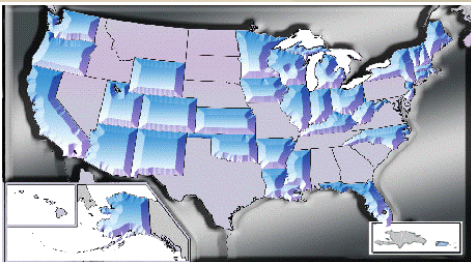# NPI Implementation Update
The Day After Tomorrow...

Presented at

The Privacy Symposium
The Sixteenth National HIPAA Summit

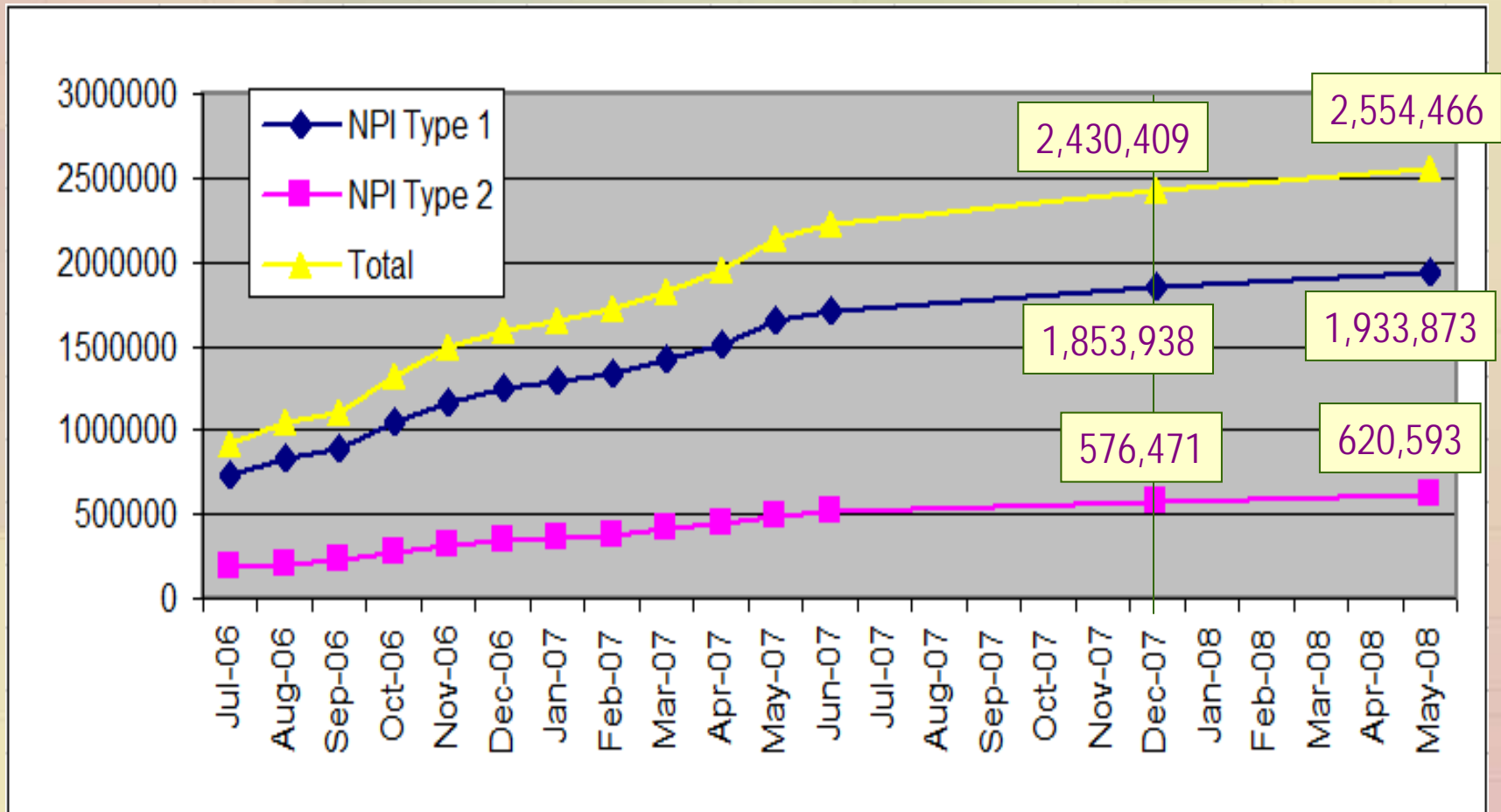**Cambridge, MA – August 18 – 21, 2008**

Walter G. Suarez, MD, MPH
President and CEO - Institute for HIPAA/HIT Education and Research
Co-Chair, WEDI NPI Outreach Initiative and NPI Implementation Workgroup

Outline

- Status of NPI Enumeration

- The Day Before - Issues and Concerns

- The Day After - How is the Industry Doing?

- Is there life after the NPI?

Status of NPI Enumeration

The Day Before…

- Enumeration issues
- NPPES Dissemination issues
- Crosswalk issues
- Subpart issues
- Taxonomy Codes issues
- Secondary provider issues
- Testing issues

NPI Enumeration

- Individual providers
  - Some still not enumerated
  - Many that enumerated did not need to
  - Many enumerated as Type 2 (organization) rather than Type 1 (individual)
    - Confusion among individual providers, sole-proprietorships, clinic organizations

- Organization providers and subparts
  - Different enumeration approaches used by providers (from 'minimalist' to 'granular')
  - Difficulty of mapping subparts to 'parent'

- Added challenge:
  - Individual providers entered their SSN on wrong fields on NPPES (i.e., secondary IDs, the EIN location)
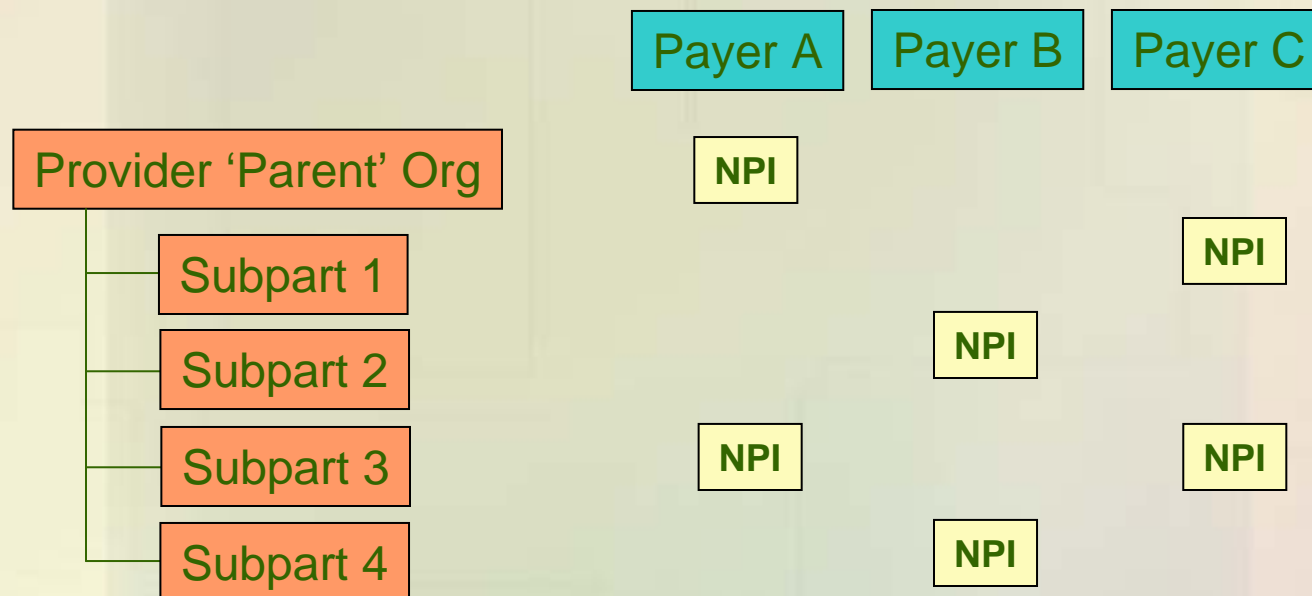
NPPES Dissemination

- Complexity of downloadable file

- Continued challenges with data format, integrity of downloadable files

- EIN information of provider organizations not released (due to security/privacy concerns)
  - Severely limiting ability to do parent/subpart cross-links

- Provider maintenance of NPPES data
  - Lack of maintenance results in outdated data

NPI Crosswalks

- Incomplete information available to create one-to-one or one-to-many maps of NPI-to-legacy IDs
  - Relatively easier for individual providers (Type 1 NPIs) where rule is only one NPI per individual
  - Very complex when dealing with organization providers and their subparts
- Complexity of dealing with many-to-one (NPIs-to-legacy) and many-to-many
- Short-span reliability of crosswalk
  - From continued changes on provider enumeration

Subpart Issues

- Multiplicity of enumeration schemas
- Providers enumerating for the 'lowest common denominator' and using payer-specific NPI schemas

Payer A	Payer B	Payer C

Provider 'Parent' Org

- Subpart 1
- Subpart 2
- Subpart 3
- Subpart 4

NPI (Payer A, Parent Org)
NPI (Payer C, Subpart 1)
NPI (Payer B, Subpart 2)
NPI (Payer A, Subpart 3)
NPI (Payer C, Subpart 3)
NPI (Payer B, Subpart 4)

Subpart Issues

- This is possible to be done on 4010A1 transactions

- Will not be permitted on 5010+ transactions

- Industry will face another NPI transition when implementing the next HIPAA versions of transactions

Taxonomy Codes

- The 'bad boys' of HIPAA
  - Everybody wants then, nobody likes them, few use them
- Critical to help in the matching of subparts
- CMS announced it was not using them in its internal crosswalks
  - Replacement matching scheme of Type of Bill, Revenue Code and Zip Code not successful in many cases
  - CMS encouraged providers who have not distinctly enumerated their subparts to match Medicare's enumeration schema to do so
- Many other payers have reported using it as part of their crosswalk strategies, particularly for rendering provider
  - Many challenged with obtaining it for attending or referring providers

Secondary Provider NPI

- While many 'primary provider' NPIs where being reported on transactions (billing, pay-to, rendering), MOST 'secondary provider' NPIs where missing (attending, referring, service facility, supervising, other)

  – Main reason – lack of knowledge of secondary provider NPI by the submitter of the transaction

  – Biggest issue – Referring provider NPI

  – Would cause major processing disruptions, transaction rejection, provider cash flow issues

Medicare's BIG Announcement before D-Day

- Medicare FFS reported over 90% compliance with NPI requirements one week after implementation (with some contractors reporting 100% compliance)

- Issues still persisted with legacy numbers in the SECONDARY provider identifier field, as well as legacy numbers in SECONDARY providers

- To ease some of the pressure, Medicare instituted a temporary measure to allow billing providers to use their own NPI in secondary identifier fields, when the NPI of the provider is not known or not available

Testing of NPI Transactions

- Industry experienced a good, steady progression of Legacy-only to NPI+Legacy transactions

  - By April, 2008 most payers where reporting 75%+ transactions (both institutional and professional) coming with NPI+Legacy

- BUT - submission of NPI-ONLY transactions was VERY LOW

  - … Most payers reported single-digit percentages of transactions coming with NPI Only

- Problem compounded when looking at secondary provider

  - … Most transactions where still coming with legacy-only on the secondary provider

The Day After…

- No <u>major</u> or <u>widespread</u> disruption reported by the industry

- Some confusion still exist among providers about "which NPI to use when with whom"

- Some rejection/pended claims reported by providers

- A number of issues still lingering…

But, overall, the industry did much better than expected!

The CMS NPPES-IRS Data Match Announcement...

- CMS announced in June that it was beginning to match NPPES and IRS data for organization health care providers to ensure the legal business name (LBN) and the EIN in NPPES where consistent with IRS records

- Letters are being sent to provider organizations that have an EIN/LBN combination in NPPES that is different from the information in the IRS files

- Letters request that providers review and update their LBN and/or EIN on NPPES within a limited period, or risk deactivation of the NPI

Common Enumeration Errors in NPPES Reported

- Errors in Employer ID Number

- Invalid or incomplete data within the 'Other Provider Identifiers' section

  – Absence of the Medicare legacy number

  – Not having the 'type' listed for the other identifiers

  – Wrong other identifiers for the provider applying for NPI

  – Incomplete identifiers

Some of the reasons for continued claim rejections…

- Claims being submitted without NPI
  - In Primary Provider fields
  - In Secondary Provider fields

- Claims being submitted with Legacy IDs
  - In Primary Provider fields
  - In Secondary Provider fields

- Mismatches between NPI submitted and other provider information vis-à-vis what health plan has on record

- Mismatches between subpart NPIs and what health plan has on record

Some of the reasons for continued claim rejections
(as reported by CMS-Medicare)

- EIN or SSN being submitted does not match the TIN information on the crosswalk

- If EIN or SSN is submitted in Rendering Provider Secondary Identifier (837P) then appropriate qualifier must be submitted in the corresponding REF segment
  - EI when using EIN
  - SY when using SSN

- Legacy provider identifiers being submitted in the primary and/or secondary provider loops

Other lingering issues…

- NPPES data

  - Lack of EIN on downloadable file

  - Continued complexity and reliability issues

- Secondary provider NPIs

  - Temporary fix by CMS, but until when?

- Taxonomy codes and subpart matches

- Payer-specific NPI schemas (issue for 5010+)

The Bottom Line

- Another HIPAA deadline passed without major disruptions

- Need for continue addressing/resolving lingering issues

- Need to continue reaching out to new providers about NPI and its use

- How strict to enforce NPI rule during initial post-May 23, 2008 implementation?

- Are we better-off with NPI than without it?

  "Its all about administrative simplification…"

NPI Contingencies - Payers

- Handling a mismatch of incoming transactions

  – Some with NPIs only, some with NPI+Legacy, some with Legacy Only; some without secondary provider NPIs; some without the 'right' taxonomy codes

- Creating defined paths for specific situations (which to drop to manual, which can be 'passed' and follow-up with provider afterwards)

- Establishing crosswalk contingencies (back-up/manual processes to resolve matching problems)

NPI Contingencies - Payers

- Implementing a payment continuity strategy (revenue cycle management, payment monitoring, error resolution plans) to ensure that issues with internal business processes, systems, or transaction processing will not adversely affect prompt payment requirements, contracted processing thresholds or the delivery of care to members

- Establishing a strategy to handle transactions with atypical providers

- Handling crossover/COB claims with other plans

NPI Contingencies - Clearinghouses

- Hardest position:
    - Significant variability on readiness among provider clients
    - Significant variability on readiness, coding requirements from payer clients
- Risk to be seen or become the 'bottleneck' between providers and payers, stopping transactions sent by providers that don't meet the vendor general requirements, yet some of the payers at the receiving end would take
- Need to also create defined paths for specific situations (which transactions to allow to come through, which to stop)
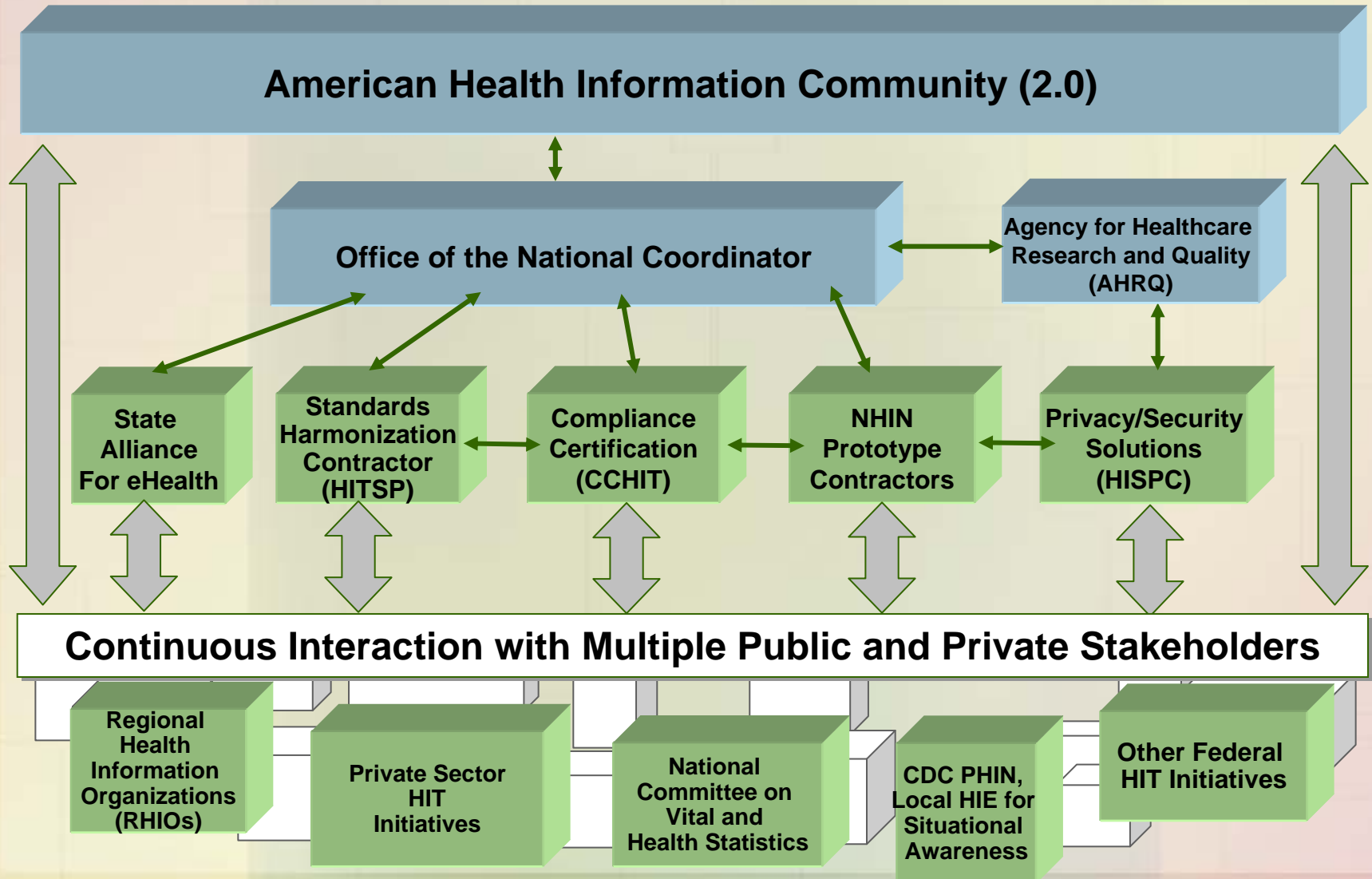
NPI Contingencies - Clearinghouses

- Alternative plans to handle the lack of time and data available for end-to-end testing (not just unit testing)

- Also challenged with the need to develop crosswalk contingencies (back-up/manual processes to resolve matching problems)

- Contingencies for small health plans!

Take Home Messages

- NPI "Transition" will continue for quite some time beyond any deadline

- Balance being compliant with doing the right thing

- Be flexible and adaptable with your processing policies and transaction edits

- Communicate periodically how things will be handled

- Monitor and isolate outlier cases of lack of use/misuse of NPIs

- Prepare for potential significant increases in manual follow-ups

- Make a "Good Faith Effort" to be compliant

- Treat your contingencies as an evolving process!

The National Health IT Strategy

American Health Information Community (2.0)

Office of the National Coordinator

Agency for Healthcare Research and Quality (AHRQ)

State Alliance For eHealth

Standards Harmonization Contractor (HITSP)

Compliance Certification (CCHIT)

NHIN Prototype Contractors

Privacy/Security Solutions (HISPC)

Continuous Interaction with Multiple Public and Private Stakeholders

Regional Health Information Organizations (RHIOs)

Private Sector HIT Initiatives

National Committee on Vital and Health Statistics

CDC PHIN, Local HIE for Situational Awareness

Other Federal HIT Initiatives

The National HIT/HIE Interoperability Standardization Process

Business/
Data Needs
Definition

Standards
Development
Process

Standards
Selection,
Evaluation,
Harmonization

Adoption
and Use

Certification

Testing

The National HIT/HIE Interoperability Standardization Process

Business/ Data Needs Definition

Industry-specific groups (i.e., payer, providers, public health)

Standards Development Process

SDOs (i.e., X12, HL7, ASTM) Vocabulary (i.e., SNOMED, LOINC)

Standards Selection, Evaluation, Harmonization

HITSP Integrating the Healthcare Enterprise (IHE)

Adoption and Use

Industry Government

Certification

CCHIT

Testing

NHIN Industry Groups (i.e., vendors, providers)

Health Information Technology Standards Panel (HITSP)

The Panel's Purpose

HEALTHCARE INFORMATION TECHNOLOGY STANDARDS PANEL

To harmonize and integrate diverse standards that will meet clinical and business needs for sharing information among organizations and systems.

❑ Establish HITSP Interoperability Specifications and promote their acceptance;

❑ Support the deployment and implementation of HITSP Interoperability Specifications across the health care enterprise;

❑ Facilitate the efforts of standards developing organizations to maintain, revise or develop new standards as required to support the HITSP Interoperability Specifications.

Harmonized standards promote interoperability, enhance healthcare quality and contain costs

HITSP: Enabling interoperability across the healthcare enterprise

HITSP and Interoperability

HIT Standardization

A **standard** is a well-defined approach that supports a business process and . . .

- has been agreed upon by a group of experts;

- has been publicly vetted;

- provides rules, guidelines, or characteristics;

- helps to ensure that materials, products, processes and services are fit for their intended purpose;

- is available in an accessible format;

- is subject to an ongoing review and revision process.

Standards Harmonization is required when a proliferation of standards *prevents* progress rather than *enabling* it.

HITSP Standards Harmonization

**HEALTHCARE
INFORMATION
TECHNOLOGY**
STANDARDS PANEL

Open

Inclusive

Collaborative

Use Case Driven

www.hitsp.org

1. Identify a pool of standards for a general breakthrough area

2. Identify gaps and overlaps for specific context

3. Make recommendations for resolution of gaps and overlaps

4. Develop **Interoperability Specifications** for using the selected standard(s) for a specific context

5. Test the instruction for using the standard

HITSP: Enabling interoperability across the healthcare enterprise

HITSP and Interoperability

In order to better conduct its new work, HITSP has implemented a new Technical Committee structure

- Three (3) Perspective Committees aligned with AHIC perspectives
  1. Provider
  2. Population
  3. Consumer

- Three (3) Domain Committees focused on healthcare domains
  1. Care Management and Health Records
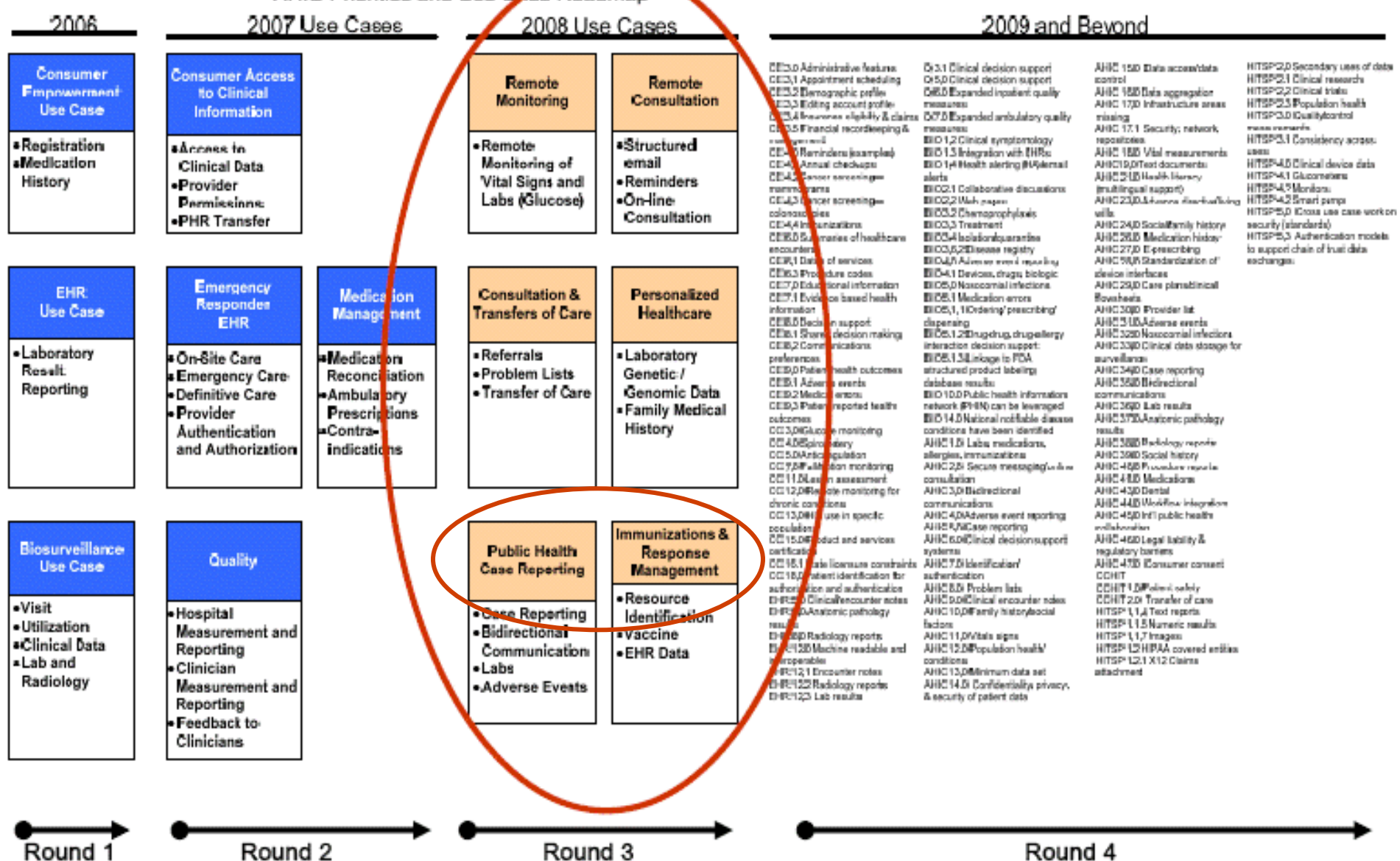 2. Security, Privacy and Infrastructure
  3. Administrative and Financial

HITSP and Interoperability

NEW . . . . HITSP TC Matrix Organization

Provider Perspective

Population Perspective

Consumer Perspective

Care Management and Health Records Domain Committee

Security, Privacy and Infrastructure Domain Committee

Administrative and Financial Domain Committee

Use Case Development Process Overview

AHIC Priorities and Use Case Roadmap

2006	2007 Use Cases		2008 Use Cases		2009 and Beyond

Consumer Empowerment Use Case
- Registration
- Medication History

Consumer Access to Clinical Information
- Access to Clinical Data
- Provider Permissions
- PHR Transfer

Remote Monitoring
- Remote Monitoring of Vital Signs and Labs (Glucose)

Remote Consultation
- Structured email
- Reminders
- On-line Consultation

EHR Use Case
- Laboratory Result Reporting

Emergency Responder EHR
- On-Site Care
- Emergency Care
- Definitive Care
- Provider Authentication and Authorization

Medication Management
- Medication Reconciliation
- Ambulatory Prescriptions
- Contra-indications

Consultation & Transfers of Care
- Referrals
- Problem Lists
- Transfer of Care

Personalized Healthcare
- Laboratory Genetic / Genomic Data
- Family Medical History

Biosurveillance Use Case
- Visit
- Utilization
- Clinical Data
- Lab and Radiology

Quality
- Hospital Measurement and Reporting
- Clinician Measurement and Reporting
- Feedback to Clinicians

Public Health Case Reporting
- Case Reporting
- Bidirectional Communication
- Labs
- Adverse Events

Immunizations & Response Management
- Resource Identification
- Vaccine
- EHR Data

Round 1 → Round 2 → Round 3 → Round 4

Population Perspective Use Cases

- *Immunizations and Response Management* – The ability to communicate a subset of relevant information about needs for medication and prophylaxis resources, about resource availability, about their administration and about the status of treated and immunized populations.

- *Public Health Case Reporting* - Leveraging electronic clinical information to address population health data requirements.

HITSP – Public Health Participation

- Major "perspective" focus given to population health
- HITSP Population Perspective Technical Committee includes over 150 members representing public health, providers, health plans, vendors
- TC has focused on use cases related to public health/population health
  - Biosurveillance
  - Quality
  - Public Health Reporting (new - 2008)
  - Immunization and Response Management (new – 2008)

HITSP – Public Health Participation

- TC currently reviewing new use cases, preparing corresponding Requirements Design and Standards Selection (RDSS) documents, identifying new constructs needed based on use case analysis

- Public Health opportunities:
  - Join TC ~
  - Review and comment on upcoming draft documents ~

Integrating the Healthcare Enterprise (IHE)

- Leading national collaboration of health information technology vendors

- Developing implementation 'profiles' that integrate HITSP standards into information systems for actual application

- Allows for real-life rapid-deployment of testing of system interoperability

- Public Health
  - Now actively engaged (PHDSC lead creation of Public Health Domain)
  - Developing the first-ever "Public Health IHE Profiles" for use on public health-related transactions

NHIN – The Nationwide Health Information Network

- "Network of Networks" of Networks

- Framework for health information network service providers

- Interconnecting Regional Health Information Exchanges

- Business/Technical Issues
  - Standards
  - Sustainability
  - Security
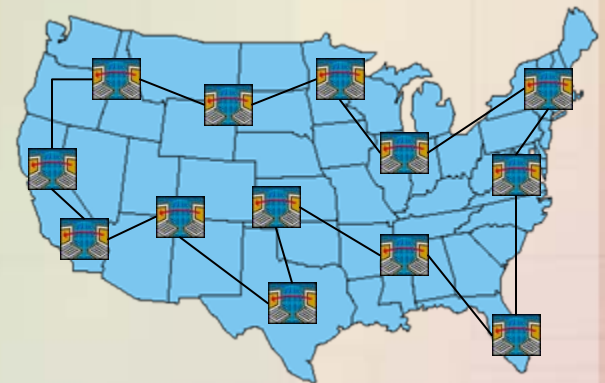
NHIN – Current Status

- NHIN 2 Trial Implementation Cooperative currently underway (October, 2007)
- 9 health information exchanges awarded contracts (plus Federal consortia) to implement 'Nationwide Health Information Exchanges'
  - Local/Regional HIEs
  - Real data
  - Use-case driven
- Basic inter-organizational agreements in place
- Core services initial specifications due in early April, 2008
  - Data specifications
  - Technical specifications
- Testing event in August, 2008
- Demonstration in September, 2008
- Use case implementation to follow
  - Testing in November, 2008
  - Demonstration and Forum in December, 2008

NHIN – Current Status
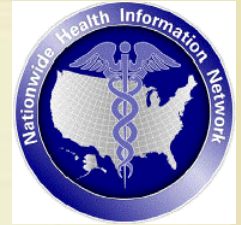
NHIN 2 Trial Implementation Participants:

- CareSpark -- Tricities region of Eastern Tennessee and Southwestern Virginia

- Delaware Health Information Network – Delaware

- Indiana University -- Indianapolis metroplex

- Long Beach Network for Health -- Long Beach and Los Angeles, California

- Lovelace Clinic Foundation -- New Mexico

- MedVirginia -- Central Virginia

- New York eHealth Collaborative -- New York

- North Carolina Healthcare Information and Communications Alliance -- North Carolina

- West Virginia Health Information Network -- West Virginia

- Federal Consortia (DoD, VA, FHA)

New Cooperative Agreement Funding Available (due March 17, 2008):

- Purpose: for other networks such as integrated delivery systems, personally controlled health record support organizations, state, regional and non-geographic HIE entities, and specialty networks to participate in the NHIN

NHIN – Public Health

- Regional health information exchanges involve public health participants
  - Fiscal agent role
  - Policy direction/overseeing role
  - Data contributing role
  - Data exchange role

- Application of Public Health-related use cases to trial implementations
  - Biosurveillance
  - Quality reporting
  - Public Health reporting

CCHIT – Certification Commission for Health Information Technology

- An independent voluntary private sector non-profit organization
- Formed by three leading HIT industry associations in 2004
  - American Health Information Management Association (AHIMA)
  - Health Information and Management Systems Society (HIMSS)
  - National Alliance for Health Information Technology (NAHIT)
- Funded by ONC to to develop and evaluate certification criteria and create an inspection process for health IT in the following areas:
  - Ambulatory Electronic Health Records (2006-2007)
  - Inpatient Electronic Health Records (2007-2008)
  - Health networks (2008-2009)
  - Components of Personal Health Records (2009+)
  - EHRs for specialty practices/special settings (2009+)

CCHIT – Certification Commission for Health Information Technology

Mission:

Accelerate the adoption of robust, interoperable health IT by creating an efficient, credible certification process.
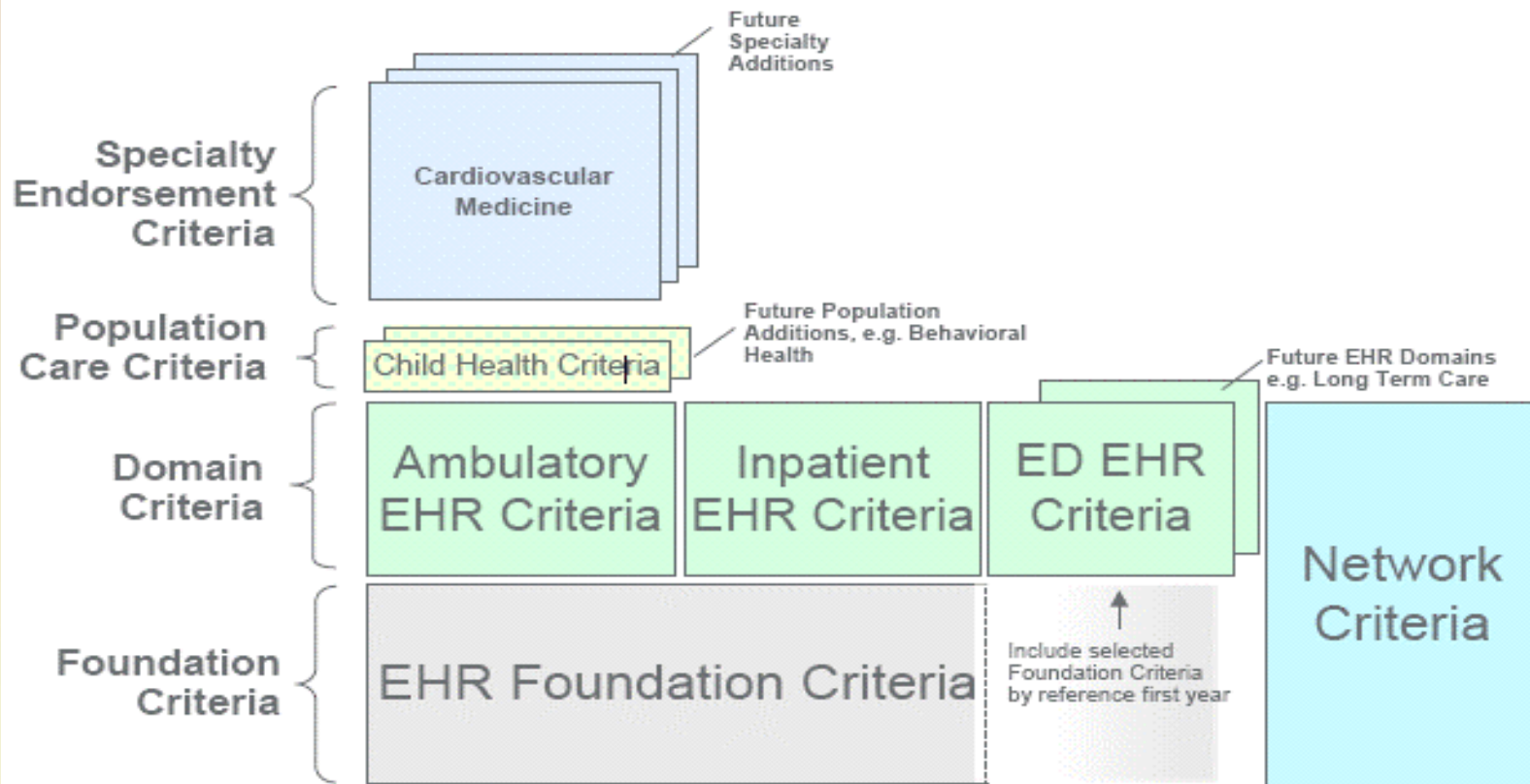
Goals:

- Reduce the risks of investing in health IT
- Facilitate interoperability of EHRs and Networks
- Enhance availability of adoption incentives and regulatory relief
- Protect the privacy of health information

CCHIT

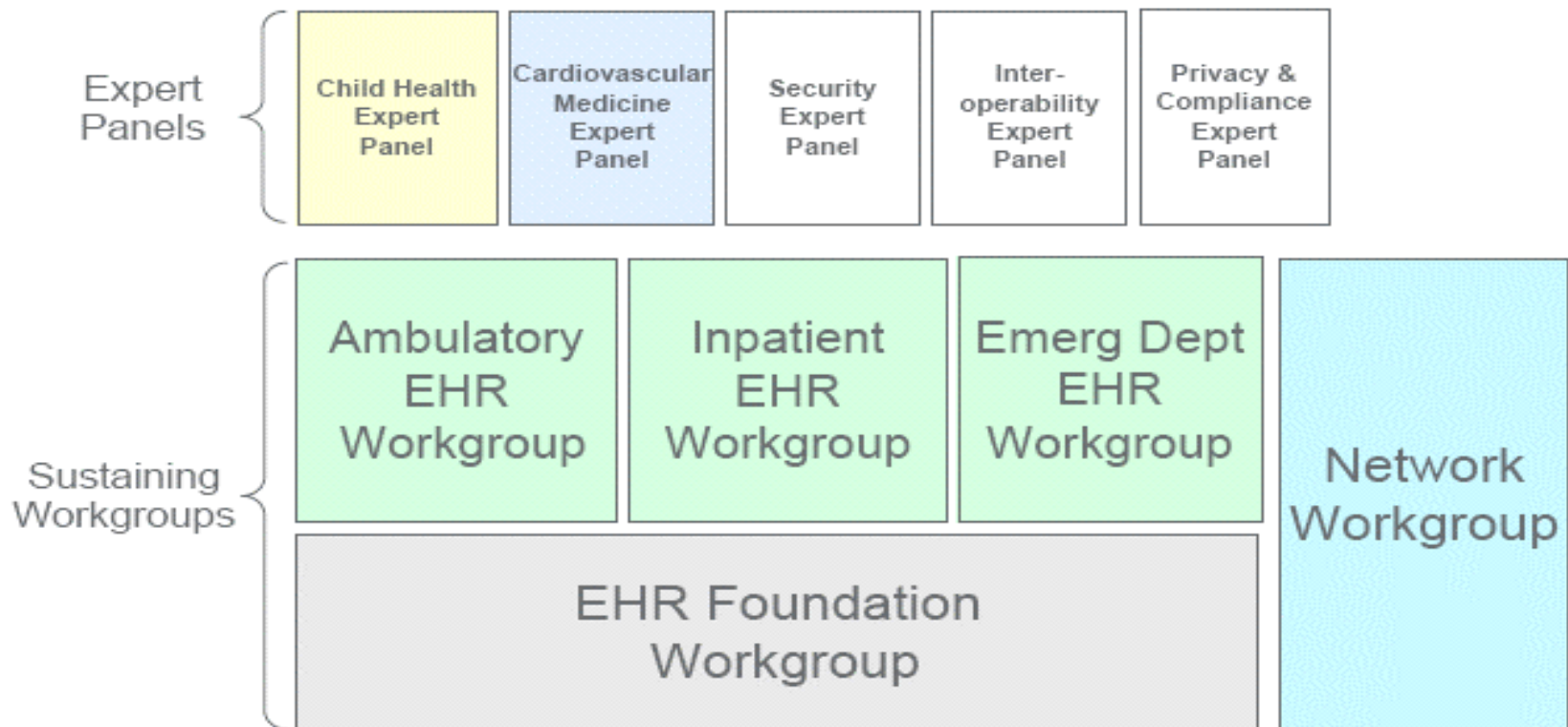# CCHIT – Certification Commission for Health Information Technology

CCHIT – Certification Commission for Health Information Technology

CCHIT – Public Health

- Some individuals with public health expertise participating at various levels
  - Commissioners
  - Expert Panels
  - Sustaining Workgroup?
- Cross-participation from public health members from HITSP
  - HITSP-CCHIT Joint Working Group
- Interest and opportunity to create a Public Health Expert Panel
  - PHDSC
- Possibility of exploring a 'Public Health Certified' sub-marker

Other National Initiatives and Public Health

- Health Information Security and Privacy Collaborative (HISPC)
  - Third Phase starting this month
  - Focusing on multi-state collaboratives addressing specific inter-state issues
    - Consent (Content, Process)
    - Inter-organizational Agreements for HIEs
    - Security Data Standards (identification, authorization, authentication, access)
    - Governance
    - Provider Education
  - Public health participating in several levels
    - Fiscal agent
    - Policy directions
    - Data exchanges (inter-state immunization exchanges)

Other National Initiatives and Public Health

- State Alliance for e-Health – National Governors Association (NGA)
  - Three initial task forces completed their work and issued final reports and recommendations
    - Health Information Protection Taskforce (Inter-state Privacy and Security)
    - Health Care Practices Taskforce (state level issues related to regulatory, legal and professional standards that affect practice of medicine)
    - Health Information Communication and Data Exchange Taskforce (appropriate roles for publicly funded programs – Medicaid, SCHIP – in interoperable HIEs)
  - Established two new task forces:
    - Taskforce on Privacy, Security and Health Care Practice Issues (regulatory and legal issues related to privacy and security protections in HIEs)
    - Taskforce on States' Roles in Electronic Health Information Exchanges (issues regarding state government roles in HIEs, including options and best practices related to purchasing health care, funding initiatives, regulating industry and protecting consumers)

Thank You!

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