

Workgroup for Electronic Data Interchange
National Provider Identifier Policy Advisory Group
WEDI NPI PAG
Crystal City, VA
June 23, 2004

Summary Record of Full NPI PAG Votes Taken

This half day session of the day and a half WEDI NPI PAG was dedicated to the reports from the co-facilitators of the three PAG breakout sessions. These sessions included:

- I. NPS/NPPES
- II. Implementation
- III. Rules & Regulation Clarification

I. NPS/NPPES (Laurie Darst, Mayo Foundation & Gail Kocher, Highmark)

Issue 1A: If the enumerator does not meet the May 2005 deadline, will the other dates be deferred?

Recommendation: The group prefers no delay. However, in the event of a delay, they recommend that a delay of six months, allowing eighteen months implementation time, could be tolerated by the industry instead of the full 24 months as allowed in the final rule.

PAG Vote: Yes = 28, No = 7, Abstentions = 0

Issue 1B: Bulk enumeration was evaluated and the group considered four options. The options are.....

#1 UPIN as the one and only data source for bulk enumeration

#2 UPIN plus other sources. (A given provider could be listed in any number of sources.)

#3 Obtain data from databases, e.g. UPIN, but require provider confirmation of data on file prior to NPI enumeration

#4 Obtain data via batch loads from 3rd parties, authorized by provider(s) to submit data for enumeration

A. Provider may only authorize one entity to submit data on their behalf

B. Authorization criteria established by CMS for data validation and attestation.

PAG Vote: The first vote was to determine if these four options should be considered further, i.e., does the group agree that bulk enumeration should be done at all. The results of this vote were Yes = 32 and No = 5.

The next vote was to select one option as the favored option. The results are as follows:

Option #1 = 2

Option #2 = 0

Option #3 = 10

Option #4 = 28

Issue 1C: CMS has intent to have a PIN for someone to act on behalf of providers as a third party interfacing with the enumerator.

Recommendation: WEDI recommends that CMS not require a registration process for a PIN prior to requesting an NPI.

PAG Vote: For = 17, Against = 22

[Note: the motion failed.]

Issue 1D: There is a need for testing and a pilot of the NPI prior to full-scale implementation.

Recommendation: CMS should establish with the industry a “full cycle” pilot with real data to validate the NPI application, enumeration, and dissemination process.

PAG Vote: For = 37, Against = 0

Issue 1E: NPS and Level 2 users

Recommendations:

Recommendation: NPPES Level 2 users should be able to receive all data in the NPPES, upon completion of user agreements. The user agreements are needed to resolve privacy concerns of data use.

Recommendation: The NPI PAG requests that CMS add a Provider Type field to the NPPES in order to match against licensure versus matching against taxonomy.

Recommendation: The NPPES should include the X12 274 transaction as an available option to disseminate the NPPES data

Recommendation: The NPPES should include the Internet as an available option to disseminate the NPPES data.

Discussion Points

- Providers will need their own NPI and the NPIs of other providers, e.g. Referring, Facilities providing services in
- Reluctance of individual practitioner providers to supply their SSN, especially if Level 2 users can receive it. There is still an open question of whether the SSN would be disseminated, even with Level 2 user agreements in place.
- License is currently linked to taxonomy, not to provider type. The NPI PAG believes it would be more appropriate to link License to Provider Type.
- The NPI PAG raised the issue regarding the ability of the NPPES to capture APO and FPO addresses for military providers.

There was an amendment from the floor indicating that the use of provider type and provider taxonomy is unclear in the final rule and even with CMS, so the WEDI NPI PAG should recommend that further discussion between WEDI and CMS take place to attempt to modify the final rule to be clearer on this issue. The amendment was incorporated into the motion.

PAG Vote (all four recommendations included):

PAG Vote: For = 32, Against = 1

Issue 1F: Timeline for implementation

Recommendation: The industry needs the list of final data elements no later than July 31, 2004.

PAG Vote: For = 33, Against = 0

Recommendation: CMS should notify the industry of all changes to the NPPES system by publishing the information on the CMS Website.

PAG Vote: For = 34, Against = 0

Recommendation: CMS should notify the industry of all changes to the NPPES system by establishing a dedicated Office of HIPAA Standards (OHS) listserv.

- A. As a point of information, it is noted that all changes to the NPI/NPPES paper application go through the Office of Management and Budget (OMB) notification process and are published in the Federal Register, giving 60 days for commenting. This occurs prior to implementation of changes.

PAG Vote: For = 32, Against = 1

II. Implementation Issues (Eileen Dock, United Healthcare & Penny Sanchez, EDS)

Issue 2A: Implementation and overall timing, sequencing, and tracking (SNIP Issue #5)

Recommendation: The NPI PAG recommends the following sequence for implementation of the NPI:

- 1) Obtain answers and definitions from CMS by 10/1/04;
- 2) Communication & Education;
- 3) Specifications for deployment of systems changes. Start Enumeration;
- 4) Pre-implementation phase;
- 5) All parties are using and passing NPI (provider, vendor, clearinghouse, and payer);
- 6) Migration phase; and
- 7) Shut down of legacy identifier.

The motion is to support these seven steps as a high level proposed “rule book” that the industry could follow with regard to the implementation of the NPI.

It was noted that further discussion is needed regarding timing of implementation.

PAG Vote: For = 30, Against = 11

Issue 2B: Cross-indexing of the NPI

Recommendation: The NPPES should be made available to all covered entities electronically. It should be available through various media including on-line, Internet and multiple query options. CMS should situationally require providers to submit other federal identifiers on both paper and web applications. CMS should consider using the X12 274 Provider Information Transaction as one method of dissemination. CMS should share the logic/criteria they will be using for a crosswalk with bulk enumeration. Trading partner migration should happen ASAP so that health plans can begin building their cross indices.

PAG Vote: For = 45, Against = 1

III. Requirements & Rule Interpretation (Peter Barry, Peter T. Barry Co. & Jim Golden, Midwest Center for HIPAA Education)

Issue 3A: Use of NPI on paper forms and other non-standard transactions.

Recommendation: The NPI should be used on paper forms and the paper forms should be changed to accommodate the NPI.

PAG Vote: For = 46, Against = 0

Issue 3B: Are other identifiers needed in addition to the NPI?

Recommendation: The group believes that after the transition, with some contract revision and process change, health plans will be able to determine the applicable pricing contract from the NPI and other information on the claim with a very high percentage of success. A payer assigned provider ID on a claim is not desirable. Yet, this needs more study to be sure.

PAG Vote: For = 33, Against = 7

Issue 3C: Determination of NPI Subpart Enumeration.

Recommendation:

Recommendation A - Providers should define their subparts as required by applicable Federal regulation and all providers should bill all payers using this level of granularity.

Recommendation B - Providers should define their subparts as required by applicable Federal regulation and then let providers decide how to define subparts after that and the provider may submit different NPIs to different payers.

Recommendation C - Providers should define their subparts as required by applicable Federal regulation and then let providers decide how to define subparts after that and all providers should bill all payers using this defined level of granularity.

Recommendation D – None of the above

PAG Vote: Three separate selection votes were taken to narrow down to the most popular option.

PAG Vote #1: A = 1, B = 10, C = 26, None = 7

PAG Vote #2: B = 10, C = 27, None = 6

PAG Vote #3: B = 10, C = 31

Thus Recommendation C is the NPI PAG consensus position.

Respectfully submitted,

Rich Landen, BCBSA
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PAG co-chairs

July 6, 2004

