

Address Change Tips for Master's Level Mental Health Outpatient Practitioners (LSWs, LCSWs, LPCs, LMFTs)

- Please complete the Value Behavioral Health of Pennsylvania address change form located [online](#).
- You will also need to enroll your new service location in PROMISe (Provider Reimbursement and Operations Management Information System in electronic format) by completing the HealthChoices Behavioral Health Supplemental Services Provider Enrollment Application located [online](#).
- When completing this application, please read the application instructions on the first and second pages. Also, keep in mind that all the information needs to be specific to you.
 - Question #3: Use your Social Security number, not Federal tax id number.
 - Question #4: Use your personal NPI number.
 - Question #5 should be checked "Sole Proprietorship."
 - Question #9 should be checked "MH Outpatient Practitioner."
 - Question #11 should be checked "no."
 - If you have more than one new service location, please complete an additional page 5 for each location.
 - Sign the DPW Outpatient Provider Agreement.
 - On the Ownership or Control Interest Form, please write in your name, social security number, date of birth, and address on the top of page 3; write N/A on pages 4-5, and Yes or No in two places on page 6.
 - On the Managing Employee or Agent Disclosure Form, please answer N/A on page 7.
 - On the Nonprofit Disclosure Form, please answer N/A on page 8. On the Fee Assignment Form, please write N/A.
 - If you are closing an existing service location, please complete this form located [online](#).

Documents to Include:

- A copy of your license (make sure that your license has not expired).
- A copy of your social security card (do not send a W-9).
- A copy of the NPPES confirmation letter verifying your NPI# (if you don't have your confirmation letter on file, visit the NPPES website: <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>)

Please keep a copy of this packet for yourself. Do not send these materials by fax. Mail the ORIGINAL application and the accompanying documents to:

Melanie King, Contract Development Specialist
Value Behavioral Health of Pennsylvania
520 Pleasant Valley Road
Trafford, PA 15085

VBH will check it for completeness and forward it to OMHSAS on your behalf.