State of New Mexico
Medical Assistance Program Manual
Supplement

HUMAN SERVICES
DEPARTMENT

Date: September 11, 2017   **Number:** 17-07

TO: HOSPITALS, HOME HEALTH AGENCIES, HOSPICE AGENCIES, NURSING FACILITIES, ICF/IIDs, AND RESIDENTIAL SERVICE PROVIDERS PARTICIPATING IN THE NEW MEXICO MEDICAID PROGRAM

FROM: N℠ NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION

SUBJECTS: REQUIREMENTS FOR REPORTING ATTENDING, ORDERING, REFERRING, AND RENDERING PROVIDERS ON CLAIMS

The Medical Assistance Division (MAD) has reminded providers in the past of the need to supply information on claims related to the attending provider. There are still a number of claims from some providers that are being processed without this essential required information. Therefore, deadlines for compliance with federal requirements are being established as stated in this Supplement.

In addition to the attending provider, this Supplement includes information on the need for outpatient hospitals to report rendering providers on outpatient hospital claims which is a new requirement.

In summary, the essential requirements are:

1. The attending provider must be reported on the UB format claim for the following:

   - Inpatient hospital claims
   - Hospice claims
   - Home health agency claims (referring or ordering provider in the attending field)
   - Nursing facility and ICF-IID claims (referring or ordering provider in attending field
   - Residential Facility claims (ARTC, RTC, Group Homes) (referring or ordering provider in the attending field)

2. The rendering provider must be reported at the claim header level or on all lines on an outpatient hospital claim.

3. A referring or ordering provider must be reported on an outpatient hospital claim when the service is the result of a referral.

4. If any of these providers submit claims on the CMS 1500 format, such as the physician component that corresponds to an inpatient or outpatient hospital claim, the requirements for the CMS 1500 format are covered in a separate Supplement.

A. Background

The Affordable Care Act (ACA) and Title 42, Part 455 of the Code of Federal Regulations requires attending, ordering, referring, rendering, and prescribing providers to be enrolled in the Medicaid program in order to meet ACA program integrity requirements designed to ensure that all attended, prescribed, ordered, referred, or rendered services, items, and admissions for Medicaid beneficiaries originate from properly licensed providers who have not been excluded from Medicare or Medicaid. A provider who is enrolled as only a fee-for-service (FFS) provider, only as a managed care provider, or who is enrolled as both FFS and managed care is considered to be "enrolled with Medicaid" for these purposes.

Therefore, the expectation is that most services and items will only be paid by the Medicaid program if the individual provider who attends, prescribes, orders, refers, or renders a service or item is identified on the claim and is enrolled in the Medicaid program. Otherwise, the claim will be denied in accordance with federal requirements.

While this requirement currently only applies to the Medicaid fee-for-service program, the Centers for Medicare and Medicaid Services (CMS) are extending these same requirements to claims filed with Medicaid managed care organizations (MCOs). MAD is in the process of implementing these requirements with the MCOs with an anticipated implementation on January 1, 2018. Therefore, complying with these Medicaid fee-for-service requirements will have the provider ready to comply with the requirements when they are extended to the Medicaid MCOs.

Under these requirements, it is possible that some practitioners will need to enroll in the Medicaid program; otherwise, the recipient may have to change individual providers so that their services are ordered, referred, prescribed, or attended by a Medicaid enrolled provider.

B. Transition and Potential Impact

MAD believes that the most significant issue associated with implementing these requirements is that many providers are simply failing to report the rendering, ordering, referring, prescribing or attending provider on the claim when applicable.

There are also some providers who are members of groups, agencies, and other facilities who have not enrolled individually as a member of the group, agency, or facility. To a lesser extent, there may be some individual providers who have not enrolled in the Medicaid program because

they do not bill Medicaid but who, never-the-less, order or prescribe services for the recipient that will be billed to Medicaid by other providers as a result of the order or prescription.

In order to minimize the potential of any negative impact on recipients and providers, MAD is addressing several matters as outlined below.

1. The basic requirement to report the attending, rendering, ordering, referring, or prescribing providers on a claim will be effective on October 1, 2017, since these requirements have been in place for some time and are often already in place for Medicare. However, MAD will allow a two-week grace period prior to initiating denials on non-compliant claims. Therefore, claims received on or after October 16, 2017, without identifying the attending, rendering provider, or the referring or ordering provider, when applicable, will be denied. See deadlines under item C below.

2. It is also a federal requirement that the attending, rendering, ordering, referring, or prescribing providers on a claim be enrolled with the Medicaid program. However, in order to allow these providers an opportunity to enroll in the Medicaid program, an additional 3 months, until January 1, 2018, will be allowed before a claim is denied if the attending, ordering, referring, or prescribing provider on the claim is not enrolled either in Medicaid or as a managed care provider.

3. MAD has developed, and made available on the Conduent New Mexico Medicaid Web Portal at https://nmmedicaid.acs-inc.com/webportal/providerSearch a look-up tool to help providers obtain the National Provider Identifier (NPI) of a rendering, prescribing, ordering, referring, or attending provider. The instructions for using this web portal tool and contact information for the Conduent Provider Relations staff, are included in this Supplement in Section H.

   Providers should use this tool to determine in advance of January 1, 2018, if any services they are providing to Medicaid recipients are based on prescriptions, orders, or referrals from a provider who is not enrolled in the Medicaid or managed care program.

   Providers should also use this tool to determine if any provider or practitioner on their staff needs to be enrolled and to immediately begin the enrollment process if necessary. Information on enrolling as a provider is included in this Supplement in Section G.

4. MAD allows provider enrollment as a Medicaid provider solely for the purpose of establishing appropriate enrollment for the services they order, refer, or prescribe without having to commit to seeing all Medicaid patients or even any Medicaid patients.

While discriminatory practices towards recipients are not allowed by state and federal rules, a provider can still choose to limit his or her practice and participation in the Medicaid program. Such limitations could include treating emergency situations only, seeing only recipients who are dually eligible for Medicare, to limit the number of patients or recipients seen, or to only existing recipients without taking new patients.

Instructions for enrolling as a provider are included in this Supplement in Section G.

C.   Deadline of October 1, 2017 - Attending Provider Information Must Be Reported

Providers should report attending, referring, ordering and rendering providers, as indicated above, for all claims submitted on or after October 1, 2017. However, MAD will allow a two-week grace period prior to initiating denials on non-compliant claims. Therefore, claims received on or after October 16, 2017, without identifying the attending provider, or the referring or ordering provider, when applicable, will be denied.

The claim will be denied if the attending NPI number is the same as the billing facility NPI number because the attending provider cannot be the facility.

The claim will also be denied if the attending NPI number is not in proper format for a correct NPI number or if the field is blank.

D.   Deadline of January 1, 2018 – An Attending Provider, a Referring Provider, an Ordering Provider, or a Rendering Provider Must Be Enrolled as a Current Provider in the Medicaid or Managed Care Programs and the Hospital Outpatient Rendering Provider Must Be Reported and Enrolled as a Current Provider in the Medicaid or Managed Care Programs

1. Adjustment requests for prior claims received on or after January 1, 2018, without the required information will be denied.

2. Claims from hospitals, home health agencies, hospice agencies, nursing facilities, ICF/IIDs, and residential service providers for which the attending provider is not enrolled as a provider in the Medicaid program or in the managed care program will be denied. This will apply to claims with dates of service on January 1, 2018, or later. See information below on determining if a provider is properly enrolled.

3. Hospital outpatient claims for which the rendering provider is not reported at either the header or line level of the claim, or is reported but not enrolled in the Medicaid or managed care programs will be denied. A rendering provider reported at the header will

be applied to all lines on the claim. Note that this is a new requirement for outpatient hospital claims.

4. A referring or ordering provider is required only when the service is being performed on the basis of a referral or order and the referring or ordering provider is not already the rendering or admitting provider. However, if a referring or ordering provider is applicable and reported on the claim, the referring or ordering provider must be enrolled in the Medicaid or managed care program in order for the claim to be paid.

5. Providers should use the time between October 1, 2017, and January 1, 2018, to assure that the attending providers for all current recipients are participating in the Medicaid fee for service or managed care program in order to minimize the impact on claims payment beginning January 1, 2018.

E.   Specific Provider Reporting Requirements

The requirements are very similar to Medicare requirements.

Home Health Agency Claims; Nursing Facility Claims including IID: - the ordering provider NPI must be indicated in the attending provider NPI field.

Hospice Claims, Residential Provider claims (ARTC, RTC, and Group Homes): - the attending provider NPI is required.

Hospital Inpatient Claims (including specialty hospitals): - the attending provider NPI is required. See below for requirements for outpatient hospital claims.

Hospital Outpatient claims (Including Specialty Hospitals): – the rendering provider NPI must be reported on hospital outpatient claims. It may either be reported at the header level (if a single provider is the rendering provider) or at the line level if there are different rendering providers for each service or line.

In many hospitals, the rendering provider may be a resident, an intern, or a supervised nurse, technician, or other individual who cannot enroll as a provider in their own right. In these situations, the provider overseeing the services for the recipient may be considered the rendering provider and reported as such.

Even though one may think of a lab code or radiology code, or some other service codes on the claim as not really being performed by the provider, but rather by a lab or radiology technician for example, the provider overseeing the service for the recipient is still to be reported as the rendering provider on that line.

F.   Correct Placement of Information

1. **Attending Physicians for Inpatient Hospitals and Hospice Providers, and Ordering Physicians for Home Health Agencies, Nursing Facilities, ICF-IID, and Residential Facilities**

   Paper UB format claim: Report the names and NPI in form locator 76 (Attending Provider Name and Identifiers)

   Electronic 837 I claim: Report the names and NPI in loop 2310A

Data Element NM 101	Attending Provider = "71"
Data Element NM 103	Attending Provider Last Name
Data Element NM 104	Attending Provider First Name
Data Element NM 108	Identification Code Qualifier "XX"
Data Element NM 109	Attending Physician Primary Identifier NPI

2. **Referring or Ordering Physicians (or other provider), Reported When Applicable**

   Paper UB format: Report the NPI and name of the referring or other provider in Field Locator 78 (Other Physician's Name and Identifier)

   Electronic 837I The following loop, segment and element places are used to report the referring provider's NPI and name, depending on whether reporting is being done at the header or line level:

   Referring Provider – 2310F (Header)/2420D (Line), Data Element NM101 = 'DN'
   Referring Provider Last Name – 2310F (Header)/2420D (Line), Data Element NM103
   Referring Provider First Name – 2310F (Header)/2420D (Line), NM104
   Referring Provider's NPI – 2310F (Header)/2420D (Line), NM108 = 'XX'
   Referring Provider's NPI – 2310F (Header)/2420D (Line), NM109

3. **Rendering Physician (or other provider) on Outpatient Hospital Claims**

   Paper UB format: Report the NPI and name of the rendering provider in Field Locator 78 (Other Physician's Name and Identifier)

   Electronic 837I: The following loop, segment and element places are used to report the rendering provider's NPI and name, depending on whether reporting is being done at the header or line level:

   Rendering Provider – 2310D (Header)/2420C (Line), Data Element NM101 = '82'
   Rendering Provider Last Name – 2310D (Header)/2420C (Line), Data Element NM103
   Rendering Provider First Name – 2310D (Header)/2420C (Line), NM104
   Rendering Provider's NPI – 2310D (Header)/2420C (Line), NM108 = 'XX'
   Rendering Provider's NPI – 2310D (Header)/2420C (Line), NM109

G.   Provider Enrollment Information

A provider may enroll by accessing the New Mexico Medicaid web portal at https://nmmedicaid.acs-inc.com/static/index.htm or by contacting Conduent's Provider Relations Help Desk at 800-299-7304 or 505-246-0710.

A provider can choose to participate only in managed care if the provider does not wish to participate in the fee-for-service Medicaid program. When a provider is enrolled through the Medicaid program, information is given to the managed care organizations (MCO), but a provider does not need to participate in any or all of the MCO plans. However, a provider must follow each MCOs contracting and credentialing procedures prior to treating MCO members.

While a provider cannot discriminate against Medicaid recipients in ways specified in program rules (Section 8.302.1, General Provider Policies, of the New Mexico Administrative Code, available on the MAD website at http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx can be referenced for further information on this subject), a non-hospital provider can make decisions about the extent of services he or she wishes to provide in the Medicaid program. If a provider writes prescriptions for recipients, orders items or tests, or makes referrals for services for which Medicaid, rather than Medicare, will be the primary payer, the provider must be still be enrolled in the Medicaid or managed care program in order for claims for prescribed, ordered, or referred services or items to be paid.

The consequence of not enrolling is that under federal rules, the services or items that a practitioner orders or prescribes for the recipient may not be able to be reimbursed if the ordering or prescribing practitioner will not enroll in the Medicaid program. Therefore, the provider of the services may have to coordinate with the provider that is not yet enrolled in order to help resolve any issues regarding provider participation so claims payment issues aren't created beginning January 1, 2018.

H.   Using the Web to Verify Attending, Ordering, Referring, Rendering or Prescribing Provider Enrollment in the Medicaid or Medicaid Managed Care Programs

It is ultimately the responsibility of the Medicaid provider billing the service to obtain the NPI of the prescribing, referring, ordering, attending, or rendering provider and to confirm the provider's active enrollment in the Medicaid program. Each Medicaid provider will need to develop its own internal processes to ensure that the enrollment requirement is met or the provider risks the claim being denied.

A provider may look up the NPI of a provider participating in the Medicaid program on the Conduent New Mexico Medicaid web portal and may also determine if the attending, ordering, referring, rendering, or prescribing provider is enrolled in the Medicaid fee-for-service or managed care program as required.

1. From the main 'Provider Information' section of the portal https://nmmedicaid.acs-inc.com/static/ProviderInformation.htm;

2. Click on the 'Provider Search' link on the left side of the screen (highlighted in yellow below.) It can also be accessed directly by going to the URL https://nmmedicaid.acs-inc.com/webportal/providerSearch:
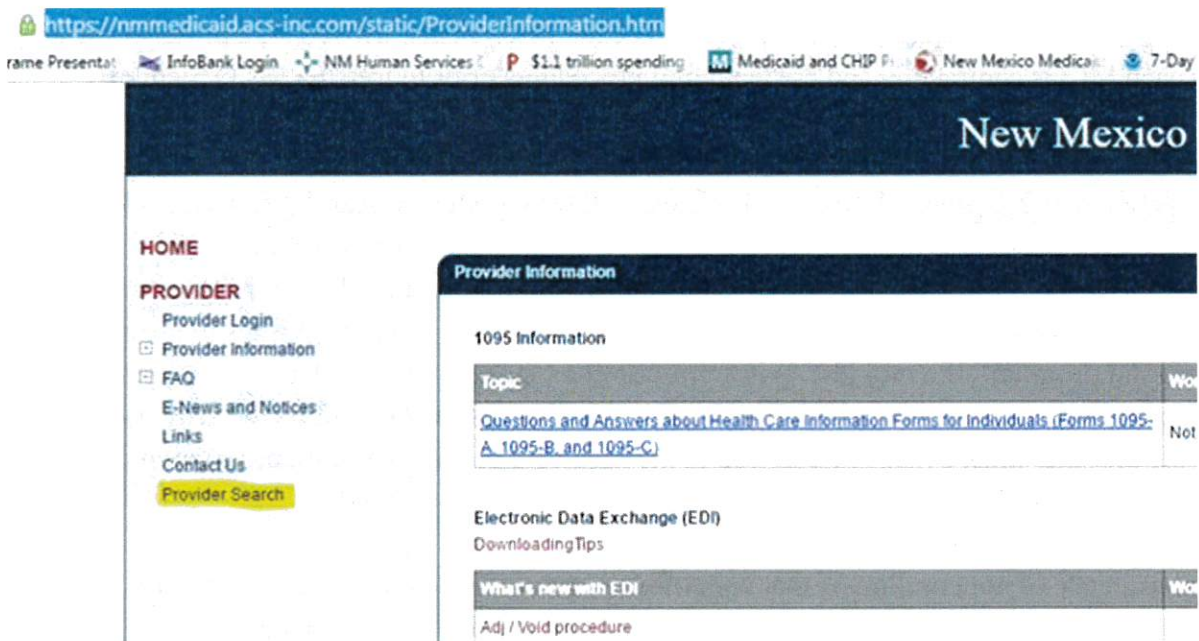
3. Then search by NPI, organization name or provider name:

4. You will get results such as those below:

New Mexico Medicaid Portal

Home   Contact Us   Search   GO

INFORMATION
Provider Information
FAQ

WEB REGISTRATION

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment
Application

Provider Search Results

The most current enrollment information is below. For questions or additional information, contact Xerox Provider Enrollment at 505-246-9988 or 800-299-7304. To contact a specific Managed Care Organization for contract status or other information, please contact
Molina: Provider Support 888-825-9266
United Healthcare: Britny Hogan, Provider Installation Specialist UnitedHealthcare Community Plan britny_hogan@uhc.com 505-449-4178
BlueCross BlueShield of NM: Provider Customer Service for Centennial Care 1-800-693-0663
Presbyterian: Danielle Baca, Contracting Admin Support - Provider Reimbursement Office 505-923-8584 Fax 505-923-5440
dbaca15@phs.org

Provider Search Results

NPI	Organization Name / Provider Name	City / State / Zip	Enrollment Status	Provider Type	Effective Date
1437277670	MARSHALL DANUTA PT	ALBUQUERQUE/ NM/ 87112	Enrolled for Medicaid fee for service and active for managed care - must contact specific managed care organization for contract status	453 Physical Therap ist, Lic & Cert	10/01/2002
1346343324	CORRIZ STEPHEN MARSHALL DO	GALLUP/ NM/ 87301	Enrolled for Medicaid fee for service and active for managed care - must contact specific managed care organization for contract status	302 Physician, DO	11/06/2009
1669804993	MARSHALL JOSHUA J DPM	ALBUQUERQUE/ NM/ 87111	Enrolled for Medicaid fee for service and active for managed care - must contact specific	325 Podiatrist	07/18/2016

5. In order to be considered to meet the Medicaid fee-for-service or managed care enrollment requirements, a provider must either be "active" as a status 60 or "MCO" as a status 70 on the date of service on the claim.

6. If you do not get any results, re-check the information entered.

7. Also, if you do not find the individual ordering, referring or prescribing provider listed, and the individual provider works for the Indian Health Service or other tribal healthcare facility, a federally qualified health center (FQHC), or is a resident at University of New Mexico Hospital, you can look up the organization using the provider name search field and use the NPI of that entity on the claim.

You can search for an organization even by just putting part of the organization's name in the search field. The NPI of an organization like those listed above may be entered as the prescriber or referring provider.

If the searches above do not locate the provider, it is likely that he or she is not currently enrolled as a Medicaid provider.

If you need additional help determining whether a provider is enrolled, you may contact the fiscal agent, Conduent, at:

Provider Relations - HIPAA Helpdesk Local   505-246-0710 option 6
Toll free   1-800-299-7304 option 6 then option 4
Email   HIPPA.Desk.NM@Conduent.com

If you have questions regarding the information in this Supplement, you may contact the Medicaid Program Policy Bureau at (505) 827-3171.

We appreciate your participation in the Medicaid program.