Ernie Fletcher
Governor

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Frankfort, KY 40621
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Mark D. Birdwhistell
Secretary

Glenn Jennings
Commissioner

DATE

General Provider Letter Number: A-73

PROVIDER NAME
ADD 1
ADD 2
CITY, STATE, ZIP

KY Medicaid Provider #: ########

Dear Provider:

According to our records, you have not submitted your National Provider Identifier (NPI) and taxonomy code(s) to *KyHealth Choices*. On May 23, 2007, *KyHealth Choices* will require the NPI and taxonomy code(s) for each of your *KyHealth Choices* provider number(s) on all electronic and paper claims, as well as point of sale (POS) claims. **To ensure ample time for processing, it is imperative that you obtain and submit your complete NPI and taxonomy code information by May 1, 2007.**

Because providers choose how they request and obtain their NPI and taxonomy code(s) from FOX Systems, providers should be aware that the NPI and taxonomy code(s) they bill with may impact how *KyHealth Choices* adjudicates claims in the future. In an effort to avoid errors in claims adjudication, please make sure you submit the appropriate NPI and taxonomy code(s) that are associated with each *KyHealth Choices* provider number you own. If you have not yet obtained your NPI and taxonomy code(s), please visit the NPPES web site: https://NPPES.cms.hhs.gov/NPPES/Welcome.do.

All providers required to submit their NPI and taxonomy code(s) should complete the enclosed form. You should receive and submit this form for each *KyHealth Choices* provider number you have been issued by the Department for Medicaid Services. Mail or fax this form AND a copy of the FOX Systems verification to:

KyHealth Choices
NPI/Taxonomy
P.O. Box 2110
Frankfort, KY 40602
FAX: 502-607-8401.

For more information on providing NPI and taxonomy information to *KyHealth Choices*, please call 1-800-639-5195, 8am-6pm Monday through Friday, or visit one of the following websites:

- *KyHealth Choices*: http://kyhealthchoices.fhsc.com
- Centers for Medicare and Medicaid Services: http://www.cms.hhs.gov/NationalProvIdentStand/
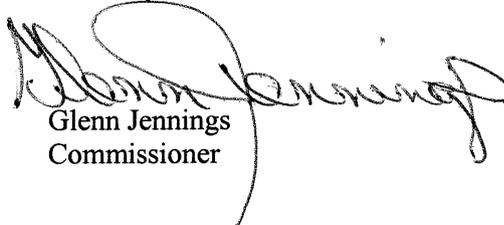
(Please see reverse side)

KyHealth Choices Provider
February 16, 2007
Page two

We thank you for being a part of *KyHealth Choices* and for cooperating with this request. If you have already obtained and submitted your FOX Systems verification to *KyHealth Choices*, please disregard this notice.

Sincerely,

Glenn Jennings
Commissioner

Enclosure

Xc: General Provider Letter: A-73

KyHealth Choices

National Provider Identifier (NPI)
Collection Form

Providers should complete this form for **each** of their *KyHealth Choices* provider number(s). The *KyHealth Choices* provider number you associate with your NPI and taxonomy code(s) will determine how your claims to *KyHealth Choices* will pay.

<table>
<tr>
<td>

DEADLINE TO SUBMIT THIS INFORMATION TO *KyHealth Choices* IS

MAY 1, 2007.

THIS WILL ENSURE AMPLE TIME FOR PROCESSING YOUR NPI AND TAXONOMY CODE(S).

</td>
<td>

**We cannot complete your NPI registration without your FOX Systems verification. ** Mail or fax your FOX Systems verification along with this form to:

KyHealth Choices
NPI/Taxonomy
P.O. Box 2110
Frankfort, KY 40602
Fax: 502-607-8401

</td>
</tr>
</table>

Provider Name	PROVIDER NAME										KyHealth Choices Provider #	#########									
Contact Name *											Contact Phone *										
NPI *											Taxonomy Code 1 *										
Taxonomy Code 2											Taxonomy Code 3										
Taxonomy Code 4											Taxonomy Code 5										
Taxonomy Code 6											Taxonomy Code 7										
Taxonomy Code 8											Taxonomy Code 9										
Taxonomy Code 10											Taxonomy Code 11										
Taxonomy Code 12											Taxonomy Code 13										
Taxonomy Code 14											Taxonomy Code 15										

*If you do not complete the fields with an asterisk, your NPI registration will be **incomplete**. Please remember that claims will be affected after 5/23/2007 if you have not completed NPI registration with KyHealth Choices. All providers are required to submit one taxonomy code—each provider may submit up to fifteen taxonomy codes for each NPI.*

**If you enumerated through bulk enumeration, please attach a copy of your spreadsheet. It should include the information asterisked above for each provider.*