

CMS
Moderator: Nicole Cooney
April 17, 2008
2:00 pm ET

Operator: Good afternoon, my name is (May) and I will be your conference operator today. At this time, I would like to welcome everyone to the CMS NPI Roundtable 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. Ms. Cooney, you may begin your conference.

Nicole Cooney: Thank you, good afternoon everyone. I'm Nicole Cooney from the Provider Communications Group at CMS and I'd like to welcome you to the 26th HIPAA Roundtable Conference Call.

This is the seventh roundtable specifically dedicated to NPI, the National Provider Identifier.

CMS appreciates your participation in today's call. The format for today's call is a little different from previous roundtables. We have collected questions from participants during the registration process for this call.

We received a total of 422 questions. Unfortunately, we will not be able to address all of these questions on this call. We've done our best to pick and

choose the questions that we feel impact the largest number of providers, or have caused the greatest amount of confusion based on our experience.

I've invited members from various components throughout the agency to cover the questions and topics pertinent to their area. To create their presentations for today's call, each component has reviewed the questions and created discussion topics based on the answers to the questions.

After each component reviews their information, we'll open up the phone lines for a brief Q&A period.

Please note that the guidelines for this Q&A session will also differ from past roundtables. I'll talk more about that when we get to that point.

And with that, we'll begin with Stewart Streimer to introduce our presentations.

Stewart Streimer: Thank you Nicole. Good afternoon and good morning everyone, it's a pleasure to be here. For those of you who don't know me or don't recognize my voice from all of the open door forums that I participate in, I am Stewart Streimer. I'm the Director of the Provider Billing Group in CMS, and I am also the CMS NPI Coordinator. So I'm very much vested in making sure that we proceed as smoothly as possible towards the May 23, 2008 date for full implementation of the NPI.

I do have a couple of comments I would like to make and possibly save until the end. Only because I have a sense that a number of the things I would like to say will be said in some form or fashion and I don't want to be redundant.

We have a very full agenda as Nicole has pointed out. The presentations you are about to hear are based on the comments and questions that are coming in from the industry.

So, a lot of these presentations are really directed towards you and towards what your interests are. And again, at the closing we will have a question and answer period.

Because of the limited time we have, we will get right into the presentations because we want to give everyone as much of an opportunity to present their questions as possible.

Last time, I understand a number of questions could not be posed because of time constraints. So with that I'd like to turn it over to Lorraine Doo, who is going to give us an update on the industry of compliance activities as associated with NPI. Lorraine?

Lorraine Doo: Thank you very much, and also welcome to everyone. What I want to share right at the outset, because that is what is of concern to everyone, is that the compliance date was May 23, 2007. There was an allowance for a contingency plan through May of this year, and so now the deadline for implementation, as Stewart has said, is May 23, 2008.

In order to accommodate this, we know that providers and payers of Medicare, including Medicaid, have been doing extensive outreach and testing to make sure that NPIs could be used in the transactions.

And what we really want to encourage now, is to ensure that individual providers and group providers have their NPIs. That they are sharing them with the trading partners with whom they need to conduct business. And that

they test use of the NPI only in their transactions as soon as they possibly can, given that we have six weeks left. We really can't stress that enough.

There are a couple of issues that we are looking at from a policy prospective, which many of you maybe familiar with. One has to do with the conflict between the regulation and the use of taxonomy codes on the claim. We will come out with guidance on that in short order.

There are also concerns about the use of the prescriber ID and the NCPDP Standard. We've been talking with NCPDP and we will also have guidance in an FAQ on that, in short order, probably within the next couple of weeks.

We also know that people are concerned about whether or not complaints will be filed against them, how those complaints will be handled, and how one would file a complaint – a legitimate complaint.

On the CMS website, the enforcement information is under the Regulations and Guidance section. And we would encourage you to take a look at that actually and register if you have not, when you have a complaint, to become familiar with it.

It is the one way that you can get your issues addressed, by filing a complaint, providing all the data and information related to that, so we can actually investigate it and work with both parties on resolving it.

Sometimes we do hear about things anecdotally and we really can't address them in a constructive way if we don't have that information formally, with all of the supporting information.

So I wanted to leave it there. I am sure there will be questions at the end, but those are the most valiant points from our policy and compliance prospective.

And I will turn it over to Pat Peyton to talk about NPPES.

Pat Peyton: Thank you, Lorraine. Hi, this is Pat Peyton and I marked several topics to talk about that are not just Medicare specific but apply to the industry. And again, this is based on questions that we received.

The first one is sole proprietors and sole proprietorships. There is still a lot of confusion about that out there. And we think that providers should check with their accountants or tax attorneys to determine the type of business structure that they have.

The business structure drives the way providers should be applying for NPIs, and it also affects the way providers are enrolled in health plans. The terms solo practitioner and sole practitioner do not constitute business structures.

Those terms can represent either a sole proprietorship or a corporate business structure. The sole proprietor is the sole – the only owner of a business that is set up as a sole proprietorship.

A sole proprietorship is not a corporation, it's not a LLC a PA or a PC, nor is it a partnership. In a sole proprietorship, the sole proprietor owns all of the assets of the business, and is solely liable for all the debts of the business. And it may or may not have employees.

The sole proprietor and the sole proprietorship are legally a single entity – an individual. There is no difference between the two. The taxpayer identification

number, or TIN, of the sole proprietorship is the sole proprietor's social security number, or SSN.

Many times the Internal Revenue Service will assign an Employee Identification Number, an EIN, to a sole proprietorship, so that the EIN can be used instead of the SSN on W-2s if there are employees, and in claims. This protects the sole proprietor's SSN from public exposure. This does not alter the fact that the SSN is the TIN.

Health plans are required to allow a sole proprietor to use an EIN, if he or she has one, in claims in lieu of the SSN in the taxpayer identification number field.

Health plans will report this EIN on the 1099s that they send to the IRS. And then the IRS will associate that EIN with a sole proprietor's SSN for tax purposes.

In terms of NPI assignments, the sole proprietor/sole proprietorship is a single legal entity and would apply for an NPI as an entity type 1, individual.

He or she would report an SSN when applying for an NPI, not an EIN even if the IRS has assigned one. Remember, applying for an NPI is not the same as enrolling in a health plan.

Like any other individual, the sole proprietor/sole proprietorship is eligible for only one NPI. Because the sole proprietorship is an individual, he or she cannot be a subpart and cannot have subparts.

For this reason, even if there is more than one location, there cannot be more than one NPI. And CMS does have two frequently asked questions about sole

proprietorship on its website. They have been there for a couple of years. They are numbers 5967 and 6594 .

There were also a lot of questions about group practices and NPIs. A group practice, which could be a group of physicians or other practitioners that conduct any of the HIPAA transactions and/or is enrolled Medicare, must have an NPI.

The group practice submits the claim to the health plans and receives payment from the health plans – it's the billing provider. The members of the group practice should also have NPIs, if they are covered entities under HIPAA. Or, if they are enrolled in Medicare, they must have NPI.

The members of the group practice are identified in the group practice's claims as the rendering providers. Unless a group practice is a sole proprietorship, the group practice obtains an NPI as an entity type 2, an organization. The members obtain NPIs as entity type 1, individuals.

If the group practice has multiple locations, those locations can be considered subparts.

If a location does not conduct any HIPAA transactions, that location is not required by regulation to have its own unique NPI. If it does, however, conduct any of the HIPAA transactions, then it must have its own NPIs. And this is explained in the Final Rule.

If a group practice is a sole proprietorship, its NPI is that of the sole proprietor. As an individual, a group practice that is a sole proprietorship cannot have subparts. Also, again, if it has more than one location, it can only have one NPI.

The next topic is incorporated individuals. Generally, an incorporated individual is the sole owner of a corporation, for example, a dentist who is the only owner of a dental group practice that is a corporation.

Really any type of provider can be incorporated or be a sole proprietorship. This dentist may or may not be the only employee. The dentist is eligible for an NPI as an entity type 1, individual. The group practice is eligible for an NPI as an entity type 2, organization.

In claims, again, the dental group practice is the billing provider, and the dentist, or one of the corporation's other employees, would be the rendering provider.

Another topic: Providers obtaining different NPIs to use with different health plans. There are providers out there who have obtained more than one NPI so that each of the NPIs they obtained can be used in transactions that they conduct with different health plans. Meaning: they have an NPI for Medicare, an NPI for Medicaid, a different one for BlueShield, and so forth.

This violates the purpose of the NPI and any standard identifier. The purpose of the NPI is for a provider to use its NPI – the same NPI -- when it conducts HIPAA transactions with any and all health plans.

So assuming no claims have been submitted with these extra NPIs, these health care providers should decide which one or ones they want to keep. They should keep what they want and should deactivate the others, and they should notify all the health plans that they do business with of what they're doing.

The next topic is health plans requiring enumerated providers to obtain additional NPIs, or to obtain an NPI as the incorrect entity type. I do get a lot of calls about this.

Some health plans are requiring providers to obtain additional NPIs so that there is an NPI for each enrolled entity at that health plan. Some are telling providers to obtain an NPI as the wrong entity type, presumably so the category “individual” or “organization” matches the way the health plan has enrolled the provider.

Some health plans are telling providers that if they do not enumerate according to what they, the health plans, want or do not obtain the appropriate entity type NPI that they say they must, they’ll not pay their claims.

Health plans that make these requirements appear to be in violation of the NPI Final Rule and are asking providers to ignore the instructions for submitting NPI applications.

Providers who find themselves in either of these situations should first make sure that the NPI enumeration scheme that they decided upon, if they’re organization providers with subparts, is consistent with the Final Rule, and whether they’re an organization or individual, that they obtained their NPIs as the appropriate entity type.

They should also inform the health plans, I suggest they do so in writing, that their requests are not consistent with the Final Rule, and/or the NPI application instructions.

Some health plans, even after receiving these communications from the providers, are still refusing to change their positions even when this information is pointed out to them.

Some providers who find themselves in these situations believe that they will experience severe cash flow problems if they don't comply because the health plans say they won't pay their claims.

So they have decided to give in and do what the health plans are asking. However, some are documenting their conversations and correspondence with the health plans, and have indicated that they will file complaints against these health plans with CMS. This, of course, is their right to do.

Next topic, briefly, is upcoming changes to the National Plan Provider Enumeration System or NPES. NPES and the NPI Registry will not be in operation on Monday April 21st. This is because we're going to be making a lot of changes to NPES although most of them are ones that providers and people that use their registry won't even see.

We have posted a document on CMS' NPI web page that lists the changes to NPES that providers and people using the registry might see.

The change we want to mention today, because we received inquiries about it, is that we're expanding the number of other provider identification numbers from 20 to 50. So, starting April 22nd, providers will be able to enter up to 50 other provider identification numbers in NPES.

Next topic: unnecessary or inappropriately obtained NPIs. Some providers sent in questions saying they've obtained NPIs for subparts, but later determined that those NPIs are not necessary. Others may have applied for

and received an NPI as the wrong entity type. Examples: 1) A hospital obtained an NPI for its home health agency but later decided that that NPI was not needed. 2) A physician who is a sole proprietor obtained an NPI as an entity type 2. Of both of these examples, the unwanted or incorrectly obtained NPI can be deactivated by the provider. It is not possible to go into an NPDES record and change the entity type.

Before deactivating the NPIs though, these providers need to be sure they do not have claims that are processing with those NPIs. To deactivate them prior to the final settlement on those claims could jeopardize the payments. Any deactivations that the providers might make would need to be reported to the health plans in which they're enrolled and to other providers with whom they are associated.

Next: the NPI registry and the downloadable files. Some of the questions submitted in advance asked if there is a way to verify a provider's NPI. The NPI registry, which has been in operation for several months now, has a look up capability that enables a person to enter certain identifying information and to receive back that provider's NPI and other information that's releasable under the Freedom of Information Act.

In addition to this, CMS posts a monthly file of all enumerated providers. This file can be downloaded by people with the necessary technical expertise, and then can be sorted or manipulated to suit the user's needs. CMS posts a new file each month. We are not able to set a definitive date, or day of the month for posting, as there are variables in that process that are not under our control. But, the new file is always available before the end of the month and it's usually there around the 21st or 22nd.

Subparts: there are still questions about subparts. The NPI Final Rule describes the subpart concept.

Our Medicare subparts paper, available from CMS NPI web page, reiterates that concept and describes how it affects Medicare providers.

The subpart concept enables covered organization providers to obtain NPIs for subparts or components of their organizations that are health care provider themselves.

Subparts could be separate locations, separate lines of business which would have different health care provider taxonomy codes, or components that are separately certified.

Decisions about subparts are to be made by the organization providers, not by the health plans. The general rules are: a subpart itself cannot be a legal entity, a subpart cannot be a person, and a person such as the sole proprietorship cannot have subparts.

Any location of a health care provider that is required by Federal regulations to be uniquely identified in order to bill Medicare must have its own NPI.

In the Medicare program, this applies to the DMEPOS suppliers.

I have two items to talk about that deal with Medicare providers.

The first is the importance of reporting Medicare legacy identifiers to NPPES. As most everyone knows, Medicare providers and suppliers are strongly encouraged to report their Medicare legacy identifiers to NPPES.

This information finds its way into the Medicare NPI crosswalk and helps link the legacy identifiers to the NPIs.

If these identifiers are not reported to NPPES and if the provider/supplier's Medicare enrollment information, the CMS 855, is not up-to-date to include the NPI, then the crosswalk will not be able to link the legacy to the NPI in order to pay the claim.

NPPES can capture each type of Medicare legacy identifier because there is a separate field for each one. The Railroad Retirement Board PINs should be reported in the Medicare PIN field.

Last item I have to talk about is Medicare provider and supplier enrollment. The Provider Enrollment Chain and Ownership System, or PECOS, is the repository for enrollment data for all Medicare providers and suppliers except the DMEPOS suppliers. Enrollment data for DMEPOS suppliers is at the National Supplier Clearinghouse, or the NSC. All enrolled Medicare providers/suppliers need to obtain NPIs if they have not already done so.

Providers/suppliers who are applying for Medicare enrollment must report their NPIs on their enrollment applications. The CMS 855 forms are used for enrollment in Medicare. It's imperative that all Medicare providers and suppliers have up-to-date information, which means it has to include the NPI.

Once their enrollment information is current, it will ensure a link between their legacy identifiers and their NPIs, and the enrollment system will systematically send that information to Medicare's NPI crosswalk and claims systems.

Neither PECOS nor NSC enrollment data feed into NPPES nor does NPPES data feed into Medicare enrollment data. This is why Medicare providers and suppliers must take separate actions to keep their Medicare enrollment information and their NPPES data current.

Providers and suppliers who enrolled in Medicare prior to our use of the CMS 855 must complete the CMS 855 in order to update their enrollment information and to include their NPI.

Those who enrolled with 855s need to ensure their NPIs are included in their data. Our contractors have processing time guidelines that they need to follow, and as you can imagine they have very heavy provider enrollment workloads at this time. A lot of providers are submitting updates due to NPI implementation.

If you do send in an 855 make sure you complete it fully. Sign it and date it and attach the required paper documentation. That concludes my – my topics. Next is Marlene Biggs.

Marlene Biggs: Thank you, Pat. For those of you who don't know me, my name is Marlene Biggs. I'm the Fee-for-Service Lead for the NPI project.

I'd like to get started with talking about informational edits. We received a few questions about informational edits being received on paper claims for secondary provider information.

Edit numbers M392 through 401 require the use of an NPI for a secondary Medicare provider identifier. If you're receiving these messages, you're sending legacy only for your secondary identifiers.

Edit numbers M417 through 419 restrict the use of legacies for secondary. Meaning that you're most likely sending NPI and legacies for secondary identifiers and it's hitting the informational edit at this time. As of 5/23 these edits will be changed from informational to active and your claims will reject.

The next thing I'd like to cover from the systems aspect is the one to many criteria. Specifically the taxonomy codes for the Part A claims. There appears to be some confusion regarding use of a taxonomy code when the NPI only is sent in on a claim and the criteria being used by Medicare to match the NPI with the correct OSCAR number.

The challenge with using the taxonomy code was that the codes didn't provide a consistent accurate one-to-one NPI/OSCAR match in every case. This is because the NPI could have multiple OSCAR numbers, and the multiple OSCAR numbers could have the same taxonomy code.

By using the revenue code, and the type of bill, and facility ZIP code, we received more accurate results. The revenue codes specifically provided a higher level of specificity for our matching criteria.

There is no reason for providers to change how they're billing today, the system changes to use different criteria have been in place for over six months.

So, if your claims are paying today and not suspending, you are fine. If you are receiving ADR letters today because your claims are suspending you should contact your FI.

For the Part B side professional claims, let's just talk about their match criteria being used. They are using the EIN, the SSN, the service date is less than the

termination date on the provider master file the group to member relationship, the practice ZIP code on the claim to the practice ZIP code on the crosswalk, the pay to ZIP code on the claims and the pay to ZIP code on the crosswalk, the CLIA number, and the taxonomy code, if received.

And as a last resort, the system will use the preferred NPI/PIN pair if supplied by the provider. The preferred NPI/PIN pair is designated by the provider to use to pay claims instead of their claims suspending.

For the CMS DME supplier claims, the match criteria is again the tax identifier number the state, ZIP code, city, address and a name. If a match cannot be made the claim will suspend.

I'll turn it over to Nicole.

Nicole Cooney: Okay thanks, Marlene. Before we begin our question and answer session, I'd like to set a few ground rules.

At the last call in February we had to leave many people in the queue with unanswered questions because we ran out of time.

Unfortunately, this is because quite a few participants burdened the line with multiple questions and comments. Therefore, this time we will stick to the one question rule for each caller.

I recommend that you make a list of your questions and ask the most important one first. To ask another question you will need to get back in the queue.

If you try to ask more than one question per turn, I will interrupt and move on to the next caller. And my apologies for that in advance.

We understand that people have comments and suggestions relating to policy. Unfortunately, this is not the appropriate venue to make such comments and suggestions.

We have reserved this time to address questions from providers and to help them resolve their issues.

If you choose to use your question time to make a comment or a suggestion, I will interrupt and move on to the next caller.

Finally, 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 direction. Contractors should use the established protocol for communication with CMS.

And, I should remind the callers that once your line is open, please state your name and the organization you work for.

Operator we're ready to take our first caller.

Operator: At this time if you would like to ask a question, please press star then the number 1 on your telephone keypad. We will pause for just a moment to compile the Q&A roster.

Your first question comes from the (Anna Catrella).

Nicole Cooney: Hello (Anna), are you on the line with us?

Operator can we move to the next caller please.

Operator: Your next question comes from (Barbara Rouge).

(Barbara Rouge): Hi this is (Barbara Rouge), I'm from Prime Source Health Care, and my question is our physicians provide services to nursing home patients throughout Indiana, so it's Part B coverage.

In Box 32 do we need the nursing home's NPI number?

Marlene Biggs: This is Marlene. Is the service provided different Is the service address different than the billing address?

(Barbara Rouge): Than the bill – yes.

Marlene Biggs: Then you should provide the NPI. .

(Barbara Rouge): Well the nursing home is where the service is done, and what do you mean by billing address is the pay to address?

Marlene Biggs: Is the billing address is different then the service address.

(Barbara Rouge): Yes it's different.

Marlene Biggs: Right, if it's different than you would need to supply the facility's name, service address, and NPI.

(Barbara Rouge): So we – do we need to apply – we need to include the NPI of the nursing home?

Marlene Biggs: Yes. CMS will publish clarification shortly.

(Barbara Rouge): Okay.

(Barbara Rouge): Okay because we were told in the past that it – we did Part B providers did not need the NPI but our clearinghouse is telling us we do. So we want to – a clarification of that.

Marlene Biggs: Right, and we're seeing differences across carriers, so CMS will provide direction so we have consistency on this issue.

(Barbara Rouge): But as it is now we need to have – okay.

Marlene Biggs: Yes.

(Barbara Rouge): Thank you.

Operator: Your next question comes from (Dorese Woods).

(Dorese Woods): Yes, this is (Dorese Woods) from Team Health. And I just wanted to clarify what I heard you say regarding the one to many issues where we are a group practice, and we service several different facilities within that group.

And we have situations where the carrier has assigned a number of PINs either per location or, practice local. And we're being told by the carrier to apply for multiple NPIs to match the PINs that the carrier has assigned.

And this of course is contrary to the entire reason for NPI and we're just wondering what direction should we take to – to refer back to our carriers?

Pat Peyton: This is Pat Peyton and here is an example of one of the topics I covered where – and even though it's Medicare, your health plan is telling you to do something that doesn't follow the Final Rule unless, those locations do their own HIPAA transactions, in which case they need their own NPI.

If I were you, I would try to explain that the health plan read the Final Rule and see that what the health plan is asking you do to is not compliant.

Stewart Streimer: Which carrier is it?

(Dorese Woods): It's Noridian.

Stewart Streimer: Okay, thank you.

Operator: Your next question is from (Crystal Johnson).

(Lynette Kiebler): Hi, this is (Lynette Kiebler), from Medical Management Professionals. And our question is in regards to when we go NPI only. We tested some of our claims and we had a problem because we had the multiple PIN numbers, and they couldn't map them to the correct PIN number.

Is that going to still be a problem, or is that – is there something being worked out when there is multiple PINs and only one NPI?

Marlene Biggs: Is this for Part B or Part A?

(Lynette Kiebler): Part B.

Marlene Biggs: I just read through all the criteria that the system is using to match your one NPI to your multiple PINs. If you didn't catch it you can refer to the transcript after the call.

Operator: Your next question comes from the line of (Robin Weis).

(Robin Weis): Hi, this is (Robin) with Sunrise and I – we've been getting a lot of denials due to the crosswalk. And I just wanted to verify that the legacy number and the OSCAR number are the same thing.

Marlene Biggs: That's correct.

(Robin Weis): So the...

Marlene Biggs: The Medicare legacy number could be a PIN, an OSCAR or a UPIN or NSC.

(Robin Weis): Thank you.

Nicole Cooney: Next question please.

Operator: Your next question comes from the line of (D.L. Caser).

(D.L. Caser): Yes there was recently a decision that came out from CMS stating that – provided the provider had made reasonable attempts to obtain an NPI from an attending referring or ordering physician.

As long as those reasonable attempts were made, if the NPI could not be obtained that to go ahead and bill for the service that the billing provider could simply use their own NPI in lieu of that on the claim.

How is CMS defining reasonable attempt and what documentation is necessary for that?

Pat Peyton: This is Pat Peyton, we have not further defined that, but I guess it probably would be smart for us to give the contractors some more information that they should share with the providers on that.

So we will – we'll get some more information out on that topic.

Stewart Streimer: But in the meantime you should be prepared to you know, use sort of like the common sense approach. And that is you know, that you can establish a log that you've made calls to the referring/ordering provider, and you maintain that documentation in your files in the case of a post payment review.

Jim Bossenmeyer: This is Jim Bossenmeyer, the NPI can also be looked up on the NPI registry, if you're registered.

(D. L. Caser): Thank you.

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

(Sharon Thomas): Hi, my name is (Sharon Thomas) from the Family Doctors. The edits that you mentioned you caught – somebody mentioned something right in the middle of what you were saying.

Edits M385 and M402 can you repeat what those are for?

Marlene Biggs: I didn't cover 402; actually, I saw your question in the list of questions that you sent in. What was the other one 385?

Post-Call Clarification from CMS: This is one of the primary provider edits (specifically billing provider) that will set if a legacy number is submitted on or after the date the legacy numbers are no longer permitted.

M402	2010A REF01 A	Billing Provider Secondary Identification	Invalid Value	The edit sets when the 2010AA contains a 1C or 1G in the REF01 element. NOTE: if claim contains a REF01 of P4 and REF02 31 edit will not fail
-------------	--------------------------	--	----------------------	--

(Sharon Thomas): 385.

Marlene Biggs: 385, I think, is for a primary field. I did not cover 402. I don't have that in front of me.

Post-Call Clarification: See above for 402. Edit M385 is not NPI related. It is a reason code error.

(Sharon Thomas): Okay, so you said M385 just some other number.

Marlene Biggs: No, I said M393.

(Sharon Thomas): Okay.

Marlene Biggs: To 401.

(Sharon Thomas): Okay, are these edits somewhere on the WPS EDI website to know where - what these are for?

Marlene Biggs: There should be a description on our website; you should be getting a text message back from them to explaining what those edits are setting for.

(Sharon Thomas): (Unintelligible).

Marlene Biggs: Each contractor uses different edit language.

(Sharon Thomas): Okay, because it's very vague, okay I appreciate your help. Thank you.

Marlene Biggs: You're welcome.

Operator: Your next question comes from the line of Kirsten (Schaffer).

Kirsten (Schaffer): Hello this is Kirsten (Schaffer) at Caring Hands Chiropractic. I was following the implementation steps on the listserv email stating that as of March 1st I could go to removing legacy numbers and billing NPI only which I had done.

I was originally getting front end edits stating that it was informational only. And I spoke with Medicare EDI as well as Blue Cross EDI and my clearinghouse. And my file ended up getting suspended after that, and they informed me that I could not bill NPI only. That I had to put my legacy numbers back in.

But my question is, how am I supposed to be billing NPI only before the deadline and have my claims successfully go through if I'm supposed to be billing with legacy numbers, how is that going to happen?

Marlene Biggs: You should be able to bill NPI only, who is "they", who said you could not?

Kirsten (Schaffer): I spoke with Medicare EDI and Blue Cross EDI who told me that the only way my claims were going to go through is if I put my legacy numbers back in and bill both of them.

Marlene Biggs: I'm not sure – who is your contractor, who is Medicare EDI?

Kirsten (Schaffer): That is who I spoke to on the phone.

Stewart Streimer: Which Medicare carrier do you bill. Who gave you that information? I need the name of the Carrier.

Kirsten (Schaffer): I bill WPS Medicare of Michigan.

Stewart Streimer: Thank you.

Marlene Biggs: WPS claims processing system i has the system logic to be able to accept claims NPI only.

Kirsten (Schaffer): My claims are failing with NPI only.

Marlene Biggs: Are they failing or suspended?

Kirsten (Schaffer): I'm trying to get it taken care before the deadline actually hits.

Marlene Biggs: Are they failing or suspending?

Kirsten (Schaffer): They edit it out the first time when I resubmit them they suspended through Blue Cross EDI.

Marlene Biggs: Did you receive a letter from WPS stating you could pick a preferred PIN?

Kirsten (Schaffer): No, I spoke to them directly on the phone.

Stewart Streimer: All right – also you're saying that when you resubmitted they suspended at Blue Cross EDI?

Kirsten (Schaffer): Correct, and when I spoke to both companies, they told me that the only way that my claims would successfully go back through is if I put the legacy back in and billed under legacy and NPI.

Stewart Streimer: We will follow up with WPS. My question to you is, when the claim suspends at BlueCross EDI, is the claims processing through Medicare? It sounds like it's a Crossover claim; you're getting Medicare to pay primary and then BlueCross paying secondary?

Kirsten (Schaffer): No.

Stewart Streimer: Billing different (unintelligible).

Kirsten (Schaffer): It's not a secondary claim at all.

Stewart Streimer: Okay so you're talking about just different claims?

Kirsten (Schaffer): I'm submitting to EDI's – EDI is my clearinghouse through BlueCross.

Marlene Biggs: Can I get your name and your email address or phone number so I can look into this and get back to you?

Kirsten (Schaffer): Absolutely, because in the meantime I'm not getting paid Medicare at all.

Marlene Biggs: Okay.

Kirsten (Schaffer): My name is Kirsten – K-I-R-S-T-E-N. My phone number is area code
XXX-XXX-XXXX..

Marlene Biggs: I will be in contact shortly.

Post-Call Follow up: WPS worked with the provider to help resolve the problem.

Kirsten (Schaffer): Thank you.

Nicole Cooney: Thank you. Next question.

Operator: Your next question comes from the line of (Tammie Macroskey).

(Tammie Macroskey):Hi I'm (Tammie Macroskey) calling from UHS (unintelligible)
Corporation. And my question goes back to what Pat was talking about in the
provider enrollment part. And it not transferring over and it's a crosswalk
issue.

I need to know again which two things we need to update. One is provider
enrollment with an 855 and what's the other to get it to work?

Pat Peyton: I mentioned that you need to make sure your NPPES is up to date.

(Tammie Macroskey):NPPES. Okay.

Pat Peyton: It's the National Plan and Provider Enumeration System.

(Tammie Macroskey):Okay.

Pat Peyton: It's the NPI database.

(Tammie Macroskey): All right. Because we...

Marlene Biggs: Thank you.

Operator: Your next question comes from the line of (Beverly Raret).

(Beverly Raret): Hi this is (Beverly Raret) with Omni Fifth. We were just wondering if there is a – some websites out there like the Head 270 website where we can check and see if our provider's NPIs are good to go.

And, I mean all we need is a yes or a no. Is there anything available or will there be?

Pat Peyton: Couldn't they look up an NPI in the NPI Registry?

(Beverly Raret): Well we used the Head 270 website for eligibility we check that. And it either tells us yes or no that these pharmacy's NPI numbers are good to go. And then we send the claims, and then Medicare rejects it with an NPI not on crosswalk.

So what we're wondering is there some sort of website – other website that we can look at that Medicare looks at to be able to verify that these pharmacies are going to be good so we're not rejecting – getting rejected claims and having to resend all the time.

Jim Bossenmeyer: I think there's – there's two issues that I think you're asking. The first is, is there information available regarding the NPI. And the answer to that is yes. So first it's a downloadable file, that you can pull down and see every

individual organization who has been assigned an NPI and we have information on our website about that.

And then there is an NPI look up registry where you want to look up individuals or organizations to see if they've been assigned. That information is available on the website.

(Beverly Raret): On the NPPES website?

Jim Bossenmeyer: Yes ma'am.

(Beverly Raret): Okay we look at the NPPES website and we look at that eligibility CMS or it's a 270 eligibility website.

Jim Bossenmeyer: Right.

(Beverly Raret): And we'll see that, yes, it is properly crosswalked here, and it is properly crosswalked here but then we send claims and we get an NPI rejection.

Gerry Nicholson: The 270 – 271 application, that simply verifies that the NPI or the numbers that you're using to make the eligibility request is the enrolled provider. So that would not tell you that your arrangement of NPI or legacy numbers for claims submission is going to work.

(Beverly Raret): Yes, but we only have either the NPPES or, the – that website to count on because the downloadable file is usually behind.

Jim Bossenmeyer: That information is updated on a monthly basis, the provider may need to review and update its enrollment information with Medicare making sure that

the provider completes section 4 carefully so that it associates the legacy identifier with the NPI that it plans to use.

(Beverly Raret): That's what we've been telling all our providers and then they call Medicare, and Medicare says everything is okay, that it's our fault – so.

All right, well I guess there is not any other way that we can look at the information Medicare is looking at to either tell us yes or no.

Nicole Cooney: Thank you.

(Beverly Raret): Thank you.

Nicole Cooney: Next question please.

Operator: Your next question comes from the line of (Vicki Whiteside).

(Vicki Whiteside): Yes hi, this is (Vicky Whiteside) from Pediatric Services of America we are a home health agency. And my question is regarding taxonomies and we have – we have multiple locations throughout the United States.

And in billing to Medicaid where we have multiple provider numbers, and only one NPI based on our location is – we're getting some requests to either get another NPI number to match one of the provider numbers, or perhaps change a taxonomy.

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

(Vicki Whiteside): Hello?

Marlene Biggs: Yes.

(Vicki Whiteside): Yes ma'am, did you not hear my question?

Pat Peyton: This is Pat Peyton. I think I might have heard it. You're being told to get additional NPIs and are being told that the HHA should change its taxonomies in NPPES?

(Vicki Whiteside): Yes ma'am that is correct, we are – all of our locations are Medicare certified. So we have - one of our states is requesting that we – because we have multiple provider numbers for our Medicaid patients, that they are requesting that we get an additional NPI because they flat out told me they didn't even know what a taxonomy was.

And that the only way they would be able to accept our claims would be if we had an additional NPI number.

Pat Peyton: Well, they are violating the Final Rule by telling you to get an additional NPI when you already determined in accordance with the Final Rule your NPI enumeration scheme.

And they can't be telling providers what taxonomy to put in their NPPES record because that information is not verified by NPPES. Their enrollment record should have what the HHA really is and all the credentials should be in the state's enrollment file.

If you want I can talk to you about it offline but I really can't say much more than that except what I said in the beginning of the roundtable.

(Vicki Whiteside): Mm-hmm.

Pat Peyton: That correspond with them, document, tell them where they're wrong with respect to the Final Rule requirements.

(Vicki Whiteside): Okay.

Lorraine Doo: And if necessary file a complaint. You know go on to our website and we will help negotiate that with you with the health plan.

(Vicki Whiteside): Yes ma'am, yes I would like to speak with you offline if that would be possible.

Nicole Cooney: Okay, do you want to leave your phone number or...

(Vicki Whiteside): Okay, I can give you my toll free number is XXX-XXX-XXXX and my extension is XXX.

Nicole Cooney: Okay.

Pat Peyton: Okay.

(Vicki Whiteside): Thank you so much.

Operator: Your next question comes from the line of (Lorraine Siegel).

(Lorraine Siegel): Yes, (Lorraine Siegel), Josi Eye Institute. Yes, I have a question, I think at the beginning of this talk you mentioned that we have to register our NPI number with Medicare?

Pat Peyton: Hello this is Pat Peyton you need to know make sure... I'm sorry you need to make sure your NPI is in your Medicare enrollment file.

(Lorraine Siegel): Oh, so which form do we fill out for that?

Pat Peyton: The enrollment form is the CMS 855, there are a number of 855s; the one you fill out depends on the kind of provider you are.

(Lorraine Siegel): That hold for isn't the same one if you are a new Medicare provider?

Pat Peyton: Well it is, did you ever fill one out before?

(Lorraine Siegel): Yes a long time ago.

Pat Peyton: Well you might want to check with your contractor and see which sections, depending on your exact situation, you should fill out.

(Lorraine Siegel): Oh, okay.

Pat Peyton: If you filled it out once, that's good; but you do need to get your NPI in there.

(Lorraine Siegel): Oh okay, thank you.

Pat Peyton: You're welcome.

Operator: Your next question comes from the line of (Mike Pollo).

(Mike Pollo): Hello (Mike Pollo) from (unintelligible) Billing Services, Cleveland Ohio. I'm – the question I have is do commercial insurance carriers have responsibility to access the NPI registry to confirm NPI numbers?

Pat Peyton: Do they have responsibility to do that?

(Mike Pollo): Yes.

Pat Peyton: Well, I guess that would be one of their business decisions, I would think that they – in handling their claims-- would want to verify NPIs, but that's just my personal opinion.

They can download that monthly file and use that, which will give them everything. The registry locates NPIs one provider at a time.

(Mike Pollo): I understand that, we have one insurance carrier in Ohio that keeps on denying the NPI registry or the NPI number is invalid. And when we go on the NPI registry, we find out that that NPI number is to a totally different doctor, in a totally different city, doing a totally different type of service.

Pat Peyton: Well maybe I should give you a call and we can talk about that.

(Mike Pollo): That'll be great.

Pat Peyton: Okay.

(Mike Pollo): My 800 number is XXX-XXXX.

Pat Peyton: Okay, thank you.

(Mike Pollo): Thank you.

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

(Patricia Borderline): This is (Tricia) with (Unintelligible) Eye Institute. I have a question on recording our Railroad Medicare PIN numbers. Are we supposed to use the field that says Medicare PIN on the NPPES website?

Marlene Biggs: Yes, you should place it under in Medicare other identifiers. Pat Peyton said this earlier in her message.

(Patricia Borderline): Well on ours we have a spot for Medicare PIN and then we have a spot for other.

Marlene Biggs: Doesn't it go under Medicare other (Pat)?

Pat Peyton: No, it goes under Medicare PIN.

(Patricia Borderline): Okay.

Pat Peyton: The "other" is where you would report an identifier from, say, BlueCross BlueShield or Aetna or any other health plan, and you would identify the health plan.

(Patricia Borderline): Okay, and what is the correct way to call the Railroad Medicare? Do we just say "Railroad Medicare" or is there something else we are supposed to call it?

Pat Peyton: No, under Medicare PIN just put the number in there.

(Patricia Borderline): Okay, great.

Pat Peyton: Okay.

(Patricia Borderline): Thank you.

Pat Peyton: You're welcome.

Operator: Your next question comes from the line of (Sherry Pritich).

(Sherry Pritich): Yes, this is (Sherry Pritich) can you hear me?

Lorraine Doo: Yes.

(Sherry Pritich): Yes, I'm with Radiology Associates in Abilene, Texas.

And I have a question, we have some new physicians joining our group, and so we're having to fill out 855Is, and 855Rs and submit them. My question is, when do we change their information on NPPES? Before or after the submission of their 855Is and Rs?

I'm afraid what I'm contemplating, what I'm worried about is that, once we change it on NPPES - because they aren't going to join our group until later in the year such as July. How is that going to affect their current crossover with their Medicare they're dealing with now, rather with us? Do you see what I'm saying?

Jim Bossenmeyer: This is a new physician that's joining your practice, are they already participating in Medicare?

(Sherry Pritich): Those physicians currently participate with Medicare. One, is in Nebraska the other physician is here in Texas.

Jim Bossenmeyer: So they are what – I guess the question I’m asking, they are currently enrolled in Medicare?

(Sherry Pritich): Yes sir.

Jim Bossenmeyer: Okay, then when they apply – and they already have their NPI?

(Sherry Pritich): Yes sir.

Jim Bossenmeyer: So when they enroll with the new carrier, they would include their NPI. They would leave it blank for the PIN. Then, after the application has been processed, they can go back in and update the NPPES file with any information that they believe is necessary.

(Sherry Pritich): Okay, because we have been told that the NPPES information should be updated first, before the application, or it won’t cross right. And I thought well I thought that’s not going to work because if we up date their NPPES now, they’re current reimbursement on...

Jim Bossenmeyer: The NPI final rule requires that a change be submitted 30 days after the event. They are not making a change until later in the year, and you’re submitting your enrollment application before the physician would begin to practice at your location.

After the application has been processed, the provider should then update NPPES and the physician should work with the carrier to voluntarily withdraw from the other practice location that he was working at previously.

So he's enrolling with your practice. He would – he or she would-- voluntarily withdraw from participating in Medicare with that other practice location.

(Sherry Pritch): Okay so, what he should do is submit an 855R to Medicare dropping their current assignment of benefits wherever they're at for that particular practice.

Jim Bossenmeyer: That would be correct, yes.

(Sherry Pritch): Okay, that's what I need to make sure they do. I think-

Nicole Cooney: I think we just lost that caller can we move on to the next question?

Operator: Your next question comes from (Virginia Love).

(Vicki Wentworth): Hi this is (Vicki Wentworth) with Children's Special Health care. The question that we had is after May 23rd, can health plans accept claim transactions that have both the NPI and the legacy provider number, even though the legacy provider number is not required?

Gerry Nicholson: Medicare will not accept transactions with Medicare legacy provider Identifiers; Medicare will reject the claim.

(Vicki Wentworth): But can other health plans accept it? I mean is that just Medicare that's going to be doing that or - can other health plans accept transactions that have both the NPI and the legacy number?

Lorraine Doo: This is Lorraine Doo, and the – the rules says that you will use NPI only. And that is the policy that we have been taking all along. So it should just be that NPI is used.

What individual plans are doing won't be known to us, but they – the rule requires that NPI be used.

(Vicki Wentworth): Okay, thank you.

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

(Patricia Dearborn): Hi, this is (Patricia Dearborn). I work for a small specialty office. Help me understand what my role is in communicating – and we do have NPIs – clarify what my role will be -- I clearly have several different insurance companies -- is my responsibility to advise each and every – maybe 50 or 60 different insurance companies of the NPI numbers or will there will be some sort of crosswalk where all these various insurance companies we deal with will access that information from the NPDES.

Lorraine Doo: This is (Lorraine). You're a provider?

(Patricia Dearborn): Yes.

Lorraine Doo: Yes, it is your responsibility to get your NPI to the trading partners with whom you exchange transactions.

(Patricia Dearborn): Okay.

Lorraine Doo: They certainly do have the ability to use the NPDES, the registry of the downloadable file to also find you if they are trying to create their database. But it is the provider's responsibility to make sure that they have communicated that number.

(Patricia Dearborn): And do you recommend in that – in the NPES that we put all the different insurance IDs like we put Medicare or Medicaid so it's those IDs.

Is it recommended that we also include all the other insurance companies?

Lorraine Doo: Well that's why we have that other field, because those other insurance companies might be looking at the downloadable file or the registry and looking for their providers...

(Patricia Dearborn): Okay.

Lorraine Doo: ...confirming that they are there is when they see their legacy numbers.

(Patricia Dearborn): All right.

Lorraine Doo: It's optional but I mean...

(Patricia Dearborn): Another question is we are seeing some active military...

Nicole Cooney: I'm sorry I'm going to have to interrupt, we have over 100 people in the queue right now. So I can only take one question per caller. Thank you though. Can we move on please?

Operator: Your next question comes from the line of (Susan McKinney).

(Susan McKinney): Yes this is (Susan McKinney) with Core Medical Billing. And I currently have anywhere from 45 to 60 anesthesia providers. And they all have had an 855I submitted at one time or another.

However, is there anyway that I can get confirmation from my Medicare site whether or not those numbers are on their file?

Pat Peyton: Keep a copy of their enrollment application – or they didn't?

(Susan McKinney): I have a copy of their enrollment application on file.

Pat Peyton: Well -what you've got then is what was submitted to Medicare is that right?

(Susan McKinney): Yes, that's what was submitted to Medicare but that's not going to ensure that Medicare has those numbers on file.

Pat Peyton: If the NPI had been entered in the 855, then Medicare would have that information in its enrollment system.

So, you need to update your Medicare enrollment – or their Medicare enrollment-- to include the NPI.

(Susan McKinney): You mean send in another 60 forms?

Pat Peyton: You should call your contractor to see exactly what you need to send in. They are already enrolled, they've already done 855s. But you do need to make sure those NPIs are reported in the appropriate places in the form.

Otherwise your Medicare enrollment – their enrollment information-- is just not up to date.

(Susan McKinney): Okay I guess my question is how can I – how can I found out which ones from the Medicare is there a website or anywhere I can go to find out if the NPI is registered with Medicare?

Marlene Biggs: Are you asking what NPI is on the Medicare crosswalk?

(Susan McKinney): Well I know that I have it updated in the NPI website.

Marlene Biggs: Right.

(Susan McKinney): My numbers are in there. But I'm not – I don't have any confirmation from Medicare that NPI is registered with them.

Jim Bossenmeyer: And, when you submitted the enrollment applications, have you received an approval notice from the Medicare contractor?

(Susan McKinney): I did on the last one; I would say the last maybe 25 or 30 when they were putting the NPI on the letter they sent back. You know they didn't use to put that on there.

Jim Bossenmeyer: Since May of 2006 Medicare has required the NPI be included with the Medicare enrollment application. If your applications have been processed since May of 2006, Medicare has the linkage that you've established, between the NPI and the legacy number.

(Susan McKinney): Okay, so the magic date is May of '06.

Jim Bossenmeyer: That's when we began requiring that a NPI be submitted as part of the Medicare enrollment process.

(Susan McKinney): Thank you.

Stewart Streimer: Have you been submitting claims?

(Susan McKinney): Yes we submitted our claims electronically.

Stewart Streimer: For these NPIs in question?

(Susan McKinney): I am not getting denials.

Stewart Streimer: Well if you are submitting claims with – for all of these providers. At this point in time all claims coming into Medicare must have an NPI beginning March 1. If you are getting paid, to me, that would tell me that they are linked in the system.

(Susan McKinney): Okay, yes well they definitely have NPIs on them when we submit them.

Stewart Streimer: Are you submitting claims with an NPI only?

(Susan McKinney): No, I'm using both legacy and NPI.

Stewart Streimer: And you're getting paid?

(Susan McKinney): Yes.

Stewart Streimer: So then that sounds to me like you're – they're all in the Medicare system, they're linked, and they are getting processed properly.

(Susan McKinney): Okay, I was just wondering if there was any way we could verify that before we take this legacy off.

Jim Bossenmeyer: Oh so you – well you should if you can, I know if you're working with your clearinghouse if you can submit small batches of NPI only claims and they process through, then you know everything is working fine.

We certainly encourage all health care providers and suppliers to begin to submit small batches of claim with an NPI only and then increase the number of claims if you're being successful in submitting those claims with the NPI only.

(Susan McKinney): Okay, all right, thank you.

Operator: Your next question comes from the line (Shay Bollen).

(Shay Bollen): Hi, I just wanted to – to ask (Lorraine) was saying earlier in the call that CMS was going to clarify the statement regarding the use of taxonomy. And my question when I sent it in was specifically at the level of the billing provider, in instances when the billing and the rendering providers are different.

Is that statement going to be that specific you know, in regards to that situation, and when will that clarification be made since the 5/23 date is so soon?

Marlene Biggs: (Lorraine) has left the room. This is (Marlene). I'm not sure when they clarification will be out. Since the original FAQ was so specific I would think that the revision of that FAQ would be as specific.

(Shay Bollen): Okay so – so once that FAQ is made available, at that point, if payers are doing the opposite of what the FAQ says- it's up to the providers to report those payers if they are not processing their claims based on incorrect you know – any information that they are requiring.

Marlene Biggs: The FAQ will just be a clarification, it's not going to change – it shouldn't change what you're doing today, how you're billing today.

If you're billing today and getting paid and you're sending your taxonomy codes, you're fine. We're just not using that information as criteria in a one to many situation.

(Shay Bollen): Right, but for non-Medicare payers today they are not you know they are processing claims with using the legacy ID and they are sometimes returning edit messages or warning messages about a mismatch a crossover – a crosswalk mismatch.

Marlene Biggs: Well that's different then taxonomy.

(Shay Bollen): Mm-hmm.

Marlene Biggs: If you're getting a reject message for taxonomy then you might be sending the same taxonomy code for the group as you are for the rendering. That's one reason why you would get a reject for taxonomy.

(Shay Bollen): No, in this instance they are not actually getting the rejects, they are just getting warning messages saying that there is a mismatch. And when you call they are saying your claim went through because we processed it based on the legacy ID.

But, in order for the claim to go through once we go to NPI only, you'll need a taxonomy code at the billing level. Even if...

Marlene Biggs: Medicare claim?

(Shay Bollen): Huh?

Marlene Biggs: Is this a Medicare claim?

(Shay Bollen): No, this is usually non-Medicare.

Marlene Biggs: I can't speak to other plans and how their edits are set up.

(Shay Bollen): Right, but my point is once CMS makes this clarification, at that point that will give the plan some direction.

Marlene Biggs: Well the plan shouldn't be following what Medicare does. They should be following the implementation guide for HIPAA.

Pat Peyton: No, the FAQ is not Medicare specific.

(Shay Bollen): Right.

Pat Peyton: She is talking about the FAQ that's being...

(Shay Bollen): Right.

Pat Peyton: ...revised on worked on, it's not just Medicare. So I just think you'll have to wait until that clarification comes out in the FAQ. Which should be soon.

(Shay Bollen): Okay.

Stewart Streimer: Could I also make a point as well? This is Stewart Streimer. Just for clarity's sake, we use the expression NPI crosswalk a lot.

I do not want people to assume that there is one NPI crosswalk that serves all health plans. I think that confusion exists in the industry based upon some of the questions and comments we've been seeing.

We in CMS will speak to the NPI crosswalk as it was developed and used in Medicare fee-for-service. And when we speak to NPI crosswalk that is the only health plan for which we are referring to.

So if you're having issues with the "NPI crosswalk" and you're having these issues with other health plans, that is that health plan's crosswalk not Medicare's. So I just wanted to make that distinction clear for everyone.

Nicole Cooney: We're ready for our next question please.

Operator: Your next question comes from the line of (Ann Pierce).

(Ann Pierce): Hi, I work for University of Colorado hospital, and I'm the EDI Specialist here. And, when I remove my legacy numbers and go to the NPI only, will your edits, look at the date of service or the bill dates?

For instance, for an appeal, say a year ago, when we have a doctor who retired six months ago and only had a UPIN, never got an NPI. Would I have to create a new claim under the new claim logic, and could I use my hospital NPI if I make reasonable attempts to get that number?

Marlene Biggs: I think there are multiple questions here, I think you're asking what the edits are set to look at, either date of service, or actually date of receipt.

Claims received on May 23rd and thereafter will be subject to the edits that require NPI only.

(Ann Pierce): Okay yes, that's correct. So, if I were submitting a claim that was from six months ago, instead of reprinting the original claim, that contains legacy numbers, we need to have a newly processed claim with NPIs only.

Marlene Biggs: That's correct.

(Ann Pierce): Okay.

Nicole Cooney: Next question please.

Operator: Your next question comes from the line of (Sherry Gan).

(Sherry Gan): Hi this is (Sherry Gan) from Shine Hill Services. I'm a Federally Qualified Health Center with multiple sites. We've been told by National Government Services that the EDI department – that for FQHCs we will also have to bill with our legacy number.

We have applied for a corporate NPI and when we try to submit claims under the corporate NPI it is being rejected, and we don't really know what it is we're supposed to do.

Marlene Biggs: You said NGS is your carrier?

(Sherry Gan): NGS, yes.

Stewart Streimer: And they are giving you this information for Medicare claims not in terms of other insurance?

(Sherry Gan): Medicare claims for FQHC claims, what they are saying is is that we will always have to bill with our OSCAR number, each individual FQHC OSCAR

number, and with our group NPI number. We cannot bill with our corporate NPI number alone.

Stewart Streimer: Which NGS site is that, where are you located?

(Sherry Gan): National Government Services.

Stewart Streimer: I know, where are you geographically located, your state?

(Sherry Gan): Illinois.

Stewart Streimer: Illinois?

(Sherry Gan): Yes, but we go through Wisconsin.

Marlene Biggs: You would need to bill your group or corporate at the billing and or pay to and the individual at the rendering. Are you billing with a rendering?

(Sherry Gan): Yes.

Marlene Biggs: And they are telling you... What's the error message?

(Sherry Gan): It is an ADR.

Marlene Biggs: It's suspending?

(Sherry Gan): Yes.

Marlene Biggs: Have you contacted your Contractor?

(Sherry Gan): Yes.

Marlene Biggs: And what did they say?

(Sherry Gan): Yes, we have – what they are telling us is that we have to bill our legacy number with our corporate NPI or we will never get paid.

Stewart Streimer: Okay, we will follow up with the contractor

(Sherry Gan): Okay, thank you very much.

Operator: Your next question comes from the line of (Mary Judith).

(Mary Judith): Hi, this is (Mary Judith) from (Tom Nicola) Consulting Services. And we actually also are having a problem with NGS Services. We have multiple locations with one main tax ID and we have a group NPI.

And we submit to our upstate Medicare division no problem, but our downstate is saying that they want only see the individual location NPI. So our claims actually have just started diluting.

Jim Bossenmeyer: What kind of facility are you billing for, ma'am?

(Mary Judith): Physical therapy practice.

Jim Bossenmeyer: All right, does the physical therapy practice have an NPI for the practice location?

(Mary Judith): Yes, we have individual group location NPIs and we have a remit to our billing NPI.

Jim Bossenmeyer: And have you updated the 855s recently since 2006?

(Mary Judith): We have – no. So are you saying to us anything prior to 2006 has to have an updated form?

Jim Bossenmeyer: No, are you – you're submitting claims today and they are rejecting, correct?

(Mary Judith): Yes, just this week.

Jim Bossenmeyer: Just this week.

(Mary Judith): Yes, and we actually spoke to NGS and confirmed with them that they only want to see the location NPI not our group NPI which is totally different what the upstate Medicare is telling us.

Jim Bossenmeyer: If you give me your name and number I'll have somebody follow up on this for you.

(Mary Judith): Sure, it's (Mary Judith) and it's XXX...

(Mary Judith): XXX-XXXX, and our extension is XXX.

Jim Bossenmeyer: Thank you, I'll follow up with you tomorrow.

(Mary Judith): Okay great, thanks.

Operator: Your next question comes from the line of (Cathy Graeff).

(Cathy Graeff): This is (Cathy Graeff) with NCPDP. This follows up on a earlier question that was talking about Medicare's guidance regarding reasonable attempts to obtain the secondary provider's NPI. Providers being those such as rendering and ordering providers.

My question is in the case of Medicare Part D as in Dog, prescription drug event data, requires that the Medicare Part D plan provides prescriber identification. Was your guidance intending to include Medicare Part D as in dog, or only for B?

Pat Peyton: That just dealt with our fee-for-service, it didn't deal with Part D. It was not clear, I agree.

Operator: Your next question comes from (Moret Neptune).

(Moret Neptune): Hi.

Nicole Cooney: Hi.

(Moret Neptune): Hi, can you hear me okay?

Nicole Cooney: Yes, we can hear you.

(Moret Neptune): Just to clarify back to the 855, if we are submitting our claims presently with the NPI only, do we need – and we're getting paid, or the claims are going through okay. Do we need to update the 855?

Jim Bossenmeyer: The only time that you'd be required to update the 855 is that if there was a reportable change, such as you've changed practice locations, there has been

adverse legal action or one of the other reportable changes listed in Section 1B of the application.

But if your application – if your claims are processing through-- there is no need, or no requirement, that you submit an updated 855.

(Moret Neptune): Fantastic, okay great, thank you.

Nicole Cooney: Thank you, question please.

Operator: Your next question comes from (George Vancor).

(George Vancore): This is (George Vancore) from BlueCross/BlueShield of Florida. In most cases we're seeing through the access of NPPES, we're seeing organization providers have significantly aged demographical data. Especially for our early adopters, the large provider chains, the hospitals and the large clinics.

Is there any possibility of accessing NPPES with organizational EINs?

Pat Peyton: This is Pat Peyton. We aren't making those EINs available yet in the registry. We've put an article on the CMS NPI web page about that some time back.

We've had Social Security numbers reported in the EIN field, so we can't risk putting somebody's SSN out there.

(George Vancore): And we agree (Pat), we've had this discussion. But, if we give you guys the EIN can you return NPI.

Jim Bossenmeyer: But currently the NPI registry does not have that feature- it's something that we can consider for future.

(George Vancore): Okay thank you.

Operator: Your next question comes from the line of (Sherry Pillar).

Nicole Cooney: Hello (Sherry)?

(Sherry Pillar): It's (Sherry Pillar) and I'm with Group Health Cooperative. My question is we have providers – Medicare providers that have PTANs that are 9 digits long.

Those PTANs are listed on the provider's NPPES record. But for some reason it's – they are not hitting the crosswalk and you know our thinking is that because they are suppressing the nine digit social security numbers, that those numbers also are being suppressed.

And the claims that we're billing for those providers are getting rejected because those provider numbers are not on the crosswalk.

Pat Peyton: This is Pat Peyton and, even though 9 digit numbers are not displayed in the NPI registry or the downloadable file, Medicare does get those numbers from NPPES. So that's not why your claims aren't paying.

I can't answer without investigation why your claims aren't paying, but the Medicare crosswalk sees everything that's reported in those other provider identifier fields.

(Sherry Pillar): Well, when I called our carrier, Noridian – when I call Noridian on those problem providers, they are telling me that they can't see that number on the crosswalk.

Jim Bossenmeyer: This is Jim Bossenmeyer. Can I ask a question? Have you updated your 855 since May of 2006?

Everybody – everybody keeps talking about the crosswalk, and crosswalk is a Medicare tool that we're using to associate numbers. From a provider perspective, the thing that I would encourage you to consider is making sure that you have current enrollment information with Medicare.

And if you have not submitted current updated information with Medicare regarding your enrollment and you are encountering claims difficulties with the NPI, then you need to – after talking to your contractor-- consider submitting the 855 to update your NPI and legacy association, as well as any other information that may not have been submitted in some time.

(Sherry Pillar): All right, so you're suggesting that even though I'm being told that it's because the provider legacy number is not on NPPES by Noridian that that's not the issue.

You're telling me that I need to update...

Marlene Biggs: This is (Marlene) can you see your provider number on NPPES?

(Sherry Pillar): Yes.

Marlene Biggs: It is there, what field is it in?

(Sherry Pillar): Well I can see it when I go into the individual – when I go in under their password into the application - or into their NPPES record. But if you go into the NPI registry and look it up it's not showing up.

Pat Peyton: Right, that's right. It won't show up in the registry but it is in your record and Medicare can see what's in the NPPES record.

(Sherry Pillar): Well that's not what I'm being told. When I call Medicare they're telling me they can't – that it's not there.

Jim Bossenmeyer: Are your claims rejecting using the NPI/legacy combination?

(Sherry Pillar): Yes, and they are rejecting even using NPI only.

Marlene Biggs: Right, and what you're saying is that Noridian is telling you that the pair is not on their crosswalk. What you need to do is print out the NPPES file and speak with a customer service representative from Noridian and compare data.

You need to look at the data that you have in NPPES and make sure it matches what's in Noridian's provider file. If that data is different or if you're sending a different PIN on that claim than what's in NPPES or in the provider files, your claim will reject.

Jim Bossenmeyer: That may require you to update your Medicare enrollment information.

(Sherry Pillar): Okay, thank you.

Jim Bossenmeyer: Thanks.

Operator: Your next question comes from the line of (Debrada Pedet).

(Debrada Pedet): Hello this is (Debrada Pedet), and my question is in regards to the CR5890 which I know a couple of people have already asked this similar question.

But whenever you clarify that particular CR, could you make sure to clarify whether or not it's going to be okay for radiologists to do the same thing as far as using their NPI in the 17C field?

Pat Peyton: Could they be a billing provider?

(Debrada Pedet): We're a billing provider for radiology and we always have to have a referring provider. And a lot of times those in our areas where we have a high military base, they do not like to give you their NPI at all. And they just send it over stating it was from the Womack office or from Camp Lejeune and they don't give you the NPI.

Pat Peyton: Well you can look it up in the registry.

(Debrada Pedet): You can if they'll give you who the doctor's name is.

Pat Peyton: You don't even have a name?

(Debrada Pedet): They don't even like to send the name, they just say from Camp Lejeune.

Jim Bossenmeyer: How do you maintain documentation about who ordered or referred this test?

(Debrada Pedet): We have to hunt and grasp, and UPINs were terrible to even try to get UPINs. We have to go back at them over and over again.

And because they are a huge – like one of our offices is like 40% of our, you know, patient load. So we don't want to make them mad, but we have to work with them, but they're kind of working against us as well.

So what we're questioning is with that CR5890 that came out can the radiologist – if we have tried to get that, some reasonable amount time spent getting the NPI, if we can't get it, can the radiologists, as well, use their own NPI?

Pat Peyton: No. They're going to have to get it, I think, and it's only the billing provider's NPI that can be used if you can't get the NPI of the ordering or referring.

(Debrada Pedet): We are the billing provider.

Pat Peyton: Well, are you a group?

(Debrada Pedet): We are a group.

Pat Peyton: That's not a radiologist, that's what I'm saying.

(Debrada Pedet): We file as IDTF.

Stewart Streimer: Right, your rendering field is where your radiologist's NPI would be. The question is how do you perform a radiology service without a script, or something that comes from an ordering physician?

(Debrada Pedet): Right, we need a physician and that's the bad part – yes.

Stewart Streimer: I understand, but what do you use to render the service, how do you know what service to render? What comes into you that says...

(Debrada Pedet): An order.

Stewart Streimer: Okay and on that order you do not have a physician's name?

(Debrada Pedet): A lot of times it'll just say Camp Lejeune Hospital or wherever it came from - Womack Family Practice, and they won't give you a provider's name.

Marlene Biggs: Yes, unfortunately your client is putting you at some risk.

(Debrada Pedet): Okay.

Marlene Biggs: You have documentation to say who ordered the service, so this is a business decision on your part because you will have problems billing. It'll also put you at some risk in terms of providing services and getting paid.

(Debrada Pedet): What we've had to do in the past is just go back over and over again we've got to have the doctor's name. But what I'm asking are we still going to have to do that? Or, will the radiologists, won't be able to use their own name there because they are going to be special like before?

Pat Peyton: You're still going to have to try to get that information, but you can't use the radiologist's NPI in there. It would have to be the billing provider's NPI.

(Debrada Pedet): Okay, so you're saying that we couldn't use our own radiologist's NPI in there?

Pat Peyton: Whoever the billing provider is, you can use their NPI, but I think you're going to probably need the name too.

(Debrada Pedet): Right, so that's probably not going to work for radiology at all. Is that right?

Pat Peyton: It's not in your situation.

Stewart Streimer: I think on May 23rd you could – you can include the organization's NPI in the ordering and referred field.

(Debrada Pedet): Okay, so we could use or organization for example Coastal Diagnostic Imaging, and use that NPI in 17B.

Pat Peyton: Yes.

Jim Bossenmeyer: Yes.

(Debrada Pedet): Okay, all right, I just want to make that clear so whenever you do the CR5890 if you go back and clarify.

Jim Bossenmeyer: You need to work with the providers that are ordering and referring so that you obtain the individual physician or non-physician practitioner's NPI. That information is needed both for documentation purposes as well as billing purposes.

(Debrada Pedet): Right and we've tried to explain that to them and unfortunately they don't even let our people on their base.

Nicole Cooney: Okay, I'm sorry I'm going to have to move on we're nearing the end of our time.

(Debrada Pedet): Thank you. Thank you for your time.

Nicole Cooney: We'll take one more question operator.

Operator: Your next question comes from (Debbie Price).

(Debbie Price): This is (Debbie Price) and I had a quick question. Lorraine had mentioned being able to file a complaint on the CMS website. And I've been on there looking exactly where we could do that. And I'm not finding it.

Can you give me a specific address for that?

Rosali Topper: Well I don't have a specific address right now, but it's under Regulation and Guidance and it's the Enforcement section.

(Debbie Price): Okay, I have Regulation and Guidance.

Rosali Topper: Yes that's the main bucket, and then over there you're going to see HIPAA underneath HIPAA Administrative Simplification and then it's going to be the Enforcement section, and under Enforcement you're going to see the page for a complaint.

(Debbie Price): Okay, thank you so much.

Rosali Topper: Thank you.

Operator: Ladies and gentlemen we have reached the end of the allotted time for questions and answers. Ms. Cooney, are there any closing remarks?

Nicole Cooney: Yes, there are – Stewart?

Stewart Streimer: First of all I want to thank everybody, I know we did not get through a number of the questions but I think we did a nice job plowing through a lot of the questions.

We're hopeful that this call was helpful to you. There was one comment I would like to follow up on as Jim Bossenmeyer made the point about encouraging providers to start submitting small batches of NPI only claims, if you are successfully getting your NPI/legacy pair claims processed.

We understand that sometimes that maybe difficult if you bill using a clearinghouse and we would like to encourage you to really talk to your clearinghouses.

If they are unable to submit small batches of your claims to test NPI only, maybe you can talk to them about some alternatives to doing that so that you are not waiting until May 23, 2008 to find out whether NPI only claims will process successfully.

One option might be to ask the clearinghouse if they could submit all of your claims for a short period of time and see how those work. And if there is a problem they could turn that off.

But regardless, it is important that you engage your clearinghouses or billing services or whatever to make sure that they start testing now. Because if there are problems, your contingency is to revert back to using the NPI/legacy pairs until those problems are fixed.

Beginning May 23, 2008 you will not have that opportunity to revert back to NPI/legacy pairs.

So again I want to thank everybody and I will turn this over to Nicole to close this out.

Nicole Cooney: I just wanted to tell everybody about the CMS NPI website and what that URL is. We mentioned it several times on today's call, and that URL is www.CMS.hhs.gov/nationalprovidentstand.

Please note that an encore presentation of today's call is accessible from 2:30 today, until 11:59 pm on April 22nd.

You can visit the registration details for this call which is located on the NPI website to find the access information for this encore presentation.

A transcript of this call will also be posted on the NPI website within two weeks after the completion of the call. Thank you again for your participation.

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

END