

July 2005



HEALTHCARE COMPLIANCE + NETWORKING INC.

NPI — BE READY!

Per HIPAA requirements, CMS started accepting applications from providers for the National Identification Numbers (NPI) on May 23, 2005. By May 23, 2007 you must transition to the single NPI. The NPI replaces health care provider identifiers in use today in standard health care transactions. The health plans with which you do business will instruct you as to when you may begin using the NPI in standard transactions. This is the current timetable in the fee-for-services Medicare program:

1. Between May 23, 2005 and January 2, 2006, CMS will accept the existing Medicare number and reject (will not process) any claim that includes only an NPI.
2. Beginning January 3, 2006 through October 1, 2006, CMS will accept the existing legacy Medicare number or an NPI as long as it is accompanied by the existing Medicare number.
3. Beginning October 2, 2006 through May 22, 2007, CMS will accept the existing Medicare number and/or an NPI. This will allow 6-7 months of provider testing before only an NPI is accepted by the Medicare Program on May 23, 2007.
4. Beginning May 23, 2007, CMS will **only** accept an NPI.

If you wish to review the form, please visit our website at <http://www.hcan.net/documents.asp>. Look for the document titled, NPI - CMS form 10114. If you prefer to apply online, please visit <https://nppes.cms.hhs.gov/NPPES/StaticForward.d.o?forward=static.npistart>.

Remember, we are here to assist you with this task.

want more information?

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DID YOU MISS A PREVIOUS ISSUE?

Here are some of the informative topics covered in previous HC+N *news + updates* newsletters. If you missed something, or would like to share the information with your staff and/or peer(s), go to our website at www.hcan.net and click the *Newsletters* link. You can select topics that are of interest to you.

- Maximize your billing information
- Group therapy
- Important CORF and ORF links
- Frequency of billing for CORF and ORF
- OIG 2005 work plan related to CORF and ORF
- Denials to CORF and ORF patients due to HHA episode of care
- Improve your rehab practice
- How to contract for billing services

PASS IT ON

Do you know others who could benefit from the important information contained in each issue of HC+N's online newsletter, *news + updates*? Well, don't keep it a secret...pass it on. Share this newsletter with members of your staff and/or colleagues. Encourage them to visit our web site, www.hcan.net and sign up for future issues by clicking the link, *Feedback Form*, completing the form, and typing the word "NEWSLETTER," in the *Comments* section.

REMEMBER THIS QUARTER!

Your Medicare Credit Balance Report is due 30 days after the end of each quarter. Failing to file this report will result in 100% withholding of your Medicare payments! You must file with the assistance of your billing agent. You can download instructions and a copy of this report from our website: <http://www.hcan.net/documents.asp>. Look for the document titled, Credit Balance Report.