

To: All Providers, HMOs and Other Managed Care Programs

Health Care Providers Are Required to Report Their National Provider Identifier to Wisconsin Medicaid Immediately

In preparation for federal implementation of National Provider Identifiers (NPIs) on May 23, 2008, all certified health care providers, who have not already done so, are required to report their NPI to Wisconsin Medicaid immediately. Reporting NPI information now is essential to conducting future business when Wisconsin Medicaid implements NPI, replacing current eight-digit provider numbers.

Health care providers are reminded that Wisconsin Medicaid is only collecting NPI information at this time. Therefore, as previously published, providers are required to continue indicating their eight-digit provider number, even after reporting their NPI, until further notice.

Information on NPI and how to report NPI is detailed in this *BadgerCare Plus Update*.

National Provider Identifier Implementation

The federal implementation date for National Provider Identifiers (NPIs) is May 23, 2008. In preparation, Wisconsin Medicaid requires all certified health care providers who have not reported their NPI to Wisconsin Medicaid to do so immediately. The NPI information that health care providers report now will be essential to conducting business in the future when Medicaid and BadgerCare Plus implement NPI, replacing current eight-digit Medicaid identification numbers. Failure to report NPI information may result in claim denials or delays in processing future transactions.

Health care providers are reminded that Medicaid is only collecting NPI information at this time. As previously published, providers are required to continue indicating their eight-digit Medicaid identification number on all electronic and paper claims and other transactions (e.g., prior authorization requests) submitted until notification in a future *BadgerCare Plus Update*.

Additional details on NPI implementation will be specified in future *Updates*.

National Provider Identifier Implementation Exceptions

The following providers have been identified by Wisconsin Medicaid as providers of *non-healthcare services* and therefore are exempt from the NPI requirement:

- Personal care only providers.
- Specialized medical vehicle providers.
- Blood banks.
- Community Care Organizations.

However, if one of these providers has an additional, separate certification to provide health care services, an NPI will be required for that certification and must be reported immediately.

Reporting National Provider Identifier

Health care providers who have already reported their NPI information to Wisconsin Medicaid should not

submit it again. Providers who have not yet submitted their NPI information are required to do so using one of the following methods:

- Complete the Web-based application, “Report Your NPI Online,” on the Wisconsin Medicaid Web site at dhfs.wisconsin.gov/medicaid/ via the NPI link.
- E-mail the information to winpi@dhfs.state.wi.us/. Include the eight-digit Medicaid identification number, corresponding NPI, a contact name, and a telephone number.
- Photocopy and complete the National Provider Identifier Collection form, HCF 13505 (03/08), in the Attachment of this *Update* and mail it to the address listed on the form.

An NPI confirmation letter for each eight-digit Medicaid identification number is mailed to the address on file. Providers are encouraged to retain their confirmation letter as verification of their NPI submission and for future reference. Providers who have not received a confirmation letter may contact Provider Services at (800) 947-9627 to verify their NPI submission.

Additional Information

For additional information, refer to the July 2007 *Update* (2007-54), titled “Wisconsin Medicaid Is Now Collecting National Provider Identifiers.”

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid, SeniorCare, and BadgerCare Plus unless otherwise noted in the *Update*.

Wisconsin Medicaid and BadgerCare Plus are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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ATTACHMENT

National Provider Identifier Collection

(A copy of the “National Provider Identifier Collection” is located on the following page.)

MEDICAID AND BADGERCARE PLUS NATIONAL PROVIDER IDENTIFIER COLLECTION

Medicaid requires certain information to certify providers and to authorize and pay for medical services provided to eligible members. Personally identifiable information about providers is used for purposes directly related to program administration, such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

Instructions: Type or print clearly. Submit a separate form for each Medicaid Provider Number. Mail completed forms to the following address:

Wisconsin Medicaid
Provider Maintenance
6406 Bridge Rd
Madison WI 53784-0006

Section II — Medicaid Provider Number And NPI Information

Indicate the eight-digit Medicaid Provider Number and corresponding 10-digit National Provider Identifier (NPI) for the provider indicated in Section I. The NPI designated in Element 5 is the NPI to be used when conducting business with Medicaid and BadgerCare Plus.

Section III — Secondary NPI Information

Indicate secondary NPIs that will appear on automatic Medicare crossover claims. Secondary NPIs will be used only when processing automatic crossover claims.

SECTION I — PROVIDER INFORMATION

1. Name — Provider

2. Name — Contact Person

3. Telephone Number — Contact Person

SECTION II — MEDICAID PROVIDER NUMBER AND NPI INFORMATION

4. Wisconsin Medicaid Provider Number

5. NPI

SECTION III — SECONDARY NPI INFORMATION

Medicare Part A	Medicare Part B	DMERC

In submitting the information supplied above, the provider identified above acknowledges that this information constitutes a statement of material fact, knowingly and willfully made, or caused to be made, by a Medicaid provider in an application for, or for use in determining right to, a Medicaid benefit or payment, within the meaning of ss. 49.49(1) and (4m), Wis. Stats., which, if false, subjects the provider to criminal or other penalties.

SIGNATURE — Authorized Representative

Date Signed