MedicAide

An informational newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid   **February 2008**

Watch Your Mail for Information about National Provider Identifier (NPI) Mismatched Claims!

A serious problem has been identified on some electronic claims. Some claims are being submitted with an NPI Idaho Medicaid provider number combination that **does not** match what is registered on the Idaho Medicaid NPI Registration website. Because no Explanation of Benefits (EOB) message is currently generated on the remittance advice (RA) for these mismatched claims, Idaho Medicaid is now mailing notification letters to providers who submit claims identified as NPI mismatched claims.

How are the 'mismatched' claims identified?

Mismatched claims are identified using information sent to Idaho Medicaid on electronic claims. The Idaho Medicaid provider number received in the billing provider loop is the only provider identifier used to pay the claim. To see if Idaho Medicaid would pay the claim correctly using only the NPI submitted in the billing provider loop, the claim is tested against the information the provider submitted during the registration process. If the claim would deny or pay to a different Idaho Medicaid provider number using only the NPI submitted in the billing provider loop, the claim is identified as an NPI mismatched claim.

What do providers need to do?

If you receive a letter alerting you to an NPI mismatch problem on your claims, review the information and RA specified in the letter with your billing staff, clearinghouse, or software vendor, as appropriate, to correct the billing issues. Please do not ignore this information just because an error is not being reported on your RA. At the end of the federal NPI contingency period on May 23, 2008, federal law requires Idaho Medicaid to process your claims based only on the NPI submitted in the billing provider loop. If the identified error has not been corrected by that date, your claims will deny or be paid to a different Idaho Medicaid provider number.

Who can help me resolve NPI mismatched claims problems?

Your local EDS provider relations consultant (PRC) is available to help you resolve mismatched claims issues. PRC contact information can be found in the sidebar on Page 5.

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National Provider Identifier (NPI) Validation

Idaho Medicaid started validating the format of all National Provider Identifiers (NPIs) submitted on the following electronic transactions on October 1, 2007:

- Electronic 837 healthcare claim
- Electronic 270 eligibility transaction
- Electronic 276 request for claim status information

The NPI validation check is based on the ID qualifier you use on the transaction. If you submit a provider identification number with an NPI identification qualifier, the NPI validation check will be performed. The NPI must be ten numeric digits in length and be entered in the correct order to pass the check-digit validation.

If your electronic transaction is rejected because of an invalid NPI, you will be sent a rejection message indicating the specific reason the NPI is not valid. Possible rejection messages include errors for length, numeric value, both length and numeric value, or invalid check-digit.

If you receive an invalid NPI rejection message, check the format of the NPI you included in the transaction. Also make sure you used the correct qualifier. The qualifier communicates the type of identification you are sending. There are separate qualifiers for each identifier, including NPI, Medicaid provider number, and tax identification number. Once you have identified the problem, make corrections and resubmit the transaction.

Provider Electronic Solutions (PES) software, which is provided at no cost by EDS, performs the NPI validation check before a claim or eligibility request transaction is submitted to Medicaid.

For questions, please call the EDI Helpdesk toll free at: (800) 685-3757 or in the Boise area at: (208) 383-4310 and say *technical support.*

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National Provider Identifier (NPI)
Troubleshooting Common Problems

This article will help providers navigate the informational explanation of benefit (EOB) codes received on the weekly remittance advice (RA) as well as answer some common questions regarding how to register and link the NPI to existing Medicaid numbers. The Idaho Medicaid NPI website is located at: **http://npi.dhw.idaho.gov**. NPI registration, linking, and updates must be entered at this website.

EOB Codes:

049: NPI not registered with Idaho Medicaid or linked to Medicaid provider number.

Either the NPI submitted on the electronic transaction has not been registered, or the NPI submitted has been registered but not been linked to an Idaho Medicaid provider number on the website listed above.

- Review the NPI number listed on the RA.
- Assure the NPI should be linked to the Medicaid number submitted.
- Go to the NPI website listed above to register and link the NPI number listed to the Medicaid number submitted.

050: NPI not linked to Medicaid provider number allowed to bill for this service.

The submitted NPI is linked to a Medicaid provider number that is not allowed to bill for the specified service. For example, a physician is not allowed to bill a hospital service.

- Review the NPI number listed on the RA.
- Assure the NPI should be linked to the Medicaid number submitted.
- Go to the NPI website listed above to correct or add the link information for the NPI submitted.

Continued from Page 2 (NPI—Troubleshooting Common Problems)

051:   Taxonomy code is required when submitting this NPI on claims.

The NPI submitted on the electronic transaction is linked to more than one Medicaid number that submits the same type of claim, from the same service location.

- Review the *Taxonomy Appendix* from the Provider Handbook found on the website listed above by clicking on the Registration Instructions link on the left side of the page, or on the Provider Electronic Solutions (PES) CD for a list of allowed taxonomy codes per provider type.
- Assure the proper taxonomy code is submitted with each electronic transaction.

052:   Taxonomy code on claim is not used by Idaho Medicaid.

The taxonomy code submitted on the electronic transaction is not on the allowed list of codes accepted by Idaho Medicaid.

- Review the *Taxonomy Appendix* from the Provider Handbook found on the website listed above by clicking on the Registration Instructions link on the left side of the page, or on the Provider Electronic Solutions (PES) CD for a list of allowed taxonomy codes per provider type.
- Assure the proper taxonomy code is submitted with each electronic transaction.

053:   NPI & taxonomy combination does not match any linked Medicaid provider number.

The taxonomy sent does not match the provider type assigned to the Medicaid number linked to the submitted NPI.

- Review the NPI listed on the RA.
- Assure the NPI listed should be linked to the submitted Medicaid number.
- Go to the NPI website listed above to link or confirm the link is correct.
- Review the submitted taxonomy code with your regional provider relations consultant (PRC). Contact information for the PRCs can be found on Page 5 of this newsletter.
- Assure the proper taxonomy code is submitted with each electronic transaction

054:   Zip code sent on claim does not match zip code on file.

The 9-digit zip code entered on the electronic transaction does not match the 9-digit, zip+4 code entered during the registration process on the Idaho Medicaid NPI website.

- Find the correct zip+4 code at: **www.usps.gov**
- Review and correct, if necessary, the zip code entered in your billing system
- Go to the NPI website listed above to review the zip code entered for all registered Medicaid numbers and correct as needed.

055:   NPI Taxonomy Zip combination matches multiple linked Medicaid provider numbers.

One NPI number is linked to two or more Medicaid numbers that have the same provider type and service location. One of the following two must be different if only one NPI will be used: taxonomy or zip+4.

- Review the NPI listed on the RA.
- Assure the NPI listed should be linked to the submitted Medicaid number.
- Go to the NPI website listed above to confirm all the links for this NPI are correct.
- Review the assigned provider types for each of the linked Medicaid provider numbers and their appropriate taxonomy codes with your regional provider relations consultant (PRC). Contact information for the PRCs can be found on Page 5 of this newsletter.
- Assure the proper taxonomy code is submitted with each electronic transaction

056: An NPI must be submitted on claims for these services effective May 23, 2008.

No NPI number was included on the electronic transaction. Based on the provider type an NPI is required by federal law and must be submitted on all electronic transactions by May 23, 2008.

- Apply for your NPI if you don't already have one. A link to the NPI application website is listed on the website above.
- Work with your billing staff to ensure both the NPI and Medicaid number is submitted on electronic transactions prior to May 23, 2008, to ensure Idaho Medicaid would continue to pay your claims correctly.
- Work with your vendor or clearinghouse to ensure your electronic transactions are submitted with the required NPI information before May 23, 2008.

Through the federal extension period it is recommended you submit both the Medicaid number and the NPI number on electronic transactions. This will allow us to test the NPI information submitted on each claim to assure it is linked correctly in our system and submitted correctly. All the EOB codes listed above are informational only at this time. Receiving these EOBs will not affect the Medicaid payment but will allow the provider community to work out any possible problems before using only the NPI number on electronic transactions.

You can get help with NPI registration problems or website questions by calling: (800) 685-3757, and asking for provider enrollment. Billing questions, problems, or questions regarding how to link due to unique situations, multiple Medicaid numbers, etc. can be handled through the regional PRC. Contact information for the PRCs can be found in the Provider Handbook or in the sidebar on Page 5.

Registering and Linking NPI numbers –   Common Errors and Fixes

The Idaho Medicaid NPI website allows providers to link their Medicaid provider numbers to their NPI numbers. This website does not affect billing practices in any way. The following are the most common errors made by providers when registering their NPI number.

- **Individual NPI linked to a group Medicaid number**

  When registering and linking an individual person's NPI number, the NPI must be linked to only the individual person's Idaho Medicaid provider number. Even if the person works for multiple billing groups, the individual's NPI can only be linked to the individual's Medicaid number.

- **Group or facility NPI linked to an individual's Medicaid number**

  When registering and linking a group or facility's NPI number – a group or facility is a place services are rendered for example a clinic or hospital – the group or facility's NPI should only be linked to the group or facility's Medicaid numbers. One or more individuals may work for the group or facility but those individual's NPIs should never be linked to the group or facility's NPI number.

**Provider Relations
Consultants**

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- **Individual NPI linked to different individual's Medicaid number**

  Regardless of the number of individuals who work together, an individual person's NPI number must be linked to only that individual person's Idaho Medicaid provider number. A separate link for each individual's NPI and their own Medicaid number must be made. Never are the numbers cross linked in any way.

- **Group or facility NPI linked to one Medicaid number but a different NPI-Medicaid combination is submitted on the electronic claim**

  A group or facility's NPI number can be linked to more than one group or facility Medicaid number as long as the identifying taxonomy and zip+4 code is used on each electronic claim. Often group and facility providers have more than one Medicaid number, but chose to get only one NPI number. Sometimes during registration and linking, one of the group or facility's Medicaid numbers is forgotten. Simply go back to the Idaho Medicaid NPI registration website to add the additional link if appropriate.

- **NPI-Medicaid link in the registration system does not match the NPI-Medicaid combination submitted on the electronic claim**

  When claims are submitted the NPI Medicaid combination is tested to ensure it matches the registered NPI Medicaid combination. If the submitted NPI-Medicaid number combination does not match, the provider will receive a letter advising them of the mismatch. This error can occur for multiple reasons. Please review the remittance advice reference in the letter with the staff who populate and submit your electronic claims, or with your clearinghouse or software vendor, as appropriate.

Vendor specifications and additional information for resolving these types of billing issues can be found online at: **https://npi.dhw.idaho.gov** by clicking the NPI Registration Instructions link on the left side of the page.

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December 13, 2007

MEDICAID INFORMATION RELEASE MA07-24

TO: **All Idaho Medicaid Providers**

FROM: **Leslie M. Clement, Administrator**

SUBJECT: **Federal Anti-Kickback Statute**

The Department has recently received complaints about Medicaid providers that may be offering incentives to participants who select their services. Providers that engage in these practices are in violation of the anti-kickback statute. Violation of this law can result in nonpayment of claims, civil monetary penalties, exclusion from the Medicaid program, and liability for the submission of false claims. Violation of the anti-kickback statute may also result in imprisonment and criminal fines.

The anti-kickback statute, set forth at § 1128B of the Social Security Act, (42 U.S.C. § 1320a-7b), makes it a criminal offense to offer, pay, solicit, or receive any remuneration to induce or reward referrals or selection of items or services reimbursable by a Federal health care program.

Where remuneration is paid purposefully to induce or reward referrals or selection of items or services payable by a Federal health care program, the anti-kickback statute is violated. For purposes of the anti-kickback statute, "remuneration" includes the transfer of anything of value, directly or indirectly, overtly or covertly, in cash or in kind. For more information see **http://oig.hhs.gov/fraud.html**.

Idaho Medicaid providers should closely review the anti-kickback statute as well as their own policies, procedures, and practices to ensure compliance with this Federal law. When the Department identifies potential violations, the case will be referred to the appropriate Medicaid fraud authority for further investigation.

If you have further questions about this information, please refer to the contact information provided in the above link to the Office of Inspector General (OIG). Thank you for your continued participation in the Idaho Medicaid program.

Healthy Connections Primary Care Providers:
Case Management Fee Change in Payout Timing

This notice is to let Healthy Connections (HC) primary care providers (PCPs) know there has been a change made in the timing of the monthly case management fee payout. This change is being made to help ensure that HC PCPs are paid for all eligible HC enrollees.

Historically, the HC case management fee is mailed during the first full week of each month. System changes have been made to extend the cut-off time for adding new enrollees. These changes require that the payout of the HC case management fee be moved to the second week of the month when the last working day of the previous month falls on a Friday. In 2008, the case management fee will be paid the second week of the month in March, June, September, November, and December. The payment for January, February, April, May, July, August, and October will remain the first week of the month.

If you have any questions, please contact your Regional Health Resource Coordinator. Phone numbers can be found on Page 2.

Thank you for continuing to provide quality health care to the citizens of Idaho and for your support of Healthy Connections.

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Tips for Mailing Paper Claims More Efficiently

Paper claims arrive at EDS at a rate of about 18,000 per week. They are opened with a machine that slices the edge from the envelope. Mailroom workers manually extract the claims and attachments from the envelopes and prepare them for electronic scanning.

For the most efficient handling, please follow these instructions:

- Send claims to the following address:
  EDS
  P.O. Box 23
  Boise, ID 83707
- When sending claims with attachments, place the attachments behind the corresponding claim form and stack them, without paper clips or staples, so that there is a claim and its attachments, then another claim and its attachments, another claim and its attachments, etc. placed in a pile.
- Do not use staples or paper clips, they must be removed for scanning.
- Do not fold the claim form. Folded claims can be torn or mutilated in the mail opening process.
- Use a large flat envelope (9" X 12" or larger) to send claims.
- Do not overstuff the envelope.
- If correspondence is included with the claims, place it on the top of the claims and indicate, *Correspondence Enclosed* on the envelope so it will be handled appropriately.

You will find this information and more in the Idaho Medicaid Provider Handbook, *General Billing Information, Section 2.2.2.*

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2008 Allowance Changes for Medicaid Recipients:
Rent, Utilities and Food (RUF), Personal Needs Allowance (PNA)

January 1 of each year the Personal Needs Allowance (PNA) increases for a Medicaid recipient receiving residential care. The PNA is an amount of the individual's income that is designated to be used for their basic needs and the cost of Rent, Utilities and Food (RUF).
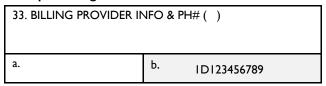
The monthly PNA for a person living in an assisted living or residential care facility for calendar year 2008 is $637. Of that amount, $83 is designated for the individual's basic needs and $554 is designated for the RUF.

Top Three Reasons Paper Claims are Returned

When paper claims arrive at EDS, the Document Control team looks at each claim to validate that it contains the basic information needed for processing. These are the current most common reasons claims are returned.

1. The single most common reason claims are returned to the provider without processing is the provider identification number or qualifier, 1D (one D) is missing from field 33b.

    Example: Billing Provider Information Fields

33. BILLING PROVIDER INFO & PH# ( )	
a.	b. 1D123456789

Each paper claim must have the Idaho Medicaid Provider identification number on the claim for it to be processed, and to ensure that any payment is sent to the correct provider. This is not the NPI number which is used for electronic claims processing.

The new CMS-1500 (08/05) form requires the use of a qualifier, 1D (one D), that indicates to the claims processing system that the number immediately following it (with no space between) is the Idaho Medicaid provider number which is used to process paper claims.

2. Misalignment of data printed on the claim forms is another common reason claims are returned to providers without being processed. Claims are *read* by a computer and are processed by the computer system. The computer program looks for specific claim data in particular fields of the claim. When claim information is printed outside the designated field, the computer cannot recognize it. Alignment is very important in making sure your claim is processed correctly.

3. Providers using the UB and CMS-1500 forms must use the newest version of the forms: UB-04 and CMS-1500 (08/05). As of October 1, 2007, the previous versions of these forms are no longer accepted for Idaho Medicaid claims.

Complete instructions for filling out the new CMS-1500 (08/05) and UB-04 claim forms are located at the DHW website: **www.healthandwelfare.id.gov** under the Medicaid provider information link on the right side of the web page.

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Continued Training to Keep You Up-to-Date

EDS provider relations consultants continue to offer a series of provider workshops. Each consultant conducts a two hour regional workshop every two months to help providers in their region. The topics include:

- Learn more about NPI
- General Medicaid Billing
- Provider Resources
- Using Provider Electronic Solutions (PES) Software
- CMS-1500 (08/05)

The next workshop is scheduled for all regions Tuesday, March 11, 2008, from 2 to 4 p.m.

These training sessions are provided at no cost to providers, but space is limited so please pre-register with your local consultant. Their phone numbers are listed in the sidebar on this page.

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Attention Providers:
No Provider Electronic Solutions (PES) Software Upgrade on January 2008 Provider CD

There is no need to reinstall the Provider Electronic Solutions (PES) software as there were no updates on the January 2008 Idaho Medicaid Provider CD release.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

February Office Closures

The Department of Health and Welfare and EDS offices will be closed for the following holiday:

President's Day
Monday, February 18, 2008

Reminder that MAVIS

(the Medicaid Automated Voice Information Service)

is available on State holidays at:

(800) 685-3757 (toll-free) or

(208) 383-4310 (Boise local)