

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. [This NPI Application guide](#) from the California Department of Health Care Services goes through the step-by-step process of applying for an NPI in the [NPPES Portal](#). 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.*

The HSS-TA Team recommends using an NPI as opposed to an UMPI as some providers have run into issues with billing using an UMPI.

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 for Blue Plus with an UMPI are included below in Appendix B (attached).

Instructions for using an UMPI to bill Medica are available in their HSS provider [FAQ](#) on p. 4.

Appendix A

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

HEALTH INSURANCE CLAIM FORM																							
1. MEDICARE <input type="radio"/> (Medicare #)			MEDIACAID <input checked="" type="radio"/> (Medicaid #)			TRICARE <input type="radio"/> (ID#DoD#)			CHAMPVA <input type="radio"/> (VA File #)			GROUP HEALTH PLAN <input type="radio"/> (ID#)			FECA BLK LUNG <input type="radio"/> (ID#)			OTHER <input type="radio"/> (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 <input checked="" type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other <input type="radio"/>						7. INSURED'S ADDRESS (No. Street) 123 Mississippi Ave											
CITY Bemidji			STATE MN			8. RESERVED FOR NUCC USE						CITY Bemidji			STATE MN								
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) <input type="radio"/> Yes <input checked="" type="radio"/> No b. AUTO ACCIDENT? PLACE (State) <input type="radio"/> Yes <input checked="" type="radio"/> No c. OTHER ACCIDENTS? <input type="radio"/> Yes <input checked="" type="radio"/> No			11. INSURED'S POLICY GROUP OR FECA NUMBER								
a. OTHER INSURED'S POLICY OR GROUP NUMBER						a. INSURED'S DATE OF BIRTH 1 / 8 / 1986						SEX Female											
b. RESERVED FOR NUCC USE						b. AUTO ACCIDENT? PLACE (State)						b. Other Claim ID (Designated by NUCC)											
c. RESERVED FOR NUCC USE						c. OTHER ACCIDENTS?						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 <input type="radio"/> NO <input checked="" type="radio"/> If yes, complete items 9, 9a and 9d.											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE											
SIGNED <input checked="" type="radio"/> Yes <input type="radio"/> No DATE 3 / 3 / 2023												SIGNED <input checked="" type="radio"/> Yes <input type="radio"/> 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)												20. OUTSIDE LAB? <input type="radio"/> YES <input type="radio"/> NO			CHARGES								
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.												ICD Ind. 0 - ICD-10			22. RESUBMISSION CODE			ORIGINAL REF. NO					
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 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		Anest Start: 12	Stop	NDCQual: H2015	NDC Code: U8	NDC U.Price: TS	A	18.02		1	G2	A506685000											

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

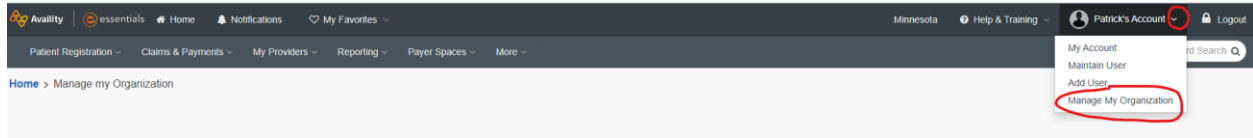
Errors can occur if at some point during the process the UMPI is pulled into Box 32a ("NPI").

24. A. DATE(S) OF SERVICE		B. Place Of Service	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. Days Or Units	H. EPSDT Family Plan	I. ID QUAL	J. RENDERING PROVIDER ID. #
From:	To:			CPT/HCPCS	A	MODIFIER B	C	D					
1	Note		Anest Start: 12	Stop	H2015	U8	TS		A	18.02	1		NPI: A506685000
2	Note		Anest Start: 12	Stop	H2015	U8	TS		A	18.02	1		NPI:
3	Note		Anest Start: 12	Stop	H2015	U8	TS		A	18.02	1		NPI:
4	Note		Anest Start: 12	Stop	H2015	U8	TS		A	18.02	1		NPI:
5	Note		Anest Start: 12	Stop	H2015	U8	TS		A	18.02	1		NPI:
6	Note		Anest Start: 12	Stop	H2015	U8	TS		A	18.02	1		NPI:
7	Note		Anest Start: 12	Stop	H2015	U8	TS		A	18.02	1		NPI:
8	Note		Anest Start: 12	Stop	H2015	U8	TS		A	18.02	1		NPI:
9	Note		Anest Start: 12	Stop	H2015	U8	TS		A	18.02	1		NPI:
10	Note		Anest Start: 12	Stop	H2015	U8	TS		A	18.02	1		NPI:
11	Note		Anest Start: 12	Stop	H2015	U8	TS		A	18.02	1		NPI:
12	Note		Anest Start: 12	Stop	H2015	U8	TS		A	18.02	1		NPI:

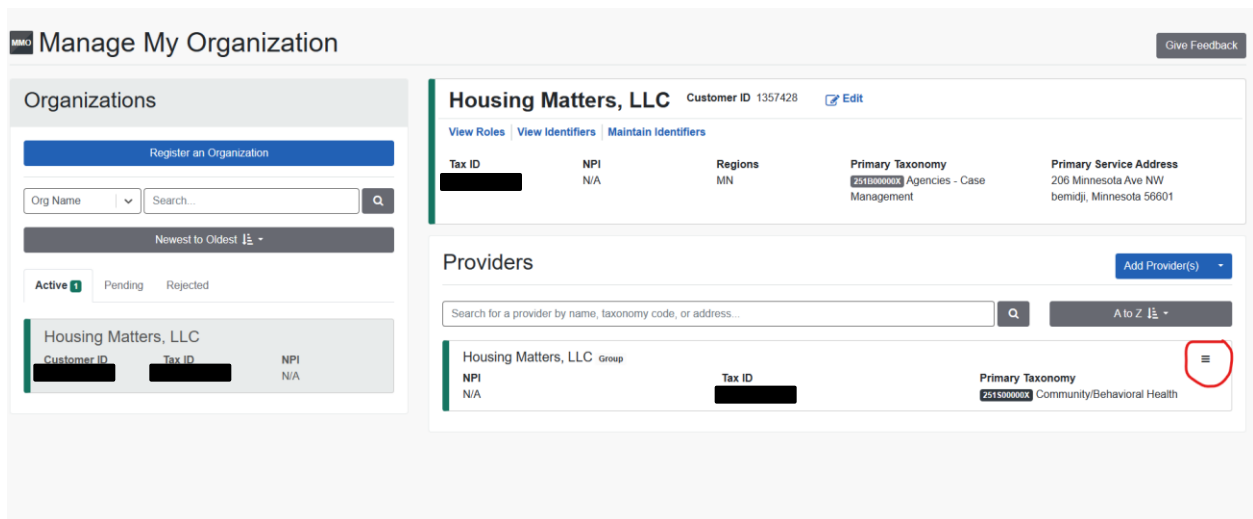
25. FEDERAL TAX I.D. NUMBER 81-3795097	SSN <input type="radio"/>	EIN <input checked="" type="radio"/>	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? <input checked="" type="radio"/> YES <input type="radio"/> NO	28. TOTAL CHARGE \$ 144.16	29. AMOUNT PAID \$	30. Rvd for NUCC use
Date Of Initial Treatment: (mm/dd/yyyy)	32. SERVICE FACILITY LOCATION AND INFORMATION		Facility Name: Housing Matters, LLC		33. BILLING PROVIDER INFO. & PHONE #		
Latest Visit or Consultation Date: (mm/dd/yyyy)	Address: 206 Minnesota Ave. NW		City: Bemidji		Billing Provider: Housing Matters, LLC		
Supervising Physician:	State: MN Zip: 56601				Address: 206 Minnesota Ave. NW		
Supervising Physician NPI:					City: Bemidji		
Supervising Physician ID:					State: MN Zip: 56601		
Ordering Physician (Last, First, MI):					Telephone: (612) 834 1470		
Ordering Physician NP:					Billing Provider Specialty/Taxonomy:		
Ordering Physician ID:					Rendering Provider: Harrington Patrick		
CLIA:					(Last, First, MI)		
Accident Date:					Rendering Provider Specialty/Taxonomy:		
Mammography Certificate:					Provider PIN#: (please see box 24J)		
more...							
	a. NPI:	b. Facility ID:	a. Billing/Group NPI:		b. Billing/Group No. ID QUAL: G2 A506685000		

Appendix B

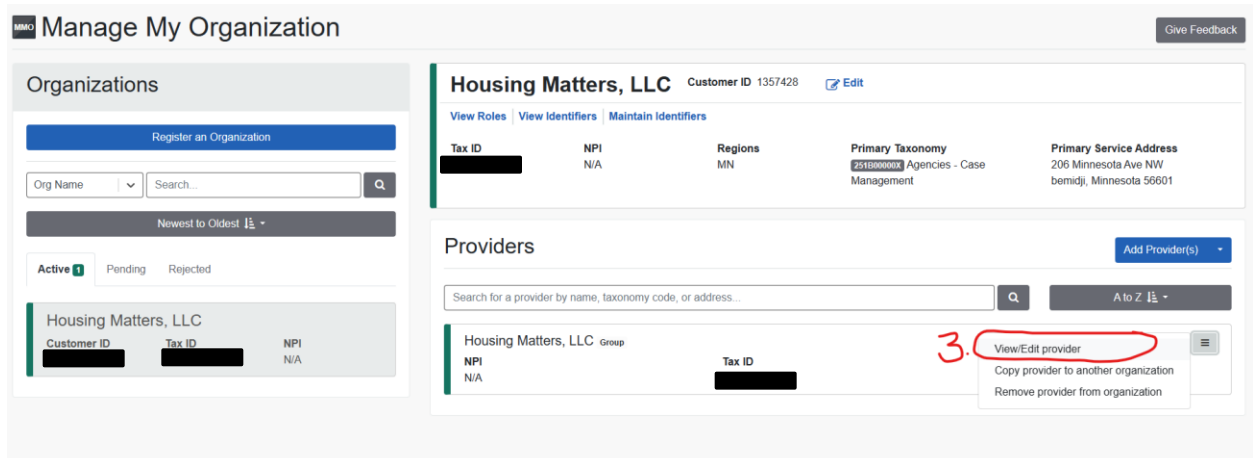
1. Navigate to “Manage my organization” under the “Account” dropdown tab.



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 <input type="text" value="Payer Assigned Pro..."/>	* Payer <input type="text" value="BCBSMN BLUE PL..."/>	* ID Number <input type="text" value="A██████████"/>
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[+ 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.

- 1. Payer Assigned Pro...
- 2. 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

[Update](#)

[+ Add additional Tax ID](#)

Identifiers

* ID Type	* Payer	* ID Number	
<input type="text" value="Payer Assigned Pro..."/>	<input type="text" value="BCBSMN BLUE PL..."/>	<input type="text" value="A██████████"/>	
<input type="text" value="Payer Assigned Pro..."/>	<input type="text" value="Select..."/>	<input type="text"/>	

[+ Add identifier](#)

1.

2.

BCBSTX MEDICAID

Blue KC

BLUE MEDICARE ADVANTAGE

[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

[+ Add additional Tax ID](#)

Identifiers

* ID Type	* Payer	* ID Number	
<input type="text" value="Payer Assigned Pro..."/>	<input type="text" value="BCBSMN BLUE PL..."/>	<input type="text" value="██████████0"/>	<input type="button" value="🗑"/>
<input type="text" value="Payer Assigned Pro..."/>	<input type="text" value="Select..."/>	<input type="text" value="UMPI"/>	<input type="button" value="🗑"/>

⚠ Select a payer.

[+ Add identifier](#)

1.

2.

Appendix C

Switching from Using a UMPI to NPI for HSS Enrollment

STEP 1 - Obtain an NPI for your agency via the [NPPES Portal](#)

Please ensure that the address you register for your NPI number matches with the address on your HSS provider enrollment.

STEP 2 - Fax a letter to DHS stating that you would like to switch from using a UMPI to an NPI

A letter template that you can use is included on the next page of this document. Be sure to include an effective date and mention that this is for your agency's HSS provider enrollment.

DHS fax number: 651-431-7493

STEP 3 - Check with each MCO regarding the process for switching from a UMPI to NPI

Contact the HSS liaison at each MCO (click on the "+" next to MCO information and contacts on the [DHS HSS webpage](#) for MCO contact information).

Ei-Consultants



DHS Letter Template

FAX TO: 651-431-7493

Dear DHS Housing Stabilization Services staff:

[Agency name] would like to switch from using a UMPI to an NPI for our Housing Stabilization Services program, effective **[date you'd like the NPI to be effective for billing—must be on or after your NPI effective date]**. Our NPI number is **[NPI number]**, effective **[NPI effective date]**. All other elements of our HSS provider enrollment will remain the same.

Thank you,

[Your contact information]