CENTERS FOR MEDICARE AND MEDICAL SERVICES
National HIPAA NPI Roundtable
December 15, 2004
1:00 pm CT

Operator: Good afternoon Ladies and Gentlemen, my name is (Tina) and I will be your conference facilitator today.

At this time I would like to welcome everyone to the Centers for Medicare and Medicaid Services 18 National HIPAA Implementations Round Table.

All lines have been placed on mute to prevent any background noise.

After the speaker's remarks there will be a question and answer period. If you would like to ask a question during this time simply press star then the number 1 on your telephone keypad. If you would like to withdraw your question press the pound key.

Thank you. Ms. Holland, you may begin your conference.

Elizabeth Holland: Thank you (Tina). Hello and welcome to the 18th National HIPAA Roundtable call.

This call is being conducted by the Centers for Medicare and Medicaid Centers or CMS which is part of the US Department of Health and Human Services.

We began conducting these calls in May of 2002 to facilitate the implementation of the Health Insurance Reportability and Accountability Act of 1996 or HIPAA, and more specifically the Administrative Simplification Provision.

In the past our calls have focused on the electronic transaction and code set standards, the privacy provisions and most recently the security rule.

Today's call is our first to focus on one of the HIPAA identifier standards, the national provider identifier or as we tend to refer to it, the NPI.

We will begin with statements from several speakers. After we hear from our speaker we will have time to respond to your NPI questions.

Our first speaker today is Karen Trudel, Deputy Director of the Office of HIPAA Standards in CMS.

Karen Trudel: Thank you (Elizabeth). We have adopted two standard identifiers under HIPAA to date. The first to be implemented was the Employer Identifier Standard which had a compliance deadline of July 30, 2004 for most covered entities and August 1 of 2005 for small health plans.

The second identifier standard that we will be discussing today is the National Provider Identifier or NPI.

In January we published the final rules for the NPI. The effective date of that regulation is May 23, 2005. And we are projecting that covered entities - providers will be able to begin to apply for identifiers at roughly that time.

The compliance date for the covered entities will be May 23, 2007 or May 23, 2008 for small health plans.

Our round table today as (Elizabeth) said is dedicated to the NPI. We will talk about what the NPI is and how it will be used in HIPAA transactions and how providers can apply for their NPIs.

I'm sure you all have a lot of questions so let's start with the presentation. Thank you all for joining us today. (Pat Payton) will be our first speaker and she will make some brief comments about the NPI regulation.

(Pat Peyton): Thank you Karen. Good afternoon everyone. As all of you know the Secretary of Health and Human Services adopted the National Provider Identifier or the NPI as the standard unique health identifier for healthcare providers. The NPI final rule was published on January 23, 2004.

The NPI will be used be used by HIPAA-covered entities to identify healthcare providers as healthcare providers in HIPAA standard transactions.

HIPAA covered entities are health plans, healthcare clearinghouses and those healthcare providers who transmit any health information in electronic form in connection with a transaction for which the Secretary has adopted a standard.

All healthcare providers as defined in HIPAA regulations at Section 160.103 are eligible for NPIs whether or not they are HIPAA covered entities.

Healthcare providers who covered entities are known as covered healthcare providers must obtain and use NPIs in standard transactions.

Healthcare providers may begin applying for NPIs on May 23, 2005, which is the effective date of the final rule.

All HIPAA covered entities except small health plans must implement the NPI by May 23, 2007. Small health plans have until May 23, 2008.

Entities that never render healthcare and thus do not meet the definition of healthcare provider are not eligible for NPIs. Examples are carpentry; extermination and non-emergency transportation service providers, even though some health plans might pay for such services.

I'm not going to cover all the content of the NPI final rule in this presentation as I believe that most of the people who are listening to today's round table are already familiar with it.

Instead I would like to briefly discuss the concept of subparts which was introduced in the NPI final rule.

All covered entities under HIPAA are legal entities. All healthcare providers who are individuals, that is who are people, are considered legal entities. So the subpart concept does not apply to them.

There are situations in which a covered organization healthcare provider might consist of one or possibly many components that function as healthcare providers, meaning that they furnish healthcare but those components are not themselves legal entities.

The NPI final rule refers to these components as subparts so that they are not confused with a healthcare component concept that is tied to the privacy and security rules.

First, the NPI final rule requires a covered organization healthcare provider to obtain an NPI for itself and for any subpart of itself that would be covered healthcare provider if it were a separate legal entity.

Here is an example. A hospital is a covered organization healthcare provider. Within it is a dialysis unit. The dialysis unit renders healthcare and submits standard claims to health plans. The dialysis unit is functioning as a covered healthcare provider but it is not a legal entity. Therefore, the covered organization healthcare provider which is the hospital must consider the dialysis unit a subpart and must ensure that the dialysis unit obtains an NPI.

Secondly, the NPI final rule enables a covered healthcare provider to obtain an NPI or any other subpart that qualifies for the assignment of an NPI.

The subparts that could be designated under the scenarios below would not necessarily be mutually exclusive.

The NPI final rule notes that organization healthcare providers that are eligible to enroll in the Medicare program are required by federal regulations to have Medicare billing numbers in order to be identified in claims submitted to Medicare.

Many such Medicare providers are actually components -- excuse me -- of covered organization healthcare providers therefore to ensure these entities have Medicare billing numbers a covered organization healthcare provider

would want to ensure that these subparts obtain NPIs. The NPIs will one day be the billing numbers.

Similar federal regulations may exist for other federal health programs.

States often separately certify or license components of organization healthcare providers. This is sometimes based on the fact that the different components have different provider classification types.

For hospitals, examples of components that might require separate state certification or licensure could include hospital outpatient departments, hospital laboratories and hospital psychiatric units.

A hospital being the covered organization healthcare provider might want each of those components to obtain their own NPIs and they would be considered subparts.

States often separately certify each physical location of a member of a healthcare provider chain, such as chains of pharmacies, suppliers of durable medical equipment and supplies, nursing homes and others.

As an example the corporate headquarters of a nursing home chain which will be a covered organization healthcare provider may decide that each separate physical location of its nursing home should have its own NPI. Each separate physical location would be considered a subpart.

Pharmacy and durable medical equipment supplier chains may also decide to designate subparts in this way.

It is important to remember that the covered organization healthcare providers make these determinations following the information given in the NPI final rule. If covered organization healthcare providers designate subparts they will either obtain the NPIs for the subparts or will instruct the subparts to do so themselves.

This assignment scheme recognizes the various structures that exist in today's healthcare provider environment, which HIPAA require that we do in adopting the standard unique health identifier for healthcare providers.

There will be no links between covered organization healthcare providers and their subparts within the national provider system. There is nothing on the NPI application update form that denotes an applicant as a subpart.

Subparts must furnish the same type of information as any other organization healthcare provider in applying for an NPI and their records within the national provider system will look like those of any other organization healthcare provider.

It should be kept in mind that health plans may not require any enumerated healthcare provider to obtain an additional NPI.

Health plans and healthcare clearinghouses must use the NPIs of any enumerated healthcare providers or subparts to identify them as healthcare providers in standard transactions.

We encourage non-covered healthcare providers to apply for NPIs and to comply with the requirements that the NPI final rule places on covered healthcare providers.

(Elizabeth) Holland: Thank you (Pat). Our speaker will be (Kimberly Brant), Directory - Director of the Program Integrity Group in the Office of Financial Management at CMS.

(Kimberly Brandt): Thank you (Elizabeth). The Program Integrity Group at CMS is responsible for provider enrollment at CMS and therefore we have a responsibility for establishing the process to accept applications for it and assignment of the National Provider Identifier numbers.

We have a variety of activities going on right now, including three main areas. The first is final systems development to allow our systems to accept the National Provider Identifier.

The second is the selection of an enumerator contractor to actually enumerate the numbers themselves.

And lastly it's developing education and informational materials for healthcare providers so that we can educate the healthcare community about this new number.

We have been and will be continuing to consult with outside groups and our business associates as we go forward on this. Some of the groups that we've already talked to include the American Medical Association and the (Work Group) for Electronics Data Interchange.

And now I'm going to turn it over to (Helen Detrich) of the Program Integrity staff to walk you through some of the specific actions that we've been taking.

(Helen Dietrick): Okay thank you (Kimberly). In CMS we are using three key tools to implement the NPI. First is carrying out the NPI outreach plan. Second is

selecting the enumerator contractor and third is implementing the National Provider System.

The NPI outreach plan consists of two phases. Phase 1 has actually already begun. We have talked with many people across the country, educating providers' health plans and professional associations about the NPI and changes in the healthcare provider identifiers on standard transactions.

Phase 2 will be a call to action in spring of 2005 where we announce the specifics of the registration process to the NPI.

In terms of implementing the NPI systems I'm sure that a lot of you know that we are currently developing the National Provider System within CMS. This system will uniquely identify healthcare providers and assign each an NPI.

The system will reside in the CMS data center. The system will match healthcare providers as they are being enumerated against previously enumerated healthcare providers to accurately identify healthcare providers and minimize the potential for enumerating any healthcare provider more than once.

The system will use procedures such as address standardization software and SSN verification to ensure the integrity of information submitted by each healthcare provider.

The third tool we are using is selecting an enumerator contractor. The enumerator will be a CMS contractor who will handle the day-to-day administrative operations for providing NPIs, accept and enter applications that come in on paper, verify information provided on those applications, provide a help desk service and assist providers regarding their NPI.

The enumerator will be announced by February 2005.

(Pat) has talked to you already about the enumeration process which is the process for applying for and receiving a National Provider Identifier. Healthcare providers that are defined by the NPI rule include individuals such as physicians, dentists, nurse practitioners and organizations such as hospitals, laboratories, ambulatory care centers and subparts.

There will be three ways to apply for an NPI. The first is paper. Paper applications will be available upon request to the enumerator and probably available from CMS and other sources.

The main way we hope to receive applications is through the Web. The National Provider System will have an interactive Web application. Each provider's file will be password protected.

The third way will be through an electronic file interchange where providers may authorize organizations such as health plans or a group practice with whom they do business to apply on their behalf in a mass enumeration effort. We expect this process to be available in late 2005.

The data that will be needed to apply including the following: The provider's name and other names, practice locations, mailing address and phone number, social security number for individuals -- this is optional on paper applications -- or the EIN for organizations, the birthdate, state, country of birth and gender of individual providers, license number and state if applicable. A provider may have multiple entries.

Other provider identifiers such as (Upins), (Oscar) or (Clear) number if applicable, this is optional. The authorized official of the organization and contact information such as name, phone number and email.

What should providers do now? First as I said we will not be issuing the specifics on applying until spring of 2005. So what we need you to do is check the (HIPAA HIPAA 2) Web site frequently to - for updates.

I believe that address will be given out later in the process but let me just repeat it right now. It's www.cms.hhs.gov/hipaa/hipaa2. Go to the Administrative Simplification section and search for NPI topics and Frequently Asked Questions.

If you have questions you may email them to ask HIPAA, A-S-K H-I-P-A-A@cms.hhhs.gov or call the HIPAA hotline toll free at 1-866-282-0659.

You may also contact health plans with whom you do business to find out how they will transition to the NPI. And of course you may begin gathering information you need for the application.

We also expect health plans to prepare for the NPI, health plans including Medicare and Medicaid are responsible for incorporating the NPI in standard transactions.

They must inform their providers when the health plan will be capable of accepting the NPI on the standard transactions before the May 2007 compliance date. Small health plans have until May 2008 to comply.

Medicare systems are planning a transition period when providers may submit NPIs and current Medicare billing numbers in the standard transactions.

Medicare systems and providers must use the NPI beginning April 1, 2007.

And that concludes my presentation.

(Elizabeth) Holland: Thank you (Helen).

(Helen Dietrick): You're welcome.

(Elizabeth) Holland: We will now respond to questions. To facilitate the production of the call transcript I'm asking all the speakers here to identify themselves before they speak. Callers please begin your question with your name and your organization.

(Tina) please remind our audience of the procedures for asking a question.

Operator: Once again Ladies and Gentlemen if you would like to ask a question you may do so by pressing star then the number 1 on your telephone keypad.

Your first question will come from the line of Dan Sawyer. Mr. Sawyer, your line is open.

Dan Sawyer: Yes I was wondering about the (NTPES) data availability what data would be available and in what format?

(Charlie Waldhauser): This is (Charlie Waldhauser), CMS. We're still working out the data - the details of our data dissemination process and we will be issuing a notice in the Federal Register about how that's going to work. We anticipate several mechanisms for that. For example a health plan could submit a matching file to the CMS with information on its providers and we would give some

information back about the NPI. But for the rest of the details you'll have to wait for the Federal Register notice.

Dan Sawyer: Okay thank you.

(Elizabeth) Holland: Thank you, next question please.

Operator: Your next question will come from Allen Goldberg.

Allen Goldberg: Allen Goldberg, (Goldstein and Stores), Washington, D.C., good afternoon a thank you for a very helpful series of comments.

My question relates to the interrelationship between the privacy rule on the one hand and other rules, including those rules relating to NPI and actually security might be relevant also.

In the privacy rule there's a concept of hybrids or affiliates and the like and the notion is to look for covered functions. I understand from the comments before that there seems to be some further effort in the direction of dealing with that kind of privacy organizational structure even though the security rule and the NPI materials don't directly seem to replicate the privacy rule.

For example, are components the same thing as areas within an organization that is a hybrid that has covered functions and will the designation mechanism for the components which will likely have numbers be the same or different from a hybrid legal entity or a covered entity component designations for covered functions?

(Mike Pagels): Hi this is (Mike Pagels). How are you?

Allen Golberg: Okay thanks (Mike).

(Mike Pagels): Hi, I just happened upon this meeting today so I'm - I am hearing a little bit about how we're going to be enumerating and I - however what I believe is that the actual enumeration process for the NPI will be slightly different from the structure of the HIPAA Privacy Rule when it comes to hybrid entities.

It appears that how we will enumerate is going to be based upon I believe legal entities.

(Pat Payton): Hi, do you want me to say something? This is (Pat Payton).

(Mike Pagels): Yes.

(Pat Peyton): The NPI subpart concept, you know, a subpart may correlate to a healthcare component or it may not. I mean there's no tie in between that and what's in the other published HIPAA regulations. The NPI final rule needs to ensure that entities have - are able to have NPIs that need them even though they may not be legal entities, plus the subpart concept.

(Mike Pagels): Right I know, I think that's correct. I think the point of the NPI is to be able to enumerate those organizations that need an NPI where the Privacy Rule structure really had to do with - it didn't I don't think contemplate the NPI requirements in terms of how we needed to enumerate. Does that make sense?

Allen Goldberg: A little bit. It seems like there may be some confusion though ultimately because some have assumed the Privacy Rule concepts would be replicated although the rules don't require that and query whether this will indeed create

confusion simply because there will have to be duplicate or several designations which aren't necessarily always going to be complimentary.

(Stanley Nachimson): This is (Stanley Nachimson). I think there may be some confusion between the concepts of hybrid entities which consist of covered - an organization, part of which is covered and part of which is not covered and the fact that in the NPI we're talking strictly about providers here.

And any organization or part of an organization that is considered a provider and a legal entity is - could be a covered entity and parts of that organization then act as providers but within the legal entity are not in and of itself legal entities are considered (unintelligible). I think hybrid is a different concept than are a subpart.

We're still talking about things that act like healthcare providers but the only difference between that and a covered provider is that these items are not legal entities.

Allen Goldberg: But except saying that it was said that healthcare providers other than covered healthcare providers are being encouraged to apply for the NPI.

(Stanley Nachimson): Yes organizations that are healthcare providers under the definition of healthcare providers but don't necessarily transmit electronic transactions.

Allen Goldberg: Which could be within a hybrid…?

(Stanley Nachimson): Aren't eligible to be (unintelligible) get an NPI but they still fall under the definition of provider.

Allen Goldberg: Okay thank you.

(Elizabeth) Holland: Thank you. Next question please.

Operator: Next question comes from Michelle Kornfeld.

Michelle Kornfeld: Hi, I know this is for the NPI but I have a question that has to do with the transaction and code sets. I have a (state) of Medicaid that is requiring (IC9) Volume 3 procedure codes on outpatient claims. I'm sorry. I have that backwards - on inpatient claim are requiring a (CPT4) code. Can somebody in there help me?

(Stanley Nachimson): This is (Stanley Nachimson). I just want to make sure I understand your point. You're being asked by a Medicaid Fed Agency a health plan to submit inpatient hospital claims and they're asking you to use the (CPT4) procedure code?

Michelle Kornfeld: Correct.

(Stanley Nachimson): To identify the service?

Michelle Kornfeld: Correct.

(Stanley Nachimson): Which is not in accordance with the regulation that requires the (ICD9) procedure code set to be used for inpatient hospital claims.

Michelle Kornfeld: Yes so you're agreeing that the (ICD9) Volume 3 Procedure Code is what this health plan should be requiring of us?

(Stanley Nachimson): For inpatient…

Michelle Kornfeld: Patient claims.

(Stanley Nachimson): Yes.

Michelle Kornfeld: Thank you very much (Stanley).

Woman: You made her day.

(Elizabeth) Holland: Okay thank you (unintelligible).

Operator: Your next question will come from the line of Andrew Frost.

(Elizabeth) Holland: Mr. Frost?

Operator: I'm sorry ma'am. We'll move along to Gale Scott.

Andrew Frost: Hello?

Woman: Hello.

Andrew Frost: Hello. This is Andrew Frost.

Woman: Hi.

Gale Scott: Hi this is Gale Scott. I'm with Tampa General Hospital.

Woman: (Unintelligible).

Gale Scott: My question is again about the subparts. I have several of them actually. The speaker I think that first spoke referred to Medicare billing numbers and I

think the context was that when there was a separate Medicare billing number involved that they - the hospital organization would identify that as a subpart.

I am assuming that when you referenced something called the Medicare billing number you're talking in my language about a Medicare provider number, that is the number that Medicare issues to this hospital and we have to report on claims for different various types of services that we perform such as our distinct part units.

And my question if all of that is correct is I trust that applying for a subpart - organization subparts was up to the organization and the not the payer or the health plan. Is that - is CMS an exception to that rule in that we will have to still maintain separate NPI numbers for each of our distinct part units where we today currently have separate provider IDs?

(Pat Peyton): This is (Pat Payton). The NPI final rule just wants to make sure that covered organization healthcare providers ensure that any parts within them comply with other federal regulations which would be the federal regulations that Medicare uses when they enroll providers.

So in short if you have within your organization entities that are enrolled in the Medicare program as healthcare providers but they're not legal entities themselves…

Gale Scott: Right.

(Pat Peyton): Then apparently they have Medicare identification numbers to use, you know, when they bill Medicare and they should be subparts and they should obtain NPIs.

Gale Scott: Okay. Can I ask a second question?

Woman: Yes ma'am.

Gale Scott: Will hospitals be able to query the NPS to just get basic NPI numbers for our referring physicians for which we have no other source to get this information? I know that that's a privacy concern and it's under consideration I've been told at this point but is it not going to be possible perhaps to abbreviate the information that would be accessible to a hospital organization?

(Pat Peyton): Well this is (Pat Payton). I think (Charlie) may want to speak as well. But you can ask any healthcare provider for their NPI. You know, I mean they have to disclose it.

If they don't have one, if they never get one, if they're not a covered healthcare provider and they don't obtain one then you would have to use whatever the implementation guide allows you to use as their primary identifier and use another number as a secondary identifier. But (Charlie) can speak to the National Provider System.

Gale Scott: I just want to add one thing we - and for the referring physicians we do not always have access to the physician. We are a Florida hospital. We get a lot of six-month visitors from other states, sometimes from the other side of the country who present with scripts and we don't have access, I mean unless every time one of these presents we are to try and reach that doctor in Washington State by telephone and ask for his identifier information.

(Pat Peyton): Well that's how you do it now. You call them and ask for their identifier information. You would be able to do that and ask them for their NPI.

Gale Scott: So what we do today is we don't put the referring physician identifier in. We don't put the referring physician on the transaction at all because we don't know the information and that's okay according to the implementation guide. It's a situational component. But we would like to be able to complete the transaction and I thought that this NPI was going to be a national database, that that was one of the primary purposes of it.

(Charlie Waldhauser): This is (Charlie Waldhauser). As I mentioned before we will be issuing a Federal Register notice about our data dissemination policy.

And we recognize this as a potential problem however we are governed by the Privacy Act that protects the information of individual practitioners such as physicians and that's going to be one of our primary focuses in our data dissemination strategy. But if there is a way to do something like that we'll certainly try to find it.

Gale Scott: Okay one more, can hospital organizations submit both applications for its physicians with privileges? I mean you mentioned that health plans might be able to do that near the end of the year and physician groups but would hospital organizations be - would that be open to them as well?

(Charlie Waldhauser): We - this is (Charlie Waldhowser) again. We anticipate that any organization that has permission from its practitioners can do so.

Gale Scott: Thank you.

(Charlie Waldhauser): You're welcome.

(Elizabeth) Holland: Thank you, next question.

Operator: And we have Mr. Andrew Frost again.

(Elizabeth) Holland: Mr. Frost?

Andrew Frost: Hello.

(Elizabeth) Holland: Sorry about that?

Andrew Frost: Hello? Hello?

(Elizabeth) Holland: We can hear you.

Andrew Frost: Okay this is (Andrew Frost) from IDX. My question is about the implementation of the NPI in the standard transaction set. Can you explain again the Medicare implementation plan in regards to being able to accept both their Medicare billing numbers and the NPI and at which point would they require either or just the NPI? And the how does the law apply to carriers other than Medicare? In other words can they accept both their current identification number and NPI or are they forced only to use NPI?

Man: Thank you.

Woman: Go ahead.

(Debra Robinson): This is (Debra Robinson) and I'll answer the question about Medicare implementation plans at this point. We are still formulating our implementation plan. Right now the thinking here is that we will have a transition period where we will be accepting both Medicare provider identification numbers other than the NPI.

Andrew Frost: Yep.

(Debra Robinson): And the NPI and that as of April of 2007 we will begin to accept only NPIs.

Andrew Frost: Okay so that would mean updates to existing (EDI) enrollment processes and some sort of potential re-enrollment to - in order for Medicare to know which billing provider equals which NPI at some point?

(Debra Robinson): We are in the process of having those conversations now and it would probably involve some crosswalks and some internal activities that we would have to do to be able to identify…

Andrew Frost: Who's who.

(Debra Robinson): Yes.

Andrew Frost: Okay.

(Pat Payton): And this is (Pat Payton). With respect to the - what other health plans are doing, I mean that's up to them, you know, how they go about implementing the NPI between now or when they can get NPIs and the compliance dates.

Andrew Frost: But the law states they must accept it? Is that - I mean what is their obligation?

(Pat Payton): After the compliance date a health plan must accept an NPI and the standard transaction.

Andrew Frost: So they must accept it but that doesn't mean they still can't require their own IDs?

(Pat Payton): No they can't - they will not be able to require their own IDs after the compliance date. If a healthcare provider has a NPI that's the only identifier that it would use to identify itself as a healthcare provider. It would not be able to use a secondary identifier in the (X12) transitions after the compliance date.

Andrew Frost: After 2007 in May.

(Pat Payton): Right, unless it's a small plan, they have another year.

Andrew Frost: Right. Okay that helps me understand it. And I have a third question that's a little bit unrelated but since I heard another question about transaction sets I'm going to ask this.

(Elizabeth) Holland: Okay.

Andrew Frost: Did - has Medicare issued any additional enforcement guidance regarding the acceptance of paper claims for submission to Medicare about how they'll be enforcing providers who are sending paper?

(Elizabeth) Holland: I do not believe they have issued any additional guidance at this time.

Andrew Frost: Okay, thank you.

(Elizabeth) Holland: Next question.

Operator: Your next question will come from Margo Williams.

Margo Williams: You've already answered my question. Thank you.

(Elizabeth) Holland: Thank you. Next question.

Operator: Next we will hear from Rowland Blake.

Rowland Blake: Hello, thank you very much. I'm calling from Five Star Quality Care. We have nationally a series of nursing homes and assisted living and independent living facilities.

Man: Every enrollment.

Rowland Blake: Do I take it that the numbers that are assigned are closely tied to billing operations such that they allow for billing transaction?

Woman: This is…

Rowland Blake: And if so does that mean whether we decide to have specific facilities get their own number, is that driven by whether they need to independently charge for services or receive reimbursements to that facility rather than to the parent corporation?

(Pat Peyton): This is (Pat Payton). It could be. I mean the purpose of the NPI is just to uniquely identify every healthcare provider so that they can be identified in standard transactions.

Rowland Blake: So that if we don't have a need to bill separately we could have one number but if we bill separately and need to identify that subpart then we would have separate numbers. Is that correct?

(Pat Peyton): That's correct. The covered organization healthcare provider needs to look at its business functions and but it also needs to consider whether or not it has to meet any other federal regulations with respect to the need for billing numbers for some of those parts that you mentioned. But if there aren't any regulations that need to be met with respect to that then it, you know, it would be up to you as to how you enumerate yourself.

Rowland Blake: So for example if at one facility we have a subpart which does rehabilitation and bills separately for those services we would want to have a separate number for them?

(Pat Peyton): Yes.

Rowland Blake: Okay. And I'm curious about the logic between having two deadlines, you know, one on May 5 or May 2005 for applying for numbers and a two-year delay in implementing. What is the logic there?

(Pat Peyton): Well all - this is (Pat Payton). The HIPAA regulations have a two-year compliance for years for small health plans after their effective dates. So what the effective date of May 23, 2005 then you have two years for all covered entities except small health plans to comply and then the extra year for the others.

Man: Okay but that period of two years is to enable providers to apply for and receive NPI and to enable health plans to collect necessary information from people to implement the NPI (unintelligible).

Rowland Blake: When is that?

Man: In May 2005 is the starting date on which providers can start applying for and receiving NPI. You know, we anticipate giving the industry enough time to be able to implement these requirements.

Rowland Blake: Okay if a nursing undergoes a change or management or ownership does the number or will the number go with them or does a new number need to be assigned to them?

(Pat Peyton): Well that depends on how that situation actually takes place. I mean it could be sold but still the exact same entity with the same address and everything else but just with a different owner in which case it would keep its NPI.

Rowland Blake: Even if maybe the name changes in the legal document?

(Pat Peyton): If the name changes then the healthcare provider would notify the National Provider System of that change and it would keep its same NPI but the data and the National Provider System would be updated to reflect the new name.

Rowland Blake: Okay, at what point does the current Medicare number which I believe is a six-digit number, then does that get retired and you start using the new ones - the new numbers?

(Pat Peyton): That's a decision that the health - that Medicare will have to make down the road.

Rowland Blake: Can that occur before May of 2007 or does it occur…

Man: Yes.

Rowland Blake: In May?

Man: Yes it can occur before May of 2007 but the decision as to when it will occur has not yet been made.

Rowland Blake: Okay, thank you very much. I appreciate your help.

(Elizabeth) Holland: Thank you, next question.

Operator: Next we will hear from Ed Gaines.

Ed Gaines: Thank you and I appreciate the open door forum and the opportunity to present questions.

Mine has to do similarly with the previous question and that has to do with the how the (NPA) - NPI process will dovetail into enrollment my company's healthcare business resources and we work with hospital-based physician groups and one of the services we do is the enrollment or the credentialing of those groups with major health plans.

So the question is as of May I understand that the NPI process can be begun but the compliance deadline is not for another two years. I took it from both (Kim's) comments and one of the other folks who spoke that the billing process can continue through the crosswalk that was described in response to one of the earlier questions for that period.

In other words while a group is being credentialed under NPI the previous provider numbers can be used to bill for those services and I just want to make sure I'm understanding that message correctly. So in effect there is approximately a two-year period.

Woman: That's correct.

Ed Gaines: Okay thank you.

Woman: We'd like to add a comment to that. When you talked about enrollment…

Ed Gaines: Yes.

Woman: The (unintelligible) process is not enrollment in terms of how Medicare for example does it, where we check credentials. It is simply an enumeration process. Providers would still need to go through the enrollment process of the health plan within (unintelligible) business. For example with Medicare they'd have to be the providers (unintelligible) process.

Ed Gaines: Okay well thank you for that comment. Can I ask a follow-up question?

Woman: Sure.

Ed Gaines: If the group of doctors has already been through the (855) enrollment process with the carrier would that group of doctors then simply need to go through the NPI enumerator process?

Woman: Yes.

Woman: Yes.

Ed Gaines: Okay now let's say you have a new group of physicians, newly formed who have not been through the (855) enrollment process would they then have to go through the (855) process before they go through the NPI enumerator process?

(Debra Robinson): This is (Debra Robinson) again. They would have to go through both processes. I don't know that it really would matter whether they go through one before they go through the other and at some point when we go - when we have our Web application for Medicare enrollment up you will be able to do both simultaneously.

Ed Gaines: (Debra) any sense of the timing of that?

(Debra Robinson): Web Medicare enrollment very tentative timeframe, about a year from now.

Ed Gaines: And that would be the simultaneous process you're describing?

(Debra Robinson): Yes.

Ed Gaines: Thank you, that's very helpful.

(Stanley Nachimson): This is (Stanley). I just wanted to add one more comment about this transition process. May 2005 is when providers can start getting their - applying for and getting their NPIs. At any time after that and at least by May (2000) a health plan can start requiring only NPIs so any health plan can decide before May of 2007 - obviously after May 2005 that they are only going to take NPIs and no longer will accept their own numbers. I think the folks mentioned it, that Medicare was planning roughly in April 2007 a deadline for accepting only NPIs.

Ed Gaines: Well…

(Stanley Nachimson): And other health plans may pick different dates before May 2007.

Ed Gaines: Well (Stanley) can I ask a -- I apologize -- can I ask a follow up to that? If you had a health plan decide that they were going to require only the NPI we know that on the enrollment (855) process there is a targeted 60-day processing by the carriers on the Part B side of the house. Is there an expected or targeted processing time for the NPI process?

(Charlie Waldhauser): Yes we have standards in place that our enumerator contractor will be asked to meet. I believe we're looking at 20 days for a paper application and we're hoping a Web-based application that everything is fine on it will be a matter of minutes. But of course if there needs to be some development done on it then it would take somewhat longer.

Ed Gaines: Thank you very much.

(Elizabeth) Holland: Thank you, next question.

Operator: Your next question will come from (Kathy Pugliese).

(Keith) Pugliese: I think you mean (Keith) Pugliese.

Operator: Yes.

(Elizabeth) Holland: Yes your line is open.

(Keith) Pugliese: Okay hi. (Stanley) you just said that health plans could require NPIs prior to April 1, 2007 so does that mean that if they do that but a provider doesn't have their - his or her NPI yet that then they could back a claim - an electronic claim and not pay it?

(Stanley Nachimson): Yes. They can set up their requirements for provider identification just as they (unintelligible) today. They can require a certain piece of information and a health plan could say prior to May 2007 we want you - the only thing that we're going to accept as a provider identifier is a national provider identifier and that's what you must put on the claim.

(Keith) Pugliese: Okay. Also in - if a provider is confused - let's say a physician today doesn't do anything electronic and so they're not a covered entity of - that physician's not a covered entity under the HIPAA Privacy Rule and but gets all confused and applies for an NPI, by applying for an NPI and receiving one does that make the physician a covered entity?

(Pat Peyton): This is (Pat Payton). No that does not.

(Keith) Pugliese: Okay and my last question is so NPIs are not replacing Tax ID numbers of course?

(Pat Peyton): This is (Pat Payton). No they are not.

(Keith) Pugliese: So in a medical group situation where you have physician employees of a medical group you could have a many-to-one situation - physicians each having an individual NPI, the medical group organization itself might have an NPI but they're all sharing the same Tax ID number?

(Pat Peyton): That's possible.

(Keith) Pugliese: Okay, thank you.

(Pat Peyton): Uh huh.

(Elizabeth) Holland: Thank you, next question.

Operator: Your next question will come from the line of Diane Charles.

Diane Charles: Hi we have a couple of questions.

(Elizabeth) Holland: Okay.

Diane Charles: But tagging on what was just said, if you have providers that are employed by the facility you said it's possible you'll - the provider will have the number as well as the hospital but is it mandatory? Do all of our providers have to have one of these - this number as well as our organization have a number, NPI?

Woman: Any healthcare provider that's a covered provider must get an NPI.

Diane Charles: So all of our employees, physicians as well as the hospital, they each have to have a separate NPI?

Woman: Well the hospital certainly would be entitled to an NPI as would each physician would be entitled to it - would be eligible for an NPI.

Diane Charles: And mandatory that they have to apply and receive one?

Woman: It's mandatory if they're covered entities, if they conduct any of the HIPAA transactions electronically that makes them a covered provider.

Diane Charles: The doctor does it through the hospital. We do it on their behalf.

Woman: So then the doctor technically would not be a covered provider but the hospital could require the doctor to get an NPI so that, you know…

Diane Charles: But is it mandatory that they get it?

Woman: It's not mandatory…

(Stanley Nachimson): (Unintelligible) what -- I'm sorry -- what did you mean by doing it on their behalf?

Diane Charles: Well they work - their employed for - by the hospital.

(Stanley Nachimson): Okay and is the hospital getting paid or is the doctor getting paid?

Diane Charles: I'm sorry.

(Stanley Nachimson): Is the hospital getting paid for this service or would these be (unintelligible).

Diane Charles: Yes (unintelligible).

(Stanley Nachimson): I'm sorry.

Diane Charles: The hospital is getting paid.

(Stanley Nachimson): Okay, as long as the hospital is getting paid and they're not billing for the doctor's services as a courtesy to the doctor then the doctors would not be considered covered entities. But as healthcare providers they certainly would be entitled to get NPI.

Diane Charles: Okay.

(Stanley Nachimson): And if they need to be identified on standard transactions even though they're not covered entities it would be very useful for them to get NPI.

Diane Charles: Does it extend to providers like (Seratis)?

(Stanley Nachimson): If they meet the definition of healthcare provider.

Diane Charles: Okay and you mentioned health - do you health plans themselves need a number?

(Stanley Nachimson): Yep.

Woman: Not under the NPI process.

Diane Charles: Okay. Thank you.

(Elizabeth) Holland: Thank you. Next question please.

Operator: Your next question will come from Kae Edington.

Kae Edington: Hi this is Kay Edington of Vanderbilt University Medical Center in Nashville, Tennessee.

(Elizabeth) Holland: Hi.

Kae Edington: I have a couple of questions. We have lots of physicians that might only be here for a year and I'm hoping that since we have over 1,000 in our medical group that we would be eligible to do the electronic data versus having to apply online even on a Web based thing for all 1,000 of these physicians.

(Charlie Waldhauser): This is (Charlie Waldhauser). As I said before if you meet all the requirements, including getting permission from the physician you will be able to submit a file to get NPIs for all your physicians.

Kae Edington: Okay. And then as - the second question to that, who is responsible then as they leave to - I'm assuming this number goes with them. It's the only number they'll ever receive?

(Charlie Waldhauser): Yes.

Kae Edington: So then we would need to or they would need to notify you of the updated address that they're moving to?

(Charlie Waldhauser): Yes, the NPI is the responsibility of the provider that receives it or the provider it belongs to so the provider is responsible for keeping the system information up to date.

Kae Edington: Okay. And then the last question have is we have multiple locations and currently with Medicare we have group numbers for each location and then the individual physicians are tied to those different group numbers.

So as an organization as the Vanderbilt Medical Group would we have one NPI and then our doctors would be tied to that for payment purposes? Or how are the health plans going to be dealing with that type of situation?

(Pat Peyton): Well this is (Pat Peyton) and different health plans will be dealing with that situation in different ways. For NPI assignment purposes the group would be eligible for an NPI and of course each individual member of the group would have only one NPI. The Medicare billing regulations don't require that an

individual have an identifier for every place they practice. That's not a regulatory requirement.

So health plans will have a lot to do to be able to, you know, to implement the NPI because it will change a lot of their relationships.

(Charlie Waldhauser): This is (Charlie Waldhowser). The NPI system will not relate physicians to a group or any other organization. However the Medicare program has its own provider enrollment system that can do so and will be doing so.

Kae Edington: So in that situation we would potentially put the Vanderbilt Medical Group NPI number on the claim as well as the individual's physician's NPI number on the claim?

Woman: Yes if - I mean depending on what you're sending in your claim for. If the group is the billing and the pay to provider and one of the physicians is the performing then yes the group and the physicians NPIs would both go on the (837).

Kae Edington: Okay great, thank you.

Woman: Uh huh.

(Elizabeth) Holland: Thank you.

(Helen Dietrick): This is (Helen Dietrick). I wanted to add something to my response to Diane Charles when she asked about health plans being enumerated. And I wanted to know what she meant by health plans if she's still on the line. But she may not be - she may be listening.

Let me explain further. If you mean by health plans and insurance companies those organizations will be enumerated under the (unintelligible) plan ID which is coming down the road.

If you mean by a health plan a managed care organization or an HMO then yes an HMO may get a national provider again to fire because they are providers of service. When the (unintelligible) IDs becomes available they would also get an (M Plan) ID because they are also functioning as an insurer. I hope that clarifies that.

(Elizabeth) Holland: Thank you (Helen). Next question please.

Operator: Next we will hear from the line of Jennifer Cole.

Woman: Her question has been answered.

(Elizabeth) Holland: Thank you.

Operator: Thank you. Your next question will come from Debbie Ferrelli.

Debbie Ferrelli: Yes we are a provider in about 32 different states and currently we have a special (E63) provider numbers - Medicare provider numbers and specialty (47) Medicare provider numbers.

As a corporation could we apply and receive one NPI for both of those specialties for billing throughout the US or would we have to apply for one for each process location within each state?

(Pat Peyton): This is (Pat Payton). I don't have those Medicare specialty codes in front of me so I'm not sure what 47 and 63 represent.

Debbie Ferrelli: Sixty-three is portable X-ray and forty-seven is (IDTF).

(Pat Peyton): And you have a lot - oh did you want to…

Man: Well I was just going to say this is probably one of those situations governed by the Medicare Regulations or - and Facilities numbers. But as far as the answer without knowing more specifics.

(Pat Peyton): Should we get their number and call them.

(Elizabeth) Holland: If you wish to give us your name and number we can have somebody return your call.

(Pat) Falice: Okay that'll be fine. My name is (Pat), last name is Falice, F-A-L-I-C-E, direct line is 410-773-2453.

(Elizabeth) Holland: Okay thank you, we'll have somebody get back to you. Next question.

Operator: Your next question will come from (Shay Vaughn).

(Shay Vaughn): Hi I'm with (Mistice) Healthcare Systems. I just had a couple of questions. One, we had previously been given a October 1, 2006 date as the implementation date for Medicare to begin allowing the NPIs. Has that date been disregarded?

(Debra Robinson): This is (Debra Robinson). That date has not been disregarded however that's the date that at this point Medicare is planning to begin to accept the NPI, assuming that we can implement the systems changes that we need to

implement in that timeframe. That gives us a transition period of about a year between October of 2006 and April of 2007 when we will require the NPI.

(Shay Vaughn): Okay and one additional question, as far as the Tax ID numbers are concerned, I know that these NPIs are not replacing the Tax IDs in relation to needing - providers needing to get Tax IDs but they are replacing them, if my understanding is correct, as far as providers needing to send them on claims. Is that correct?

(Pat Peyton): Well this is (Pat Payton). Where the claim, like the (X12) claims requires the number needed for tax purposes then the tax number goes there and not an NPI.

It's clear in the implementation guide when the tax number is needed.

(Shay Vaughn): Right but isn't it needed in the (837) in the same segment as the NPI, like the - you can either send the NPI or the tax number. Are you saying that we're - we should prepare to send multiple iterations of that segment?

(Pat Peyton): No I'm just saying that it's clear at the data element level when that number's needed for taxpayer purposes. It's explained in the guide. I don't have - we don't have the guides here with us at this meeting.

(Stanley Nachimson): When the guide asks for a provider identifier only the National Provider Identifier will be used. There are certain segments that ask for Tax Identification and in those segments you'll still the Tax ID number. But in all of the other segments that ask - that currently ask for Provider Identifiers and today allow the use of the Tax ID number, the Tax ID will no longer be used after May of 2007.

(Shay Vaughn): Okay, yes that makes sense. Thank you.

(Elizabeth) Holland: Thank you. Next question please.

Operator: Your next will come from Sundeeb Aschraja. Sundeeb your line is open.

Sundeeb Aschraja: Hello. Hello.

Operator: Yes go ahead.

Sundeeb Aschraja: Hi this Sundeeb. I'm from Arc of Greater of New Orleans. And I had a couple of questions for you all. I want to know is there a presentation like a PowerPoint that it goes along with this? That's my first question, that goes along with this presentation.

And my second question, I guess it's similar to other callers. I want to know with our - with the (837P) format is that going to change the content that we need to submit with our billing files and…

(Pat Peyton): Well this is (Pat)…

Sundeeb Aschraja: My third question was are there going to be any other like resources or are all the resources for this going to be on the same CMS Web site?

(Elizabeth) Holland: There will be additional resources on the CMS Web site. We don't have any PowerPoints but a transcript of this call will be posted on the Web site.

Sundeeb Aschraja: Okay.

(Elizabeth) Holland: And then (Pat) has…

(Pat Payton): And this is (Pat Payton). On the (837) isn't going to be asking - you are not going to have to supply any additional data except an NPI.

Sundeeb Aschraja: Okay.

(Pat Payton): Where a healthcare provider has one.

Sundeeb Aschraja: Can I ask a follow-up question?

(Elizabeth) Holland: Certainly.

Sundeeb Aschraja: Okay, so do we need to contact our software vendors for this change for the NPI because it seems like it's going to impact our billing software and how we submit claims and that (unintelligible) do we need to contact our vendor to make the change to (ourself) or is this going to be something…

Woman: No.

Sundeeb Aschraja: How is that going to work…

Woman: You should be in touch with your vendors and any trading partners, etc. to talk to them about how to implement the NPI because they will all need to make changes.

Sundeeb Aschraja: Okay so it's definitely something we need to do. Okay all right well thank you very much.

Woman: You're welcome.

Sundeeb Aschraja: Okay.

Operator: Your next question will come from the line of Dana Moeller.

Dana Moeller: Okay I have three questions. This is Bloomington Hospital, Bloomington, Indiana.

The first one is a quick one I think. Will the NPI number for the physicians replace the (UPIN) number on the (837) in the transaction?

Woman: Yes come the compliance date it will.

Dana Moeller: The (UPIN) goes away and we use the NPI. Okay. There were several questions related to this. The first is that if we as a hospital have an NPI number and we have several subparts as we do now, rehab and psyche, but then on the other payers other than Medicare they currently do not require us to have different provider numbers for which you're considering the subparts. How do you see that rolling out with another payer like Indiana Medicaid or (Anthem)?

Currently if we have a claim we don't have to use a special provider number for what - as we do with Medicare for the subparts.

Woman: Well then you would use the NPI of whatever part would bill Medicaid.

Dana Moeller: So it's - but with Medicaid right now they have different provider numbers that are like for transportation, for pharmacy, for services but would we only have one NPI number for the hospital that we could use then for all of those different billings for that payor?

Woman: I think you're saying that Medicaid just needs like the hospital's number. Is that what you're saying?

Dana Moeller: Right because they currently do not require a sub-number for rehab or psyche services like Medicare does.

Woman: Right so when you bill Medicaid you would just use at the higher level NPI, the hospital's NPI.

Dana Moeller: Okay whatever - just use one and you don't - okay.

Woman: Right. If they don't, yes.

Dana Moeller: Okay the last part that has been talked about but I'm - it may - instead of becoming clearer it's become cloudier. We have - we bill all the psychologists, psychiatrists, social workers are hired by the hospital so I'm currently in charge of filling out the (855) then - and getting all of that. But what they - what we do is these when they - we get a new person on board they're attached to a Part B provider number that I currently have for Bloomington Hospital.

And with some of the previous questions I would think that would I have to apply for an NPI number to replace the Part B provider number for the hospital? And then currently I now if a new psychiatrist comes on board I just link them with their current Medicare number to that Medicare Part B provider number and they then get a number with a suffix attached.

Are the NPI numbers also going to be similar to this? Are there - or how does that relationship work with NPI numbers?

Woman: Well there won't be any relationship like that within the NPI database as they are not going to linked to, you know, your psychologists won't be linked to you within the NPS database. They may very well be linked within the Medicare enrollment file but now within the National Provider System.

Dana Moeller: So what goes away then? I'll still have my Part B provider number which I will replace through enumeration with an NPI number and then if a psychiatrist is currently has a linkage to that I would have to apply for his own - for him or to have their own NPI number which I would use on my billing forms and on the (837P) in (24K)?

(Stanley Nachimson): Yes.

Dana Moeller: Was the answer yes?

(Stanley Nachimson): This is (Stanley). If the psychiatrist or the individual needs to be identified separately on the claim then they would need to get their own NPI. If it's only your hospital that needs to be identified no the claim then you don't have to worry about the NPI of the individual (unintelligible).

Dana Moeller: What happens though is these psychiatrists, although they're hired for the hospital, they can also have a private practice and currently they can bill out of their private practice as well as billing - as I can bill for them attached by the Part B system with numbers the way they are now.

But if I don't have a linkage I don't see how their NPI in (24K) is going to link to anything and they're going to get the checks for the services I'm billing even though in (33) I'll have our NPI number.

Woman: Well you're actually talking about the paper claim there and the HIPAA requirements relate to the electronic transactions.

Dana Moeller: I - and that I still even though I - we bill it electronic I still have to think of paper when I'm thinking of what I'm going to need.

Woman: Maybe we could call her.

(Stanley Nachimson): Like if you would identify on the claim who the billing provider is and the patient provider is so if you are to be paid for the claim it would be your NPI and the bill - in the pay to provider, not the NPI of the individual.

Dana Moeller: Well are your saying that I…

(Stanley Nachimson): These individuals…

Dana Moeller: Won't have a Part B provider NPI? I'll just use the hospitals' Part A NPI number on the physician's claim?

(Helen Dietrick): This is (Helen Dietrick). I think the questions that you're asking (unintelligible) are related to Medicare billing processes and we are currently working with the Medicare staff here to develop the processes that will be in place after the NPI is required. And so I think those kinds of questions that you're raising will be addressed by instructions - Medicare instructions coming up.

Dana Moeller: Okay, thank you.

(Elizabeth) Holland: Okay next question please.

Operator: Your next question will come from Heather Olson.

Heather Olson: My question has already been answered, thank you.

Operator: Thank you. Next we will hear from Charles Bradbury.

Charles Bradbury: Hi this is Charles Bradbury with Healthnet. Both of my questions have been addressed but I need a little more clarity on each of them.

I heard one of the speakers say that you expect health plans to apply for an NPI. And then I heard another speaker say that health plans aren't required to get an NPI. I'm - and that if they're managed care or HMO organizations then they would. And if you're an insurance company I guess you're not.

We're an insurance company that has managed care products - HMO products, PPO, indemnity. Can you give me some clarity on what the specific circumstances are and where a health plan would have to apply for an NPI?

(Pat Peyton): This is (Pat Payton). If a health plan has to be identified as a healthcare provider in a standard transaction because like an MCO, a managed care or an HMO may, you know, may - they may function as health plans and healthcare providers. So they would get NPIs if they need to be identified in standard transactions as healthcare providers. They would be eligible.

Charles Bradbury: Okay. Second question, again we've touched on this. But we've talked about the concept of the facility and individual practitioners working for the facility and all of them - the facility and the physicians get NPI.

Is there a case where and possibly an individual practitioner could be a subpart of a larger entity and a covered entity at the same time and in that case the - are they going to get two NPIs or is that never the case?

(Pat Peyton): That would never be the case. An individual person could never be a subpart. Any individual who the healthcare provider would have only one NPI.

Charles Bradbury: Okay. Thank you.

(Pat Peyton): Uh huh.

(Elizabeth) Holland: Thank you. Next question please.

Operator: Your question comes from Joe Owens.

(Sherry Botts): Hi yes this is (Sherry Botts), North Carolina Department of Health and Human Services. And we were wondering about the required data elements on the application. Will a taxonomy code or list of codes be required on the application?

(Charlie Waldhauser): This is (Charlie Waldhauser). The application form asks for an - it asks for the taxonomy code or a written description of the specialty. We realize that not all providers may have access to the taxonomy code list. So either one is required. We do require that we know what kind of provider, what kind of specialty the provider (unintelligible). Does that answer the question?

(Sherry Botts): Yes thank you very much.

(Elizabeth) Holland: Thank you, next question.

Operator: Your next question comes from John Marchal.

(Judy Higgins): Actually it's not John Marchal. This is (Judy Higgins) speaking on his behalf. A healthcare provider who has received an NPI who also provides services that are not covered or that are not eligible for NPI, for example drives an ambulance on the side. When billing for those services can he use his NPI?

Woman: Is this a person who does render healthcare sometimes but sometimes drives the taxi?

(Judy Higgins): Yes.

Woman: Well if they do render healthcare they're eligible for an NPI.

(Judy Higgins): Would he - would that person be able to use that number when submitting claims for their taxi service?

Woman: Well that would be - I think that's a Medicaid issue primarily because the (837's) really a healthcare claim and a taxi service really wouldn't be a healthcare service.

Woman: They wouldn't be billing for the taxi service as a physician so…

(Judy Higgins): But they do - you are saying they won't be able to use (837) to bill for that service?

Woman: They could.

Woman: They could.

Woman: It's up to the health plan.

(Judy Higgins): Okay well let's say they do it is - and it is Medicaid and if they do bill for (837) for the taxi service would they be able to use NPI that they have received as a healthcare provider?

Woman: The NPI identifies a healthcare provider and in this case this is not a healthcare provider service.

(Judy Higgins): But he has already got an NPI and he's already billing for his service. Why would - I didn't think that NPI is relevant to a claim. NPI is to identify a provider.

Man: Right.

(Judy Higgins): And if the provider has already received his NPI because he's eligible for NPI then why would he not be able to use that number for the services that are no eligible for NPI numbers?

(Stanley Nachimson): If, I mean if the health plan was willing to accept that to identify this entity in non-healthcare services I don't think there's a prohibition against it.

(Judy Higgins): Okay all right. That was my question. The second one I was going to ask is how soon are we going to see something about the data dissemination from NPS?

(Charlie Waldhauser): This is (Charlie Waldhauser). We're hoping to issue a Federal Register notice by next May or so.

(Judy Higgins): By next May. That would not give us much time to build our system to accept a feed from NPS prior to this NPIs becoming available.

(Charlie Waldhauser): Well we don't anticipate data being available from the system until probably late in 2005 anyway because it'll take time to build up the database and get all the providers registered and enumerated. So and, you know, we are still formulating our strategy of NPS and before.

(Judy Higgins): So you are saying no NPI would be given to a provider until late 2005?

(Charlie Waldhauser): No I'm saying that the data from the database will not given out until late in 2005.

(Judy Higgins): Okay and would it be per request of the let's say the health plan if we want to receive a feed we would have request it or would - could that be done automatically such as cost of submissions from CMS?

Woman: Could you repeat that question? I didn't understand that.

(Judy Higgins): Could it be - would it have to be requested by a health plan or could it be done automatically without a request by the NPS as feed, as file submission, transmission from NPS to the health plan?

(Charlie Waldhauser): I think you're going to have wait until we get their Federal Register notice out.

(Judy Higgins): All right.

(Charlie Waldhauser): To get the details on that. I'm sorry.

(Judy Higgins): Okay and my last question is on taxonomy. Would a healthcare provider who has multiple taxonomies, let's say one as a division and one as a waiver provider apply for two NPIs?

(Charlie Waldhauser): No, the system will have capacity for multiple taxonomies for an individual.

(Judy Higgins): Okay.

(Charlie Waldhauser): So multiple taxonomies would not be a reason for multiple NPI.

(Judy Higgins): Okay thanks very much.

(Elizabeth) Holland: Thank you, next question please.

Operator: Your next question comes from Pam Wolff.

Pam Wolff: Hi my name is Pam Wolff and I'm with Presbyterian Health Services in Albuquerque, New Mexico. And we are an integrated delivery system. So we assume the role of employer provider and payer. And we're looking at a lot of system issues right now as well as business process.

And I appreciate the caller before me because she actually brought up some issues that concern our folks here at Presbyterian quite a bit. And I know that you are right now working on the logistics of data dissemination for the NPI. And in fact when we look at our contracted providers from the health plan perspective and non-contracted providers we're concerned about how quickly we can get the data and how quickly we can update our provider directories.

So I would like to reinforce the notion that if there's any kind of a feed or if there's kind of files that could be sent to us that that would really be appreciated.

It - by the way are my comments getting through to the panel okay?

Man: Yes.

Woman: Yes.

Pam Wolff: Okay. I know that you guys have talked about this and that I know that you don't have all of the information for us yet. My one question then at this point would be how soon are the transcripts of this conference going to be available?

(Elizabeth) Holland: At least a week.

Pam Wolff: Okay.

(Elizabeth) Holland: (Unintelligible) at least a week.

Pam Wolff: I think the content of this conversation is good and in fact we have already established a work plan for 2-1/2 years out into the future. And I think that as we get more details from you we can flesh out our work plan. But we're very concerned about some of the detail and we'll wait patiently to hear from you all.

But you are set for going live with the application process May 23 and it looks like for sure we'll have the paper application process in place, possibly Web is that correct?

(Charlie Waldhauser): That's our plan yes.

Pam Wolff: Okay that's great. Thanks very much. These are my questions at this time.

(Elizabeth) Holland: Thank you. Next question.

Operator: Your next question comes from Andy Anderson.

Andy Anderson: Hi this is Andy Anderson with Welmark Blue Cross Blue Shield of Iowa. And I think you've dealt with my first question which is related to the whole notion of Medicare rules and regulations being the determining factor of NPI assignment.

I'd like - I think there's a number of people out there that would probably like some real clear direction. It begins to sound like both physician and hospital NPI assignment is going to depend heavily on how Medicare views the world. And it would be very helpful to have some very clear direction from CMS about that.

Secondly and far less important in my view is the question about the CMS 1500. Is there a timetable for getting a change to the CMS 1500 Form in place?

(Marie Margiottiello): The (MUCC) is working on updating that form and I think (unintelligible). Oh I'm sorry, this is (Marie Margiottiello) with Medicaid. I also sit on the (MUCC) committee and they are currently working on an updated version of that form to accommodate the NPI.

It should be due out for comment and review in the industry shortly within the next few months - two to three I think. So if you have access to the Web you can probably check the (MUCC) Web site or we can take your name and number and we can let you know when that happens.

Andy Anderson: I thank you. I think that part is covered. But I would like to return to this whole notion of federal regulations that would drive the requirement to obtain NPIs.

I think there's a - there seems to be a disjuncture between the notion that a healthcare provider chooses its own numbers as it needs to versus this thread - the (unintelligible) about except for the dictates those other federal regulations. Is there a comprehensive list of those other federal regulations that could be publicized?

(Pat Peyton): Well this is (Pat Payton). First of all an individual healthcare provider gets one NPI. That's pretty universal. There is no list of a federal regulations for the various federal health programs and, you know, and what they require.

Most organization healthcare providers probably know who bills whom and who needs by regulation a billing number.

Beyond that, I mean we could not publish this federal regulation on the NPI and have it conflict with any other federal regulations that are out there so we had to ensure that, you know, they would be looked at when organization healthcare providers determine whether they need NPIs for parts of themselves.

Andy Anderson: Thank you (Pat).

(Pat Peyton): Uh huh.

(Stanley Nachimson): This is (Stanley) and I think we are working on a list of at least the (unintelligible) perspective what the different billing (unintelligible) obviously in the - some time in the future we'll try and get that out to folks.

(Elizabeth) Holland: Okay next question. I think we have time for at least one more question.

Operator: Thank you and your final question will come from Mary Warden.

Mary Warden: Hello thank you. Regarding the NPI format, the 10 byte numeric, we've had some rumor here in California -- I'm from Blue Shield of California -- that there will be change in the format. Is there any validity to that rumor?

Man: No.

Mary Warden: Good, that's good. Good answer.

Man: The answer that no.

Mary Warden: All right thank you, that was my question.

(Elizabeth) Holland: Do we have anymore questions, like one more?

Operator: Yes ma'am. We can take the next question from Gary Dauenhauer.

Gary Dauenhauer: Thank you. We're a large health plan also and getting down to the practitioning of it, is the first digit significant or not? I had heard rumors of that. And as we design are we going to have defaults, things like these taxis or for interchange of claims will be useful to have a uniform number

nationwide as we pass claims back and forth, same thing as foreign countries. I think Homeland Security might be interested in money laundering and what people are doing. So are there any kind of defaults with that?

(Charlie Waldhauser): This is (Charlie Waldhauser). The first digit of the NPI will be either a 1, 2, 3 or a 4 so you can look for that. The 1 means to identify that the number is an NPI. As far as what I think you asked is whether there could be a ten-digit number that could be used for non-providers…

Woman: Non-healthcare.

(Charlie Waldhauser): In certain situations we've heard that question before and we were trying to figure out a way to address it. It's a legal issue unfortunately so, you know, we don't have an answer for you right now.

As far as the Homeland Security I can't answer that either. I'm not sure what the implications are of that.

Gary Dauenhauer: Okay thank you.

(Elizabeth) Holland: Okay. As we mentioned previously more information on HIPAA can be found on our Web site which is located at www.cms.hhs.gov/hipaa/hipaa2. We will be posting a transcript of this call on the Web site and announcements of future calls as well.

The transcript of last month's security call is available on the Web site.

Just as a reminder the deadline for compliance with the HIPAA Security Rule is April 20, 2005 and April 20, 2006 for small health plans.

Recently we added the first paper in a series of HIPAA security papers, Security 101 for covered entities on our Web site.

If you have additional questions please email them to our electronic mailbox at askhipaa@cms.hhs.gov.

(Tina) can we have a participant count please?

Operator: Yes ma'am, about 1,825.

(Elizabeth) Holland: Thank you.

Operator: Thank you. Ladies and Gentlemen this does conclude today's teleconference. You may all disconnect.

Thank you Ms. Holland.

END