

VERMONT HEALTH ACCESS ADVISORY



Linking OVHA and EDS to your Office
OVHA- <http://www.ovha.state.vt.us/>

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EDS- <http://www.vtmedicaid.com>



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Website Updates

Fee Schedules, PAC-8 & 9 list, Active Provider List, FAHC & DHC Staff list, PA Supplement, UB-92 & CMS-1500 manuals.

Provider Name/Number

Two thousand claims suspend every month due to the incorrect use of provider name and number on claim forms. Please follow the instructions given in this article to avoid having your claims suspend for this reason.

Claims received on and after June 1st, 2006, must include a complete seven digit number. Claims without a complete seven digit number will be returned. Vermont Medicaid provider numbers contain no alpha “O’s” – only zeros. The use of O instead of zero is the most common reason for a denied claim and one of the easiest problems to correct.

Your Vermont Medicaid provider name and number must be on your claim *exactly* as it appears on our provider file. If there is a discrepancy between what is on file and what is on the claim, the claim will deny for “Provider Name/Number Mismatch.” The purpose of this edit that effects paper and electronic claims is to reduce the possibility of processing claims to the wrong provider and to eliminate the possibility of exposing personal health information.

Examples:

Individual: John Smith M.D. fills out his enrollment form last name, first name. The Vermont Medicaid system will audit against the first two letters in his last name – “SM.”

Group/Institution: An organization that uses an acronym instead of spelling out their name must be sure to use the same format on the claim form as they did on the enrollment form. The Vermont Medicaid system edits on the first two letters of the group name.

For example, The Medical Center fills out it’s enrollment form “The Medical Center.” The first two letters are “TH.” If on the claim form they use their abbreviation “TMC”, first two letters “TM”- the claim will deny. The correct title for the claim form is “The Medical Center,” exactly like the enrollment form.

If there is a change in your group name, or you would like one, or individual name – or the way that name appears on the claim – you must report this change to Vermont Medicaid. Contact Enrollment at, (802) 879-4450 or toll free at, 1-800-925-1706.

On all 837 transactions, the provider name should be sent in the appropriate elements of the NMI segment of the 2010AA loop. The REF segment of the 2010AA loop must contain qualifier 1D in REF01 and the 7-digit provider number in REF02.

The provider name and 7 digit Medicaid provider number submitted on your paper claims must be entered correctly as follows:

CMS-1500 Form: Box 33; **UB-92** Form: Form Locator 1;

1994 Dental Form: Box 21 for Provider Name and Number;

1999 Dental Form: Box 42 for the Provider Name. Box 44 for the Provider Number;

2002 Dental Form: Box 48 for the Provider Name. Box 49 for the Provider Number.

The National Provider Identification Number

The OVHA is ramping up its efforts to meet the May 2007 deadline for the National Provider Identification Number Program. This means providers should also begin preparations beginning with being aware of their NPI responsibilities. The NPI requires a significant system enhancement, hence providers can expect additional NPI-related instructions from the OVHA over the next 12 months. Please review the following information to better understand how you will be impacted by the NPI.

What is NPI?

NPI is a unique 10 digit identification number for health care providers that will be used by all health plans to improve the efficiency and effectiveness of the electronic transmission of health information. Health care providers and all health plans and health care clearinghouses will use the NPIs in the administrative and financial transactions specified by HIPAA no later than May 2007. Examples include:

- Individuals: physicians, dentists, nurse practitioners, chiropractors, and others
- Organizations: Hospitals, ambulatory care facilities, laboratories, group practices, and others.

Issuance of an NPI will not eliminate the need to be separately credentialed with Vermont Medicaid. You will still need to continue to enroll new providers with the program.

Individuals may only receive one NPI. An organization may apply for an NPI for the main organization and any subparts* it chooses to enumerate.

Examples of services that do not qualify as health care services and cannot receive an NPI are:

- Taxi Services
- Bus Services
- Habilitation and Respite Services

When do I start using my NPI?

Many health plans, including Medicare, Medicaid, and private health insurance issuers, and all health care clearinghouses must accept and use NPIs in standard transactions by May 23, 2007. After those compliance dates, health care providers may use only their NPIs to identify themselves in standard transactions where the NPI is called for. These transactions include 837 professional, 837 institutional, 837 dental, 276/277 claim status request and response, and 270/271 eligibility request and response.

Vermont Medicaid may begin requiring the use of the NPI prior to May 23, 2007 however, a specific date has not yet been determined. We will continue to keep you informed of our implementation process.

How do I apply for an NPI?

You may apply for your NPI at any time using the following three options:

- 1) You may apply through an easy web-based application process. The web address is <https://nppes.cms.hhs.gov>.
- 2) You may prepare a paper application and send it to the entity (the Enumerator) that will be assigning the NPI on behalf of the Secretary of Human Services. A copy of the application, including the Enumerator's mailing address is available on <https://nppes.cms.hhs.gov>. You may also call the Enumerator for a copy. The phone number is 1-800-465-3203 or TTY 1-800-692-2326.

*Subparts function as organization providers that render health care but which are not legal entities – they are part of a legal entity. Examples – hospital unit, member of a chain.

3) With your permission, an organization may submit your application in an electronic file. This could mean that a professional association or perhaps a health care provider who is your employer could submit an electronic file containing your information and the information of other health care providers.

Will my decision on how to enumerate my organization or facility effect the way I am reimbursed?

No, it will not change the way your claims are reimbursed, however, it could effect the way you are notified of payment or denial. Providers who currently have several Vermont Medicaid provider numbers, and currently receive a remittance advice for each one, and choose not to enumerate their subparts will receive only one remittance advice with all claims submitted under the one NPI listed.

The OVHA plans to contact specific provider groups such as hospitals, mental health agencies, and physician groups to gain an understanding of how they plan to enumerate and to determine if this will affect our policies or procedures.

By summer, providers will be able to enter their NPI numbers directly to their personal information files accessed through the new OVHA on-line provider look-up available at: www.vtmedicaid.com. As the deadline for NPI compliance draws near, the OVHA will collect the remaining NPIs from providers via direct mailing.

Inpatient/Outpatient Overlap Examples

The following scenarios are to assist you in billing for in/out patient overlap claims.

A patient comes into the ER Friday at 10:00 PM. He is seen and stays in the ER for 8 hours while tests and consultations are performed. On Saturday morning the physician feels it's necessary to admit the patient as an inpatient. When a patient receives continuous outpatient care and then is admitted as an inpatient, your inpatient admission date will become the date that the patient was admitted as an outpatient.

A patient comes into the ER Thursday at 8:00 PM and is admitted as an outpatient in the observation room. By Friday PM the physician determines that it is best to admit the patient as an inpatient. When a patient is in the observation room and then transferred to an inpatient status, the admission date is the date of service that the patient was admitted into the observation room.

A patient comes in as an outpatient on Thursday AM for services and leaves, then later in the day is admitted as an inpatient. Regardless of whether the diagnoses are related, as long as it is during the same day, the outpatient services are part of the inpatient stay, (as you are paid a per diem).

A patient comes in at 10:00 pm, on Tuesday for ER services and leaves. On Wednesday morning he is admitted as an inpatient. These services are billed as two separate claims, one outpatient and one inpatient, since the services are not performed on the same day.

A patient is discharged on Tuesday AM but is readmitted on Tuesday PM. The services from the second inpatient admission are added to the first inpatient admission; the claim will be inclusive of all inpatient days.

A patient is discharged from inpatient on Tuesday AM but comes in for outpatient services on Tuesday PM. These are billed separately; one inpatient claim and one outpatient claim.

Web-based Provider Look-up

By the time of this printing, EDS will have introduced a new web-based provider look-up available to beneficiaries and program professionals. This new on-line resource offers comprehensive search capabilities, expanded provider information and the option to map routes to service locations.

The provider look-up marks another expansion of on-line services offered by the OVHA. Expanding on-line resources supports three primary goals: State initiatives established in 2001 to maximize the potential of the Internet as a source of quality health care information and services; the 'preferred future' of communicating via user-friendly, informative web-sites as outlined by the Agency of Human Services 2005 Strategic Plan; and the OVHA's effort to increase access to care and improve the accuracy of care-related information. Providers can expect continued development of the resources available at: www.vtmedicaid.com



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