



Bureau of TennCare IS Policy Manual

Final--11/26/2007

Subject: Requirement of NPI	
Effective Date: January 2, 2008	
Approval: NPI Executive Oversight Committee	Date: 11/26/2007

PURPOSE OF POLICY STATEMENT: To clarify the Bureau of TennCare's compliance expectations regarding the use of the National Provider Identifier (NPI) by all Managed Care Contractors (MCCs) and all TennCare healthcare providers (facility and individual) after the completion of the contingency period.

POLICY: The Bureau of TennCare shall require the inclusion of a NPI for the primary provider identifiers (billing and rendering/servicing) on all claims received from a healthcare provider beginning **January 2, 2008**, based on the receipt date of the primary payor. The Bureau of TennCare shall require the inclusion of a NPI for all secondary provider identifiers (e.g. referring, operating, etc.) on all claims received from a healthcare provider beginning **March 31, 2008**, based on the receipt date of the primary payor. The receipt date of the primary payor will be determined as follows:

- MCC Encounters – The receipt date will be the receipt date supplied by the MCC on encounter transmissions to the Bureau of TennCare. This is the date the MCC received the claim from the provider.
- Paper Claims – The receipt date will be the date that the paper claim is received and logged by the Bureau of TennCare.
- Electronic Claims – The receipt date will be the date that the electronic transmission is received by the Bureau of TennCare.

- Web Direct Data Entry Claims – The receipt date will be the date that the web claim is finalized by the provider and submitted for payment to the Bureau of TennCare.
- Coordination of Benefit Contractor (COBC) Claims – The receipt date is defined by the Medicare contractor sending a payable claim with the appropriate information to the Bureau of TennCare (e.g. if a claim is paid without a NPI, the receipt is before 1/2/2008).

Additionally, TennCare will no longer require the inclusion of legacy identifiers. Fee-for-service claims which do not have a NPI will not be paid. These claims will be returned to the providers for additional information. Encounter claim transactions without a valid NPI appropriately linked to a Medicaid provider number from the MCC will ultimately be rejected as unacceptable and returned to the MCC for completion and resubmission. Additionally, an edit will be set in the Bureau's MMIS to identify these claims and the MCC may be subject to a corrective action plan and liquidated damages for claims identified with the edit. The MCC shall not cross-walk to a NPI from a legacy id for encounter submissions. The MCC must send to TennCare the NPIs that were received from providers. Additionally, the MCC shall not pay any claim received from a healthcare provider on or after 1/2/2008 without an NPI.

NPI-RELATED VERBIAGE IN CONTRACTS:

Middle Tennessee MCO Contract

- 2.11.1.6 Prior to including a provider on the *Provider Enrollment File* (see Section 2.30.7.1) and/or paying a provider's claim, the CONTRACTOR shall ensure that the provider has a National Provider Identifier (NPI) Number, where applicable, and has obtained a Medicaid provider number from TENNCARE.

MCO Contractor Risk Agreement

2-2.1 Agree to report all provider related data required pursuant to this Agreement to TENNCARE using uniform provider numbers. The uniform numbers to be reported for all providers except pharmacy will be the National Provider Identifier (NPI) Number issued by CMS where applicable, and the traditional "Medicaid" provider number issued by TENNCARE. Prior to payment of a claim, the MCO shall require that providers that have not been enrolled in the TennCare Program previously as a Medicaid provider or as a provider who currently receives direct payment from TENNCARE (i.e., Medicare cost sharing) contact the Medicaid/TennCare Provider Enrollment Unit and obtain a "Medicaid" provider number. The issuance of a "Medicaid" provider number by TennCare is simply for the purpose of establishing a common provider number for reporting purposes as required by this Section and does not imply that TENNCARE has credentialed the provider or convey any other contractual

relationship or any other responsibility with the provider. Pharmacy providers shall use the National Association Board of Pharmacy (NABP) number that has been assigned as well as the

NPI number issued by CMS where applicable. The CONTRACTOR agrees to utilize CMS's newly established NPI numbers for all provider reporting purposes in accordance with

timeframes established by CMS, including but not limited to, the development of contingency plans, beginning May 23, 2007 and the implementation of final plans thereafter;

Dental (Doral) MCO Contract

A.13 CLAIMS PROCESSING REQUIREMENTS

The contractor shall have in place an automated claims processing system capable of accepting and processing paper claims and claims submitted electronically. The contractor shall process, as described herein, the provider's claims for covered benefits provided to enrollees consistent with applicable TennCare policies and procedures and the terms of this Agreement. Contractor shall also participate in TennCare efforts to improve and standardize billing and payment procedures.

BHO East Contract

3.6.7 Payment Requirements

The **CONTRACTOR** shall assure that payments are not issued to providers that have not obtained a Tennessee Medicaid Provider number or for which disclosure requirements have not been obtained by the **CONTRACTOR** in accordance with 42 CFR 455.100 through 106 and Section 3.7.2 of this Agreement. The **Contractor** shall agree to report all provider related data required pursuant to this Agreement to **TennCare** using uniform provider numbers.

The uniform numbers are to be reported for all providers except pharmacy will be the National Provider Identifier (NPI) Number issued by CMS where applicable and the traditional "Medicaid" provider number issued by **TennCare**. Prior to payment of a claim, the BHO shall require that providers that have not been enrolled in the TennCare program previously as a Medicaid provider or as a provider who currently receives direct payment from TennCare (i.e. Medicare cost sharing) contact the Medicaid / TennCare Provider Enrollment Unit and obtain a "Medicaid" provider number. The issuance of a "Medicaid" provider number by TennCare is simply for the purpose of establishing a common provider number for reporting purposes as required by this Section and does not imply that TennCare has credentialed the provider or convey any other contractual relationship or any other responsibility with the provider. Pharmacy providers shall use the National Association Board of Pharmacy (NABP) number that has been assigned as well as the NPI number issued by CMS

where applicable. The **Contractor** agrees to utilize CMS's newly established NPI number for all provider reporting purposes in accordance with timeframes established by CMS including but not limited to the development of contingency plans beginning May 23, 2007 and the implementation of final plans thereafter.

BHO Middle/West Contract

3.2.41 Contractor Qualifications.

The Contractor shall agree to report all provider related data required pursuant to this Agreement to TennCare using uniform provider numbers. The uniform numbers are to be reported for all providers except pharmacy will be the National Provider Identifier (NPI) Number issued by CMS where applicable and the traditional "Medicaid" provider number issued by TennCare. Prior to payment of a claim, the BHO shall require that providers that have not been enrolled in the TennCare Program previously as a Medicaid provider or as a provider who currently receives direct payment from TennCare (i.e. Medicare cost sharing) contact the Medicaid / TennCare Provider Enrollment Unit and obtain a "Medicaid" provider number. The issuance of a "Medicaid" provider number by TennCare is simply for the purpose of establishing a common provider number for reporting purposes as required by this Section and does not imply that TennCare has credentialed the provider or convey any other contractual relationship or any other responsibility with the provider. Pharmacy providers shall use the National Association Board of Pharmacy (NABP) number that has been assigned as well as the NPI number issued by CMS where applicable. The Contractor agrees to utilize CMS's newly established NPI number for all provider reporting purposes in accordance with timeframes established by CMS, including but not limited to, the development of contingency plans, beginning May 23, 2007 and the implementation of final plans thereafter.

REFERENCE DOCUMENTS:

TennCare Policy PRO 07-001

OFFICES OF PRIMARY RESPONSIBILITY:

Information Systems
Provider Services
Contract Compliance Unit