

MACSIS NPI Workgroup
Organizational Level National Provider Identifier (Type-2)
DECISION TABLE

| Impact of Decision | What to Do Now | Before June 1, 2006 <i>Deadline to submit Medicaid Cost/Rate Changes</i> | After July 1, 2006 <i>State Fiscal Year Start Date</i> | Before May 23, 2007 <i>Federal NPI Deadline</i> | Comments |
|---|---|--|---|---|---|
| #1 - Provider has one UPI and intends to apply for one NPI | | | | | |
| The provider needs to apply for an NPI and prepare for any EDI upgrade(s) necessary to support NPI. | a. Apply for NPI b. Provide NPI information to Board | a. <u>Uniform Cost Reporting</u> - No change as UPI and NPI are equivalent. b. <u>Rate Setting</u> - If there are multiple sites reporting under the same UPI, a separate rate sheet must be submitted for each site. c. <u>Effective Date of Rates</u> - July 1, 2006 if complete information received by ODADAS/ODMH in accordance with OACs 5101:3-27-05 or 5101:3-30-04. | n/a | Submit NPI-compliant 837P file to Board for Tier 2 Testing | -Medicaid reconciliation will be based on the provider's uniform cost reporting structure. |
| #2 - Provider has one UPI and intends to apply for two or more NPIs, but will bill MACSIS using only one NPI | | | | | |
| This transition assumes the existing UPI information corresponds to the NPI information under which the provider intends to bill. The provider needs to apply for the NPIs and prepare for any EDI upgrade(s) necessary to support NPI. | a. Apply for NPI b. Provide NPI information to Board | a. <u>Uniform Cost Reporting</u> - No change as UPI and NPI are equivalent. b. <u>Rate Setting</u> - If there are multiple sites reporting under the same UPI, a separate rate sheet must be submitted for each site. c. <u>Effective Date of Rates</u> - July 1, 2006 if complete information received by ODADAS/ODMH in accordance with OACs 5101:3-27-05 or 5101:3-30-04. | n/a | Submit NPI-compliant 837P file to Board for Tier 2 Testing | - CMS has stated that even though Federal Rules may require a provider to create a subpart NPI, e.g., for Medicare billing, the provider has no obligation to bill other payers for the same services using that subpart NPI -Medicaid reconciliation will be based on the provider's uniform cost reporting structure |
| #3 - Provider has two or more UPIs and intends to bill MACSIS using an equal number of NPIs | | | | | |
| This transition assumes the existing UPI information corresponds to the NPI information for which the provider applies. The provider needs to apply for the NPIs and prepare for any EDI upgrade(s) necessary to support NPI. | a. Apply for NPI b. Provide NPI information to Board | a. <u>Uniform Cost Reporting</u> - No change as UPI and NPI are equivalent. b. <u>Rate Setting</u> - If there are multiple sites reporting under the same UPI, a separate rate sheet must be submitted for each site. c. <u>Effective Date of Rates</u> - July 1, 2006 if complete information received by ODADAS/ODMH in accordance with OACs 5101:3-27-05 or 5101:3-30-04. | n/a | Submit one NPI-compliant 837P test file per UPI/NPI to Board for Tier 2 Testing | - Steps assume the existing UPI information aligns with the NPI information under which the provider intends to bill -Medicaid reconciliation will be based on the provider's uniform cost reporting structure |

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|--|---|--|--|--|---|
| #4 - Provider has one UPI and intends to apply for two or more NPIs and to bill MACSIS using two or more NPIs (one-to-many scenario) | | | | | |
| <p>This is a more complex transition requiring quick action for the following reasons:</p> <ul style="list-style-type: none"> - The federal implementation of NPI on standard electronic transactions occurs during SFY07 (no later than May 23, 2007). Since claims are adjudicated based on date of service and not file submission date, if a claim is received after the provider converts their claim files to NPI but for a date of service prior to the implementation of additional identifiers, the claim may be denied, price incorrectly or critical error. To minimize this problem, we are recommending that providers implement additional provider identifiers effective the beginning of a fiscal year. - New "contracts" and rates will need to be entered and maintained in MACSIS for each additional UPI/NPI association. - The provider must submit separate 837P files and will receive separate 835 files for each UPI/NPI association. - Provider software vendors may have more difficulty supporting this scenario | <ul style="list-style-type: none"> a. Discuss this scenario with your Board as soon as possible. b. Request through your Board that additional UPIs be created now which will correspond to the intended NPIs c. Apply for NPIs d. Provide NPI information to Board | <ul style="list-style-type: none"> - OACs 3793:2-1-09 (AoD) and 5122-26-19 (MH) require providers to report cost information no more specifically than by Tax ID and location (represented by a UPI). This should be taken into consideration when applying for NPIs. - If the provider has checks sent to a central office location which does not provide services, then they need to apply for service location NPIs and an NPI for the central office location. | <ul style="list-style-type: none"> a. Submit Tier 1 and Tier 2 test 837P claim files for each new UPI using the existing pre-NPI format. b. Once approved, start billing MACSIS using existing and new UPIs. | <p>Submit one NPI-compliant 837P test file per UPI/NPI to Board for Tier 2 Testing</p> | <ul style="list-style-type: none"> - If providers are concerned about timelines, they may want to consider applying for one NPI now (Scenario #1, 2 o3) and then applying for additional NPIs at the start of next fiscal year (SFY08). -Medicaid reconciliation will be based on the provider's uniform cost reporting structure |
| #5 - Provider has two or more UPIs and intends to apply for one NPI (many-to-one scenario) | | | | | |
| <p>This is a more complex transition requiring quick action for the following reasons:</p> <ul style="list-style-type: none"> - The federal implementation of NPI on standard electronic transactions occurs during SFY07 (no later than May 23, 2007). Since claims are adjudicated based on date of service and not file submission date, if a claim is received after the provider converts their claim files to NPI but for a date of service prior to the consolidation of provider identifiers, the claim may be denied, price incorrectly or critical error. To minimize this problem, we are recommending that providers consolidate identifiers effective the beginning of a fiscal year. - Provider software vendors may have more difficulty supporting this scenario - Providers must submit and receive only one 837P/835 file instead of multiple files. | <ul style="list-style-type: none"> a. Discuss this scenario with your Board as soon as possible. b. Notify ODADAS and/or ODMH Office of Medicaid of the UPI(s) that you will no longer be billing Medicaid services from and the date this practice will cease. c. Notify Board(s) of the UPI(s) that you will no longer be billing non-Medicaid services from and the date this practice will cease. d. Apply for NPI e. Provide NPI information to Board | <ul style="list-style-type: none"> a. <u>Uniform Cost Reporting</u> - If previous practice was to separate costs by UPI and complete separate UCRs, then a single combined UCR will need to be completed. If previous practice was to complete a single UCR that combined all costs, then no change for cost reporting and UCR submission is needed as UPI and NPI represent the same thing. b. <u>Rate Setting</u> - If there are multiple sites reporting under the same UPI, a separate rate sheet must be submitted for each site. c. <u>Effective Date of Rates</u> - July 1, 2006 if complete information received by ODADAS/ODMH in accordance with OACs 5101:3-27-05 or 5101:3-30-04. | <p>n/a - if provider intends to bill under a previously existing UPI number</p> | <p>- Submit NPI-compliant 837P file to Board for Tier 2 Testing</p> | <ul style="list-style-type: none"> - If providers are concerned about timelines, they may want to consider applying for one NPI now (Scenario #1, 2 o3) and then applying for additional NPIs at the start of next fiscal year (SFY08). -Medicaid reconciliation will be based on the provider's uniform cost reporting structure |