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NPI Enrollment and Electronic Visit Verification for Personal Care Services

Public Workshop - March 20, 2018

Division of Health Care Financing and Policy
Long Term Services and Supports Unit



Introduction

- Obtaining a National Provider Identifier (NPI)
- Electronic Visit Verification (EVV)
- Public Comment
- Helpful tools for the future



Obtaining a NPI

<https://nppes.cms.hhs.gov/#/>

One NPI per individual, with various taxonomies (if needed).

NPI belongs to the individual, not the agency.

NOTE: Agencies: always search the NPPES registry to ensure the individual doesn't already have a NPI if you are assisting with enrollment.

<https://npiregistry.cms.hhs.gov/>

EXAMPLE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0911
Expires 03/98

NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

Please **PRINT** or **TYPE** all information so it is legible. Use only blue or black ink. Do not use pencil. Failure to provide pages 1, 2 and 3 with complete and accurate information may cause your application to be returned and delay processing. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you have furnished on this form. Information submitted on this application (except for Social Security Number, IRS Individual Taxpayer Identification Number, and Date of Birth) may be made available on the internet.

SECTION 1: BASIC INFORMATION

A. Reason for Submittal of this Form (Required) (Only provide one Reason for Submittal and/or NPI per form. Use additional forms if necessary.)

1. Initial Application*
NPI: (Required) _____
(*Denotes required field for initial application only.)

2. Change of Information (See instructions)
NPI: (Required) _____
Only complete the appropriate sections with the information that is changing. If removing information, please indicate within the appropriate field(s) by writing 'Remove'.

3. Deactivation (See Instructions)
NPI: (Required) _____
Reason: (Check only one box) (Required)
 Death Business Dissolved
 Other, Specify: (See Instructions) _____

4. Reactivation (See Instructions)
NPI: (Required) _____
Reason: (Required) _____

B. Entity Type (Check only one box) (Required for initial applications only) (See Instructions)

1. An individual who renders health care. (Complete Sections 2A, 3, 4A and 5 only)
• Is the individual a sole proprietor? (See Instructions) Yes No

2. An organization that renders health care. (Complete Sections 2B, 3, 4B and 5 only)
• Is the organization a subpart? (See Instructions) Yes No
• If yes, enter the Legal Business Name (LBN) and Taxpayer Identification Number (TIN) of the "parent" organization health care provider:
Parent Organization LBN: _____
Parent Organization TIN: _____

SECTION 2: IDENTIFYING INFORMATION

A. Individuals (includes Sole Proprietorships and Incorporated Individuals)

1. Prefix (e.g., Mr., Mrs.)	2. First* JANE	3. Middle LYNN	4. Last* DOE
5. Suffix (e.g., Jr., Sr.)	6. Credential (e.g., M.D., D.O.)		

Other Name Information (if applicable. Use additional sheets of paper if necessary)

1. Prefix (e.g., Mr., Mrs.)	2. First JANE	3. Middle LYNN	4. Last SMITH
5. Suffix (e.g., Jr., Sr.)	6. Credential (e.g., M.D., D.O.)		

13. Type of Other Name
 Former Name Professional Name Other

14. Date of Birth* (mm/dd/yyyy)
01-01-1960

15. State of Birth* (U.S. only)
NV

16. Country of Birth* (if other than U.S.)

17. Gender*
 Male Female

18. Social Security Number (SSN) (See Instructions)
000-00-0000

19. IRS Individual Taxpayer Identification Number (ITIN) (See Instructions)

B. Organizations (includes Groups, Corporations and Partnerships) (Do not report an SSN in the EIN field.)

1. Name* (Legal Business Name)	2. Employer Identification Number* (EIN)
3. Other Name (if applicable see instructions)	4. Type of Other Name <input type="checkbox"/> Former Legal Business Name <input type="checkbox"/> D/B/A Name <input type="checkbox"/> Other <input type="checkbox"/> Subpart (See Instructions)

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Public knowledge. Do not use personal info.

SECTION 3: BUSINESS ADDRESSES AND OTHER INFORMATION

A. Business Mailing Address Information
(Do not report your residential address unless it is also your Business Mailing Address.)

1. Business Mailing Address Line 1* (Street Number and Name or P.O. Box)
1010 HAPPY LANE

2. Business Mailing Address Line 2 (Address Information; e.g., Suite Number)

3. Business City* CARSON CITY 4. Business State* NV 5. ZIP or Foreign Postal Code* 89701 6. +4 0000

7. Business Country Name (if outside U.S.)

8. Business Telephone Number (Include Area Code) 775-111-1111 9. Extension 10. Business Fax Number (Include Area Code) 775-112-2211

B. Business Practice Location Information
(Do not report your residential address unless it is also your Business Practice Location.)

1. Business Primary Practice Location Address Line 1* (Street Number and Name - P.O. Boxes Not Acceptable)
1010 HAPPY LANE

2. Business Primary Practice Location Address Line 2 (Address Information; e.g., Suite Number)

3. Business City* CARSON CITY 4. Business State* NV 5. ZIP or Foreign Postal Code* 89701 6. +4 0000

7. Business Country Name (if outside U.S.)

8. Business Telephone Number* (Include Area Code) 775-111-1111 9. Extension 10. Business Fax Number (Include Area Code) 775-112-2211

C. Other Provider Identification Numbers (Use additional sheets of paper if necessary)
Do not include SSN, ITIN, EIN, or NPI in this section. All Medicare numbers must be specified under one of the following Medicare Types: UPIN, OSCAR/Certification, PIN or NSC. If you are removing identification numbers, please check the appropriate "Delete" box and provide the "Identification Number" and "State where issued" information being deleted.

	Delete	Identification Number	State where issued (if applicable)
Medicare UPIN	<input type="checkbox"/>		
Medicare OSCAR/Certification	<input type="checkbox"/>		
Medicare PIN	<input type="checkbox"/>	N/A	N/A
Medicare NSC	<input type="checkbox"/>		
Medicaid (State information required)	<input type="checkbox"/>		
Other, Specify:	<input type="checkbox"/>		

D. Provider Taxonomy Code (Provider Type/Specialty) and License Number Information
Do not include SSN, ITIN, EIN or NPI in this section.

**Information on provider taxonomy codes is available at www.wpc-edi.com/codes/taxonomy. **
See instructions for assistance with completing this section. If you are removing taxonomy codes, please check the appropriate "Delete" box and provide the taxonomy code/State information being deleted.

Taxonomy Code (list primary first)**	Delete	License Number (if applicable)	State where issued (if applicable)
3747 P18 01X	<input type="checkbox"/>	n/a	n/a
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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→ personal care attendant taxonomy

Penalties for Falsifying Information on the National Provider Identifier (NPI) Application/Update Form

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

SECTION 4: CERTIFICATION STATEMENT (See Instructions)

I, the undersigned, certify to the following:

- This form is being completed by, or on behalf of, a health care provider as defined at 45 CFR 160.103.
- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.
- I authorize the NPI Enumerator to verify the information contained herein. I agree to notify the NPI Enumerator of any changes in this form within 30 days of the effective date of the change.
- I have read and understand the Penalties for Falsifying Information on the NPI Application/Update Form as printed in this application. I am aware that falsifying information will result in fines and/or imprisonment.
- I have read and understand the Privacy Act Statement.

All signatures must be original and signed in ink. Applications with signatures deemed not original will not be processed. Stamped, faxed or copied signatures will not be accepted.

A. Individual Practitioner's Signature (Required for Type 1 Providers ONLY.)

1. Practitioner's Signature* (First, Middle, Last, Jr., Sr., M.D., D.O., etc.) Jane Doe 2. Date* (mm/dd/yyyy) 01-01-2020

B. Authorized Official's Information and Signature for the Organization (Required for Type 2 Organizations ONLY.)

1. Prefix (e.g., Mr., Mrs.) 2. First* 3. Middle 4. Last*

5. Suffix (e.g., Jr., Sr.) 6. Credential (e.g., M.D., D.O.)

7. Title/Position* 8. Telephone Number* (Include Area Code) 9. Extension

10. Authorized Official's Signature* (First, Middle, Last, Jr., Sr., M.D., D.O., etc.) 11. Date* (mm/dd/yyyy)

SECTION 5: CONTACT PERSON

A. Contact Person's Information
Provide the name and telephone number of an individual who can be reached to answer questions regarding the information you furnished in this application. The contact person can be the health care provider. (See Instructions)

1. Prefix (e.g., Mr., Mrs.) 2. First* SALLY 3. Middle SUE 4. Last* STORK

5. Suffix (e.g., Jr., Sr.) 6. Credential (e.g., M.D., D.O.) 7. Title/Position SUPERVISOR

8. E-Mail Address sally@agency.com 9. Telephone Number* (Include Area Code) 775-111-0011 10. Extension

For the most efficient and fast receipt of your NPI, please use the web-based NPI process at the following address: <https://npes.cms.hhs.gov>. NPI web is a quick and easy way for you to get your NPI. Or send the completed signed application to: NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0931. The time required to complete this information collection is estimated to average 20 minutes per response for new applications and 15 minutes for changes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the NPI Enumerator at 1-800-465-3203.

CMS-10114 (10/16)



Electronic Visit Verification



...a method used to verify services performed in the home for compliance and quality assurance.



What is EVV?

Electronic Visit Verification (EVV) is a system that electronically verifies the provision of care.

- allows for increased PCS and Home Health program oversight
- automates the documentation of services received and reduces administrative burden associated with manual time sheets



HR 34, 21st Century Cures Act

- December 13, 2016 – Congress passed the 21st Century Cures Act, HR 34
 - Requires the use of Electronic Visit Verification systems for Medicaid-funded personal care services (PCS).
 - Implement use of EVV for PCS by January 1, 2019
 - Required for PCS provided under State Plan or waiver authority, including 1915(c) waivers



Providers/Recipients Affected:

- PT29 – Home Health Agency (in 2023)
- PT30 – Personal Care Services Agency
- PT83 – Intermediary Service Organization (ISO) providers of self-directed services
- PT48 Frail Elderly Waiver and PT58 Physically Disabled Waiver = licensed PCS providers
 - attendant care, homemaker, chore, and respite services



System Requirements

- By law the system must verify:
 - Type of service provided
 - Individual receiving the service
 - Individual delivering the service
 - Date of the service
 - Location of the service
 - Time the service begins
 - Time the service ends



How are services verified?

VARYING OPTIONS:

- Recipient's home landline telephone
- Smart phones
- Biometric recognition systems
- Fixed Visit Verification Device – an electronic random numbers device in the recipient's home.



Provider Benefits - EVV

- Scheduling tool at no cost to provider (if State Operated option is chosen)
- Elimination of paper timesheets
- Technology to improve business processes
- (Possible) Automatic receipt of client and care plan data in EVV system
- Alerts to provider when care plan changes
- Simple and automated claim submission
- Reduced risk of failed audits/recoupments due to more accurate billing
- View and manage visits in real time
- Detailed reporting



Recipient Benefits - EVV

- Opportunity to eliminate timesheets
- Assurance that services will not be disrupted
- Captures Check in and Check out – GPS configuration
- Captures Visit Tasks
- Improves Continuity of Care



Two EVV System Options

- State Operated System

OR

- Provider Agency Operated System



To be compliant states must:

- Consult with PCS agencies to ensure:
 - System is minimally burdensome
 - System takes into account best practices and existing EVV systems used in the state
 - System is HIPAA compliant
 - Implement a process to seek input from recipients, family caregivers, individual agency personal care attendants and any other stakeholders
- Ensure opportunities for training will be available to all users of the EVV system.



Input/Questions



pcsprogram@dncfp.nv.gov