

The background features a faded image of a wooden gavel resting on a document. The document has some text, including 'MEMBER OF THE' and 'BY RESOLUTION'. The overall tone is professional and legal.

National Provider Identifier (NPI) Roundtable Session

June 27, 2006

- Background
- NPI Structure
- Eligibility Requirements
- Enumeration Process
- Important Compliance Date
- Next Steps
- Resources
- Discussion Session

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated that the Secretary of Health and Human Services adopt a standard unique identifier for health care providers. On January 23, 2004 the secretary published a Final Rule that adopted the NPI as this identifier.
- The NPI must be used by “covered entities” under HIPAA.
- The NPI will identify healthcare providers in electronic transactions (the standard transactions) after the compliance dates.
 - These transactions include: claims, eligibility inquiries and responses, claim status inquiries and responses, referrals, and remittance advices
- The NPI will replace health care provider identifiers that are in use today in standard transactions

- Implementation of the NPI will eliminate the need for health care providers to use different numbers to identify themselves when conducting HIPAA standard transactions with multiple health plans
- All health plans (including Medicare, Medicaid, and private health plans) and all health care clearinghouses must accept and use NPIs in standard transactions by May 23, 2007 (small health plans have until May 23, 2008)
- Legacy identifiers may not be used after May 23, 2007 to identify health care providers or subparts who have NPIs

- 10 position numeric identifier: 123456789C
- Plan ID is also 10 digits
- C = Check Digit
- First digit distinguishes between NPI & Plan ID
- “Intelligence Free”
- Allows for 200 million unique NPIs, estimated to last approximately 200 years
- If additional capacity is needed in the future, other numeric digits will be added to the identifier at that time

- HIPPA “Covered Entity”
 - Covered healthcare providers must meet
 - 1) the requirements established by 45 CFR Section 160.103
 - “any person or organization that furnishes, bills or is paid for health care services in the normal course of business”
 - 2) Transmit health information in electronic form on their own behalf, or that use a business associate to transmit health information in electronic form on their behalf, in connection with a transaction for which the Secretary has adopted a standard (a covered transaction)
 - Include health plans, healthcare clearinghouses, and certain healthcare providers

- Entity Type Codes

- Type 1

- Health care providers who are individuals; including physicians, dentists, and all sole proprietors. An individual is eligible for only one NPI.

- Type 2

- Health care providers who are organizations; including physician groups, hospitals, nursing homes, and the corporation formed when an individual incorporates him/herself.

- Organization must determine if they have “sub-parts” that need to be uniquely identified in HIPPA standard transactions with their own NPIs. A sub-part is a component of an organization that furnishes healthcare and is not itself a separate legal entity. Size of an organization does not matter.

- Organizational Sub-Part
 - A component of an organization provider that furnishes health care and is not itself a legal entity
 - May conduct its own standard transactions
 - May be at same address or different address than organization provider “parent”
 - May be certified separately from the organization provider “parent” by state
 - May furnish services of a type different from that of the organization provider “parent”
- A sub-part cannot be a person and a person cannot have subparts
- If sub-parts conduct their own standard transactions, they must obtain NPIs

- Organizational Sub-Part *Continued*
 - Not all organization providers have sub-parts
 - The organization providers are required to determine if they have sub-parts and if their sub-parts need NPIs
 - The organization providers are required to ensure that the sub-parts that need NPIs obtain them and are in compliance with applicable dates
 - The NPI Final Rule contains additional guidance regarding determination of organizational sub-parts

- National Plan and Provider Enumeration System (NPPES)
 - Uniquely identifies health care providers and subparts and assigns them NPIs
 - Sets up and maintains record for every enumerated health care provider and subpart
 - Creates report and output files
 - Will be able to enumerate health plans when a health plan identifier is adopted

- NPI Enumerator
 - CMS awarded contract to Fox Systems
 - Process NPI applications and updates
 - Validate application data
 - Resolve issues with applications
 - Assign NPI
 - Reject application if provider or subpart already has an NPI

- Application Methods
 - Fill out a paper application and mail it to the NPI Enumerator (1-800-465-3202)
 - Apply over the web
 - <https://nppes.cms.hhs.gov>
 - Electronic File Interchange (EFI)
 - “Bulk enumeration”

- Electronic File Interchange (EFI)
 - A process by which a health care provider or group of providers can have a particular organization (EFIO) apply for the NPI on their behalf
 - EFIO Responsibilities
 - Validation of data provided
 - Submission of XML data files
 - Maintenance and security of files
 - Notification of termination of agency relationship
 - Dissemination of NPIs
 - Available May 1, 2006

- May 1, 2006
 - Revised Provider Enrollment Form CMS 855 requires National Plan and Provider Enumeration System (NPPES) NPI notification with the enrollment application for any initial application or updates to provider information
- May 23, 2007
 - All covered entities
- May 23, 2008
 - Small health plans only (\$5 million or less in annual revenue)
- Within 30 days of assignment, the NPI must be utilized in all related transactions

- Become informed about the NPI and the enumeration process
- Identify processes/systems that are impacted by the conversion
- Develop enumeration strategy and submit NPI applications
- Develop implementation plans
 - Internal
 - External

- Federal Register
 - Final Rule
 - 45 CFR Part 162
 - Definition of “Covered Entity”
 - 45 CFR Section 160.103
- Websites
 - CMS
 - <http://www.cms.hhs.gov>
 - National Plan and Provider Enumeration System (NPPES)
 - <https://nppes.cms.hhs.gov>

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