

Medicaid and CHIP FAQs:
Allowability of Using National Provider Identifiers (NPIs)
for Medicaid Personal Care Attendants (PCAs)

July 2019

CMS has received requests from states regarding options for the use of identifiers for Medicaid Personal Care Attendants (PCAs). Specifically, a number of states have asked CMS whether state Medicaid programs may use the National Provider Identifier (NPI) to enumerate individual Medicaid PCAs. CMS has prepared the following Frequently Asked Questions (FAQs) to provide guidance regarding the circumstances under which a Medicaid PCA may obtain an NPI and related issues. These FAQs do not require states to assign unique identifiers to PCAs (we note below that to do so would require rulemaking), but this document is a first step towards clarifying that states may require that Medicaid PCAs who qualify as health care providers obtain NPIs.

Q1: What regulatory provisions are most important for determining whether a Medicaid PCA can obtain an NPI?

A1: The regulatory definitions of “health care” and “health care provider” at 45 CFR § 160.103 are important to determining whether an individual PCA can obtain an NPI. The NPI final rule states: “Our general rule is that all health care providers, as we define that term in the regulations, will be eligible to receive NPIs... An individual or organization must determine if it provides any services that fall within our definition of ‘health care’ at § 160.103. If it does provide those services, it is considered a health care provider and would be eligible for an NPI.” [\[69 FR 3437\]](#)

The definitions at 45 CFR § 160.103 state that “*Health care* means care, services, or supplies *related to the health of an individual*” (italics added). Thus *health care* is not necessarily *medical care*. Personal Care Services (PCS), such as assisting an individual with bathing, dressing, toileting, body movement, and feeding, are services directly “related to the health of an individual.” Thus these services can be considered “health care” because they are directly *related to the individual’s health*.

Individuals, such as Medicaid PCAs, who provide “health care” as defined can be considered health care providers because 45 CFR § 160.103 defines *Health care provider* to include “any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.” Pursuant to § 162.410, a health care provider as defined is eligible to obtain an NPI.

Thus, states may use NPIs to enumerate Medicaid PCAs who provide health care services and thus qualify as health care providers as defined at 45 CFR § 160.103.

Q2: Medicaid PCAs sometimes provide additional housekeeping-type services, such as room cleaning, grocery shopping, meal preparation, transportation, or money management, in addition to care, such as bathing, dressing, toileting, and feeding. Would the performance of housekeeping-type services disqualify a PCA from obtaining an NPI?

A2: An individual Medicaid PCA who sometimes provides housekeeping-type services in addition to health care services can still be considered a health care provider eligible for an NPI by virtue of the health care services provided. The inclusion of housekeeping-type services does not negate the fact that the PCA provides health care services. As long as a Medicaid PCA continues to furnish health care services “in the normal course of business” (per § 160.103) to at least one client, that PCA is a health care provider eligible for an NPI.

Q3: What Healthcare Provider Taxonomy Code should be specified by a Medicaid PCA (who qualifies as a health care provider) applying for an NPI?

A3: When applying for an NPI from the National Plan and Provider Enumeration System (NPPES), a health care provider must select an appropriate Healthcare Provider Taxonomy Code or code description to indicate the provider's classification or area of specialization. The Healthcare Provider Taxonomy Code Set is maintained by the National Uniform Claim Committee and available from the [Washington Publishing Company](#).

We believe that two Healthcare Provider Taxonomy Codes may be considered appropriate for Medicaid PCAs who qualify as *health care providers*:

- The taxonomy code identified as “Personal Care Attendant” (3747P1801X) is defined as follows:

“An individual who provides assistance with eating, bathing, dressing, personal hygiene, activities of daily living as specified in the plan of care. Services which are incidental to the care furnished, or essential to the health and welfare of the individual may also be provided. Personal care providers must meet State defined training and certification standards.”

- The taxonomy code identified as “Attendant Care Provider” (3747A0650X) is defined as follows:

“An individual who provides hands-on care, of both a supportive and health related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those that substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by State law.”

Q4: Does the process of obtaining an individual NPI impose a cost or effort burden on NPI applicants?

A4: Applying for an individual NPI is readily accomplished at no cost through a web-based application process or by completing and mailing a paper NPI application form (CMS-10114). The time required to complete the information collection for the NPI application

is estimated to average 20 minutes for new applications, as listed on the Paperwork Reduction Act notice on form CMS-10114. For links to the online application portal and downloadable print application, contact information, and other options, visit the National Provider Identifier Standard “[How to Apply](#)” webpage. For further information about NPI applications, including requirements and options for updating information (such as name or address) associated with an individual’s NPI, see the [Unique Identifiers FAQs](#) on CMS.gov.

Q5: Would the fact that a PCA has an NPI impose an additional burden on the PCA as a “covered entity” under HIPAA regulations? What factors determine whether an individual PCA is a covered entity?

A5: The NPI final rule states: “The fact that a health care provider obtains an NPI does not impose covered entity status on that health care provider.” [[69 FR 3437](#)]

Generally, the determination of whether a health care provider is a *covered entity* depends upon whether the provider *electronically transmits covered transactions* (e.g., claims). Regarding claim submission, individual PCAs who qualify as health care providers would *not* be covered entities if they work for a PCS agency that submits Medicaid claims electronically for each PCA’s work, or if an individual PCA submits paper claims on his/her own behalf. However, individual PCAs who qualify as health care providers *and* submit electronic claims on their own behalf *would* be covered entities.

Electronic claim transmission is not the only type of *covered transaction* that determines *covered entity* status. Electronic transmission of health care information regarding claim status or payment, eligibility, enrollment, or referrals are other examples of *covered transactions*. CMS has posted a [Covered Entity Guidance](#) tool to assist with determining whether an individual or organization is a covered entity under the Administrative Simplification provisions of HIPAA. Footnotes in this online tool provide information and regulatory citations detailing definitions of each type of *covered transaction*.

Q6: Will CMS require states to assign identifiers to Medicaid PCAs or require Medicaid PCAs to obtain NPIs?

A6: CMS presently does not require states to assign identifiers to Medicaid PCAs or require Medicaid PCAs to obtain NPIs. Such a federal requirement could only be added by CMS promulgating a new regulatory requirement, which would have a public comment period. The purpose of this FAQ is to notify each state that it may choose to use individual NPIs to identify Medicaid PCAs who qualify as health care providers should it determine that exercising this option efficiently and effectively enhances its Medicaid program. Some states may find individual NPIs to be an efficient tool for tracking PCAs, while other states may prefer to assign state-designated identifiers or employ other approaches. For information and links to existing state activity in this space, see the CMS Medicaid Integrity Institute paper, [Vulnerabilities and Mitigation Strategies in Medicaid Personal Care Services](#) (February 2018).

In addition, Section 12006 of the 21st Century Cures Act (P.L. 114-255) requires states to implement electronic visit verification (EVV) systems for Medicaid PCS. The deadline for EVV implementation in Medicaid PCS has been extended to January 1, 2020. The EVV systems must be able to *electronically verify the individual providing the service*, among other information. While CMS is not requiring that NPIs be used to identify PCAs at this time, a unique numeric identifier, such as the NPI, would be an efficient method of electronically recording which individual PCA provided personal care services for a particular beneficiary on a particular visit.

Q7: Have any administrative proposals been issued regarding assignment of identifiers to Medicaid PCAs?

A7: Yes. The [FY 2020 President's Budget](#) includes an administrative proposal to require states to assign unique identifiers to PCAs that would be listed on claims along with dates that attendants performed services in question (page 95).