



# Department of Health

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**To:** Managed Care Organizations (MCOs), Electronic Data Interchange (EDI) Clearinghouses

**CC:** Licensed Home Care Services Agencies (LHCSAs), Certified Home Health Agencies (CHHAs), and the Statewide Fiscal Intermediary

**RE:** Claim Guidance Related to Direct Care Workers

**Please share this information with staff as appropriate.**

*The following applies to Medicaid Managed Care (MMC) plans—including Mainstream MMC, HIV Special Needs Plans (HIV SNPs), and Health and Recovery Plans (HARPs)—as well as Medicaid Advantage Plus (MAP), Medicaid Managed Long Term Care (MLTC), and Program of All-Inclusive Care for the Elderly (PACE) plans.*

The Office of Health Insurance Programs (OHIP) would like to address a submission issue related to claims for Home Health Care provided by LHCSAs and CHHAs and Consumer Directed Personal Assistance Services (CDPAS) provided by the Statewide Fiscal Intermediary (SFI). OHIP is requiring MCOs, LHCSAs, CHHAs, and the Statewide Fiscal Intermediary to submit provider information for Direct Care Workers. Specifically, 837I & 837P claim submissions will have the Home Care Registry ID or Statewide Fiscal Intermediary Personal Assistant ID reported here (837P: Loop 2420A REF02 / 837I: 2420C REF02) but a National Provider Identifier (NPI) will not be reported (837P: Loop 2310B NM109 or 2420A NM109 / 837I: 2310A NM109 or 2420C NM109).

Direct Care Workers will not be required to have an NPI. Thus, OHIP requests MCOs and EDI Clearinghouses relax this edit and, in lieu, allow LHCSAs, CHHAs, and the Statewide Fiscal Intermediary to submit the following HIPAA compliant segments:

- REF01 G2
- REF02 Home Care Registry ID or SFI ID
- Example: REF\*G2\*950000000~