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Medicaid Update

NPI Special Edition

Important NPI Implementation Information

WHAT PROVIDERS NEED TO KNOW!

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Important Dates To Remember!

- **August 12, 2008 -** Last Date to Register Provider NPIs On-Line
- **September 1, 2008 -** Implementation of NPI System Changes
- **September 5, 2008 -** Provider Test Environment Available

The Health Insurance Portability & Accountability Act (HIPAA) of 1996 requires the adoption of a standard unique identifier for health care providers, the National Provider Identifier (NPI). The Final Rule adopting the NPI as the standard was issued on January 23, 2004. New York Medicaid will be implementing the NPI effective **September 1, 2008.**

This NPI Special Edition of the Medicaid Update is being published to present the Medicaid provider community with a compilation of important Medicaid NPI information on a variety of topics that will assist them in complying with Medicaid NPI implementation requirements. We are pleased to publish this NPI Special Edition Medicaid Update and we hope you will find it useful and informative.

NPI Implementation Information

Effective **September 1, 2008**, New York Medicaid will implement system changes necessary to process claims and other transactions using the National Provider Identifier (NPI). The NPI will replace the legacy Medicaid Provider ID, locator code, and license number and profession code for most providers. A new Provider Test Environment will be available on **September 5, 2008** that will give providers/submitters the ability to conduct end-to-end transaction testing. NYSDOH is developing a crosswalk between a provider's Medicaid Provider ID and the registered NPI (s). The crosswalk will be used for processing transactions, including claims, after NPI implementation.

For transactions that allow submission of both the NPI and legacy Medicaid Provider ID (for example, the 837I, 837P, 837D and UB04) NYSDOH recommends that you include both identifiers in the transaction until you have verified that the NPI-Medicaid Provider ID crosswalk is functioning correctly. To verify the crosswalk, you can submit transactions to the Provider Test Environment (PTE). Once successful test results are received, your production claims should be submitted with only a NPI. Additional information on the PTE can be found further in this Update. NCPDP and some other electronic transactions (270, 276, 278), ePACES, and paper forms (excluding the UB04) allow only a single provider identifier. For these transactions, the NPI should be submitted beginning **September 1** or as soon as transaction testing is completed whichever occurs later. On **August 13, 2008**, the eMedNY web based NPI Registry Application and the batch NPI Registration will end, in order to provide sufficient time for the conversion crosswalk files to be finalized. After this, if additions or changes are required, they must be communicated as a provider enrollment change via the provider maintenance process. **Providers who have not already done so are required to register their NPI prior to August 13.**

Atypical Providers Must Continue To Use Their Medicaid Provider ID

There are some provider types that do not meet the HIPAA standard's definition of a "Health Care Provider". These providers are considered Atypical and do not qualify to receive a NPI. Medicaid identifies these providers by their Category of Service and requires that they continue to submit their Medicaid Provider ID.

If an atypical provider submits a transaction with a NPI, the transaction will be rejected. Atypical provider types that should not submit an NPI when billing Medicaid:

- ***Child Care Agencies (COS 0122)***
- ***Bridges to Health (COS 0124)***
- ***Managed Care Provider (COS 0220)***
- ***Waiver Service (COS 0263)***
- ***Vendor Personal Care Services (COS 0264)***
- ***Personal Emergency Response Services (PERS) (COS 0266)***
- ***OMR/DD Waiver Services (COS 0269)***
- ***Eyeglass Materials (Upstate) (COS 0408)***
- ***Non-Emergency Transportation (COS 0602, 0603, 0604, 0605, 0606, and 0609)***
- ***Case Management Services (COS 0265) for rate codes 5210 through 5214.***

Registering all NPIs

Organizations that have obtained multiple NPIs for billing Medicare or other payers must register each of those NPIs with NYS Medicaid.

Registration of all NPIs used for billing will allow NYS Medicaid to process Medicare cross-over and third party claims correctly. As the payer of last resort, NYS Medicaid will rely on the NPI submitted on the claim to match the NPI that was used in billing other payers.

Failure to register all organizational NPIs prior to eMedNY NPI implementation will require new enrollment packets for the unregistered NPIs.

Impact of Provider's Chosen Enumeration Strategy

One Medicaid Provider ID to One NPI

▶Remittances and checks will display both the NPI and Medicaid Provider ID.

One Medicaid Provider ID with Multiple NPIs

▶During conversion, a new internal Medicaid Provider ID will be created for each NPI associated with the original Medicaid Provider ID. At implementation, these will have all the attributes (e.g. categories of service, addresses, and group affiliations) of the original Medicaid Provider ID.

▶Providers will receive a separate check and remittance advice for each NPI – ETIN combination.

▶Remittances and checks will display both the NPI and the Medicaid Provider ID.

▶When a NPI is used for Claim Status Response transactions (277 transaction), the transaction will return submitted claims associated with all NPIs to insure that claims submitted under the original Provider ID are reflected.

▶Providers will receive a letter advising of the new internal Medicaid Provider ID(s) associated with the NPI. Although it is anticipated providers will not use the Medicaid Provider ID in the future, it is being provided for informational purposes.

▶Adjustments to transactions that were originally processed under the original Medicaid Provider ID can be processed under any of the associated NPIs. The system will trace back to the original Medicaid Provider ID for those transactions.

▶History editing will be performed using the transactions associated with the original Medicaid Provider ID and all associated NPIs.

Multiple Medicaid Provider IDs with One NPI

▶During conversion, a new internal Medicaid Provider ID will be created for the NPI. At implementation, this internal Medicaid Provider ID will have the combined attributes (for example: categories of service, addresses, and group affiliations) of all the associated Medicaid Provider IDs. The new provider name will be the provider name associated with the first enrolled Medicaid Provider ID. Since a NPI can have only one pay to and one correspondence address, the pay to and correspondence address from the most recently enrolled Medicaid Provider ID will be used.

▶One check and remittance advice will be produced to reflect all payments from claims processed for the NPI – ETIN combination.

▶Remittances and checks will display both the NPI and the new internal Medicaid Provider ID.

▶Providers will receive a letter indicating the new internal Medicaid Provider ID associated with the NPI. Although it is anticipated providers will not use the Medicaid Provider ID in the future, it is being provided for informational purposes.

▶Adjustments to transactions that were originally processed under a combined Medicaid Provider ID will be processed with the NPIs'. The system will trace back to the original Medicaid Provider ID for those transactions.

▶EFT will be unaffected unless there is a mismatch between the choice of paper checks and EFT or the banking information. If this occurs, the new internal Medicaid Provider ID will be set to receive paper checks.

Claiming and Processing Information You Need To Know

Non-Emergency Transportation

Non-Emergency Transportation providers must continue to enter the plate number and the driver's license number in the current format.

Hospice Providers

Hospice providers are to no longer identify the nursing home of residence when billing for room and board. Pricing will be performed based upon the patient's facility of residence on file.

Referring Providers

All **referring providers** must be practitioners (individuals). An institution or facility can no longer be used as a referring provider. The referring provider is the practitioner in the facility who referred the patient.

Professional Licenses

Professional license numbers may no longer be used to identify attending, referring, prescribing or rendering providers. Referring providers that are licensed individuals must be reported using their NPI, not the NPI of the facility, clinic or hospital.

Zip+4 and Locator Codes

▶ For healthcare providers required to use the NPI, Locator Codes will not be allowed. Processing of location information will be performed using the full nine digit zip code of the Billing Provider or Service Location submitted on the claim. If the Service Location is not present the system will default to Service Location 003.

▶For Atypical providers who will bill using the Medicaid Provider ID, Locator Code will continue to be required.

▶As part of the implementation, all addresses on file will be processed through industry standard zip+4 conversion software.

▶Locator Codes will not be returned on remittance advices for any provider.

Remittances and checks

▶The choices made by providers as to how many NPIs to obtain will determine how checks and remittance advices are produced. **A separate check and remittance advice will be produced for each NPI – ETIN combination.**

▶For a period of time after implementation, when a NPI is submitted the remittances and checks will display both the NPI and the Medicaid Provider ID. If the organization has obtained multiple NPIs for a single Medicaid Provider ID or a single NPI for multiple Medicaid Provider IDs, the Medicaid Provider ID displayed may be different than the current Medicaid Provider ID.

▶Locator codes are being eliminated from all paper remittances and 835s. This will include remittances for atypical providers who are required to submit a Medicaid Provider ID.

Claim Status (276 Transactions)

▶Providers will be able to submit either a Medicaid Provider ID or a NPI, as appropriate, in the Claims Status Request criteria (276 transaction). When a Medicaid Provider ID is submitted, claims matching the Medicaid Provider ID will be returned. Up to ten most recently adjudicated claims matching the request criteria will be returned on the Claim Status Response (277 transaction).

▶Providers that have chosen to enumerate with multiple NPIs for a single provider ID, will have submitted claims associated with all their NPIs returned. This will ensure that claims submitted under the original Provider ID are reflected.

Audio Response Unit (ARU)

The ARU will allow entry of either the NPI or Medicaid Provider ID submitted on the claims. The ARU check inquiry should be made using the ID the claims were submitted with:

▶If claims were submitted with a Medicaid Provider ID only, that Provider ID should be used for the check inquiry.
▶If a Medicaid Provider ID and NPI were used, then either can be used to make the check inquiry.
▶If only a NPI was used then the inquiry should be made with the NPI the claims were submitted with.

Electronic/Paper Transmitter Identification Number (ETIN)

ETIN recertification will be based on the NPI for healthcare providers and Medicaid Provider ID for non-health care providers.

Incorporated Solo Practitioners

▶NYS Medicaid has changed the enrollment requirements for individual practitioners who are incorporated. In the past, one Medicaid Provider ID was assigned for use as both the corporate and individual ID. Incorporated solo practitioners are now **required to enroll the corporate entity as if it was a group practice using the organization's NPI.**

▶The individual NPI should be registered with the current Medicaid Provider ID.

▶You can obtain the appropriate enrollment packet from the eMedNY Web site or contact CSC Provider Relations at (800) 343-9000.

Facility Affiliated Practitioner NPI Reporting

As a result of the NPI final rule, the National Provider Identifier (NPI) for **Attending Providers** must be submitted in place of the NYS license numbers**.** In addition, both the NPI Final Rule and an Office of the Medicaid Inspector General (OMIG) initiative stipulate that the NPI of a clinic, hospital, or other facility can no longer be submitted as the Attending Provider. Since it is critical for NYS Medicaid to use the Attending Provider's NPI for a variety of edits, including those that validate the Attending Provider's license and their relationship with the Billing Provider, it is essential that a method for associating the Attending Providers NPIs and license numbers with clinics, hospitals and other facilities be established.

Provider types required to maintain Attending Provider Rosters

COS	COS Description
0160	***D&TCS: DIAGNOSTIC & TREATMENT CENTER SVCS (FSTNDG)***
0260	***HHAS: HOME HEALTH AGENCY PROFESSIONAL SVC (FSTNDG)***
0284	***HOS SVC: HOME CARE PROGRAM***
0285	***HOS SVC: INPATIENT***
0287	***HOS SVC: HOSPITAL BASE OUTPATIENT SERVICES***

Consequently, all clinics, hospitals and other facilities are now required to maintain an up-to-date "roster" of providers that may be included as an Attending provider on claims submitted to NYS Medicaid. Facilities with multiple NPIs must maintain a separate roster of attending providers' NPIs and License Numbers for each facility NPI.

The web based Attending Provider Reporting application allows clinics, hospitals and other facilities to maintain a roster of NPIs and licenses for their affiliated providers. The Facilities Affiliated Practitioners NPI application can be accessed on the eMedNY Web site at http://www.emedny.org/hipaa/NPI/index.html.

There is also a batch Facilities Practitioner's NPI Reporting (FPR) submission method, which was developed to accommodate facilities that have a large number of affiliations to record with NYS Medicaid. For information on the FPR, please visit http://www.emedny.org/hipaa/NPI/index.html.

ePACES Information

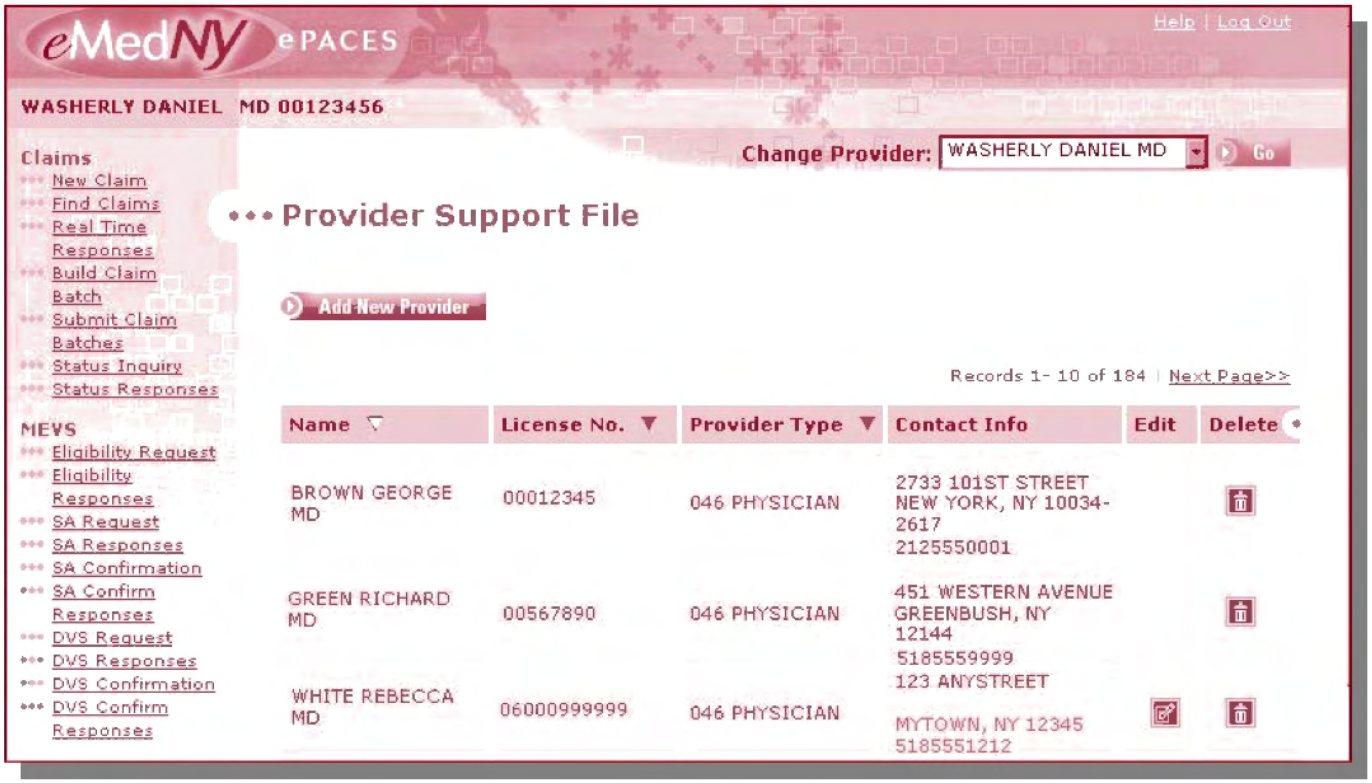
✸For ePACES providers that have chosen to obtain multiple NPIs for a single Medicaid Provider ID, all associated users and their permissions will be replicated for each NPI.

✸For ePACES providers who have chosen to use one NPI for multiple Medicaid Provider IDs, all users for any one of the Medicaid Provider ID s being combined will now have their access and permissions applied to the NPI. This means they may now have rights to information they may not have had before as it was originally part of a separate ID with separate permissions.

ePACES is a free internet-based program that allows NYS Medicaid providers to submit claims, eligibility requests (including service authorizations), claim status requests; electronic prior approval requests and view the associated responses.

ePACES Provider Support File

- The ePACES provider support file may require updating for NPI.
- If the Medicaid Provider ID of the practitioner was entered when creating the support file, you do not need to update your file.
- If your support file was created using the practitioner's License Number, you will need to edit the file and enter the NPI.
- To determine how the support file was created, look for the edit icon. If you have an icon in your Edit column (see Dr. White in the example below), the file was created with a license number and you will need to update the file. If there is no icon (see Dr Brown in the example below), you do not need to update your file.



NPI Provider Testing Environment

The Provider Testing Environment will be available beginning September 5, 2008.

The eMedNY Provider Testing Environment (PTE) is a platform designed to enable NYS Medicaid trading partners to test batch EDI (Electronic Data Interchange) transactions using the same validation and adjudication logic and methods as the eMedNY production environment.

Test transactions submitted to the eMedNY Provider Testing Environment will undergo processes that verify and report on data structure and content to the same degree of stringency as live transactions sent to the eMedNY production environment, and will receive, in most cases, the same system responses at each step.

There are, however, some unavoidable constraints that prevent the PTE from returning identical responses to what the production environment would return in response to the same inbound transaction. For example, edits involving duplicate and near-duplicate claims or prior authorization submissions are not applied so as to allow for iterative testing. In addition, no claims or authorization requests will be pended in the test environment instead these will be denied.

Transaction Inbound to eMedNY PTE	eMedNY PTE Response
270 Eligibility, Coverage or Benefit Inquiry	271 Eligibility, Coverage or Benefit Information
278 Health Care Services Review - Request for Review (DVS/SA)	278 Health Care Services Review - Response to Request for Review (DVS/SA)
278 Health Care Services Review - Request for Review (PA)	278 Health Care Services Review - Response to Request for Review (PA)
278 Health Care Services Review – Inquiry (Confirmation)	278 Health Care Services Review - Response (Confirmation)
276 Health Care Claim Status Request	277 Health Care Claim Status Notification
837 Health Care Claim: Dental	835 Health Care Claim: Payment Advice - and - 835 Supplementary File Information OR Paper Remittance Advice
837 Health Care Claim: Professional	835 Health Care Claim: Payment Advice - and - 835 Supplementary File Information OR Paper Remittance Advice
837 Health Care Claim: Professional for Non-Emergency Transportation	835 Health Care Claim: Payment Advice - and - 835 Supplementary File Information OR Paper Remittance Advice
837 Health Care Claim: Institutional	835 Health Care Claim: Payment Advice - and - 835 Supplementary File Information OR Paper Remittance Advice

Supported Transactions

The eMedNY PTE supports testing of "HIPAA X12" electronic health care transactions. The table above lists the inbound and expected outbound transactions as defined in the eMedNY Companion Guides for the supported transaction types.

To view or download eMedNY Companion Guides, please visit http://www.emedny.org/hipaa/emedny_transactions/transactions.html

POS Terminal Download & Setup

The latest version (**V2120**) of New York State Medicaid software for your Omni3750 or VX570 is now available. Computer Sciences Corporation is endeavoring to make this update as easy as possible by automatically downloading the new software release. The automatic download is scheduled for non-business hours. If your device has not been updated, to facilitate the automatic download please leave your device turned on when not in use.

All devices must be updated with the new software by September 1, 2008. Please DO NOT enter your NPI until September 1st.

The Omni 3750 and VX570 MEVS Devices display the currently loaded version number at the bottom of the 'idle' screen when the device is waiting for a transaction to begin. If the Omni 3750 or VX570 you are using displays **V2120**, it has been loaded with the most current application. The first time the device is used after the download, it will display "Select Provider No.", indicating it is time to enter the provider number(s).

After a download has been completed any customizations made such as a special dial prefix and/or multiple providers will be erased. To reprogram these specialty fields please consult your MEVS manual. If you currently do not have a MEVS manual you can go to eMedNY.org and download it or call (800) 343-9000 for assistance.

EXAMPLES:

FRI 9/5 9-13A
EMEDNY
SWIPE CARD OR
PRESS F4 TO BEGIN
V2120

The device has been loaded with the most current application. No download is required.

FRI 9/5 9-13A
EMEDNY
SWIPE CARD OR
PRESS F4 TO BEGIN
V2110

The device has not been loaded with the most current application.

Internal Revenue Service 1099-MISC Reporting

IRS
Department of the Treasury
Internal Revenue Service

In the past, a separate 1099-MISC form was created for every Medicaid Provider ID.

For 2008, a single 1099-MISC form will be created for the Tax Identification Number (TIN) that will include all payments to every NPI and/or Medicaid Provider ID with that TIN on file. The TIN that is on file for the NPI/Medicaid Provider ID at the time the 1099-MISC is generated will reflect all payments made to the NPI/Medicaid Provider ID for the entire year even if the TIN was changed during the year. As a part of the implementation, a taxpayer name and address will be created for each Tax Identification Number. A letter containing this information will be mailed during September. The letter will include instructions for updating any incorrect information.

X12 837 Electronic Claim NPI Loops and Segments

The following tables list the loops and segments that are designated for the NPI. This is only a guide for locating the NPI and is not intended to replace the Companion Guides (CG's). Updated CG's are available on the eMedNY.org Web site on the NYHIPAADESK tab. The following information is not for use with ePACES or paper claim forms.

■ **The 837I Institutional claim** transaction can have NPI data mapped from 8 different locations. The NPI data will be captured in the NM1 Provider Name segment of the following Loops when NM108 = (XX) Qualifier and NM109 = National Provider Identifier.

837I (Institutional)	
LOOP ID 2010AA	Billing Provider Name
LOOP ID 2310A	Attending Physician Name
LOOP ID 2310B	Operating Physician Name
LOOP ID 2310C	Other Provider Name (used for referring provider)
LOOP ID 2310E	Service Facility Name
LOOP ID 2420A	Attending Physician Name
LOOP ID 2420B	Operating Physician Name
LOOP ID 2420C	Other Provider Name

■ **The 837P Professional claim** transaction can have NPI data mapped from 13 different locations. The NPI data will be captured in the NM1 Provider Name Segment of the following Loops when NM108 = (XX) Qualifier and NM109 = National Provider Identifier.

837P (Professional)	
LOOP ID 2010AA	Billing Provider Name
LOOP ID 2010AB	Pay-to Provider Name
LOOP ID 2310A	Referring Provider Name (Referring Physician 'DN' iteration)
LOOP ID 2310A	Referring Provider Name (Primary Care Provider 'P3' iteration)
LOOP ID 2310B	Rendering Provider Name
LOOP ID 2310D	Service Facility Location
LOOP ID 2310E	Supervising Provider Name
LOOP ID 2420A	Rendering Provider Name
LOOP ID 2420C	Service Facility Location
LOOP ID 2420D	Supervising Provider Name
LOOP ID 2420E	Ordering Provider Name
LOOP ID 2420F	Referring Provider Name (Referring Physician 'DN' iteration)
LOOP ID 2420F	Referring Provider Name (Primary Care Provider 'P3' iteration)

■ **The 837D Dental claim** transaction can have NPI data mapped from 6 different locations. The NPI data will be captured in the Provider Name Segment of the following Loops when NM108 = (XX) Qualifier and NM109 = National Provider Identifier.

837D (Dental)	
LOOP ID 2010AA	Billing Provider Name
LOOP ID 2010AB	Pay-To Provider Name
LOOP ID 2310A	Referring Provider Name
LOOP ID 2310B	Rendering Provider Name
LOOP ID 2310D	Assistant Surgeon Name
LOOP ID 2420A	Rendering Provider Name

Address Updates

Efforts to contact providers that had not registered NPIs by mail resulted in a large volume of return mail for both the correspondence and pay to addresses. If you have changed addresses, please be sure to notify eMedNY.

The Fee-for-Service and Rate-Based/Institutional Provider change of address forms are available at: http://www.emedny.org/info/ProviderEnrollment/index.html.

Additional Information

For manuals and additional information, please visit the eMedNY NY HIPAA Desk NPI Web site at http://www.emedny.org/hipaa/NPI/index.html

Questions? Please contact the eMedNY Call Center at (800) 343-9000.

Frequently Asked Questions

▶When can I begin using my NPI on claims?

You can begin using your NPI on 837 electronic claims at any time but you must continue to also enter the Medicaid Provider ID until September 1. Paper claims (except the UB04) and NCPDP claims cannot be submitted with an NPI at this time. After 09/01/2008 you may submit claims with only an NPI for paper, electronic 837 and NCPDP claims.

▶Can I submit with both an NPI and my Medicaid ID?

If you submit electronically on the 837, both entries are allowed. If you are submitting on a paper claim form (except the UB04) or an NCPDP claim, you can only enter an NPI or a Medicaid ID, not both. Every effort should be made to submit with only an NPI after 09/01/2008.

▶Where do I report the NPI on a paper claim form?

The NPI is reported in the same place where you currently enter the Medicaid Provider ID on the HCFA form, Box 25A, and the Group NPI (if applicable) is entered in 25B. On Form A, the NPI is entered in Box 1 just like your Medicaid Provider ID and the Group NPI (if applicable) is entered in Box 3. On the UB04 the NPI is entered in FL 56. (The Medicaid Provider ID is entered in FL 57 on the UB04).

▶When I receive my check and remittance what ID will be on them?

If you receive paper remittances, the remittance will be printed according to how the claims were submitted. If only an NPI is submitted, the submitted NPI is returned and the Medicaid Provider ID on the remit and check is the Medicaid Provider ID in the crosswalk that's associated with the submitted NPI. Depending on your enumeration strategy, the Medicaid Provider ID on your remittance may not match your Medicaid Provider ID. If both an Medicaid Provider ID and NPI are submitted electronically then the system returns both the submitted Medicaid Provider ID and NPI on the paper remittance and check.

For electronic 835 remittances, if both an Medicaid Provider ID and NPI are submitted, the 835 electronic remittance and paper check return the submitted Medicaid Provider ID and NPI. If only an NPI is submitted, the 835 and paper check return the submitted NPI and the Medicaid Provider ID based on the crosswalk.

▶I receive 835 electronic remittances. Under NPI how will the remittance be generated?

If only an NPI is submitted, the 835 returns the NPI submitted and the Medicaid Provider ID that the NPI is associated with in the crosswalk. A separate 835 is generated for each ETIN – NPI – ID combination.

▶I received my remittance and there is no locator code, why?

Locator codes are being eliminated from all paper remits and 835s including the remits for atypical providers who are not allowed to use NPI. Locator codes were eliminated as part of NPI implementation.

▶Is there a way to test my NPI claims before I submit them for payment?

Yes, a test environment will be available beginning September 5, 2008. For more information on testing please see the eMedNY.org Web site.

▶I am exempt from NPI. When I submit with my Medicaid Provider ID, will my claims get paid?

Your claims will be adjudicated as normal. The system has been designed to accommodate atypical providers.

▶I am exempt from NPI. Do I have to enter the NPI of the ordering, referring or service provider, or can I continue to use the license number or Medicaid Provider ID?

The NPI of the ordering, referring or service provider should be entered NOT their Medicaid Provider ID or license number.

▶I am not required to use an NPI for NYS Medicaid, but I have an NPI and submitted claims with it, what will happen?

If a provider is not required to have or use an NPI, but they submitted an NPI their claims will be denied.

▶My check/remittance has a provider number on it that is not mine, what should I do?

If the NPI that is printed on the check/remittance is correct, then the check/remittance is yours. The provider number is an internal number that may or may not match your old Medicaid Provider ID.

Frequently Asked Questions

▶I submitted an adjustment that was paid under a different Medicaid Provider ID than what is on the remittance, is this correct?

The Medicaid Provider ID on the remittance for the credit record of the adjustment is the Medicaid Provider ID the adjustment was submitted under, or if the adjustment was submitted with an NPI only, it is the Medicaid Provider ID the NPI is linked to in the crosswalk. That Medicaid Provider ID may or may not match your old Medicaid Provider ID.

▶The amount I was paid is for a different locator code than I intended the claim to be for, is this because of NPI?

With NPI, the locator code is no longer entered on a claim. The locator code is derived from the 9-digit zip code entered on the claim. If a locator code could not be derived using the 9-digit zip code and the rate code is on file with 2 or more locator codes, the lowest amount available for the rate code was used. If this is an issue, it should be resolved with the Medicaid Institutional Enrollment unit.

▶I was paid a lower amount than I expected, is this because of NPI?

If the claim is a rate-based claim and the rate code is on file with numerous locator codes and the correct locator code could not be derived using the 9-digit zip code, the claim will be adjudicated using the lowest rate available for that rate code.

▶I submitted paper claims with an NPI and never see the claims on a remittance, what has happened to them?

Either the NPI was entered incorrectly or the NPI was not registered with Medicaid. If the NPI on a paper claim is not known, the claim will be denied and will not appear on a remittance.

▶I submitted my claim with a group NPI, and the claim was denied on a remittance for the individual provider, why?

If the NPI entered as the Group NPI is not known, then the claim will fail edit 02041 (Medicaid Group Provider ID Can Not Be Derived). The denied claim will appear on the remittance of the Billing Provider because the group provider is unknown.

▶I used to enter the ID of the facility that referred the patient and now I'm being denied, why?

Facilities are no longer allowed as referring providers. All referring providers must be the practitioner who actually made the referral from the facility.

▶For Hospice claims I used to enter the Medicaid Provider ID of the Nursing Home the patient is in to get paid, but NPI does not allow a facility as the referring provider. What should I do?

Prior to NPI that was true, but with NPI you are no longer required to make that entry. The system was designed to price the Hospice claim without the Medicaid Provider ID of the Nursing Home.

▶My claims are getting denied for edit 02067 - Attending Provider Not Linked To Billing Provider, what does that mean?

For NPI, NYS Medicaid requires that all practitioners entered as attending providers be on file as affiliated with the facility submitting the claim. The affiliation is performed by using the web application available on emedny.org

▶What is the Facility Affiliated Practitioner NPI and License file?

In order for the system to know what practitioners are affiliated with a facility, Hospital and Clinic providers are now required to report the NPIs of the practitioners affiliated with their facility. This information is used to edit claims for the restricted recipient program as well as other editing purposes, such as edit 02067 (Attending Provider Not Linked To Billing Provider). It is the responsibility of the facility to report the Affiliated Practitioners NPIs.

▶What methods are available to affiliate a practitioner with a facility?

There are two methods available to affiliate a practitioner with your facility. The emedny.org Web site has an application, accessed by a button, on the home page for entering the Facility Affiliated Practitioner NPI and Licenses. Or if you prefer, there is a batch submission method available where the submitter creates a file and transmits the data to CSC. For more information on the batch submission, you can go to emedny.org, click on HIPAADESK, then on the left menu bar and click on NPI.

Frequently Asked Questions

▶My claims for patients in Managed Care Plans are denied for edit 01173 - Prepaid Cap Recipient, Referral or Specialist ID Invalid. I am using the same data I have always used. Why are the claims being denied?

The Plan ID cannot be used as the referring provider. The actual referral or specialist NPI must be entered as the referring provider. Under NPI regulations, the practitioner who actually made the referral must be entered as the referring provider NOT the Medicaid Provider ID of the facility or Plan ID. If the referring provider entry was a practitioner and it is known that the practitioner is affiliated with the Plan, then contact the Office of Managed Care at 518-473-0122.

▶Will my EFT be affected by NPI?

This will be determined by your enumeration strategy. EFT will not be affected by NPI except for providers that have chosen to get a single NPI for multiple Medicaid Provider IDs. In that case, if some of the IDs are set up for EFT and some are set up for paper checks, then all the Medicaid Provider IDs are removed from EFT. Three key fields must be the same – Bank Account Number, Type of Account, and Routing Number, in order for all the IDs to remain set for EFT. If these 3 fields are not the same, the provider will be notified in a letter from Program Accounting that the Medicaid Provider IDs are being set to paper for payment and if they want the EFT payment, they need to submit an EFT enrollment form with the correct banking information. The NPI and Medicaid Provider ID entered on the enrollment form must be a new Medicaid Provider ID that is contained in the letter from CSC Program Accounting.

▶I am a non-emergency transportation provider and I am required to report the driver's license number and plate number on my claims. Will NPI affect that entry?

Transportation providers will continue to report plate numbers and driver's license numbers as they do today with no changes.

▶Will the 800 line for check amounts be affected by NPI?

If a Medicaid Provider ID or a Medicaid Provider ID and NPI is submitted during transition, then the ARU (for check amounts) inquiry can be made using the Medicaid Provider ID submitted on the claim or the NPI submitted. If only an NPI is submitted during or after transition, then the submitted NPI should be used for the ARU check inquiry.

▶Will my 1099 be affected by NPI?

In the past, 1099s were produced by the Medicaid Provider ID. In 2008, 1099 Tax Forms will be sent out by Federal Employee Identification Number (FEIN)/Social Security Number (SSN). The provider will need to re-enroll with a new FEIN to affect a change in how they receive a 1099. 1099s will use the Taxpayer Address for the FEIN on file at the time of 1099 generation and will include monies for all Provider IDs associated with an FEIN at that time, even if they weren't linked to that FEIN for the entire year or the Taxpayer Identifier or Address has changed during the year. 1099s will now be summed at the FEIN/SSN level to determine if the 1099 is greater than $600. If the total is less than $600, no 1099 will be sent out for that FEIN/SSN.

▶I use paper prior approvals forms, will they change for NPI?

Paper PA forms have enough space to accept an NPI. The system allows 10 characters to be captured. The length of the entry will tell the system if the entry ID is an NPI or a Medicaid Provider ID.

▶I have prior approvals issued with my Medicaid Provider ID, but I have claims that will be submitted with my NPI, how will that affect my billing?

You should not be affected if the PA is issued to your Medicaid Provider ID and the claim is submitted with an NPI registered for that Medicaid Provider ID. The system will link the NPI to the Medicaid Provider ID. This will allow for the proper editing and payment of a claim.

▶I have a DVS issued with my Medicaid Provider ID but I have claims that will be submitted with my NPI, how will that affect my billing?

You should not be affected if the DVS is issued to your Medicaid Provider ID and the claim is submitted with an NPI registered for that Medicaid Provider ID. The system will link your NPI to the Medicaid Provider ID. This will allow for the proper editing and payment of a claim.

▶I have a Service Authorization issued with my Medicaid Provider ID but I have claims that will be submitted with my NPI, how will that affect my billing?

You should not be affected if the Service Authorization is issued to your Medicaid Provider ID and the claim is submitted with an NPI registered for that Medicaid Provider ID. The system will link your NPI to the Medicaid Provider ID.

Frequently Asked Questions

▶How will NPI affect my claim status transactions (ePACES and 276 claim status)?

Providers will be able to submit either a Medicaid Provider ID or NPI, as appropriate, in the Claims Status Request Criteria (ePACES or 276 transaction). When a Medicaid Provider ID is submitted, claims matching the Medicaid ID will be returned. When an NPI is submitted, claims matching all Medicaid Provider IDs associated with the NPI will be returned. Up to ten most recently adjudicated claims matching the request criteria will be returned on the Claim Status Response (ePACES and the 277 transaction).

▶I receive a roster, will I see any changes?

Yes, the changes to the rosters are:

Transportation Roster for Billing Provider: The field heading of "Ordering Provider ID" will be changed to "Ordering Provider Num." The Ordering Provider Num field will contain the Medicaid Provider ID. The Ordering Provider NPI will be displayed to the right of the Medicaid Provider ID. The "Prior Approval Number" heading will change to "PA Number." A new column will be added – "PA CHGD." This column will contain an asterisk when the PA has been updated since the original determination (adjudication).

Transportation Roster for Ordering Provider: The roster will be changed to include Billing Provider NPI. The column heading of "Billing Provider ID" will change to "Billing Provider Num." This field will contain either the NPI or Medicaid Provider ID depending on which was submitted. A new column will be added - "PA CHGD." This column will contain an asterisk when the PA has been updated since the original determination (adjudication).

PCA Roster for Billing Provider: The column heading of "Ordering Provider ID" will be removed from the report. A new column will be added - "PA CHGD." This column will contain an asterisk when the PA has been updated since the original determination (adjudication).

Nursing Home / Bed Reservation Rosters for Billing Provider:

The roster will change to include Billing Provider NPI. The roster will be updated to display the NPI as part of the PA Header information.

PROVIDER SERVICES

Missing Issues?
The *Medicaid Update*, indexed by subject area, can be accessed online at:
http://www.health.state.ny.us/health_care/medicaid/program/update/main.htm.

Hard copies can be obtained upon request by emailing: medicaidupdate@health.state.ny.us.

Office of the Medicaid Inspector General: www.omig.state.ny.us. (518) 473-3782.

Questions about an Article?
Each article contains a contact number for further information, questions or comments.

Questions about billing and performing MEVS transactions?
Please call the eMedNY Call Center at: (800) 343-9000.

Provider Training
To sign up for a provider seminar in your area, please enroll online at: http://www.emedny.org/training/index.aspx.

For individual training requests, call (800) 343-9000 or e-mail: emednyproviderrelations@csc.com.

Enrollee Eligibility
Call the Touchtone Telephone Verification System at any of the numbers below:

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Fee-for-Service Providers
A change of address form is available at: http://www.emedny.org/info/ProviderEnrollment/index.html.

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A change of address form is available at: http://www.emedny.org/info/ProviderEnrollment/index.html.

Comments and Suggestions Regarding This Publication?
Please contact the editor, Kelli Kudlack, at: medicaidupdate@health.state.ny.us.

Did You Notice?
Each page of the *Update* is perforated for easy removal.
Easy to post on bulletin boards, circulate to staff, or photocopy and hand out to enrollees!

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