
The Road to Compliance

A HIPAA NPI National Landscape

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HIPAA NPI: A Long and Winding Road....



- 1992-1993: WEDI formally recommends establishment of a national unique provider identifier for the industry
- July, 1993: HCFA (CMS) starts a project to develop a health care provider ID system for Medicare and Medicaid
- August 21, 1996: the HIPAA Law signed by President Clinton included provisions that required the establishment of the National Provider Identifier
- May 7, 1998: HHS publishes the proposed HIPAA NPI regulations; WEDI NPI PAG established

HIPAA NPI: A Long and Winding Road....



- January 23, 2004: Final NPI Rule is published by HHS
- May, 2004: WEDI SNIP NPI SubWorkgroup is created; NPI Listserv launched
- May 23, 2005: Effective date of the final NPI Rule and start of the NPI Enumeration Process
- August, 2005: First WEDI NPI Industry Forum
- September, 2005: WEDI launches NPI Outreach Initiative
- April, 2006: NPI enumeration passes the 500K mark

HIPAA NPI: A Long and Winding Road....



- April, 2006: WEDI holds a public hearing on NPI implementation
- May, 2006: NPI EFI for Bulk Enumeration is started
- June, 2006: WEDI completes its NPI Readiness Assessment
- July, 2006: CMS and WEDI launch the “NPI: Get It. Share It. Use It.” campaign
- August, 2006: NPI enumeration passes the 1 million mark
- August 15-16, 2006: Fourth WEDI NPI Forum
- August 21, 2006: Tenth Anniversary of the signing of the HIPAA Law.....



Here and Now: The Top Priorities for Achieving Compliance

PRIORITIES

1. Individual providers complete their NPI enumeration
2. Organization providers define their enumeration strategy, identify subparts, obtain their NPIs
3. Organizations (providers, payers, clearinghouses, others) complete their NPI gap analysis, system readiness assessment
4. NPI Information Exchange and trading partner NPI communication plans are implemented

Here and Now: The Top Priorities for Achieving Compliance

PRIORITIES

5. Plans/clearinghouses establish transition phases for transactions, adopt/start dual use strategy
 6. NPI Validation, Verification, Mapping (Crosswalk), Storage and Maintenance of NPIs
 7. NPI Transaction Testing
 8. NPPES Dissemination
 9. Implementation of new paper forms, NPI in forms
 10. Development of Contingency Plans
- ➔ Awareness, Outreach and Education

- Have providers heard about NPI?
 - Most probably have:
 - Most payers (Medicare, Medicaid, private) have sent communications to providers via newsletters, email lists, RA notices
 - Most payers have also established websites with general and payer-specific NPI information
 - Most national and professional associations have also sent messages to providers, offered information via their websites

Challenges and Opportunities

- Why aren't more providers taking any action?
 - For most, not a top priority yet
 - Deadline "a year away"
 - Perception that "it is only a new number"
 - Ease of applying/obtaining an NPI ("4 minutes to apply - 4 minutes to get it back")
 - Confusion about who/what to enumerate, where/how to use the NPI
 - Some large systems getting ready for EFI
 - Some still might not have heard about NPI at all...

Challenges and Opportunities

- Where are payers?
 - Many beginning to implement plans for NPI transition
 - Some already collecting NPIs, accepting NPI transactions
 - Most waiting for NPPES Dissemination to access NPI data
 - Most have communicated basic information to providers
 - Some working with largest trading partner providers directly
 - Waiting for providers to make decisions on organization/subpart enumeration
 - Some regions actively working through a collaborative effort to coordinate NPI deployment

Challenges and Opportunities

- Where are clearinghouses and vendors?
 - Most already modifying their internal systems, performing system/product upgrades
 - Awaiting for payers to be ready to accept NPIs
 - Awaiting for providers to submit NPIs to them

NPI Transition

Challenges and Opportunities



Three ways to measure where we are with NPI:

1. Number of NPIs issued

- Passing 1.1 mark of an estimated 2.3 million
 - Not sure whether all NPIs belong to covered providers; some could be non-covered entities
 - Total number of NPIs needed could be higher (higher estimates closer to 3.0 million)
- Weekly rate progressively increasing
 - ~ 35,000 NPIs/week now! (Medicare enrollment effect?)
 - Need to increase speed in order to achieve expected number before May, 2007

NPI Transition

Challenges and Opportunities



2. Percent of NPIs communicated to health plans and trading partners

- Much lower number, sometimes in the low single digits (1-2%)

3. Percent of NPIs used in health care transactions

- Even lower (0-1%)
- Some health plans ready but providers not ready to send
- Some providers ready but health plans/clearinghouses not ready to receive

Where do we go from here?



- Focus on top sources of information to providers and expand coordinating efforts
 - CMS/Medicare (regulator, health plan)
 - Medicaid
 - Health Plans
 - Clearinghouses and Vendors
 - Professional/Trade Associations

Where do we go from here?



- Continue leveraging best, most efficient methods of provider education/outreach
 - Industry Listservs
 - Newsletters (printed/email)
 - Websites
 - Plan RA Notices
 - Audiocasts/Webcasts
 - NPI Seminars
 - Regional and National Conferences

Where do we go from here?



- Professional associations, health plans launch their own *“Get Your NPI. Communicate Your NPI.”* campaigns
- Consider also implementing the “NPI Message of the Month” in your periodic communications with providers

Where do we go from here?



- Intensify frequency and, more importantly, urgency in content of messages to providers
 - Need to obtain NPIs *NOW!*, communicate NPIs to payers, begin using them on transactions
 - For payers/clearinghouses - communicate plans to collect NPIs, transition schedule, testing, implement NPI on electronic transactions, plans for paper forms

Where do we go from here?



- Continue monitoring progress
 - Not just on number of NPIs issued
 - Percentage of providers that have communicated their NPIs to health plans
 - Percentage of transactions containing an NPI

The 'C' Word = Contingency

- Little “c” – Internal Contingency Plans
 - Every health plan, provider, clearinghouse should consider their own internal contingency plans
 - Payment Continuity issues
 - Delays in business process changes
 - Delays in system upgrades, testing, implementation

The 'C' Word = Contingency

- Big “C” – A National Contingency Plan
 - Most evidence today strongly points to the need for one
 - Lowest than expected NPIs issued
 - Reality that many providers will wait until last minute to apply/obtain NPI (“the last 300K getting NPIs May 22...”
 - Challenge to collect, validate, verify, map, store NPIs, test transactions, complete transition in time
 - Lack of NPPES Dissemination that limits ability to verify and populate NPI databases
 - Fear that transactions will be rejected/pended and providers will ‘drop to paper’
 - Some payers already considering NOT rejecting transactions with NPI+Legacy after compliance date

How Did This Happen?

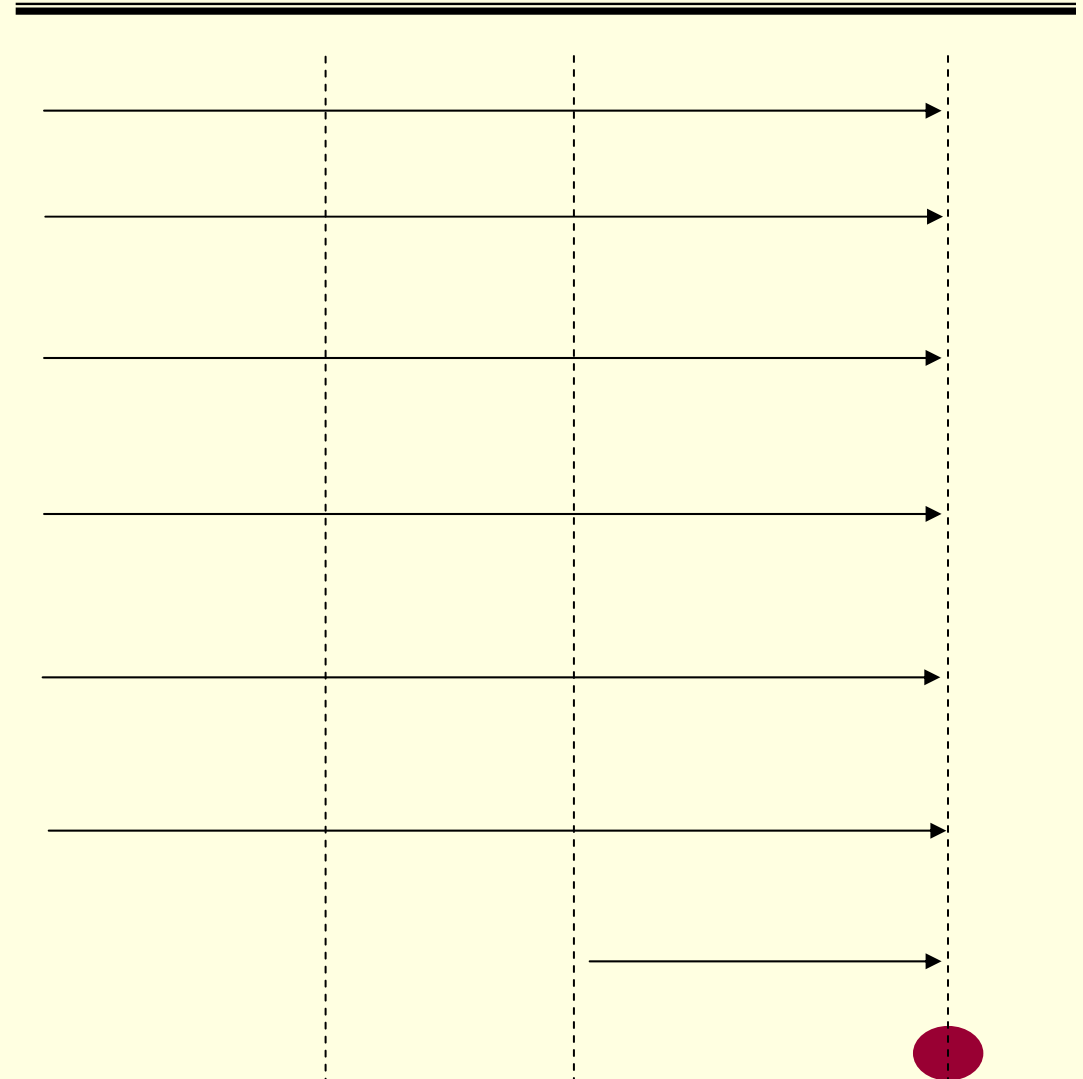
HIPAA NPI Plan

- Providers obtain NPI
- Provider uses NPI
- Providers uses NPI as ONLY identifier
- Payers/CH get ready to receive NPI
- Payers/CH accept NPI+Legacy IDs
- Payers/CH accept TxS with ONLY NPI
- Transition
- Compliance

2005

2006

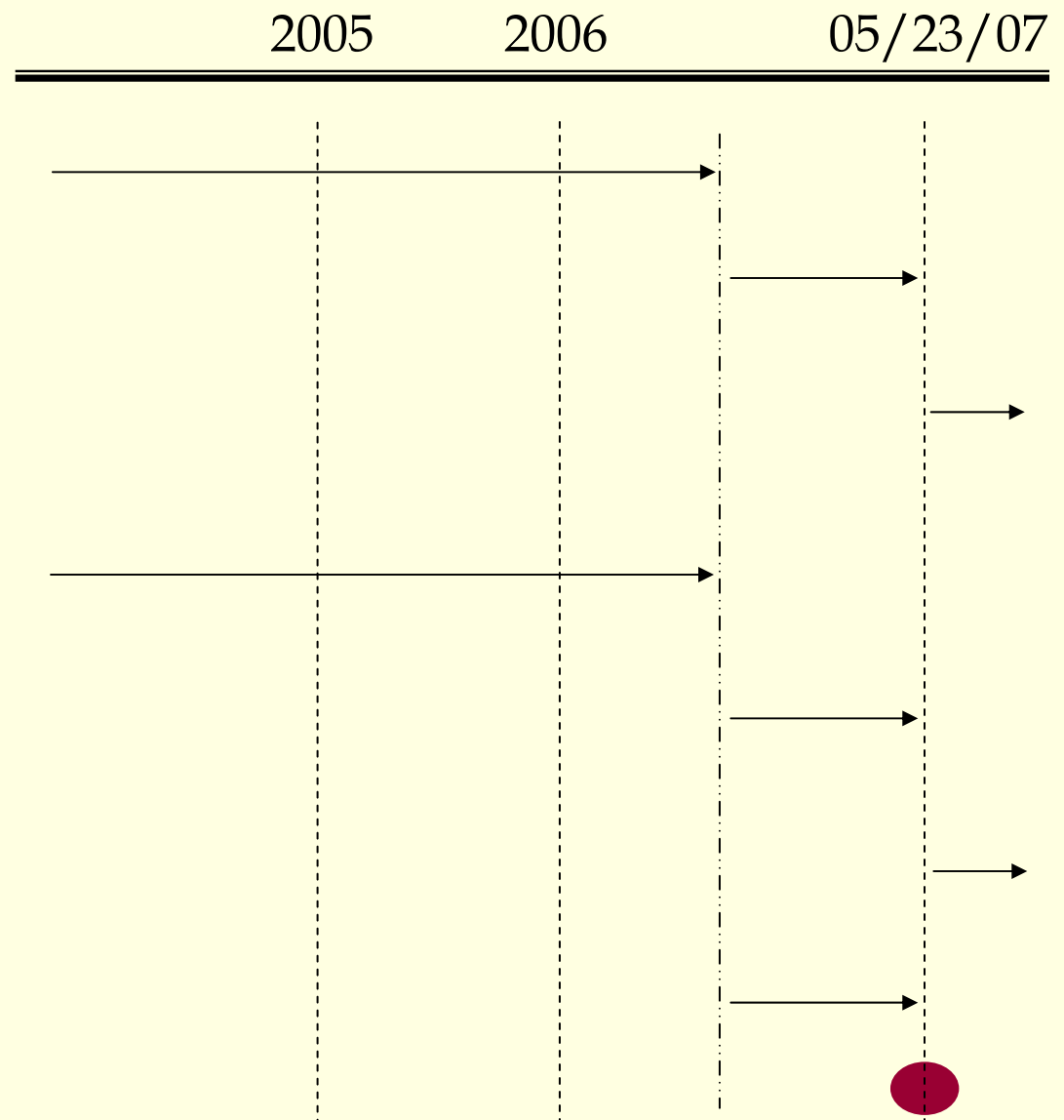
May 23 2007



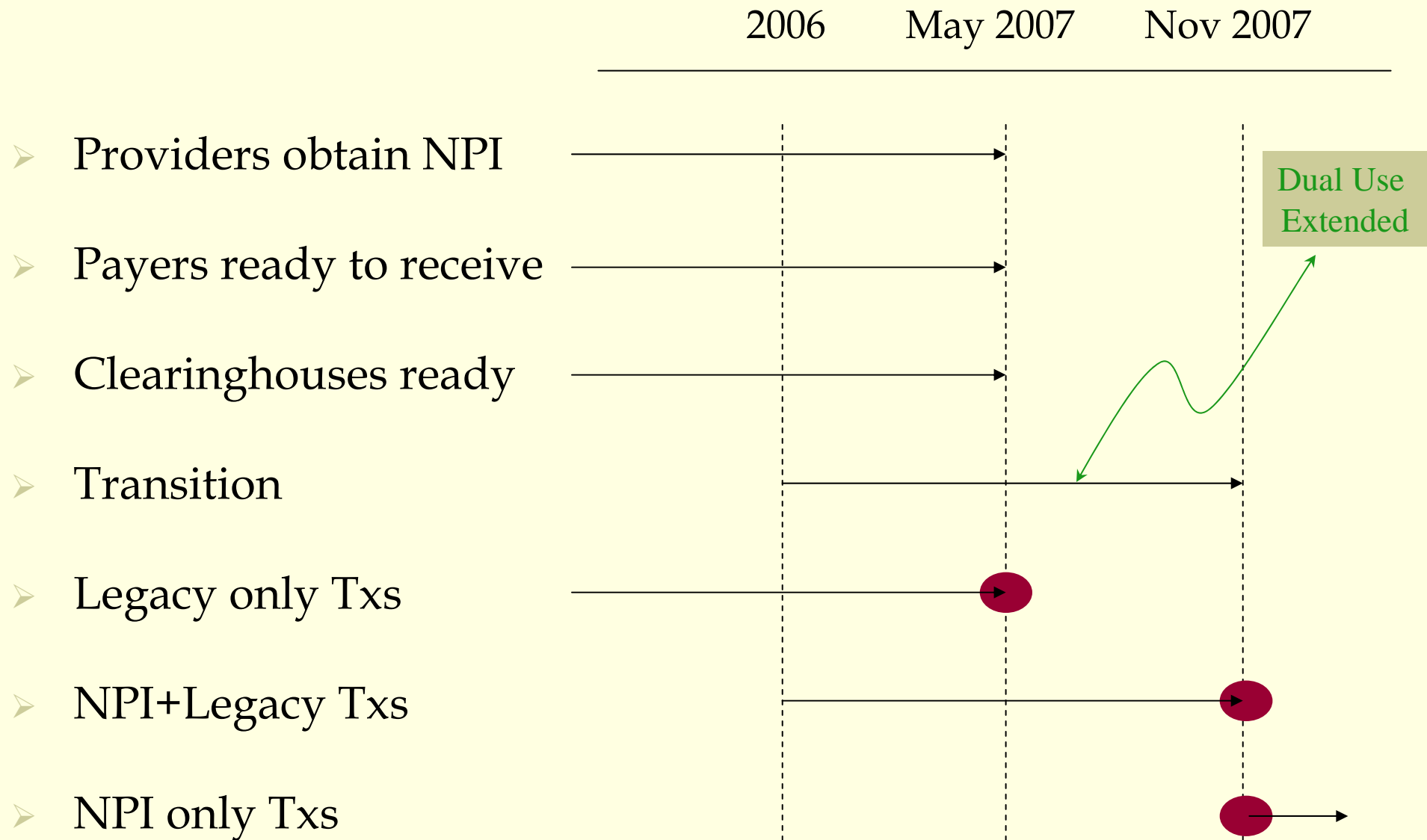
How Did This Happen?

Alternative (Ideal?)

- Providers obtain NPI
- Provider uses NPI
- Providers uses NPI as ONLY identifier
- Payers/CH get ready to receive NPI
- Payers/CH accept NPI+Legacy IDs
- Payers/CH accept TxS with ONLY NPI
- Transition
- Compliance



WEDI NPI Hearing Recommendation: *Extend Dual Use Period ONLY*



WEDI NPI Hearing Recommendation: *Extend Dual Use Period ONLY*

Conditions for Extended Dual Use:

- Provider would still be required to obtain their NPIs by May 23, 2007
- Providers would still be required to begin using NPIs by May 23, 2007
- Providers would be permitted to continue to submit legacy IDs **ALONG WITH THEIR NPIs** until November 1, 2007
- Providers would be prohibited from sending Legacy ID Only Transactions after May 23, 2007
- Payers and CHs would still be required to be ready to accept NPIs by May 23, 2007
- Payers and CHs would be permitted to continue accepting and sending NPI+Legacy ID Transactions until November 1, 2007
- Legacy IDs would be phased-out November 1, 2007

What's Next?

- Monitor industry progress later this year with another industry NPI readiness assessment
 - Look at current results as baseline
- Evaluate effectiveness of NPPES Dissemination to achieve NPI verification, build-up of crosswalks, real-time NPI access
- Consider preparing regulatory steps for possible Contingency Plan



NPI: Get It. Share It. Use It. Now!

Getting one is Free - Not Having One Can Be Costly

Thank You!

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