

CMS
Moderator: Nicole Cooney
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2:30 pm ET

Operator: Good afternoon. My name is (Regina) and I will be your conference operator today. At this time I would like to welcome everyone to the Fee-for-Service Medicare Implementation conference call.

All lines have been placed on mute to prevent any background noise. After the speakers remarks there will be a question and answer session. 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. I will now turn the call over to Ms. Nicole Cooney, Health Insurance Specialist. Ms. Cooney, you may begin your conference.

Nicole Cooney: Good afternoon everyone. I'm Nicole Cooney from the Provider Communications Group at CMS and I'd like to welcome you to the 25th HIPAA Roundtable conference call. This is the sixth roundtable specifically dedicated to NPI -- the National Provider Identifier.

CMS appreciates your participation in today's call. Today's topic of discussion is Medicare's Fee-for-Service NPI implementation. The format for the call is similar to other roundtables. We will start with a brief presentation and then we'll open the lines for questions.

With that we'll begin our presentation with Marlene Biggs, the Fee-for-Service NPI Lead here at CMS.

Marlene Biggs: Thank you, Nicole. As of January 25th, 91% of all Medicare electronic claims contain an NPI-only or an NPI/legacy pair. On January 1, 2008, Part A institutional claims began rejecting claims if only an OSCAR number was sent in for the primary provider, which is the billing and the pay-to.

I'm very proud to report that, with the help of our fiscal intermediaries and you, as of last week 99.87% of all Part A claims have an NPI. But we're not out of the woods yet. There are still enrollment challenges that need to be addressed. If your FI has instructed you to send an 855 enrollment form and you have not, but your claims are being paid, we may have implemented a temporary match on the crosswalk until you can submit your enrollment application.

In the near future, some of the Part A fiscal intermediary will post informational notices explaining that they're maintainancing their provider enrollment system. If a temporary match has been made to the crosswalk, so that your cash flow is not affected, the maintenance of these files may cause your temporary match to be lost. Only correct information in the Medicare provider enrollment files will ensure a match remains on the crosswalk, so we urge all providers to make the necessary corrections to their Medicare enrollment data and if you have put off sending an updated 855, you should do so immediately.

For Part B professional and DME supplier claims received on or after March 1, 2008, you will receive a reject if the primary provider identifier sent on the claim does not contain an NPI. This does not apply to NCPDP claims, which will require an NPI as of 5/23/08. Providers submitting Part B claims today without an NPI are receiving informational messages if only the legacy number is sent for the primary identifier. If you're not receiving these

messages but are sending legacy-only on your claims, you should ask your clearinghouse why these messages are not being sent to you.

Medicare will continue to accept, NPI, legacy and UPIN secondary provider identifiers until 5/22/08. On May 23, 2008, Medicare will not accept or send any legacy or UPIN identifiers for any claim type – this includes EDI, DDE, paper or NCPDP or any HIPAA transaction. This includes claims or eligibility status checks, remittance or COB.

On or after 5/23/08, claims or transactions received with legacy identifier numbers or UPINs will be rejected or returned. If you have not yet used your NPI when sending claims to Medicare, we strongly urge you to send a small batch of claims using only your NPI. If your claims pass all NPI edits, you should begin to increase batch volume. If your claims reject, read the error messages and view your NPPES records to make sure you have obtained your NPI properly and that you reported your Medicare legacy identifiers to NPPES in the correct fields.

Also you should ensure that your Medicare enrollment information is up to date. If you're still having problems, you should ask your Medicare claims processing contractor to validate that your NPI and legacy pair is on the Medicare crosswalk.

Here are a few things that you should look to avoid. We are still receiving claims with a group NPI paired with an individual legacy number at the primary provider level. This is not a valid combination and your claims will reject. Another issue we're seeing is: changing your data in NPPES and not submitting an 855 provider enrollment form when necessary. Information in NPPES and Medicare provider files must match for your claims to be processed without incident.

There is an enrollment issue as to how sole proprietors are enrolled with their NSC numbers and the Entity type they selected when they applied for their NPIs. In NPDES, sole proprietors are Entity Type 1 (Individual), and would furnish their SSNs when applying for their NPIs. The National Supplier Clearinghouse or NSC allows these suppliers to enroll as an organization, with an EIN. If a sole proprietor furnished his/her SSN when applying for an NPI and the NSC has sent only the EIN to the Medicare crosswalk, the NPI legacy pair will not be found on the crosswalk, hence your claims will not be paid. CMS will issue instructions shortly for the NSC to resolve these problems.

CMS strongly urges providers to pay attention to information from the contractors and CMS. For more information about NPI, please go to our CMS website. Thank you.

Nicole Cooney: Thanks, Marlene. Before we begin our question and answer session I need to go over a few points so that we can maximize our time here today and answer as many questions as possible.

Due to our limited time we ask that callers please limit themselves to one question. When you're asking your question, please remember that there are others who have questions as well so kindly be concise and specific. Please be prepared to ask your question as soon as the line is open. The operator will cue you by name when it is your turn.

After you have asked your question there may be a brief pause while we prepare our response. This call is intended to address questions from the health care industry; Medicare Carriers, FIs or MACs should not use this forum to get technical directions. Medicare contractors should use the established protocol for communication with CMS.

Now we would like to start our question and answer session. Once your line is open please state your name and the organization that you work for.

Operator, we're ready to take our first question.

Operator: Thank you. Again if you would like to ask a question press star 1 on your telephone keypad. Your first question comes from the line of (Malea Renfro).

(Malea Renfro): Hi. This is (Malea Renfro) with Kansas City Hospice and Palliative Care. And I keep getting these e-mails saying that we need to test sending our claims using NPI-only. I'm having a problem with that because the PCAs [PC Ace] won't allow me to take the Medicare provider number out. As far as I know I have the latest edition of PCAs [PC Ace].

Marlene Biggs: To your vendor?

(Malea Renfro): They say that's the latest edition and that I'm the first one they've had this problem with so I don't know what's going on.

Marlene Biggs: They're obviously going to have to send you another version of the software before 5/23, do you know when they'll have that available?

(Malea Renfro): I have not heard anything about another version coming out because, you know, they're not the ones that actually do the software and they say that the edition I have is the latest. I just updated it; I don't know it's been about six weeks ago I think is when the latest one come out. Think it's been that long because I've got, yea 190.0100 and...

Marlene Biggs: Ms. (Renfro), can I get your number and give you a call back? I'd like to contact you on this.

(Malea Renfro): Sure. My direct line is (XXX) XXX-XXXX.

Marlene Biggs: Okay. I'll be in touch with you shortly.

Post-Call Followup: CMS is waiting on a response from FISS and will call this provider once a response is received.

(Malea Renfro): All right thank you.

Marlene Biggs: Thank you.

Operator: Your next question comes from the line of (Janet Mivas).

(Janet Mivas): This is (Janet Mivas) with Missouri Cardiovascular Specialists. We've been, we got the billing provider NPI and we've got the rendering provider NPI. My question is in regards to do we need an NPI for the service facility location, which is Box 32 on the HCFA form?

Marlene Biggs: Okay I'm going to ask you a question, when you billed before NPI did you put a provider identifier in that box?

(Janet Mivas): No, it was just the address of the hospital, our clinic or that type thing, it was just an address.

Marlene Biggs: It's the same thing; NPI is just the new identifier. The policy didn't change.

(Janet Mivas): Okay. Well I've been seeing some e-mails come out about making sure you've got it for the ordering, rendering, attending, operating, other service

facility, and I'm like – we haven't done anything on service facility and I wanted to make sure I was okay on that.

Marlene Biggs: Yes. How you billed previously is how you should bill on the future. Just use your NPI instead.

(Janet Mivas): Okay. Thank you very much.

Marlene Biggs: Thank you.

Operator: Your next question comes from the line of (Patricia Dito).

(Patricia Dito): Hi, we're calling from the University of Rochester and our question is regarding if after several unsuccessful attempts to obtain an NPI from the ordering physician that we can, the supplier or the physician who was furnishing the service can report their own name and NPI of the claims. Will that throw up any red flags in terms of a self-referral? It was recently in a MLN Matters Article 5890?

Marlene Biggs: Well we strongly encourage you to try to get the ordering provider's or actually the secondary provider's NPI .

Pat Peyton: This is Pat Peyton. You know right now you can use any of those surrogate UPINs like SLF000.

(Patricia Dito): Right, but we're talking about after like...

Pat Peyton: Well I just wanted to make sure you knew, okay.

(Patricia Dito): Yea, I'm talking about after the compliance date....

Pat Peyton: Our CR 5890 said you can use the billing provider's NPI on and after May 23rd on the self-referred. That's not to say we might not at some future point come out with some additional instructions but that's what you can do at that time.

(Patricia Dito): Okay, but we're not talking about when they're self-referred, we're talking about when there is a referring provider and we've made attempts to get the NPI and we cannot, we are unable to locate it, perhaps they don't have one, perhaps we can't find it under the spelling of the name we have, whatever.

Pat Peyton: Okay, then you follow the instructions, which are to use the billing provider's NPI in that case.

(Patricia Dito): Okay, and the concern by one of our physicians is that would throw up a red flag as a self-referral to Medicare.

Pat Peyton: Well, we are going to be looking at the data eventually but that's what you do on May 23rd if you cannot get an NPI from the ordering and referring. And those instructions are out there.

(Patricia Dito): Yea. Thank you.

Pat Peyton: You're welcome.

Operator: Your next question comes from the line of (Linda Guerrero).

(Linda Guerrero): Hi, it's (Linda Guerrero) from the Beth Israel Deaconess Physician Organization. I hope the blurb that you read in the beginning is going to be on a transcript somewhere because it was read pretty quickly and I was trying to

take notes and didn't get them all. But the issue that we're having is many of our long-standing physicians of course have their NPI on the NPPES website, but we're having claim denials and I'm being told it's because their Medicare number may not be on the NPPES website. So we're having them go in and add that in but my question is there still continues to be some problems. So do we need to have them complete new 855Is and Rs? We can't get a straight answer from our carrier on this.

Pat Peyton: That's unfortunate – this is Pat Peyton – that's too bad that the carrier can't look into that for you. They are supposed to be assisting providers with problems when their claims are rejecting and they don't really know why, they don't understand the messages. So, that's an unfortunate thing.

Certainly, if the enrollment record is not up-to-date, then the provider does need to update it with the 855. We do strongly encourage all Medicare providers to make sure their Medicare legacy identifiers are in NPPES, but you've already noted that.

(Linda Guerrero): Right.

Pat Peyton: I think I would try to call the carrier again.

(Linda Guerrero): Well, we try and it depends who you get. There's no consistency, this is NHIC in Massachusetts and usually the standard line is we cannot give any provider information out over the phone, you have to write in and the providers will write in, it'll take 60 days and often they won't even give the provider the information.

Pat Peyton: They can't tell you why that claim isn't being paid?

(Linda Guerrero): No.

Pat Peyton: Well, we'll have to look into that from here.

Marlene Biggs: Do you have the name of the person you spoke with at NHIC?

(Linda Guerrero): I'd have to get that from my staff.

Pat Peyton: Well, this is Pat Peyton, if you could let me know.

(Linda Guerrero): Okay Pat, do you have an e-mail or telephone?

Pat Peyton: You can e-mail, it's Patricia.Peyton@cms.hhs.gov.

(Linda Guerrero): All right, we'll do. Thank you.

Pat Peyton: You're welcome.

Nicole Cooney: And this is Nicole Cooney. Just to follow-up, I just want to let everyone know that we will be posting a transcript of this call in approximately seven to ten business days on the NPI website.

Operator: Your next question comes from the line of (Louise Joy).

(Louise Joy): Hi. This is (Louise Joy) and we have, we're in Austin, Texas and have worked with a lot of hospitals and various Part A providers in getting their claims, making sure their 855s are processed properly. You mentioned a temporary match process that we had never heard about before because we have quite a few clients who keep being told that their claims are being returned and denied because their NPI is not on the crosswalk but they haven't been offered

the opportunity of getting paid by having this temporary match while their 855s are being processed. We're working with TrailBlazers and TrailBlazers is taking an inordinate amount of time to process changes. I mean we've had some changes that have taken a year.

Marlene Biggs: This is Marlene, we're not going to make forced matches for just any reason. In a situation where there is a cash flow issue, CMS may approve a forced crosswalk match. But when your FI does a full reload of their provider file, you're going to lose that forced match. So you may be getting paid one day and not the next. If your FI told you to send that 855 in to make the changes or make NPPES changes and you did not, but your claims are getting paid, so you think, oh well, we're fine, this may not be the case once the FI reloads their provider files. ,You need to get your paperwork in.

(Louise Joy): Right. But you have to understand how long it's taking them to process that.

Marlene Biggs: You should work with TrailBlazers. They can in turn talk with the CMS crosswalk team and determine if a temporary fix is needed. .

(Louise Joy): Okay. Because I mean what we are seeing is, you know, we've had some clients, we had a CHOW that was approved at the end of November and we're still being told, and we're talking about it was approved at the CMS level, it was back at TrailBlazers at the end of November and those clients are still being told their NPI is not on the crosswalk. And that's over two months later. I'm not sure it's in process and I can't tell you how long it took to process because that was a CHOW started 1/1/2007.

Marlene Biggs: And you're saying that their 855 has been processed?

(Louise Joy): Yes. And we're still having problems.

Marlene Biggs: It appears there maybe something in PECOS doesn't match the information in NPPES. So what they need to do is validate that the information in both of those systems is correct.

(Louise Joy): And one of the things that's difficult for providers is, to get that information you've got to call in to the FI and hope that you've got somebody who's really patient, who will go through that information with you, and we don't, it's very difficult. I mean on the carrier side you can call and get a fast busy signal and never get through and when you finally do get through you heard that between 1:00 and 4:00 pm Central Time was the only time you could call. Then if you don't get a fast busy signal you're on hold for a long time, it's a very, very difficult process to check this information.

Marlene Biggs: I could say for the Part A side specifically two of the things that you want to check is the EIN and the OSCAR number. This is the criteria the Crosswalk uses to match the NPPES data to the PECOS, provider file data.

(Louise Joy): And one of the questions I had is since, for example, on the OSCAR numbers we understand, too, another step you need to take is to make sure that if my number which is now referred to as the CCN number by CMS, why is it referred to as the OSCAR number in the NPPES system, because the corresponding use of, you know, like how do you refer to a number is different in both in the NPPES system versus how CMS calls this particular type of number?

Pat Peyton: This is Pat Peyton and NPPES now calls it OSCAR/Certification number.

(Louise Joy): Okay.

Pat Peyton: And I also have found out over the years that a lot of the providers didn't recognize the term OSCAR, they called it their certification number. A lot of our numbers go by different names out there unfortunately but, NPPES is in sync now. Any Part A provider seeing OSCAR/certification should certainly know what number is recorded there.

(Louise Joy): Okay. And so but there are a lot of problems with the speed with which these changes are processed so that, I mean it's taking a long time right now, at least in Texas to get changes processed.

Pat Peyton: We know that the contractors (and TrailBlazer is one), are very, very backed up. Actually we're having an enrollment summit today in another part of CMS on the issues with NPI and moving those enrollment applications and the updates along, trying to determine any special help or resources that the contractors might need to be able to be responsive and to process them more quickly.

(Louise Joy): Okay, because I mean another issue too is the time frame in which things, the incentives are given to them to complete things. When something's old, the incentive like if it's past 120 days, the incentive to get it worked before the 180 days goes away because you want to focus on getting things that you could say I finished in 90 days.

Nicole Cooney: I'm sorry, this is Nicole Cooney, I don't mean to cut you off but we have a lot of calls that are in the queue so I really need to move on. But thank you for calling in with your question.

(Louise Joy): Thank you.

Operator: Your next question comes from the line of (Sharon Demo).

(Sharon Demo): Hello. This is (Sharon Demo) from Deaconess Hospital and we do some billing for physicians: they do the reads for our mammograms and a few other areas in our hospital and I, you know, with our legacy numbers or our OSCAR numbers we have them attached to our hospital tax ID, but now with the NPIs in order to attach that legacy number do I need to go to those doctor's offices and do they have to go into their crosswalk and add our legacy numbers in order for us to get paid like we used to?

Pat Peyton: This is Pat. I don't think we understand the question you're asking. Are you talking about the physicians' NPI records?

(Sharon Demo): Okay we are a hospital and we do billings for physicians: they do our reads for our mammograms but when I applied for our NPI I applied as a hospital and got the acute number and our psych number and our rehab number.

Pat Peyton: Right.

(Sharon Demo): But now when I do the billing for these physicians, like I'll have the technical bill on the UB and the professional bill on the 1500, but how does my tax ID or my legacy number for those doctors get attached to their NPI number? Do they have to go in and do that or is that something I can do as a hospital because we bill for them for that particular service because we have a contract with them.

Pat Peyton: Can you hold for a minute, please?

(Sharon Demo): Hello?

Nicole Cooney: Give us just one second; we're conversing amongst ourselves.

(Sharon Demo): All right.

Nicole Cooney: To get you an answer, hold on.

(Sharon Demo): Okay.

Nicole Cooney: Ma'am, can we get your name and number and we're going to have to have someone give you a call to get some more information so that we can get you an answer on this?

(Sharon Demo): That's great. You want me to give it to you on the phone here?

Nicole Cooney: If you don't mind.

(Sharon Demo): Okay it's (Sharon Demo).

Nicole Cooney: Or if you would prefer an e-mail address that's okay too, we can get in touch with you that way as well.

(Sharon Demo): My e-mail address or my phone number, which one you want?

Nicole Cooney: Whatever you prefer.

(Sharon Demo): Okay, it is (XXX) XXX-XXXX and my e-mail address, I can give that to you also is XXXXXX@XXXXX.com.

Post-Call Followup: CMS has been in touch with this provider to assist her with these issues.

Nicole Cooney: Okay great. Someone will get back to you. Thank you.

(Sharon Demo): Thank you.

Operator: Your next question comes from the line of (Roberta Sharps).

(Roberta Sharps): Yes, (Roberta Sharps). Can you hear me?

Nicole Cooney: Yes.

(Roberta Sharps): When an NPI is initially applied for or a profile is updated, I see it reflected immediately on the NPI registry but it did take a lot longer, you know, for it actually show up in the crosswalk.

Joy Glass: This is Joy Glass. It usually takes about, two to three days, before it is transmitted from the crosswalk to the contractor.

(Roberta Sharps): Okay because...

Joy Glass: We get nightly feeds from NPPES so it does take a couple days.

(Roberta Sharps): Okay, also I just wanted to also mention and I know that you don't really handle the, you know, the NPPES, the NPI enumerator so we have so many physicians who hold a password for their profiles and you need to have the legacy number put in after they're enrolled. And for some of them, you know, who maybe they actually don't know what their password is because somebody else applied for them, but they've moved on and trying to get that password from NPPES is like pulling teeth because so often that line rings busy and very busy physicians get very upset with having to sit, and that is the only way, I was told by NPPES, that is the only way they can actually obtain a password is by speaking with them verbally.

So this is a problem I just wanted to make you all aware of that because I am anticipating having problems with, you know, all of the legacy numbers being able to be, you know, updated on their profile.

Pat Peyton: This is Pat Peyton and, yes, that's the way the enumerator handles those things. They will not give a password that somebody set up to anyone other than the provider or the person who created the password. Providers need to think about what they are doing when they give their data to people and allow those people to create their NPI records. Maybe sometimes they should have done it themselves; if so, they would have control over that. The Enumerator is very busy. I know they're having a lot of trouble with their call center, but you will eventually get through. They do have an e-mail address and they will work with the providers to get them what they need to know.

This is an issue that has been going on since NPIs were first assigned in May 2005. Somebody set up a record for a provider, the provider doesn't remember who set it up or the person who set it up is long gone as a part of the agency, etc.—there are all kinds of different scenarios.

(Roberta Sharps): Okay, well thank you.

Operator: Your next question comes from the line of (Sara Oshenski).

(Sara Oshenski): Hi this is (Sara Oshenski) from Pro Claim, we're a billing service. And we are taking your advice to send some test claims to each DME MAC region to make sure that they go through with just the NPI number. We had no problem getting our claims through to Region C; however, sending an exact same format and the test does not go through to NHIC in Region A. Wouldn't they

be all the same? I don't understand why one would go through and one would not.

Marlene Biggs: And you're right, they are processing using the same software. When you say they didn't go through, were some claims rejected or the entire batch rejected? What was the error?

(Sara Oshenski): The entire batch rejected.

Marlene Biggs: Did it reject for NPI or did it reject because of submitter ID?

(Sara Oshenski): I don't have that level of detail to, you know, I just know that, when I talked to the staff, they said that it did not accept it and it was done exactly the same from one region to the next.

Marlene Biggs: Are you set up to send claims to NHIC?

(Sara Oshenski): Yes.

Marlene Biggs: Have you called them?

(Sara Oshenski): No, I haven't called them because I knew this call was coming up and I thought maybe somebody else was having an issue. You recommend that I call the EDI department then?

Marlene Biggs: Yes. It doesn't sound like the batch rejected due to NPI. It sounds as though they rejected because you weren't allowed to submit claims to that payer.

(Sara Oshenski): No, we're actually a billing service with 1,700 nursing homes and we do it all the time so it was just with the NPI number. When we had the legacy NPI combination they're going through all the time.

But yeah, I'll give NHIC a call and their EDI department.

And if I could just squeak in one quick question, we're a national provider and there's more than 20 legacy numbers that we have as far as Medicaid numbers, we're in 46 states, and NPPES only allows you to put in 20 legacy numbers, what happens then?

Pat Peyton: This is Pat. You can only put in 20. There's nothing you can do about that. That system is being changed in a couple of months to be able to take 50 numbers but we're not there yet. This expansion will be in late April.

(Sara Oshenski): Is that going to cause coinsurance claims to reject?

Pat Peyton: What's going to cause coinsurance claims to reject, the provider can't put all of its legacies in NPPES?

(Sara Oshenski): Right.

Pat Peyton: It would depend who uses the data and how they use it.

(Sara Oshenski): Okay, because I know in the crossover claims, you know, if our, let's say, for example, Medicaid of Tennessee is in there, you know, is that going to prevent my claims crossing over to the Medicaid of Tennessee because I didn't put that in the NPPES?

Pat Peyton: I really don't see why that would prevent your claims from crossing over.

(Sara Oshenski): Okay.

Pat Peyton: It could be that when they cross over to the other health plan, that other health plan already has that information? It's impossible to say really.

(Sara Oshenski): Okay so it's not, I mean so what's the point of putting in any other provider numbers if it doesn't do anything?

Pat Peyton: I didn't say it didn't do anything, Medicare uses the Medicare numbers that are put in there and BlueCross BlueShield might use their numbers if providers put theirs in there as well. I didn't mean to say don't put your numbers in there.

(Sara Oshenski): No but I'm saying I'm concerned about the ones I can't put in there because there's not enough fields, how is that going to affect me?

Pat Peyton: I don't know. It depends on who uses that data, I don't know who you bill or how it's done. I just don't have enough information about your situation to know whether that would have any effect or not.

(Sara Oshenski): Okay. Thank you.

Pat Peyton: You're welcome.

Operator: Your next question comes from the line of (Leslie Whitcomb).

(Leslie Whitcomb): This is (Leslie Whitcomb) at Physicians First. I just wanted to ask a question in terms of the level to which the crosswalk actually is checking data and specifically as an example I have a provider who has an individual NPI,

his name in the NPI file, and I'll just make a name up, is John T. Jones, with a middle initial very clearly in his NPI file he does have his Medicare PINs listed, he does have two Medicare PINs because of two reassignments. In his Medicare file his name is listed as John Thomas Jones. Recently, what has happened to him is claim rejections which apparently are because of the name.

My understanding was when he submitted claims to the Medicare system the crosswalk would be trying to match his legacy number with the NPI file where that exact Medicare legacy does exist in his other identifier section, so I was confused was it really the name difference that caused the rejection and is that something we need to address?

Joy Glass: This is Joy Glass. I believe for the PIN it's the SSN and the last name, there's, a set of criteria that it matches, there's like seven sets it keeps trying to find a match.

(Leslie Whitcomb): That was I was looking for the criteria, yea.

Joy Glass: Right. And it does look at name but I'm not sure it goes out to the specificity of the middle name.

(Leslie Whitcomb): Yea, that's a concern. He's one of three people with this similar issue, that's why I was asking what that crosswalk criteria was.

Joy Glass: Yes, it checks for the last name and the SSN and if it can't find a match then it checks for the first name and the SSN and it does not even check against the middle name.

(Leslie Whitcomb): It doesn't check against the middle.

Joy Glass: Yes.

(Leslie Whitcomb): Well then I don't know what the problem was here. It's a mystery. So does the crosswalk start though with Medicare legacy trying to match Medicare legacy in the NPI file?

Joy Glass: No for the PIN it does not, it looks at the SSN.

(Leslie Whitcomb): So it's not really crossing, I guess my understanding originally was, if you're submitting an NPI and a Medicare legacy, the crosswalk is trying to match those numbers in the NPI file with the Medicare PIN, but it's not actually doing that at all, it starts with last name, Social Security Number...

Joy Glass: Well it depends on, you know, that you're a hospital Part A, Part B, DME, it depends on your situation whether you're an organization or individual they're all different recipes for those situations. But for the individual provider the first check is the last name and SSN.

Marlene Biggs: Let's be clear, the match that Joy is talking about is the match between the NPDES data and the Medicare provider data. Those two pieces of information must match for the pair to appear on the crosswalk. Claim matches are different. The systems will try to match the data on the claim with the information on the crosswalk.

(Leslie Whitcomb): So your crosswalk really to the NPDES files is more related to name and social security number.

Joy Glass: For the Part B individual provider.

(Leslie Whitcomb): Yes.

Joy Glass: Yes.

(Leslie Whitcomb): Okay. Thank you very much.

Operator: Your next question comes from (Sharon Blascoe).

(Sharon Blascoe): Hi. I'm (Sharon Blascoe), Duneland Nephrology, Chesterton, Indiana and my question is I've been having a problem since July trying to get this straightened out. We are a group practice; two physicians, a nurse practitioner, and four service locations. Anthem BlueCross and BlueShield of Indiana required that we get a NPI for each of our four offices, which now has actually made a big mess as far as trying to do this crosswalk. The claims now, they were crossing over from Medicare to Medicaid are not crossing over correctly. I have called NPI talked to them, I've called Medicare talked to them and talked to Medicaid. Every, all three say I have everything in there correct. Who do I talk to about this problem of not crossing over correctly?

Marlene Biggs: When you say not crossing correctly are you saying they're not crossing to the correct trading partner?

(Sharon Blascoe): Correct. Where Medicare has the information they're crossing over to Medicaid, Medicaid is given warnings that the NPI and the LPI are not crossing over. If I send a claim straight to Medicaid with our vendor there's no problem, it's only when it crosses over from Medicare to Medicaid.

And then the other issue is in Box 32 Medicare requires the service location, which would be one of our four offices. Medicaid requires that in Box 33. So I

don't even know how these two are even going to cross over if they get the crossover corrected. And this is in Indiana.

Marlene Biggs: If we can go back a little bit, so you're saying the claim comes in through Medicare, crosses over to Medicaid and you're saying the NPI is being stripped, right?

(Sharon Blascoe): Correct. Well an NPI is going over but it's not the right NPI, so then Medicaid gives me warnings that states the LPI and the NPI are not matching and I have contacted all three places and they say all the information is in there correct. I've contacted my vendor who told me what they're sending to Medicare is correct. What Medicare's sending to Medicaid it must not be going over correctly.

Pat Peyton: You mean Medicaid doesn't recognize the NPI or that the NPI is actually being changed to some other NPI?

(Sharon Blascoe): It's being changed to a different NPI that was never even the service location and the vendor said they, what went to Medicare didn't even have that on the claim.

Marlene Biggs: The NPI that you're getting back on your remittance advice, is that the correct NPI?

(Sharon Blascoe): No, it's the wrong NPI.

Marlene Biggs: Okay, so what I'm thinking is what's being sent by your billing agent or clearing house is wrong.

(Sharon Blascoe): No.

Marlene Biggs: So the NPI on the remit is correct.

(Sharon Blascoe): No, what comes, what is sent, you know, because they have the capability to look to see what was sent to Medicare. The NPI is correct what's being sent. It's totally changed that NPI never even went for that service location.

Marlene Biggs: I can't think of a reason systems would change your NPI.

(Sharon Blascoe): Well there's something then to do with this, whatever they set up for crosswalk because we have the one group number, you know, well we have the one group number, one Medicare group number, four location numbers which Medicaid requires the suffix at the end of our Medicaid provider number. And at first Medicare said they could only take one NPI per group, then they put some kind of crosswalk in. So I need to know who I call other than the customer service rep who has no idea what they're even going to look at. I mean this has been since July.

Marlene Biggs: I would suggest that you contact the EDI department not because we can not look at your claims here at Medicare. The contractor will need to look at what you're sending.

(Sharon Blascoe): But there had to be somebody who thought of this crosswalk, I mean and then...

Marlene Biggs: But the crosswalk is not changing the information on your claim, specifically, it's not changing the NPI on your claim, it's validating that the NPI you're sending us is correct.

(Sharon Blascoe): Well according to Medicare they only show one NPI. But when I call customer service and talk to someone like two weeks later, they said oh no, we show four NPIs: you're in a crosswalk. It's not working. Something's not working.

Marlene Biggs: (Linda), can we get your number and then we'll have someone from Medicare give you a call and try to see if we can help?

(Sharon Blascoe): Okay, it's XXX-XXX-XXXX and my name is (Sharon).

(Sharon Blascoe): Did you get that?

Marlene Biggs: Yes I did.

(Sharon Blascoe): Okay. My other little comment is I think the NPI was a great idea where it had like you wanted one for each doctor, one for a group. Why is it that every insurance company is requiring something different to be sent in on claims?

Pat Peyton: This is Pat. If you're talking about obtaining NPIs, the insurance companies are not the ones to tell you how many NPIs to get.

(Sharon Blascoe): Not that. Requirements on being sent in electronically or on the CMS 1500 forms. Why does Medicaid get to tell you in Box 33 they don't want your billing information, they want your service location when everybody else in Box 33 is where they put it?

Pat Peyton: Well, unfortunately the paper claim is not a standard transaction.

(Sharon Blascoe): But this isn't even paper though, this is electronic, they want it that way.

Pat Peyton: No, the 837 has to be done the same way. If you're talking about this Box or that Box, you're talking about a paper form.

(Sharon Blascoe): That's where the information's coming from according to Medicaid, which is being sent over electronically from Medicare. I mean like I said, my comment is I think the NPI was a good idea. I just think they put too many glitches in this system.

Nicole Cooney: We're going to have someone get back to you and to talk through your scenario more in depth and see what we can do to try to try help you okay?

(Sharon Blascoe): Okay. Thank you.

Nicole Cooney: You're welcome.

Operator: Your next question comes from the line of (Cobie Gray).

(Cobie Gray): Hi. This is (Cobie Gray) calling from Cheshire Pediatric Speech and Voice Center in Greensboro, North Carolina. You ladies have been wonderful, I might add, on the questions and answering session.

Pat Peyton: Thank you.

Marlene Biggs: Thank you.

(Cobie Gray): My question is we're a pediatric rehabilitative center and all of our therapists have individual NPI numbers and our practice has an NPI number that is currently showing on our, and we bill primarily Medicaid, is that, am I still asking, can I go forward with my question?

Marlene Biggs: You can go forward, but I'm not sure we can answer Medicaid questions. .

(Cobie Gray): Okay. Well, I'll ask it and then you can say yay or nay. But my question is our practice has a NPI number, all of our therapists have individual NPI numbers but some of our therapists have different taxonomies than our primary taxonomy for our business NPI number. Our provider NPI number has a primary taxonomy of speech and language and hearing service, but we do have therapists who are occupational and physical therapists. Do I have to have individual NPI numbers for that different taxonomy?

Marlene Biggs: No.

(Cobie Gray): No?

Pat Peyton: Your therapists reported their specialization (their Taxonomies) when they obtained their NPIs, and so did your organization, the pediatric rehab center. It doesn't go any further than that.

Post-Call Clarification from CMS: A provider who is an individual, such as one of these therapists, can apply for only one NPI. But the therapist (and any other provider applying for an NPI) can list as many as 15 different Taxonomies (specializations) when applying for the NPI

(Cobie Gray): So our provider NPI number that has a primary taxonomy for speech and language can, we can continue to submit our claims with that and also whenever our physical therapist or occupational therapist who have different NPI taxonomy codes we still do our claims just as we have previously?

Pat Peyton: Yes.

(Cobie Gray): Yes?

Pat Peyton: Yes, you would. The therapists reported their Taxonomies to NPPES when they applied for their NPIs. NPPES captures the Taxonomy information to help distinguish that provider from every other provider who has obtained an NPI. NPPES does not operate along the lines of, "Oh this person can't work at that type of a center because he/she has the wrong taxonomy code." Ensuring that providers are properly credentialed and licensed, and that they are paid only for services they are qualified to perform, are responsibilities of the health plan and your company, as the employer.

(Cobie Gray): That's wonderful, that's great. And that is awesome. My second part of my question is now on May 23rd will our claims deny if we continue to use our NPI and our legacy number?

Marlene Biggs: Yes they will.

(Cobie Gray): Oh, beginning May 23rd we need to take out that legacy number and just use our NPI number.

Marlene Biggs: For your Medicare claims.

Pat Peyton: Every health plan in the country should be ready for NPI-only on May 23rd but we don't know that that's actually the case. You need to check with that Medicaid program and any other health plans that you send claims to to make sure that they want you to report NPI-only on May 23rd.

(Cobie Gray): Great. Thank you.

Pat Peyton: You're welcome.

Operator: Your next question comes from the line of (Maureen Stephenson).

(Maureen Stephenson): Hi. This is (Maureen Stephenson) with Professional Medical Consultants and you just lost me on that last question. You're saying we may or may not be using NPI-only by March 1st or May 23rd?

Marlene Biggs: We're speaking for Medicare. NPI-only will be required, no legacy will be allowed, 5/23/08. We can't answer for other plans.

(Maureen Stephenson): Okay. So that's May 23rd or May 21st or March 1st?

Marlene Biggs: Claims received May 23rd must contain NPI-only.

(Maureen Stephenson): Okay.

Marlene Biggs: That applies to primary and secondary provider identifiers. And as of March 1st professional and DMAC claims must have an NPI for the primary provider if submitted for Medicare claims processing purposes.

(Maureen Stephenson): Okay. So my question is in order to test it takes two months to get a claim back for us. Is there a faster way to test a few claims?

Marlene Biggs: How are you sending your claims that it takes two months?

(Maureen Stephenson): Paper.

Marlene Biggs: Oh.

Pat Peyton: If you send electronic claims, you get results faster...

(Maureen Stephenson): I get that, yea. We don't have the investment capital to do electronic so...

Marlene Biggs: I'm sorry was there a question?

(Maureen Stephenson): Is there any other faster way to test a few claims in the meantime because March 1st will come and go in the next seven weeks?

Pat Peyton: On March 1st there has to be an NPI on the claim but there can also be a legacy, it's May 23rd that there can be only the NPI.

(Maureen Stephenson): Right. The problem I'm having is that to test, I mean to do this we have to hand remove every single legacy number and so, you know, they don't allow white out and so we can't take out a few legacy numbers and then put them back in if this doesn't work for all our referring physicians.

Marlene Biggs: You have until 5/23/08 to test NPI-only.

(Maureen Stephenson): Okay.

(Maureen Stephenson): So do we have to wait until March 1st to test because we're getting two different messages when we call in?

Marlene Biggs: No. Absolutely not, we encourage you to send NPI only as soon as possible.

(Maureen Stephenson): Okay and if it, they said if we could test that if it didn't work they wouldn't be able to tell us why.

Marlene Biggs: I'm not sure why; you wouldn't receive some type of notification that your claim did not process. ..

(Maureen Stephenson): Okay.

Marlene Biggs: ...Or for paper claims, they'll send your claim back.

(Maureen Stephenson): Right. And this is, and my understanding is different regions have different ways of doing things and you're taking calls from all the regions at a national level.

Marlene Biggs: When you say regions I'm not sure what you mean.

(Maureen Stephenson): When you're sending your Medicare claims in, okay. I'm just wondering why we're doing such sub-specialized questions on a call at this level why there's no help line to call in and get these bigger issues resolved for some of these places. This seems like a strange forum to go through to come bring your...

Marlene Biggs: We're here just to assist the providers with any issues they may have or anything that they'd like to bring to our attention that is not getting taking care of by their contractor.

(Maureen Stephenson): And when you say contractor who do you mean?

Marlene Biggs: Your carrier, FI, or fiscal intermediary, your A/B MAC, your DME MAC.or .

Pat Peyton: Where you send your claims.

(Maureen Stephenson): Okay. And that's what I was referring to by region, where we send our claims. Why aren't there help lines at that level?

Marlene Biggs: There are.

Pat Peyton: They all have help lines.

Marlene Biggs: They have customer service centers you can call into. There's an EDI, and an enrollment help line.

(Maureen Stephenson): Oh.

Nicole Cooney: I'm sorry I'm going to have...

(Maureen Stephenson): I guess they're just not that helpful. So all right thank you.

Nicole Cooney: I have to move on. Sorry about that. Thank you.

Operator: Your next question comes from the line of (Sandra Philips).

(Sandra Philips): Hi. I'm calling from McKinnon Chiropractic Center in Georgia. I'm calling regarding paper claims because we, I'm the only person in the office. We have incorporated as of October 2007 we, Dr. McKinnon had an NPI, an individual NPI number before that. We have filled out the 855, gotten those through but the person at that level cannot tell me where each individual and group NPI goes. I need to know about in the paper claim the form, CMS 1500, I need to know on the 17A and 17B which NPI and if there should be anything in the shaded space.

Brian Reitz: I'm sorry this is Brian Reitz and field 17A and B are for referring provider information so did you typically fill that out previously prior to NPI?

(Sandra Philips): Well previously, and we had done the NPIs before we did the incorporation and they said they were fine but now they're saying they have to all be changed but they can't tell me where everything should go. In the 17A shaded area we were using the UPIN number before, Medicare UPIN number. There is only one doctor here, we do not have more than one doctor we do have a group NPI number. We do have an individual NPI number.

Brian Reitz: Right but field 17 is for referring provider information, it's not for your providers for some physician sending someone to you. You would have previously used the UPIN of the physician referring, you will use the NPI of the physician referring.

(Sandra Philips): Okay. So that should be the individual doctor NPI in 17B.

Brian Reitz: The physician that sent the patient to you. That has nothing to do with your provider's rendering service.

(Sandra Philips): Okay. So that should be left blank then.

Brian Reitz: If you don't have a referring physician, correct.

(Sandra Philips): Okay. And on the shaded area in 24J are we using our tax ID number or are we just leaving that blank after May 23rd?

Brian Reitz: Well, if you are a group practice now, the rendering identifiers for your employees which would be the NPI in this case would go in 24J on each line

of service so it identifies the rendering provider for each line and then your group NPI is down in Box 33.

(Sandra Philips): Now I have that one but the, in the shaded area where now they're asking us to use our tax ID number on 24J that should be left blank then and the NPI number on 24J should be the individual doctor's.

Brian Reitz: Who was asking you to use the tax ID number in there?

(Sandra Philips): Medicare, the person I've been talking to, (Patricia Jones), Medicare in Georgia, well actually it's Alabama now, we send everything to Alabama.

Brian Reitz: Well, based on the national instructions that would not be correct.

(Sandra Philips): Okay, so we leave that shaded area blank, put the individual NPI number under rendering physician, rendering provider.

Brian Reitz: The shaded area is currently for the legacy which I understand as of May 23rd you will not be putting anything there. You will only be applying the NPI.

(Sandra Philips): Okay. That was my question. I really appreciate it. Thank you very much.

Brian Reitz: You're welcome.

Operator: Your next question comes from (Tammy McCrosky).

(Tammy McCrosky): Hi, this is (Tammy McCrosky). I'm calling for the (unintelligible) Corporation. And we have 60 some odd nursing homes within four states. In the last four months we had problems with NPI numbers and our claims not going through electronically with four homes that have been around forever

and ever and ever. I contacted EDI and I contacted enrollment, customer service, there were two of us calling, calling every week.

We received every kind of run around there was to be, okay. It's this, it's that, it's this, it's this. Finally in the final end we got the answer that in their system that the NPI number has to be correct on four different places or in four different places, three or four different places, three places it was. I'm sorry. It happened on four homes and in three different places that this had to be correct. They held our money up and we had to hand key these claims. Well then as of January 1st we couldn't hand key those claims because it required the NPI number to be on the hand keyed claim.

So our money was held up, cash flow problems were severe. We never knew exactly what happened other than it was not put in in those four places, three places for those four homes. Now my problem is we are currently going under major changes on every health care center we have for name changes. What can I do to ensure that everything is correct when they get these changes there? Who can I contact, how can I make sure that it's going to be correct instead of cash flow problems for 54 homes? Thank you.

Marlene Biggs: If it's just a name change it shouldn't impact your match on the crosswalk. If you're currently matching and getting paid, we're using the provider ID and then the tax ID so if that's not changing, you should continue to be paid.

(Tammy McCrosky): Okay. That, there was nothing that we could come up with that changed except for one of those four homes that had changed previously and everything stayed the same except for that one home's name change and that's the only thing I could get out of four of those homes that changed.

So if everything else stays the same we should be okay, I'm hoping, maybe?
Is that correct?

Marlene Biggs: I would think so.

(Tammy McCrosky): Okay. Thank you.

Marlene Biggs: Thank you.

Operator: Your next question comes from the line of (Anita Brigner).

(Anita Brigner): Hi. My name is (Anita Brigner) and I'm calling from Dr. (Demint's) office in Kingston, Ohio. Our provider is Palmetto GBA and when this whole crosswalk thing began, and I'll try to make this as brief as I can. In the beginning we were supposed to apply for an NPI number. That was going to be the number to use for all insurances, duh, plain and simple, very easy, makes sense, wonderful. Okay we now have two NPI numbers - one's his individual NPI number, the other is his group NPI number which we just recently had to apply for because we, when they say each physician needed a NPI number, we went through the processes of getting an NPI number for our physician.

Apparently, you know the number that comes on all of our Medicare claim forms is the XXXXXXXX which I guess is the group number which I had no idea it was because it was before me.

But we had to literally take off the NPI, completely off the claim, had to print those claims out and this is by their instruction, print these claims out, mail them in and we've been waiting for our money since October and we have tried every way in the world to get some answers on this, to get paid, to get a

hold of CMS, to actually get a hold of someone who cares at Palmetto GBA, we've contacted our local government officials, federal government officials and we're still in the middle of this whole mess with this NPI number.

My question is what is the point of having an NPI number if now we're going to have to have two?

Pat Peyton: This is Pat; I don't understand. You are going to need to obtain two NPIs? Your group has to have an NPI.

(Anita Brigner): We don't have a group. Never had a, well, we had a group briefly but we haven't had a group for many years now and when it first came out it never said your group, it says each physician needs to apply for an NPI. That's what we did.

Pat Peyton: Every health care provider needs to apply for an NPI.

(Anita Brigner): Okay, that's what we did.

Pat Peyton: Hospitals, doctors. Each doctor has an NPI. Are they all just independent people by themselves? They're not part of a group?

(Anita Brigner): We had another physician for a short period of time.

Pat Peyton: But what do you mean by "we"?

(Anita Brigner): Well the doctor, I'm the office manager and the doctor, I'm talking about the doctor, I'm talking about our office in general when I say we, not just he. We had a, there was a doctor here briefly.

Joy Glass: This is Joy. You said you were previously a group but you are no longer a group?

(Anita Brigner): Well I mean apparently that's the way it is. I did not realize that there were two different numbers; I didn't realize there was a group number and an individual number. When I applied for the first NPI number I put in a number that I see all the time which is the XXXXXXXX number which is his group number for Medicare. So I did that. So when this whole thing...

Marlene Biggs: WWhat arehen you billed,? Are you using the group 99 number as the individual NPI?

(Anita Brigner): Yes.

Marlene Biggs: That will not match.

(Anita Brigner): Well I know that now, that's what I'm calling about. The point is that you know, in the beginning this was supposed to be one number for everything. Now we suddenly have two numbers. Now I went in, they had me go in and make a change at the NPPES to change his current NPI and put in his individual number of Medicare. Then I had to apply for another NPI and put in his group number for that NPI.

Pat Peyton: Wait a minute, what are, who are these two NPIs for? That's what I can't understand.

(Anita Brigner): For the same person.

Pat Peyton: He can't have two NPIs.

(Anita Brigner): Well, you know, tell Palmetto GBA yourselves that then because that's what they're doing. So that's what they had us do. So now we have two NPIs, a group NPI and his individual NPI and still we've not received any payments.

Pat Peyton: Are you an incorporated individual?

(Anita Brigner): Yes.

Pat Peyton: So he has a corporation?

(Anita Brigner): Yes.

Pat Peyton: And the corporation needs an NPI.

(Anita Brigner): Okay, that was never said way back when this whole thing. Because we did this right, you know, when they said apply for an NPI, do this, do this, do this, we just, you know, we went in and we did everything they asked us to do just like they asked us to do it and waited for our information, got it, waited for the May 23rd '07 to implement our NPI, everything was working just fine up until October when you guys made this crosswalk change. Now here we're sitting here with no money, haven't been paid since October; cannot seem to get this resolved; cannot deal with Palmetto GBA because I think they're, you know, they're not, they just lie to our patients about being paid because we have patients call them and, you know complain. That's what this whole point's about.

Pat Peyton: Okay. Well...

(Anita Brigner): And every time I try to call somebody at CMS I get options and then I push a button I get disconnected. I called this afternoon before I got on this

conference call. I called ten times. Seven of those times I was disconnected, automatically just disconnected and I kept calling back. So what I need to know is who can I call in CMS that cares enough to check into this stuff and make sure that we get money, and just like everybody else gets their money?

Pat Peyton: I would be glad to help you with this but that is what you're problem is. That corporation needs an NPI because it's a separate provider, if you will. It's a corporation plus there is a doctor. Can you give me your phone number?

(Anita Brigner): It's (XXX) XXX-XXXX.

Pat Peyton: And this is (Anita)?

(Anita Brigner): Yes. My name is (Anita).

Pat Peyton: Okay.

Post-Call Followup: CMS left a message for Anita Brigner. This call has not been returned.

(Anita Brigner): And we suggest that everyone do exactly what we've done, have all their doctors opt out of Medicare completely until they can fix their little problems.

Pat Peyton: Well that's your choice.

(Anita Brigner): That's what we did. We're just trying to work with October through December 31st then.

Nicole Cooney: Thank you. We appreciate your call. Next question please.

Operator: Your next question comes from (Judy Leroy).

(Judy Leroy): Hi. I'm (Judy Leroy). I work for Substance Abuse Center in Bradford, Pennsylvania. Well I don't think I have very many problems after all this. But, here is what happened. We work with an HMO and part of our services are case management services and they told us that in order to get paid for case management services in addition to the therapy services that we do have to have two NPI numbers. So I got, I already had one NPI number, it started with 141 and now we have a second one, it is 118 and the reason for this being because of different pay-to addresses. Okay, but they completely obliterated and wiped out the 141 number that I have registered with everybody. Now how do I, how does this work with Medicare and medical assistance that they can do that?

Pat Peyton: What do you mean they wiped out your NPI? It doesn't exist in the database anymore?

(Judy Leroy): It doesn't exist in the, not the original one, 141.

Pat Peyton: Somebody deactivated that NPI.

(Judy Leroy): Exactly. And we, and I think we've done the right thing, we've called to see if we can get it reactivated but we haven't gotten a phone call back from them yet. But...

Pat Peyton: Only a provider can deactivate its NPI and it has to be done on paper requiring their signature.

(Judy Leroy): Yea. That's what I figured, yeah.

Pat Peyton: Someone from the provider deactivated its own NPI and it can be reactivated.

(Judy Leroy): Right. But, and so I guess I'm understanding there can be two NPI numbers then for a location.

Pat Peyton: You represent a substance abuse center and I don't understand where the HMO comes into it.

(Judy Leroy): Well in order to get paid through medical assistance, you know, for the people that have medical assistance we have to go through an HMO which is community care and part of the services that we provide is case management services, which is completely different than what the other therapists in our office do. And that's why they're saying in order to get paid for these case management services we have to have a different NPI number.

Pat Peyton: For the substance abuse center, you were told it needs two different NPIs?

(Judy Leroy): Yes.

Pat Peyton: Well, you don't have to get two NPIs if you don't want to.

(Judy Leroy): If we want to get paid they say we have to.

Pat Peyton: Then it comes to push and shove and who's going to go up against the health care management system.

(Judy Leroy): I see.

Pat Peyton: But they are out of line. They are out of line.

(Judy Leroy): Thank you.

Pat Peyton: Oh Pennsylvania Medicaid then must be behind all this.

(Judy Leroy): Well, and yea, it is and in the process, you know, all my claims as well have been rejecting since October. My online billing service has been wonderful to help me through this, but in the meantime we've sent an e-mail to the NPPES services and they did call me once and I had my executive director, he had some questions, and he's still waiting for a call to get that straightened around. So I just kind of wanted to double-check with that.

Pat Peyton: What does he want NPPES to do, all they do is...

(Judy Leroy): I want them to reactivate that first number because I'm going to have to get out in touch with all my insurance companies and say it's changed.

Pat Peyton: Have you sent in the 10114 Form? Have you done that to reactivate that number?

(Judy Leroy): 10114, I didn't know there was that?

Pat Peyton: It's the same form that's used to deactivate, the same form that you needed to apply for an NPI.

(Judy Leroy): Well, see we didn't request to be deactivated. That's what blew my mind. It was just done.

Pat Peyton: Why don't you give me your phone number and I'll look into this for you?

(Judy Leroy): Okay. Well it's not really a Medicare thing but well it does because it screwed us up with Medicare. Okay my phone number is (XXX) XXX-XXXX. And if

I'm not available I will give you my executive director's phone number and it is (XXX) XXX-XXXX.

Pat Peyton: Okay. We'll look into that deactivation and talk with...

(Judy Leroy): Thanks.

Pat Peyton: ...some of the Medicaid people here.

(Judy Leroy): Yea, thank you. Well good luck with all your problems everybody.

Operator: Your next question comes from the line of (Sharon Owen).

(Sharon Owen): Yes. My name is (Sharon Owen), I'm with Rowan County Health Department in Salisbury, North Carolina and I think I just have a verification question hopefully simpler than what you've been dealing with. Our health department has a Medicare number that is used just for billing of influenza vaccines and we used that number with our legacy number this past fall and so far our claims have been paid with that. But for our services that we provide through the health department and our primary care services we have a nurse practitioner that applied for and received her Medicare number prior to NPI actually coming on board. My question is if when she registered and did her NPI number as long as she has her Medicare number listed on that application then when we file for services using her number then we should be paid. Is that correct?

Marlene Biggs: Yes, if she uses her PIN number.

(Sharon Owen): It would be her NPI number, yes.

Marlene Biggs: And her NPI number as the rendering provider.

(Sharon Owen): Yes. And then of course she is shown as an employee of the health department. Because as I understood at the time that we had our providers on that the health department could only get a Medicare number for flu vaccine at the time that we originally applied which was years and years ago.

Marlene Biggs: And you were billing with her PIN number previously?

(Sharon Owen): Yes we have been.

Marlene Biggs: So you could use her NPI instead and you should be fine.

(Sharon Owen): Okay. Thank you so much.

Marlene Biggs: You're welcome.

Operator: Your next question comes from the line of (Ginger McAndrew).

(Ginger McAndrew): Hi. I'm (Ginger McAndrew) from Mercy Medical Center in Baltimore, Maryland.

Nicole Cooney: Hi there.

(Ginger McAndrew): Actually I think most of my questions have been answered. My biggest one was about the referring physicians. We were having a heck of a time trying to get their NPI numbers if it wasn't listed on the NPPES website. So the fact that we can actually use our own when we've made, you know, a sincere effort to find theirs is a great service and is that something we're going to, yea, that we will be able to do ongoing? Or is this a temporary fix to be

able to use the doctor's own name and NPI for the referring physician until we can identify their number?

Pat Peyton: It's good until you hear further from us.

(Ginger McAndrew): Okay. My other question which was, when are they going to stop issuing legacy numbers and why are they such a secret?

Marlene Biggs: They're actually not a secret. Why would you think that?

(Ginger McAndrew): Oh, well you can go on the NPPES and get NPI numbers which is going to be the billing number going forward but as far as CMS or TrailBlazers we can't get provider numbers verbally; they can't be faxed; we have to send in a letter from the doctor requesting them. I mean they make you jump through so many hoops and then they fax it or they mail it over and only recently in the past week or so have they actually faxed information with a legacy number on it for me.

Pat Peyton: So part of that...

(Ginger McAndrew): The past year has been like pulling teeth to get a legacy number.

Pat Peyton: Providers are supposed to remember their legacy numbers.

(Ginger McAndrew): Oh no, no. New ones. I'm calling them legacy numbers, but the new PIN numbers that they're issuing, they're still issuing them.

Pat Peyton: Right they're issuing them but why would you, when it comes there in writing, why would you then...

(Ginger McAndrew): We don't get it in writing, that's been the problem. If we wait four or five months and we don't have a number I call and say, okay I submitted this application. I'm the contact person on the application; I'm following up; what's going on; has this been processed? Yes it's been processed and, you know, he was issued a number. Well where did you mail it? They can't tell me or, you know, we don't have any notification of it. And I go great, he has a number, yes but we can't tell you what it is sort of thing. That's why I said, it's a secret. It's a game that we've been playing only since last May.

Pat Peyton: Are you talking about the 855 enrollment form?

(Ginger McAndrew): I'm talking about, yes, their enrollment form, the 855Rs, I'm not even talking about the forms, I'm talking about the enrollment department of TrailBlazers Health not giving us the new numbers that would be considered the legacy numbers; not giving them to us verbally or by fax once we call in as follow-up when they say they've been mailed out, the letters have been mailed out, most of my doctors didn't get any letters.

Marlene Biggs: Will they allow you to confirm the address?

(Ginger McAndrew): Heck, I would confirm the address, the doctor's Social, his blood type if they want.

Marlene Biggs: Well, the only reason I'm asking is that maybe they're mailing these letters to the wrong address.

(Ginger McAndrew): Well, we've, I've confirmed that many times with them and oftentimes they give me the correct address and we have all our correspondence mail go to our billing address where we know, you know, checks have come in the mail and now we've got EFT so that's not where they're coming but, we've

had no problem with that with payments from Medicare but we're not getting those letters. So anyway my problem was is when are they going to stop issuing these numbers that are termed legacy numbers right now? That's my big question.

Pat Peyton: We don't have any plans to stop doing that. Providers can use those numbers to get claims data and other information.

(Ginger McAndrew): Why do we need them? The whole process, the whole thought process of NPI was to eliminate different provider numbers at every single health plan out there and you're one of them.

Pat Peyton: In standard transactions that's correct, but we have a lot of other things we may do with our providers where we might want to have a different number.

(Ginger McAndrew): Wow. So does every other health plan.

Pat Peyton: Well...

(Ginger McAndrew): So this NPI isn't going to make an impact at all if we still need to get PIN numbers.

Pat Peyton: I don't know if it will go on for 20 more years but for the foreseeable future we will be still assigning PTANs.

(Ginger McAndrew): Wow, that's interesting. Okay. I thought that's what this, I thought you guys started this whole thing to eliminate that.

Nicole Cooney: Thanks very much for your question. I'm sorry; I really need to move on.

(Ginger McAndrew): You're quite welcome. Bye.

Operator: Your next question comes from the line of (Dorothy Rassmussen).

(Dorothy Rassmussen): Hi. I'm calling from a group practice out in (Ashlin, New Hampshire) and I was questioning once all these NPIs are actually implemented and are effective the March 1 to you instead of the old legacy numbers, can you confirm, are payments made back based on group NPI, individual NPI or tax ID?

Marlene Biggs: I think the payment's made on the tax ID. How are you being paid today, isn't it tax ID?

(Dorothy Rassmussen): Well, that's what we're not sure. I mean we are assuming everything is copacetic but we don't know what Medicare pays back based on.

Pat Peyton: Have to keep track based on tax number.

Marlene Biggs: Right.

Pat Peyton: That's how we report to the IRS what we pay you.

Marlene Biggs: When you say pay based on, do you mean how we're calculating the amount?

(Dorothy Rassmussen): No more how the computer system is set up to identify where that check is going, the practice under the NPI or to each individual doctor?

Marlene Biggs: It's going to look at the number that's in the billing field, and if that number, is different than what's in the pay-to, we'll pay on the pay-to, if not we pay on what's in the billing.

(Dorothy Rassmussen): So, on a paper claim it's Box 33.

Brian Reitz: Yes.

Nicole Cooney: Did you have another question?

(Dorothy Rassmussen): Nope. That was short and sweet. Thank you.

Nicole Cooney: Thank you.

Operator: Your next question comes from the line of (Holly O'Connor).

(Holly O'Connor): Hi. We're calling from a health system in California, it's an acute care health system hospital. We have a little issue going on here. We turned in our 855 and it was processed and I have to tell you our FI was very patient helping us with that, we have absolutely no complaints. We have checked all of our ID numbers with the NPPES system, they are correct. Our claims are indeed rejecting for no match. Our problem is we call our FI and we get their customer service and we get multiple answers on what exactly is not matching.

They are telling us, for example, that your pharmacy NPI is being substituted in for the hospital's; your home health is being substituted in for the hospital's, and various other answers. Try this, try that. When we asked to escalate it because nothing we're trying to fix is working, they've told us there is no escalation, you'll just have to keep taking, basically, pot shots until it fixes itself. We need someone to help us; tell us what is in that table and what exactly isn't matching.

Marlene Biggs: Okay back up a little bit. What reason code are you receiving on your claim?

(Holly O'Connor): 32103 the NPI and the OSCAR pair do not match.

Marlene Biggs: Okay, who is your FI that you're sending your claims to?

(Holly O'Connor): UGS.

Marlene Biggs: UGS, okay. Why don't you give me your number and I'll give you a call.

(Holly O'Connor): Oh we would love to. Thank you so much. We're at area code (XXX) XXX-XXXX extension XXXX.

Marlene Biggs: And this is (Holly) did I hear your name right?

(Holly O'Connor): Yes. (Holly O'Connor).

(Vicky): (Holly) is the supervisor, I'm sorry my name's (Vicky) I'm the director, but it's the supervisor you'd be calling. She's more technically sound and won't drive you crazy like I will.

Post-Call Followup: CMS has contacted this provider, left a message and is waiting on a response from the provider.

Marlene Biggs: Please have your provider identifiers available when I call.

(Holly O'Connor): Oh we have them memorized, we're good.

Marlene Biggs: All right great. Thank you.

(Holly O'Connor): Thank you very much for your help.

Operator: We have reached the end of the allotted time for questions. Ms. Cooney, do you have any closing remarks?

Nicole Cooney: I do. I just want to thank everyone for participating in today's call. If we were unable to answer your questions today, or get to you in the queue, we encourage you to visit the Frequently Asked Questions on CMS' dedicated NPI website. The URL for the NPI website is www.cms.hhs.gov/nationalprovidentstand. Once on that page, you can scroll down to NPI Frequently Asked Questions to see if your question is addressed there.

Please note that an encore presentation will be available on the NPI website beginning two hours after the completion of today's call and will run through midnight on February 11th. There will also be a transcript of this call posted on the NPI website within two weeks after the completion of today's call.

Thank you again for your participation.

Operator: This concludes today's conference call. You may now disconnect.

END