
**WEDI National Provider Identifier Outreach Initiative (NPIOI)
NPI Implementation Workgroup**

**HIPAA
National Provider Identifier
Industry Papers**



**Recommended Transition Plan
for the NPI Contingency Period**

May 23, 2007

Workgroup for Electronic Data Interchange

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**NPI IMPLEMENTATION WORKGROUP
WEDI NPI OUTREACH INITIATIVE**

**PRINCIPLES, MILESTONES AND CONDITIONS FOR A
COORDINATED INDUSTRY NPI TRANSITION PLAN FOR THE CONTINGENCY PERIOD**

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Purpose of Document

The purpose of this document is to provide basic principles, guidance, milestones and conditions to the health care industry for a coordinated, progressive and orderly NPI Transition Plan to use during the time that the CMS Contingency Guidance is in effect. Information about the CMS Contingency Guidance is available from:

http://www.cms.hhs.gov/NationalProvIdentStand/08_NPI%20Contingency%20Planning.asp#TopOfPage

This document also provides a general template for industry use (Attachment A), containing key elements to include in an organization's contingency plan. Organizations are encouraged to use this template in delineating their contingency plans and follow the guidance and recommendations provided in this document.

The document does not cover the transition plan for pharmacy transactions. The Joint NCPDP-NPIOI Workgroup is developing a revision to the "NPI Impact on the Pharmacy Industry" that will address the transition plan during the contingency period for pharmacy transactions. Please refer to this document, which can be accessed from the WEDI website at:

http://www.wedi.org/snip/public/articles/dis_publicDisplay.cfm?docType=6&wptype=3

While the CMS Contingency Guidance provides for up to 12 more months after May 23, 2007 to achieve compliance with the NPI requirements to entities that have made good faith effort to achieve such compliance by the original deadline, the guidance does not provide specific steps, milestones or guidance on HOW to implement an NPI transition during the contingency period, so that compliance can be achieved progressively, in an orderly, efficient and cost-effective manner.

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**The CMS NPI Contingency Guidance/Enforcement Guidance –
Core Concepts**

- In essence, the “Contingency Guidance” is an “Enforcement Guidance” that allows covered entities that have been making a good faith effort to comply with the NPI requirements to continue using Legacy Identifiers (non-NPIs) to identify health care providers in HIPAA electronic transactions without being subject to enforcement action
- Legal basis for the Guidance: under section 1176(b) of the HIPAA law, HHS is given the authority NOT to impose penalties if failure to comply is due to REASONABLE CAUSE and is not due to willful neglect, and the failure to comply is corrected within 30 days – although HHS has the authority to extend such period.
- Deadline for compliance continues to be May 23, 2007 (for all covered entities except small health plans)
- Overall compliance and enforcement approach continues to be based on voluntary compliance with a complaint-driven approach for enforcement
- The contingency period goes from May 23, 2007 and up to May 23, 2008 (up to 12 months after May 23, 2007)
- Any covered entity can choose to use part or all of the contingency period to become ready to comply in full with the NPI requirements
- The contingency is not a requirement (covered entities are not required to take the contingency period)
- Covered entities may elect to end their contingency plans sooner than the maximum 12-month period allowed
- Each covered entity (covered health care providers, health plans, clearinghouses) determines and defines the specifics of its contingency plan, which may not extend beyond May 23, 2008
- CMS will provide covered entities against whom a complaint has been filed regarding NPI compliance, the opportunity to:

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- Demonstrate Compliance – Is the covered entity really ‘out of compliance’ (are the NPI requirements not being met by the entity against whom the complaint is being filed)?
 - Provide Documented Good Faith Efforts to Comply – Has the entity made efforts to achieve compliance? Are the causes for noncompliance reasonable? Should the time for correcting noncompliance be extended beyond the 30-day allowed period? These three elements would be evaluated on a case-by-case basis. In determining whether a good faith effort has been made, CMS will place a strong emphasis on sustained actions and demonstrable progress.
 - Submit a Corrective Action Plan – Document steps being undertaken and to be taken to make entity compliant, including timeline (which could not go beyond May 23, 2008).
- In deciding whether to deploy a contingency plan, organizations would have to make an assessment of their outreach and testing efforts to assure they meet the good faith criteria.
 - Considerations of good faith efforts may include:
 - Providers
 - Learning/training (internally) about the NPI regulations
 - NPI Enumeration – Implemented provider NPI enumeration - ***Failure to obtain an NPI prior to May 23, 2007 may be viewed by CMS as a violation of the good faith provisions of the contingency/enforcement guidance***
 - System analysis and remediation – Plan/conduct analysis of NPI impact on internal systems; plan/implement corrective actions; NPI communication – NPIs of providers have been communicated to trading partners
 - NPI external testing – Plan/implementation of HIPAA electronic transactions testing the incorporated NPIs with trading partners
 - NPI implementation – plan/initiated the implementation of NPI on some (or all) of HIPAA electronic transactions with some (or all) trading partners
 - Documented lack of availability of, or refusal by, trading partners prior to May 23, 2007 to test transactions

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- Development/maintenance of NPI Legacy Identifiers crosswalk (it may be necessary to have this information for physician master lists, referring providers, others, to submit to payers and possibly CMS if needed).
- Payers/Clearinghouses
 - Learning/training (internally) about the NPI regulations
 - Education/outreach efforts to its health care providers
 - System analysis and remediation – Plan/conduct analysis of NPI impact on internal systems; plan/implement corrective actions
 - NPI communication – NPIs of providers have been communicated to trading partners (when authorization has been obtained from the providers, as applicable - see CMS guidance on this topic at: <http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPIdisclosures.pdf>)
 - Develop/test/implement NPI-Legacy Identifiers crosswalk (if applicable)
 - NPI external testing – Plan/implementation of HIPAA electronic transactions testing the incorporated NPIs with trading partners; making testing opportunities available to trading partners
 - NPI implementation – plan/initiated the implementation of NPI on some (or all) of HIPAA electronic transactions with some (or all) trading partners
 - Documented lack of availability of, or refusal by, trading partners prior to May 23, 2007 to test transactions
- What happens after May 23, 2008?
 - Covered entities MUST be fully compliant with regulations.
 - Covered entities will NOT be able to continue to use documented “Good Faith Efforts” to justify continued non-compliance with regulations
 - There may still be some extenuating circumstances for an entity to not be in compliance after May 23, 2008; CMS, under 1176(b) may still evaluate whether these circumstances are REASONABLE CAUSE and not the result of willful neglect (i.e., natural catastrophic events).

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Guiding Principles - Coordinated Industry NPI Transition Plan

1. Covered entities should document their efforts they have undertaken to achieve compliance with the NPI requirements, including such elements as those listed above, and continue to document their efforts throughout the contingency period.
2. Before May 23, 2007, covered entities should continue their efforts to achieve compliance and not slow down or stop such efforts.
3. Covered entities should continue to work with their software vendors to ensure they provide an NPI-ready product with sufficient time for installation, testing, debugging and moving to production.
4. By May 23, 2007, Individual and organization health care providers should have obtained their NPIs.
5. Before May 23, 2007, covered entities should formally adopt and communicate their contingency plans to trading partners to allow them enough time to adapt business processes and ensure minimal disruptions. Organizations should consider using the template contingency plan provided in this document (see Attachment A) and posting it on a website for easy access by trading partners. Having a contingency plan does not guarantee continued payment, or require other entities to modify their plans.
6. In establishing their contingency plans, organizations should consider taking the full 12 month period to allow maximum flexibility and adaptability to each trading partners circumstances.
7. Contingency plans should include the definition of key milestones and conditions that organizations will follow in order to ensure a coordinated, progressive and orderly transition to full implementation.
8. Organizations are encouraged to use the contingency plan template provided in this document (see Attachment A). WEDI should consider providing a central web resource location to facilitate the communication and sharing of these contingency plans.
9. Full compliance with NPI is not limited to compliance with claim submission and claim payment, but all transactions and all electronic methods for conducting such transactions (e.g., batch, web-based, etc).

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10. Given that the NPPES Dissemination Notice and access to NPPES data are not believed to be achievable until much later into the 12-month contingency period, health care providers should continue to share and communicate their NPIs to trading partners, and permit those trading partners to communicate the NPIs to others when needed to achieve a HIPAA electronic transaction. Trading partners should use the standard mechanisms recommended by WEDI to allow providers to communicate their NPIs to them.
11. In developing their contingency plans, covered entities should adopt and use the dual-use strategy recommended by WEDI, to transition from legacy-only transactions to legacy+NPI transactions to NPI-only transactions. Other acceptable strategies could be use of either NPI or legacy ID since some transactions and systems may not be able to process on multiple provider numbers.
12. In developing their contingency plans, covered entities should consider the need to handle three different transaction scenarios with respect to NPI compliance:
 - o Legacy only transactions
 - o Legacy + NPI dual-use transactions
 - o NPI only transactions

It's important to note that all 3 of these scenarios have to be looked at as whether they are "accepted" and/or "required" scenarios for each payer, in some cases payers may accept any of these 3 scenarios, and other payers may require any of these 3 scenarios.

Many vendor and clearinghouse systems may not have created their systems with the flexibility needed to handle every one of these scenarios at the various provider loop levels. Again, it is late in the game to think that vendors, payors and clearinghouses can go back and revamp what has already been coded and put in place based on the original assumption of how NPI was "supposed" to be implemented. This completely takes away any standardization that was hoped to be achieved by this.

Additionally, the scenarios should be evaluated for HOW they are implementing the scenarios, as not all are following the IG standards, but using non-compliant methods (i.e., K3 segment).

13. Covered entities should consider that these three scenarios could apply to transactions as a whole, or the three scenarios may exist within a single

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transaction. For example, a single 837 P claim may include at some point during the transition period.

- Billing Provider/Pay-to Provider with NPI only identifier
- Rendering Provider with both NPI and Legacy Identifier (Dual Use)
- Referring Provider with a Legacy Identifier only (no NPI)

14. In developing their contingency plans, covered entities should define for ALL transactions, the timeline and sequential progression of identifiers being accepted, by type of provider reported in the transactions (e.g., primary providers and secondary providers). For example:

	Primary Providers (Billing/Pay To; Rendering)	Secondary Providers (Referring, Ordering, Operating, Other)
Legacy ID Only	Legacy IDs ONLY will continue to be submitted/accepted through [END DATE] <i>(Recommendation: January 31, 2008)</i>	Legacy IDs ONLY will continue to be submitted/accepted through [END DATE] <i>(Recommendation: May 23, 2008)</i>
NPI+Legacy	NPI+Legacy started to be accepted [YOUR DATE] <i>(Note: Each Entity Has Established Its Own Start Date)</i> and will continue to be submitted/accepted through [END DATE] <i>(Recommendation: May 23, 2008)</i>	NPI+Legacy started to be accepted [YOUR DATE] <i>(Note: Each Entity Has Established Its Own Start Date)</i> and will continue to be submitted/accepted through [END DATE] <i>(Recommendation: May 23, 2008)</i>
NPI Only	NPI Only started to be submitted/accepted [YOUR DATE] <i>(Note: Each Entity Has Established Its Own Date for this)</i> NPI Only will be REQUIRED Starting [START DATE] <i>(Recommendation: May 23, 2008)</i> After [START DATE] Legacy IDs will NOT be permitted to be sent	NPI Only started to be submitted/accepted [YOUR DATE] <i>(Note: Each Entity Has Established Its Own Start Date)</i> NPI Only will be REQUIRED Starting [START DATE] <i>(Recommendation: May 23, 2008)</i> After [START DATE] Legacy IDs will NOT be permitted to be sent

Note: for definition of Primary and Secondary Providers see CMS FAQ 6926 – http://questions.cms.hhs.gov/cgi-bin/cms_hhs.cfg/php/enduser/std_alp.php?p_sid=2OWAqAi

15. Any contingency plan must take into account the fact that pharmacy transactions cannot handle the submission of two identifiers in the same transaction (no dual-use strategy). For pharmacy transactions please refer to the NCPDP-WEDI paper “NPI Impact on the Pharmacy Industry”, accessible at: http://www.wedi.org/snip/public/articles/dis_publicDisplay.cfm?docType=6&wptype=3

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16. Covered entities should establish measurable goals during the contingency period, should establish an ongoing monitoring process to measure achievement of goals, and should use the information to target actions (outreach, other) to those trading partners not reaching the goals.
17. Covered entities should ensure that edits and rules in their systems, as well as edits and rules in their vendor/clearinghouse partners, are consistent with the timelines set forth in their plans, and communicate these rules to their trading partners and vendors/clearinghouses.
18. Covered entities must recognize that there will always be a need for HIPAA electronic transactions to allow for reporting only non-NPI identifiers as the "Primary Identifier" for certain providers that 1) may not be covered by HIPAA requirements (thus, not required to obtain a NPI); or 2) may not be "health care providers" and would not be eligible to obtain an NPI (e.g., atypical service providers). Payers should determine whether these types of transactions will be contained within the same envelope structure of the other transactions, and communicate the determination(s) to their vendors/clearinghouses.
19. Covered entities may carry out transactions in the HIPAA electronic transaction formats that are not subject to HIPAA (e.g. data exchanges between a covered entity and a non-covered entity). In these situations the entities exchanging the data would need to determine if NPIs are to be used in those transactions.
20. With respect to the UPIN:
 - The CMS NPI Contingency (Enforcement) Guidance does not pertain to the UPIN (this is a Medicare issue)
 - CMS is scheduled to phase-out UPINs in Q2, 2007 (e.g., they will stop issuing them May 23)
 - CMS is scheduled to discontinue the UPIN file after Q2 (July 1)
 - We expect that the web-based system available from NHIC, Inc. (www.upinregistry.com) is also deemed to be discontinued
 - More information is available at: http://www.cms.hhs.gov/NonIdentifiableDataFiles/08_UniquePhysicianIdentificationDirectory.asp#TopOfPage and then look at the first Download document – titled "More Information".

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General Characteristics of WEDI Recommended Milestones and Timeline

- For purpose of HIPAA electronic transactions, providers are categorized into “primary” or “secondary” providers (see CMS FAQ 6926 referenced above).
 - Primary providers include billing, pay-to, rendering or performing providers (in DMERCs, primary providers include ordering providers)
 - Secondary providers include supervising physicians, operating physicians, referring providers, prescribing providers, service facility locations, and any other non-primacy providers

- For purpose of HIPAA electronic transactions, identifiers are categorized into “primary” and “secondary” identifiers.
 - Primary identifiers, generally reported in the NM1 segment of provider loops, include NPI and Tax ID numbers (e.g., social security number or employer identification number)
 - Secondary identifiers, generally reported in a REF segment of provider loops, include all legacy (payer-specific) identifiers, and also include Tax ID numbers

- Under the HIPAA NPI Rule and the electronic transaction standard HIPAA implementation guides, for all covered health care providers the NPI will be the “Primary Identifier”.
 - “Primary Identifiers” are used to identify Billing and Rendering Providers. A Tax ID may need to be used as “Primary Identifier” if:
 - The Billing Provider does not have access to the NPI of the rendering provider identified in the transaction.
 - The rendering provider is not covered by HIPAA
 - The rendering provider is an atypical providers
 - A contingency plan is in place
 - “Secondary Identifiers” (Legacy IDs) may need to be used to identify Prescribing, Referring, Ordering, Attending, Operating, and Service Facility Location providers if:
 - The Billing Provider does not have access to the NPI of the secondary providers
 - The secondary providers are not covered by HIPAA
 - The secondary providers are atypical providers
 - A contingency plan is in place

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WEDI Recommended Milestones and Timeline

■ **By May 23, 2007:**

- Providers, payers and clearinghouses will formally adopt a contingency plan and communicate their contingency plans to trading partners
- Health care providers should be able to demonstrate that they took action to become compliant by May 23, 2007, including obtaining an NPI (to obtain an NPI go to <https://nppes.cms.hhs.gov/NPPES/Welcome.do>)
- Providers should communicate their NPIs to their trading partners.
- Payers and clearinghouses should be ready to receive and/or send transactions with NPIs and Legacy IDs
- Providers, payers and clearinghouses should have begun testing transactions with NPIs and Legacy IDs

- What it means:
 - Legacy ID only transactions can be sent/received (primary and secondary providers)
 - NPI+Legacy can be sent/received (primary and secondary providers) for trading partners that are ready and willing to do it
 - Except pharmacy transactions
 - Payers should consider informing their trading partners which identifier (NPI or Legacy ID) they will use to perform adjudication and processing of transactions
 - NPI only transactions can be sent/received (primary and secondary providers) for trading partners that are ready and willing to do it

■ **Between May 23, 2007 and JANUARY 31, 2008 :**

- Adopted contingency plans by providers, payers and clearinghouses permit entities to continue receiving and/or send transactions with Legacy IDs, with or without including the NPI
- Providers must have completed the process for obtaining their NPIs and must have COMMUNICATED their NPIs to their trading partners
- The January 31, 2008 date is based on the assumption that access to NPPES data (after the NPPES Dissemination Notice is published) has been already in place for at least four months

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- During this period, all entities are expected to begin (or continue) to complete their testing of NPI transactions and NPI-capable systems
- What it means:
 - Legacy ID only transactions can be sent/received (primary and secondary identifiers)
 - NPI+Legacy can be sent/received (primary and secondary identifiers) for trading partners that are ready and willing to do it
 - Except pharmacy transactions
 - Payers should consider informing their trading partners which identifier (NPI or Legacy ID) they will use to perform adjudication and processing of transactions
 - NPI only transactions can be sent/received (primary and secondary providers) for trading partners that are ready and willing to do it
- **Between FEBRUARY 1, 2008 and May 23, 2008**
 - Adopted contingency plans will require trading partners to stop accepting/submitted electronic transactions in which PRIMARY PROVIDERS are identified ONLY with Legacy IDs.
 - Primary Providers will need to be identified with an NPI. A Legacy ID will also be permitted to be used (along with the NPI)
 - **Secondary Providers will be able to continue to be identified with a Legacy ID only, an NPI+Legacy ID, or an NPI only**
 - See exceptions below for dual identifier usage
 - Providers would be encouraged to switch to NPI only (from NPI+Legacy) for primary providers between January 31, 2008 and May 23, 2008, based on readiness, so that potential problems with transition to NPI Only can be addressed in time.
 - What it means:
 - Transactions in which the Primary Provider is identified ONLY with a Legacy ID will **NOT BE PERMITTED**
 - Except pharmacy transactions
 - Except if the secondary health care provider is not required under HIPAA to obtain/use an NPI
 - Except if the provider is not a health care provider under HIPAA, and is not eligible to obtain an NPI

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- All other transaction scenarios WILL BE PERMITTED:
 - Transactions with Primary Provider that are identified with an NPI+Legacy or an NPI only (for trading partners that are ready and willing to do it)
 - Transactions with Secondary Providers that are identified with Legacy ID only, NPI+Legacy ID or NPI only (for trading partners that are ready and willing to do it)
 - Payers should consider informing their trading partners which identifier (NPI or Legacy ID) they will use to perform adjudication and processing of transactions

- **After May 23, 2008**
 - Contingency plans will end
 - Full compliance period will start for ALL covered entities, including pharmacies and small health plans
 - All transactions will be required to have the NPI as the one and only identifier for both Primary Providers and Secondary Providers (see exceptions)
 - Legacy ID will NOT be allowed for Primary or Secondary Providers (see exceptions)

 - What it means:
 - Legacy IDs NOT PERMITTED at all (whether alone or in conjunction with an NPI)
 - Except if the rendering provider (primary provider) is not a covered entity or is an atypical provider
 - Except if the secondary provider is not a covered entity or is an atypical provider

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ATTACHMENT A

TEMPLATE FOR DOCUMENTING AN NPI CONTINGENCY PLAN

Organization Name: _____
Contact (Name/Phone/Email): _____
Website: _____
Plan Last Updated: _____

NPI Contingency Plan Adoption Statement:

[Organization] is officially adopting an NPI Contingency Plan, in accordance with CMS NPI Contingency Guidance and applicable regulations

Key Contingency Plan Dates:

[Organization] will accept/submit, as applicable, the following identifiers in HIPAA electronic transactions, in the manner and for the purposes specified herein:

Lists of transactions timetable applies to (if one table does not apply to all transactions that your organization performs, please provide additional table(s) as appropriate): **Mark with "X"**

837P 837I 837D 835 270/271 276/277 278 834

Identifier	Primary Providers (Billing/Pay To; Rendering)	Secondary Providers (Referring, Ordering, Operating, Other)
Legacy ID Only	<ul style="list-style-type: none"> Legacy IDs ONLY will continue to be submitted/accepted through [END DATE] <i>WEDI Recommendation: January 31, 2008</i> 	<ul style="list-style-type: none"> Legacy IDs ONLY will continue to be submitted/accepted through [END DATE] <i>WEDI Recommendation: May 23, 2008</i>
NPI + Legacy	<ul style="list-style-type: none"> NPI + Legacy started to be submitted/accepted [YOUR DATE] <i>(Note: Each entity has established Its own Start Date)</i> NPI + Legacy will continue to be submitted/accepted through [END DATE] <i>WEDI Recommendation: May 23, 2008</i> 	<ul style="list-style-type: none"> NPI + Legacy started to be submitted/accepted [YOUR DATE] <i>(Note: Each entity has established Its own Start Date)</i> NPI + Legacy will continue to be submitted/accepted through [END DATE] <i>WEDI Recommendation: May 23, 2008</i>
NPI Only	<ul style="list-style-type: none"> NPI Only started to be submitted/accepted [YOUR DATE] <i>(Note: Each entity has established Its own Start Date)</i> NPI Only will be REQUIRED to be sent/received starting [START DATE] <i>WEDI Recommendation: May 23, 2008</i> After [START DATE] Legacy IDs will NOT be permitted to be sent 	<ul style="list-style-type: none"> NPI Only started to be submitted/accepted [YOUR DATE] <i>(Note: Each entity has established Its own Start Date)</i> NPI Only will be REQUIRED to be sent/received starting [START DATE] <i>WEDI Recommendation: May 23, 2008</i> After [START DATE] Legacy IDs will NOT be permitted to be sent

Note: for definition of Primary and Secondary Providers see CMS FAQ 6926 – http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_alp.php?p_sid= 2OWAqAi

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Key Questions and Answers:

What requirements does the health plan have for sharing NPIs prior to production use?	(Example- We plan to obtain all provider NPIs from NPPES. Use of NPI alone in transactions cannot start until NPPES dissemination is available to us.)
When both legacy and NPI are present in the same transaction, which ID is used for processing?	(Example- NPI if known to us, otherwise legacy)
How does the health plan recommend providers test transactions with NPI?	(Example- Send production transactions with both NPI and legacy. Verify that NPIs were used for processing by Verify that results are as expected when NPI is used.)
What are the timelines and transition requirements for paper claims?	<p>(Example- Adoption of new paper claims with follow the national transition plans established by NUBC and NUCC:</p> <ul style="list-style-type: none"> ■ For UB92/UB04 <ul style="list-style-type: none"> ○ UB92 will stop being accepted May 23, 2007 ○ UB04 started to be accepted [DATE] and will be the only form accepted starting May 23, 2007 ■ For CMS 1500 Form <ul style="list-style-type: none"> ○ Version 12/90 will stop being accepted July 1, 2007 ○ Version 08/05 started to be accepted [DATE] and will be the only form accepted starting July 1, 2007 ■ Usage of NPI on paper forms will follow the same requirements as electronic transactions (in terms of accepting NPI only, NPI+Legacy, or Legacy only) ■ NPIs should NOT be sent on the paper claim forms being phased out

Instructions on Filling in Form:

- **COMPLETE FORM:** Fill in the information in the spaces provided; replace the [DATE] fields with your dates; replace text on the "Answer" boxes for the Key Questions section; Add additional questions and answers, as appropriate
- **SHARE WITH TRADING PARTNERS:** Share this information with all the trading partners that need to be aware of your NPI contingency plan
- **SHARE WITH WEDI:** If you are interested in sharing this information through the WEDI NPI Resource Center, please send a completed form to: [WEDIEMAIL]
- **UPDATE INFORMATION:** As changes are made to the contingency plan, please update and share the new information widely

WEDI Disclaimer:

The intent of this template is to provide a high level summary in a consistent format, so it is important that you follow the template format. WEDI provides this template as a service to the Industry.

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TABLE EXAMPLES

Health Plan:

[Note: Health Plan example describes a situation where the plan has one set of timelines for inbound CLAIM transactions, another for outbound PAYMENT transaction, another for all other transactions]

Health Plan: <i>[Health Plan Name]</i>		
Transactions timetable applies to (indicated by X): <u>X</u> 837P <u>X</u> 837I <u>X</u> 837D ___ 835 ___ 270/271 ___ 276/277 ___ 278 ___ 834		
Identifier	Primary Providers (Billing/Pay To; Rendering)	Secondary Providers (Referring, Ordering, Operating, Other)
Legacy ID Only	<ul style="list-style-type: none"> Legacy IDs ONLY will continue to be accepted through <u>January 31, 2008</u> 	<ul style="list-style-type: none"> Legacy IDs ONLY will continue to be submitted/accepted through <u>May 23, 2008</u>
NPI + Legacy	<ul style="list-style-type: none"> NPI + Legacy started to be accepted <u>March 1, 2006</u> NPI + Legacy will continue to be accepted through <u>May 23, 2008</u> <p>Note: <i>[change notes to reflect health plan's policy]</i></p> <p>When NPI + Legacy are received</p> <ol style="list-style-type: none"> processing will be based on NPI if in plan's database associated with TIN claim will be rejected if NPI is in plan's database and not associated with TIN processing will be based on Legacy if NPI is not in plan's database 	<ul style="list-style-type: none"> NPI + Legacy started to be accepted <u>March 1, 2006</u> NPI + Legacy will continue to be accepted through <u>May 23, 2008</u> <p>Note: <i>[change notes to reflect health plan's policy]</i></p> <p>Secondary provider IDs do not affect claim payment.</p>
NPI Only	<ul style="list-style-type: none"> NPI Only started to be accepted <u>December 1, 2006</u> NPI Only will be REQUIRED to be sent/received from trading partners starting <u>May 23, 2008</u> After <u>May 23, 2008</u> Legacy IDs will NOT be permitted to be sent <p>Note: <i>[change notes to reflect health plan's policy]</i></p> <p>When NPI only is received</p> <ol style="list-style-type: none"> processing will be based on NPI if in plan's database associated with TIN claim will be rejected if NPI is in plan's database and not associated with TIN processing will be based on Legacy if NPI is not in plan's database 	<ul style="list-style-type: none"> NPI Only started to be submitted/accepted <u>December 1, 2008</u> NPI Only will be REQUIRED to be sent/received from trading partners starting <u>May 23, 2008</u> After <u>May 23, 2008</u> Legacy IDs will NOT be permitted to be sent <p>Note: <i>[change notes to reflect health plan's policy]</i></p> <p>Secondary providers IDs do not affect claim payment.</p>

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- MAY 23, 2007 -

Health Plan: <i>[Health Plan Name]</i>		
Transactions timetable applies to (indicated by X): <input type="checkbox"/> 837P <input type="checkbox"/> 837I <input type="checkbox"/> 837D <input checked="" type="checkbox"/> 835 <input type="checkbox"/> 270/271 <input type="checkbox"/> 276/277 <input type="checkbox"/> 278 <input type="checkbox"/> 834		
Identifier	Primary Providers (Billing/Pay To; Rendering)	Secondary Providers (Referring, Ordering, Operating, Other)
Legacy ID Only	<ul style="list-style-type: none"> Legacy IDs ONLY will continue to be sent through March 31, 2008, for claims received with legacy IDs only. After March 31, 2008 835s will not be sent for claims received with legacy IDs only 	<ul style="list-style-type: none"> N/A
NPI + Legacy	<ul style="list-style-type: none"> Legacy IDs will be sent through May 23, 2007 on 835s for claims received with NPI + Legacy NPI will be sent from May 23, 2007 on 835s for claims received with NPI + Legacy 	<ul style="list-style-type: none"> N/A
NPI Only	<ul style="list-style-type: none"> NPI will be sent from December 1, 2006 for claims received with NPI Only NPI will be sent from May 23, 2007 for claims received with NPI + Legacy All ERAs will have NPI only from May 23, 2008. (No 835 will be sent if claim had no NPI.) 	<ul style="list-style-type: none"> N/A

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- MAY 23, 2007 -

Health Plan: <u>[Health Plan Name]</u>		
Transactions timetable applies to (indicated by X): <input type="checkbox"/> 837P <input type="checkbox"/> 837I <input type="checkbox"/> 837D <input type="checkbox"/> 835 <input checked="" type="checkbox"/> 270/271 <input checked="" type="checkbox"/> 276/277 <input checked="" type="checkbox"/> 278 <input type="checkbox"/> 834		
Identifier	Primary Providers (Billing/Pay To; Rendering)	Secondary Providers (Referring, Ordering, Operating, Other)
Legacy ID Only	<ul style="list-style-type: none"> Legacy IDs ONLY will continue to be accepted through <u>January 31, 2008</u> Legacy IDs ONLY will be accepted from January 31, 2008 to May 23, 2008, if provider Has a contingency plan and has shared NPI (s) with health plan; and Testing or production pilot has revealed crosswalk or other issues which have been reported to health plan and not yet resolved 	<ul style="list-style-type: none"> N/A
NPI + Legacy	<ul style="list-style-type: none"> NPI + Legacy started to be accepted <u>December 1, 2006</u> NPI + Legacy will continue to be accepted through <u>May 23, 2008</u> Until <u>April 30, 2007</u> processing was based on Legacy ID From <u>May 1, 2007</u> processing is based on NPI when NPI is in health plan's database From <u>May 1, 2007</u> transactions with NPI will not be processed if NPI is not in health plan's database 	<ul style="list-style-type: none"> N/A
NPI Only	<ul style="list-style-type: none"> NPI Only started to be accepted <u>December 1, 2006</u> when NPI is in health plan's database NPI Only will be REQUIRED to be sent/ received from trading partners starting <u>May 23, 2008</u> After <u>May 23, 2008</u> transactions with Legacy IDs will not be processed 	<ul style="list-style-type: none"> N/A

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Health Care Provider:

Health Care Provider: <i>[Health Care Provider Name]</i>		
Transactions timetable applies to (indicated by X): <u>X</u> 837P <u>X</u> 837I <u> </u> 837D <u>X</u> 835 <u>X</u> 270/271 <u>X</u> 276/277 <u>X</u> 278 <u> </u> 834		
Identifier	Primary Providers (Billing/Pay To; Rendering)	Secondary Providers (Referring, Ordering, Operating, Other)
Legacy ID Only	<ul style="list-style-type: none"> Legacy IDs ONLY will continue to be submitted/accepted through [<u>January 31, 2008</u>] 	<ul style="list-style-type: none"> Legacy IDs ONLY will continue to be submitted/accepted through [<u>May 23, 2008</u>]
NPI + Legacy	<ul style="list-style-type: none"> NPI + Legacy started to be submitted/accepted [<u>March 1, 2007</u>] <i>(Note: Dual ID usage will be adapted to each plan's ability to accept both IDs)</i> NPI + Legacy will continue to be submitted/accepted through [<u>May 23, 2008</u>] 	<ul style="list-style-type: none"> NPI + Legacy started to be submitted/accepted [<u>June 1, 2007</u>] <i>(Note: Dual ID usage will be adapted to each plan's ability to accept both IDs)</i> NPI + Legacy will continue to be submitted/accepted through [<u>May 23, 2008</u>]
NPI Only	<ul style="list-style-type: none"> NPI Only started to be submitted/accepted [<u>July 1, 2007</u>] <i>(Note: NPI-only usage will be adapted from this date on to each plan's ability to accept it as only identifier)</i> NPI Only will be REQUIRED to be sent/received from trading partners starting [<u>May 23, 2008</u>] After [<u>May 23, 2008</u>] Legacy IDs will NOT be permitted to be sent 	<ul style="list-style-type: none"> NPI Only started to be submitted/accepted [<u>December 1, 2007</u>] <i>(Note: NPI-only usage will be adapted from this date on to each plan's ability to accept is as only identifier)</i> NPI Only will be REQUIRED to be sent/received from trading partners starting [<u>May 23, 2008</u>] After [<u>May 23, 2008</u>] Legacy IDs will NOT be permitted to be sent

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Clearinghouse:

Health Care Clearinghouse: <i>[Health Care Clearinghouse Name]</i>		
Transactions timetable applies to (indicated by X): <u>X</u> 837P <u>X</u> 837I <u>X</u> 837D <u>X</u> 835 <u>X</u> 270/271 <u>X</u> 276/277 <u>X</u> 278 <u>X</u> 834		
Identifier	Primary Providers (Billing/Pay To; Rendering)	Secondary Providers (Referring, Ordering, Operating, Other)
Legacy ID Only	<ul style="list-style-type: none"> Legacy IDs ONLY will continue to be submitted/accepted through <u>[January 31, 2008]</u> 	<ul style="list-style-type: none"> Legacy IDs ONLY will continue to be submitted/accepted through <u>[May 23, 2008]</u>
NPI + Legacy	<ul style="list-style-type: none"> NPI + Legacy started to be submitted/accepted <u>[October 1, 2006]</u> <i>(Note: Dual ID usage will be adapted to each plan's ability to accept both IDs)</i> NPI + Legacy will continue to be submitted/accepted through <u>[May 23, 2008]</u> 	<ul style="list-style-type: none"> NPI + Legacy started to be submitted/accepted <u>[October 1, 2006]</u> <i>(Note: Dual ID usage will be adapted to each plan's ability to accept both IDs)</i> NPI + Legacy will continue to be submitted/accepted through <u>[May 23, 2008]</u>
NPI Only	<ul style="list-style-type: none"> NPI Only started to be submitted/accepted <u>[May 23, 2007]</u> <i>(Note: NPI-only usage will be adapted from this date on to each plan's ability to accept it as only identifier)</i> NPI Only will be REQUIRED to be sent/received from trading partners starting <u>[May 23, 2008]</u> After <u>[May 23, 2008]</u> Legacy IDs will NOT be permitted to be sent 	<ul style="list-style-type: none"> NPI Only started to be submitted/accepted <u>[May 23, 2007]</u> <i>(Note: NPI-only usage will be adapted from this date on to each plan's ability to accept is as only identifier)</i> NPI Only will be REQUIRED to be sent/received from trading partners starting <u>[May 23, 2008]</u> After <u>[May 23, 2008]</u> Legacy IDs will NOT be permitted to be sent

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Acknowledgements

Paper Lead Authors:

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