CareSource PASSE

NETWORK *Notification*

Notice Date: **August 29, 2022**
To: **CareSource PASSE Providers**
From: **CareSource PASSE**
Subject: **Including Taxonomy and Medicaid ID on Claims**

Summary

The Arkansas Department of Human Services (DHS) requires CareSource PASSE™ to submit timely, complete and accurate encounters data to:

I. Determine the financial accuracy of payments made to providers
II. Evaluate PASSE compliance to Service Level Agreements
III. Evaluate overall PASSE program

To meet above requirements/Service Level agreements, DHS requires certain data elements to be present on encounters submissions. These data elements, such as National Provider Identifier (NPI) and physical billing address, taxonomy code or Arkansas Medicaid ID, help DHS to match the provider receiving payments to the provider's active registration with the Arkansas Medicaid program.

Impact

To better assist CareSource in making sure that claims are matched correctly to the provider's active registration with Medicaid, we are requesting the providers submit additional information on claims:

Typical Provider Validation	Atypical Provider Validation
• NPI	• Medicaid ID
• Physical Billing Address (zip 5+4)	• Physical Billing Address (zip 5+4)
• Arkansas Medicaid ID or Taxonomy	

Please refer examples and attached guidelines document for proper method of submitting Billing Provider Medicaid ID on Claim forms UB04 & HCFA1500 and electronic format (EDI) X12 837 Inst & Prof file types.

Guidelines examples for properly reporting Billing Provider Information

The below scenario assumes providers submit claims according to how the provider registered with Arkansas Medicaid, including an active Arkansas Medicaid ID, registered taxonomy, NPI (if any) and full physical billing address as on file with Arkansas Medicaid.

Examples:

Provider registered with the same NPI, taxonomy, and physical address for multiple provider types. Provider must add the applicable Medicaid ID on all claim submissions in the below scenario.

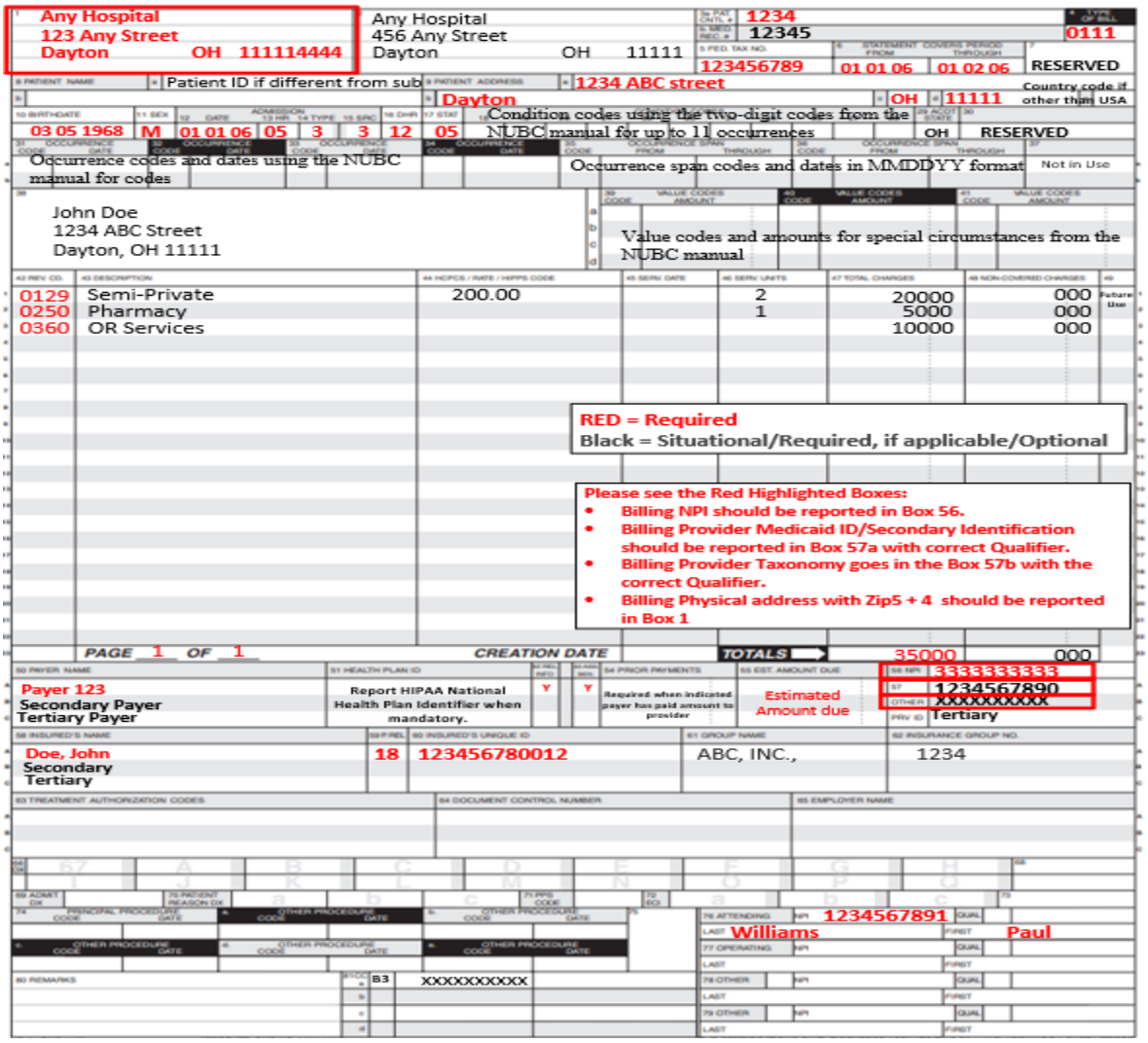
Billing Medicaid ID	Billing NPI	Billing Taxonomy	Billing Physical Address	Billing Zip 5+4	Provider Type
123456724	1234567890	261QR0400X	1234 Any Ave	111114444	24 - ADDT
234567842	1234567890	261QR0400X	1234 Any Ave	111114444	42- Therapy Group
345678990	1234567890	261QR0400X	1234 Any Ave	111114444	90 - Children's Services/Respite

Below, we've listed guidelines for properly reporting Billing Provider information on UB04 – Hospital Claims:

UB04 form

UB04 form	
Locator	Field Description
1	Billing Address with Zip 5 + 4
56	Billing NPI
57a	Other Provider ID (Medicaid ID)
57b	Billing Provider Taxonomy

UB04 Form

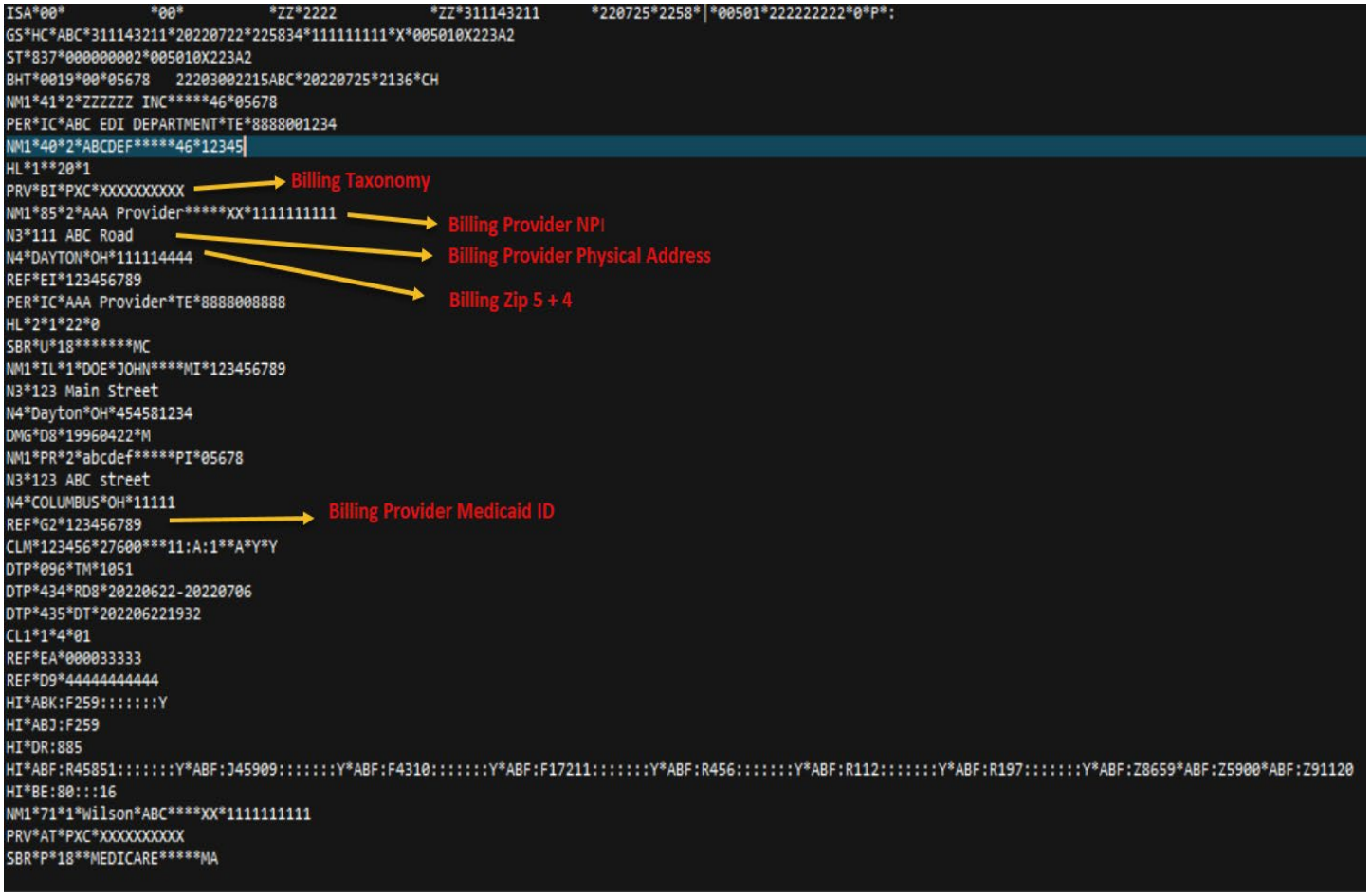


Electronic Data:

Electronic Data			
Loops	Segment	Qualifier	Description
2010AA- Billing Provider Name	NM1/85/09	NM108 = XX	Billing Provider Identifier – National Provider Identifier
2010AA- Billing Provider Name	N301, N302		N301 – Address Information N302 – Address Information
2010AA- Billing Provider Name	N401 N402 N403		N401 - BILLING PROVIDER CITY, N402 – STATE N403 - ZIP CODE
2000A - Billing Provider specialty information	PRV/BI/PXC	PRV03 = PXC	PRV03 – Provider Taxonomy Code

2010BB - Payer Name	REF01	G2	Qualifier
	REF02		Billing Provider Secondary Identification

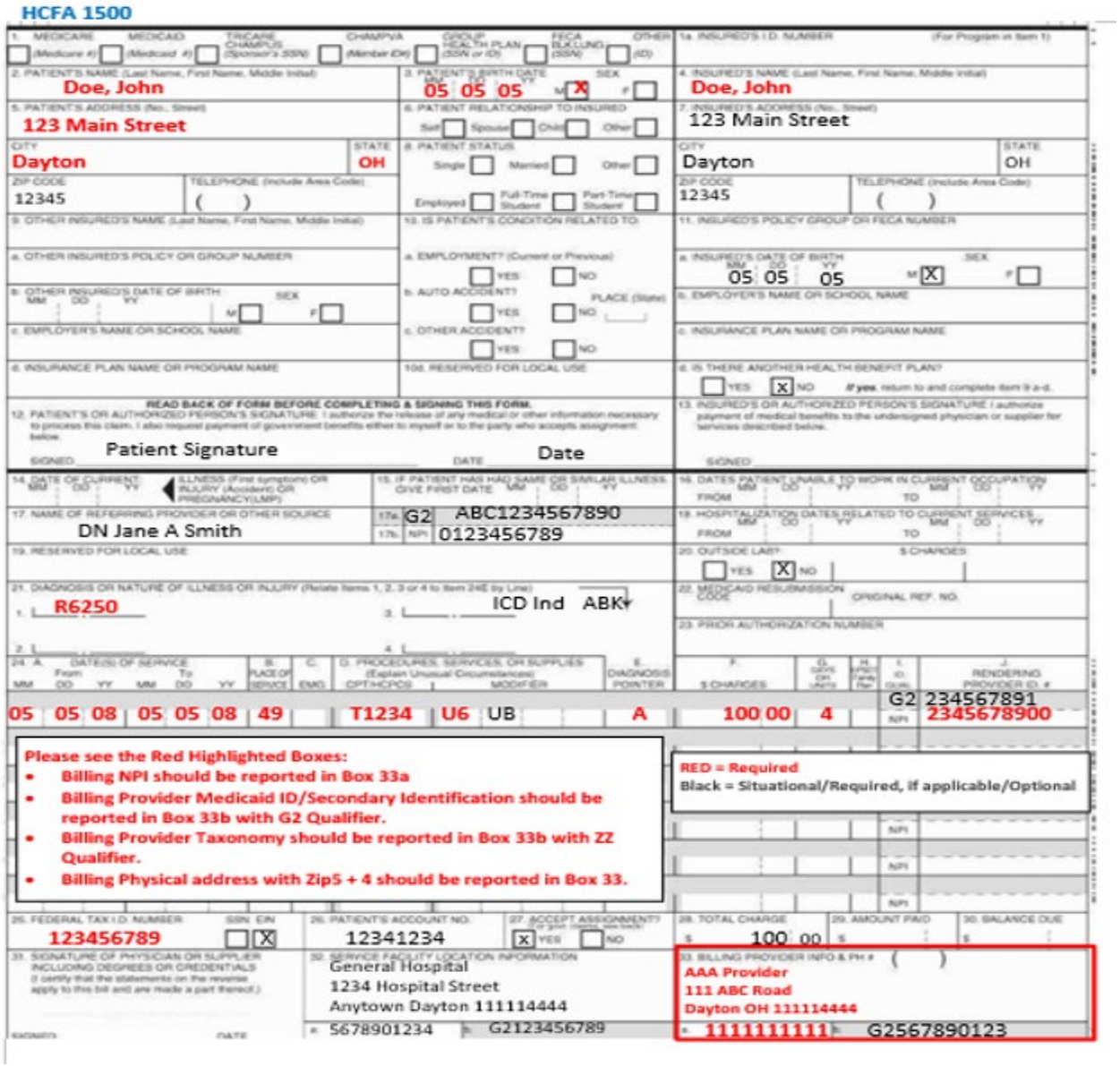
Example: EDI 837 Format



Guidelines for properly reporting Billing Provider information on HCFA-1500 (Professional) Claims:

HCFA 1500 form

CMS 1500 Item #	Description
33	Billing Physical address with Zip 5 + 4
33a	Billing Provider NPI
33b	Billing Provider Legacy Number or PIN with G2 Qualifier
33c	Billing Provider Taxonomy with ZZ Qualifier

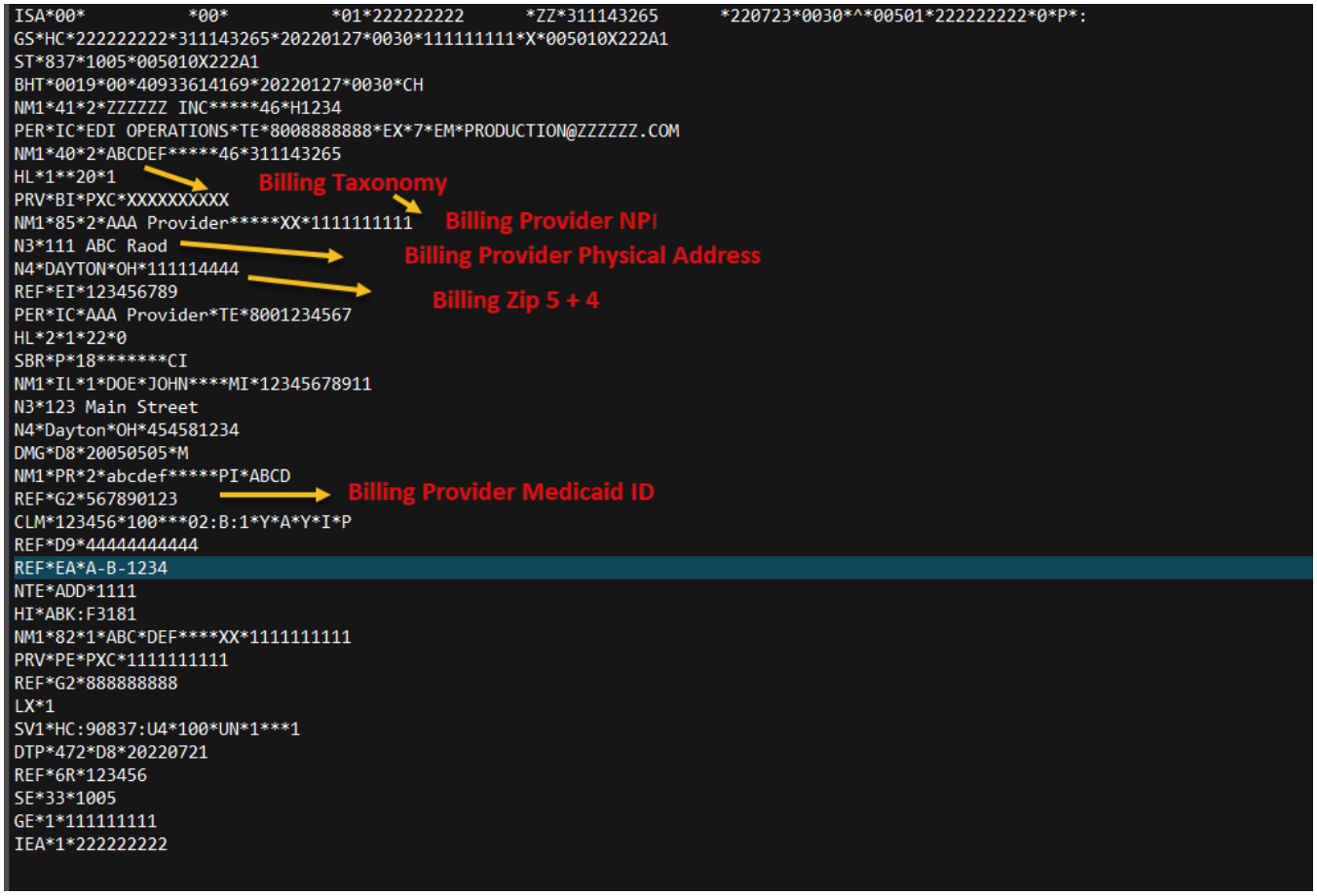


Electronic Data:

Electronic Data			
Loops	Segment	Qualifier	Description
2010AA- Billing Provider Name	NM1/85/09	NM108 = XX	Billing Provider Identifier – National Provider Identifier
2010AA- Billing Provider Name	N301, N302		N301 – Address Information N302 – Address Information
2010AA- Billing Provider Name	N401 N402 N403		N401 - BILLING PROVIDER CITY, N402 – STATE N403 - ZIP CODE
2000A - Billing Provider specialty information	PRV03	PRV03 = PXC	PRV03 – Provider Taxonomy Code

2010BB - Payer Name	REF01	G2	Qualifier
	REF02		Billing Provider Secondary Identification

Example: EDI 837 Format



AR-PAS-P-1565300