



Implementation Issues

WEDI NPI PAG

Breakout Group 2 Recommendations

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Implementation Issues

1. Implementation, sequencing and tracking[^] (#5 SNIP)
2. Cross indexing the NPI* (#2 SNIP)
3. Testing and implementation approaches[^] (#6 SNIP)
4. Vendor readiness[^] (#4 SNIP)
5. Business process begins prior to but completes after NPI deadline* (#9 SNIP)

[^] Additional information was added to existing SNIP issue

*Is an existing SNIP issue

° New issue



Implementation Issues

6. How will NPI affect EDI envelopes?°
7. Will government sponsored identifiers be discontinued and at what point? (e.g. CLIA, UPIN, etc.)°
8. How can health care organizations assist the implementation?^ (#3 SNIP)
9. Use of NPI on NCPDP transactions * (#16 SNIP)



Implementation Issues

10. Is there a complaint mechanism that is part of implementation?°
11. Prepare a desired/preferred timeline for the implementation tasks cited in issue # 1. * (#5 SNIP, but with the timeline now broken out as a separate issue)



Issue #1: Recommendation on the Sequence of Activities for the Industry

1. Obtain answers and definitions from CMS by October 1, 2004, including but not limited to items such as the following:

- When will CMS stop issuing UPIN and will CMS be ready to accept NPI on data files routinely expected from the industry (such as Medicare encounters)
- Date we can expect IGs to be updated for NPI
- What are the additional NPPES system changes and when will they be ready?
- What other bulk enumeration might occur besides UPIN?
- What are the criteria CMS is using to convert UPIN to NPI?



Issue #1: Recommendation on the Sequence of Activities for the Industry

2. Communication and Education:

- Includes Data Dissemination guidelines, Business Rules, Guides, by audience (payer, provider, clearinghouse, etc.)

Example: Provider audience

- You may be bulk enumerated
- You may have contracting/payment issues if you do not discuss sub-part enumeration with your payers
- In test phase, plan for providing both IDs (NPI and legacy ID)
- Discuss desired actions by provider with respect to your internal processes (VRU, call centers, etc.). Set expectations.
- Don't send the NPI on transactions until Step 3.
- Start this in 2004!
- Education is an ongoing process, is not a one time event.
- Communication/Ed. is CMS' job with partnership from the industry



Issue #1: Recommendation on the Sequence of Activities for the Industry

3. Specifications for and deployment of system changes. Start enumeration.

- Set expectations for **not** sending the NPI until Step 3.



Issue #1: Recommendation on the Sequence of Activities for the Industry

4. Pre-Implementation Phase.

- This is an agreement between parties to 'begin'.
- Provider sends NPI in addition to legacy number



Issue #1: Recommendation on the Sequence of Activities for the Industry

4. Pre-Implementation Phase – continued.

- Clearinghouse passes NPI and the legacy number (when a clearinghouse is involved)
- Payers accept NPI with the legacy number as the secondary ID.
- Payers and Clearinghouses use this phase to build their crosswalk tables.



Issue #1: Recommendation on the Sequence of Activities for the Industry

5. Pre-Implementation. All parties are using and passing NPI (provider, vendor, clearinghouse, payer)

- The pre-implementation phases are based upon agreement between payer, clearinghouse, provider and their respective abilities to test and implement. Some may perform this on a one time basis and feel they are ready for all other industry partners, some may want to repeat the steps with each trading partner.
- Concept of 'Round Trip' – take in the NPI and provide it on corresponding outbound transactions by this step. Should be discussed by trading partners. Consider paper claims which do not have the NPI, but the provider receives electronic 835.



Issue #1: Recommendation on the Sequence of Activities for the Industry

6. Migration Phase

- Continue to send the NPI plus the legacy identifier
- Begin to edit against the NPI (e.g. you sent this number, it's invalid, or you sent this number but we had matched to a different number) – provide feedback to trading partners on data integrity
- No rejections based on the NPI sent



Issue #1: Recommendation on the Sequence of Activities for the Industry

7. Shutdown of legacy identifier

- Payers use NPI as primary identifier
- Create plans for claim runoff (run-out)
- Adjustments timeline
- Allow rejections based on NPI sent. Pursue 'bad' data with the entity who sent it to you. It ultimately works back to the provider and the entry in NPPES.



Other recommendations included with #1:

- Recommend that CMS continue to issue its legacy identifiers through the compliance date(s)
- Payers should consider discontinuing legacy identifiers once they have completely transitioned to NPI and have completed the implementation steps.
- Recommend the workgroup continue the discussion and insert information about the point in the process where payers, clearinghouses vendors might take datasets from NPPES and apply to internal systems



Other recommendations included with #1:

- The prior slides were a recommended “rule book”. Not everyone follows the rules.
Develop contingency plans (e.g. be able to accept the NPI). Accept does not mean ‘process’ using the NPI.
- Must research whether the X12 834 transaction and NCPDP transactions have a place for secondary identifier.



Kepa's Sequence Chart

- Payers accept NPI without rejecting it
 - Does not mean processing with it
 - Confirm which transactions do or don't have a separate place for legacy identifiers (including Pharmacy transactions)
- Clearinghouses pass NPI
- Provider notifies Payer of NPI
- Providers send NPI as available in addition to other legacy identifiers
- Payers use NPI as primary identifier
- Providers use NPI as primary identifier
- Clearinghouses map legacy number to NPI for some providers.



Cross Indexing the NPI

The NPI Policy Advisory Group recommends the following:

- CMS to make certain that information in the NPPES will be available to covered entities through electronic means. This includes allowing for:
 - Various methods of access including batch and on-line (Internet)
 - Multiple query options (single entry query or obtain full replacement file, query by provider using parameters such as provider taxonomy, state, or region).



Cross Indexing the NPI

- CMS should **situationally require** providers to submit “other” federal identifiers (DEA, OSCAR, CLIA, etc) on their paper and web applications (i.e. for provider types who are assigned these numbers)
- Consider using the ANSI ASC X12 274 Provider Information transaction as one of the methods to disseminate the provider data from the NPPES. (Gap analysis needed to identify data discrepancies between the NPPES data fields and the 274 data requirements)



Cross Indexing the NPI

- CMS share the algorithms/criteria they use to crosswalk databases to the NPI during bulk enumeration (UPIN or other databases used in bulk enumeration)
- Health plans require that providers communicate NPI identifiers and related data directly to the Health Plan so the Health Plan is not dependent on the NPPES.



Cross Indexing the NPI

- Trading partners should migrate to using the NPI as soon as possible so health plans can begin building and validating their cross indices. This may require that entities use both the NPI and other secondary/legacy identifiers during a transition period. See additional information on pre-implementation and migration on issue 1.