The Fourteenth National HIPAA Summit

4.03 Advanced Issues in NPI Implementation

Health Plan and Provider Perspectives

Sally Klein, Senior Consultant, FOX Systems, Inc.

Michael Apfel, CIPP/G

Topics

- Are Health Plans Ready?
- Do Your Subparts Match Our Subparts
- Taxonomy Use
- Subpart and Taxonomy Alternatives/Complements
- New Providers and Mid-Levels
- Dissemination and Disclosure
- Testing
- Business Continuity For Everyone
- Emerging Issues

Are Health Plans Ready?

- Some are – many are not. Many have not tested completely
- Still awaiting NPI information from providers
- Working on crosswalks and hitting a few bumps
- Need to accommodate a lot of intelligence in legacy numbers
- Dissemination from NPPES would be helpful to clarify matches

Do Your Subparts Match Our Subparts?

- Unless health plans can match the existing legacy identifiers, they cannot pay correctly
- Health plans need to know how subparts are determined as soon as possible to work into crosswalks
- Subparts for some payers are entirely different from other payers – finding the middle is important
- Old systems change slowly
- We need to talk!!!

Subparts On The Front Lines

- Confusion remains across all Organizational Provider types, especially group practices
- Some instances of "on the fringe mandates" as well as those that are over the edge
- Location identification is still a problem
- Mapping subparts in claims can be problematic
- Follow the money, not the schema, and take control

Subparts On The Front Lines

- Understand how you are being paid today and back into the subpart *if needed*
- Communication is absolutely critical
  - More than a list pairing NPI with other data elements
- Remember to account for cross-over claim situations and secondary billing
- Consistency will help to ensure cash flow

Subparts On The Front Lines

- Mapping subparts in claims is hands-on
  - Don't hand off to vendors or other third parties—you have to pay them whether or not you're paid
- Understanding input to output data flow is important when mapping claim data
  - What NPI was used for the eligibility or authorization for this claim?
- Can the vendor(s) support your business needs?

Subparts On The Front Lines

- Enumeration and reporting must be consistent across all mediums
  - 4010A1, Paper, and DDE
- Does staff responsible for input and processing know which NPI to use by medium, health plan, provider, service, taxonomy, etc?
  - Not just Patient Financial Services
  - Have subpart methodologies been adequately explained to all affected personnel?

Subparts On The Front Lines

- Is the cost reporting system appropriately configured with NPI data?
- Decision Support
- Contract Management
- Reference Lab or other clinical systems that bill and may or may not have been enumerated as a subpart

Subparts On The Front Lines

- Organizational providers performing Professional billing
  - Potential conflicts between Type 1 and Type 2?
    - If your ED is now a subpart of the acute hospital, will a claim edit generate because the adjudication system is "looking for" the acute hospital's NPI?
    - Did you communicate that effectively to the plan?
    - Does the plan edit against this scenario?
- What do you know about how a plan's crosswalk will work?

Taxonomy Use

- Few entities understand taxonomy codes and there is little help available
- Taxonomies used on claims may not match that submitted to NPPES which degrades the database
- Health plans need to set systems to accept a broad range of taxonomies to avoid rejecting transactions
- Health plans are collecting and storing taxonomies submitted by and collected from providers – need to collect all that will be used

Taxonomy Use

- Some government payers do not have taxonomy codes that match their business
- Atypical providers can have taxonomy codes but may not obtain NPIs, e.g. Taxi
- Health plans may supply help for providers in determining taxonomy codes, but may be thought of as being prescriptive
- Maybe that's not always a bad thing…

Taxonomy Use

- Rule One: Forget NPPES
- Most health plans are defining taxonomy code use
  - Are you considering secondary and crossover scenarios?
  - Is there a taxonomy that defines you or your subpart?
- If you are being asked to provide a taxonomy, are you asking a lot of questions?
- Claim mapping complexities are great

Taxonomy Use

- Can your vendor(s) support multiple taxonomy scenarios and the complex mapping?
- Unanswered question
  - If an accrediting or other regulatory agency audits claims against Medical Staff credentialing documentation and the taxonomy/privileges don't match…what happens?
  - Documentation is critical

Subpart and Taxonomy Alternatives / Complements

- Location may be found with address (zip+4)
- Service Facility Location Loop
- Place of Service Codes – used correctly
- Procedure codes and appropriate modifiers
- Type of Bill Codes
- Transaction Format – 837I vs. 837P vs. 837D
- Be prepared to submit extra data the provider systems are not used to using

New Providers and Mid-Level Providers

- Health Plans have often paid mid-level providers based on bills from preceptors, e.g. CRNAs as billed from anesthesiologists
- QC was difficult because one provider could look like he/she was working 30 hours per day
- Payment is often different for mid-levels
- Transactions support mid-level as rendering provider while preceptor is supervising provider
- Health Plans may soon be enrolling these providers

New Providers and Mid-Level Providers

- Other providers, such as PT, OT, therapists, etc have often been billed as part of a group
- Some health plans have found that work was done by lowest level of provider, but billed by the group as though it was all the same
- Some health plans will be enrolling these providers individually as well
- Payment may change

Dissemination and Disclosures

- Dissemination Notice to OMB on 02/26/07
- OMB can take full 90-days (May 27, 2007)
  - No guarantees
  - Federal Privacy Rules
    - Federal Privacy Act of 1974
    - Freedom of Information Act
    - E-Government Act
  - System of Records
  - NPI Final Rule

Dissemination and Disclosures

- Dissemination vs. Disclosure
  - Dissemination: Au nom d'une autre personne
    - Disclosure of or access to numerous NPIs, some or none of which may be your own (conversational definition)
  - Disclosure: A provider sharing its NPI to another party or entity
- NPIs are protected identifiers
- Should not be a barrier to implementation

Dissemination and Disclosures

- Providers are free to disclose their NPIs to anyone and everyone.
- Must identify who needs your NPI and allocate the necessary resources to disclose it
  - Policies
  - Procedures
  - Training
- Understand the who, what, and when of disclosures

Dissemination and Disclosures

- Understand what is permitted if disseminating medical staff NPIs
  - Written authorizations
  - Established relationships and contractual permissions
  - Policies and procedures
  - What is defensible?

Testing

- Some health plans are ready to test, but providers are not
- Some providers are ready to test but health plans are not
- Who is going to blink first?
- Health plans must develop testing scenarios that challenge their systems
- Must test to be sure that what comes in is going out properly

Testing

- A test environment is helpful. It is really hard to test in a production environment
- Dual use is very helpful to assure that claims perform the same in parallel with production
- Test to be sure about the crosswalk functionality
- Test early. Test often. Repeat.

Testing

- Test now
  - Who's ready?
  - What to test?
  - Dual Use does NOT equate to testing
    - Employ if possible
    - Clarify use and intent with trading partner
- What does NPI readiness mean?
  - Your organization
  - Vendors
  - Trading Partners
  - Business Associates

Testing

- Testing Traps
  - Test environments
  - End to end?
  - Verification versus validation
  - Was internal testing congruent with external testing?

Business Continuity

- Not everyone will be ready!!!!
- Develop a plan with triggers that let you know that it is time for a contingency
  - Providers are still not enumerated
  - System is not fully functional or tested
  - NPPES data is not available
- Determine your business continuity response

Business Continuity

- Establish criteria that will work you out of the contingency operations
  - Increase provider outreach
  - Devote more resources
- Set deadlines for assuming normal operations
- Put it on paper and keep it handy

Business Continuity

- Early starters
  - Secondary and crossover claims
  - Can your systems support a by plan implementation?
- Many will not be ready
  - How will you address?
  - Will you be forced into non-compliance?
  - What will your third party vendors do?

Business Continuity

- If ready and able to make the compliance date,
  - How will you know if you're being paid correctly?
  - What is your communication plan for remediation?
  - Whom do you contact at each step?
- Transitional 835s
  - Do you know what you're going to receive as of May 23, 2007?
  - Do you know if your system can receive and process it?

Emerging Issues (As if These Weren't Enough)

- Secondary Providers – Not all are covered entities, but it is hard to manage transactions with multiple identifiers.
  - Some payers setting hard edits – too soon
  - Some payers don't look – maybe not careful enough
- Return of the 835
  - If provider puts NPI of a subpart in the billing provider loop, but the NPI of the main entity in the pay to, the 835 only returns the pay-to information

Emerging Issues (As if These Weren't Enough)

- 835 IG Requirements
  - Check or EFT is created based upon the submitted NPI
    - Multiple checks per NPI are allowed
    - Multiple NPIs per check is not allowed
  - Grouping payments from multiple NPIs to a single legacy ID (EIN) and reporting to a single NPI is not allowed
- Do you know if this is an issue for you?

Emerging Issues (As if These Weren't Enough)

- E-Prescribing will eventually function with NPIs
- Claim Attachments need to match NPIs of the claim with attachments and clinical information in HL7 formats
- Electronic Medical Records will soon need to reference a provider with a unique identifier – NPI?
- Pay for Performance is prepared to use the NPI for its data collection
- Next HIPAA version (5010?) will seek NPIs at lowest level of granularity


Thank you.