

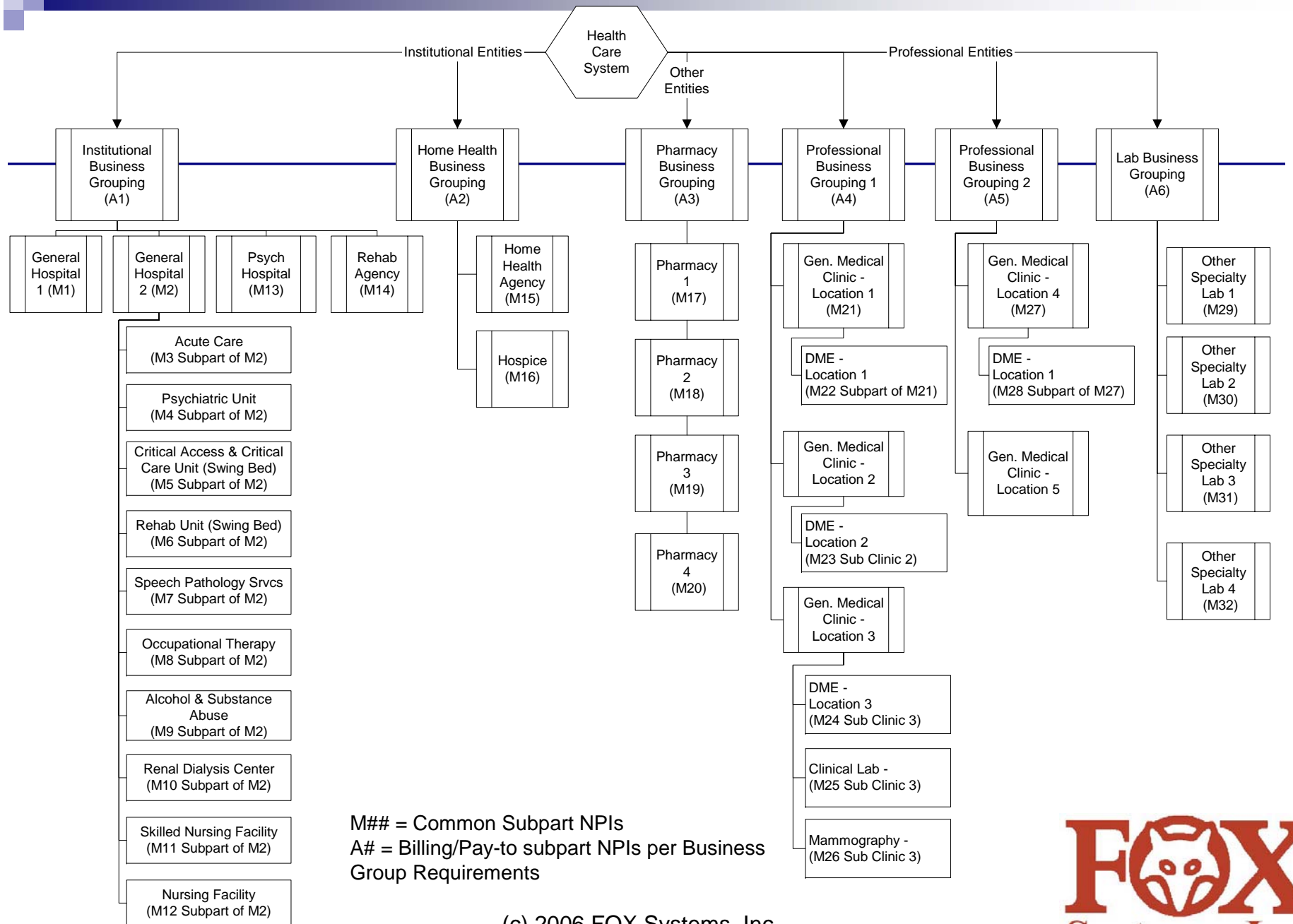


National Provider Identifier: Implementation Issues

Presented by
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Communications Considerations

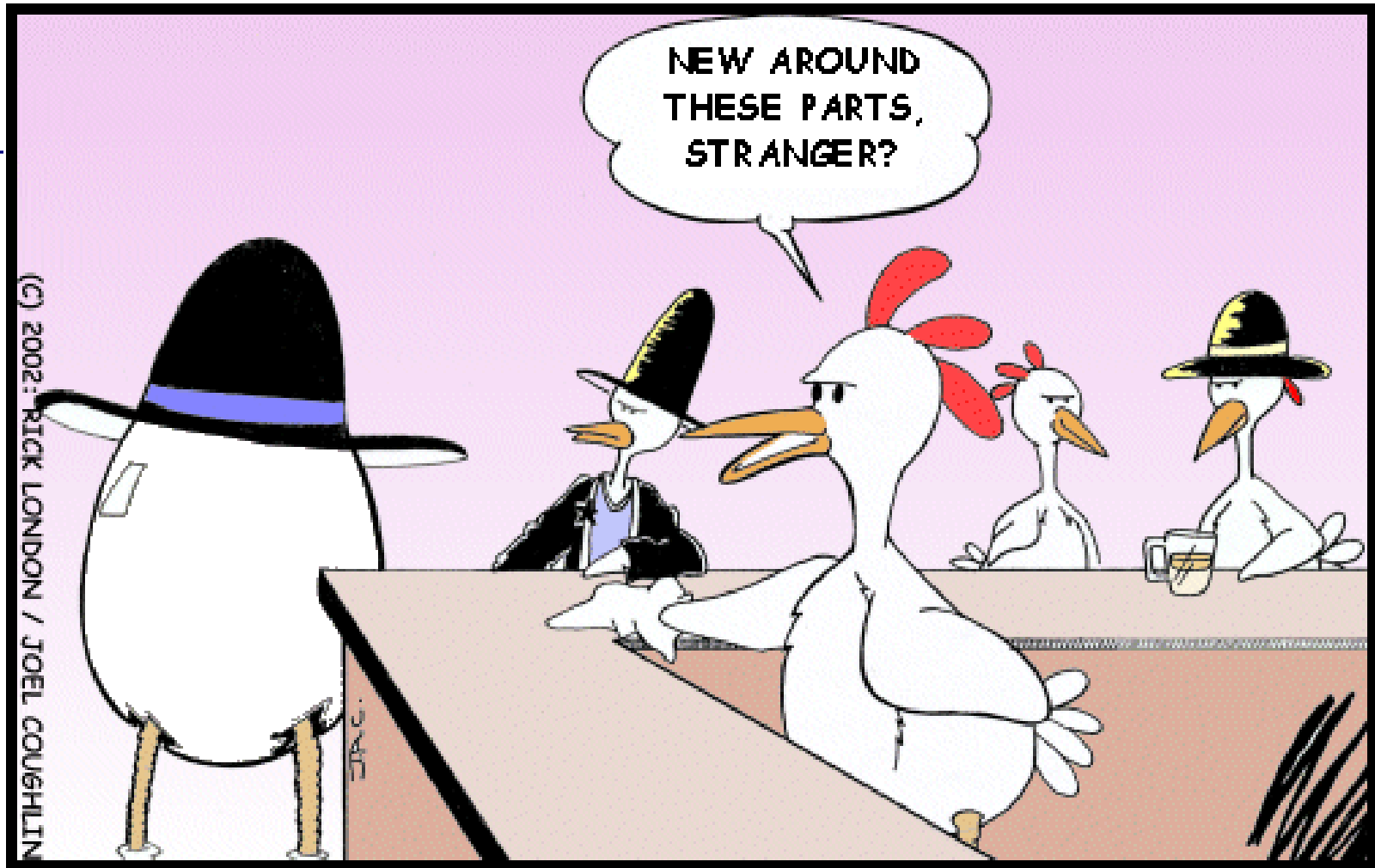
- Companion Guide changes
 - New data needs
 - Expedite distribution (provider vendors)
- Disparate ideas about NPI enumeration schema
 - Payer v. payer
 - Payer v. provider
 - Clearinghouse v. payer(s)
- Trading partners
 - Enumeration status
 - Current identification schema
- Implementation schedules
 - Migration
 - Testing



M## = Common Subpart NPIs
A# = Billing/Pay-to subpart NPIs per Business Group Requirements

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AND YET THE QUESTION REMAINED:
"WHO CAME FIRST?"

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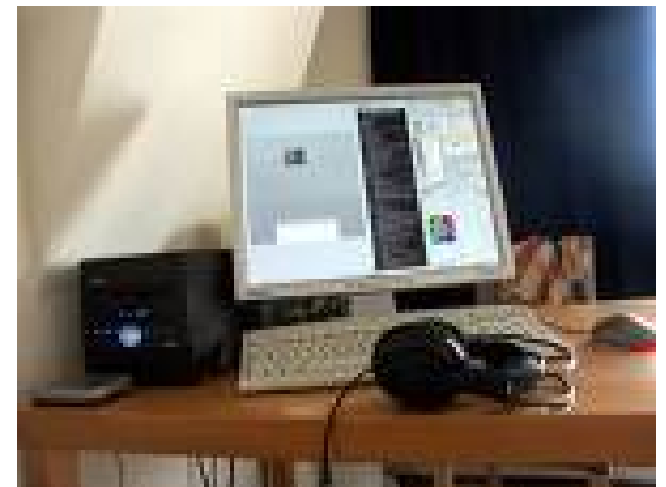


NPI Collection and Validation

- All trading partners
 - Payers
 - Providers
 - Clearinghouses
 - Other intermediaries
- Select method and validate information
 - Re-enrollment
 - Hard copy of notification
 - Disparate methods by payer
- Out of network providers



VS.



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Provider Network Implications

- Provider network management
 - Contracting
 - Credentialing
 - Enrollment
- Revenue cycle management
 - Continuity = timing
 - Consistency = rates
- Identification methodology
 - New data fields
 - Fraud and abuse detection

System Issues

- Identify all legacy identifier logic
 - Applications
 - Hard coded
 - Database attributes
- Modify to accommodate NPI field size and format
- Create cross-references between legacy provider numbers and NPI's, using available data
- Conversion of internal systems
 - Translator/Mapping logic
 - Administrative transaction receipt/creation
 - Claims history for reporting, budgeting
 - Clearinghouse interface(s) changes



Additional Considerations

- Management
 - Inability to forecast future needs because of interruption in historical data
- Revenue cycle
 - Inability to coordinate benefits because the provider cannot be recognized by the health plans (significant problem with subparts)
- Provider identification
 - Fraud and abuse detection
 - Gathering data to supplement NPIs may be difficult or resource intensive
 - Distribution of NPI information is resource intensive

Enumeration and NPPES

- Enumerator
 - Provide application assistance
 - Process paper applications
 - Error resolution
- National Plan and Provider Enumeration System (NPPES)
 - Uniquely identify provider
 - Edit and validate data
 - Assign NPI
 - Assign National Plan Identifier (future)



The NPPES System

- Enumerates
- Validates only
 - SSN
 - Address
- **Does not** validate other identifiers and health plan affiliations (as indicated by payer-specific IDs and other legacy provider identifiers)
- **Does not** disseminate NPI data to anyone other than the applying provider



NPPES Interaction

- Bulk Enumeration (EFI)
 - Beta testing began early February
 - Live with EFIO's early 2006
 - NCPDP is most active and vocal
- Data Dissemination
 - Dissemination notice – Still unavailable
 - Unknowns
 - Who?
 - What?
 - How?

Paper Forms

- Revised 1500 (NUCC)
 - 10/01/06: Payers able to accept (CMS delay 01/01/07)
 - 02/01/07: New version only
- UB04 (NUBC)
 - 03/01/07: Payers able to accept
 - 05/23/07: New version only
- Dental
 - Standard ADA form in revision (ECD 10/06)
 - No dual use strategy on current form
- Pharmacy
 - Standard NCPDP Universal Claim Form (UCF)
 - No dual use strategy (electronic or paper)



Medicare Implementation Schedule

- January 3, 2006 -October 1, 2006
 - Providers may send NPI (optional) with Medicare number (Required)
 - CMS will return submitted identifiers on
 - Outbound claims
 - Claim status response
 - Eligibility benefit response
- October 2, 2006 - May 22, 2007
 - Providers may send NPI and/or Medicare number
 - No Medicare number may result in non-payment
 - CMS will return submitted identifiers on electronic remittance advice
- May 23, 2007 – Forward
 - Providers must send NPI only
 - Small health plans have an additional year to comply



How will we do business?

- What are our communication needs?
- How have our providers redefined themselves?
- Can we guide our providers enumeration schema?
- How will we link NPI and legacy information across systems?
- Will we have to complete a partial or full re-enrollment(s)?
- What are the contracting implications?
- Do we have a comprehensive transition plan for administrative transactions?



Were we successful?

- Project budget and schedule
 - Strength of network
 - Receipt and distribution of NPI information
 - Payment management
 - Internal processes
 - Vendor performance
 - Smooth transition
-
- Are we ready for the next health information technology mandate...?



“So I’m on page 4,987 of the HIPAA regulations when, suddenly, it occurs to me, prison would seem like a vacation!”

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Thank you!

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