

**Guidance on End-Dated/Active Medicaid Provider Numbers
For Local Public Health Departments in North Carolina**

12/10/08

In December 2008, North Carolina local public health departments (LHD) received notification from the NC Division of Medical Assistance (DMA) of administrative action being taken by DMA to end date certain Medicaid Provider Numbers (MPN) and assigning a MPN to be used exclusively within the LHD.

This guidance is an effort to provide more detailed assistance on the necessary steps that must be taken relative to the end-dated MPN and the active MPN in the National Plan & Provider Enumeration System (NPPEs), what should be re-reported to DMA, and considerations that should be given to Medicare/Medicaid cross-over claims, legacy provider numbers and National Provider Identifiers (NPI) and taxonomy codes.

Although the guidance indicates specific steps to be taken, it is general in concept and may not apply to each LHD in the same manner. LHDs have chosen to enumerate (obtain assigned NPIs) and subpart in various ways and the guidance may vary depending on the enumeration scenario in a particular LHD.

Please review the guidance and attempt to make the corrections for your agency. Based on the particular enumeration/subparting of your agency, if further assistance is needed prior to making your corrections, please contact Frances Taylor at frances.q.taylor@ncmail.net or call the HIPAA Hotline at 919-715-3358. Additional resources and contacts are listed throughout the guidance for particular problem areas.

I. Background-Flow of Dependencies:

Since the implementation of NPI (5/23/08) the flow of dependencies is very specific for covered entities relative to NPI enumeration and legacy numbers. Because some payers are extracting information from NPPEs, information about the covered entity, its legacy numbers and taxonomy codes must be correct in NPPEs.

Example: Medicare links tax ID numbers to provider names and also links Type I and Type II providers. If the links do not match, claims processing and payment will be affected because the flow of information to the payer is not correct.

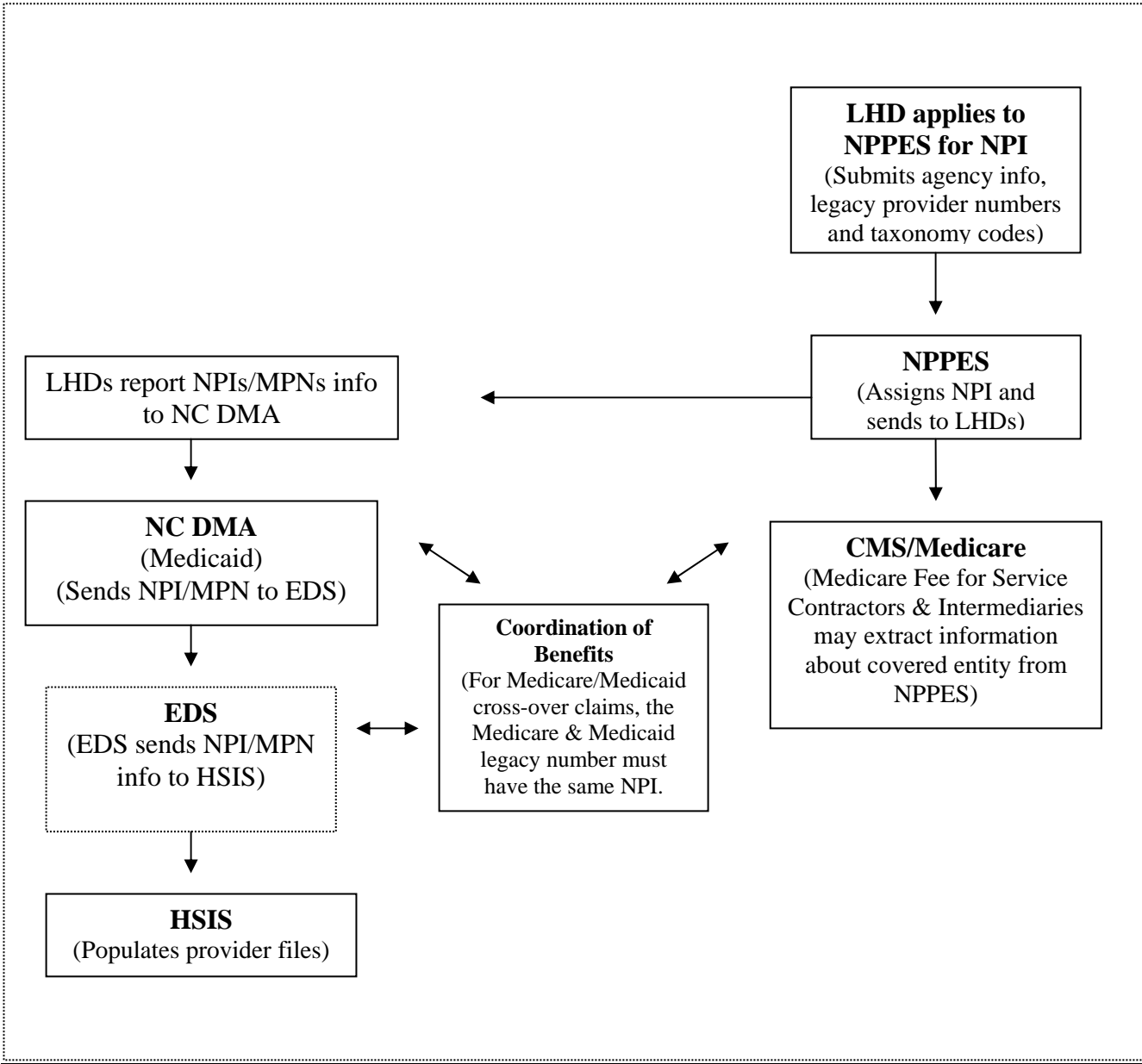
NC Medicaid and HSIS do not extract information from NPPEs. Whether or not a payer is extracting information from NPPEs, the information about the covered entity (name, address, authorized official, contact person, etc), legacy numbers, and taxonomy codes must be correct in NPPEs and is the first place to begin when making any corrections about your agency and its billing provider numbers. The NPI Rule requires covered entities to make changes/corrections in NPPEs even when the changes are not required by the payer.

45 CFR Part 162.410(a)(4) A covered entity that is a covered health care provider must communicate to the National Provider System any changes in its required data elements in the National Provider System within 30 days of the change.

Since NC Medicaid and HSIS do not extract information from NPPES, after enumerating/subparting, NC LHDs were required to submit reports to DMA that included legacy MPNs and NPIs for mapping and building crosswalks. DMA sent the NPI/MPN information to EDS who then sent electronic files to HSIS to populate provider files. This flow of dependencies affects the processing of Medicare and Medicaid claims in NC regardless of how they are filed (paper, electronic, via proprietary software, via HSIS, or directly to EDS).

Sample NPI/Legacy Provider Number Flow Chart for NC LHDs

(This is not to be confused with the flow of claims processing.)



II. Instructions:

1. Due to the complexity of all the issues involved during this administrative change and the number of Carolina Access counties involved, the changes have already been made in HSIS for LHDs to ensure that all the correct MPNs/NPIs have been entered. There is no requirement, nor is it necessary, to report any changes to HSIS.

Although DMA has assigned a MPN to each LHD for exclusive use, there are exceptions that will not be affected by this administrative change. The administrative change is primarily for MPNs/NPIs that were previously used for “clinical services” (maternal health, family planning, MCC, CSC, adult health, BCCCP, immunizations, flu/pneumonia, Carolina Access, etc.). These MPNs typically begin with 34043__ or 34044__.

Providing that your agency has a one-to-one match for the MPN and the NPI, the MPNs/NPIs that will not be affected during the administrative change are:

- a. Behavioral Health Services
- b. CAP Services
- c. HIV Case Management
- d. Physician Services

LHDs that provide the above named services are not required to make any changes to the original assigned MPN and/or NPI for these services. At this time, no changes are being made by DMA or HSIS to these MPNs/NPIs and they will not be end-dated. Continue to bill for these services using the same MPN/NPI that has been used in the past. The information that your agency reported to DMA for this MPN/NPI may be verified by using the DMA NPI Database at <http://www.ncdhhs.gov/dma/WebNPI/default.htm> See Step 2 below for information about the DMA database.

If your agency does not have a one-to-one match for the MPN and the NPI for these services, follow the instructions below to make the necessary corrections.

2. Changes to the DMA Database:

A representative of your agency has previously reported MPN and NPI information about your agency to DMA and it may be viewed online by using the DMA NPI Database at <http://www.ncdhhs.gov/dma/WebNPI/default.htm> The database may be searched by using either your MPN or your NPI and the results screen will display information that is in the DMA provider file database about your agency. (Please read the text on the DMA web page for more detailed information about the database.)

LHDs can verify which MPN has been end dated by searching the DMA database. The MPN that has been end-dated will continue to appear on the display screen; however, the NPI for that particular end-dated MPN will no longer appear. Changes and corrections to that are re-reported to DMA take approximately 2 weeks to be processed and appear in the online database.

3. Important: Refer to the DMA letter received by your agency to be sure that the MPN number that has been assigned for your future use is a MPN that was an existing MPN assigned to your agency. You should *not* be assigned a new MPN that did not previously exist for your agency. At least one LHD has been assigned a MPN that was not correct and followup proved that the error was a typo.

If an error is found in your DMA letter and assigned MPN, please contact Horace Dixon, DMA Enrollment Specialist, at 919-855-4063 to report the error and get it corrected. Also, request that your agency be sent a new letter from DMA displaying your corrected information. You will need to keep this letter on file within your agency for future reference.

If your assigned MPN is correct, proceed to the step #4.

4. Make the necessary corrections in NPPES: (Note: The NPPES web site will time out in 20 minutes; therefore, you must make your corrections within that time frame. If the web page times out, if your internet correction is lost, or your computer shuts down, i.e. power outage, the changes that you have made to that point will not be saved. If this happens, you must start over and re-enter the information. You must get to the last page of the application, save your data, and then log off before the changes will be saved in NPPES.)

- a. The necessary changes must be corrected in NPPES. Go to the NPPES web site at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- b. Click on “National Provider Identifier (NPI)” located in the 3rd paragraph.
- c. On the next web page, click on “Login” to View or Update Your NPI Data.
- d. Login using the Userid (or NPI) and password that was created when first applying for the NPI. This will take you to the original application created for your agency. If you do not know the userid and password, please follow the instructions on the web page for assistance by the enumerator.
- d. Scroll through each web page to ensure that all the information is correct on each page.
- e. In the section entitled, “Other Provider Identification Numbers,” remove the MPN that has been end-dated (the MPN that will no longer be used) and check to be sure that the “active” MPN is listed.

If your agency submits Medicare/Medicaid cross-over claims, the Medicare legacy provider number and the MPN number must have the same NPI number for claims to process correctly. Those changes may be made in this section. Also, see Step 5 for further instructions for Medicare/Medicaid cross-over claims.

- f. In the next section of the application entitled “Provider Taxonomy Codes” add or remove any necessary taxonomy codes. There will most likely be no changes to this section unless agencies are adding the legacy Medicare provider number for cross-over claims or re-enumerating and/or subparting. If the Medicare legacy number is being added, be sure to add the necessary taxonomy codes for the services for which your agency will bill.

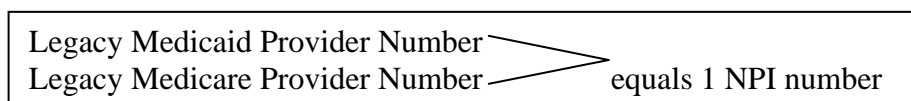
- g. Review the next section entitled “Authorized Official’s Information.” If your health director has changed, this section needs to be updated with the current information.
- h. As some health departments have had staff turnover since the application was originated, review the section entitled “Contact Person” and update it with the current information. The “contact person” is the person to whom NPPES will send your agency’s new confirmation letter via email.
- i. At the end of the application, request that NPPES send the contact person a new confirmation letter. The soft copy and a hard copy of the new confirmation letter must be kept on file within your agency should it be requested by a billing agency or a health plan (payer of services).
- j. As this is an administrative change, it is not necessary to report to NC DMA/Medicaid or send them a copy of your new confirmation letter for the end-dated MPN.

It is, however, the provider’s responsibility to report the correct NPI for the MPN number that will remain active. Check the DMA NPI database at <http://www.ncdhhs.gov/dma/WebNPI/default.htm> to view and verify your provider information. Pay special attention to the “current information date” located on the home page as this database is not real time. It takes approximately 2 weeks for changes/updates to be processed and appear on the online database. Health departments who need to update or change any information, including NPI, should visit the Provider Change Matrix for directions and required forms at <http://www.ncdhhs.gov/dma/provider/changematrix.htm>

5. Information for Medicare/Medicaid Cross-over Claims:

If your agency submits Medicare/Medicaid cross-over claims, the Medicare legacy provider number and the legacy MPN must have the same NPI number for claims to process correctly.

Example:



Depending on how your agency has enumerated and whether or not your agency wishes to submit Medicare/Medicaid cross-over claims, it may be necessary to combine the legacy Medicare number with the Medicaid provider number/NPI. Follow the guidance in Step 4 to add the legacy Medicare identifier.

- a. If these two legacy identifiers are combined, you may need to deactivate (see “b” below) the NPI that was initially associated with the Medicare legacy provider number as it may no longer be needed. **Do not** deactivate the NPI associated with the Medicaid legacy number as these NPIs have already been populated into HSIS and are still active at DMA.
- b. It is not possible to deactivate an NPI online on the NPPES web site. NPPES requires that a paper form, the National Provider Identifier Application/Update Form, be completed and submitted for approval. To obtain a copy of this form,

- i. go to <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- ii. click on “National Provider Identifier (NPI)” located in the 3rd paragraph
- iii. on the web page, look under “Additional Resources” near the bottom left corner to find a link to the NPI Application/Update Form (pdf file).
- iv. Print the form and follow the instructions on page 5 for deactivating NPIs
- v. Mail the completed form to the address on page 3
- vi. After your deactivation request has been processed by NPPES, your agency will receive a hard copy (not an email) confirmation of the deactivated NPI. Please keep the deactivation confirmation on file within your agency for future reference.

c. If you change the NPI associated with your Medicare legacy provider number, you need to contact CIGNA Medicare to ensure that the correct NPI is on file with CIGNA in order for your claims to be processed.

Go to http://www.cignagovernmentservices.com/partb/help/contact/PDFs/NC_Contact.pdf for a listing of phone numbers for CIGNA Customer Service, EDI Support, and operating hours.

It is the responsibility of the covered entity to ensure that the correct NPI is on file with each particular payer.

6. Other Changes to Identifiers in NPPES:

When making Medicaid or Medicare changes to your NPPES application, it is permissible to change other provider legacy identifiers that were originally listed in certain subparts if you wish, i.e., Blue Cross Blue Shield, United Health Care, Prudential, etc. If you choose to make these changes, follow the same steps listed above; however, you must remember to add the appropriate taxonomy codes and deactivate any NPIs that are no longer needed by your agency.

It is important that you also contact each payer affected and notify them of your new NPI in order for your claims to be submitted and processed in a timely manner. It is the responsibility of the covered entity to ensure that the correct NPI is on file with each particular payer.

7. HSIS Billing Questions/Concerns:

During the transition period of this administrative change, should you have questions or problems relative to HSIS billing and claims processing, please contact Ann Nance at 919-707-5056 or email at Ann.Nance@ncmail.net.

8. NPPES Corrections:

For requests for assistance for making corrections in NPPES, reporting NPIs, or re-enumerating please contact Frances Taylor on the HIPAA Hotline at 919-715-3358 or email at Frances.Q.Taylor@ncmail.net.