

# CHIP PROMIS<sub>e</sub>™ ID FAQs

UPDATED AUGUST 2019

## Q: WHAT IS THE PROMIS<sub>e</sub> ID?

A: The PROMIS<sub>e</sub>, 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 PROMIS<sub>e</sub> ID is to comply with an Affordable Care Act provision that requires all providers who render services to the Pennsylvania Children's Health Insurance Program (CHIP) members be enrolled with the Department as a CHIP provider.

## Q: WHO NEEDS TO ENROLL?

A: These providers need to enroll:

- Providers who do not have a PROMIS<sub>e</sub> ID and would like to be CHIP Providers.
- Providers who are a part of another state's CHIP Program who want to be CHIP providers in Pennsylvania.
- Providers whose current PROMIS<sub>e</sub> IDs have expired or are otherwise 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 PROMIS<sub>e</sub> per a communication from another CHIP MCO.

## Q: WHEN SHOULD PROVIDERS ENROLL?

A: Providers should enroll **before July 1, 2019**.

## Q: WHAT WILL HAPPEN IF PROVIDERS DO NOT ENROLL/HAVE AN ACTIVE PROMIS<sub>e</sub> ID BY JULY 1, 2019?

A: Beginning July 1, 2019, claims will be denied for providers who do not have an active PROMIS<sub>e</sub> ID.

## Q: WILL PROVIDERS WITHOUT AN ACTIVE PROMIS<sub>e</sub> ID BE RESPONSIBLE FOR DENIED CLAIMS?

A: Yes. Starting July 1, 2019, any claim that denies for PROMIS<sub>e</sub> 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 PROMIS<sub>e</sub> IDs?

A: Providers can check the status through the [PROMIS<sub>e</sub> Internet Portal](#), email [promise@pa.gov](mailto:promise@pa.gov), or call the Provider Enrollment Hotline at 1-800-537-8862, and select options 2, option 4, and finally option 2 to speak to a representative.

## Q: HOW DO PROVIDERS ENROLL/RE-ENROLL IN PROMIS<sub>e</sub> ID?

A: Providers must:

1. Enroll with DHS at the individual and group level for each service location (combination of provider type and physical address) at <https://provider.enrollment.dpw.state.pa.us>.
2. Ensure that all physical addresses signed up for PROMIS<sub>e</sub> ID are valid addresses with Highmark. To do so, go to the PROMIS<sub>e</sub> ID form at [https://highmark.co1.qualtrics.com/jfe/form/SV\\_8AIDgu7WFTfrlAN](https://highmark.co1.qualtrics.com/jfe/form/SV_8AIDgu7WFTfrlAN), review any current addresses, add any new ones, and update any incorrect addresses.

## 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. Provider who work at multiple location 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.

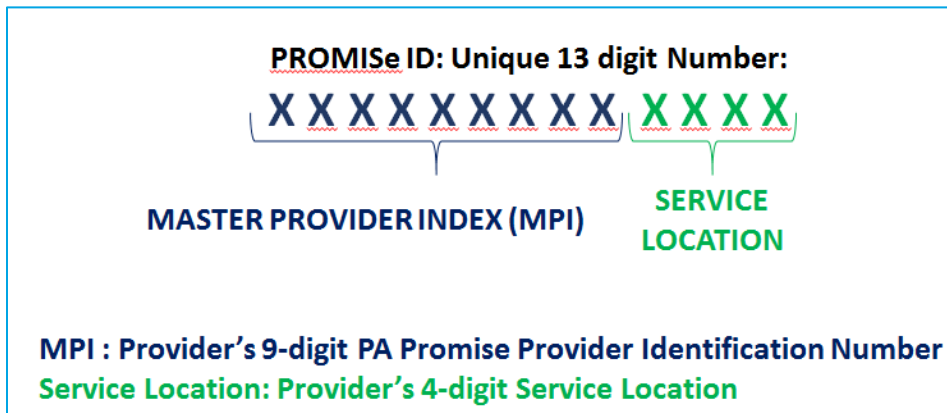
## Q: WHAT DOES THE PROMIS<sub>e</sub> ID LOOK LIKE?

A: The PROMIS<sub>e</sub> 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.

Highmark will be required to deny claims for any service locations where the provider does not have an active PROMISe ID, effective July 1, 2019.

This is why it is very important to ensure that every service location is signed up with a PROMISe ID on the vendor and practitioner level.

**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 Highmark's 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 Highmark's enrollment records to assign a service location.

For institutional claims, the NPI and address on the claim is matched within Highmark's 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 members benefits.

### **Q: WHO SHOULD I CONTACT FOR QUESTIONS OR PROBLEMS REGARDING CLAIMS?**

A: Contact Highmark Provider Service at **866-975-5054** for questions about claims or problems with claims, such as delayed or denied claims. Do not contact DHS regarding claims.

### **Q: IS THERE A CONTINGENCY PLAN IN PLACE WHEN HIGHMARK DENIES A CLAIM BECAUSE A PROVIDER OR LOCATION DOES NOT HAVE AN ACTIVE PROMISe ID, BUT A REVALIDATION APPLICATION WAS RECENTLY SUBMITTED?**

A: There is no contingency plan. Effective July 1, 2019, if providers are not enrolled at the location(s) where services have been rendered, and they do not have active PROMISe IDs, their claims will be denied.

Therefore, it is strongly recommended that providers enroll before July 1, 2019.

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 Highmark 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 ENROLLED PROVIDERS NEED TO REFER CHIP MEMBERS TO PROMISe ID-ENROLLED PROVIDERS WHEN REQUESTING AUTHORIZATION THROUGH NAVINET®?

A: Yes. The following message will display when referring members to non-enrolled PROMISe ID providers.

Member is enrolled in CHIP. No PROMISe ID on file for Referred to Provider/Facility. Please refer to an eligible CHIP provider/facility.

**Referred To Provider:**

① While an authorization request may be approved for medical necessity, such approval does not mean that the service will be processed as an In-Network benefit.

Please enter a provider ID, search for a provider, or select a preferred provider from the dropdown.

**Billing Provider:**  Preferred Providers

**Description:**

**Service Provider:**

A PROMISe ID-enrolled provider must be selected when submitting an authorization request.

## Q: HOW FREQUENTLY ARE HIGHMARK CLAIMS AND CREDENTIALING SYSTEMS UPDATED WITH DATA FROM DHS?

A: Highmark systems are updated at the time of credentialing, re-credentialing, and any other time we are made aware of data changes from a provider. Highmark receives weekly reporting from DHS files with updated PROMISe ID information which updates our claims and credentialing systems weekly, as necessary.

## 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 Highmark.

## Q: WHERE CAN I FIND MORE INFORMATION?

A: Visit the DHS' [PROMISe Internet Portal](#) for more information and resources.