctly using Firefox, Google Chrome, or other Internet browsers.



Data Entry:

- After making a delivery or putting a 30 day hold on a customer's utility account, the vendor must file a Crisis claim via data entry in PROMISe[™] and provide documentation in order to receive payment with Crisis funds.
- The 2024/25 Season (URL) for LIHEAP Crisis processing is https://LIHEAP.dhs.pa.gov
- Enter cost associated with the fuel type first. Crisis claims must be entered with the exact dollar amount, not rounded. (e.g., if a delivery of fuel was \$998.97, the claim should be submitted for exactly that amount, <u>not</u> \$1000).
- Service Codes may only be used <u>one time per claim</u>. For this reason, items such as multiple delivery tickets or several types of credits/other payments being applied to the delivery must be added together, then data entered as one amount.
- Enter credits, customer or agency payments with Service Code Y9012, where they will be subtracted from the total delivery or termination.
- Only enter LIHEAP Credits from the current season with Y9012 if the cash grant was received (Treasury Pay Date) at the time the Crisis Auth # was pledged.

PROMISe[™] 'Main Menu' Page Features:



After successful log on, this 'Main Menu' page will display with your Vendor ID.

From this page you can:

- Access your LIHEAP Vouchers.
- View and process pending Crisis Claims on your Worklist.
- Inquire about an existing claim.
- Process a single claim if you know the AUTH #.



Filing a claim using the Worklist



The Worklist contains active/unpaid Crisis AUTHs.

- Click on the Auth # of the customer to begin claim processing.
- Sort the Worklist to find a customer by clicking a column heading w/in the blue bar below Provider ID.
- Navigate back/forth to the 'Worklist' via the hyperlinks to process another claim.
- When data entry and documentation meet in PROMISe[™], that claim goes to PAID status and will drop off the Worklist.



Attachment Control Number (ACN)



- The first step in processing a Crisis claim is to request an Attachment Control Number (ACN).
- 2. An ACN may only be requested ONE time per authorization.
- 3. After an ACN is created, it is displayed on the Worklist.

DEPARTMENT OF HUMAN SERVICES	
Main Account Vouchers (RA) Worklist Help Log Off	
Wednesday 23 October 2024 07:18 am	
Vendor Claim Attachment Number Request	
Account: 3003444940001	
Step 1: 1. Request an Attachment Control Number (ACN), or search for an existing ACN that has already been requested:	
- Request and Search Criteria	1
Last Name FORLIZZI Attachment Control Number First Name ERIN Crisis Authorization # 8000002499	
Request Search	
Step 2 Options:	
Mail/Fax (If mailing/faxing attachments follow the steps below)	
 Select "Print Cover Sheet" (under "Attachment Control Number") to view and print the desired ACN Form Retain the printed ACN Form for later use Select "Continue" (under "Online Claim") to submit a new claim After submitting the claim, mail the printed attachments (and the ACN form) to the address indicated on the cover sheet OR fax the printed attachments (and the ACN form) to the fax number provided on the DHS LIHEAP website 	
Submit/Attachment(s) Uploaded (If electronically submitting attachments follow the steps below)	
 Select "Submit Attachment(s)" to upload attachments OR Select "Attachment(s) Uploaded" to resend attachments (ACN Form will be systematically generated and transmitted) Select "Continue" (under "Online Claim") to submit a new claim 	
IMPORTANT: Do NOT print this page to send in with your attachments!	



Click Continue to move to the 'LIHEAP Claim' page.

R	DEPARTMENT OF	Ivania F HUMAN SERVICES	Low-Income Home Energy	gy Assistance Program				
<u>Main</u>		ouchers (RA)	Worklist H	lelp Log Off	E			
		Wednesday 23 October	2024 07:30 am					
Vendor	Claim Attachn	nent Number Red	juest					
			Accou	int: 300344 4	1940001			
		Step 1:						
		1. Request an At requested:	tachment Control Nu	imber (ACN), or se	arch for an existing	ACN that has alrea	ady been	
	R	equest and Search	Criteria					
	Li	ast Name	FORLIZZI		Attach	ment Control Number		
	F	rist Name	ERIN					
		Step 2 Options: Mail/Fax (If mailing/f 1. Select "Print C Form 2. Retain the prin 3. Select "Contin 4. After submittin	axing attachments fo over Sheet" (under ", ted ACN Form for lat e" (under "Online CI g the claim, mail the	illow the steps belo Attachment Control ler use laim") to submit a n printed attachment	w) Number") to view : ew claim s (and the ACN forr	and print the desire	d ACN	
		the cover shee DHS LIHEAP	t OR fax the printed vebsite	attachments (and ti	he ACN form) to the	e fax number provid	led on the	
		Submit/Attachment(1. Select "Submit attachments (/ 2. Select "Contine IMPORTANT:	s) uploaded (If elec Attachment(s)" to up CN Form will be sys ue" (under "Online Cl Do NOT print this	tronically submitting oload attachments (tematically generat laim'') to submit a n s page to send i	g attachments follo DR Select "Attachm led and transmitted ew claim n with your attac	w the steps below) hent(s) Uploaded" t) chments!	o resend	
At	tachment Contro Number	ol Status	Crisis Authorization # ID	Last Name	First Name	Date Issued	Date Received	Online Claim
P	rint Cover Sheet OR	ISSUED	8000002499	FORLIZZI	ERIN	20241023	0	Continue

To view and print the ACN form, you will need to install the Acrobat Reader software:



Submitting a Crisis claim



Entering LIHEAP Credits Desk Guide.

LIHEAP Claim		Need help sub	mitting a claim?	View sample	claim eubmise	lone <u>here</u> .	
Vendor:	3003444940001		Attachment Contro	800	008128		
			Crisis Authorization	n#: 800	0002499		
			Delivery Date (MM	10/2	23/2024		
NOTE: Please correct C	ustomer Acct # if incorrect.						
Customer Account #:	L2425-430138490		Crisis Claim Total:	975	.00		
Last Name:	FORLIZZI		"Crisis Claim Total" If the value of this f	is based on Servi leid is greater that	ice Code entries bi the Available Orts	alow. For non-ul als Funds displa	tilbes, lyed
First Name:	ERIN		OT the WORLD, the	roam wir be ber	viet.		
Middle Initial:							
Service Lines for t	his Authorization #-						
Delivery Date	Service Code	Basis of Measurement	Units	Price per Unit	Amount		
1 10/23/2024	Y9002	GL	200	4.00	800.00		
3 10/23/2024	Y9008	OT OT		25.00	25.00	A	bb
4 10/23/2024	Y9011	GL	100	3.00	300.00	R	evome
5 10/23/2024	Y9012	TO	0	0	-200.00		
						-	
Enter delivery or te	emination datails have						
Cristian Contractive Contraction	anna con delara mere.						
once per claim. If r enter as one deta	nore than one item, as II line. Questions? Cor	sociated with this claim a stact the Vendor Unit at I	applies to the sam 377-537-9517.	e the first code te Service Cod	e, combine the	quantity and	cost information and
Service Code:	Y9012 - LIHEAP	credits, Customer/Age	ncy payments & o	redit extended	d to customer		~
Basis of Measurement							
Units:							
Price per Unit:	Y9000 - Electric						
Total for this Service Co	de:						
	Y9001 - Natural	Gas					
	Y9002 - Oil						t i i i i i i i i i i i i i i i i i i i
Submit	ctive						
Claim Status Infor	matik Y9003 - Wood / (Dther					
Claim Status Not St	ubmitte						
	Y9004 - Coal						
	Y9005 - Propane	/ Bottled Gas					
Show XML:	On						
	V9006 - Keroren						
	T BOUG - PAR GRAN						
	Y9007 - Blended	Fuel					
	Toot Durnes						
	Y9008 - Delivery	Fee, Hazmat Fee or Lea	ak Test: Coal, Oil,	Wood/Other, P	ropane/Bottled	Gas, Keroser	ne & Blended Fuel
	Y9009 - Reconne	ect Fee: Electric & Natur	al Gas				
	20010 01 0	Test Caller T	01.0				
	Y9010 - Startup	ree or tank Setting Fee:	OII, Propane & K	erosene			
	Y9011 - Additive:	Oil, Kerosene, Blended	Fuel				
	Y9012 - LIHEAP	credits, Customer/Agen	cy payments & cre	dit extended to	customer		



The '*LIHEAP Claim*' page must be completed for deliveries/terminations that require payment with Crisis funds.

Add the Fuel Type code first.

Next, add other service codes specific to the claim.

NOTE: A Service Code may only be used once per claim, so common items may need to be added together.

See next 2 slides for data entry details.

Top section of the LIHEAP Claim page

Billing Informatio	n ————		
Vendor:	3003444940001	Attachment Control #:	800008128
		Crisis Authorization #:	8000002499
		Delivery Date (MM/DD/YYYY):	10/23/2024
NOTE: Please correct (Customer Acct # if incorrect.		
Customer Account #:	L2425-430138490	Crisis Claim Total:	975.00
Last Name:	FORLIZZI	"Crisis Claim Total" is based or utilities, if the value of this field displayed on the Worklist, the o	n Service Code entries below. For non- is greater than the Available Crisis Funds claim will be DENIED.
First Name:	ERIN		
Middle Initial:			

Billing Information:

- If a "Customer Account #" is incorrect, please correct it so it displays correctly on your payment voucher.
- You can't change the name on this screen. If the name on your account is different, you'll need to write the Auth # on the documentation for the claim to be paid.

The last data field on the right side will display the amount you'll receive in Crisis funds, tallied for you, based on service codes entered in the next section of the screen.

pennsylvania

DEPARTMENT OF HUMAN SERVICES

Middle section of the LIHEAP Claim page



	Delivery Date	Service Code	Basis of Measurement	Units	Price per Unit	Amount			
1	10/23/2024	Y9002	GL	200	4.00	800.00			
2	10/23/2024	Y9008	OT	1	25.00	25.00		Add	
3	10/23/2024	Y9010	от	1	50.00	50.00		Auu	
	10/23/2024	Y9011	GL	100	3.00	300.00		Remove	
	10/23/2024	Y9012	ОТ	0	0	-200.00			
							-		
nter ervio ice iter	delivery or termin ce Code Y9012 cm <u>per claim</u> . If more as one detail line	ation details here. edits/other paymen than one item, asso e. Questions? Cont	ts is a negative (-) entry s ociated with this claim ap act the Vendor Unit at 87	so it CANNOT plies to the sa '7-537-9517.	be the first code me Service Cod	e entered. Each le, combine the	n Servi quant	ce Code may only be us ity and cost information	sed and
nter ervic <u>nce</u> nter	delivery or termin ce Code Y9012 cro <u>per claim</u> . If more as one detail line Code:	ation details here. edits/other payment than one item, asso e. Questions? Cont Y9012 - LIHEAP of	ts is a negative (-) entry s ociated with this claim ap act the Vendor Unit at 87 credits, Customer/Agenc	so it CANNOT plies to the sa 7-537-9517. y payments &	be the first code me Service Code credit extended	e entered. Each e, combine the d to customer	n Servi quant	ce Code may only be us ity and cost information	sed and
nter nce nter vice	delivery or termin ce Code Y9012 cri <u>per claim</u> . If more as one detail line Code: f Measurement:	ation details here. edits/other payment than one item, asso e. Questions? Cont Y9012 - LIHEAP o Other	ts is a negative (-) entry s ociated with this claim ap act the Vendor Unit at 87 credits, Customer/Agenc	so it CANNOT plies to the sa 7-537-9517. y payments &	be the first code me Service Cod credit extended	e entered. Each le, combine the d to customer	n Servia quant	ce Code may only be us ity and cost information	and
nter nce nter nter nice sis of	delivery or termin ce Code Y9012 cr. <u>per claim</u> . If more as one detail line Code: f Measurement:	ation details here. edits/other payment than one item, asso e. Questions? Cont Y9012 - LIHEAP o Other ~ 0	ts is a negative (-) entry s ociated with this claim ap act the Vendor Unit at 87 credits, Customer/Agenc	so it CANNOT plies to the sa 7-537-9517. y payments &	be the first code me Service Cod credit extended	e entered. Each e, combine the d to customer	n Servi e quant	ce Code may only be us ity and cost information	sed and
nter nce nter vice sis of its:	delivery or termin ce Code Y9012 or <u>per claim</u> . If more as one detail line Code: f Measurement: er Unit:	ation details here. edits/other payment than one item, asso e. Questions? Cont Y9012 - LIHEAP of Other 0 0	ts is a negative (-) entry ociated with this claim ap act the Vendor Unit at 87 oredits, Customer/Agenc	so it CANNOT plies to the sa 7-537-9517. y payments &	be the first code me Service Cod	e entered. Each e, combine the d to customer	n Servia quant	ce Code may only be us ity and cost information	sed and

- First, select and enter the code for the heating type then click 'add' to enter another code related to the claim.
- Decimals are required when amounts are entered in this section.
- Each Service Code can only be used ONE time on an authorization.

Example: The delivery truck ran out of fuel before filling the tank. You return the next day to fill the customer's tank. In this situation, wait to process the claim until both deliveries are made. Add/enter a combined total of the deliveries. Upload both delivery tickets.

When entering Service Code Y9012: LIHEAP Credits or other payments made towards the delivery/termination will be subtracted, and the <u>difference</u> will be paid to you in Crisis funds.

NOTE: If the LIHEAP cash grant wasn't received at the time of the CAO Crisis pledge, do <u>not</u> enter cash grant credits in PROMISeTM – even if the grant arrived in the meantime.

Use Code Y9012 for LIHEAP Credits:





Submitting a Crisis claim



Click the Submit button after completing all fields on the 'LIHEAP Claim' submission page.

This message may appear.

Please wait while we process your request... Do not hit the browser's back or refresh button, or press the F5 key



Lower section of LIHEAP Claim page





Entering LIHEAP Credits Desk Guide.

			Need help su	bmitting a claim?	View sample (cialm submissio	ona <u>nere</u> .	
silling Inform	nation							7
lendor:	3003	444940001		Attachment Contro	800	008128		
				Crisis Authorizatio	n#: 800	0002499		
				Delivery Date (MM	10/2	3/2024		
OTE: Please co	orrect Customer	Acct # if incorrect.						
ustomer Accour	nt#: L2428	5-430138490		Crisis Claim Total:	975	.00		
ast Name:	FOR	IZZI		"Crisis Claim Total if the value of this t	is based on Servi field is greater than	ce Code entries bei the Available Orisit	iow. For non-utilities, s Funds displayed	
irst Name:	ERIN			on the Worklist, th	e claim will be DEN	IED.		
liddle Initial:]						
Service Lines	a for this Au	uthorization #						
Del	livery	Service	Basis of	Units	Price	Amount		
1 10/2	2016 23/2024	V9002	Gi	200.00	4 000	800.00		
2 10/2	3/2024	Y9008	OT	1.00	25.000	25.00		
3 10/2	3/2024	Y9010	OT	1.00	50.000	50.00	Add	
4 10/2	23/2024	Y9011	OT	100.00	3.000	300.00	Remov	9
5 10/2	13/2024	Y9012	OT	0.00	0.000	-200.00		
Enter deliver	ry or terminat	ion details here.					•	
Enter deliver Service Code once per clai enter as one	ry or terminat e Y9012 cred im. If more th e detall line.	ion details here. fits/other payments an one item, asso Questions? Conta	; is a negative (-) en iated with this claim ct the Vendor Unit a	try so it CANNOT t applies to the san t 877-537-9517.	e the first code ne Service Code	entered. Each S e, combine the q	Service Code mar	y only be used information and
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Enter deliver Service Code enter so del Service Code: Basis of Measur Units: Price per Unit: Total for this Ser Submit Xiaim Status	ry or lerminals e Y9012 crece im Urrore the e detail line. rement:	ion details here. Site/other payments: Guestions? Conta Y9002 - Oil Salions 1.000 1.000 Crists AuthorizaB/	is a negative (-) en isted with this claim ct the Vendor Unit at the Vendor Unit at Submit A	try so il CANNOT I applies to the san 877-537-9517.	be the first code	entered. Each 8 a, combine the g	Service Code may quantity and cost is message ly appear v e claim stat "Suspende	e will then us is d
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The 'LIHEAP Claim' page will be redisplayed.

- Upon successful data entry, the Claim status should state "Suspended."
- Denied claims:
 - Review and resolve data entry errors.
 - The most common error is when this field is greater than the amount the customer has available in LIHEAP Crisis funds (\$ amount displayed on the Worklist).
- Crisis Claims submitted with successfully uploaded documents will typically be paid by Treasury within 3-4 weeks.
- Click the Worklist link in the blue task bar at the top of this page to search for another customer and submit the next claim.
- If you need help, contact the LIHEAP Vendor Helpline at 877-537-9517.

Providing documentation (Worklist)



The Worklist also provides vendors with the opportunity to submit their documentation AFTER submitting the claim.

- The Submit Attachment(s) button will navigate you to the 'Crisis Attachment Upload' page where you can convey your scanned supporting document(s) in a PDF format. When choosing Upload, the system will create an internal LIHEAP Cover Sheet, so you aren't required to print one. See next slide for guidance on how to upload PDF files.
- If you intend to submit documentation by FAX or MAIL, click on the *Print Cover Sheet* button. This document must be included as the first document for each recipient when using the MAIL or FAX options.
- Return to the *Worklist* to search for and submit supporting document(s) for another Crisis Authorization.

DEPARTMENT OF HUMAN SERVICES	Program		
Main Account Vouchers (RA) Worklist Help L Wenecay 20 obtes 2024 04:03 am Worklist Desk Guide Submitting a Claim			
This Worklist contains ACTIVE Crisis Authorizations (Auth #s).	A LIHEAP Crisis Auth # appears on your Worklist the day after the local county office data enters a Crisis Authorization in the LIHEAP eligibility system.		
Locate a customer by name or Auth # by clicking on the blue of	olumn title above the column you wish to sort.		
IMPORTANT NOTES: If you notice an incorrect acct #, you can correct it when LINEAP Crisis Auth #s won't drop off your Worklist until i LINEAP Crisis claims are received by and processed thro The Vendor Unit provides assistance as needed.	/ou enter the claim. he claim moves to PAID status in preparation for payment or until the Vendor Unit retracts it. ugh a third-party contractor.		
Key for Claim Status: Suspended = data entry completed and an error exists Blank at the state entry completed and an error exists 18nk at the state entry is required to submit a claim. • If the LIHEAP cash grant/customer credits were sufficient and the Vendor Unit (1-877-537-8517) and ask for it to be retracted Note: • Yellow Highlighted Rows: Crisis Authorizations that are more Rows will centain yellow even after data entry but will drop off the Rows will centain yellow U.S. • Red text = Denied Status. These claims won't be paid until ver	a Crisis Authorization # isn't needed, contact tom your Worklist. than 30 days old. Process these claims ASAP, when the claim moves to PAID status (or when dor corrects errors made in data entry. Provider ID: 3003444940001 Opens LIHEAP Cover Sheet PDF Navigates to 'Upload' Page	on a	
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Uploading documentation into PROMISe



Uploading is the fastest way to receive payment as it allows a LIHEAP Crisis claim to be completed without printing a cover sheet/sending documentation by fax or mail.

Follow these steps to Upload documents:

Scan and store delivery tickets/utility bills into a current season file folder on your computer or flash drive. Name the PDF file by the AUTH number, DHS recipient full name, Customer Acct #, sequence number. Example of multiple trip tickets:

1234567890 Mary Jones L2425-600002859 1.pdf 1234567890 Mary Jones L2425-600002859 2.pdf 1234567890 Mary Jones L2425-600002859 3.pdf

- Click 'Choose Files'. Search for the file on your computer / flash drive. Highlight the file.
- Click 'Open' to pull the PDF file you located on your computer or flash drive into the LIHEAP 'Crisis Attachment Upload' page.
- Click 'ADD' to add the PDF file to the "Added file" staging area.
- NOTE: If you have more than one document to upload for the same claim, they can be added one at a time (up to 3 PDF files). Each file name must be unique.



Account: 3003444940001

Upload Instructions:

1. Click the Browse button. Search and select a PDF file for this Crisis Authorization # and click Add. 2. Attach additional PDF files for this Crisis Authorization # by repeating Step 1 (up to a maximum of 3

- PDF files).
- 3. Confirm that the PDF files you added relate to this specific customer and Authorization #
- 4. Click the Submit Attachment(s) button to complete the upload process

ast Name	FORLIZZI	Attachment Control Number
irst Name	HOPE	800006970
Crisis Authorization #	8000002294	
ile to Upload:	Choose Files No file chosen	ADD

Date Added	File Name	File Size	
09/16/2023 01:12:05	8000002294 HOPE FORLIZZI L2324- 600002859 1.pdf	84 KB	Remove
09/16/2023 01:12:23	8000002294 HOPE FORLIZZI L2324- 600002859 2.pdf	84 KB	Remove
09/16/2023 01:12:38	8000002294 HOPE FORLIZZI L2324- 600002859 3.pdf	84 KB	Remove

Active Crisis Authorization Continue to Claim

Uploading documentation into PROMISe

Uploading Continued:

- Review files that appear under the Upload Criteria box to confirm that the files you added are correct. You aren't finished uploading yet!
- Click 'Submit Attachment(s)' button to UPLOAD the document(s).
- The message "Successfully Uploaded attachments" will display to let you know they were submitted.
- The verbiage on the button will change to 'Attachment(s) Uploaded'.

NOTE:

Contact the Vendor Unit at 877-537-9517 to set up a time for a vendor unit representative to offer guidance with claim processing including the upload feature.



ast Name	FORLIZZI	Attachment Control Number
rst Name	HOPE	800006970
risis Authorization #	8000002294	
ile to Upload:	Choose Files No file chosen	ADD

pennsylvania

DEPARTMENT OF HUMAN SERVICES

Date Added	File Name	File Size	
09/16/2023 01:12:05	8000002294 HOPE FORLIZZI L2324- 600002859 1.pdf	84 KB	Remove
09/16/2023 01:12:23	8000002294 HOPE FORLIZZI L2324- 600002859 2.pdf	84 KB	Remove
09/16/2023 01:12:38	8000002294 HOPE FORLIZZI L2324- 600002859 3.pdf	84 KB	Remove

Sending documentation by mail or fax

<u>Maiı</u>

Vendo



If you plan to send trip ticket/term notice documentation by fax or mail, you must click "**Print Cover Sheet**".

A LIHEAP cover sheet with the DHS recipient's name and several numbers associated with the Crisis Auth # will be displayed in blocks.

See sample cover sheet next slide.

Pennsylv	ania JMAN SERVICES	Low-Income Home Energy	y Assistance Program				
Account Vou	<u>chers (RA)</u>	<u>Worklist</u> <u>H</u>	elp Log Off				
w	ednesday 23 October	2024 07:30 am		-			
r Claim Attachme	nt Number Req	uest					
		Accou	nt: 3003444	940001			
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	1. Request an Att requested:	achment Control Nu	mber (ACN), or sea	arch for an existing	ACN that has alrea	dy been	
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Last	lest and search o	FORUZZI		Attach	ment Control Number		
First	Name	ERIN					
Crisis	Authorization #	8000002499					
		Request		Sear	ch		
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Ma	il/Fax (If mailing/fa	ixing attachments for	low the steps below	N)			
	 Select "Print Co Form Retain the print Select "Continu After submitting the cover sheet DHS LIHEAP w 	ed ACN Form for lat ed ACN Form for lat e" (under "Online CI y the claim, mail the p OR fax the printed a rebsite	Attachment Control er use aim") to submit a n printed attachments attachments (and th	Number") to view a ew claim a (and the ACN form the ACN form) to the	and print the desire n) to the address in fax number provid	d ACN dicated on led on the	
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800008128							
A CONTRACT OF A							

To view and print the ACN form, you will need to install the Acrobat Reader software:

ERIN

FORLIZZ

ISSUED

8000002499



Continue

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2 Vendor Number	3	0	0	3	4	4	4	9	4						11	
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S Service Location	0	0	0	1											11	
4 Recipient Last Name	F	0	R	L	L	Ζ	Ζ	L							11	
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A Cover Sheet must be included with Crisis c	laim	doc	ume	ntat	ion s	sent	by f	ax o	r ma	il.					11	
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Place the Cover Sheet on top of every corres	s: ponc	ling o	locu	men	t.											
 Never write on the cover sheet. Fax multiple claims in one fax transmission – Only submit desumptation by ONE method. 	up to	o 30	page	es pe	er tra	nsmi	issio	n.							11	
 Only submit documentation by ONE method Do not staple, tape or paper clip when sendin 	ng LI	HEAF	P Cri	sis c	laim	doci	ume	nts b	oy ma	ail.						
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 Fax to: (717) 207-7997 or (717) 207-7994 (Mail to: LIHEAP Crisis Claims Processing F 	- Fax to: (717) 207-7997 or (717) 207-7994 OR															
Call the LIHEAP Vendor Helpline at 1-877-537-9517 if you have questions about a crisic claim																
our une Entern Fondor Helphine at For Foor Sorr in you have questions about a crisis cidini.														[7]		
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Important information:

- If blocks <u>are not pre-populated</u>, ensure your Adobe Reader is updated. If the problem continues, contact the LIHEAP Vendor Unit.
- > Never write on the LIHEAP Cover Sheet.
- The customer's <u>last</u> name on your documentation must be <u>exactly the same</u> as the last name on the LIHEAP Cover sheet. If it isn't the same, write the 10-digit AUTH # on the documentation.
- The LIHEAP Cover Sheet must always be the first page, immediately followed by the corresponding trip ticket. Multiple claims can be sent in one fax transmission up to 30 pages.
- ONLY fax LIHEAP Cover Sheets and trip tickets/termination notices. NEVER include your company's fax cover sheet.
- PROMISe[™] FAX numbers and Mailing Address for LIHEAP Crisis claim processing are provided in the lower section of the LIHEAP Cover sheet.

Rejected Documentation



NEW in 2024/25:

Rejected documentation will display on the *Worklist* with three (3) new columns.

The new columns will contain the rejection code, rejection reason and a hyperlink that will allow vendors to download/view rejected images.

Before a claim can be paid, vendors must address the rejection reason and resubmit documentation.

Rejection Reasons:

- 21: NON-LIHEAP DOCUMENTATION
- 23: TOP OF LIHEAP COVER SHEET NOT BLANK
- 24: DOCUMENTATION ILLEGIBLE
- 26: TRIP TICKET/TERM NOTICE MISSING
- 27: 9 DIGIT VENDOR # MISSING
- 28: 4 DIGIT LOCATION # MISSING
- 29: FIRST NAME MISSING
- 30: LAST NAME MISSING
- 31: LAST NAME MUST = LIHEAP COVER SHEET

NOTE: Documentation will reject AND <u>not</u> display on the Worklist if delivery tickets weren't sent with a legible LIHEAP Cover Sheet.

Worklist showing rejections





Worklist Desk Guide

Vendor Crisis 101: Instructions for Submitting a Claim

This Worklist contains ACTIVE Crisis Authorizations (Auth #s). A LIHEAP Crisis Auth # appears on your Worklist the day after the local county office data enters a Crisis Authorization in the LIHEAP eligibility system.

Locate a customer by name or Auth # by clicking on the blue column title above the column you wish to sort.

- IMPORTANT NOTE S: If you notice an incorrect acct #, you can correct it when you enter the claim.
 - . LIHEAP Crisis Auth #s won't drop off your Worklist until the claim moves to PAID status in preparation for payment or until the Vendor Unit retracts it.
- LIHEAP Crisis claims are received by and processed through a third-party contractor.
- The Vendor Unit provides assistance as needed.

Key for Claim Status: Suspended = data entry completed

Denied = data entry completed and an error exists

- Denieta = data truty is required to submit a claim. Blank at a chrisis Authorization # isn't needed, contact if the LIHEAP cash grant/customer credits were sufficient and a Crisis Authorization # isn't needed, contact the Vendor Unit (1-677-537-9517) and ask for it to be retracted from your Worklist.

- Note: Yellow Highlighted Rows: Crisis Authorizations that are more than 30 days old. Process these claims ASAP. Rows will remain yellow even after data entry but will drop off when the claim moves to PAID status (or when retracted by the Vendor Unit).
- Red text = Denied Status. These claims won't be paid until vendor corrects errors made in data entry.

Instructions for Auth# and ICN fields:

- · Auth # link takes you to the 'Vendor Claim Attachment Number Request' page to request a Cover Sheet and begin data entry on a specific claim
- ICN link takes you to the 'LIHEAP Claims' page to adjust data entry on a claim that was already submitted Click on one of the blue buttons to the right of the ICN to print cover sheet or upload documentation
- An attachment may be resubmitted by clicking on the "Attachment(s) Uploaded" button.
- Note: Click on the WORKLIST link at the top of any page to refresh and return to the Worklist.

Provider ID: 3003456060001

Click here to download results as CSV text file

Auth, Eff. Date	Auth.#	Einst Name	Last Name	Address	Address	City	State	Zip	Acct.#	Amount	ACN	Claim Status	ICN	Submitting Documentation		Reject Code	Rejection Reason	Rejected Attachment
20240810	8000002373	JORDAN	FORLIZZI	111 SPY LANE		PHILADELPHIA	PA	19050-	L2425- 650108092	1,000.00	1							
20240815	8000002370	TRENT	FORLIZZI	321 NEW STREET		MILFORD	PA	97010-	L2425- 820124901	326.15	800007971							
20240815	8000002378	VALENCIA	FORLIZZI	98 MYERS RD	APT 221	PHILADELPHIA	PA	19050-	L2425- 340115941	88.31								
20240912	8000002374	NYDIRAH	FORLIZZI	101 MYSTIC DRIVE		SCRANTON	PA	18503-	L2425- 250151070	118.75	800007997	Suspended	2824277000001	Print Cover Sheet OR Submit Attac	hment(s)			
20240912	8000002381	WILLA	FORLIZZI	5 ALTON ST		ERIE	PA	16501-	L2425- 001476978	75.00	800007972				2	4	DOCUMENTATION ILLEGIBLE	9524282701003
20240912	8000002382	ANDREA	FORLIZZI	123 REDBIRD LANE		PHILADELPHIA	PA	19050- 0001	L2425- 001195596	105.23	800007973	Suspended	2824275000005	Print Cover Sheet OR Submit Attac	hment(s)			
20240917	8000002371	SONSSI	FORLIZZI	59 N. ARCADIA ST		SHIPPENSBURG	PA	17257-	L2425- 330316333	203.00	800007992	Suspended	2824280000002	Print Cover Sheet R Attachment(s)	Uploaded a	ð	TRIP TICKET/TERM NOTICE MISSING	<u>9524282703001</u>
20240917	8000002372	TAKIA	FORLIZZI	9551 GALVIN AVE		HANOVER	PA	17331-	L2425- 340110299	93.64	800007993					-		
20240917	8000002375	KAILA	FORLIZZI	COURTLAND RD		HAZLETON	PA	18201-	L2425- 120144807	1,000.00	800007970	Denied	2824274000005	Print Cover Sheet 🛛 Submit Attac	hment(s) 2	8	4 DIGIT LOCATION # MISSING	0524281509004
20240920	8000002380	SHA- QUATA	FORLIZZI	325 TUDOR PKWY	APT C	LANCASTER	PA	17601-	L2425- 440114230	456.71	800007994				S	0	LAST NAME MISSING	9524281599005
20240920	8000002383	DOROTHY	FORLIZZI	284 ROSEBUSH LN		EAST PALESTINE	он	44413-	L2425- 710006157	300.10	800007974	Suspended	2824276000005	Print Cover Sheet OR Submit Attac	hment(s)			
20240924	8000002369	BRITTANY	FORLIZZI	195 FRANKLIN ST		ERIE	PA	16501-	L2425- 600123486	125.50								



Need Additional Information?

- ➢ Help with PROMISe[™] password Resets: 800-248-2152
- Desk Guides that explain how to access payment vouchers, how to use the Worklist, and how to add an alternate PROMISe user are all located on the PROMISe main menu page.
- The LIHEAP Vendor Website contains valuable information:

http://www.dhs.pa.gov/provider/informationforliheapvendors

➤ The Vendor Helpline is available Monday–Friday from 8:00 – 4:00.

Phone: 877-537-9517 Email: <u>RA-LIHEAPVendors@pa.gov</u>