

Facilities Practitioner's NPI Reporting

Web Reference Guide

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1.0 OVERVIEW

The purpose of this document is to provide guidance for entities to record their affiliated practitioner's NPI and License(s). The Facility Practitioner NPI Reporting Application was developed to allow for individual entries of these affiliations.

Entities with multiple Billing NPI numbers (subparts) must maintain a separate roster for each Billing NPI.

The Facilities Affiliated Practitioners NPI Application can be accessed by going to <http://www.emedny.org> and clicking on "**Enter Facilities Practitioner's NPIs**" located in the green box on the right side of the page.

Background

Since May 23, 2007, the National Provider Identifier (NPI) has been mandated for use in electronic health care transactions. NYS Medicaid uses NPI for all providers that meet the definition of "Health Care Providers".

As a result of both the NPI Final Rule and an Office of the Medicaid Inspector General (OMIG) initiative, the NPI of a clinic, hospital, or other facility will no longer be accepted as an Attending Provider. The affiliation of Attending Providers with facilities enables eMedNY to validate the relationship between the Attending Provider and the Billing Provider

Claims will be denied if the Attending Provider's NPI is not "linked" to the Billing Provider's NPI.

Batch Reporting Available

A batch based submission is also available to report Facility Practitioner NPI information on the eMedNY website. The batch submission is targeted primarily for entities with large quantities of providers that require affiliation.

For information on how to build a batch submission, please go to the Batch Manual located at:
[https://www.emedny.org/hipaa/NPI/Facility%20Practitioner%20NPI%20Reporting%20\(Batch%20Instructions\).pdf](https://www.emedny.org/hipaa/NPI/Facility%20Practitioner%20NPI%20Reporting%20(Batch%20Instructions).pdf)

For all questions and concerns regarding Facility Practitioner NPI Reporting, or for assistance, please contact eMedNY Provider Services Call Center at **1-800-343-9000**.

Note: For ePACES users, attending providers are referred to as servicing providers in ePACES.

2.0 FACILITIES AFFILIATED PRACTITIONERS NPI APPLICATION

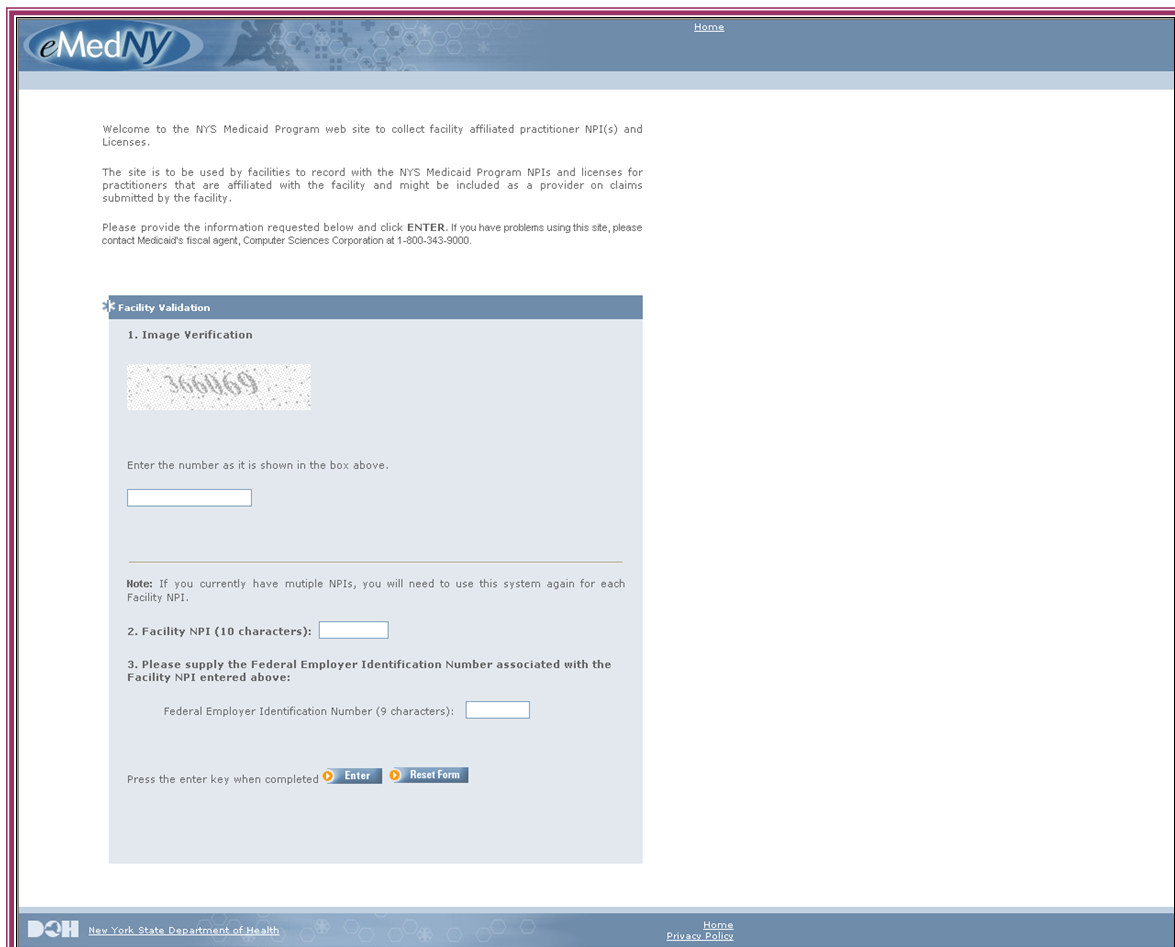
2.1 Figure 1: Facility Affiliated Practitioner NPI Application

On the initial page, users will enter the number from the image displayed along with the valid Facility NPI and FEIN.

If any information is incorrect, an error will be displayed at the top of the page. If this occurs, the image verification number must be re-entered in addition to the corrected information.

Clicking 'Enter' displays the 'Facility Confirmation' page.

To remove all information that has been entered, click 'Reset Form'.



The screenshot shows the eMedNY website interface for Facility Validation. At the top left is the eMedNY logo, and at the top right is a 'Home' link. The main content area contains a welcome message and instructions for using the site to record facility-affiliated practitioner NPIs and licenses. Below this is a 'Facility Validation' form with three main sections:

- 1. Image Verification:** A box containing a distorted image of the number '360869'. Below the image is a text input field and the instruction: 'Enter the number as it is shown in the box above.'
- 2. Facility NPI (10 characters):** A text input field.
- 3. Please supply the Federal Employer Identification Number associated with the Facility NPI entered above:** A text input field with the label 'Federal Employer Identification Number (9 characters):' above it.

At the bottom of the form are two buttons: 'Enter' and 'Reset Form'. A note states: 'Note: If you currently have multiple NPIs, you will need to use this system again for each Facility NPI.' At the bottom of the page, there is a footer with the New York State Department of Health logo and 'Home Privacy Policy' link.

2.2 Figure 2: Facility Confirmation

This page displays the NPI and name of the facility along with up to six Categories of Services.

In the event that the facility's information is incorrect, the preparer should use the 'click here' link to access a help page which contains contact information for the eMedNY Call Center.

Clicking 'Continue' displays the 'Preparer's Email Verification' page.

The following information was found on the NYS Medicaid Program's files based on the information you supplied. If the information is not related to you or your facility, [click here](#).

Provider Number: #: 0123456789

NAME: NPI MEMORIAL HOSPITAL

Categories of Service:

0281 - Description Name HOS SVC:LABORATORY (HOS-BASED) ORDERED AMBULATORY
0285 - Description Name HOS SVC:INPATIENT
0287 - Description Name HOS SVC:HOSPITAL BASED OUTPATIENT SERVICES

If the information above relates to your facility please click the Continue button to enter or edit **NPI(s) associated with the NPI above**. The person supplying this information on behalf of the provider attests that the information is accurate and that s/he has authority to represent the provider.

[Continue](#)

DOH New York State Department of Health [Home](#) [Privacy Policy](#)

3.0 **PREPARER'S EMAIL VERIFICATION**

3.1 Figure 3: Preparer's Email Verification Page

The preparer should enter the email address where they can be contacted, if there are any questions.

If the email address entered does not have a valid format (i.e. [User@domain.com](#)), an error will be displayed at the top of the page.

Clicking 'Continue' will display either the 'Preparer Information Entry' page for new email addresses or 'Preparer Confirmation' page for registered email addresses.

The screenshot shows a web form titled "Preparer Email Verification". At the top left is the "dNY" logo, and at the top right is a "Home" link. The form itself has a blue header with the title. Below the header are two text input fields: "* Preparer's email:" and "* Preparer's email (verification):". Underneath these fields is a note: "* this information is required so that the preparer can be contacted with questions, if any." At the bottom right of the form area is a "Continue" button with a right-pointing arrow. The footer of the page contains "New York State Department of Health" on the left and "Home" and "Privacy Policy" links on the right.

3.2 Figure 4: Preparer Information Entry Page

This page pre-populates with the email address from the 'Preparer's Email Verification' page.

The user must enter the preparer's name, title, and phone number (without hyphens).

All fields are required. The phone number and email address must have a valid format. Any errors are displayed at the top of the page.

Clicking 'Continue' will display the 'Preparer Confirmation' Page.

The screenshot displays the 'Preparer Information' entry page on the eMedNY system. The page features a header with the eMedNY logo and a 'Home' link. The main content area contains a form with the following fields and values:

Field Label	Value
* Preparer's Name:	New Tester
* Preparer's Title:	Billing Manager
* Preparer's telephone number:	8001234567
* Preparer's email:	new_test@csc.com
* Preparer's email (verification):	new_test@csc.com

Below the fields, a note states: ** this information is required so that the preparer can be contacted with questions, if any.* A 'Continue' button is located at the bottom right of the form. The footer of the page includes the New York State Department of Health logo and links for 'Home' and 'Privacy Policy'.

3.3 Figure 5: Preparers Confirmation Page

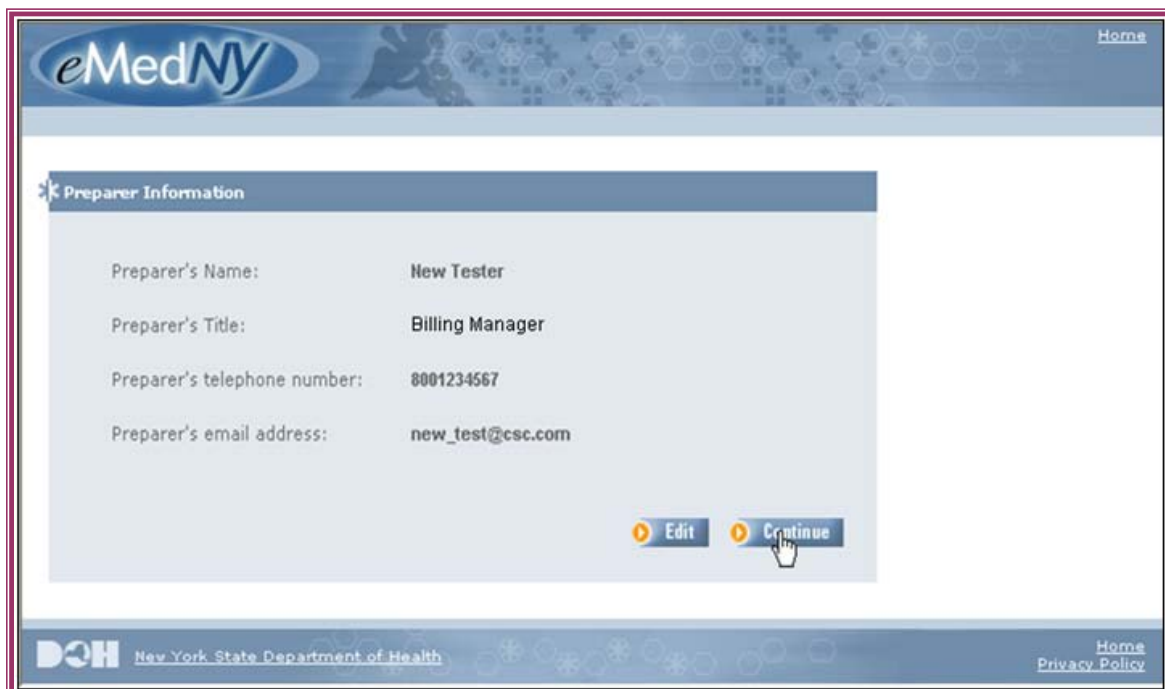
This page displays the information on file for the email address or from the 'Preparer Information Entry' page.

If any information is incorrect, click 'Edit' to change the information. This will display the 'Preparer Information Entry' page.

If all the information is correct, click 'Continue' to enter to the NPI and License information for affiliated Attending Providers.

The first time NPI and License information for a facility NPI is added, the 'Add New Affiliated Practitioner' page will be displayed.

Once information has been added, the 'Affiliated Practitioner' page which shows all facility affiliated Attending providers will be displayed.



The screenshot shows the 'Preparer Information' confirmation page in the eMedNY system. The page header includes the eMedNY logo and a 'Home' link. The main content area displays the following information:

Preparer's Name:	New Tester
Preparer's Title:	Billing Manager
Preparer's telephone number:	8001234567
Preparer's email address:	new_test@csc.com

At the bottom of the information box, there are two buttons: 'Edit' and 'Continue'. A mouse cursor is pointing at the 'Continue' button. The footer of the page includes the DOH logo, 'New York State Department of Health', and links for 'Home' and 'Privacy Policy'.

4.0 AFFILIATED PRACTITIONERS

4.1 Figure 6: Affiliated Practitioner Page

This page displays Attending Provider NPI and License information for this facility NPI.

Facilities with multiple NPIs must maintain a separate roster for each facility NPI.

Attending providers included in the claims must be affiliated with the facility NPI on the claim's date of service. If the affiliation effective start and inactive date for the Attending Provider are not inclusive of the date of service, the claim will be denied.

To add new Attending providers, click 'Add' and the 'Add New Affiliated Practitioner' page will be displayed.

To deactivate an Attending Provider's affiliation, enter the Effective Inactive Date and click 'Save'.

To delete an affiliation, check the Delete box next to the entry to be deleted and click 'Save'. ***Be careful since deleting removes all evidence that the Attending Provider was ever affiliated with the facility.*** To maintain a record that an Attending Provider was affiliated for a period of time, **deactivate the Attending Provider's affiliation, do not delete it.** Claims with affiliated Attending Providers that have been deleted, instead of deactivated will be denied. If errors are made in the NPI, License numbers, effective start or inactive dates, the Attending Provider's affiliation must be deleted and re-entered. This is to insure that all prior effective date ranges for the Attending Providers are maintained.

When all necessary changes have been made, click 'Save' then 'Finish'.

Please provide the License/Profession Code, NPI(s) and their effective start date for practitioners that have a relationship with your facility who will be reported as an attending provider on your claim:

By clicking the **Finish** button below, the preparer is certifying that the information contained in this document is accurate and represents the facility's affiliated practitioners.

Facility NPI: 0123456789

Facility Name: NPI MEMORIAL HOSPITAL

NPI #	License	Profession Code	State	Effective Start Date	Effective Inactive Date (MM/DD/YYYY)	Delete
1234567893	AZ019342	060	NY	08/01/2007	08/29/2007	<input type="checkbox"/>
1234567893	AZ019342	060	NY	07/01/2005	07/10/2005	<input type="checkbox"/>

[Add New](#)
[Save](#)
[Clear](#)
[Finish](#)

[Home](#)

[Home](#)
[Privacy Policy](#)

4.2 Figure 7: Add New Affiliated Practitioner Page

For each Attending Provider, enter the NPI, License Number, Profession Code, State, and Effective Start Date. For Attending Providers that are active, leave the Effective Inactive Date blank. For Attending Providers that are inactive at the time of entry, the Effective Inactive Date can be entered. *Note: The profession code indicates the profession of the provider (e.g. Physician is 060).*

The NPI must be the individual NPI of Attending Provider. Please be sure that the NPI does not reflect a physician’s group or other organization.

Clicking ‘Save’ validates the information entered on the page. If all information is correct, it is saved and a blank entry page is displayed so additional Attending Providers’ information can be entered. If there is an error when the NPI is validated, it will be displayed at the bottom of the page. Note that blank NPIs or Licenses will generate two errors. One error indicating that there is invalid content and another that the field is blank.

The effective dates are checked to ensure logical dates are entered. An error is displayed if an invalid date is entered.

If the license was issued by NYS, the license number is validated. If that license number does not exist on the NYS Education Department files, an error will be displayed.

Once the information has been entered and saved, use the ‘Affiliated Practitioner’ page to add an inactive date or delete erroneous entries.

Clicking ‘Clear’ removes all information entered on the page.
Clicking ‘View List’ will display the ‘Affiliated Practitioner’ page.
Clicking ‘Finish’ will display the ‘Thank You’ page.

For numerous NPI's, you may want to use the Facility's Affiliated Practitioner's NPI Batch Registration process. This process allows submission of a single file with multiple NPI combinations and includes the ability to inactivate previously reported NPI's. It may be more efficient than reporting each MMIS Provider ID and NPI combination through this web-based reporting system. Additional information on this process is available on the [eMedNY website](#)

Please provide the License/Profession Code, NPI(s) and their effective start date for practitioners that have a relationship with your facility who will be reported as an attending provider on your claim:

By clicking the **Finish** button below, the preparer is certifying that the information contained in this document is accurate and represents the facility's affiliated practitioners.

Facility NPI: 0123456789

Facility Name: NPI MEMORIAL HOSPITAL

NPI #	License	Profession Code	State	Effective Start Date (MM/DD/YYYY)	Effective Inactive Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	003	NY	<input type="text"/>	<input type="text"/>

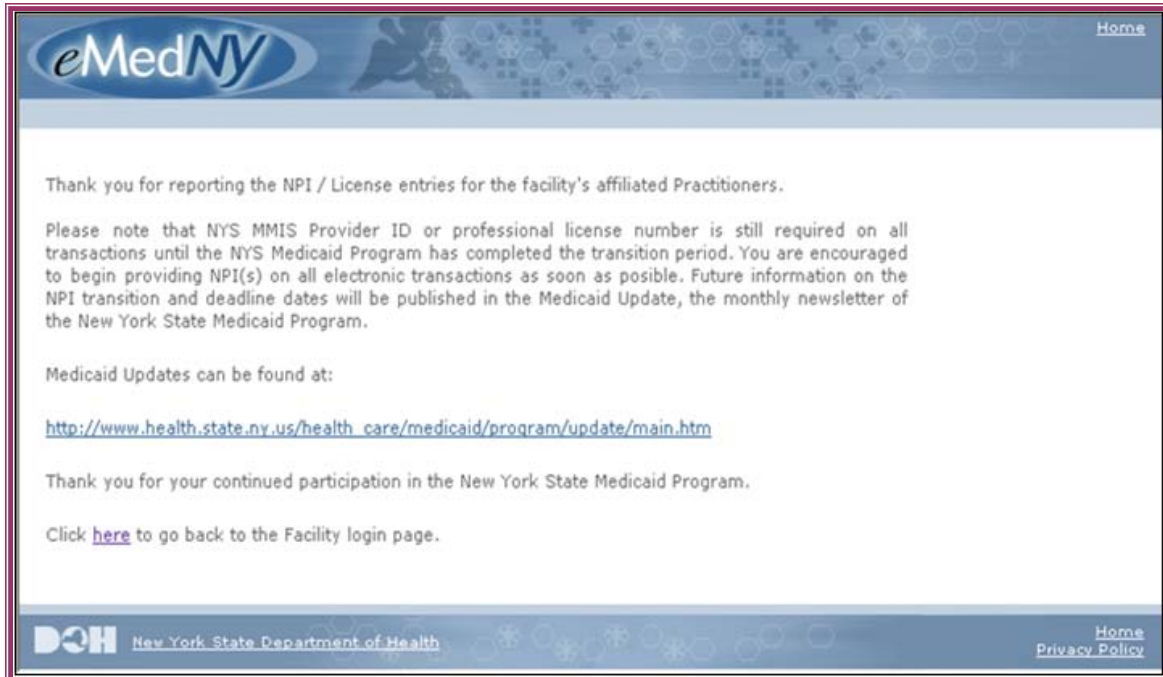
New York State Department of Health

[Home](#)
[Privacy Policy](#)

4.3 Figure 8: Thank You Page

When the entry process is complete, you may exit the application.

If additional attending provider NPI information needs to be entered, you may proceed to the 'Facility Affiliated Practitioner NPI Application' page by clicking on the word **here** on the following screen.



5.0 APPENDIX

5.1 Problems with submission

Error Message	Reason
✘ The information you provided to New York State Medicaid Program is incorrect. Please enter the information again.	NPI or Federal Taxpayer Number was entered incorrectly
✘ The number you have entered does not match the image. Please try again.	Image verification number was entered incorrectly
✘ Another failed attempt will return you to the eMedNY home page.	Image verification number, NPI or Federal Taxpayer Number was entered incorrectly the second time
✘ Required field left blank	Required field is blank
✘ Email fields entered do not match.	Email verification doesn't match email addresses
✘ Please enter a valid 10 digit phone number.	Invalid entry in phone number
✘ Unable to update the system with the supplied information.	Invalid email address
✘ Invalid NPI entered, verify the 10 position NPI you entered and try again.	Invalid NPI entered
✘ Invalid license number. Check the format and reenter.	Invalid License number entered
✘ Incorrect Effective Start Date entered. Check the format (MM/DD/YYYY) and reenter. The date cannot be 12/31/9999.	Effective Start Date entered was invalid
✘ License and Profession code and State code combination is not the same that is on the NYS Medicaid License database file. Check the combination and reenter	Combination entered was not found on file
✘ Incorrect Effective Inactive Date entered. Check the format (MM/DD/YYYY) and reenter. The date cannot be 12/31/9999.	Incorrect Effective Inactive date entered
✘ Press the Save button to complete the add transaction. Otherwise, click the Clear button first.	Finish or the View list button was clicked after making changes to information without saving the changes