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MEDICAL ASSISTANCE LETTER (MAL) 511

To: Federally Qualified Health Centers and Look-Alikes
Directors, County Departments of Job and Family Services
Medical Assistance Coordinators

From: Barbara E, Riley, Director

Re: **Information about the National Provider Identifier (NPI)**

In accordance with federal regulations (45 CFR § 160.103 and 45 CFR § 162.404), health care providers that conduct business in an electronic format (i.e., submit EDI claims, receive electronic remittance advices and/or communicate electronically with trading partners and payers) will be required to obtain a unique, ten-digit National Provider Identifier (NPI) from the National Plan and Provider Enumeration System (NPPES). The deadline for providers to begin using their NPI to bill and receive payments electronically from Medicare and Medicaid is May 23, 2007. This MAL provides direction to FQHCs on how to enumerate through NPPES to ensure successful Medicaid billing and reimbursement in Ohio using the NPI.

FQHCs need to enumerate through NPPES prior to the May 23, 2007 deadline. To obtain a National Provider Identifier, FQHCs should contact NPPES directly at <http://nppes.cms.hhs.gov> or by phone at **1-800-465-3203** (1-800-692-2326 (TTY)). Providers can apply for an NPI electronically or by paper.

I. Background: NPI Enumeration to Support Medicaid Reimbursement

Provider Type 12 - Prospective Payment FQHC Claims

FQHCs are required to obtain Medicaid provider numbers for sites as defined in Ohio Administrative Code rule 5101:3-28-04 (paragraph (B)(9)). The advent of the NPI enumeration process will not change this requirement, and new FQHCs will continue to be assigned a seven-digit Medicaid provider number upon enrollment. In the future, ODJFS will refer to the Medicaid provider number as the legacy number.

Site-specific NPI enumeration is critical to maintaining the current method of FQHC reimbursement. Currently, a prospective payment system (PPS) payment is made for each type of service delivered at each FQHC site. To maintain this method of reimbursement, each FQHC site must have and use a separate NPI number.

Provider Type 50 – Fee-for-Service Clinic Claims

Currently, FQHCs use a second Medicaid provider number to bill for non-PPS covered services. They bill as a type 50 fee-for-service clinic when they bill for the following:

1. Disability Medical Assistance claims;
2. Medicare crossover claims not paid through the automatic crossover process; and,
3. Inpatient hospital surgery, visits, or consultation claims.

It will be necessary for each site to separately apply for and receive a second NPI number to continue to bill and be reimbursed for non-PPS services.

II. NPI Details

As described above, FQHC sites that have two Medicaid provider numbers will need to acquire two NPI numbers. One NPI number will be used to submit type 12 FQHC PPS claims; the other NPI number will be used to submit type 50 fee-for-service clinic claims.

FQHC sites can receive two different NPI numbers by submitting **two different applications** to NPPES using a different taxonomy code in each application. The taxonomy codes to use are 261QF0400X for FQHC (type 12) claims and 261QP2300X for fee-for-service (type 50) claims. (The latter taxonomy code refers to a Primary Care Clinic.) FQHCs should use the two taxonomy codes above in completing Section D of the NPI applications when asked for the “provider taxonomy code.”

The requirement for an NPI number applies both to existing FQHC sites and to any FQHC enrolling for the first time. The Department has updated the Medicaid provider application to capture the ten-digit NPI number from new FQHCs enrolling for the first time. The NPI number should be submitted on page two of the provider application.

The NPI number can be used as soon as it is received. When billing ODJFS electronically, **the NPI number is used in conjunction with the Medicaid provider number.** (Instructions how follow below.) The NPI number must be used to adjudicate EDI claims on and after May 23, 2007.

Billing NPI on EDI Claims

The NPI number should be entered in the primary identifier field on ASCII X12 837 health care transactions. (Note: FQHCs are required to bill Ohio Medicaid on the 837 Professional (P) transaction.)

When submitting EDI claims with the NPI, FQHCs should use the qualifier XX in the primary identification qualifier location NM108 and the NPI in the primary identification location NM109. FQHCs should continue to submit their Medicaid provider number with the 1D qualifier in the secondary identification qualifier location REF01 and the Medicaid provider number in the secondary identification location REF02 until May 23, 2007 as directed in the NPI Final rule. FQHCs will submit their provider identifiers in the 2010AA loop of the 837 P transaction. FQHCs are not required to send

the rendering provider loop in the 837. If a rendering provider loop 2310B is submitted in the 837, errors in reimbursement will occur.

Billing on Paper Claims or by Tape

FQHCs should continue to use their Medicaid provider number when submitting claims in formats that use only the Medicaid provider number, e.g., the current CMS 1500 paper claim.

III. Changes in Crossover Claims Processing

Medicaid is working on being able to receive Medicare crossover claims automatically from the fiscal intermediary used by FQHCs, e.g., United Government Services. When this happens, crossover claims will be processed using the type 12 FQHC provider number. To avoid the possibility of duplicate claims payment, FQHCs should check to determine whether payment has already been made under the type 12 FQHC provider number before submitting crossover claims using the type 50 fee-for-service clinic number. The claim may have already crossed over to ODJFS and been paid.

ODJFS appreciates the attention of the FQHCs in this matter, and as a result of their cooperation anticipates a successful transition to NPI enumeration.

Requesting Paper Updates

If a provider does not have internet access and wishes to request a paper copy of FQHC rule 5101:3-28-04, the provider should complete the attached JFS 03400 and either mail it or fax it to the address on the form.

Questions pertaining to this MAL should be addressed to:

**Bureau of Plan Operations
The Provider Network Management Section
P.O. Box 1461
Columbus, Ohio 43216-1461**

Toll free telephone number 1-800-686-1516