

Housing Stabilization Services Provider FAQ: Provider Identification Numbers (UMPI/NPI)

What is the difference between an NPI and an UMPI?

[National Provider Identifiers \(NPIs\)](#) are the standard unique identifiers to use in submitting and processing health care claims and other transactions. To obtain an NPI, use the [NPPES Portal](#). When signing up for an NPI, use the following taxonomy code: 251B00000X - Case Management. For more information on how to obtain an NPI, please refer to [this resource from CHW Solutions](#). There is no cost to apply for an NPI.

[Unique Minnesota Provider Identifiers \(UMPI\)](#) are 10-digit identifiers that are an option for providers who do not meet the federal definition of a health care provider under [HIPAA](#). DHS assigns UMPIs during the provider enrollment process. If the NPI/UMPI field(s) on your provider enrollment application are left blank, your agency will be assigned a new UMPI for Housing Stabilization Services. Even if your agency already has an UMPI for other services, you will need to have a new, unique UMPI assigned specifically for Housing Stabilization Services.

More information about NPIs and UMPIs can be found in the [Minnesota Health Care Programs Manual](#).

Are Housing Stabilization Services providers required to use an NPI?

As a Home and Community Based Service (HCBS) provider, Housing Stabilization Services providers are *not* required to obtain an NPI but may have the option of using an NPI registered to the provider.

All MCOs covering Housing Stabilization Services have agreed to accept an UMPI with Housing Stabilization Services claims and do not require an NPI.

Note: If your agency plans to use an electronic health record (EHR), we recommend reaching out to your EHR provider and asking whether they have a preference/requirement for using a NPI or UMPI. *Some EHRs may be unable to use UMPIs.*

How will our agency's decision to use an NPI v. an UMPI impact us?

Some providers have experienced issues billing managed care plans when using an UMPI. This typically occurs when the UMPI is entered in the wrong field in the claim. It can get complicated because errors can occur at multiple levels:

- Entering data into billing software, electronic health records systems (EHRs) or clearinghouses,
- Data transfers from billing software/EHRs to a clearinghouse, or
- When claims are submitted from the clearinghouse to the MCO's system.

Because of this complexity and room for error, for new providers, the Housing Stabilization Services TA team recommends getting an NPI. Although it is an extra step at provider enrollment, it is free, not too difficult and does not impact your services either way. Existing Housing Stabilization Services providers may also want to switch to an NPI if having difficulty with billing using an UMPI.

How do I change my provider enrollment record with DHS from an UMPI to an NPI?

To switch your UMPI to an NPI, fax a letter to DHS provider enrollment at 651-431-7493 with your request, including the NPI and an effective date.

Providers should also contact the Housing Stabilization Services liaison at each MCO that you bill to inquire about the process for updating their NPI/UMPI.

Do I need to get a different NPI for each site enrolled to provide Housing Stabilization Services?

No. Info from DHS about using the same NPI number across multiple enrollment records is on [this page](#) under the "Consolidated Providers" section.

Our agency already bills Medical Assistance for other services under an NPI. Will we need a new, additional NPI for Housing Stabilization Services?

No. If your agency has multiple Medicaid services set up under the same NPI, claims information for multiple Medicaid services, including Housing Stabilization Services, can all be under the same NPI. Your agency could elect to set up a separate NPI for each Medicaid service if this would simplify recordkeeping.

How will using an NPI impact Housing Support billing?

Using an NPI to bill Housing Stabilization Services will not impact Housing Support billing. Providers can bill Housing Stabilization Services under the NPI and continue to bill Housing Support with their assigned UMPI(s). You do not need to make changes to Housing Support agreements.

Are there any resources to assist with UMPI billing issues?

General guidance is available in Appendix A (attached).

Agencies billing Blue Plus through Availity can access Housing Stabilization Services technical support materials on their [website](#). This includes information regarding submission by atypical agencies using their UMPI number to bill. Providers that are struggling to bill for their services can also submit questions through their mailbox: MHCPPROVIDERS@BLUECROSSMN.COM.

Additional instructions for using Availity with an UMPI are included below in Appendix B (attached).

Providers may also need to reach out directly to their billing software or EHR provider as applicable.

Appendix A

Select "G2" in Box 24I ("ID QUAL"). Enter your assigned UMPI into Box 24J.

HEALTH INSURANCE CLAIM FORM																			
1. MEDICARE ☐ (Medicare #)		MEDICAID ☒ (Medicaid #)		TRICARE ☐ (ID#DoD#)		CHAMPVA ☐ (VA File #)		GROUP HEALTH PLAN ☐ (ID#)		FECA BLK LUNG ☐ (ID#)		OTHER ☐ (ID#)		1a. INSURED'S I.D. NUMBER 01234567					
2. PATIENT'S NAME (Last Name, First Name, Middle Init) Last: Bass First: Big Mi: []				3. PATIENT'S BIRTHDATE 1 / 8 / 1986				SEX Female		4. INSURED'S NAME (Last Name, First Name, Middle Init) Last: Bass First: Big Mi: []									
5. PATIENT'S ADDRESS (No. Street): 123 Mississippi Ave				6. PATIENT RELATIONSHIP TO INSURED Self ☒ Spouse ☐ Child ☐ Other ☐				7. INSURED'S ADDRESS (No. Street): 123 Mississippi Ave											
CITY Bemidji				STATE MN				CITY Bemidji				STATE MN							
ZIP CODE 56601				TELEPHONE () - () - ()				ZIP CODE 56601				TELEPHONE () - () - ()							
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Init) Last: First: Mi: []				10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) ☐ Yes ☒ No b. AUTO ACCIDENT? PLACE (State) ☐ Yes ☒ No c. OTHER ACCIDENTS? ☐ Yes ☒ No				11. INSURED'S POLICY GROUP OR FECA NUMBER				12. INSURED'S DATE OF BIRTH 1 / 8 / 1986							
a. OTHER INSURED'S POLICY OR GROUP NUMBER				b. RESERVED FOR NUCC USE				a. INSURED'S DATE OF BIRTH 1 / 8 / 1986				SEX Female							
b. RESERVED FOR NUCC USE				c. RESERVED FOR NUCC USE				b. Other Claim ID (Designated by NUCC)				c. INSURANCE PLAN NAME OR PROGRAM NAME							
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☐ NO ☒ If yes, complete items 9, 9a and 9d.				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE							
SIGNED ☒ Yes ☐ No DATE 3 / 3 / 2023												SIGNED ☒ Yes ☐ No							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP): [] / [] / [] QUAL: []				15. OTHER DATE QUAL: [] [] / [] / []				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM [] / [] / [] TO [] / [] / []				17. NAME OF REFERRING PROVIDER OR OTHER SOURCE [] [] [] [] [] []							
17a. [] [] [] [] [] []				17b. NPI [] [] [] [] [] []				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM [] / [] / [] TO [] / [] / []				19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate A-L to service line below (24E)) A. F99 B. [] C. [] D. [] E. [] F. [] G. [] H. [] I. [] J. [] K. [] L. []												22. RESUBMISSION CODE []				23. PRIOR AUTHORIZATION NUMBER []			
24. A. DATE(S) OF SERVICE From: To: B. Place Of Service C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS A. MODIFIER B. C. D. E. DIAGNOSIS POINTER F. \$ CHARGES G. Days Or Units H. EPSDT Family Plan I. ID QUAL J. RENDERING PROVIDER ID. #																			
1 Note 12 Anest Start: Stop: NDCQual: U8 NDC Code: TS NDC U.Price: A NDC Qty: 18.02 NDC QtyQual: 1												G2 A506685000							

Leave Box 33a ("Billing/Group NPI") blank. Select "G2" in Box 33b ("ID QUAL"). Enter your assigned UMPI into Box 33b.

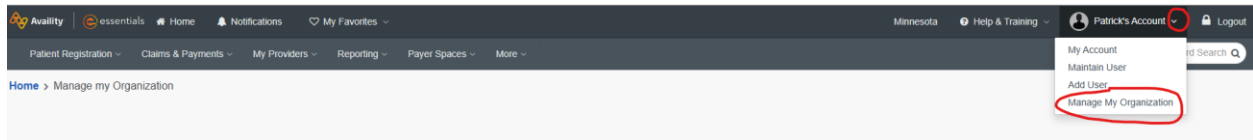
Errors can occur if at some point during the process the UMPI is pulled into Box 32a ("NPI").

24. A.		B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.	
DATE(S) OF SERVICE From: To:		Place Of Service	EMG	CPT/HCPCS	MODIFIER A B C D				DIAGNOSIS POINTNER	\$ CHARGES	Days Or Units	EPSDT Family Plan	ID QUAL	RENDERING PROVIDER ID. #
1	Note	12	Anest Start	Stop	NDCQual:	U8	TS		A	18.02	1		G2	A506685000
2	Note	12	Anest Start	Stop	NDCQual:	U8	TS		A	18.02	1			
3	Note	12	Anest Start	Stop	NDCQual:	U8	TS		A	18.02	1			
4	Note	12	Anest Start	Stop	NDCQual:	U8	TS		A	18.02	1			
5	Note	12	Anest Start	Stop	NDCQual:	U8	TS		A	18.02	1			
6	Note	12	Anest Start	Stop	NDCQual:	U8	TS		A	18.02	1			
7	Note	12	Anest Start	Stop	NDCQual:	U8	TS		A	18.02	1			
8	Note	12	Anest Start	Stop	NDCQual:	U8	TS		A	18.02	1			
9	Note	12	Anest Start	Stop	NDCQual:	U8	TS		A	18.02	1			
10	Note	12	Anest Start	Stop	NDCQual:	U8	TS		A	18.02	1			
11	Note	12	Anest Start	Stop	NDCQual:	U8	TS		A	18.02	1			
12	Note	12	Anest Start	Stop	NDCQual:	U8	TS		A	18.02	1			

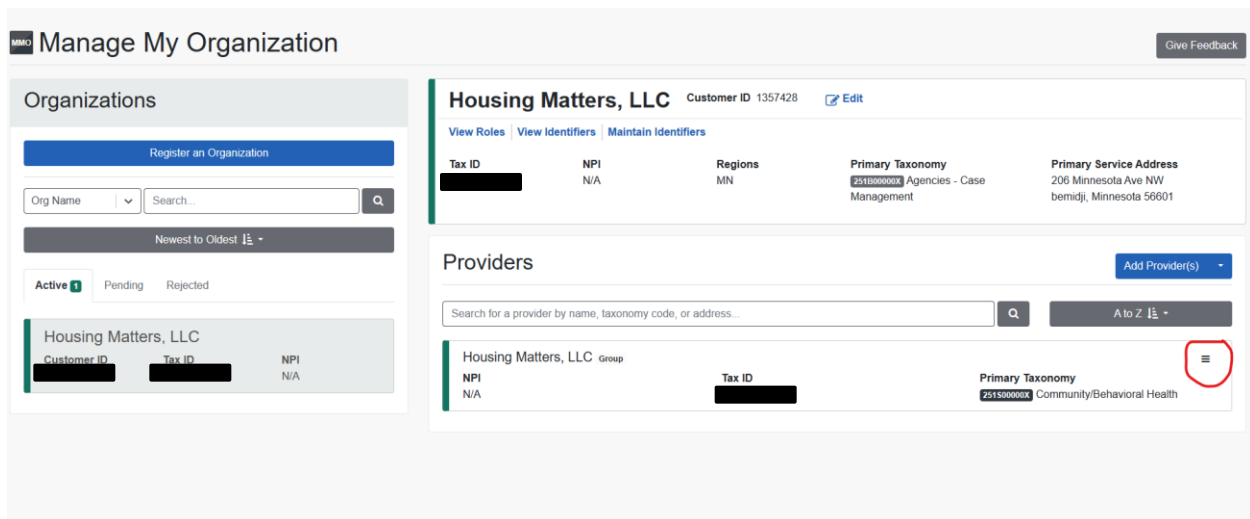
25. FEDERAL TAX ID. NUMBER 81-3795097		SSN ☐	EIN ☒	26. PATIENT'S ACCOUNT NO. 	27. ACCEPT ASSIGNMENT? ☒ YES ☐ NO	28. TOTAL CHARGE \$ 14416	29. AMOUNT PAID \$	30. Rvd for NUCC use
Date Of Initial Treatment: / / Latest Visit or Consultation Date: / / Supervising Physician: Supervising Physician NPI: Supervising Physician ID: Ordering Physician: Ordering Physician NPI: Ordering Physician ID: CLIA: Accident Date: / / Mammography Certificate: more...				32. SERVICE FACILITY LOCATION AND INFORMATION Facility Name: Housing Matters, LLC Address: 206 Minnesota Ave. NW City: Bemidji State: MN Zip: 56601		33. BILLING PROVIDER INFO. & PHONE # Billing Provider: Housing Matters, LLC Address: 206 Minnesota Ave. NW City: Bemidji State: MN Zip: 56601 Telephone: (612) 834 1470 Billing Provider Specialty/Taxonomy: Rendering Provider: Harrington Patrick ☒ (Last, First, MI) Rendering Provider Specialty/Taxonomy: Provider PIN#: (please see box 24J)		
a. NPI:		b. Facility ID:		a. Billing/Group NPI:		b. Billing/Group No.: ID QUAL: G2 A506685000		

Appendix B

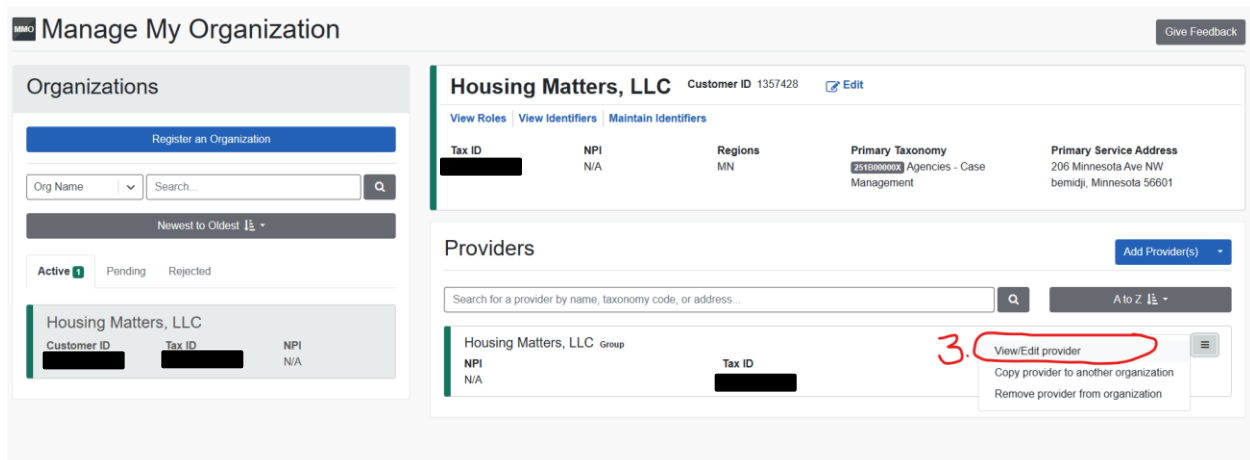
1. Navigate to “Manage my organization” under the “Account” dropdown tab.



2. Click on the three lines under the “Providers” section to see more options.



3. Select “View/Edit provider.”



4. Click on the "Edit" button in the "Identifiers" section.

View/Edit provider



Fields marked with an asterisk * are required.

Review all of the information provided below and ensure that everything is correct.

Housing Matters, LLC (Group)

Edit

Primary Specialty/Taxonomy

251S00000X AGENCIES|COMMUNITY/BEHAVIORAL
HEALTH|NOT APPLICABLE

Identifiers

4.

Edit

Tax ID(s)

██████████ (EIN -
Primary)

Payer Assigned Provider ID (PAPI)

BCBSMN BLUE PLUS
MEDICAID - ██████████0

Addresses

Edit

Physical/Billing

206 MN Ave. NW
Bemidji, MN 56601-
0000
(218) 444-9038

5. Click on "Add identifier."

View/Edit provider



Fields marked with an asterisk * are required.

Identifiers

Add or edit this provider's identifiers (Tax ID, Medicaid ID, payer assigned IDs).

Housing Matters, LLC

Primary Tax ID

* Tax ID

* Type

Update

+ Add additional Tax ID

Identifiers

* ID Type

* Payer

* ID Number



1. + Add identifier

Cancel

Update

6. Add a new "Payer Assigned Provider ID (PAPI)."

View/Edit provider



Fields marked with an asterisk * are required.

Identifiers

Add or edit this provider's identifiers (Tax ID, Medicaid ID, payer assigned IDs).

Housing Matters, LLC

Primary Tax ID

* Tax ID

* Type

Update

+ Add additional Tax ID

Identifiers

* ID Type

* Payer

* ID Number



* ID Type

* Payer

* ID Number



⚠ Select a payer.

- 2.
- 1. Payer Assigned Provider ID (PAPI)
 - Local Provider Identifier (LPI)
 - Medicaid ID

Cancel

Update

7. Select "BCBSMN BLUE PLUS MEDICAID" as payer.

Fields marked with an asterisk * are required.

Identifiers

Add or edit this provider's identifiers (Tax ID, Medicaid ID, payer assigned IDs).

Housing Matters, LLC

Primary Tax ID

* Tax ID

* Type

EIN

Update

+ Add additional Tax ID

Identifiers

* ID Type

Payer Assigned Pro...

* Payer

BCBSMN BLUE PL...

* ID Number

A

* ID Type

Payer Assigned Pro...

* Payer

Select...

1.

2.

BCBSMN BLUE PLUS MEDICAID

BCBSTX MEDICAID

Blue KC

BLUE MEDICARE ADVANTAGE

* ID Number

+ Add identifier

Cancel

Update

8. Enter your assigned UMPI into the ID Number box.

View/Edit provider

Fields marked with an asterisk * are required.

Identifiers

Add or edit this provider's identifiers (Tax ID, Medicaid ID, payer assigned IDs).

Housing Matters, LLC

Primary Tax ID

* Tax ID

* Type

EIN

Update

+ Add additional Tax ID

Identifiers

* ID Type

Payer Assigned Pro...

* Payer

BCBSMN BLUE PL...

* ID Number

0

* ID Type

Payer Assigned Pro...

* Payer

Select...

1. * ID Number

UMPI

+ Add identifier

2.

Cancel

Update