

CMS NPI Roundtable on NPPES Data Dissemination

Speaker: Pat Peyton

June 14, 2007

2:00 pm ET

Operator: Welcome to the CMS NPI Roundtable on the NPPES Data Dissemination Notice conference call. All lines will remain in a listen only mode until the question and answer session.

Today's conference is being recorded and transcribed. If anyone has any objections you may disconnect at this time.

I will now turn the conference over to Ms. Nicole Cooney. Ma'am you may begin.

Nicole Cooney: Thank you. Good afternoon everyone. I'm Nicole Cooney from the Provider Communications Group here at CMS. I'd like to welcome you to the twenty-fourth HIPAA roundtable conference call. This is the fifth roundtable specifically dedicated to NPI, the national provider identifier.

CMS appreciates your participation in today's call. We are once again looking forward to a very informative session this afternoon. Today's topic of discussion is the National Plan and Provider Enumeration System Data Dissemination Notice, published on May 30 in the Federal Register.

Before we begin there are several important items that I would like to mention. First CMS strongly encourages providers to pay attention to information from the various health plans they bill or with whom they conduct any HIPAA transactions so that they are aware if, and when, any of those other health plans announce their own contingency plans. This is also true for CMS health programs including Medicare fee for service, Medicare Advantage, Part D, and state Medicaid plans.

Medicare is now asking all submitters who are currently billing claims without an NPI or submitters sending professional or DMERC claims with the NPI legacy payer to submit a small number of claims using only the NPI in the billing, pay to, and rendering fields. If no claims reject due to provider number errors, the submitter should gradually increase the volume.

Finally please remember that all NPI related information including a copy of the Data Dissemination Notice is posted on CMS' dedicated NPI website. This website contains information for all HIPAA covered entities and most certainly for all health care providers which includes the Medicare provider community.

The URL for this website is www.cms.hhs.gov/nationalprovidentstand. You can also go to www.cms.hhs.gov and use the search tool and type in "NPI".

The format for today's call is similar to other roundtables. We will start with a brief presentation and then we'll open the lines to questions. With that we'll begin.

Jim Bossenmeyer, Director of the Division of Provider/Supplier Enrollment, will provide a brief introduction and then Pat Peyton, Health Insurance Specialist, in the Office of Financial Management will discuss the details of the Data Dissemination Notice.

Jim?

Jim Bossenmeyer: Thank you Nicole. As Nicole mentioned the notice was published on May 30. To date we've issued more than 2.2 million NPIs out of our projected was 2.3 million, so that's about 96 percent of the total that we expected to enumerate.

The data will be made available shortly and Pat will talk a little bit more about that in a moment.

Individuals and organizations are responsible for updating their own NPI records, and this was consistent with the NPI final rule. Individuals should never place their SSN in a field other than the designated SSN field. Some fields that people have put SSNs include the “Other Provider Identifier” field.

The revised NPI application, the CMS 10114, is available from the CMS website and that can be found from the main CMS web page which is www.cms.hhs.gov and it’s on the Forms section on the top ten link.

I’ll turn the presentation over to Pat and let her go through a more detailed explanation of the notice. Pat?

Pat Peyton: Thank you, Jim. Good afternoon. I’m pleased to be here today to talk about the National Plan and Provider Enumeration System – NPPES – Data Dissemination Notice, CMS 6060-N.

The Data Dissemination Notice was published in the Federal Register on May 30, 2007. The notice indicates that we, CMS, on authority of the Secretary of the Department of Health and Human Services, will make available National Provider Identifiers (NPIs) and certain other health care provider data that are contained in NPPES that we have determined are disclosable under the Freedom of Information Act or FOIA.

The Data Dissemination Notice explains that we are making these NPPES provider data available on the Internet in accordance with the requirements of the e-FOIA amendments to the FOIA.

The list of NPPES provider data elements that we will be disclosing for individuals and for organizations is contained in the Data Dissemination Notice itself and we hope that all of you have had a chance to read that document.

Some NPPES provider data will not be disclosed. We will not be making available the Social Security numbers (SSNs), IRS Individual Taxpayer Identifying numbers (ITINs), dates of birth, States of birth, or countries of birth of providers who are individuals.

We believe that the information we will be making available will enable health care entities to determine the NPIs of the providers with whom they are associated and then to develop linkages between NPIs and the various legacy identifiers in order to transition to the NPI.

Let's talk now about the query-only database and the downloadable files.

The query only database referenced in the Notice is named the NPI registry. The NPI registry will operate in a real-time environment. Anyone with a computer and Internet access will be able to go to the NPI registry, enter a provider's name or NPI, and see a display of the data elements listed in the Notice for that provider if that provider's NPPES record contains all those data. With the NPI registry operating in real time, providers will be included in it once their NPI enumeration is effective or once any updates or changes they make to their records are effective. Very soon we will make information available on the CMS NPI web page to help people understand how the registry will work and where to find it.

The initial downloadable file will contain a snapshot of the NPPES FOIA disclosable data as of a specific date. It will contain records for all the

providers who are enumerated as of that date. It will also contain a record format and a list of all the codes appearing in the file. Each month we will create an update file that will contain the FOIA disclosable data for providers who have been assigned NPIs and added to NPPES since the creation of the initial file. The update file will also contain any changes or updates that providers in the initial file have supplied. The update file will contain the record layout and the list of codes. These downloadable files cannot be viewed on the web. They need to be downloaded from the web by a technical person before they can be used.

CMS will not have a help desk or technical support to assist people in downloading or manipulating these files. The NPI enumerator cannot and will not be able to answer questions or assist with these activities. People with technical expertise in this area need to do the downloading and manipulating. We expect that health plans, large provider organizations, clearinghouses, and others with the necessary technical expertise will download these files: the initial file and the monthly update files. We also expect that these files will be downloaded and manipulated by entities that today maintain and manage files containing provider identifiers, and these entities will eventually create files that the industry will find useful just as they have created files that the industry uses today. CMS has not yet made a decision as to how long we will continue to make downloadable files available or if we will do this in a different manner later on. We will be providing some additional information about the downloadable files including their location on the CMS NPI web page.

The notice reminds providers of the need to ensure that their NPPES records contain current and accurate information and that there is nothing in their records that we will be disclosing that was furnished to NPPES on an optional basis that they would now like to delete from their records in order for the information to be absent

in the data we will be disseminating. Any information that a provider furnished to NPPES on an optional basis – meaning it was not required to be furnished in order for the provider to obtain an NPI – can be changed or deleted by the provider. The notice did not indicate which of the data elements that will be disclosed are optional so I will do that now. We will also be putting this information into a document that you will be able to download from the CMS NPI web page.

Some of these data elements are listed in the notice as codes because NPPES assigns codes to certain entries. Providers are not responsible for knowing or entering those codes so I'm not even going to use that word. If a provider did not have a chance to update its record or delete optional information from its record by the time CMS makes the data publicly available, the provider can still make updates, changes, or deletions (where deletions are permitted) to NPPES data. As soon as these updates, changes, and deletions (where they are permitted) are effective, they will show up in the registry. These are the data elements that are optional that we're going to give out and that providers may delete.

Some of these data elements are the same for individuals and organizations but I'm going to read them all separately.

For providers who are individuals: Other Last Name, Other First Name, Other Middle Name, Other Last Name Type; Provider Name Prefix Text, Provider Name Suffix Text; Provider Credential Text; Provider Business Mailing Address Fax Number and Phone Number; Provider Business Location Address Fax Number; all but the primary Health Care Provider Taxonomy. (providers are required to report one Taxonomy, which is the primary Taxonomy, but they may as an option report up to 14 additional taxonomies); any or all of the Other Provider Identifiers and their corresponding Other Provider Identifier Types (providers may as an option report up to 20 other provider identifiers).

For providers who are organizations: Provider Other Organization Name (sometimes that's a "doing business as" name), Provider Other Organization Name Type; Provider Business Mailing Address Fax Number and Phone Number;; Provider Business Location Address Fax Number; all but the primary Healthcare Provider Taxonomy (again, providers are required to report one Taxonomy but they may as an option report up to 14 additional ones); and any or all of the Other Provider Identifiers and their corresponding Other Provider Identifier types (and organizations may also report up to 20 of these other identifiers).

You should keep in mind, though, that the identifiers that providers report in the Other Provider Identifier section should be those that we refer to commonly as legacy identifiers; that is, those numbers that health plans have assigned to them. Information that providers report in this section will greatly assist the health plans in identifying their enrolled providers.

Providers may make their updates, changes, or deletions (where deletions are permitted) by going to the web at <https://nppes.cms.hhs.gov> or by calling the NPI enumerator, getting a paper application form, marking the form as a change, filling it out, and mailing it back to the enumerator.

The activities of updating, changing, and deleting NPPES data are not new. Providers have submitted hundreds of thousands of updates, changes, and deletions to their NPPES records between the time NPPES became operational more than 2 years ago and today.

If providers have never done this before or if they need any help, they can call the NPI enumerator at the toll free number 1-800-465-3203 for assistance. To ensure that updates, changes, and deletions (where permitted) are

processed as quickly as possible, the NPI enumerator is handling all such actions as top priorities.

There are some actions that we're taking with respect to the data that we will be disclosing that will make the data more useful to the industry. First, we're going to denote the primary Healthcare Provider Taxonomy. This may assist people who manipulate the downloadable file in being able to produce reports by provider type, classification, or specialization if they wish.

Secondly, we categorized (where possible) Medicare legacy identifiers that providers reported in the Other Provider Identifier section if providers reported the Medicare identifier but failed to indicate what type of Medicare identifier it was.

There are several different types of Medicare legacy identifiers. There's the OSCAR/Certification number, the National Supplier Clearinghouse number, the Unique Physician Identification Number or UPIN, and the Provider Identification Number or PIN.

This data element - the Other Provider Identifiers data element - carries free text so providers could enter just about anything that they'd like in this field. For example, if a provider entered "Medicare DME," followed by a ten digit number, we determined that the provider was reporting its NSC - National Supplier Clearinghouse -- number and we would indicate "NSC" as the type of Medicare identifier.

In the situations where we could not determine the type of Medicare identifier being reported, we moved the identifiers into a special category called "Medicare ID - Type Unspecified." If you see this heading in the NPI registry,

you will also see the actual Medicare legacy identifier that the provider reported.

It is very, very important that providers – individuals and organizations – take the time right now to look at their NPPES data. Providers are responsible for their NPPES data. Pretty soon some of this NPPES information, all the information listed in the Data Dissemination Notice, is going to be publicly displayed. Providers need to make sure that their information is accurate, particularly at the time the initial downloadable file is produced.

If their information needs to be corrected or they want to change something, now is the time to do so. For example, if a provider furnished his or her home address instead of the business mailing or business location address, he or she will probably want to change that address.

If a provider wants to delete something that is deletable (that is, if the provider wants to remove something from the list of data elements I read you earlier, and which we'll be putting on our CMS NPI web page), now is the time to do so. For example, if a provider might have reported his, her, or some other provider's SSN in the Other Provider Identifier section, that provider should remove that SSN from that section because that's a FOIA disclosable section.

If anyone listening today represents an association with provider members, you may want to pass this information on to your membership.

It will take some time for the 2.2 million enumerated providers to look at their NPPES records, determine if they need to change anything, and then to make those changes. This cannot happen overnight. Therefore, we are considering giving providers more than 30 days in order to review their data and make their changes.

Should we decide to give providers more time, it means we would not be disclosing any NPPES data until more than 30 days after the publication date of the notice. You have to remember that there's only going to be one time – right now – for providers to ensure the accuracy of their information before that information is put into the initial downloadable file and then will be publicly available. We will be putting an appropriate announcement on the CMS NPI web page to keep you advised of any decisions we make on this issue.

There is some additional new--good news. The revision of the CMS 10114, the NPI application update form, has been approved. The revised form is very similar to the current version but does have some important changes.

These changes will be reflected also in the web and in the EFI XML schema that the Electronic File Interchange Organizations use. The changes will go into effect on July 9. The revised form will be available for download by providers and others directly from the CMS Forms page which is www.cms.hhs.gov/cmsforms.

It should be there today – it is there today, I'm told.

If they wish, providers can obtain the revised form from the NPI Enumerator just like they always have, anytime after July 1. Providers may begin sending in the revised form to the enumerator on July 10. Old forms may continue to be sent to the enumerator as long as they are postmarked July 13 or earlier.

Here's a quick rundown of some of the changes that you'll see as a result of our revision of this form.

(1) We will be capturing the fact that an individual is or is not a sole proprietor, although that will not be able to be captured in the EFI files yet.

(2) We will be capturing the fact that an organization is or is not a subpart of another provider. If it is a subpart, we will capture the Legal Business NName and the Taxpayer Identification Number (the TIN) of the parent.

(3) We have inserted the word “business” in the address fields to ensure the providers report their business mailing and business practice location addresses.

(4) The instructions are clearer.

(5) We inserted messages in appropriate sections of the form and the instructions to remind providers not to report SSNs or ITINs in those sections.

(6) We redesigned the Other Provider Identifiers section to enable a provider to enter information more accurately and to cut down on the free text entries. What we would like providers to report here are the identifiers that health plans have assigned to them over the years. If they have none to report, that is fine, and they would leave this section blank. This information is sometimes used by NPPES to help ensure the uniqueness of the provider and this information is vitally important to the health plans in attempting to identify their providers within the 2.2 million providers existing in NPPES.

There are some other changes being made to other NPPES processes effective July 9 that you might notice. For example, the paper and email NPI Notifications will be more uniform and we are improving the display of the information.

While NPPEs, of course, will continue to generate NPI Notifications, providers will be able to generate copies of their own NPI Notifications for receipt by email. Change Notifications will reflect the actual changes that a provider made to its record. Providers will not be able to generate their own Change notifications or Deactivation Notifications. These will, of course, continue to be generated by NPPEs.

This concludes my remarks. And we'll go to – back to Nicole.

Nicole Cooney: Thank you, Pat. 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 related to the Data Dissemination Notice.

Due to our limited time today we ask that callers please limit themselves to one question. When you're asking a 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 queue you by name when it is your turn. After you've 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 direction. Contractors should use the established protocols for communication with CMS.

Now we would like to start our question and answer session. Once your line is open please state the organization that you work for. Operator we're ready to take our first caller, please.

Operator: Thank you. We will now open the lines for a Q&A session. To ask a question please press star then the number 1 on your touchtone phone. When it's your turn to ask a question you'll be prompted by the operator.

Today's conference is being recorded and transcribed so please say your organization prior to asking your question.

We'll take our first question now.

And your first question comes from the line of (Angie Johnson).

Nicole Cooney: Hello do you have a question for CMS?

Operator: Ms. (Johnson) go ahead. Your line is open.

Nicole Cooney: We'll take the next question please.

Operator: Yes ma'am. Your next question comes from the line of (Jace Coopy).

(Jace Coopy): Good morning it's (Jace Coopy) from (Alina). Pat, you were talking about the paper submission form will have I think five or six changes capturing things like if you're subpart of another entity, clearer instructions. Will online also have those type of new options and when is that available?

Pat Peyton: Yes, the online will have all those features as well.

(Jace Coopy): And I'm guessing since we already went out and got 150 NPIs that as soon as you make that available we should go in and clear up some of this info to help people then with mapping.

Pat Peyton: You mean to include information that is missing in their records now?

(Jace Coopy): Well there was no place to check we were a subpart. We have like lots of subparts. So I'm thinking if you're adding that as an indicator now it would be wise to go back and now check that where it applies.

Pat Peyton: I think that would be a good idea.

(Jace Coopy): And when is that going to be up?

Pat Peyton: July 9 is when the system will be up and they can start sending the paper forms to the NPI Enumerator on July 10.

(Jace Coopy): Thank you.

Operator: Your next question comes from the line of (Jane Orent).

(Jane Orent): Yes ma'am I'm with the Association of American Physicians and Surgeons. There is some concern expressed that DEA numbers may be publicly available through this dissemination process. I don't see it specifically listed on the optional numbers but perhaps it goes in one of the Other Provider IDs?

Pat Peyton: This is Pat Peyton. Yes, physicians could furnish a DEA number in the Other Provider Identifier section. However, they can certainly go in there and remove those DEA numbers.

I do believe that a DEA number is publicly available but certainly if someone wants to take theirs out they can do that.

(Jane Orent): Thank you.

Operator: Your next question comes from the line of (John Colton).

(John Colton): Hi there my name is (John Colton). I'm calling from Majors Medical Supply. I wanted to find out if CMS is going to establish generic NPIs for doctors who are only residents or VA doctors who at this point don't get a UPIN or use the generic.

Pat Peyton: There is not going to be a generic NPI; a resident and any doctor can apply for an NPI. If somebody does not yet have a medical license, they would have to apply using a taxonomy code of health care student but then once they get their license they can go in and change their taxonomy to physician with whatever specializataion they want and report their license number.

(John Colton): Okay because we've spoken with VA doctors and they've said that this does not impact them so they are not going to go through this process.

Pat Peyton: If they're covered entities they'll have – they're required by regulation to go through the process. But...

(John Colton): So are the VA facilities going to be getting NPIs as well?

Pat Peyton: The VA facilities are well aware of the requirements of the NPI. Yes, we've met with the VA in the past numerous times.

(John Colton): Okay thank you.

Operator: Your next question comes from the line of (Michael Bash).

(Michael Bash): Thank you. In March CMS published a guidance on disclosure of NPIs that stated disclosure does not appear to violate federal law but there was kind of the implication that it might violate state law.

Is publishing the data on the internet – is that kind of taking care of that question or are there still state law questions?

Pat Peyton: That guidance related to an entity who acquired providers' NPIs from its own sources and then was going to make them available to others. This Notice applies to the government disclosing NPIs from its own database. So the NPIs are going to be out there. So I think that eliminates that fear.

(Michael Bash): Okay thank you very much.

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

(Mary Maslyick): Yes this is (Mary Maslyick) from Hennepin County Medical Center. And Pat I'm wondering if – Pat Peyton if you could tell us a little bit about the – what the providers should do in terms of their Medicare numbers, the OSCAR numbers, and other legacy numbers for organization that they may have listed as Other IDs.

We've had some discussions with our Intermediary about whether this crosswalk that they're using from the NPPES is creating some difficulties for our claims. So I'm wondering, even though those numbers may not be required, is it something that the provider really needs to assure that they have each and every one of their Medicare legacy numbers listed?

Jim Bossenmeyer: This is Jim Bossenmeyer. We certainly encourage all Medicare providers and suppliers to include their other identifiers that they use for Medicare whether it's an OSCAR number, a PIN, a UPIN, or the NSC number.

(Mary Maslyick): Failing to do that – will that cause difficulties for claims processing?

Jim Bossenmeyer: Certainly we're encouraging you to include those numbers in the Other Provider Identifier field. There are a number of considerations from a claims processing perspective but it does help us to link your NPI to your prior billing numbers.

(Mary Maslyick): Thank you.

Pat Peyton: This is Pat Peyton. I want to say one additional thing. Make sure that when you do report your Medicare Other Identifiers, your OSCAR, whatever, that the number that's being reported is for the provider that's applying for the NPI and not somebody else's that you might be affiliated with, because that causes quite a few problems also.

Anything reported in other identifiers should be for the entity that's applying for the NPI.

(Mary Maslyick): Thank you.

Operator: Your next question comes from the line of (Daniel Gurley).

Go ahead sir, your line is open.

(Daniel Gurley): Hi good afternoon. This is (Daniel Gurley) with the American Orthotic and Prosthetic Association. We have orthotic and prosthetic providers that

oftentimes deliver devices to patients about to be discharged from hospitals for the purposes of fitting and training under the two day rule.

And the question really is with regards to the NPI number that's requested in 32 of the new CMS forms. There's some confusion in the instructions that we've seen as to whose number should be in there. The instructions seem to indicate that, anytime a place of service home is used, box 32 on the form should have the OMP provider's info.

Would that be the case under the two day rule as well or should the hospital's information be in that box?

Marlene Biggs: This is Marlene Biggs. If the place of Service or Service Facility is different than the billing you should populate both boxes with the NPI identifier.

(Daniel Gurley): The confusion is that in the instructions that we have received from Medicare we've been told that under the two day rule the place of service even though it's delivered actually in the hospital, if they meet all the qualifications under the two day rule the place of service, is home. And that date of service is the date of discharge. It was only if it was delivered within the last two days and they meet all other qualifications.

So the instructions seem to indicate any time, you know, the place of service home is used you use the OMP's information. So in other words box 32 and 33 would be the same information.

So we just wanted to make sure we were clear on that and that the hospital's information does not belong in box 32.

Marlene Biggs: I'm not familiar with this two day rule. If you can give me your name and number I can give you a call and get more details.

(Daniel Gurley): Sure, sure, thanks. Again it's (Daniel Gurley) and the number is 571-431-0812.

Marlene Biggs: Okay I'll get additional information and give you a call.

(Daniel Gurley): Okay. And your name? I'm sorry.

Marlene Biggs: Marlene Biggs.

(Daniel Gurley): Okay thank you.

Operator: Your next question comes from the line of (Adele Winslow).

(Adele Winslow): Hi I'm (Adele Winslow) from Home Health Outreach. I was wondering if you could repeat the website again where we can go out and download the query.

Pat Peyton: Which – the website where you could do what?

(Adele Winslow): Where we can download the information and where we can run queries on the NPI or where we can go out and look up the NPI.

Pat Peyton: You're talking about the location of the downloadable files?

(Adele Winslow): Correct.

Pat Peyton: We are going to be putting that information on our CMS NPI webpage. No one has those addresses yet.

(Adele Winslow): Okay. Okay thank you.

Operator: Your next question comes from the line of (Chris Noonan).

(Tom): Hi, this is actually (Tom) with Washington State Medicaid. I had a question about the online query where name and NPI are the only two elements that you could do a search on.

Pat Peyton: That's right.

(Tom): So how would you handle a common name like a John Smith. Are you returning every NPI that meets that name combination?

Pat Peyton: You can narrow it down a little bit with a statement when you query. We have someone here who can give you some information about that – a representative from the NPPES.

(Tom): Okay.

NPPES Rep: You'll be able to narrow it down some by name, NPI, practice location, state.

(Tom): Was that it?

NPPES Rep: Yes, this is very similar to the database that we've used for the UPIN registry which everybody seems to like and so we built this around that kind of format.

(Tom): Okay so the point of clarification that under the FOIA that you would not be passing SSN or tax ID. Are we then to assume that you are also not able to query based upon those elements?

NPPES Rep: Right.

(Tom): Okay, thank you.

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

(Linda Pittman): Hi yes I'm with Shore Health Systems. I just want to clarify – make sure I understood. You said for the mailing address for providers that should be for their practice and not their home address?

Pat Peyton: That's correct unless they see patients in their homes. It's a business mailing address and there is a business practice location address.

(Linda Pittman): Okay thank you.

Operator: Your next question comes from the line of (Cindy Conklin).

(Cindy Conklin): Yes, my question is around the downloadable file that's going to be made available. Can we in any way choose to only download certain states for instance rather than all two point two million NPIs?

Pat Peyton: No, you have to download the entire thing. Then you can sort it however you want.

(Cindy Conklin): Okay and would that format just be a text file or do we know what format the download will be?

Pat Peyton: Let me let the NPPES rep answer that.

NPPES Rep: The file itself is a zipped file. The data inside of it is a comma separated text file.

(Cindy Conklin): Okay. Okay thank you.

Operator: Your next question comes from the line of (Leonard Holman).

(Leonard Holman): Yes hello I'm (Len Holman). I'm a Medicare supplier. The name of my company is (Unintelligible), Inc.

My question concerns really the dissemination of my NPI information to Medicare. When I applied for my number – for my NPI number - I filled out an application in which I indicated my Medicare legacy number. And then I had a reenrollment through the National Supplier Clearinghouse after that, where I reported my NPI number and my question is does that get it into my Medicare file? Because I haven't been getting any EOMBs that have anything on it except for my legacy number.

Pat Peyton: The fact that you resubmitted to the NSC, your information should be in the Medicare crosswalk.

(Leonard Holman): So what is the process then for them to get it to the Region B DME MAC so it then appears on my explanation of benefits or remittance advices?

Laura Warfield: Are you billing with that number?

(Leonard Holman): I have not yet.

Laura Warfield: Well it won't go – it doesn't come back out to you unless you bill with it.

(Leonard Holman): Okay.

Laura Warfield: It has to be on a bill in order to come back.

(Leonard Holman): All right and so that's what you were talking about previously about trying a few at a time to see if that catches in the crosswalk?

Laura Warfield: Yes.

(Leonard Holman): Okay thank you very much.

Operator: Your next question comes from the line of (Roseanne McCardle).

(Roseanne McCardle): My question has to do with the NPI matching the 855. We seem to – what we're being told is because we don't have the LLC or the DBA on the NPI, it's not matching with crosswalk to our Medicare claims.

Jim Bossenmeyer: This is Jim Bossenmeyer. Both the NPI application as well as the 855 Medicare enrollment application require you to place your Legal Business NName on both applications.

(Roseanne McCardle): So it's every L, every dot has to be...

Jim Bossenmeyer: Your Legal Business NName is your Legal Business NName.

(Roseanne McCardle): Okay, because I'm having a hard time getting them to match perfectly. So...

Jim Bossenmeyer: So you can update NPPES very quickly with what your legal business name is and, if you need to transmit that information or send that information to your Medicare contractor, if you were initiating a new enrollment or making a change in enrollment that – you need to make sure your legal

business name is correct, also making sure that your tax identification number and your legal business name is the legal business name on file with the Internal Revenue Service.

(Roseanne McCardle): Okay, that's what I needed to make sure. Okay, thank you.

Operator: Your next question comes from the line of (Cynthia Jinn).

(Cynthia Jinn): (Unintelligible).

Operator: Go ahead ma'am your line is open.

(Cynthia Jinn): Yea this is (Cynthia Jinn) from (Unintelligible) Mobile Diagnostics in Braden, Florida, a portable X-ray company. Electronic submissions to Medicare – when do we have to start providing our NPI versus the current legacy provider number? What date because Florida Medicaid has told us July 2 we must begin using the new 1500 form.

So electronic submissions – when must we start putting in our NPI?

Pat Peyton: At this time a date had not been established when the NPI is mandatory. You can use it now but at this particular time a date has not been set when it will be mandatory.

(Cynthia Jinn): Great. Two more quick questions. Will effective July – beginning of July is Medicare expecting all of this NPI transition to delay payment?

Stewart Streimer: We're not expecting any delay in payments. Again as was just said Medicare has not yet decided when it will mandate an NPI only on its claims transactions. At this point in time you may continue using a legacy only, an

NPI only, or both an NPI and legacy number on your transactions until further notice.

We would encourage you to begin using only your NPI in a small batch when you submit your claims to Medicare to just make sure that they go through smoothly. But there is no firm date yet when Medicare will only accept an NPI.

(Cynthia Jinn): Okay thank you. Final question – on the new 1500 form in which box – 33A or B should we be putting as an additional number our current legacy Medicare number?

Marlene Biggs: : The NPI goes in Box A, your legacy goes in box B.

(Cynthia Jinn): Thank you.

Marlene Biggs: Thank you.

Operator: Your next question comes from the line of (Ed DeCantler).

(Ed DeCantler): Yes thank you (unintelligible) but we're still receiving lab specimens here at University Hospital from doctors showing in our master file as retired. I'm assuming if they're retired they have not applied for the NPI number. Would that be our obligation to return the lab specimens as not been performed. What would be the best option?

Pat Peyton: This is Pat Peyton. We had a little bit of a difficult time understanding what your question was. Could you repeat it please?

(Ed DeCantler): Lab specimens coming from physicians that are in our professional master as retired. I'm assuming if they're retired they have not applied for an NPI number. What would be a proper solution? How would – I guess are we going to have to apply for them or just return the lab specimens as not been performed? What would be the best option?

Stewart Streimer: Are you a Medicare provider?

(Ed DeCantler): Yes sir.

Stewart Streimer: Well you still have time to submit that claim without them having an NPI number.

(Ed DeCantler): What's going to happen when that times runs out? These guys – I guess assuming they'll have to have that number and I just heard you say everyone has to have a number and I agree with you.

Pat Peyton: It is for use today. If somebody's retired and they're not doing anything anymore, they'd have no need for an NPI.

(Ed DeCantler): But they are still sending tests – lab specimens.

Pat Peyton: That's not really an NPI issue per se but their eligibility for NPI.

(Ed DeCantler): Okay so they can still receive an NPI number even retired.

Pat Peyton: If they apply. The onus is on them.

(Ed DeCantler): Okay thank you.

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

(Robin Brown): Hi this is (Robin Brown). I'm calling from Cleveland foot doctors. Would you please repeat where to go to review the NPPES data prior to dissemination?

Jim Bossenmeyer: There is no NPPES data available prior to dissemination.

(Robin Brown): You said for us to – it's our own responsibility to check the accuracy.

Pat Peyton: You can view your data by going to <https://nppes.cms.hhs.gov>

(Robin Brown): Okay.

Pat Peyton: Of course you'll have to have a user ID and password and if you have any trouble doing any of that you can call the NPI Enumerator at the 800 toll free number.

(Robin Brown): Okay.

Pat Peyton: That's their job-- to assist providers in being able to look at their data and telling them how to update it.

(Robin Brown): Okay great. Thank you.

Operator: Your next question comes from the line of (Sandy Becker).

(Sandy Becker): Oh hi this is (Sandy) from the Santa Clara County Medical Association. I actually think that the prior caller asked – you answered it. But would you mind giving the 800 number again for the NPPES?

Pat Peyton: Sure. It's 1-800-465-3203.

(Sandy Becker): Okay and just to clarify. You did encourage that physicians/providers now should be verifying their information – their accuracy of it before the data dissemination is posted, correct?

Pat Peyton: Right, because we want that initial downloadable file to be as accurate as possible. And if they don't want something in there, this is the time to take it out. Once the initial file's created it's created. Updates will capture changes later on but still you want that initial file to be as good as possible.

(Sandy Becker): Okay great. Thanks Pat.

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

Woman: From Blue Cross Blue Shield of Minnesota. We have a question about the downloadable files. Once they're available – the initial files and the monthly update files on the website how long will they remain available for use? Will they stay out there for a certain time period or will they be out there for an unlimited time?

Pat Peyton: The initial file and each update file will always be there – I say always – until CMS decides if we're going to do the entire thing differently or some other way. But it's not like the initial file will drop off after a certain period of time and then you'd only have updates.

Woman: Okay, thank you.

Pat Peyton: You're welcome.

Operator: Your next question comes from the line of (Teresa Eshty).

(Teresa Eshty): Hi this is (Teresa) from (Unintelligible) Medical. The VA doctors we understand that there won't be a generic number but we're questioning the residency doctors. Do we use their taxonomy code or do we use the doctor they're under – their NPI number?

Pat Peyton: For what? What do you mean? In a claim?

(Teresa Eshty): Yes. We're filing online.

Pat Peyton: You mean you're applying for an NPI online?

(Teresa Eshty): No we are filing a claim online and sometimes we get a residency doctor and they're not going to have a NPI number. Some of them don't.

Jim Bossenmeyer: They can obtain an NPI today.

(Teresa Eshty): Okay but what if they don't have one and can we use the doctor they're under – their NPI number?

Jim Bossenmeyer: No.

(Teresa Eshty): No? We would have to use their UPIN number if they have one, correct?

Pat Peyton: You would have to use whatever the implementation guide would let you use if they have no NPI, which is usually their social security number.

(Teresa Eshty): Okay but after the implement date when it does come effective they should all have their NPI number, correct?

Pat Peyton: Yes, they certainly should.

(Teresa Eshty): Okay. Thank you.

(Stewart Streimer): You need to check with your health plans. There are a number of health plans that may have different requirements associated with using the NPI. So in terms of specific questions in terms of how to bill please address them to your health plan. The answers I think you're getting are related to Medicare. And if your question is specific to Medicare, that's fine.

But, again, each health plan may have different requirements.

Nicole Cooney: We'll take our next question.

Operator: Your next question comes from the line of (Lisa Powell).

(Lisa Powell): This is (Lisa Powell) with Professional Home Care. My question was the same as the previous one so you've given us our answer. Thank you.

Nicole Cooney: Next question please?

Operator: Your next question comes from the line of (Peggy Hill).

(Peggy Hill): Hi this is (Peggy Hill) with Info USA and I've just got a question mainly on the record layout. I believe it was Pat earlier you were listing all of the fields but you did not mentioned the provider license number. Is that part of the layout?

Pat Peyton: What I read was not the layout. The list of elements that we're going to disclose is in the Notice.

(Peggy Hill): Okay and I've got that. So that is one of the fields.

Pat Peyton: What I read was the list of elements that are optional – that providers could delete some or part of.

(Peggy Hill): Okay, that makes sense. And the last question I have will you guys be able to deliver some type of a – like a sample record layout of the actual data?

Pat Peyton: We're going to make available the record format for what the downloadable file will be like. But that's not going to have data in it. There isn't going to be sample data in that layout.

(Peggy Hill): There will not be any sample data in the layout.

Pat Peyton: No.

(Peggy Hill): Okay and when will that be made – that's toward the end of June?

Pat Peyton: Sometime in the next week or so.

(Peggy Hill): Okay that's all.

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

(Vicki Fritch): Good afternoon, this is (Vicki Fritch) (Unintelligible) Medical Foundation. I believe after listening to all of the other participants that we've gotten an

answer but our issue was that we are an independent laboratory that has to sometimes send things out to a reference lab. That reference lab registered their NPI using their Utah legacy Medicare number and not their Indiana Medicare legacy number and so we keep getting warnings.

So what I'm hearing is that I can file the claim with just their NPI at this time and not any legacy number to get rid of this warnings. Is that true?

Laura Warfield: Again you can file it that way.

(Vicki Fritch): Right.

Laura Warfield: I guess we have to see – are you saying that they actually have one NPI that's associated with more than one legacy number?

(Vicki Fritch): Correct but they only registered under their Medicare Utah Medicare legacy number. And we are in Indiana so when we file the few claims that we do for services that go to this laboratory in Utah, they are getting warnings on them. They're not being rejected but at this time I'm trying to clean up as many warnings as possible before they become an issue.

Laura Warfield: Well it's possible that if they have one NPI and it's associated with more than one legacy that the system isn't able to determine which of their legacies it should be associated with. That would be one of those situations where it would be good to make sure that all the information is either on the claim or in NPPES or in your provider file that indicates why these numbers are different and how they're different.

This may be a situation where systematically they're not going to be able to determine which legacy number goes with that particular NPI and you may end up getting a call on it.

(Vicki Fritch): Then that's...

Laura Warfield: But you could certainly try filing with the NPI and seeing if it was able to detect the correct legacy.

(Vicki Fritch): I've spoken with one of their reps and they said they have no intention of registering their Indiana provider number – legacy number - with their NPI. That they're only going to register the one number with their new NPI.

Laura Warfield: Well, they can get however many NPIs they want to get. I mean so if they don't want to register those numbers the one number associated with it.

(Vicki Fritch): I'm just try sending just their NPI and see if that gets rid of my warning.

Laura Warfield: Okay I think that will be the best way to go. Just try it.

(Vicki Fritch): Great. Thank you.

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

(Linda Greenhill): Hi this is (Linda Greenhill) from Metro Health. I just have a question. We have new providers to Metro Health that have existing NPIs that would have Medicare numbers with other hospitals that they work. They work multiple hospitals.

So when we're updating the NPI information is the data dissemination going to clearly tell us these are numbers for the other hospitals, these are numbers for Metro Health?

Pat Peyton: NPPES can't tell you anything that the providers don't report. If they clearly indicate the type of Medicare number, then it will be show up in what you'll see in the registry.

If we know it's a Medicare number but it's unclear as to which type of Medicare number it is, then it's going to fall onto that Medicare ID - Type Unspecified category.

Jim Bossenmeyer: This is Jim Bossenmeyer. From a Medicare perspective the legacy identifier for an individual physician should be the legacy identifier that the carrier has provided to that physician – not the legacy associated with a hospital. The NPIs associated with the...

(Linda Greenhill): Are you still there?

Woman: We're still here.

(Linda Greenhill): Okay yeah these would be individual Medicare numbers that are assigned by Medicare. You know, from another hospital and then we get one for our individual provider. So I guess the question is when we're updating the NPPES file how - we know what our Medicare number is but how are the other insurances when you're relaying this information going to know this Medicare number belongs to Metro, this belongs to a different facility (unintelligible)?

Pat Peyton: Because the provider is supposed to report the type of other identifier like Metro Health, Blue Cross/Blue Shield. They're supposed to put that in there along with the identifier.

That's essential. Otherwise, just a number sitting by itself is meaningless to the health plans. So if a provider never reported it, then there would be no way that we could guess that it was Metro Health or any other health plan.

That's why it's real important to look at how they report that information - for the providers to look at how providers have reported the information and to, you know, clarify that they can.

(Linda Greenhill): So we would actually write in the – type in the Medicare number, Metro Health Medicare number?

Pat Peyton: You would put Medicare PIN and then they put their PIN.

(Linda Greenhill): Right so it's going to somehow know that it's Metro Health then is what I'm asking.

Jim Bossenmeyer: I think we'll probably need to talk to you about this offline.

Pat Peyton: Why don't you send me an email or I'll send you one. I'll call you (Linda). What's your number?

(Linda Greenhill): It's area code 216-957-2442.

Pat Peyton: Okay.

(Linda Greenhill): Thank you.

Operator: Your next question comes from the line of (Trudy Solomon).

Trudy Solomon: Hi this is Trudy Solomon with the South Carolina Hospital Association. My question regards the UPIN – the SEL000 when a patient self presents to the emergency room. What UPIN should we be using now?

Pat Peyton: What UPIN should they be using now?

Jim Bossenmeyer: Right now you can use the UPIN that has been issued, a surrogate UPIN which is OTH000, or the NPI of the ordering physician.

Trudy Solomon: No, this is the case where the patient presents – self presents so we don't have an ordering physician.

Pat Peyton: They would do that however they do that now.

Trudy Solomon: Well we have a generic UPIN now that we use for that. That's the SEL000.

Pat Peyton: You can continue to use it until you hear otherwise.

Trudy Solomon: Okay. As the NPI field.

Pat Peyton: You can't put a UPIN in the NPI qualifier.

Trudy Solomon: Okay so if there's never an NPI – a patient self presents we continue to use the old legacy UPIN SEL000?

Jim Bossenmeyer: At the moment you should continue to do – submit claims the way you currently submit claims and we'll provide additional information in the future.

Trudy Solomon: All right thank you.

Operator: Your next question comes from the line of Peggy Smith.

Peggy Smith: Yes my name is Peggy and I'm calling from Dr. (Carl Smith)'s office. My question has to do with taxonomy numbers. You had listed that in the application that if we went into look to make sure everything was correct that we could list more than one taxonomy number.

Dr. Smith's specialty is pediatrics but we're also a primary care clinic. So should we be listing both taxonomy numbers instead of just one?

Pat Peyton: If this is Dr. Smith's NPI record, then it would just have his pediatric taxonomy because he's not a clinic. He's a person.

Peggy Smith: Well, we are a primary care clinic as well.

Pat Peyton: Well, the primary care clinic has its own NPI application data where it would show that it's a clinic and list the specialties of its members. But the individual doctor's NPI record would just be his specialization.

Peggy Smith: Okay he is the only doctor in the office.

Pat Peyton: Okay, well, he still has his NPI record and the clinic has its NPI record.

Peggy Smith: And we do have a number for the clinic – an NPI for the clinic and one for him. And Medicare has told us to list both of those on their forms. So we're doing that correctly then - is what you're saying?

Pat Peyton: Probably because the clinic is the billing provider and the doctor is the rendering provider—so, yes.

Peggy Smith: Okay then. Could I ask a little bit more about that then? What is the benefit of the taxonomy number? Is it going to be of any use in the future? Is it just...

Pat Peyton: We collect it to help uniquely identify the provider in order to assign the NPI.

Peggy Smith: Okay, okay, thank you very much.

Nicole Cooney: This is Nicole Cooney. I just wanted to interrupt and remind all the callers that we really need to limit everyone to one question so that we can get to as many questions as possible.

And we'll take our next question.

Operator: Excuse me, ladies and gentlemen, this is the operator. Due to technical difficulties if you need to ask a question please press star 1 on your touchtone telephone keypad.

And our next question comes from the line of Barbara Levin.

(Maureen): Hi I'm asking on behalf of (Barbara Levin). This is (Maureen). I only have one question and I wanted to know when you all mandate the NPI number for box 32 – the facility that provides the services?

Marlene Biggs: I think you're mixing things up. CMS has not decided on a date when to mandate that an NPI is mandated on every claim. Box 32 as I said earlier if where the service provided is different than where it was billed...

(Maureen): Right.

Marlene Biggs: It populates box 32. And this is Marlene Biggs.

(Maureen): So you are expecting us to put that there.

Marlene Biggs: You can put your legacy and your NPI on the claim.

(Maureen): All right, I just wanted to know when the mandate is. That's all. Thank you.

Marlene Biggs: You're welcome.

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

(Leslie Whitkin): Hi, I just wanted to clarify. Are you still expecting to disseminate the data June 28 or did you say you were giving consideration to extending it in order to give people more time to update their NPPES files?

Pat Peyton: We said we were considering extending it and that we would put an announcement on our CMS NPI web page if we – once we have made a decision.

(Leslie Whitkin): Okay.

Jim Bossenmeyer: Clearly we are encouraging everybody to update their records as soon as possible and we encourage that.

(Leslie Whitkin): Okay, so June 28 we wouldn't be able to query anything but you'll let us know what they new date is?

Jim Bossenmeyer: If a decision is made to extend the timeframe for submission of data, CMS will post that information on its NPI web page.

(Leslie Whitkin): Thanks.

Operator: Your next question comes from the line of (Trudy Robush).

(Trudy Robush): Hi this is (Trudy) from Rush University Medical Center. I had a question for you. What – okay as far as the query goes is it only – what if only one practice location is listed in the NPPES?

Pat Peyton: There only can be one practice location listed in NPPES for a provider.

(Trudy Robush): Okay but when we're going to do the query how are we – or how would someone be able to determine what factors that decide the...?

Pat Peyton: What was that? I had a hard time understanding what you were saying.

(Trudy Robush): Okay. If we're going to do a query that's trying to find a provider or the NPI number but one of the actions was the practice location, correct?

Pat Peyton: Yes.

(Trudy Robush): How would we know that that – one of the doctors practices at many locations. How would we be able to determine that that provider?

Pat Peyton: We tell providers to give us their primary practice location if they have a lot of different locations; however, they determine their primary. But if what location you enter is not what we have in our system, then you might not find them that way. You might want to query on the name.

(Trudy Robush): Okay that was it. Thank you.

Operator: Your next question comes from the line of (Rob Baysick).

(Ginger McAndrew): Hi. Actually this is (Ginger McAndrew) from Mercy Medical Center in Baltimore.

(Ginger McAndrew): Hello?

Pat Peyton: Yes.

(Ginger McAndrew): Okay, my question is if you've asked us to delete optional information that would also mean that we'd be deleting legacy information –what do you prefer? I mean if we change our legacy information to clearly define it that it's related to Mercy Medical Center Medicare number.

Pat Peyton: We are not asking...

(Ginger McAndrew): (Unintelligible).

Pat Peyton: We aren't asking anyone to delete their optional information. We're just letting the providers know that if there's something there that they would rather not have out there that was furnished optionally then they may delete it.

But we are stressing the importance of those legacy identifiers, which are of course optionally reported. So it's up to the providers to think about it.

Jim Bossenmeyer: During this period prior to data dissemination, all individuals and organizations have an opportunity to review their data, update that data if

necessary, and if they choose to delete an identifier that they prefer not be there. Clearly, all health plans will need optional or the other identifiers to assist them in building their crosswalk.

So you need to look at that data and make a decision. Medicare – from a Medicare perspective, Medicare encourages you to include the other identifiers such as the PIN, the OSCAR number, or the NSC number.

(Rob Baysick): Sure. And this is (Rob Baysick) with Mercy Medical. The same question following up on an earlier caller – (Linda) from Metro Health. We had – we're in an area that has several hospitals and we share a lot of doctors. And our concern with the legacies we have Dr. Smith and he works at three entities in this area.

Now each entity will want their own legacies on that provider's NPPES record. However when we indicate what type of identifier all three of us will identify Medicare and PIN number. So how would a carrier determine which entity's NPI number each one belongs to?

And all of our organization names – we're all hospitals and our names are very long. So even if we tried to incorporate our name with each identifier it wouldn't fit with the character restrictions.

Jim Bossenmeyer: Information in the Other Provider Identifier field is for the physician to include the identifier that is associated with the health plan.

(Rob Baysick): Correct (unintelligible) now Medicare...

Jim Bossenmeyer: (Unintelligible).

(Rob Baysick): A unique Medicare number for each doctor. So if Dr. Smith works at...

(Ginger McAndrew): For each tax ID that he's affiliated he is issued a Medicare and PIN number.

Pat Peyton: Then he would list all his PINs. Yes, you might not know this one's for Mercy, this one's for Johns Hopkins if the carrier issued him that many different PINs. I mean they can try to put in there like I said there's free text – we'll put it out as best we can but there's no, you know, we can't necessarily decipher everything perfectly.

But not all carriers do that. So not everybody has that problem, fortunately.

(Ginger McAndrew): Well as far – you mean giving unique identifiers depending on which tax ID they're affiliated with we have that with other carriers too such as Care First which is going to be an issue.

Pat Peyton: All I can say is Dr. Smith, when he applies for his NPI, could list up to 20 other identifiers and describe them as best he can.

(Ginger McAndrew): Okay well that's – typically the doctor's not doing this themselves for the large hospital organizations. We've gotten releases and filled out the information for them.

Now what that's happening at Hopkins and University and at Mercy so we're all loading our own specific information for this doctor only one is getting the NPI number for the individual doctor but the legacy numbers that are going in are just for one facility.

And the other hospitals don't have passwords to go in and add their facility information.

Pat Peyton: People can't be accessing other providers' records and putting data in there like that.

(Ginger McAndrew): No.

Pat Peyton: I really don't understand your issue. Can you give me your number? Maybe we can call you.

(Ginger McAndrew): Sure. My number is 410-951-1773.

Pat Peyton: And this is (Ginger)?

(Ginger McAndrew): (Ginger McAndrew).

Pat Peyton: Okay.

(Ginger McAndrew): Thank you.

Nicole Cooney: We'll take our next question please.

Operator: Your next question comes from the line of Angie Johnson.

Nicole Cooney: Do you have a question for CMS?

Operator: Ms. Johnson, your line is open.

Nicole Cooney: We'll take our next question please.

Operator: Yes ma'am. Your next question comes from the line of Martin Jenson.

Martin Jenson: Hi, I wanted to follow up on a question that raised before in terms of the matching of numbers – address information. Now my understanding is that when an NPPES application is submitted you actually run that against the USPS standard and it applies the USPS address formatting rules where they abbreviate suite to STE and so forth. And I believe that they're adding a nine digit zip.

Does Medicare also do that on its enrollment side so that those addresses needed will match up?

Jim Bossenmeyer: We don't have the technical staff here to respond to that question.

Laura Warfield: This is Laura Warfield from the crosswalk and I can tell you that we use several different ways of matching addresses – not just one. And it's not just a letter for letter, number for number way of matching recipes.

We take into consideration a lot of different things – abbreviations, the common ways that people tend to express their directional part of the address, we take into a lot of consideration a lot of different things. I do not believe that Medicare uses a standard addressing software. But in the crosswalk we are trying several different ways to match those addresses.

So if you're even close you'll get a match.

Martin Jenson: But do we know whether NPPES – I believe NPPES is doing that with normalization of addresses. Can anybody confirm that?

Pat Peyton: Yes, NPPES does that.

Martin Jenson: Thank you.

Pat Peyton: You're welcome.

Operator: Your next question comes from the line of Amy Hart.

Ms. Hart your line is open.

Nicole Cooney: Next question please.

Operator: Your next question comes from the line of Sharon Owens.

Sharon Owens: Yes, I wanted to clarify something that Pat said. She was saying that providers once they make the changes were not being able to generate changes or deactivation. Now if we're currently making updates online we'll still be able to do that? And I know the deactivation we have to do the paper form.

And then if I could just add one thing to that clarification. For those of us who use currently our Medicaid numbers for Carolina access authorization in North Carolina would we be using that NPI number and if so what happens if there is a client that we have not seen in our facility but is – but we're listed in their Medicaid card?

Pat Peyton: This is Pat. I can't explain all of the Medicaid issues. What I said was with the updates that we're making to NPPES providers, if they lose their NPI notification that NPPES sent to them, they can go in and generate their own if they want to receive them by email.

And what I also said was they won't, however, be able to generate their own notifications if they change data or deactivate their NPIs. They would still get those Notifications from NPPES, like they do now.

Sharon Owens: Okay. So even after this 30 days where it's going to be downloadable information we would still be able to go on that site as long as we have our password and make those changes.

Pat Peyton: Oh sure.

Sharon Owens: Okay.

Alan Shugart: This is Alan Shugart. The answer for your question is you would really need to talk to the NCS North Carolina Medicaid program. They would have to tell you their specific requirement as to what data they're looking for. So you would directly contact them.

Sharon Owens: Okay thank you.

Operator: Your next question comes from the line of Richard Yonker.

Richard Yonker: Hi this is Richard Yonker from North Shore LHA Home Care Network. We had always logged on to the CMS website in the past to confirm Medicare eligibility by looking for the physicians' UPIN number. Going forward being that no UPIN numbers are going to be issued when we log onto your NPI site we'll see that they have a no NPI number. But how do we verify that they're Medicare eligible?

Pat Peyton: You can't with the registry.

Jim Bossenmeyer: We don't have the right people in the room to respond to that. If we get your name and number we can get back with you.

Richard Yonker: My name is Richard Yonker. My number is 516-5266.

Pat Peyton: 516...

Richard Yonker: Seven six five two six six.

Stewart Streimer: This is Stewart Streimer. Who are you with?

Richard Yonker: North Shore LHA Home Care Network.

Stewart Streimer: And you want to be able to inquire as to whether a particular physician is a Medicare enrolled physician?

Richard Yonker: Correct.

Stewart Streimer: A listing of Medicare participating physicians may be found on our website. However, non-participating physicians are also enrolled in the Medicare program. You can certainly contact the local carrier which would service the area in which that physician's practice is located and ask.

Richard Yonker: It's a local carrier – you mean like the Medicare intermediary or...

Stewart Streimer: Yes. If the physician is practicing and enrolled in Medicare, they would have enrolled with their local Medicare carrier – the insurance company which administers Medicare for the jurisdiction in which that physician has his or her practice.

Richard Yonker: So they would maintain a database of Medicare eligible physicians.

Stewart Streimer: Yes, Medicare-enrolled physicians.

Richard Yonker: Okay.

Operator: Our next question comes from the line of Christina Springer.

Christina Springer: Yes hello. I'm curious about whether or not there will be a record created as to who is obtaining the information that is out there? Whether there's a log in or security requirement see as how this information will be posted on the web as to tracking who's obtaining the information and/or what they're using it for.

Pat Peyton: No, we're not going to be tracking any of that.

Christina Springer: So essentially – I mean it's not restricted to just medical insurance providers as such.

Pat Peyton: No, it's publicly available to the public.

Christina Springer: Okay, thank you.

Operator: Your next question comes from the line of Tawana Stevenson.

Tawana Stevenson: Yes this is Tawana Stevenson from Epic Management. We just wanted to clarify – we noticed that the online application form does not have like some of the elements that you listed like social security number and those things like that.

And yet the paper application asks for that. So we're just wanting to clarify that what is online – some organizations may not have to take out some of that information because it wasn't online based on the paper application.

Pat Peyton: First of all, for an individual, we do, if they apply over the web, capture a social security number. I'm not sure what you're looking at.

But the web and the paper can collect the same thing.

Tawana Stevenson: We're looking at it right now and it did not have it.

Pat Peyton: Well you might be looking at somebody's data where it might not be showing up.

Tawana Stevenson: Okay.

Pat Peyton: But in the application itself, if you're going in with a User ID and a password, and you want to apply for an NPI and you're an individual, it will ask you for your social security number.

Tawana Stevenson: Okay.

Pat Peyton: But we're not giving those social security numbers out to anybody.

Tawana Stevenson: Okay.

Pat Peyton: What we're talking about is where a provider reported a social security number in some other part in their application in a field that we are disclosing like in the Other Provider Identifiers field, or maybe they stuck it in there as a Credential for some unknown reason -- someplace else other than where it

was supposed to be reported because we're protecting the Social Security Numbers and not giving them to anyone.

We want the providers to look at their records and remove any SSNs they may have inadvertently or intentionally put somewhere in one of these fields that we're going to be disclosing.

Tawana Stevenson: Okay great. Thank you. That answers that.

Pat Peyton: You're welcome.

Nicole Cooney: Okay this is Nicole Cooney and I would like to thank everyone for participating in today's call. If we were unable to answer your question today we encourage you to visit the Frequently Asked Questions on CMS's dedicated NPI website.

The URL for the NPI website is www.cms.hhs.gov/nationalprovidentstand. And that last part is all one word N-A-T-I-O-N-A-L-P-R-O-V-I-D-E-N-T-S-T-A-N-D.

Once you're on that page you can scroll down to NPI Frequently Asked Questions to see if your question is addressed there. On that page there is also a link to the NPPES website under the tab on the left hand column that says "how to apply."

Please note that an Encore presentation of this call will be available on the NPI website beginning two hours after the completion today and it will run through 11:59 pm on June 20. 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