



STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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October 23, 2006

RE: National Provider Identifier (NPI) Information and Guidance

Attention: This letter contains important information concerning Medicaid claiming for OMRDD services. We recommend that you forward copies of this letter to your chief financial officer and Medicaid billing staff.

Dear Executive Director:

This letter provides information on the use of the National Provider Identifier (NPI), a new federal mandate that impacts Medicaid claiming for health care services. The NPI requirements are effective on May 23, 2007. OMRDD, working with our provider associations, has developed specific recommendations to providers on use of NPI numbers. By following these directions we hope to minimize problems you may experience in Medicaid claiming on and after May 23, 2007.

NPI must be used in claiming health care services and therefore pertains to OMRDD Article 16 clinics, Day Treatment, Intermediate Care Facilities Specialty Hospitals and Care at Home Case Management. Other OMRDD services are not affected.

The guidance provided in this letter is specific to OMRDD services only. For NPI guidance for Medicaid services certified or overseen by another New York State agency (e.g., Article 28 clinic, the Traumatic Brain Injury Waiver, etc.) contact the New York State agency which certifies or oversees the Medicaid service.

Background

Use of the National Provider Identifier (NPI) is a new federal mandate coming from the administrative simplification requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. To implement NPI, a federal contractor is issuing new identification numbers to all health care providers. These new NPI numbers will replace the current identification numbers and codes issued by each separate health care payor (Medicare, Medicaid, commercial insurance plans, etc.). Electronic health care transactions submitted on and after the implementation date of May 23, 2007 must use NPI's.

Not All OMRDD Medicaid Services Will Be Affected

As noted above, only "health care" services are directly affected by the new federal mandate to use NPI's. Some OMRDD services fall under HIPAA's definition of a "health care" service, others do not. The chart below indicates which OMRDD services are considered health care and will be claimed using NPI's, and which OMRDD services are not considered health care and will continue to be claimed using Medicaid provider ID's and location codes as they are today.

OMRDD Services Health Care vs. Non-Health Care	
Health Care Services (NPI's Required Beginning 5/23/07)	Non-Health Care Services (Continue Using Medicaid Provider ID's)
<ul style="list-style-type: none"> • Article 16 Clinic • Day Treatment • Intermediate Care Facility (ICF) • Specialty Hospital • Care At Home Case Management 	<ul style="list-style-type: none"> • Medicaid Service Coordination (MSC) • <u>All HCBS Waiver Services</u> <ul style="list-style-type: none"> ○ Community Residence (CR) Residential Habilitation ○ Individualized Residential Alternative (IRA) Residential Habilitation ○ Family Care Residential Habilitation ○ At-Home Residential Habilitation ○ Day Habilitation ○ Pre-Vocational Services ○ Supported Employment ○ Family Education and Training ○ Plan of Care Support Services ○ Consolidated Supports and Services ○ Hourly Respite ○ Freestanding Respite

Please Note: If your agency delivers only Home and Community Based Services (HCBS) Waiver services and/or Medicaid Service Coordination (MSC) services, you will not be affected by the new NPI mandate.

Affected OMRDD Health Care Services

If your agency delivers Article 16 Clinic, Day Treatment, ICF, Specialty Hospital, or Care At Home Case Management services, you will be impacted by NPI. You must request NPI's for these services from the federal contractor and report these new NPI's to eMedNY. We recommend this process be completed over the next few months. It is anticipated that the volume of NPI requests will increase dramatically as the deadline of May 23, 2007 approaches. Fox Systems, the federal contractor, is currently accepting applications for NPI's (see "How To Request An NPI" on page 4). Similarly, eMedNY has created a web-based application enabling providers to report their new NPI's to the New York State Medicaid System (see "How To Report NPI's To NYS Medicaid" (eMedNY) on page 4).

Requesting NPI's for Article 16 Clinics, Day Treatment, ICFs/DD, and Care at Home Case Management

- **Article 16 Clinic and Day Treatment.** There are two options for these services. Providers may:
 - **Option 1.** Request one NPI for each master operating certificate. This is equivalent to requesting one NPI for each existing Medicaid provider ID number.
- or**
- **Option 2.** Request one NPI for each certified location. If a program has a main site and certified satellite locations, request one NPI for the main site and additional NPI's for each certified satellite location. This is equivalent to requesting one NPI for each location code associated with the current Medicaid provider ID. *There are no location codes under NPI. If it is important that your Medicaid remittances differentiate service locations, requesting a separate NPI for each location may be your best choice.*
- **Additional note for Article 16 Clinics:** Currently, hospital-based Article 16 clinics, and some older freestanding Article 16 clinics, may share a Medicaid provider ID with other types of clinics run by the same agency. For instance, the same Medicaid provider ID may be used to bill Article 16 (OMRDD-certified), Article 28 (DOH-certified), Article 31 (OMH-certified), and Article 32 (OASAS-certified) clinic services. When billing Medicaid, the certification of the particular clinic rendering service is differentiated by the use of location and rate codes. Such providers may elect to continue this pattern by requesting a single NPI to bill all their types of clinics. Alternately, a provider may elect to request a separate NPI for each type of clinic. *In deciding which course to take, it may be necessary to consider the guidance provided by other payors (e.g., Medicare).*

Regardless of whether Option 1 or Option 2 is chosen for Article 16 clinics, if you provide clinic services in an offsite, or uncertified location, the services should be claimed under the NPI obtained for the certified location under which authorization for the offsite services is given. Do not request a separate NPI specifically for offsite services. Following NPI implementation, offsite services will continue to be differentiated by a separate rate code series just as they are now.

- **Intermediate Care Facility (ICF) and Specialty Hospital.** Request one NPI for each certified residence. This is equivalent to requesting one NPI for each existing Medicaid provider ID.
- **Care At Home Case Management.** Request one NPI to bill case management services for all Care At Home waivers (III, IV, and VI).

When considering the programs for which you need to request an NPI, remember that all health care transactions submitted on and after May 23, 2007 will require NPI's – even if the service date of the claim is before the NPI implementation date.

How To Request An NPI

NPI's are issued through the Centers for Medicare and Medicaid Services' (CMS) National Plan and Provider Enumeration System (NPPES). Fox Systems, Inc. operates this system as a federal contractor. Applications may be submitted using paper forms or a web-based tool. The web-based tool provides the fastest turn-around time and several providers have indicated that this is the simplest method to request NPI's. You can also update your NPI information using the on-line system.

- **Website:** <https://nppes.cms.hhs.gov/NPPES/Welcome.do>. The welcome page has links for both National Provider Identifier (NPI) and National Health Plan Identifier (NPlanID). Select National Provider Identifier. *Note: This web address is case sensitive.*
- **Paper applications:** To obtain a NPI Application/Update Form (CMS-10114), please contact the NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.

How To Report NPI's to NYS Medicaid (eMedNY)

There is no automatic link between NPPES and the New York State Medicaid System. Once an agency obtains NPI's for its health care programs, it must report these numbers to eMedNY. The Department of Health (DOH) has created a web-based tool for this purpose. When reporting your NPI's to eMedNY, have your existing Medicaid provider ID's available. You will link your new NPI's to your existing Medicaid numbers during the reporting process. The web address is:

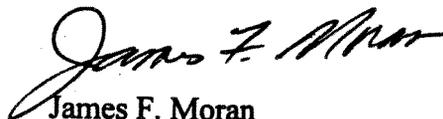
- <http://www.emedny.org/> Click on the "Enter NPI" button (just below the "login ePaces" and "login eXchange" buttons).

Attachments

Attachment A provides some Additional Considerations for NPI Planning. Attachment B provides a listing of additional resources (web sites and contact points) providers may find useful. Attachment C provides HIPAA Taxonomy Codes that can be used when requesting NPI's from the federal contractor, Fox Systems. OMRDD is committed to continuing to provide technical assistance in advance of NPI implementation and after. Our staff contacts are shown in Attachment B.

Thank you for your attention to this matter.

Sincerely,



James F. Moran
Deputy Commissioner
Administration and Revenue Support

Attachments

cc: Ms. DeSanto Mr. Keitzman Mr. Harris
Ms. Broderick Mr. Lind Mr. Vasko
Ms. Gatens Ms. Kagan Ms. Smith
Mr. Gardner DDSO Directors Provider Associations
Provider Association NPI Workgroup
Multicultural Provider Network

Attachment A (1)

ADDITIONAL CONSIDERATIONS FOR NPI PLANNING

Here are some additional points to consider as you develop your NPI implementation plan:

- **Billing Software:** If you deliver both healthcare and non-healthcare services, your billing system must be "bi-lingual." That is, your billing system must be able to distinguish between healthcare and non-healthcare services. It should submit NPI's when transmitting healthcare service claims and traditional Medicaid provider ID's and locations codes when transmitting claims for non-healthcare services. OMRDD's Bureau of Central Operations will contact major software vendors used by the OMRDD community to ensure they understand this requirement. However, we recommend that you also contact your software vendor or billing service. You should ensure that the vendor/billing service will make the appropriate programming updates to implement NPI. You should also verify that the vendor/billing services can support the requirement for "bi-lingual" billing, if applicable.¹ If your agency programs and maintains its own billing software, your programmers will find helpful information on the eMedNY website referenced in the guidance letter.
- **Paper Billers:** Although the federal mandate is technically limited to electronic transactions, eMedNY will also make changes to its paper claim processing systems to accept NPI's. If you deliver "healthcare services", described in the guidance letter, please request NPI's for those services.
- **Conversions and Closures/Late Claiming:** Please consider late claiming issues when deciding which programs will require NPI's. For example, it may seem to be a waste of effort to request NPI's for a program that will close or convert to an HCBS Waiver service as of January 1, 2007. However, it is possible that you will still have late claims to submit for such programs after NPI implementation. Remember that all healthcare transactions submitted on and after May 23, 2007 will require NPI's—even if the service date of the claim is before the NPI implementation date. It is also possible that you will need to submit voids and adjustments on programs for a period of time after they have closed or converted.
- **Service Addresses (especially Zip+4 codes):** For services paid using NPI's, service address information—*particularly zip code information*-- will become significantly more important than it has been in the past. Claims submitted without service address information may reject after NPI implementation. Because NPI lacks a location code, eMedNY will sometimes need to match the zip code of the service address reported in a claim submission to information recorded in your Medicaid provider enrollment file. If such a match cannot be made, claims may be rejected, improperly recorded, and/or paid at an incorrect rate. If you receive correspondence from DOH or OMRDD asking you to verify the service addresses of your programs, please respond promptly and accurately. Please ensure that service addresses recorded in your billing software are identical to those submitted on Medicaid provider enrollment forms.

¹ Providers that use the eMedNY sponsored ePaces billing software can be assured that the appropriate changes required to bill services under NPI are being made to that system.

Attachment A (2)

ADDITIONAL CONSIDERATIONS FOR NPI PLANNING

- **eMedNY Statements, Reports, and Forms:** Many of the routine statements, reports, and forms that you receive from eMedNY will be revised over the next few months to accommodate NPI. For instance, you can expect remittance statements for healthcare services to be reorganized on the basis of NPI instead of Medicaid provider ID. You may also expect some changes to the IRS form 1099's you receive from eMedNY.
- **Welfare Management System (WMS):** Certain OMRDD services, most notably residential services, require authorization in WMS. For the immediate future, the WMS will continue to use Medicaid provider ID's to identify authorized service providers. This means that you must continue to be aware of your Medicaid provider ID's for some healthcare services, even after NPI implementation. eMedNY will continue to list Medicaid provider ID's on new enrollment confirmations. You will use the Medicaid provider ID's (not NPI's), for example, when contacting county social services personnel about ICF principal provider enrollments.
- **Identification of Licensed, Registered, and Certified Clinicians in Clinic Claims:** Currently licensed, registered, and certified clinicians are identified on Article 16 clinic claims by their State Education Department (SED) license numbers or Medicaid provider IDs (in cases where the clinician independently bills Medicaid outside the clinic). There may be some changes to this process under NPI. If and when new procedures are announced, OMRDD will forward the new instructions to Article 16 providers in a separate mailing.
- **Non-Medicaid Services:** Services not paid through Medicaid will be unaffected by the NPI mandate. "Mirrored Services" for certain Medicaid ineligible/non-HCBS enrolled consumers, Room, Board, Land, and Development Supplements, Family Support Services (FSS contracts), Individual Support Services (ISS contracts), Assistive Supports, etc. will continue to be recorded and paid in the same manner as they are today.
- **Options for People Through Services (OPTS):** Services provided through an OPTS contract will continue to be paid in the same manner as they are today.
- **Non-OMRDD Services:** This letter is intended to provide guidance on OMRDD services only. If you have NPI related questions associated with Medicaid services that are certified or overseen by another New York State agency, please review materials and information provided by DOH/eMedNY and/or the certifying/oversight agency responsible for the service.
- **HIPAA Privacy Requirements:** Although the HIPAA NPI mandate is restricted to "covered transactions," HIPAA privacy regulations are applicable to "covered entities." It remains OMRDD's recommendation that, absent a complex analysis by your legal advisor, your agency is best served by observing HIPAA privacy requirements for all the services you provide.

Attachment B

NPI INFORMATION RESOURCES

1. Centers for Medicare and Medicaid Services (CMS) NPI Website
 - a. <http://www.cms.hhs.gov/NationalProvIdentStand/>
 - b. Includes the text of the federal rule implementing NPI, a large number of educational materials, information on how to apply, and information on NPI implementation within Medicare.
2. eMedNY Website
 - a. Home page address: <http://www.emedny.org>
 - b. The eMedNY website includes NPI information specifically tailored to the New York State Medicaid System. The following pages on the website may be particularly useful to voluntary providers:
 - i. General HIPAA information: <http://www.emedny.org/HIPAA/index.html>
 - ii. eMedNY NPI announcements: <http://www.emedny.org/hipaa/npi/index.html>
 - iii. For programmers: HIPAA companion guides, supplemental companion guides, and sample files. These have been recently updated to incorporate NPI requirements:
http://www.emedny.org/hipaa/emedny_transactions/transactions.html
 - iv. Web tool for reporting your NPI's to NYS Medicaid: <https://npi.emedny.org/>
3. Your Provider Association(s)
 - a. OMRDD has formed an NPI Implementation Workgroup which includes representation from all voluntary provider associations. This workgroup will assist OMRDD in disseminating NPI-related information and guidance. It will also in help identify and resolve NPI implementation issues.
4. OMRDD Bureau of Central Operations
 - a. The Bureau of Central Operation is coordinating NPI implementation within OMRDD. The following personnel may be able to assist you with NPI-related problems or questions:

Name	E-mail	Phone
Karla Smith	Karla.Smith@omr.state.ny.us	(518) 402-4333
Eric Harris	Eric.Harris@omr.state.ny.us	(518) 402-4333
Wake Gardner	Wake.Gardner@omr.state.ny.us	(518) 402-4333

ATTACHMENT C

TAXONOMY CODES FOR OMRDD HEALTHCARE SERVICES

OMDD Program Name	HIPAA Taxonomy Description	Taxonomy Code	Note
Article 16 Clinic	Ambulatory Healthcare Facilities/ Clinics & Centers/ Developmental Disabilities	261QD1600X	Applicable to both Hospital-Based and Free-Standing Art 16 Clinics
Day Treatment Program	Ambulatory Healthcare Facilities/ Clinics & Centers/ Developmental Disabilities	261QD1600X	Same as Art 16 Clinic*
Intermediate Care Facility (ICF)	Nursing & Custodial Care Facilities / Intermediate Care Facilities, Mentally Retarded	315P00000X	
Specialty Hospital	Hospital / Rehabilitation Hospital	283X00000X	
Care At Home Case Management	Agencies/ Case Management	251B00000X	

* Because of their mandatory clinical component, OMRDD-certified Day Treatment programs operate as "clinics" under federal reporting classifications. As such, they share the same taxonomy code with Article 16 clinics.

All providers should list their OMRDD operating certificate number in the license field of the NPI application. This is particularly important for providers that operate both Article 16 clinics and day treatment programs. It will help ensure that your request for separate numbers for each program is not mistaken as a duplicate request for the same program.