



CHIP PROMISe™ ID FAQ

Q: What is the PROMISe ID?

A: The PROMISe — or Provider Reimbursement and Operations Management Information System ID — is an identification number issued by the Pennsylvania Department of Human Services Department or DHS.

The PROMISe ID seeks to comply with the Affordable Care Act provision that requires all providers who render services to the Pennsylvania Children's Health Insurance Program (CHIP) members to be enrolled with the Pennsylvania Department of Human Services Department as a CHIP provider.

Q: Who needs to enroll?

A: These providers need to enroll:

- Providers who do not have a PROMISe ID and would like to be CHIP providers
- Providers who are a part of another state's CHIP Program and want to be CHIP providers in Pennsylvania
- Providers whose current PROMISe IDs have expired or are otherwise become inactive

Q: Who does not need to enroll?

A: Any providers who have already enrolled in the Pennsylvania Medical Assistance Program, and/or have already enrolled in PROMISe per a communication from another CHIP MCO.

Q: What will happen if providers do not enroll/have an active PROMISe ID?

A: Claims will be denied for providers who do not have an active PROMISe ID.

Q: Will providers without an active PROMISe ID be responsible for denied claims?

A: Yes, any claim that denies for PROMISe ID will be providers' responsibility and will not be able to be billed to the member.

Q: How can providers check on the status of their PROMISe IDs?

A: Providers can check the status by accessing the PROMISe Internet Portal, emailing promise@pa.gov, or calling the Provider Enrollment Hotline at **1-800-537-8862**.

Q: How do providers enroll/re-enroll in PROMISe ID?

A: Providers must enroll with DHS at the individual and group level for each service location (combination of provider type and physical address) at **provider.enrollment.dpw.state.pa.us**.

Q: Do providers need to enroll at all locations where they provide services?

A: Except as set forth below, individual providers must enroll at every service location where they provide services to CHIP enrollees so that each service location receives its own unique service location number.

Providers who work at multiple locations or offices must enroll each location at which they provider services.

Individual providers who have clinical privileges at an institutional location do not need to enroll at these places of service. These locations include those using the following place of service codes:

- 21 (inpatient hospital)
- 22 (on-campus-outpatient hospital)
- 24 (ambulatory surgical center)
- 31 (skilled nursing facility)
- 32 (nursing facility)

However, if the individual provider is employed by the institution and the only place they provide services is the institutional location, the individual provider must enroll at the institutional location.

Radiologists and anesthesiologists who may have enrolled previously at only one service location must enroll at every service location where they provide services, unless they are providing services at an institutional location as described above.

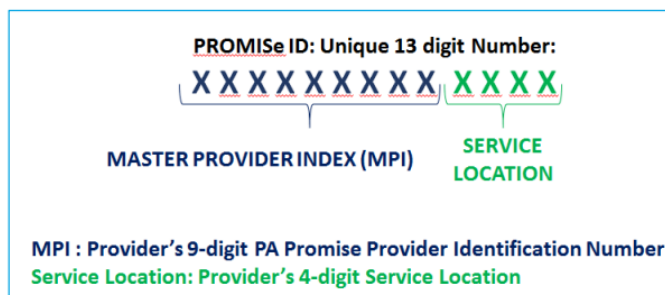
Q: What does the PROMISe ID look like?

A: The PROMISe ID number is a 13-digit number.

The first 9 digits are assigned by the Master Provider Index (MPI). The MPI is a central repository of provider profiles and demographic information that registers and identifies providers uniquely within the Department of Public Welfare, regardless of the program/system for which they are registering for a given Federal Employer Identification Number (FEIN) or Social Security number.

The next four digits of the number reflect a Service Location Code that is based on provider type, specialty, and physical location. A list of provider types reflected in Service Location Codes is available for review.

Below is an example of a PROMISe ID.

**Q: How are service locations determined?**

A: There are several ways that service locations are determined:

- One physical location for a provider with one provider type = one service location.
- One physical location for a provider with more than one provider type = one service location for each provider type.
- More than one physical location for a provider with one provider type = one service location for each physical location.
- More than one physical location for a provider with more than one provider type = one service location per provider type per physical location.

Q: We have two office locations. Our main office has already revalidated or enrolled with DHS. Should we also enroll the additional office location under our group separately?

A: All providers must enroll with DHS at every practice location where they render services to CHIP members and revalidate this enrollment every five years. Aetna Better Health® Kids will be required to deny claims for any service locations where the provider does not have an active PROMISe ID.

Q: Are groups required to enroll with DHS if all of the providers from different service locations are already enrolled? Do groups need to enroll separately?

A: Yes. DHS requires both group and individual provider enrollment.

Q: How will claims be processed?

A: In order to ensure that each service location has been enrolled and screened, PROMISe ID will match the information on the claim with the information in Aetna Better Health® Kids provider enrollment records.

For professional claims, PROMISe ID uses the rendering and/or billing provider's NPI and address submitted on the claim to match within Aetna Better Health® Kids enrollment records to assign a service location.

For institutional claims, the NPI and address on the claim is matched within Aetna Better Health® Kids enrollment records to verify that the service location is enrolled with a PROMISe ID.

For Referring and prescribing providers on claims, PROMISe ID uses the provider's NPI to verify that the provider is enrolled with a PROMISe ID.

Claims billed for urgent and emergent services do not verify PROMISe ID and will process according to the member's benefits.

Providers should submit their PROMISe ID applications with a retroactive start date to ensure that the claims can later be retro adjusted. Otherwise, they will remain denied.

If and when providers do enroll, they should notify Aetna Better Health® Kids utilizing the PROMISe ID update form and appeal their denials when applicable.

Q: Can a PROMISe ID be backdated?

A: Yes. Providers must request backdating when applying to DHS.

Q: Do providers who enroll for PROMISe IDS have to accept Medicaid?

A: No. Providers can select to only be CHIP providers when enrolling.

Q: Do resident physicians need to enroll with DHS?

A: Yes, residents must enroll with DHS in order to prescribe medications and order services. If residents do not enroll with DHS and they prescribe/order services, the rendering providers' claims will not be paid by Aetna.