

Home Care Worker ID: Submission and EDI Clearinghouse Guidance FAQ

Frequently Asked Questions (FAQs)

The FAQs below provide clarification and direction for Managed Care Organizations (MCOs) to implement the encounter submission requirements outlined in the submission guidance and EDI clearinghouse letter communication.

1. **Q: What issue is this guidance addressing?**

A: This guidance is to provide clarification on how rendering provider information, specifically the Direct Care Worker information, is to be submitted.

2. **Q: Who does this guidance apply to?**

A: Managed Care Organizations (MCOs), Licensed Home Care Services Agencies (LHCSAs), Certified Home Health Agencies (CHHAs), and the Consumer Directed Personal Assistance Program (CDPAP) Statewide Fiscal Intermediary (SFI). MCOs should work with their associated providers to implement this new guidance.

3. **Q: Which program lines and plan types does this apply to?**

A: Medicaid Managed Care (Mainstream MMC, HIV SNPs, HARPs) as well as MAP, MLTCP, and PACE.

4. **Q: Have providers been notified of this guidance?**

A: It is expected that MCOs will work with their contracted LHCSAs, CHHAs, and the CDPAP SFI to notify and implement this new guidance.

5. **Q: When must MCOs begin submitting these IDs on encounters?**

A: MCOs should begin implementing this guidance immediately with the understanding that this data should be complete no later than 10/1/2026.

6. **Q: Are Direct Care Workers required to have a National Provider Identifier (NPI)?**

A: No. The letter states Direct Care Workers will not be required to have an NPI.

7. **Q: Which ID is required for each service type?**

A: The requirement is based on provider type as follows:

- For services rendered by LHCSAs or CHHAs, the Home Care Registry ID is needed if the Home Health Aide does not have a National Provider Identifier (NPI). MCOs should work with providers to obtain the correct provider ID.
- For services rendered by the CDPAP SFI, the SFI Personal Assistant ID is needed, assuming the Direct Care Worker does not have an NPI. MCOs should work with the CDPAP SFI to obtain the correct provider ID.

8. Q: Where should the Direct Care Worker ID be reported on an Institutional (837I) encounter?

A: When all claim lines pertain to the same rendering provider:

- The ID should be reported in the rendering provider loops at the header in loop 2310A REF02. The REF01 segment should indicate G2.

When a claim involves multiple rendering providers:

- The ID should be reported in the rendering provider loops at the header in loop 2420C REF02. The REF01 segment should indicate G2.

9. Q: Where should the Direct Care Worker ID be reported on a Professional (837P) encounter?

A: When all claim lines pertain to the same rendering provider:

- The ID should be reported in the rendering provider loops at the header in loop 2310B REF02. The REF01 segment should indicate G2.

When a claim involves multiple rendering providers:

- The ID should be reported in the rendering provider loops at the header in loop 2420A REF02. The REF01 segment should indicate G2.

10. Q: When should MCOs use the 2310 loops versus the 2420 loops?

A: When all lines on the encounter are rendered by the same Direct Care Worker:

- Submit the applicable worker ID(s) in the 2310A/2310B loops

When lines on the encounter are rendered by multiple Direct Care Workers:

- Submit the applicable worker ID(s) in the 2420C/2420A loops.

11. Q: Is the Direct Care Worker ID required even if an NPI is available?

A: If an NPI is available for the Direct Care Worker:

- The NPI should be used.

If the Direct Care Worker does not have an NPI (most common situation):

- MCOs must include Direct Care Worker information on all Home Health Aide, Personal Care, and CDPAS encounters. The REF01 segment should indicate G2 which indicates a non-NPI identifier.

12. Q: How should MCOs obtain the required Direct Care Worker IDs?

A: MCOs are encouraged to work with contracted providers to obtain the ID(s) at the time of billing. If needed, they should also coordinate with EDI clearinghouses to ensure any NPI edits are updated to allow these HIPAA-compliant segments.

13. Q: What should MCOs do if their clearinghouse currently rejects encounters without an NPI?

A: MCOs will need to work with their EDI clearinghouses to have NPI-related edits modified so that the providers can submit claims without an NPI and that MCOs can then accept those claims where the Direct Care Worker ID is submitted in place of an NPI. The accompanying letter can be used by both the MCOs and the associated providers to clarify the OHIP guidance with the EDI clearinghouses as needed.

14. Q: Will providers also need to work with the EDI clearinghouses to modify edits?

A: Yes. MCOs should work with providers to confirm that they have also worked with the clearinghouses to modify the edits on the provider submission side.

15. Q: Is there a resource MCOs can share with EDI clearinghouses?

A: Yes. The accompanying letter can be used by both the MCOs and the associated providers to clarify the OHIP guidance with the EDI clearinghouses as needed.

16. Q: Does this guidance change how the billing provider NPI is reported?

A: No. The billing provider segments are not impacted and should not change.

17. Q: Who should questions be directed to?

A: Any questions regarding this guidance or submission issues should be sent to ManagedCareEncounterCompliance@health.ny.gov.