



Health-e Network NPI Enhancements

January 16, 2007

Simple vs. Complex NPI

- Some provider offices and hospitals will have what is referred to as a 'simple' NPI set-up and some provider offices and hospitals will have what is referred to as a 'complex' NPI set-up.
 - SIMPLE – Provider/Hospital will utilize 1 NPI (for purposes of documentation and discussion this 1 NPI will be referred to as the MAIN NPI).
 - Providers can enter their MAIN NPI into the Manage Provider Information screen. The TIN/SSN will continue to be required and the NPI will be optional.
 - Providers can enter either the same MAIN NPI into the Billing Provider Information screen or a different NPI into the Billing Provider Information screen.
 - Providers can enter the Facility's MAIN NPI into the Facility Information screen.
 - If NPIs have been added, they will show in the table on the Manage Provider Information main screen and show on the DDE Screen when the Provider/Facility is selected. More information available later on in this presentation.

Health-eNetwork® Services

- Health-e Claims
- Health-e Eligibility
- Real-Time Claim Status
- Referral Request Home
- Administrator
- Message Center
- File Upload
- Electronic Claims Tracking
- Manage Provider Information
- Electronic Remittance Advice
- Patient Statements

Logout TESTWINH

Manage Provider Information





Health-e Claim Home

Create New Provider

Create New Billing Address

Create New Facility Address

Health-e Network Home



Manage Provider Information

Provider(s)

Name	Tax ID/SSN	NPI		
PROVIDER, PETER	963852		Edit	Delete
BARCLAY, SCOTT	841531327	12121212128	Edit	Delete
TESTPIN, DOCTOR	999000000	1212121218	Edit	Delete
MAC MED, ADULT	042000002		Edit	Delete
ALLISON, JASON	443322665		Edit	Delete
HOSPITAL, EVIL	567647567	1212121218	Edit	Delete
AGARWALA, AMIT	840786058		Edit	Delete
JAMES, ANDREWS	544591632		Edit	Delete
FLINTSTONE, FRED	684539081		Edit	Delete
NA, NA	420680452		Edit	Delete
PROVIDER, NEW PROVIDER	111222333		Edit	Delete

Provider

Required Fields *

First Name*

Middle Initial

Last Name*

Degree

NPI

TIN/SSN*

Type

Tax ID #

UPIN

Specialty Code

Addiction Medicine

Billing

TEST PATHOLOGY ASSOC

Default Facility

TEST MEDICAL CENTER

Other Facilities:

Billing Address

Required Fields *

Name*

Address
1*

Address 2

City*

State*

Zip*

example: 12345-1234 or 12345

Phone

example: 5551234567 or (555)123-4567

NPI

Save

Facility Address

Required Fields *

NOTE:The Facility name is used for matching purposes during claim processing, so please ensure that the Facility name is exactly as it appears on the claim.

Name*	<input type="text"/>	
Address 1*	<input type="text"/>	
Address 2	<input type="text"/>	
City*	<input type="text"/>	State* ALABAMA <input type="text"/>
Zip*	<input type="text"/> <i>example: 12345-1234 or 12345</i>	
Facility ID	<input type="text"/>	
Facility ID Qualifier	<input type="text"/>	
NPI	<input type="text"/>	

Save

Simple vs. Complex NPI (continued)

- COMPLEX – Provider/Hospital will receive more than 1 NPI for a multitude of reasons. For example, a different NPI for each practice location for a doctor. A hospital will more than likely have a different NPI for each unit within the facility – ICU vs. Emergency Room, etc.
 - Clients can enter the provider's TIN/SSN in the Provider, Billing Address and Facility screens within the Manage Provider Information screen and not enter an NPI. This will allow the client to enter a different NPI on each claim; OR
 - Clients can enter the provider's TIN/SSN in the Manage Provider Information screens, but only enter an NPI for one or two of the Provider entities supported in Manage Provider Information. This will allow them keep one of the entities NPI the same on all claims while keeping the flexibility of entering a different NPI for One or two of the other Provider entities.

* Please Note

- It is important to note that if there is an NPI in the Manage Provider Information screen the user can still overwrite that NPI when entering a DDE claim.
- It is also important to note that if there is an NPI in the Manage Provider Information screen and the user overwrote the NPI on the DDE Screen - then, after that, selected a different provider – the NPI will Be populated based on what's in Manage Provider Information. So, for example, if Manage Provider Information does not have an NPI – the NPI will go as blank.

Direct Data Entry (DDE)

- The current view of the claim form is based on the existing HCFA-1500 Form.
- The new view of the claim form will be based on the Revised CMS-1500 Form.
 - This form has been created to accommodate the reporting of the NPI.

Submit Claim **Advanced** **Cancel**

BANKERS UNITED LI

1. Select Insurance Program:
Other (ID)

2. Patient's Name (Last, First, MI):
BROWN, GINA M

3. Patient Birth Date Sex:
08-11-2005 M

4. Insured's Name (Last, First, MI):
BROWN, GINA M

5. Patient's Address (Number, Street):
SELDHGFWEFIJ

6. Patient's Relationship to Insured:
Self

7. Insured's Address (Number, Street):
SELDHGFWEFIJ

8. Patient Status:
Marital: Single
Employment: No
Student:

9. Other Insured's Name (Last, First, MI):
a. Other Insured's Policy or Group #:
b. Other Insured's Birthdate: Sex:
c. Employer's Name or School Name:
d. Insurance Plan Name or Program Name:

10. Is Patient's Condition Related To:
a. Employment?
b. Auto Accident? State:
c. Other Accident?
10d. Reserved for Local Use?

11. Insured's Policy Group or FECA #:
a. Insured's Birthdate: Sex:
b. Employer's Name or School Name:
c. Insurance Plan Name or Program Name:
d. Is There Another Health Benefit Plan?
(If yes, complete item 9a-d.)

12. Patient's or Authorized Person's Signature.
Signed: SIGNATURE ON FILE Date: 01-11-2007

13. Insured's or Authorized Person's Signature.
Signed: SIGNATURE ON FILE

14. Date of Current Illness (First Symptom) or Injury (Accident) or Pregnancy (LMP):
From To

15. If Patient Has Had Same or Similar Illness Give First Date:

16. Dates Patient Unable to Work:
From To

17. Name of Referring Physician or Other Source (Last, First, MI):
17a. ID Number of Referring Physician:

18. Hospitalization Dates for Current Services:
From To

19. Reserved for Local Use:

20. Outside Lab? Charges:
No \$

21. Diagnosis or Nature of Illness or Injury (Relate Items 1, 2, 3 or 4 to Item 24E by Line):
1. 2. 3. 4.

22. Medicaid Resubmission:
Code: Original Ref. Number:
23. Prior Authorization Number:

A	B	C	D	E	F	G	H	I	J	K
Date(s) of Service From To	Place of Service	Type of Service	Procedures, Services or Supplies CPT/HCPCS Modifier	Diagnosis Code Pointer	\$ Charges	Days or Units	EPSDT Family Plan	EMG	COB	Reserved for Local Use
	11	1			0.00					
	11	1			0.00					
	11	1			0.00					
	11	1			0.00					
	11	1			0.00					
	11	1			0.00					
	11	1			0.00					
	11	1			0.00					

24. Federal Tax ID Number:
26. Patient's Account Number:
27. Accept Assignment?: Yes

28. Total Charge: \$ 0.00 29. Amount Paid: \$ 0.00
30. Balance Due: \$ 0.00 **Calculate**

31. Provider Signature (Select Physician or Supplier Including Tax ID):
Date: 01-11-2007

32. Name of Facility Where Services Were Rendered (Select Facility From List):

33. Physician's, Supplier's Billing Name, Address, Zip Code and Phone Number:
PIN# GRP#

Submit Claim **Advanced** **Cancel**

Submit Claim **Advanced** **Cancel**

C AND O EMP HOSP

1. Select Insurance Program:
Other (ID)

2. Patient's Name (Last, First, MI):
BROWN, JIM

3. Patient Birth Date Sex:
05-02-1970 M

4. Insured's Name (Last, First, MI):
BROWN, JIM

5. Patient's Address (Number, Street):
234 MAIN ST

6. Patient's Relationship to Insured:
Self

7. Insured's Address (Number, Street):
234 MAIN ST

8. Patient Status:
Marital: Single
Employment: No
Student:

9. Other Insured's Name (Last, First, MI):
a. Other Insured's Policy or Group #:
b. Other Insured's Birthdate: Sex:
c. Employer's Name or School Name:
d. Insurance Plan Name or Program Name:

10. Is Patient's Condition Related To:
a. Employment?
b. Auto Accident? State:
c. Other Accident?
10d. Reserved for Local Use?

11. Insured's Policy Group or FECA #:
a. Insured's Birthdate: Sex:
b. Employer's Name or School Name:
c. Insurance Plan Name or Program Name:
d. Is There Another Health Benefit Plan?
(If yes, complete item 9a-d.)

12. Patient's or Authorized Person's Signature.
Signed: SIGNATURE ON FILE Date: 01-11-2007

13. Insured's or Authorized Person's Signature.
Signed: SIGNATURE ON FILE

14. Date of Current Illness (First Symptom) or Injury (Accident) or Pregnancy (LMP):
From To

15. If Patient Has Had Same or Similar Illness Give First Date:

16. Dates Patient Unable to Work:
From To

17. Name of Referring Physician or Other Source (Last, First, MI):
17a. ID Number of Referring Physician:
17b. NPI

18. Hospitalization Dates for Current Services:
From To

19. Reserved for Local Use:

20. Outside Lab? Charges:
No \$

21. Diagnosis or Nature of Illness or Injury (Relate Items 1, 2, 3 or 4 to Item 24E by Line):
1. 2. 3. 4.

22. Medicaid Resubmission:
Code: Original Ref. Number:
23. Prior Authorization Number:

A	B	C	D	E	F	G	H	I	J	K
Date(s) of Service From To	Place of Service	Type of Service	Procedures, Services or Supplies CPT/HCPCS Modifier	Diagnosis Code Pointer	\$ Charges	Days or Units	EPSDT Family Plan	EMG	COB	Reserved for Local Use
	11				0.00					
	11				0.00					
	11				0.00					
	11				0.00					
	11				0.00					
	11				0.00					
	11				0.00					
	11				0.00					

24. A. Date(s) of Service From To B. Place of Service C. EMG D. Procedures, Services or Supplies CPT/HCPCS Modifier E. Diagnosis Pointer F. \$ Charges G. Days or Units H. EPSDT Family Plan I. ID Qual. J. Rendering Provider ID. #

25. Federal Tax ID Number:
26. Patient's Account Number:
27. Accept Assignment?: Yes

28. Total Charge: \$ 0.00 29. Amount Paid: \$ 0.00
30. Balance Due: \$ 0.00 **Calculate**

31. Provider Signature (Select Physician or Supplier Including Tax ID):
Date: 01-11-2007

32. Name of Facility Where Services Were Rendered (Select Facility From List):

33. Physician's, Supplier's Billing Name, Address, Zip Code and Phone Number:

a. NPI b. a. NPI b. a. NPI b.

Submit Claim **Advanced** **Cancel**

List of Adds and Changes

- Change: Color change on screen.
- Change: Box 17a – First section of the field provides a drop-down menu selection for the client to select the Qualifier for the Referring Provider. Second section of the field is for the Referring Provider Identifying number.

17a. [dropdown] [text input]

17a. [dropdown] [text input]

17b. [text input]

- 0B State License Number
- 1B Blue SHield Provider Number
- 1C Medicare Provider Number
- 1D Medicaid Provider Number
- 1G Provider UPIN
- 1H CHAMPUS Identification Number
- EI Employer's Identification Number

17b. NPI [text input]

- Add: Box 17b – Field designed to contain the Referring Provider NPI.

Field Entry Requirements:

The client can enter both 17a and 17b; or just 17a; or just 17b. If 17 is Populated with a name, then 17a or 17b must be populated. If 17a and/or 17b are populated, then 17 must be populated with a name.

List of Adds and Changes

- Change: Box 24 – The form continues to support 6 line items per claim; however, each line now offers two lines. Moving from top left to right...

- Comments – The first shaded box allows for a 61 character comment.

1.										Units	Plan
----	--	--	--	--	--	--	--	--	--	-------	------

- Box 24I (top line) – First section of the field provides a drop-down menu selection for the client to select the Qualifier for the LINE LEVEL Rendering Provider. Second section of the field is for the LINE LEVEL Rendering Provider Identifying number. **This field is only used if the LINE LEVEL Rendering Provider identifiers are different than that in Box 31.**

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<ul style="list-style-type: none"> 0B State License Number 1B Blue SHield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number 1G Provider UPIN 1H CHAMPUS Identification Number EI Employer's Identification Number 	

24. A.	B.	C.	D. Procedures, Services or Supplies		E.	F.	G.	H.	I. ID	Rendering
Date(s) of Service From To	Place of Service	EMG	CPT/HCPCS	Modifier	Diagnosis Pointer	\$ Charges	Days or Units	EPSDT Family Plan	Qual.	Provider ID. #
1.										
		11				0.00			NPI	

List of Adds and Changes

- Box 24A (bottom line) – To and From Dates for the claim populated as MM-DD-YYYY.
- Box 24B (bottom line) – Provides a drop-down menu selection for the client to select the Place of Service.

24. A. Date(s) of Service	
From	To
1. <input type="text"/>	<input type="text"/>

B. Place of Service	
<input type="text"/>	
11	▼
11	▲
12	
13	
14	
15	
20	
21	
22	
23	
24	
25	▼

C. EMG	
<input type="text"/>	
<input type="text"/>	

- Box 24C (bottom line) – This is the EMG (previously in box 24I) a Y = Yes

24. A. Date(s) of Service From To	B. Place of Service	C. EMG	D. Procedures, Services or Supplies CPT/HCPCS Modifier	E. Diagnosis Pointer	F. \$ Charges	G. Days or Units	H. EPSDT Family Plan	I. ID Qual.	Rendering Provider ID. #
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼	<input type="text"/>
<input type="text"/>	11 ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>	NPI	<input type="text"/>

List of Adds and Changes

- Box 24G (bottom line) – Days or Units field allows for the entry of 6 characters.

- Box 24H (bottom line) – EPSDT Family Plan field supports the entry of a Y = Yes or N = No to indicate Early and Periodic Screening, Diagnosis and Treatment related.

- Box 24I (bottom line) – Field designed to contain the LINE LEVEL Rendering Provider NPI. **This field is only used If the LINE LEVEL Rendering Provider identifiers are different than that in Box 31.**

G. Days or Units

H. EPSDT Family Plan

I. ID Qual.	Rendering Provider ID. #
▼	
NPI	

24. A. Date(s) of Service From To	B. Place of Service	C. EMG	D. Procedures, Services or Supplies CPT/HCPCS Modifier	E. Diagnosis Pointer	F. \$ Charges	G. Days or Units	H. EPSDT Family Plan	I. ID Qual.	Rendering Provider ID. #
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼	<input type="text"/>
<input type="text"/>	<input type="text"/>	11 ▼	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>	NPI	<input type="text"/>

List of Adds and Changes

- Change: Box 31 – The Provider Signature
Box will support essentially what is known as the CLAIM LEVEL Rendering Provider information. It will continue to allow the client to select the Rendering Provider's Name from a drop-down menu. Information for Box 25, Box 31 and Box 33 are automatically populated based on information stored in Manage Provider Information. If the provider would like to use a different NPI other than what is stored in Manage Provider Information, they can overwrite the stored information by entering a different NPI in Box 31a. In addition to the TIN/SSN and NPI, the client can submit a third identifier in Box 31b. The first section of Box 31b provides a drop-down menu selection for the client to select the Qualifier for the Rendering Provider. The second section of the field is for the Rendering Provider Identifying number.

31. Provider Signature (Select Physician or Supplier Including Tax ID):

, ()

Date: 01-12-2007

a. NPI

b. [dropdown] [text box]

List of Adds and Changes

- Change: Box 32 – The Name of Facility Box will support the facility information for the facility that is associated with the claim. Once the client selects the Facility's Name from a drop-down menu. Information for Box 25 – the system will continue to attach the Default Facility from Manage Provider Information if the client does not populate Box 32. Otherwise, the client can select a facility in Box 32. If the provider would like to use a different NPI other than what is stored in Manage Provider Information, they can overwrite the stored information by entering a different NPI in Box 32a. In addition to the TIN/SSN and NPI, the client can submit a third identifier in Box 32b. The first section of Box 32b provides a drop-down menu selection for the client to select the Qualifier for the Facility ID. The second section of the field is for the Facility Id number.

32. Name of Facility Where Services Were Rendered (Select Facility From List):

[Dropdown Menu]

a. [NPI] b. [Qualifier] [Facility Id number]

List of Adds and Changes

- Change: Box 33 – The Physician or Supplier's Billing Name Box will support the Billing Provider information. Information for Box 25 – the system will continue to automatically populate Box 25, Box 31 and Box 33 based on what is stored in Manage Provider Information. If the provider would like to use a different NPI other than what is stored in Manage Provider Information, they can overwrite the stored information by entering a different NPI in Box 33a. In addition to the TIN/SSN and NPI, the client can submit a third identifier in Box 33b. The first section of Box 33b provides a drop-down menu selection for the client to select the Qualifier for the Billing Provider. The second section of the field is for the Billing Provider Identifying number.

33. Physician's, Supplier's Billing Name, Address, Zip Code and Phone Number

a.

b.

List of Adds and Changes

- Change: Removal of Service Line Comments 1 – 6 fields as Comments are now offered on the primary screen.
- Change: Removal of Modifier 3 fields as Modifiers 3 and 4 are now offered on the primary screen.

Print Image

- HCFA-1500 submitters can continue to submit the HCFA-1500 print image.
- View Claim Errors for these clients will show their claims in the Revised CMS-1500 format in order to support the view of the NPI potentially stored in Manage Provider Information.

87726 HUMANA HEALTH
P O BOX 44283
JACKSONVILLE, FL 32231-428

PRIN

X 987456321

PUBLIC, JOE 08 31 70 X PUBLIC, JOE
1111 TEST DRIVE X 1111 TEST DRIVE
MIAMI FL X MIAMI FL
331126 305 111 1111 331126 305 111 1111

X 02 21 56 X
X CONTINENTAL NATIONAL
X PRINCIPAL HEALTHCARE PPO HMO
X

SIGNATURE ON FILE 03 20 98 SIGNATURE ON FILE

10 01 97 10 01 97
TEST LAUREL A D12342 10 01 97
X

180 8 132386ISA

10 02 97 21 5 86850 26 1 26 00 1
10 02 97 21 5 86900 26 1 15 00 1
10 02 97 21 5 86901 26 1 15 00 1
10 15 97 21 5 86901 26 1 25 00 1
10 15 97 21 5 86850 26 1 26 00 1
10 15 97 21 5 86900 26 1 15 00 1

12-3456789 X 0001101 X 122 00 0 00 122 00

TEST MEDICAL CENTER TEST PATHOLOGY ASSOC 97
1400 TEST WAY 1400 TEST WAY
MIAMI FL 33136 MIAMI FL 33136
DOCTOR TESTB M D ME0012345
03 20 98

59129 HUMANA HEALTH
P O BOX 44283
JACKSONVILLE, FL 32231-428

X 987456321

PUBLIC, JOE 08 31 70 X PUBLIC, JOE
1111 TEST DRIVE X 1111 TEST DRIVE
MIAMI FL X MIAMI FL
33126 305 111 1111 33126 305 111 1111
204750

X 02 21 56 X
X CONTINENTAL NATIONAL
X PRINCIPAL HEALTHCARE PPO HMO
X

SIGNATURE ON FILE 03 20 98 SIGNATURE ON FILE

10 02 06
TEST LAUREL A G2534667216 W123456789 10 02 97 10 19 97
X

V58 81 722 93
V45 4 150 4 132386ISA

THIS IS A TEST FOR LINE ONE 987654321
10 02 06 10 02 06 11 86850 GP 59 KX 26 1234 26 00 999 SY W123456789
THIS IS A TEST FOR LINE TWO 987654321
10 03 06 10 03 06 11 99213 26 51 RT LT 1234 82354 99 777 SY W234567891
THIS IS A TEST FOR LINE THREE 435679809
10 04 06 10 04 06 11 99211 26 KX GP 59 1234 399 99 555 SY W345678912
THIS IS A TEST FOR LINE FOUR 987654321
10 05 06 10 05 06 11 99212 RT LT 26 81 1234 5 55 123 SY W456789123
THIS IS A TEST FOR LINE FIVE 464646464
10 06 06 10 06 06 11 99210 KX GP 59 26 1234 4321 12 456 SY W567891234
THIS IS A TEST FOR LINE SIX 464646464
10 07 06 10 07 06 11 78298 GP 59 KX 26 1234 55 00 786 SY W678912345

123456999 X 53037777-00 X 87162 65 100 00 87062 65

TESTHOPE MEDICAL CENTER TESTHOPE PATHOLOGY ASSOC 97
1542 TESTHOPE WAY 1351 TEST WAY
FROSTY CO 80923 FROSTY CO 80923
TESTHOPE, DOCTOR MD W987654321 G2857469980 W575757575 SY1234567893
12 17 06

24.

A	B	C	D	E	F	G	H	I	J	K
Date(s) of Service From To	Place of Service:	Type of Service:	Procedures, Services or Supplies CPT/HCPCS Modifier	Diagnosis Code Pointer	\$ Charges	Days or Units	EPSDT Family Plan	EMG	COB	Reserved for Local Use
10-24-2006 10-24-2006	11	1	12345	1	100.00	1				
	11	1			0.00					
	11	1			0.00					
	11	1			0.00					
	11	1			0.00					

25.

841

26. Patient's Account Number:

27. Accept Assignment?:

Yes

28. Total Charge:

\$ 100.00

29. Amount Paid:

\$ 0.00

30. Balance Due:

\$ 100.00

Calculate

31. Provider Signature (Select Physician or

32. Name of Facility Where Services Were

33. Physician's / Supplier's Billing Name

24. A. Date(s) of Service From To	B. Place of Service	C. Type of Service: EMG	D. Procedures, Services or Supplies CPT/HCPCS Modifier	E. Diagnosis Pointer	F. \$ Charges	G. Days or Units	H. EPSDT Family Plan	I. ID Qual.	J. Rendering Provider ID. #
1. 12-01-2006 12-01-2006	11		12345 11					1D	123456789
	11				0.00			NPI	987654321
	11				0.00			NPI	
	11				0.00			NPI	
	11				0.00			NPI	
	11				0.00			NPI	

25. P

8415

26. Patient's Account Number:

27. Accept Assignment?:

Yes

28. Total Charge:

\$ 101.00

29. Amount Paid:

\$ 0.00

30. Balance Due:

Manage Printable Claims

- Manage Printable Claims will provide the user the option to print the HCFA-1500 view or the CMS-1500 view.
- Additional adjustments will be provided to allow for one full line within the Print Image.