Make sure to comply with NPI!

The Centers for Medicare and Medicaid Services (CMS) and Oregon Department of Human Services (DHS) now require National Provider Identifiers (NPI) on **all** HIPAA-standard transactions exchanged with providers who bill for health care-related services:

- 837 I, P, and D payment advice (claim)
- 835 remittance advice
- 270/271 eligibility inquiry/response
- 276/277 claims status inquiry/response
- NCPDP 1.1 pharmacy transaction

If you haven't already, start getting NPI-compliant today. Time is running out as DHS prepares to test all EDI submitters' transactions in the replacement MMIS.

Who needs to use an NPI?

Only atypical (non-health-care-related) providers can continue to submit HIPAA transactions using their DHS 6-digit provider numbers. If you are a provider who bills for medical or health care-related services, you need an NPI. For more information, see the DHS NPI Tutorial at www.oregon.gov/DHS/admin/hipaa/npi/main.shtml.

Who needs to use taxonomy codes?

Providers who have only one NPI, but have many DHS 6-digit provider numbers, must bill using their taxonomy (specialty) codes in order for their claims to process. The taxonomy codes are the only way DHS can match up the claim to the appropriate provider.

What do I need to do?

First, make sure you have followed the four easy steps to NPI compliance below. If you bill for medical or other health care services, do not use your DHS 6-digit provider number on transactions; only use your NPI and associated taxonomy codes with the "XX" qualifier.

Do not use your federal tax ID number with a "24" qualifier. This results in delay and possible non-payment of your claims.

Four steps to NPI compliance

1. **Read about the DHS-specific EDI requirements** in the DHS HIPAA Companion Guides at www.oregon.gov/DHS/admin/hipaa/guides_man.shtml. Make sure you have the most current version of each guide.
2. **Report your NPI and associated taxonomy codes to DHS** using the NPI Registration Form at http://dhsforms.hr.state.or.us/Forms/Served/OE1038.pdf.
3. Make sure the NPI and taxonomy codes you have reported to DHS are entered in your transactions as indicated in the most current DHS HIPAA Companion Guides.
4. If you haven't already, **test your transaction with DHS** to make sure your NPI-compliant transactions process correctly. To begin testing, contact DHS EDI Support Services at 888-690-9888 or e-mail dhs.edisupport@state.or.us.

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CMS alert - Medicare Part B 837P claims

On July 3, 2008, CMS sent an e-mail alert to DHS and other Coordination of Benefits (COB) Trading Partners. Based on this alert, DHS estimates that CMS has not been including taxonomy code information on their outbound Medicare Part B 837 Professional transactions for several months.

If you have one NPI and multiple DHS provider numbers, DHS needs your taxonomy code to identify you as the billing entity. Because CMS is not sending the taxonomy code, the 837P crossover claim from CMS will deny due to an unknown billing provider, and DHS will be unable to notify you about the denied claim.

CMS hopes to begin including taxonomy codes on their outbound Part B 837P transactions by August 2008. In the meantime, if you need to bill DHS using taxonomy codes, you have two alternatives:

- Wait to receive your Explanation of Benefit (EOB) from Medicare. Once you receive it, **submit your Part B claim directly to DHS using the 837P transaction** and appropriate COB segments.
- **Submit your claim on paper using the CMS-1500 or DMAP 505 form.** To find out which form you need to complete for Medicare-Medicaid crossover claims, refer to the Oregon Administrative Rules for your program. You can find the administrative rules on the DMAP Web site at www.dhs.state.or.us/policy/healthplan/guides/main.html.

Remember to complete MMIS testing!

EDI testing in the replacement MMIS began July 10, 2008. To make sure all trading partners who exchange data with DHS today can do so in the new system, DHS must complete all testing by Friday, August 29. To meet this deadline, EDI Support Services will test 837 claims transactions for fee-for-service (FFS) providers in priority order:

1. FFS providers billed through clearinghouses first;
2. Managed care organizations second;
3. All other provider submitters (who bill DHS directly) last.

Once all FFS 837 transactions have successfully completed testing in the new system, DHS will test all remaining transactions. For the latest information about EDI testing in the replacement MMIS, go to the MMIS Provider Resources Web site at www.oregon.gov/DHS/mmis (click on Announcements).

Reminders: Contacting DHS

E-mail security: When sending e-mails to DHS, do not to send any personal health information (PHI), such as a Social Security number, that identifies a client in relation to their health status or health information.

EDI Support response time: EDI Support Services is getting ready for the replacement MMIS in September 2008, and experiencing some reduction in response times. We will continue to return calls and e-mails as quickly as we can, but we ask for your patience as we all move forward to make the replacement Oregon MMIS a huge success.

Help with paper claims: If you have questions about billing on paper, contact DMAP Provider Services at 800-336-6016 or e-mail dmap.providerservices@state.or.us.