

Requirement and Effective Date

The New York State Department of Health (OHIP) requires submission of Direct Care Worker identifiers on applicable Home Health Aide (HHA), Licensed Home Care Services Agency (LHCSA), Certified Home Health Agency (CHHA) and Consumer Directed Personal Assistance Services (CDPAS) claims/encounters. The purpose of this requirement is to improve identification and tracking of services provided by individual caregivers.

Providers should begin implementing the required changes immediately.

Encounter data is expected to be complete for dates of service **beginning October 1, 2026**. Claims submitted without the required Direct Care Worker identifier will be rejected beginning **October 1, 2026**.

Applicable Products

This requirement applies to:

- SelectHealth from VNS Health (HIV SNP)
- VNS Health Total (MAP)
- VNS Health Managed Long-Term Care (MLTC)

What to Submit:

- **LHCSA and CHHA Providers:** Submit the caregiver's **Home Care Registry ID**.
- **CDPAS Providers through the Statewide Fiscal Intermediary:** Submit the caregiver's **SFI Personal Assistant ID**.

Claim Reporting Requirements

When a Direct Care Worker does not have an NPI:

REF01 = G2

REF02 = Home Care Registry ID or SFI Personal Assistant ID

Encounter Type	Direct Care Worker ID Reporting
Institutional Encounters (837I)	2310A REF02 or 2420C REF02 (conditional)
Professional Encounters (837P)	2310B REF02 or 2420A REF02 (conditional)

Example: REF*G2*SFI ID/Home Care ID~

Use the **2310A/2310B** loops when all lines are provided by the same Direct Care Worker.

Use the **2420C/2420A** loops when services are provided by multiple Direct Care Workers.

NPI Requirements

Direct Care Workers are **not required to obtain a National Provider Identifier (NPI)**. Billing provider NPI reporting requirements remain unchanged.

Provider Readiness Checklist

Before October 1, 2026:

- Identify where Home Care Registry IDs or SFI Personal Assistant IDs are maintained and ensure they are linked to each applicable service.
- Review billing system, vendor, and clearinghouse capabilities.
- Confirm that caregiver identifiers can be transmitted on claims.
- Coordinate with billing, clearinghouse and EVV vendors and test claim submissions before implementation.

Additional Information

Providers should monitor future communications for any updates related to applicable services, procedure codes, or implementation requirements.