

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

April 23, 2007

PHARM 07-07

MEDICAID BULLETIN

TO: Pharmacy Providers

SUBJECT: National Provider Identifier Contingency

On April 2, 2007, the Centers for Medicare and Medicaid Services (CMS) announced it is implementing a contingency plan for covered entities who will not meet the May 23, 2007, deadline for compliance with the National Provider Identifier (NPI) regulations under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The CMS contingency plan allows covered entities, that have been making a good faith effort to comply with the NPI provisions, to implement contingency plans to maintain operations and cash flow, for a period up to 12 months after the compliance date. Contingency plans can include accepting legacy provider numbers on HIPAA transactions

In response to this announcement, the South Carolina Department of Health and Human Services (SCDHHS), will implement the following contingency effective May 23, 2007, and continuing through May 23, 2008.

Effective May 23, 2007, pharmacy providers may use either of the following to identify themselves on standard transactions:

- Seven-Character NABP# (National Association Board of Pharmacy Number)
- NPI (The provider must ensure that the NPI used on the claim is registered with SCDHHS prior to using NPI.)

Since providers will be required to show good faith effort toward compliance with NPI provisions, **providers are strongly encouraged to obtain an NPI by May 23, 2007.** Web-based applications can be found at <https://nppes.cms.hhs.gov> or providers can call 1-800-465-3203 or TTY 1-800-692-2326 for an application.

Once a provider obtains an NPI, the provider must share their NPI with SCDHHS.

If a provider has not previously shared their NPI with SCDHHS, they may do so by using one of the following ways:

- Online by visiting: <https://secure.dhhs.state.sc.us/npi/index.asp>
- Send a copy of the NPI enumeration document via:
 - Mail: Medicaid Provider Enrollment
PO Box 8809
Columbia, SC 29202-8809
 - Fax: 803-699-8637
 - E-mail: provider.enrollment@bcbssc.com
- **Complete the attached form and fax it to 803-699-8637**

When you share your NPI with South Carolina Medicaid, you must include your six-character South Carolina Medicaid provider ID, your taxonomy code AND your 9-digit zip code.

For additional NPI information, refer to the South Carolina Medicaid bulletins available online at www.scdhhs.gov (publication dates 10/19/05, 04/24/06, 09/11/06, 09/26/06, 10/12/06, 01/18/07, and 02/09/07).

Thank you for your continued support and participation in the South Carolina Medicaid Program. If you have questions concerning this bulletin, please contact your Program Manager.

/s/

Robert M. Kerr
Director

RMK/bgab

Attachment

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>

**SHARING YOUR NATIONAL PROVIDER IDENTIFIER WITH THE
SOUTH CAROLINA MEDICAID PROGRAM**

One way to register your NPI with South Carolina Medicaid is to complete and return the following:

GROUP/ORGANIZATION PROVIDER
(Individual providers use form titled Individual Provider)

* Indicates a required field

General Information

NPI Number *					
Date NPI Issued *					
Name of Organization or Group *					
Other Name/DBA					
EIN or SSN *					

(A 9-digit number)

Mailing Address

Street *	City *	State*	Zip + 4 *
			-

Payment Address

Street *	City *	State*	Zip + 4 *
			-

Primary Practice Address

Street *	City *	State*	Zip + 4 *
			-

Identifiers (Must have at least one)

	Medicaid Provider Number	Provider Taxonomy Code	Zip + 4
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Contact Information

First Name *	Last Name *	Title*	Phone # *	E-mail

Mail the completed form to:
 South Carolina Medicaid Provider Enrollment
 PO Box 8809
 Columbia, SC 29202-8809

Or, fax the form to:
 South Carolina Medicaid Provider Enrollment
 (803) 699-8637