CENTERS FOR MEDICARE AND MEDICAID SERVICES

Moderator: Bernice Catherine Harper
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1:00 pm CT

Operator: Good afternoon. My name is (Michael) and I will be your conference facilitator today.

At this time, I would like to welcome everyone to the 20th National HIPAA 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 period. If you would like to ask a question during this time, simply press star then the number 1 on your telephone keypad. If you would like to withdraw your question, press the pound key.

Thank you.

Dr. Bernice Catherine Harper, you may begin your conference.

Bernice Catherine Harper: Thank you, Mr. (Parish).

Good morning to those of you on the West Coast and good afternoon to those of you on the East Coast. It's my pleasure to serve as your moderator today and I want to welcome you to the 20th National HIPAA Roundtable call.

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

We began conducting these calls in March of 2002 in order to facilitate the implementation of the Health Insurance Portability and Accountability Act of 1996 or HIPAA, and more specifically, the administrative simplification provisions.

Today's call will focus on HIPAA's national provider identifier or NPI. After we hear our speakers, we will have time to respond to your questions.

I would like to as a special favor of all contractors and all regional office staff, and that is that you serve as listeners today as there will be other forums and other opportunities where you will be able to ask questions. This is very important, and I thank you in advance for your help and your support.

We have a very full agenda today, so let us start with our first speaker, Mr. Stanley Nachimson, senior technical advisor of the Office of E-Health Standards and Services. He will give you an overview of the CMS' role regarding the national provider identifier.

Stanley Nachimson: Thank you very much, Dr Harper, and good day to everyone on the line.

We're now in the implementation period for the national provider identifier. Based on the requirements of the regulations we published in January of 2004, CMS has begun the process for issuing NPIs. Providers may now apply for their NPI on the CMS web site.

By May of 2007, providers doing electronic transactions, healthcare clearinghouses, and large health plans must use only the national provider identifier to identify providers in standard transactions.

Small plans have an additional year to implement that requirement and must use only the NPI by May of 2008. So it behooves providers to obtain their NPIs by May of 2007.

Remember that our regulations allow organizations to obtain separate NPIs for subparts that they designate. If they need to identify… more about subparts in a later presentation.

It's important to remember that CMS plays several roles in the implementation of the national provider identifier. First, we are the authors, interpreters, and enforcers of the HIPAA regulation requiring the national provider identifier.

Secondly, we're the entity responsible for the enumeration process and the dissemination of NPI data. And thirdly, we have the responsibility for implementing the use of the national provider identifier in a Medicare program – in our fee-for-service Medicare programs, Medicare Advantage program, and in the drug benefit.

These responsibilities are spread among several different organizations in CMS. While there's no one single point of responsibility, the agency is well positioned to handle all of the activities to – excuse me. The agency is well positioned to handle all of our roles.

Today we've got staff involved in all of the activities to provide the latest information, to answer questions about all of the CMS roles.

Remember on an ongoing basis to check the CMS web site at cms.hhs.gov/hipaa/hipaa2 for the latest information about the national provider identifier, including frequently asked questions, announcements of roundtables such as this, other conferences, and guidance documents regarding the NPI.

Thank you very much.

Bernice Catherine Harper: Thank you, Mr. Nachimson.

Our second speaker will be Ms. Liza Zone, Deputy Director of the Program Integrity Group. She will be addressing CMS' role as the Enumerator.

Ms. Zone.

Liza Zone: Thank you, Dr. Harper.

Again, my name is Liza Zone. I'm the Deputy Director for the Program Integrity Group, which is part of the Office of Financial Management here in CMS.

Our office is responsible for NPI enumeration, which means that we're working with the NPI enumeration system, making sure that the system is working well and that the Enumerator is responding to all provider needs with respect to the processing their application for the NPI.

As you all may know, we began enumeration on May 23 and we have been very successful in implementing our system. As with any large operating

system, we have had periods of down time, whether it is for maintenance or intermittent interruptions in the system.

But we have been successful in making sure that this system is running efficiently and effectively to address all of our provider needs. I'm happy to report that to date 31,714 NPIs have been issued. We have assigned this number, the 31,714 NPIs to various types of healthcare providers since we began enumeration on May 23.

With that, I think I will turn it back to Dr. Harper to move to the next agenda item.

Bernice Catherine Harper: Thank you, Ms. Zone.

And our third speaker will be Patricia, Ms. Patricia Peyton of the Office of Financial Management. She will speak to the national provider identifier enumeration process and status.

Ms. Peyton.

Patricia Peyton: Good afternoon. My name is Patricia Peyton. I work at CMS on the NPI team in the Office of Financial Management, Program Integrity Group.

I'm going to talk a little bit about the NPI enumerator, electronic file interchange, small batch process, and subpart designation.

As Lisa just said, as of this morning there have been 31,714 NPIs assigned to healthcare providers to date. The states with over 1000 NPI assignments are Texas, which has just about 3000; California, slightly more than 2000;

followed by Florida, New York, Pennsylvania, Ohio, Tennessee, and North Carolina.

In addition, NPPES – that's the system – has successfully processed 2260 updates or changes from enumerator providers. We have not yet received any deactivation requests.

Healthcare providers have begun sending paper application forms to the Enumerator. Today, NPIs have been assigned to 1747 providers who submitted paper applications.

Today there are approximately 2135 NPI applications and five updates that are pending. It is the Enumerator's responsibility to investigate and resolve problems with pended records. The Enumerator will do problem resolution work for electronic file interchange, applications updates, and deactivation once the EFI process is operational.

Records are pended for reasons such as a duplicate or a potential duplicate of an application, update, or deactivate, an update or deactivation that cannot be matched to any record in the NPPES; and SSN validation problem; failure of the license state/taxonomy combination to be unique; address verification problems; and missing or illogical data.

The Enumerator must ensure receipt of alternate forms of identification in situations where providers who are individuals chose not to furnish their Social Security numbers when they apply for NPIs.

The Enumerator manages the call center that is receiving over 1100 calls per day. Some are solicited and some are not. The various reasons include general

NPI questions, problems or questions about the system, requests for help with a taxonomy code, and requests for paper applications.

About 1/3 of the unsolicited calls are resolved by the interactive voice response unit, and over 99% of the calls are resolved in the initial contact.

The Enumerator has received over 1300 emails and 74 paper communications since May 23 concerning some of the same subject matter as the phone calls.

EFI – working on the design of EFI, which is the Electronic File Interchange for bulk enumeration of healthcare providers. This is where an organization on CMS approval submits an electronic file to NPPES in a specific format containing NPI applications data for a large number of healthcare providers.

The providers with information in this file will have given their permission to the EFI organization to submit their data for purposes of applying for an NPI. We would like to use the X12 274 provider information transaction for EFI and are working with X12 to have a suitable implementation guide available.

We will be adding an EFI home page to the NPPES web site. That's where organizations who are interested in being EFI organizations will be able to log on and download a certification form. They must complete that form and send it to the Enumerator in order to be considered for approval as EFI organizations.

Approved EFI organizations will send files containing NPI application data to the NPPES. Those data will be processed, NPIs assigned, and the newly assigned NPIs will be added to those files.

The EFI organizations will then download the files containing the NPIs and will notify the providers of their NPI. We expect to use EFI for updates and deactivations as well.

Through WEDI – that's the Workgroup for Electronic Data Interchange – a group of interested people are assisting us in designing this process. Our goal is to have EFI in operation by fall of this year.

We would also like to allow providers to submit small files, perhaps in Excel containing NPI application data on maybe 20 or so providers. We call this the small batch process. It's being developed separately from EFI. And we do not yet know when this process will be operational.

Subparts – people should keep in mind that the standard unique healthcare provider identifier, the NPI, was mandated to identify each healthcare provider, not simply each service address at which healthcare is furnished.

The standard claims transactions can accommodate the address at which healthcare was furnished, even if that address is different from that of the billing or the pay-to provider and is not the patient's home.

The Final Rule requires covered healthcare providers to obtain NPIs. The Final Rule allowed covered organization healthcare providers to obtain NPIs for themselves, and for any components of themselves that are not legal entities that furnish healthcare that need to be identified in standard transactions.

The Final Rule calls these entities subparts to avoid confusion with the term healthcare components that's used in HIPAA privacy and security rules.

It's the responsibility of the covered organization of providers to designate subparts in accordance with the guidance given in the Final Rule. Subparts cannot be individuals such as physicians because individuals are considered legal entities.

The Final Rule requires covered organization providers to designate as subparts any components of themselves that conduct their own standard transactions and to obtain NPIs for those subparts or instruct them to obtain their own.

They will need to use their NPIs in the standard transactions that they conduct. In addition, the Final Rule notes that other federal regulations or statutes may require healthcare providers to have unique billing numbers in order to be identified in claims sent to federal health programs such as Medicare. In many cases, those healthcare providers are actually components of covered organization healthcare providers

They may be located at the same address as the covered organization provider or they may have a different address. In situations where such federal regulations or statutes are applicable, the covered organization providers would designate the components as subparts and ensure that they obtain NPIs in order to use those NPIs to identify themselves in standard transactions.

The Final Rule gives covered organization providers the ability to designate subparts should there be other reasons for doing so that were not known to us as the authors of the Final Rule at the time of its publication.

The Final Rule does not include an example of subpart designation and subsequent NPI enumeration based solely on the fact that a component has an address or a practice location and that is not the same as the covered

organization. We have not been presented with a business case that seems to justify subpart designation and NPI enumeration based on that fact alone.

Bernice Catherine Harper: Thank you, Ms. Peyton. I'm just so happy that your voice held up. You went short. You did just great.

Patricia Peyton: Thanks.

Bernice Catherine Harper: Our next speaker will be Mrs. Geraldine Nicholson, Director of Provider Communication Group. And that's the group I belong to.

She will be discussing outreach strategies for providers.

Mrs. Nicholson.

Geraldine Nicholson: Yes, good afternoon everyone.

I wanted to talk to you about the way that our agency is trying to make sure that all providers, you know, across the country are getting consistent, timely, and reliable information on the NPI activities.

And the way that we're trying to make sure that happens is that we're sort of leveraging the entire agency, our entire CMS agency, we have a formal committee that spans the agency, and that committee is using all of the tools available to make sure that the information goes out.

For example, we have first and foremost a group that I run, which is the fee-for-service communications area for Medicare providers, and we're using our established tools.

We put out articles, which is our information source for the fee-for-service program. We have an article on the cms.gov web site. We're doing – posting highlights to our provider pages using our provider-specific listservs, which we have about 90,000 providers signed up to that. We're using the Open Door Forum listserv, and also we're partnering with over 50 national provider associations to make sure that they get the information when it's ready.

We also have members from our staff that works in Medicaid sending information to the Medicaid state agencies and the state survey agencies and partnering with them to get that information to providers that they work with.

We also have (unintelligible) agency that are working with the private health insurance plans and the WEDI committee, giving them information in at timely way.

We're using our HIPAA staff here. It seems like these roundtables, the HIPAA listserv, we're working with the Medicare Advantage plan so that they get the information out to the providers who sign up to their network.

We're also working with our press office. We have extensive press releases and media sources where CMS gets information out. Our QIOs, which are related to our quality efforts here at CMS, they have relationships with providers. They're getting the information out as well.

And our regions, our regions are very important. We have ten regional offices. They're putting information out on NPI to the state and local medical societies and other provider organizations and in general using all of the tools that they have in place to communicate with the provider community.

So by doing this, we're trying to make sure that we have consistent information and when it's ready it goes out to everyone, and I hope that the people on the line can say that they have heard some of the announcements we've made.

So far we've told people, you know, when the web site was ready, when they could start applying for an NPI. There are some educational tools that'll walk you through the application process, you know, before you do the application.

And most recently, we did an announcement on some tentative plans that Medicare has for implementing the NPI. And that's sort of a segue way I had to our next speaker.

Bernice Catherine Harper: Thank you, Mrs. Nicholson.

Our next speaker will be Mrs. (Deborah Auerbach) from the Office of Financial Management. She will speak to Medicare Fee-for-Service Readiness Plans.

(Deborah Auerbach): Hello. My name is (Debbie Auerbach). I'm actually in OIS, Office of Information Services.

Bernice Catherine Harper: Thank you.

(Deborah Auerbach): That's okay. We're working very closely with OFM.

Bernice Catherine Harper: Good.

(Deborah Auerbach): I just wanted to lay out for you a few of the ideas and a few of the plans that we've put together so far for implementing NPI in the fee-for-service world.

Implementing NPI at CMS is a major undertaking. It affects database systems and organizations and processed and procedures all across the agency. The initiative as a whole is often compared to Y2K in terms of the fact that it's such a wide-reaching initiative.

But whereas Y2K was mechanical, NPI is far more analytical. To approach that, we've actually organized ourselves in a central management capacity, reporting directly to the COO, and we have six workgroups with very specific functions and very specific focuses working on the NPI initiative.

Mrs. (Nicholson) mentioned that she is leading the Outreach Group. That's one of the six entities. We also have a workgroup working with Medicaid so that we make sure that we work closely with our states and we can – CMS can do what we need to do with our Medicaid data.

We have a group focused on managed care, very attentive to the needs of that organization will come up with. We have one workgroup totally focused on the OSCAR number, which I'll mention a little bit more later. We have a group that I'm leading that's related directly to the fee-for-service Medicare claims processing rules, regulations, and whatever needs to happen to accommodate NPI.

And lastly, we have what's called, what we're calling a downstream view workgroup, which is trying to identify any of those databases, any of those data streams that will now have NPIs in them and that we'll have to accommodate the use of the NPIs as we go forward.

So we're kind of organizing the workgroups, we're working across the agency, we're reporting directly the COO do get all of this work done.

The agency's not taking a big bang approach. Rather, we're trying to stage our implementation strategy. And what we're doing, like many of the plans out there I'm sure is we're developing a crosswalk between the NPI and all necessary legacy identifiers. That's so that we can continue using our internal legacy identifiers for as long as we need to.

Now for purposes of definition, that legacy provider identifier is really any identifier that's not the NPI right now. For Medicare, it's PINs, also known as billing numbers or provider identification numbers.

We have national supplier clearinghouse numbers, NSC numbers. We have the online survey certification and retrieval system numbers our OSCAR numbers. We have UPINs, unique physician identification numbers. And we have NCPDP, or the National Council for Prescription Drug Program numbers.

CMS will be continuing to use all of these legacy identifiers, and as I said, we will be developing a crosswalk process from the NPI to the appropriate legacy identifier.

Another strategy that CMS has embraced to move forward is we're going to adopt the WEDI, the workflow for EDI dual use of NPI and legacy identifiers. If you participate on that workgroup, it's a strategy where we will be able to accept both the legacy identifier and the NPI and use whichever identifier we need to use to accommodate our systems in the stage at which were in for our readiness for NPI.

The way the WEDI dual strategy work is the sender as a sender of claims would send both the NPI and the legacy identifier. As a receiver, you could use the NPI if you're ready, or you can ignore the NPI and continue to use the legacy identifier. And then you work it out with your trading partners so that at the right time, when both of you agree you can actually stop sending the legacy identifiers and focus totally on the NPI.

So that's the strategy we're going to try to embrace, and as Mrs. (Nicholson) stated earlier, we did announce just a couple of weeks ago our – the beginnings our strategy as a receiver. And we laid out for the community four steps that we're going to take to get ready for NPI.

Right now if you send – if an NPI were to be received in a fee-for-service transaction and we only had the NPI, we'd have to reject the claim because we're not ready for it. But starting with the January release of our software, on or about January 3 of 2006, we'll be able to accept both the legacy identifier and the NPI as long as you send both in.

And then starting with the October release in 2006, we'll be able to accept the legacy identifier, both the legacy and the NPI, or just the NPI. That'll be our second step in the process.

And then by the time, the May 23, 2007 rolls around, we'll be able to accept only an NPI, and of course our implementation will be complete at that point.

So that's the way we're laying ourselves out in terms of being a receiver of claims. As a sender of claims, we have to work with our trading partners to make sure that we can – that they're ready to receive whatever we send them

and that process is just getting kicked off. We're starting to have some meetings even as early as this week.

As I said, we are developing a crosswalk. We're just beginning to lay out the whole process to do that. We know that the crosswalk is going to be a non-trivial event because of course the crosswalk of numbers will be many NPIs may map to one legacy identifier, and of course one legacy identifier may map to many NPIs. So it's not a one-for-one mapping and we have a lot of research and analysis to do to make sure that we can build our crosswalk to accommodate our claims processing.

I think that's kind of it for right now.

Bernice Catherine Harper: Thanks so much.

Our next speaker will be Mr. Allen Gillespie from the Office of Financial Management. His topic is Medicare enrollment issues related to national provider identifier.

Mr. Gillespie.

Allen Gillespie: Thank you.

Again, my name is Allen Gillespie and I work in the provider enrollment area. Our office is working in conjunction with both Pat Peyton and Debbie Auerbach on what CMS is doing to implement NPI within Medicare fee-for-service.

The enrollment process within CMS basically will continue to stay the same as it is now. We will still require the submission of CMS855 enrollment

applications. The information on the applications will still be reviewed and validated before providers or suppliers are approved to provide Medicare services and receive payment.

The difference with our current process and the future process using the NPI is that the NPI will serve as the billing number once the provider or supplier is approved by Medicare CMS will no longer issue billing numbers.

The process to apply for an NPI is separate from Medicare enrollment. However, one of the long-range goals we're looking into is to use the Medicare enrollment application as a means to obtain an NPI and at the same time enroll with Medicare. Tin order to do this, the Medicare enrollment system, PECOS< will communicate with NPPES. So, when you file an enrollment application with Medicare, and you get an NPI, you can also file that application for the NPI at the same time. We will then send the NPI data to the NPPES to get an NPI. The NPPES will process that request and issue an NPI. That is a long-range plan.

For now the enrollment process with Medicare pretty much will stay the same. The CMS 855 data will be validated by our contractors. You'll still receive OSCAR numbers, PIN numbers, NSC numbers and UPINs will still be issued for now.

Our goal is that by May 23, 2007, you will either already have an NPI and we will validate it or you can request Medicare enrollment and an NPI at the same time.

Eventually, by May 2007, the NPI will replace all current Medicare billing numbers. That NPI will be used to bill Medicare. It'll also be used in group

settings as a performance number so we know who actually performed the service. It'll also be used for ordering and referring, so it'll also replace the UPIN.

Internally we will still have the old numbers in our crosswalk, but for the outside world, you'll just get the NPI and that's the number you'll use to bill Medicare, Medicaid, any other health plan that you deal with.

Thank you.

Bernice Catherine Harper: Thanks so much, Mr. Gillespie.

Our final speaker today will be Ms. Helen Dietrick from the Office of Financial Management. She's going to be talking about using the national provider identifier in standard transactions. She'll also be talking about a compliance date, practice management system, data dissemination.

Ms. Dietrick.

Helen Dietrick: Thank you, Dr. Harper.

Good afternoon. My name is Helen Dietrick and I work with the national provider identifier team in CMS, and I will be addressing compliance dates and data dissemination issues.

The compliance dates for health care providers, health care clearinghouses, and all but small health care plans is May 23, 2007. And for small health plans, they must comply by May 23, 2008. Small health plans are those with $5 million or less in revenues.

When providers receive their number, they may contact those health plans with whom they do business to find out how the health plans intend to implement the NPI in standard transactions.

Also, you will want to contact your practice management system company to find out their plans for implementing the NPI. When providers contact their vendors, they need to make sure that the NPI will be implemented in time to meet the compliance date and any health plan requirement.

About data dissemination, the NPI Final Rule contained a broad discussion of dissemination of data from the NPI system. Any release of data of course must be compatible with the system of records notice and existing laws, regulations, and authorities.

We will be publishing a data dissemination notice in the Federal Register in the fall of 2005. The notice is currently under CMS management review. Though I cannot give you the details of the data dissemination process, please know that we are attempting to balance the need for NPI information for covered entities and the need to ensure the privacy and security of individual information and identifiers.

About crosswalks, CMS is not preparing a crosswalk for the healthcare industry. Obviously the Medicare fee-for-service program is preparing a crosswalk for the Medicare health plans.

Each health plan of course may create their own crosswalk, and to that end, we encourage healthcare providers to enter all of their current identification numbers on their application to facilitate health plans building crosswalks.

And this concludes my remarks, Dr. Harper.

Bernice Catherine Harper: Thank you, Ms. Dietrick.

Now this is the time for the questions. We would like for the participants to please begin your question with our name and your organization.

Mr. (Parish), will you please remind the people online in the audience how to proceed with asking their questions.

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 Angel Grieer with Green Area Medical Extenders.

Bernice Catherine Harper: Thank you. Ms. Grieer?…

Operator: Ms. Grieer, your line is open…

Bernice Catherine Harper: Would you like to move to the next question please.

Operator: Your next question comes from Dan Sawyer, and he is supporting Tricare, Department of Defense.

Mr. Sawyer, your line is open.

Woman; Hi, can you hear us.

Bernice Catherine Harper: Yes.

Woman: Oh, okay.

We were asked to hold our questions. I think we'll go along that premise.

Bernice Catherine Harper: You're going to hold your questions.

Woman: Yes ma'am.

Bernice Catherine Harper: Thank you very much.

Next question please.

Mr. (Parish), why don't we let the participants introduces their location or their organization.

Operator: Your next question comes from Bruce Rodman.

Bruce Rodman: Hi. Thank you very much everybody. Can you hear me?

Women: Yes.

Bruce Rodman: I've got a couple of questions if you can bear with me.

Bernice Catherine Harper: Bruce, tell us where you're from please.

Bruce Rodman: Oh, thank you. Sorry. I'm from the National Home Infusion Association.

Bernice Catherine Harper: Thank you.

Bruce Rodman: The WEDI organization held an audio cast a week or so ago about the NPI, and the – near the end of the session, one of the speakers as I understood it said that while health plans can't require a provider to get a second NPI, the plan is under no obligation to offer special pricing and a contract should the provider not agree to get a second NPI.

Could you comment on that? That sounds problematic to me.

Patricia Peyton: This is Pat Peyton.

We saw your email and I believe that WEDI's going to send out a clarification. I don't think that the speaker's comments were actually, you know, stated quite as he said them, and he will clarify what you thought he said.

Bruce Rodman: Okay.

And you'd just as soon wait until you do that then?

Patricia Peyton: Well, someone else made the comments. The comments were inaccurately reported in that email and I think, you know, we want them to clarify them and it'll all come back out probably in one of the listservs.

Dan Rodman: Well, I mean, I respect that if you really want to wait, if you're still working on it, but I guess what I'm wanting to know is a plan allowed to require a provider to get a second NPI if that's the terms under which they can get let's say favorable pricing.

Man: The answer to that question would be no.

Bruce Rodman: Okay.

Bernice Catherine Harper: Thank you. Thank you very much.

Bruce Rodman: Thank you.

Bernice Catherine Harper: Next question please.

Operator: Your next question comes from Frances Taylor.

Frances Taylor: Hi. My name is Frances Taylor. I work for the North Carolina Division of Public Health and I'm a HIPAA liaison to the Public Health Department.

A lot of the examples and things that are in the comments and the preamble of the NPI are mostly geared toward private sector agencies. And this, we work with local governmental agencies.

My specific question is at the local governmental level, the county is the legal entity and has in some counties in North Carolina have been designated as the covered entity and they are taking the hybrid entity approach.

For privacy of course they have some covered components, one the local health department, the local emergency services management service, which is the ambulance service, and perhaps the Department of Social Services.

In particular, since I work with the Health Department, of course they have covered and non-covered components as well, and I know NPI is not related to covered components.

But some of their components qualify as subparts in the NPI, and an example would be a health department itself has clinical services. They also have a home health agency, and maybe they have another separate location.

Now I understand that the NPI is not exactly associated with an address and I understood that you could accommodate different addresses.

My question has – is two-fold. One, should the county, since it is the covered entity and the legal entity apply for an NPI as well as the subparts? And the real reason for that, that local health department in counties would like to do that is because of their financial and accounting policies and procedures at the local level, because of the way the check may sometimes come to the country.

Because of their financial policy and county accounting procedures, if they get one check in all of the billing providers and these subparts are separate billing (unintelligible), that if the county gets one check for the payment of services, the check goes into the general county fund and therefore these subparts will have no way to track their billing and their revenue.

And if – and right now if a check comes to a county with everything mixed up in one payment and on (one RA). Sometimes they have to return the check and go through a lot of red tape to get separate checks.

Bernice Catherine Harper: I think we have the gist of our question.

Man: Let's try and answer that first question. If the different parts of the county government need – require to be a subpart as we mentioned in the Final Rule is that a provider and bill for services and conduct their own electronic transactions, they can certainly apply for NPIs as subparts and be assigned separate NPIs for each subpart.

Frances Taylor: Okay.

Could you speak to the financial problem with the check? Are the checks, payments going to be related to the NPI number such as present provider numbers are, or will they be separate checks? Or do – have you gotten that far yet?

Man; That would be something that the health plan would obviously be determining their particular payment policies. If the health plan pays based on the identification on the incoming plan and you can identify each subpart, then it's possible that you would be getting separate checks. But that would be I would believe a health plan by health plan determination, how they end up actually sending the checks.

Frances Taylor: So it would – in Medicare, Cigna is our local intermediary, so this question needs to be addressed to Cigna. Is that correct?

(Crosstalk).

Bernice Catherine Harper: We're having a little conversation in the room.

Man: Yeah.

Frances Taylor: Okay.

Man: (Unintelligible) the Medicare program pays to the legal business name, so each of your subparts have separate tax numbers and a legal business name that payment would go to each of separately. If they don't and they fall under the one legal business name, that's where the Medicare payments will go.

Frances Taylor: That answers my question. Thank you.

Bernice Catherine Harper: Thank you, Ms. Taylor.

Next question please.

Operator: Your next question comes from Margaret (Balding).

Margaret Baldinger: Hi. It's Margaret Baldinger with Mission Pharmical. Thanks for taking my question.

The covered entity that I work for has both a Medicare supplier number and a Medicare provider number. We're planning to obtain one NPI. Will that NPI supersede both the supplier and provider numbers?

Man: That's a very good question. Right now and within CMS we're developing an implementation policy with respect to what numbers will be needed. For example, when the supplier (unintelligible) world, each location needs a separate NPI because that's the way (unintelligible) regulations require that.

Your question, would one number be valid for a provider and a DME supplier, at this point I think it probably would be fine, but we haven't finished that policy. That paper was still – policy paper still being prepared within the agency (unintelligible) not been finalized that.

Margaret Baldinger: Okay.

So should I hold off applying for our NPI?

Man: I mean, I would yes, actually, for a little while, until Medicare finally comes out with a final policy on how we're going to require NPIs for billing.

Margaret Baldinger: Okay. I appreciate your answer.

Neither of those departments, supplier or provider, conduct their own standard transactions. That's why I was planning to, you know, just get one NPI.

So I'll just wait. I guess I'll just keep checking the CMS web site, right?

Bernice Catherine Harper: Thank you. That would be very good.

Margaret Baldinger: Thank you.

Bernice Catherine Harper: Next question please.

Operator: Your next question comes from Mickey Ansley.

(Jacquelyn Thinkley): Hi. This is actually (Jacquelyn Thinkley) with Blue Cross Blue Shield of South Caroline, and I have several quick questions.

The first is will the OSCAR number stop existing after May 23, 2007 because that number actually represents the fact that an institution has passed a site survey and is permitted to provide certain services under the Medicare program. We use that information for other purposes.

So with the OSCAR stop existing?

Man: For purposes of the number that will be used on assigned transactions coming into Medicare, OSCAR numbers won't be issued after May of 2007.

We still are working, like (Debbie Auerbach) was talking, there will be crosswalks to legacy numbers within the Medicare program, but for purposes of enrollment after May, it'll be more or less validating the NPI can be used to bill Medicare. The survey will still be conducted and the enrollment process will still go forward. So we'll – the same process will be in place. It's just a matter that the NPI will now show, will now be on the standard transactions.

(Jacquelyn Thinkley): Okay. Let me clarify my request.

The OSCAR number also identifies the types of services that the provider is certified for, and if the word certified throws you, I'll find another one, because there seems to be some question about that.

In other words, the range of the number tells me whether it's a critical access or dialysis. Will you give up that functionality? I understand that you can use the NPI on the claims, but will there be a number issued that tells me what the provider is capable of providing?

Man: There will either be a continued internal numbering system that not be out, you know, not be out to the provider that will give us that crosswalk, or the information that will be put into the payment system, the (unintelligible) system, will be replaced by what type of provider and the location.

(Jacquelyn Thinkley): Well, because the taxonomy list does not cross into some of these esoteric things like Indian health services. Can we…

Man: There will still be an enrollment application that will identify what those are?

(Jacquelyn Thinkley): And we as a payer can get a copy of that?

Man: A copy of what?

(Jacquelyn Thinkley): The application so that we will know what the provider is certified for.

Man: That will be the normal process to do with Medicare with the CMS 855 application that will indicate what type of provider they are.

(Jacquelyn Thinkley): Okay.

Can we have copies of the speeches? You gave us a lot of information, but it was very, very quick, and we would love to have copies.

Woman: All of the information is going to be in a transcript that we're going to post to the web site.

(Jacquelyn Thinkley): Thank you. One other question.

When a provider requests NPIs for multiple subparts, can you clarify what criteria the Enumerator is going to use to decide to issue an NPI or deny the NPI as a duplicate, or deny the request as a duplicate.

I'm going back to the issue of we have providers who may wish to continue to request NPIs down to what we call the location level. We are concerned that they may not be allowed to do that.

Patricia Peyton: This is Pat Peyton.

There's a very sophisticated duplicate check that all of the applications go through. I couldn't even begin to explain the whole thing here, but we are –

we have developed frequently asked questions on that topic that's in clearance.

(Jacquelyn Thinkley): All right.

And one of the reasons why we're questioning and we're curious is that we are aware that for certain CMS programs, specifically the supplier community, the physical address is important. In other words, you – every physical address for a supplier must have a separate NPI whereas for other types of providers that does not seem to be the case.

Patricia Peyton: Well, that's a Medicare regulation.

(Jacquelyn Thinkley): Correct.

Patricia Peyton: That's why that is.

(Jacquelyn Thinkley): Right.

So we're trying to make sure we understand how you view the community so that we can make sure that we view the community in that same parameter.

Man: There will be a Medicare policy paper explaining all that. That's what – we're working on that now.

(Jacquelyn Thinkley): And do you have a date when you expect to publish this information?

Man: As soon as we get all the parties involved – get a chance to comment and CMS management approves the position paper.

(Jacquelyn Thinkley): Thank you.

Bernice Catherine Harper: Thank you.

(Jacquelyn Thinkley): That was all of my questions.

Bernice Catherine Harper: Thank you very much.

Next question please.

Operator: Your next question comes from Doreen Espinosa.

Doreen Espinosa: Hello. Can you hear me?

Bernice Catherine Harper: Yes we can.

Doreen Espinosa: All right.

My question is to Mr. Gillespie. Mr. Gillespie, you stated in your future plans for getting NPIs and enrollment would be to have one process where a provider would be able to send all information to CMS to do both functions.

My question is are you planning on using the 274 that Pat Peyton mentioned as far as possibly getting this data electronically?

Allen Gillespie: It'll be done through the CMS enrollment application, the CMS 855.

Doreen Espinosa: So it'll all stay paper.

Allen Gillespie: Well, that's hard to say. Right now, we have plans, long-term plans to have electronic 855 process in place by about June of next year.

Doreen Espinosa: Okay, because that impacts providers and payers both, because if we have to program for different electronic files, it certainly would be appreciated if one file or one transaction would be selected so we don't have to do multiple formats.

Allen Gillespie: Well, like anything else, I mean, we will have the web electronic filing available to providers and suppliers in June 2006, but they can still choose the paper process if they want to.

Doreen Espinosa: And that, you know, that's great for a one-to-one, but when you've got, you know, an integrated healthcare system that has, 300, 400, 500 providers, that becomes very onerous for them. (But we)…

Allen Gillespie: Now I would suggest they use the EFI process to do something like that.

Doreen Espinosa: Right.

Allen Gillespie: The application's going to be a one for one. I mean, if a hospital or a home health agency applies to the Medicare program and wants at the same time to apply for an NPI, that's they way we'll do it on a one-for-one basis.

But applying for an NPI should be done directly with the Enumerator.

Doreen Espinosa: All right. Okay, well thank you.

Bernice Catherine Harper: Thank you, Ms. Espinosa.

Next question please.

Operator: Your next question comes from Pebble Pramann.

Pebble Pramann: This is Pebble Pramann. I'm with Shepherd's Staff Christian Counseling Center in Sandy, Utah.

And my question I guess is for Pat Peyton. I don't understand the whole concept of the subparts. And let me tell you, our organization is a very small counseling center where we have just two or three licensed mental health providers. And so I understand we need to get an NPI for each of them.

Is there reason that we need to get an NPI for your center?

Patricia Peyton: You would get an NPI for your clinic. Is that what you said, you were a small mental health…

Pebble Pramann: We're a small mental health counseling center. And I know we'll get an NPI for each provider. Do we need to get one also for our counseling center?

Man: If your counseling center is considered a covered healthcare provider, that is it provides and bills for services and needs to be identified on the standard transactions (unintelligible)…

Pebble Pramann: Well, we bill for our providers.

Man: All right. That's – do the providers get identified or does the center get identified?

And that's what you'd need to determine. If the center gets identified as a provider on the transaction, then the center would need an NPI as well as each of the individual counselors.

Pebble Pramann: Yeah, I think it depends on who we're billing, because I think some insurance companies it's the center and others it's the individual.

Man: Okay.

Patricia Peyton: Okay, well then you'd get an NPI for…

Man: If you're using electronic transactions?

Pebble Pramann: Yes we are.

Man: And you need to identify the center, then you would need an NPI for the center.

Pebble Pramann: Okay.

Bernice Catherine Harper: Thank you very much.

Pebble Pramann: Thank you.

Bernice Catherine Harper: Next question please.

Operator: Your next question comes from Audrey Thompson.

Audrey Thompson: Hello?

Bernice Catherine Harper: Ms. Thompson, we can hear you.

Audrey Thompson: Hi. I have several questions that I…

Bernice Catherine Harper: Who are you with, Ms. Thompson?

Audrey Thompson: Yes. Virginia Premier Health Plan, Inc.

Bernice Catherine Harper: Thank you.

Audrey Thompson: I have several questions.

My understanding is that the health plan had to also submit an application to obtain an NPI, and I wanted to know when would that application is available? Because I've been on the Enumerator's web site numerous times and it's not available.

Woman: You're thinking about the health plan identifier.

Audrey Thompson: Yes ma'am.

Woman: We have not yet proposed a standard for that. That's several years down the road. There is a spot there on that web site, but it's not operable yet because there is no such identifier to apply for yet.

Audrey Thompson: Okay.

And what is the application process timeframe for when the providers will be issued numbers, and how would they be notified?

Patricia Peyton: This is Patricia Peyton.

Audrey Thompson: Yes ma'am.

Patricia Peyton: They'd get their NPI within 1about five days. We really don't have an amount of time for paper because, you know, the mailing of the paper forms, et cetera, comes into play and, you know, if it has things wrong with it needs to be checked out.

If somebody applies for an NPI over the web, they would get an email back…

Audrey Thompson: (Mm-hm).

Patricia Peyton: telling them what their NPI is and if they do it on paper they'll get a notification in the mail.

Audrey Thompson: Okay.

And we did have some several other questions. I'm going to let (Mike Parker), who's my director of claims because he had some quick questions as well.

(Mike Parker): Hi.

The one question I had is that is the issuance of an NPI number going to be based solely on the fact if a provider can bill CMS?

For example, we are a Medicaid-only HMO, and through our state, which is Virginia, we have to offer transportation services to our membership. We do that through contracts with local taxi and a wheelchair van and organizations

that currently today to not get a Medicaid provider number issued to them from our state Medicaid agency.

So will these provider types be able to request an NPI number?

Man: There are two separate questions involved here, and let me answer the first part of your question.

Any healthcare provider can apply for a national provider identifier. They do not have to be billing CMS or Medicare. Any healthcare provider. That's important to understand because the example you gave may not be considered healthcare providers. Generally non-emergency transportation like taxicab or a voucher (unintelligible) transportation are not considered healthcare providers, so they would not be eligible to apply for an NPI.

(Mike Parker): Okay.

Bernice Catherine Harper: Thank you.

(Mike Parker): Thank you.

Bernice Catherine Harper: Next question please.

Operator: Your next question comes from Patrice Kuppe.

Patrice Kuppe: Good afternoon. It's Patrice Kuppe with Allina in Minnesota. Large healthcare provider. I have a couple of questions.

Pat, when you were talking about the EFI, it sounds like you're getting close to giving us more detailed information. Do you have some type of a date when we might be able to learn more about the file format and the process?

Patricia Peyton: No, I really don't, Patrice. That was about as much as I could give, what was right there. I mean, we will be communicating with WEDI and the others about that as we make progress so that (unintelligible)…

Patrice Kuppe: Okay.

Then we are concerned that we would have to spend the time and energy to take a large file out of our enrollment system for thousands of providers and then have to convert it into an X12 transaction, the 274 for a one-time upload. We don't plan to do EFI long term because we don't hire a thousand docs, you know, daily.

So it looks like the only other format you maybe were thinking of is Excel for small batches of docs. Are you looking into anything else for large file formats? And if not can we give you some recommendations on things to consider?

Woman: You can certainly give us recommendations.

The 274 was really the only thing we were looking at for that particular thing. The small batch is further down the road.

Patrice Kuppe: Right.

Woman: But if you want to email me with any ideas for, you know, on Thursdays we have the EFI/WEDI call.

Patrice Kuppe: All right. I'll chime in there.

Woman: Sure.

Patrice Kuppe: Is there any work being done to identify what the other federal regulations are that may require you to get an identifier at a subpart level?

Man: Not at this time?

Patrice Kuppe: No?

Man: Not that we're aware of.

Bernice Catherine Harper: Thank you very much.

Patrice Kuppe: I just have two more.

Can CMS take on that role for us or can somebody help us determine what those other federal regulations are?

Woman: I saw one of the WEDI groups; the subpart workgroup was trying to do that.

Patrice Kuppe: I thought their question came back to you guys because they don't know how to get them all.

Woman: Well, we had – I think they had contact names. I don't know what happened when tried to contract the people, but I had given them some names to start with anyway.

Patrice Kuppe: I'll check with them.

Woman: Okay.

Patrice Kuppe: And questions for (Debbie).

Are you looking at other transactions? You named your six workgroups. I was wondering if you did any research yet on the other transactions and the use of NPI because we don't have the ability to do dual NPI for example in eligibility.

(Deborah Auerbach): We have not done a lot of research yet. We are starting with claims obviously, both in and out as well as the 835s and then we'll move forward to the 5271s and the other transaction set.

But we will be working closely with that WEDI group to come up with as much of a dual strategy as we can.

Patrice Kuppe: Okay. And then one more for you.

How will you develop your crosswalk? Are you planning to get data out of NPPES?

(Deborah Auerbach): Yes. Obviously I could give NPPES as having the form data. They have all of the NPI information, the master provider files and the other sources of provider identifiers, you know, that our contractors across the country will be getting the data and we'll have matching algorithms that will put together to match up the NPIs to the legacy numbers as we develop this crosswalk.

Patrice Kuppe: Would you be able to share that with the industry so that others that are struggling to figure out how to do that might be able to use some of that wisdom.

(Deborah Auerbach): That wisdom is not yet developed. It's (unintelligible).

Patrice Kuppe: As soon as you get it.

(Deborah Auerbach): But I will certainly, you know, talk to the forces here to see how we might do that.

I don't think there's any plan right now to share the crosswalk itself. We have to make sure that we…

Patrice Kuppe: Right.

(Deborah Auerbach): that there's any privacy regulation, anything else that we have to take into consideration. But we might actually be reaching out for some ideas about how to do this matching. We might be willing to share some of our ideas as well. .

So let me leave it at that for right now.

Patrice Kuppe: Thank you very much, everybody.

Bernice Catherine Harper: Fine.

We have a number of people who want to ask questions, so why don't we try to keep our questions to a minimum of two so that other people can get on, and then you can come back online.

Thank you very much.

May we have the next question please?

Operator: Your next question comes from Grace Upledger.

Grace Upledger: Hi. This is Grace from Vanderbilt University Medical Center in Nashville, Tennessee. I have just two questions.

Will providers have access to the NPPES system to perform lookups on referring physicians or to ensure that our own physicians haven't already acquired an NPI?

And secondly, will we receive an immediate response or rejection if applying online one by one if a provider has already acquired an NPI?

Woman: Let me answer your data dissemination question. This is…

(Crosstalk).

Bernice Catherine Harper: speaking.

Woman: Right. Sorry.

As I said earlier, the detail that we intend to put into the Notice – I can't explain them right now because the process is being vetted by my managers. One of the things we are considering is some kind of lookup to people who we know we have knowledge of who they are, but I think that's further in the future. I think the first thing that we're going to work on is making sure that

covered entities like health plans can get information from the NPPES, like for example to produce their crosswalk.

So that's the first step we're taking. I think that lookup feature is in the future, and it will require someone to register so that we know it is someone who's not going to be using the data in a fraudulent way.

Grace Upledger: Okay.

Woman: And so to your second question, with (unintelligible). What was your second question again? I'm sorry.

Grace Upledger: Sure. Yeah.

If we're applying online, will we receive an immediate rejection or some kind of notification of oops, we – this person's already acquired an NPI?

Woman: It probably would not be immediate because that file would be pended and be explored.

So I would say the response would be within five to ten days.

Grace Upledger: Okay. Thank you.

Bernice Catherine Harper: You're welcome.

Next question please.

Operator: Your next question comes from (Fundip Agrayha).

(Fundip Agrayha): Hi. My question – hello?

Bernice Catherine Harper: Hello. We can hear you.

(Fundip Agrayha): Hi, how're y'all doing today?

Bernice Catherine Harper: Fine.

(Fundip Agrayha): Okay, my question – I think this is a great teleconference y'all are having here today. A lot of good questions.

My question is I wanted to know if there was going to be – I think y'all may've already said it. Maybe if you just repeated it (unintelligible).

I wanted to know if there's going to be another NPI teleconference scheduled…

Bernice Catherine Harper: Yes.

(Fundip Agrayha): that will discuss more details as far as from as healthcare provider billing standpoint how this going to play a role into changing providers' ways of billing Medicaid for services.

Bernice Catherine Harper: The next conference is scheduled for September 14.

(Fundip Agrayha): September 14.

Bernice Catherine Harper: At 2:00 pm Eastern Standard Time.

(Fundip Agrayha): All right.

Bernice Catherine Harper: (Unintelligible).

(Fundip Agrayha): I actually had one other question.

Bernice Catherine Harper: Okay.

(Fundip Agrayha): Y'all do the – CMS does a lot of the (Sharp Worker) conferences and I wanted to know what's the difference between this roundtable discussion today and the {Sharp Worker} ones that are also held where they have PowerPoint. I wondered because I was just trying to – is it a different location? I think it might be in Baltimore or something. But if (unintelligible) that.

Woman: This teleconference is out of Baltimore and (Sharp) is the Southern portion group (unintelligible).

(Fundip Agrayha): (Unintelligible) in Atlanta.

Woman: This is a national call.

(Fundip Agrayha): I gotcha. All right. So that – but how do they distinguish which ones will be done when? Is it just…

Woman: They determine their own schedule and we determine our own schedule.

(Fun dips Aretha): Okay.

Bernice Catherine Harper: Thank you.

(Fundip Agrayha): Okay. Thank you.

Bernice Catherine Harper: Next question please.

Operator: Your next question comes from Shay Vaughan.

Shay Vaughan: Hi. I just had a couple questions and a statement.

One, I wanted to day that I appreciate CMS sending the information out regarding the dates, the transition dates. That was very helpful, and I think it was helpful for other carriers, private carriers, because now they have kind of; they've been waiting for CMS to give them information so they can kind of mirror their dates with your dates.

So I really appreciate that, and in the future, any additional information that you could provide such as that would be great.

My question pertains specifically to returning remittance files, the 835 files when they have been submitted with the – with – under the dual strategy, with both the proprietary or current legacy ID number, at what point in that transition stage will the IDs kind of change, where you only be sending back one ID versus the other prior to the actual mandatory NPI date.

And then my second question related to that is how does crossovers come into play with CMS when you're crossing over claims to the various other carriers such as Blue Cross or, you know, the automatic crossovers such as Medicaid.

Woman: Yeah, let me try to break that down.

I mean, there's a statement that we published a couple of weeks ago was really our plans as a receiver, CMS as a receiver of claims data, and we laid out four segments and four timeframes for how things were going to play out.

We will be doing something very similar as a sender as soon as we have opportunities to meet with our COB trading partners, our coordination of benefits trading partners, and we'll makes sure that they're ready to do what we want to do and that we do it as quickly as we can, again trying to endorse he WEDI policy for dual legacy identifiers.

We implement our system changes on a quarterly basis, and we're looking at trying to do the 835 dual strategies at the same time we do the 837 dual strategy. But I can't commit to that right now.

We'll be publishing that as soon as we have the information.

So if (unintelligible) 837 coming in, we publish the dates for that, 837s going out, 835, we will publish the dates as soon as we can get those nailed down and available to you.

Shay Vaughan: Thank you.

Bernice Catherine Harper: Next question please.

Operator: Your next question comes from Ashley Mui.

Ashley Mui: Hi, yes. Thank you. Can you hear me?

Bernice Catherine Harper: Yes we can.

Ashley Mui: I wanted to find out about whether or not a separate NPI would be necessary for a service location that is different than our main location but the (past ID) number is the same.

Man: And what type of (unintelligible) or…

Ashley Mui: This is a group practice and I have one physician out of 21 who has an office that is across the street because it is endoscope suite. So we bill under the same tax ID number, but operation is somewhat separated.

Currently he gets his payment at the address across the street and I'd like to continue doing that, but do I need to get a different NPI number for him?

Man: In general, just the fact of a different address doesn't qualify as a subpart, but it would also depend on how the billing is done, whether he bills individually or the practice bills.

So you'd have to take a look at what gets identified on the – on each of the transactions. There's certainly a – there is a pay-to address, a billing addressees and pay-to addresses on the transactions, so if something had to be sent physically to a different address, that address could be located, could be put on the transaction without the need for a separate provider identifier.

Ashley Mui: Okay.

Man: There are several other factors you'd have to take a look at.

Ashley Mui: Okay.

And then my one other question is the taxonomy code. So for example if a physician is an internist and endocrinologist, which one should I use?

Patricia Peyton: You mean when you apply for an NPI?

Ashley Mui: Yes.

Patricia Peyton: This is Pat Peyton.

Ashley Mui: Yes.

Patricia Peyton: You can use both of them. The system accepts more than one taxonomy for a provider.

Ashley Mui: Oh, okay. How many does it accept?

Patricia Peyton: Well, I think it'll take more than you've ever had. It'll take 15.

Ashley Mui: Oh, okay. Fine, (fine), I'm okay. Thank you.

Bernice Catherine Harper: Thank you.

Next question please.

Operator: Your next question comes from Lisa Thornton.

Lisa Thornton: Hi. I'm calling from Sulcare at Saint Louis University. I have a couple of questions.

First I wanted to find out what the WEDI workgroup, how do I get access to that information?

And then my second question has to do with bulk enumeration. I have a group practice 500 physicians that I plan to do the bulk enumeration. How do I get approval from each of these providers? Do I have to have something in writing from each of these providers giving me permission do to the bulk enumeration?

Thank you.

Patricia Peyton: This is Pat Peyton.

The WEDI – various WEDI workgroups, if you go to the WEDI web site, which is WEDI – www.wedi.org and you'll just see all of them there. And it's real easy to subscribe to any of them and get white papers and other materials that they have.

And as far as the bulk enumeration goes, we aren't that far along yet with all of the details, you know, that an organization with you knows, the qualifications an organization would have to have to be an EFI organization.

But we're working on it.

Lisa Thornton: Okay. Thank you.

Patricia Peyton: (Mm-hm).

Allen Gillespie: This is Allen Gillespie. I'd just like to bring in one thing. I've been to several different meetings and a question similar to yours comes up a lot.

You just have to remember, if you use the bulk enumeration or you decide to go one for one for the physicians within your organization, the NPI that's received is the NPI for that physician or that practitioner. It's not the one associated with your organization.

So if that practitioner leaves your organization, that's their NPI if they go and start billing from another group or on their own. So everybody has to keep that in mind. You're not getting NPIs that are associated with your organizations, that when you get them for your individual members, that's their NPI.

Lisa Thornton: Okay.

Allen Gillespie: So it's important to remember that, because a lot of people mistakenly think that the concept is they're getting an NPI for their provider and that NPI would be associated with their group.

Lisa Thornton: (Whatever). Thank you.

Bernice Catherine Harper: Thank you.

` Next question please.

Operator: Your next question comes from Dennis Hovanec.

Dennis Hovanec: Yes, hi. Thanks for taking my call.

My question is very similar to one or two that have posed this afternoon, and that is I represent a large cardiology group in Wilmington, Delaware, and I'm

wondering if the payments have always gone to the entity, the partnership, is there any advantages or disadvantages or do I need to get an NPI for each individual of our 11 physicians or can I get one for the entity.

Patricia Peyton: Well, are the physicians that are identified in a standard transaction.

This is Pat Peyton.

If they are, then they would need an NPI, plus the partnership. The group would need an NPI as well.

Dennis Hovanec: Okay.

Allen Gillespie: This is Allen Gillespie.

As a Medicare program, if you bill under the group's name, you need the NPI for the physicians because they have to be identified on the Medicare claim the rendering practitioner.

Dennis Hovanec: Right, right. Okay, very good. Thank you.

(Kara Trudell): This is (Kara Trudell). I'd like to add something to that.

It's very important to remember that there are a potential variety of different providers that are to be identified on a particular claim, especially with respect to institutional providers.

But for your radiology group for instance, you would have the radiologist that actually performed the procedure would be the performing provider. You may

have a billing provider, which is your group, and you may have a pay-to provider, which is even a different one.

And so you need to keep in mind which one you're talking about. And it is a good rule of thumb that an individual provider probably should always have an identifier.

Dennis Hovanec: Right.

(Kara Trudell): Because he's going to be identified as the performing physician, the referring physician, the operating physician if it's a surgical procedure.

And so it's – I think it's pretty much as good idea to assume that any individual, living, breathing provider should have an individual identifier. And then the question is do you need another identifier to identify the business aspect of your practice.

Allen Gillespie: Right.

Dennis Hovanec: Okay, very good. Thank you.

Bernice Catherine Harper: Thank you, Mr. Hovanec.

Dennis Hovanec: Thank you.

Bernice Catherine Harper: Next question please.

Operator: Your next question comes from – excuse me – Betty Terranova.

Betty Terranova: Hi. This is Betty Terranova from Stonybrook University Hospital. I have a question on the subparts.

We have a distinct part psych unit. Would that qualify as a subpart? Right now we have a separate Medicare provider number.

Patricia Peyton: Then I would say it would be a subpart because it needs a Medicare billing number.

Betty Terranova: Okay.

So anything that needs a distinct Medicare billing number, you need to get – you can do the subpart on, even if it's the same tax ID number.

Patricia Peyton: Yes, I believe so, because there are regulations and reasons why that provider had to be enrolled separately in Medicare.

Betty Terranova: Oh, okay. Thank you.

Patricia Peyton: (Mm-hm).

Bernice Catherine Harper: Those remarks came from Mrs. Peyton, Pat Peyton. Thank you.

Next question please.

Operator: Your next question comes from Paul Randall.

Paul Randall: Hi. My question is for the enumeration, and it's really specifically about the individual NPI. There was some talk about the editing required for a subpart. I'd like to ask a similar question about editing for the individual NPI.

What is the duplicate editing criterion for an individual? Can an individual have one and only one NPI?

Woman: Yes, an individual can have only one NPI.

Paul Randall: And is that editing based on his Social Security number or some other criteria?

Woman: Social Security number comes into play, but so does the name, date of birth, and every – all of the items on that application are used to uniquely identify someone.

Paul Randall: And if they attempt to apply for another one based on another service location or other criteria, it would probably be rejected as a duplicate.

Woman: Yes it would be.

Paul Randall: Okay, thank you.

Woman: (Mm-hm).

Bernice Catherine Harper: Thank you.

Next question please.

Operator: Your next question comes from Donna Chapman.

Donna Chapman: Hi. This is Donna Chapman and I'm from (unintelligible) General Hospital in (unintelligible), Maine...

We have a group of internal medicine doctors who are a department of the hospital. Will they as a group have to have a separate NPI number? They bill under the same tax ID number that we do.

Man: Let me answer that in general and Chip might want to add something for Medicare specifically.

If the group needs to be identified or qualifies as a subpart and if they provide services and bill, you know, bill for services on their own and need to be identified on standard transactions, then they may very well need to get their own separate NPI.

Donna Chapman: Okay.

Man: And if that group is in and of itself a separate legal entity, then they automatically qualify for an NPI.

Donna Chapman: Okay.

And all docs and PAs that are employed by the hospital, like the ER docs and the ER PAs, they all need separate numbers, right?

Man: As an individual, yeah, they get their own individual NPIs.

Donna Chapman: Okay, thank you.

Bernice Catherine Harper: Mr. Gillespie, did you want to speak?

Allen Gillespie: I'd just like to add one thing. With that question, the hospital departments, if you're talking about the departments

Bernice Catherine Harper: Hello?

Operator: I have already cleared her line.

Allen Gillespie: Well, if that's the case, if there are hospital departments that are billing the carrier for Part B, physician or practitioner services, they have that option in the Medicare program to get one number for the entire hospital or get separate department numbers. So we're going to leave that up to the entity about how many NPIs they need to get, and want to get.

Bernice Catherine Harper: Thank you, Mr. Gillespie.

Next question please.

Operator: Your next question comes from Sally Dewald.

Sally Dewald: Hi. This is Sally and I'm with Northern California Medical Associates in the San Francisco area.

And we have a practice of about 30 providers with 15 different locations all billing under the same tax ID number, and I know this question has been asked in different ways.

But do I need to apply for an NPI for each of our 15 locations? They all have different practice locations. Same billing address though.

Man: What type of entities are they?

Sally Dewald: It's a – just a provider group.

Man: Physician group practice.

Sally Dewald: A physician group, yes. And we currently – like we're in California so we get the ZZZ numbers and then for the group and then we have the practitioners added as a rendering provider under that.

Man: Right.

Man: Now in general, again let's talk about in general and then Chip might want to add something for Medicare.

In general, each of the individual practitioners would get an NPI as an individual and the group practice if necessary could get their own.

Sally Dewald: Okay.

Man: Yeah.

Sally Dewald: Is it necessary to get one for each location?

Man: No.

Woman: No you shouldn't.

Sally Dewald: No. Okay.

If a provider renders services at more than one location, will we use just that one NPI number?

Man: If the individual physician as far as their rendering physician?

Sally Dewald: Yes.

Man: Oh, for…

Sally Dewald: If he practices…

Man: (Unintelligible).

Sally Dewald: He may practice in more than one location.

Man: Right.

The NPI will be used as the rendering PIN or the performing PIN, the current numbers that we use now. But the NPI will replace all of those number and they'll just need one.

And again, that one number will the physician's number. It won't be the number associated with your group. It's that physician's number, and we get all of that information and then the Medicare (unintelligible) carrier will get – will be able to set up that number as the rendering for all of the locations and all of the different groups.

Sally Dewald: Okay, so as a group, I only need to get one for the group and not one for each location?

Man: Yes.

Sally Dewald: Is that correct?

Woman: That's right.

Sally Dewald: Okay. Thank you very much.

Bernice Catherine Harper: You're welcome. And thank you.

Next question please.

Operator: Your next question comes from Mary Dullnig.

Marry Dullnig: Good afternoon. My name's Mary Dullnig. I'm with Horizon Surgical Group in Rockville, Maryland.

And my question is should I start to collect the NPI of referring physicians – because we're specialists – of referring physicians as soon as I can? In other words, will I need their NPI numbers on my claims?

Man: Well, you will eventually have to put on the NPI numbers, no later than May of 2007. It sounds like it should be a – would be a good idea to start collecting that information (unintelligible) as soon as possible so that you've got it.

Marry Dullnig: So we will need it for the referring?

Man: If you put – if you fill out the UPIN for the referring physician now, you'll need to put the NPI in that place.

Stanley Nachimson: Just to reiterate, by May of 2007, for providers and large health plans, any time you identify a provider on a standard transaction, they'll have to use the NPI for that covered provider.

Marry Dullnig: Oh, I see. Okay.

And I have one more question please? We have a certified vascular laboratory. We do not bill under that laboratory. It's certified so that we can of course provide service.

Do I need an NPI for that?

Stanley Nachimson: Yeah. If that's a – if that laboratory needs to be identified on a standard transaction as a provider, you would need an NPI.

Marry Dullnig: I see. Well, thank you very much. It's been very helpful.

Bernice Catherine Harper: And that question was answered by Mr. Nachimson. Thank you very much.

Next question please.

Operator: Your next question comes from Karen Barron.

Karen Barron: Yes, hi. My name is Karen Barron and I'm calling for a hospital-based rural health clinic.

I believe I have heard an answer already but I just want to reiterate. We operate under the same tax ID number. They physician, we have a different

group number. The (unintelligible) is offsite and the physician has an individual provider number with Medicare.

Do we apply for one number for the clinic and another number for the physician?

Allen Gillespie: This is Allen Gillespie. You've got a lot of different things going there.

The rural health clinic is a Part A certified provider and basically the policy we're going to have within Medicare is that a certified – each certified provider needs their – needs a separate NPI because they would now get a separate OSCAR number.

So for the rural health clinic, they would need to get an NPI. And at the time that rural health clinic furnishes services as a group practice and bills the carrier for Part B, that's still part of the policy we're working on, whether that same NPI can be used for both.

But of either, in situation, the individual practitioners when they bill under those 1500 or the 837…

Karen Barron: It would be UB-92

Man: Well, if you'd use the UB-92, then you don't need – you don't identify the individual practitioners on that, so they wouldn't need the NPI. But if you bill under the 1500 or the 837, you would need to have the individual practitioner identified, so they would need an NPI.

Karen Barron: Okay.

And to follow up on that, would that also qualify for our PAs or do they just go – or actually, they don't do anything in the hospital.

And when is the application deadline?

Man: For individual NPIs?

Karen Barron: Yes.

Man: Again, the NPIs must be used on standard transactions no later than May 23, 2007. And I would certainly suggest applying as far in advance as possible

Karen Barron: Okay. Thank you for your time. I appreciate it.

Bernice Catherine Harper: You're…

Mr. (Parish), we have time for one more question and then I'll have some announcements.

Operator: Okay.

Your final question comes from Rhonda Dukes.

Rhonda Dukes: Hello.

Bernice Catherine Harper: Yes, Ms. Dukes. We can hear you.

Rhonda Dukes: Hi. Just one question.

I do billing for about 60 radiology practices, and in radiology we're doing professional component. I know from my group I'll need an NPI for each doc.

But as far as the referring physicians go, for those 65 practices, I think I have about, I don't know, 20,000 referring physicians. Any advice on how I might get 20,000 NPIs for the referring physicians?

(Crosstalk).

You know, my claim getting paid is dependent upon my having a referring physician name and UPIN right now. If I don't have that, at least for CMS, the claim gets denied, or for HGSA. The claim gets denied.

So how do I get them?

Allen Gillespie: This is Allen Gillespie.

You could certainly ask each one of them what their NPI is, because you're a trading partner.

Rhonda Dukes: There are 20,000.

Allen Gillespie: I know. Right now that's still in developmental stages here within CMS anyhow as far as, you know, what the status of that number is, whether or not we can make that number is available through another means.

Rhonda Dukes: Okay.

Allen Gillespie: But there's…

Rhonda Dukes: You do understand the problems there?

Allen Gillespie: Yes.

Rhonda Dukes: There's going to be – that's going to be incredibly difficult. The hospitals, I don't even – who would apply for them, or apply on their behalf.

Allen Gillespie: Right.

Rhonda Dukes: And then they're going to have to notify the hospital that they actually have privileges at, or if they're just a, you know, self-practicing doc, they don't have to notify anybody that they have an NPI.

So I think that might need to be addressed somehow or some advice given somewhere along the way.

Man: How did you get their current identifying numbers?

Rhonda Dukes: Through years and years of going onto UPIN directories and getting them. So all of my research over the last five or ten years or whatever, however long it's been. Also as the hospitals get the numbers, we get electronic files from them and ask them for updates for those numbers as they get them. A lot of them we send in (OCH000) because we don't get them.

Bernice Catherine Harper: Thank you. I would imagine more discussion will be required during this for this topic.

Rhonda Dukes: Okay. Thank you.

Bernice Catherine Harper: I want to bring the roundtable to a close. I have several announcements.

As I have announced before, we will have the next NPI, national provider identifier roundtable is scheduled for Wednesday, September 14 at 2:00 pm. Two, we will be posting a transcript of this call on the web site in the next two weeks. Three, for questions about the applications process, call the Enumerator at 1-800-465-3203. I will repeat this. Call the Enumerator at 1-800-465-3203.

Email questions should be sent to customerservice@npienumerator.com. Questions should be sent to customerservice@npienumator.com.

Fourth, for more information on HIPAA, go to our web site located at www.cms.hhs.gov/hipaa/hipaa2.

If you have additional questions, please email them to the electronic mailbox at askhipaa@cms.hhs.gov. I will repeat it – askhipaa@cms.hhs.gov.

Our call the HIPAA hotline at 1-866-282-0659. I will repeat, call the HIPAA hotline at 1-866-282-0659.

I want to thank all the participants on the call, the staff, Mr. (Parish), our Operator for participating in this roundtable today.

How many people do we have on line, Mr. (Parish)?

Operator: Close to 1500.

Bernice Catherine Harper: Thank you very much. The conference is closed.

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

END