

WEDI NPI PAG
Tuesday June 22, 2004
Break Out Group 1: the National Provider System

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This document contains the break out group decisions as presented to the WEDI PAG on Wednesday June 23, 2004, and the outcome of the WEDI PAG vote. Supporting detail of the discussions from the break out group are included for reference.

I. Issues Concerning the NPS (NPPES) System

A. Issue 10 If Enumerator does not meet May 2005 deadline, will the other dates be deferred?

- Recommendation: Industry needs minimum of 18 months after initial enumeration begins to implement

WEDI PAG: Approved

Supporting detail included in presentation

1. Modifications to Final Rule can only be done within the first year after the final rule is published.
2. Federal rule making process cannot modify Final Rule prior to May 23, 2007
3. Final Rule does not allow for sliding of compliance date

Detailed notes from the breakout session

Only modification that can be done to Final Rule must be done within the first year after the final rule is published. (Don't have the time in the federal rule making process to make modification to have a 2-year sliding timetable)

Recommend: Going under the assumption, all the components needed are available – we feel the enumerator must be available at a minimum of 18 months from compliance date in order to implement on all sides of the industry (18)

B. Issue 14 Bulk Enumeration of Health Care Providers

How will attestation occur when bulk enumeration occurs. Seeking confirmation from provider of validity of data/acceptance of NPI assigned.

Is the UPIN registry clean enough to be used as an initial enumerator?

- Recommendation: Mass data collection process(es), via one of the options identified, including specific requirements as noted for several of the options.

WEDI PAG: Friendly amendment to prioritize options – 4, 3, 1, 2 - Approved

1. Is bulk enumeration advisable? Yes
2. 4 Options identified
 - a. Option 1: UPIN database only – enumeration would occur from this data
 - 1) Must include additional data validation/verification to increase data integrity from current ~70-80%
 - b. Option 2: Multiple organizations supply data - enumeration would occur from this data
 - c. Option 3: Obtain data from databases, e.g. UPIN, but require provider confirmation of data on file prior to NPI enumeration

- d. Option 4: Obtain data via batch loads from 3rd parties, authorized by provider(s) to submit data for enumeration
- 1) Provider may only authorize one entity to submit data on their behalf
 - 2) Authorization criteria established by CMS for data validation and attestation

Detailed notes from the breakout session

Is some sort of bulk enumeration advisable? First Vote --- Yes (14) No (10)

Option 1: Recommend UPIN database which would be only database.

- Originally envision of UPIN database. Not all providers included in UPIN database.
- However significant subset of covered providers.
- Everyone with UPIN eligible for NPI
- Alleviates issues of receiving same provider record from multiple sources
- Not all NPI data in UPIN file
 - Missing data being obtained from other databases
 - What is validation?
- ~20-30% errors in file, from CMS survey
 - Charlie – Contractor checking UPIN data to see what is missing.
 - What's the quality assurance. 20-30% errors in UPIN – payment issue.
 - What is acceptable error rate for mass enumeration?
 - Call the question: Is the UPIN database in which the errors are 20-30% is acceptable. No!

Option 2: Recommend - UPIN and other entities (same provider multiple sources)

- Concerns of what is correct data source if received from multiple?

Provider mass enumeration needed. UPIN does not allow for other payer number data.

Option 3: Recommend Allow bulk collection into NPS from UPIN or other sources

- Use UPIN as a jumpstart approach.
- Have provider review data to confirm at NPS – would require provider by provider interaction with NPS

Option 4: Recommend data sent in batch mode for enumeration

- Provider to send in electronically in batch –
- The provider is authorized to send.
- Provider can only authorize one 3rd party legal entity to do this on their behalf
- Limit the number of sources where data could come from
- Data is collected/authorized for the purpose of enumeration
- Must be authorization criteria from CMS documented for data validation/attestation by 3rd party

AMA – authorization from providers to populate? Concerns – how can this be done.

Discussion that options 1&2 are enumeration without provider validation/attestation and options 3&4 require provider validation/attestation prior to enumeration. Option 3&4 the group decided could not be linked together as option 3 requires each provider to act after

the data is sent to the NPS and option 4 puts the attestation/validation process on the 3rd party prior to sending the mass data load.

Second Vote – some sort of mass data collection process (versus enumeration without provider validation/attestation) - Yes Unanimous

Group at this point discussed that really any of the options presented could work as long as data validation and attestation occurred in the process, whether prior to the mass data load or after enumeration by sending the loaded data with the NPI number notice to the provider, at which time a provider could modify any data errors. This led to the following recommendation and the decision to not select or prioritize any one option over another.

Recommend : Some sort of mass enumeration process, provider batch process, or an association to be authorized by providers shall be used. No recommendation at this point which process should be used Passed

C. Enrollment process to get PIN number to get NPI application

How will NPS determine who is authorized to make changes in the NPS data (bulk and non-bulk)?

~~Can a payer or a provider actually apply for an NPI for a given practitioner (third party applications)~~ Removed from this recommendation and put back on list of issues not discussed in breakout group

WEDI PAG: Motion amended from recommendations below to recommend CMS not use PIN but not offer solution - Not Approved

- Recommendation: Require only User ID and password, such as standard registration process on any website, allowing user to enter initial application data for provider(s). No linkage of User ID to provider(s) other than capture for audit history of data submission.
- Recommendation: For ongoing maintenance, User ID, password, and Provider NPI required for access to NPI record. Again, User ID captured for audit history of maintenance.
 1. Significant discussion relative to purpose of PIN number – authentication of user – questions of liability of user for data entered
 2. How will this tie back to NPI record? Current intent to link to provider(s) PIN is allowed to access
 3. Determined very complex issue
 4. Timing issue getting feedback to CMS here

Detailed notes from the breakout session

Charlie explained that in order to receive a PIN, the person needing access, whether the provider or a staff member for the provider, would submit their own name, date of birth, and SSN. The PIN will be tied to the record(s) in the NPS system that it has access to, not just shown as the PIN that submitted or maintained the data. The group discussed possibility

of additional data fields being needed in PIN request e.g. organization or practitioner full name, SSN or EIN of provider.

Discussion regarding tying of PIN to which NPIs allowed to access does create links between NPI records, which the rule and CMS has clearly stated will not occur. Discussions also that what happens when staff member leaves, still have access to previous NPI data? How does PIN get changed for a record or revoked?

I Recommend treat as any basic registration process on any website. User id and password to enter initial data. No tie to original user id and password necessary for maintenance, only initial NPI.. Straw Poll (15) Passed versus recommendation II

II Recommend -The system needs to be validated and send back to workgroup to be addressed ASAP. You are whom you say you are and are authorized to do what you are requesting. With recommendation what might work. Straw Poll(9)

Kepa – why use PIN enrollment – maintain and audit trail. Certifies with PIN. If something wrong, will CMS penalize him? How will authenticate person responsible? When person leaves, what will happen? How transfer that authority? Charlie – shared secret. Authentication problem. What is purpose PIN will serve? Question this is too complex. Suggested that when NPI issued, could issue a PIN along with it for maintenance. Discussions here regarding the additional data element that providers would need to maintain then. Modified to allowing provider to request PIN so could use same for multiple providers. Intent in NPS was to not link PIN between NPIs but record PIN that is authorized to access on an NPI.

Instead of PIN option, get a letter of notification and then get a code to maintain that NPI record. If forget the code, then do paper and then get new code. The provider could select their own PIN so a large provider could use for all their providers. Charlie – need to know soon – could impact timeline.

Option - In lieu of PIN process, receive confirmation on the back end regarding changes. Discussion that could send this back for further work group review and recommendation, but time concerns, so determined to stay with straw vote of option I.

D. Need pilot/testing prior to implementation

- Recommendation:
 1. A full cycle pilot be done, to include the following:
 - a. Paper application process
 - b. Web application process
 - c. Bulk enumeration
 - d. Data output
 - 1) Files to providers, payers, and clearinghouses
 - 2) Notification to providers
 - e. Ongoing maintenance of NPS

- f. Enumerator operations, manual intervention of enumerator
 - g. End user integration and validation of output data.
2. Pilot be conducted with a limited volume of real, production data, as opposed to test data that would be wiped out later.

WEDI PAG: Approved

Detailed notes from the breakout session

Recommend a Full cycle pilot be done.- Included in pilot is paper and web application processes, bulk enumeration, and output files to providers, payers and clearinghouses and ongoing maintenance and operations (enumerator operations and manual intervention of enumerator) Output means the end user can take the data in (production)data. Beta Test. Straw Poll 25approved / 2 rejected

- E. How will electronic data exchange occur between NPS and those that need the data, that is Level II as defined in the Final Rule?

Will batch loads be available to providers?

Will there be a Web-based interface for health plans to access NPPES directly?

Various data dissemination alternatives.

- Recommendation: Receive all data in NPS, upon completion of user agreements for privacy concerns of data use.
- Recommendation: Request Provider Type field be added to NPS, in order to match against licensure versus matching to taxonomy.
- Recommendation: Have X12 transaction (274) solution to disseminate of data
- Recommendation: Have internet solution to disseminate data.

WEDI PAG: Approved all 4 recommendations in single vote

Supporting detail included in presentation

1. Providers - need their own NPI and NPIs of other providers, e.g. Referring, Facilities providing services in
2. Reluctance of individual practitioner providers to supply their SSN, especially if Level II can receive it. Still question of whether SSN would be disseminated, even with user agreements.
3. License is currently linked to taxonomy, not to provider type. More appropriate to be linked to provider type.
4. Issue raised regarding the ability of the NPS to capture APO and FPO addresses for military providers.

Detailed notes from the breakout session

Providers/Hospitals - need their own NPI. Also need e.g. Referring, Rendering, etc NPIs

Payers, Providers and Hospitals and multiple, mailing, (billing), address, SSN, full name, license number, taxonomy, other provider identifiers, group practice NPI, provider type indicator, etc. Discussion that Level II as identified in Final Rule would like to get all data on NPS. Charlie indicated that a user agreement would be needed as some data is privacy protected, but was likely possible.

Note: Providers will be very reluctant to give out SSN if anyone can get this. Charlie – may not give SSN out, still in question even with user agreement.

Data that industry Level II would like not currently on the database:

- Billing address – some systems store only billing address and current NPS specs include physical location and mailing
- NPI of group practitioner associated to
- Provider type

Discussion that billing and group NPI would require revisions to the application, which is already in clearance to go to OMB, but that provider type could likely be derived from the

License is currently linked to taxonomy, not to provider type. More appropriate to be linked to provider type. Provider types, e.g. physician, dentist, are licensed by type not by taxonomy, e.g. a practitioner does not have one license for internal medicine and another for cardiology, these are both areas of specialization under the scope of their license as an MD or DO.

Straw polls – need to be able to pull back everything the NPI has and the industry is willing to sign user agreements to get them. Yes(23) No (0)

Request billing address Yes (8) No (12)

NPS link individual practitioner to billing entity Yes (5) No (16)

Link provider type indicator to provider licensure yes (10) No (6)

Method to access the data:

X12 Transaction Yes (21) No (0)

Internet Yes (24) No (0)

Charlie – concern regarding security issues

F. Can CMS give us a timeline for finalizing the data elements that will be in NPS?

- Recommendation: List of final data elements available by July 31, 2004.

WEDI PAG: Approved

- Recommendation: Industry notification of changes to NPS system by publishing on CMS website.

WEDI PAG: Approved

- Recommendation: Industry notification of changes to NPS system by establishing a dedicated OHS listserv.

1. Paper application changes will go through the OMB notification process and be published in the Federal Register, giving 60 days for commenting. This occurs prior to implementation of changes.

WEDI PAG: Approved

Detailed notes from the breakout session

Need the list of final data elements no later than July 31, 2004.

Straw Poll 15Yes/9No

(Change control should be published 2 weeks after proposed.

Will go through Federal Register publication. (Before implementation)

Ongoing process – if want to modify the form, would have to go through same process – in Federal Register allowing for 60 days for public comment)

(Will need to provide instructions for APO and FPO addresses when military staff overseas. DOD attendees expressed concern that the current database cannot house the APO/FPO addresses as not long enough).

Charlie – let him know if there are other things that are needed. (Can be considered for change. We don't know if we need to add anything without knowing what has or could be changed.

Requirement on the web for the SSN, but not required on paper. How will this variance in requirements be disseminated? Industry expressed concerns that differences in web application not easily known as does not go through the OMB process separately from paper

Communication set up so people don't have to search the Federal Register everyday. Recommend communication be published on a web site and listserv. Options: existing OHS listserv (10), dedicated OHS listserv (16)

G. Additional Issues not addressed by break out group

- Issue 12 Maintenance of NPI Data and Reconciliation of Changes
- Deborah Newman: NPPES should be linked to PECOS and OSCAR?
- Jeffrey Jones: what processing time frames will there be for the upcoming enumerator contract?
- Sheila Frank: recommended requirements for active CMS participation in industry coordination and implementation activities.
- Gene Carruth: want NPI to be expanded to currently non-eligible providers (taxi, alternative practitioners) One universal numbering schema.
- Harry Ozayka: will determination of the bulk enumeration be made prior to the contract with the enumerator, and how will the providers be notified?

- Lisa Varley: what are the verification/validation parameters in the NPS system to ensure that providers are not getting inappropriate multiple NPIs.
- Gail Kocher: what will data elements be that will allow/support enumeration for an additional NPI?
- Mark Norby: how will individual providers with multiple state licenses be handled by NPS.
- Norby: NPI not have leading zero.
- Norby: who will be required to sign off on the NPI application?
- Norby: what is the timing from application to issuance? Web, paper, bulk.
- Steve Witter: can a payer or a provider actually apply for an NPI for a given practitioner (third party applications)
- Chris Brehm: is there a different application for an organization than an individual?
- John Morgan: crosswalks between taxonomy and Medicare specialty codes available?