Provider Alert #12

June 19, 2017

**HealthChoices Contracts:**
- Adams
- Allegheny
- Berks
- Blair
- Carbon/Monroe/Pike
- Chester
- Erie
- Lycoming/Clinton
- North Central
- Northeast
- York

**PROMISe Enrollment Required for All Ordering, Referring, or Prescribing Practitioners**

In accordance with The Affordable Care Act (ACA), Community Care is informing providers that effective January 1, 2018, all psychiatrists, psychologists, certified registered nurse practitioners (CRNPs), and physician assistants practicing independently or within a licensed facility who order, refer, or prescribe services for MA recipients must be enrolled in the Pennsylvania Medical Assistance Program.

Although behavioral health facilities currently bill for services provided by medical professionals under their facility PROMISe ID number, as of January 1, 2018, all medical professionals working in a behavioral health facility must have his/her own PROMISe ID number in order for services delivered to HealthChoices recipients requiring an order, referral, or prescription to be reimbursed.

Physicians within a licensed clinic will still be able to write a prescription for medication. However, if that physician is not enrolled in the Pennsylvania Medical Assistance program, the prescription will not be filled. In addition, these new regulations also include the delivery of certain services that require a “prescription,” such as BHRS, RTF, and CRR. Therefore, if a psychologist or psychiatrist prescribes one of these services and is not enrolled in the Pennsylvania Medical Assistance program, the services are not reimbursable. It is extremely important that providers of services requiring a prescription ensure that the prescribing practitioner has his/her own PROMISe number.

In order to evaluate the Community Care network of providers for compliance with these new regulations, we are asking you to complete the attached survey. In this survey, we are asking you to provide information for any physician, CRNP, PA, or psychologist within or on behalf of your organization (employed, independent contractor, Locum Tenens, telepsychiatry) who may be ordering, referring, or prescribing services. Please complete and e-mail this survey to the following e-mail address on or before July 7, 2017: CCBHProviderSub@upmc.edu
PROMIsē Enrollment Required for All Ordering, Referring, or Prescribing Practitioners

If you do not have any services that include a physician, CRNP, physician assistant, or psychologist who order, refer, or prescribe services, please complete and return the survey with the name of your agency and “N/A” in Column B, Practitioner Name.

If you have any questions related to this, please contact your Provider Relations Representative. You may find your Provider Relations Representative on the Community Care website at: http://www.ccbh.com/providers/networkdevelopment/providersreps/index.php