



P R O V I D E R B U L L E T I N

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To: All Inactive Providers**Subject: Important National Provider Identifier Information for
Providers****Overview**

Effective on the compliance date, May 23, 2007, all health care providers submitting paper and electronic claims for reimbursement to the Indiana Health Coverage Programs (IHCP) must have obtained and reported their National Provider Identifier (NPI) to the IHCP. All Health Information Portability and Accountability Act (HIPAA) standard transactions and paper claims must include an NPI when submitted to the IHCP on and after the compliance date. Even those providers not billing for services may need to disclose their NPIs to those providers who do, e.g., physicians who order lab tests or refer patients for diagnostic testing must be identified on the lab's or testing facility's claims.

Inactive Health Care Providers

Even if you plan to retire in April 2007, but know that some of your claims will not be submitted until after the May 23, 2007, compliance date, you need to obtain and report an NPI. Without the NPI, those claims may be adversely affected, with payment delayed or possibly even denied.

The NPI Reporting Tool (a Web-based application) was developed to allow active health care providers to report their NPI to the IHCP. This NPI Reporting Tool will not be accessible to inactive providers. If you are an inactive provider, you may continue to submit your IHCP provider number on your claim transactions until the compliance date. If you are an inactive health care provider and want to continue submitting claims to IHCP after the compliance date you must obtain an NPI from the National Plan and Provider Enumeration System (NPPES) and report it to the IHCP. Your NPI cannot be reported using the NPI Reporting Tool. To report your NPI to the IHCP you can download a *National Provider Identifier Reporting Form* available on the IHCP Web site at <http://www.indianamedicaid.com> or contact the EDS Provider Enrollment and Waiver line at 1-877-707-5750 and request a *National Provider Identifier Reporting Form*.

The *National Provider Identifier Reporting Form* must be completed, signed, dated, and mailed to:

**EDS-Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263**

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