

**Center for Medicare & Medicaid Services  
NPI Roundtable Conference Call  
Speaker: Lorraine Doo  
April 18, 2007  
2:30 p.m. EDT**

Operator: Thanks so much for holding, ladies and gentlemen, and welcome to the CMS NPI Roundtable conference call. Just a reminder, today's conference is being recorded.

And now at this time, I'd like to turn things over to our host, Ms. Valerie Hart. Valerie, please go ahead.

Valerie Hart: Good afternoon everyone. I'm Valerie Hart from the Provider Communications Group at CMS. And I'd like to welcome you to the 22nd HIPAA Roundtable conference call. This is the third roundtable dedicated to NPI, the national provider identifier. CMS appreciates your participation in today's call. We're looking forward to a very informative session this afternoon.

Today's topic of discussion is the compliance contingency guidance released on April 2. This guidance affords covered entities, including health plans, the ability to adopt a contingency plan for NPI implementation.

There are three very important items that we'd like to mention before we begin. First, CMS has not yet announced a Medicare fee-for-service contingency plan. Once announced, there will be a national roundtable call scheduled to discuss that plan. Second, CMS strongly urges providers to pay attention to information from the health plans they bill so that they are aware, if and when, a

specific health plan announces its own contingency plan. This is true for CMS health plans including fee-for-service Medicare, Medicare Advantage, Part D, and state Medicaid. And third, there is no update at this time on the data dissemination notice.

Please remember that all NPI related information is posted on CMS's dedicated NPI website. This website contains information relevant for all providers as well as the Medicare provider community. The URL for this website is [www.cms.hhs.gov/NationalProviderStand](http://www.cms.hhs.gov/NationalProviderStand). 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.

The format for today's call will start with a presentation and then we'll open the lines for questions. When you're asking a question please remember that there are others who have questions as well. So, kindly be concise and specific. Once your line is open, please state your name and the organization that you work for. Please note that there will be a transcript of this call that will be posted on the NPI website shortly after the completion of today's roundtable.

With that, we'll begin our presentation. Our speaker today is Lorraine Doo, Senior Policy Advisor in the Office of Health Standards and Services. Lorraine?

Lorraine Doo: Thank you very much and good afternoon everyone or good morning for some. We're glad that you all could join us today. And what I'd like to start with is simply a recap, if you will, or background of the HIPAA legislation just to make sure everyone is on the same page.

HIPAA was passed in 1996 and required that HHS establish a unique identifier, being the national provider identifier, for use in the healthcare industry by providers. The law required the use of the NPI in all of the HIPAA standard transactions, the entire suite. The entities and organizations covered by the legislation are covered entities; health plans, health care clearinghouses, and covered healthcare providers who conduct the transactions electronically.

Except for small health plans, the regulatory deadline for full NPI compliance is May 23, 2007. And small health plans have to comply by May 23, 2008. Now, CMS has been tracking the progress of the industry to see how they're doing in getting ready to be compliant in a little over a month. We've worked with the National Committee of Vital and Health Statistics, with WEDI, the American Medical Association, the American Hospital Association, BlueCross BlueShield Association, and America's Health Insurance Plans and they've all been helping us track the progress.

We've solicited information through surveys. We've heard testimony from representatives of these organizations and received correspondence. Based on the findings of the research and the testimony, here is what we've found to-date. Many providers have not yet obtained their NPI. We do have more than two million providers who have received their NPI, but we think that's only about 85 percent of the universe.

By some estimates, almost half of the industry's health plans are not yet ready to use NPIs on the adjudication of claims. More than a third of clearinghouses will not use their NPIs to process transactions by the deadline. And while we don't have authority over the vendors -- the software vendors, we understand that about half of the vendor software still cannot generate claims using NPIs.

Those are not very positive statistics this close to a deadline. And we want this to be successful. So based on the findings, CMS drew some conclusions and made some decisions. First of all, the law is very clear. Covered entities, other than small health plans, must comply with the NPI provision by the May 23, 2007 deadline. We cannot change the deadline. We do, however, have delegated authority to enforce HIPAA and the provisions of the NPI regulations.

So using that authority and considering the results of our findings, we decided to issue contingency guidance to the healthcare industry on April 2 of this year. It's been very widely

disseminated through list serves, and our own communication vehicles - our websites and partner professional organizations. So, we wanted to make sure that people on this call understood what the guidance says.

First of all, for up to 12 months after May 23, 2007 CMS will not impose civil money penalties where covered entities are making reasonable and diligent efforts to comply with the NPI standards. During this period, non-compliant covered entities will be required to develop and implement contingency plans and be working towards adoption. We will promote voluntary compliance and employ a complaint-driven approach to enforcement.

Covered entities will be permitted to continue using both legacy and NPI identifiers. If we receive a complaint we will ask for documentation and information about what a health plan has done to do testing, what providers have done to ensure that they have an NPI and that they've shared it, and what clearinghouses have done to ensure that they also have the NPI of the providers for whom they conduct business and that they have testing schedules.

So, how does this affect each segment of the industry that we cover? Providers - get an NPI. Share the NPI with your trading partners. Work towards accepting and transmitting NPIs on the standard electronic transactions. Conduct testing with your trading partners and vendors to provide system support for you. If there are updates to your NPI, make certain that the system has them within 30 days of those changes.

If you're a health plan, use the NPI to identify and interact with the provider community. Make sure you are communicating with the providers with whom you conduct transactions and have them in line for testing. Be able to process the transactions using the NPI. And develop and implement contingency plans as necessary starting right away.

If you are a clearinghouse, you must accept and use the NPI in processing the standard transactions or in converting non-standard transactions into standard transactions making sure that the standard is compliant.

As a vendor -- and again, while we don't have authority, vendors are key to the communication channel between trading partners. Make sure you modify your software products to utilize the NPI as the primary identifier. Install and test the products with the clients and between the clients.

We do note that there are pros and cons to the contingency guidance. And we know there are operational questions. So, we want to reiterate some really key points. This is not an extension of the compliance date. The compliance date remains May 23, 2007. Non-compliant entities must immediately begin developing contingency plans. Entities are being encouraged to comply with the standards and terminate contingency plans at the earliest possible convenience. And trading partners should be testing as soon as possible.

For providers, it's very important to remember that the NPI is the standard and you need to share it with all the organizations with whom you do business. The provider should be enumerated by May 23, 2007. The process is very easy and simple to conduct and it is online. And there is good service that's provided as well. So, there's very little reason not to have an NPI by the deadline.

HHS and CMS will continue to issue guidance to the healthcare industry. We'll have other roundtables and the website will continue to be an excellent resource for getting information. We really urge you to use that.

Another key issue for providers is that they really risk payment disruptions if they don't get their NPI and don't start using it and don't start the testing process. Again, we will -- we do reserve the

right to investigate complaints and to decide when to impose money penalties if an entity does not exhibit due diligence in trying to come into compliance with the regulations.

We're interested in your questions and the issues that you're finding as you're attempting to come into compliance with the deadline.

And so with that said, I'd like to again thank you for your participation and begin to open up the lines for questions once the operator has given us instructions.

Valerie Hart: Thank you, Lorraine. Now, we'd like to start our question and answer session. And I would like to remind you once again that we are not able to discuss the Medicare fee-for-service contingency plan at this time. And also, please remember to be respectful of other callers when asking your questions. We do have thousands of people on the line for this call. So, please keep your questions brief. Once your line is open, please state your name and the organization that you work for. And operator, we're ready to take our first caller please.

Operator: Great; thank you, Valerie. Ladies and gentlemen, at this time if you do have any questions or comments, please press star one on your touch-tone telephone. If you are joining us today using a speakerphone, please make sure your mute function is turned off to allow your signal to reach our equipment. Again, star one for any questions and we'll pause for just one moment.

And we'll move to our first question today.

Valerie Hart: Yes, please go ahead.

Jennifer Hetska: Hello. This is Jennifer Hetska. I'm calling from the University of Rochester in New York. Our question revolves around the paper claim forms, both the UB-92 and the new CMS 1500, actually the UB-04. If we've developed a contingency plan to not be able to submit NPIs

electronically, can we continue to use the older forms, meaning the UB-92 and the CMS1500, until we're ready to start submitting NPIs?

Operator: Great. And we'll move on to our next question.

Valerie Hart: Hold on. We're going -- we just need to consult for just a second if you'll hold on for just a minute please.

Operator: Sorry about that, Valerie.

Cathy Carter: Hi. This is Cathy Carter and I wanted to answer the question from a Medicare fee-for-service perspective. We are in the process of sending out some clarifying instructions on the forms, particularly on the 1500, because we had some issues with the 1500 with that new version. And so, we did extend the due date for that. And we are thinking that's going to be a month or two out. And we will then require the new form. But we will be sending out a clarifying instruction and deal with both of those dates.

Also, I think you heard that we are going to be having a future roundtable to deal with Medicare fee-for-service contingency. And I think we can address any further clarified questions on that at that time during that call.

Valerie Hart: Thank you, Cathy. Next question please.

Operator: Thanks Valerie. We'll move to our next question.

Linda: This is Linda from St. Luke's Hospital in Houston. If a -- if a physician or a partner does not have an NPI because they're a new -- let's say a new physician and they haven't been assigned one

yet. Would a hospital, for instance, have to hold a claim in order to -- before they can submit it if they do not have an NPI?

Pat Peyton: A physician -- this is Pat Peyton in OFM. A physician is eligible to apply for his NPI or her NPI whenever.

Linda: Right. But let's say he's applied for it but hasn't received it yet. But he's ordering services at our hospital. Do we have to hold our claim waiting for his NPI?

Karen Trudel: This is Karen Trudel. The hospital's need for an NPI is something that we anticipate will be -- will be discussed by various plans as they rollout their contingency plans. So, I would -- I would suggest that you look at the contingency plans that you see from the health plans that you bill. And I'm sure that they will affect the -- they'll address the use of the NPI of the hospital itself and the NPIs of any physicians with hospital privileges.

Linda: So at this time though, you can't address Medicare?

Karen Trudel: That will be part of the Medicare contingency guidance that we will have another conference call to discuss.

Linda: OK, thank you.

Operator: And we'll take our next question.

Ron Snider: Hello. This is Ron Snider from B Plus Health Care. We're a national provider in 15 to 20 states. And yes we, like most providers, have our NPI numbers for all of our programs and entities. And where we're finding difficulty, and I think a lot of the folks out there will share with us, is that getting all of the NPIs for the thousands of physicians that act as attending doctors for



our care. What we hope will be, and I think what I'm hearing, is that when I contact our health plans that -- the carriers that support us that we hopefully will have the ability, for a period of time, as part of their contingency to submit our NPI number, the attending physician's NPI number if we have it, or the physician's UPIN number. Does that sound reasonable?

Karen Trudel: This is Karen Trudel. Again, this is an issue that was brought up loud and clear as we heard testimony before the National Committee on Vital and Health Statistics. Medicare will be addressing that issue in their fee-for-service contingency plan. And yes, I encourage you to look at the contingency plans from other health plans to see what they're going to do.

We also realize that the ability to obtain this information will be much easier once the data dissemination notice has been published and data from the plan provider ID system is available.

Ron Snider: Yes, thank you very much. Again, it was the sharing that is now, I think, causing a lot of providers difficulty in being able to navigate ...

Valerie Hart: OK, thank you very much.

Lorraine Doo: Yes and this is Lorraine again. I do want to reiterate what Karen said about providers sharing their NPIs now with other providers, health plans, et cetera who need them because they are trading partners. There has been confusion about whether providers should be sharing their NPIs under the circumstances. And the answer is an emphatic yes you should.

Valerie Hart: OK, next question please.

Operator: We'll move on.

Susan Potter: Yes, this is Susan Potter with Term Billing in Texas. And I have a question on how will the carriers and clearinghouses handle claims if we, as providers, have our NPI numbers and have our software ready and change to submit the NPI number and they're not ready. So for example, we might have to -- would we be required to have three different formats -- one that says send these claims only as NPI only; send these as NPI and legacy; and, send these as legacy only? It sounds like really a big administrative burden.

Valerie Hart: Can you hold on just a second? We just need to consult here.

Lorraine Doo: Hi. This is Lorraine. Yes, it's important that everyone work with their individual health plans and clearinghouses to determine, one, what their contingency plan is going to be, and what formats are going to be required such as the dual use that you mentioned that in the interim period, because we've announced a contingency plan, anticipates that health plans and the clearinghouses that are supporting them and the providers will be deploying that kind of strategy. But it's important to contact those businesses to find out how they're going to expect that.

Valerie Hart: Thank you, Lorraine. Next question please.

Operator: We'll move on.

Jack Panowskis: Jack Panowskis from Palos Community Hospital, Palos Heights, Illinois. The question I have is that we have new staff physicians coming on board who have only received an NPI number -- they're not going out and getting any UPIN numbers. Is this going to be a problem for any type of submission in the near future?

Pat Peyton: They can get UPINs. This is Pat Peyton.

Operator: And we'll take our next question.

Scott Smith: Yes, this is Scott Smith from Prism Healthcare Service in the Chicago area. My question was regarding line 17B and 24J on the CMS 1500 form requiring that the NPI number of the physician -- and I think everybody is sort of addressing it. It seems to be a major question. And the way the instructions have been worded said that after May 23 I'm not allowed to put the UPINs any more. Are you going to be changing that?

Cathy Carter: We'll discuss that at a future call.

Operator: And we'll move on to our next question.

Paul Wolfgang: Yes, my name is Paul Wolfgang from Montefiore Medical Center. And I have a question related to the UB-04 form. My question is, is the contingency plans that are set up for the 837 -- do they also apply to the UB-04? And is the UB-04 scheduled to be implemented still on May 23 of this year?

Karen Trudel: The HIPAA requirements, and therefore HIPAA enforcement, does not apply to paper transactions, only to electronic transactions. So, the answer is that the contingency does not apply to the UB-04. However, it is appropriate for health plans, if they so desire, to require use of the NPI on the UB-04. And I will defer to others about the implementation periods.

Kathy Simmons: We're actually really accepting UB-04 for Medicare. We started to on March 1 and the instructions that we issued said that we're not going to accept the UB-92 on May 23, 2007 and on. We're still planning to go with that **and** to start rejecting UB-92s then.

~~Certainly~~, We're going to follow the same rules for submission of NPIs on the **paper** forms that we're going to follow for the electronic claims for Medicare purposes. But the new form allows for reporting of both the old (**provider identification**) number and the new (**NPI**) number.

Lorraine Doo: This is Lorraine. I just want to make sure some -- when questions are answered that we will be clear with you when it's a Medicare response versus what your other health plans may be deciding to do. And it's very important to check with them as well.

Female: Thanks.

Valerie Hart: Thank you Kathy Simmons and Lorraine Doo..

Operator: And we'll take our next question.

Gwen Tony: Hi. My name is Gwen Tony and I'm with the Ohio Home Care Organization. And my question is, with the surrogate numbers that used to be used on the UPINs for the residents and the Veterans' Administration physicians will they need to apply for a UPIN number -- I mean for NPI numbers? I saw something recently about them using taxonomy codes. So, I'm just trying to find "yes, they should apply" or "no, they should not apply."

Karen Trudel: This is Karen Trudel. We encourage all providers to obtain NPIs.

Operator: And we'll take our next question. Caller, if you heard the voice prompt your line is open for your question.

Karen Green: My name is Karen Green and we're -- I'm with MCV Physicians in Richmond, Virginia. If we have a trading partner or another organization who is unwilling to share their NPIs even though they've been requested, who can help us resolve that?

Lorraine Doo: This is Lorraine. And one of the first things that I would recommend is to contact their -- if it's a health plan, for example, or a clearinghouse typically there is a HIPAA compliance officer or

a HIPAA director, someone responsible for the transactions and to contact that individual to try to work through it. And you may -- and if it's not already been put in writing, you may wish to explain that to them and get it in writing. You can certainly submit complaints. One, the compliance date is not until May 23, 2007. So, we won't be able to -- we'd only process it as a complaint per se. It would be nice if you were able to resolve it in advance.

Do you have any other suggestions?

Karen Trudel: This is Karen Trudel. As we said before, there has been some confusion amongst providers as to whether they should provide their NPI to other training partners. We do have an FAQ on our website that's very, very specific about that issue.

And my first suggestion would be to refer, if it's another provider that you're doing business with, refer them to that frequently asked questions. That may very easily resolve the issue.

Operator: And we'll move to our next question.

Female: Hi. I have a question regarding nurse practitioners. We have some nurse practitioners who aren't going to be getting their NPI numbers. Instead, they're going to be using their physician's NPI numbers. Is this correct or should they be obtaining their own?

Pat Peyton: This is Pat Peyton. They're certainly eligible to obtain their own NPIs. And if they need to be identified in the standard transaction then their NPIs would be used. They would not be identified by someone else's NPI.

Operator: And we'll take our next question.

Francis Taylor: This is Francis Taylor with the Division of Public Health in North Carolina. If a local healthcare provider has done everything they can do to be compliant by May 23 but one or more health plans may not be ready, is the local healthcare provider required to complete a contingency plan or just the health plan or both?

Lorraine Doo: Can I just clarify? You said the healthcare provider is ready?

Francis Taylor: They've done everything they can do to be ready but the health plan, one or more health plans, may not be ready. Is the local healthcare provider required to complete a contingency plan just because they're dependent upon the health plan being ready?

Lorraine Doo: Well, it sounds like the health plan would need a contingency plan because they wouldn't be able to accept the health provider's compliant transactions. And then, the provider would be able to ask for the contingency plan and to coordinate a strategy for when the plan would come into compliance.

Operator: And we'll move to our next question.

Mary St. Pierre: Yes, this is Mary St. Pierre, National Association for Home Care and Hospice. I'm going to refer back to the earlier question about residents and NPIs. I wasn't clear whether residents are required to get an NPI. If they do not have an NPI, if they're not required, will there be a default number as there is now with the UPIN?

Pat Peyton: This is Pat Peyton. A resident is eligible to apply for an NPI. The final rule requires covered providers to obtain NPIs but all health care providers are eligible. So, they can definitely apply for NPIs.

Female: But she also asked about a surrogate. There's not going to be a surrogate NPI.

Pat Peyton: I'm sorry. I forgot about that. No, there's no such thing as a surrogate NPI.

Mary St. Pierre: OK, thank you.

Operator: And we'll move on.

Teresa Mullins: Hello. I have a question. My name is Teresa Mullins. I'm the Director for Patient Registration in Pikeville Medical Center. Our question today is will the NPI number replace our KenPac number for Medicaid?

Female: We're checking with our ...

Alan Shugart: This is Alan Shugart. I would presume that it would replace it because that would be the Kentucky Medicaid provider number; so therefore, it should be replaced by an NPI. But to make certain, I would talk to the Kentucky program. Assuming it is a provider, yes it would need to be replaced with the NPI.

Operator: And we'll move on. Again, caller if you did hear the voice prompt your line is open for your question.

Kevin Duke: Hi. My name is Kevin Duke from Active Billing. My question was -- I'm not sure if it had been asked already. But is there going to be a national source of referring provider numbers anywhere? Most of the doctors I deal with don't want to share their information. And I know everyone is encouraging them but the family doctors, especially, feel that they're already in a bad deal and now they've got to do more work to provide all this information. So, they're not actively sharing their information despite what would be you know a good thing. But they just won't do it.

Karen Trudel: This is Karen Trudel. There is a data dissemination notice that will be published at some point in the future that will explain what data from the plan provider enumeration system, which is the central database, will be made available and by what mechanisms it can be made available. And the -- so the specific answer to your question will be addressed in that data dissemination notice.

Operator: And we'll take our next question. Again, caller if you did hear the voice prompt your line is open for your question. Hearing no response, we'll move to our next question.

Valerie Hart: Next question please.

Operator: Again caller, if you did hear the voice prompt your line is open. Hearing no response, we'll move on to our next question.

Pat: This is Pat from Mercy Medical. I'm wondering. You talk about giving information to trading partners but what about the hospitals getting together and sharing our physicians' NPIs with other hospitals? Is that allowed?

Pat Peyton: This is Pat Peyton. We do have a guidance document on the CMS NPI web page about that very issue. It is allowed but there is guidance for certain aspects that should be considered before anybody starts sharing other providers' NPIs.

Operator: And we'll move on.

Female: Our question has already been answered. Thank you.

Operator: Ladies and gentlemen, if you do find that your question has already been answered, you can remove yourself from the queue by pressing star two. And we'll move on to our next question.



Pam: Hi. This is Pam with Legacy in Portland. If the payers are not ready by the deadline date of 2008 what do the providers do? I mean do we just get the payer's contingency plan in writing and continue with the -- you know the regular provider number and not the NPI number if they're not ready?

Lorraine Doo: This is Lorraine. And you meant the deadline of 2007 and then if ...

Pam: No, 2008.

Lorraine Doo: So, the end of the contingency? At that point, in terms of the enforcement strategy there will be the full enforcement. And so, a complaint would be investigated. The contingency plans will have had to have ended by that date. And then, we would take investigative action related to that plan's activities and be looking at why they were not compliant and what they were doing to come into compliance. Contingency would be ended at that point.

Pam: So, would we still be allowed as a provider/a hospital to continue with the other provider numbers?

Karen Trudel: No. This is Karen Trudel. As of May 23, 2008 full compliance with the NPI rule is required.

Valerie Hart: OK, next question please.

Operator: We'll move on.

Robert Putio: My name is Robert Putio. I'm with the New York State Office of Mental Health. We operate 26 psychiatric hospitals. My question -- I have a couple of questions. But the first question is -- we have 900 doctors and we have enumerated for 700. We are in the process of

trying to get the last 200 in. And NPPES is closing down the bulk enumeration process as of tomorrow. And I was just wondering why they were closing down before the deadline. And then, I have a question with regard to an NPI after 5/23 and the UPIN.

Pat Peyton: This is Pat Peyton. I can talk about the EFI files. That dark period, as we call it, starts on April 20 and it lasts for two weeks. EFI is not shut down forever more. And all of the EFI organizations -- all of their representatives -- received a notification about this last week from the enumerator. But the NPPES is not shut down--let me make that really clear. Providers can always apply on the web or send in a paper application during that time. It's just the EFI files that cannot be uploaded for two weeks.

Female: He had a second but did you actually -- did you actually ask the second question about the UPIN?

Robert Putio: No, I didn't. The problem is that if we're -- if we're not putting -- if we're not doing the enumeration in time to provide the legacy numbers in our claiming and therefore intermediary does not have a crosswalk what happens when we're past May 23? We put an NPI on the claim. It was filed correctly. You know will that -- will that claim get paid ...

Female: OK. Does anyone want to answer that?

Cathy Carter: I think -- I think we should -- I think we should cover that in the Medicare fee-for-service contingency call that we'll have in the -- in the near future.

Karen Trudel: And again, this is Karen Trudel. You need to look at the -- at the contingency plans of all of the health plans that you bill as they roll them out to find out what they expect or propose to do with claims that come in with an NPI only, claims that come in with the legacy identifier only, or claims that come in with both.

Valerie Hart: OK. I'm sorry. We're going to have to move along. We have a lot of questions in the queue here.

Operator: And we'll move on. Caller if you heard the voice prompt your line is open. Hearing no response, we'll move on to the next question.

Male: Johnny?

Johnnae Topper: Yes. This is Johnnae Topper from JDT Medical Billing in Chicago. And I have a question. I know it's a Medicare question. But this is an important issue for us. We only -- we thought we were NPI ready until last week when our local carrier informed us that all of our clients were using a FEIN and are incorporated now must complete an 855I claim -- or 855I form. Medicare is not -- is not processing those claims for about two to three months. We now know we are not going to be ready by the May 23 deadline. When is this teleconference or meeting going to be held regarding Medicare because we have to do something? We have 150 providers that we are concerned about at this point.

Pat Peyton: Johnnae, this is Pat Peyton. I know we've talked on the phone before. Why don't I give you a call? Because, your call is enrollment, mixed with NPI, mixed with Medicare contingency.

Johnnae Topper: All right. Thank you very much Pat.

Pat Peyton: You're welcome.

Operator: We'll take our next question.

Karen Taylor: Hi. This is Karen Taylor with Tender Loving Care Home Healthcare. I have two questions.

The first one is regarding Medicare PPS because we are not able to obtain an attending physician's NPI by May 23, 2007. Can we still submit a claim and expect to get paid for it?

That's the first question.

Karen Trudel: Again, this will be discussed in the Medicare contingency guidance when it is published.

Valerie Hart: And for the future, we really need to take just one question from each caller in order to be fair to all of the callers that are in the queue. So, we'll take the next question please.

Operator: And just to remind everyone that you will hear a voice prompt on your phone line indicating when your line is open to pose your question. And we'll take our next question.

Debra Farley: Yes, my name is Debra Farley from Bill Pro Management Systems, a medical billing entity.

We have reviewed all of our providers' NPI applications and Medicare enrollment. My question is not concerning Medicare enrollment. It has to do with the sole proprietor who is obviously only eligible for an entity one. But he does submit claims with a tax ID. I understand that a tax ID is not a legacy number. Since there is no mention of the tax ID in an entity one application how do carriers who do not assign legacy numbers know to pay under a tax ID?

Pat Peyton: This is Pat Peyton. I'm not really sure I can actually remember everything you just said. If a tax ID is used to identify a provider as a provider in a claim that's not really what we consider to be a legacy number because the TIN is not assigned by a health plan. That TIN would still be replaced (because it identifies a provider as a provider) by an NPI once NPIs have to be implemented.

Kathy Simmons: I think this -- this is Kathy Simmons. I think what you're referring to is that there's a requirement if you're submitting a claim to any payer under the HIPAA format that says if you're a

billing provider that you have to report your NPI and a tax ID. Both numbers would have to be reported. You wouldn't only be able to report one number. The reason that's required in the implementation guide is that the tax ID is needed for the 1099 that would be filed with the IRS. But the actual payment would be made under the provider's NPI number.

Female: And I think the implementation guides tell you when the TIN is needed to identify the provider as a taxpayer.

Kathy Simmons: I believe the only two times are if you're filling out the billing provider loop of a claim or the pay-to provider loop. In any other situation, since the provider would not be paid, the EIN would actually be considered a legacy number if used in any of those other loops. So, the EIN should not be reported for other types of providers once the NPI is required.

Debra Farley: OK, thank you.

Operator: We'll take our next question now.

Amber: Hi. This is Amber from Olympic Medical Center. I'm trying to I guess get guidance on -- or ask that CMS consider what they're going to do about the legacy number for self-referred mammography and how those are going to be billed after the implementation date.

Female: Thank you. We'll take that into consideration.

Female: That's going to be part of the Medicare contingency plan also. It's a different entity ((inaudible)).

Amber: OK thank you.

Operator: We'll move on to our next question.

Marty Jensen: Hi. This is Marty Jensen with Health Care IT Transition Group. There is an element of the legacy -- the legacy transition that hasn't been taken into account yet. We don't have any announcement from CMS about continuing the issuing of the UPIN numbers past May 23.

Right now, the deadline for expiring that system is still in place. Also, the availability of that online UPIN look-up -- the UPIN -- registry.com I believe is the address -- should probably be considered to be a requirement beyond the deadline. Can you give us an update on what the plan is for the UPIN number issuing and the database availability?

Pat Peyton: This is Pat Peyton. We'll be making that information available to the industry shortly. There's a lot to this. And we've just not made any of it public until we finalize all the different aspects of the termination of the UPIN registry.

Operator: And we'll move to our next question.

Female: Are there any deadlines for as far as the data dissemination or any -- you know a date when that information would be ready -- that we would be able to -- my understanding is that we would be able to get the information ((inaudible)). This is Hoya Medical Center.

Valerie Hart: As we said earlier, we will not be discussing the data dissemination on this call. That'll come at a future date.

Karen Trudel: This is Karen Trudel. The notice is being reviewed at this time by the Office of Management and Budget. And as a result, we don't have any information that we can share about a targeted publication.

Operator: And we'll take our next question.

Tammy: Hi. This is Tammy with Next Gen. Since this is the NPI guidance call, is there going to be one additional call for the Medicare or is it a Medicare fee-for-service call contingency plan to follow as well as a Medicare?

Nicole Cooney: Yes. This is Nicole Cooney and we are planning another roundtable once the Medicare fee-for-service contingency plan has been released. Since that has not been released yet, we can not schedule that call. So again, we'll be reviewing with you the NPI website at the end of the call. You'll want to check there for the date of that call once it has been scheduled.

Operator: And we'll move on.

Glenda Henderson: Yes, this is Glenda Henderson with the Florida Medical Association. If we have a physician who has his NPI number but he received a referral from a physician who does not have an NPI number, how does the physician file that claim?

Karen Trudel: This is Karen Trudel. There are several answers to that question. First of all, you need to find out how your plan's contingency plan is going to address that issue. And second of all, we suggest that you contact the provider and request their NPI. And once we have a data dissemination process in place, there's the opportunity to refer to that for the referring physician's NPI.

Operator: And we'll move on.

Valerie Hart: Caller, you're on the line. Your question?

Bob: I have a question. My name is Bob from LIJ Home Care. I have a question in regards to the 837 billing when you're submitting batch files. If we're missing one or two physician NPIs and we

submit the batch file. Will the entire batch get rejected or would we have to strip out the physicians that are actually missing the NPI and resubmit it as a batch file?

Kathy Simmons: This is Kathy Simmons. Because this answer could vary among all of the different payers -- I mean in Medicare's case once we're going -- once we mandate the NPI, we would probably just reject those claims that didn't have the NPIs. But that might not be the case with another payer. They might reject the entire batch.

Operator: And we'll take our next question.

Melissa: Hi. This is Melissa from Hunterdon Home Health. Could you please clarify if all doctors must comply with the May 23, 2007 date or do they have until the '08 date also?

Lorraine Doo: This is Lorraine. The compliance date is still May 23, 2007. And what we've allowed is up through May 23, 2008 for providers and health plans and clearinghouses to implement a contingency. So, the compliance and the contingency will end on the 23rd of 2008.

Operator: And we'll move on.

Valerie Hart: Next question please.

Jane Laraba: Hi. This is Jane Laraba from Finger Lakes Health. Can you hear me?

Valerie Hart: Yes.

Jane Laraba: I'm sorry. It seems that when Lorraine was speaking she mentioned 50 percent of health plans were not ready or have not received NPIs. Now, we also mentioned 50 percent of the vendors are not ready. Why would we go -- or why would CMS state that we still need to



implement this May 23 when we have providers that are not ready based on health plans not being ready, based on software not being ready, and try to make some of these plans, some of these providers, some of these vendors comply with it when each have something different that is affecting their own individual operations? It just seems to me we -- I can see where we need to move forward towards compliance ...

Valerie Hart: All right. We have Karen Trudel to address that.

Karen Trudel: That is the entire point of providing this contingency guidance in the first place. It is to provide some flexibility in enforcement for plans, providers and clearinghouses as they struggle towards connecting all the dots to a point where everyone can be fully compliant. We do not have, as Karen mentioned, the legal ability in the HIPAA statute to unilaterally provide an extension. All we have is the ability to provide some flexibility in our enforcement process. Therefore, what we expect is that during this additional one-year period providers, plans and clearinghouses will move together as quickly as possible to provide -- to perform whatever activities they need to do to obtain an NPI, complete their plan crosswalk files, do any necessary testing, et cetera. That is the purpose for the one-year contingency.

Valerie Hart: Thank you Karen.

Operator: Ladies and gentlemen, just another reminder, that a voice prompt on your phone line will indicate when your line is open to pose your question. And with that, we'll move on to our next question.

Mary: Yes, this is Mary with Master Med. And I wanted to find out if plans or payers can actually require the NPI before the deadline?

Lorraine Doo: This is Lorraine. Well, plans can require the NPI before the deadline. The effective date of the rule was 2005. The compliance date is 2007. And there are indications that some plans and states, at least one state, are now requiring the use of the NPI and have been working towards that goal. So, they do have a right to require that. It's a business decision.

Valerie Hart: Thank you, Lorraine.

Karen Trudel: This is Karen Trudel. Let me clarify something and add on to that. Plans also, and covered entities, also have the ability to end their contingency plans prior to the May 23, 2008 deadline which means that a plan then could begin to require the use of the NPI before May 2008.

Operator: And we'll take our next question now.

Valerie Hart: Next question please caller.

John: Yes, this is John from Catholic Medical Center in Manchester, New Hampshire. I'm just curious. From our perspective, we've -- a hospital perspective, we've applied for our NPI numbers, got our doctors NPI numbers. We've been dual submitting now for a while. Our biggest issue is just getting the referring doctors' numbers. And we're working on that. We have a plan to do that. Apart from dual submitting the numbers and continuing to get the referring doctors' numbers into our databases, what else can we be doing?

Karen Trudel: This is Karen Trudel. It sounds like you're doing everything just fine.

Operator: And we'll move on to our next question.

Christa: Yes, this is Christa from Laurel Eye Clinic calling. And my question is regarding the contingency plan. As a provider's office, do we have to have a formal written contingency plan or is the fact that we have obtained our NPIs -- we're in the process of attempting to obtain the referring NPI information also. And we're working on getting that information in our software. Is that enough of a contingency or do we have to have something in writing?

Karen Trudel: This is Karen Trudel. Again, the importance of the contingency plan is in the event that someone files a complaint against you. And I would counsel that you at least have good enough records that you could demonstrate these activities in the event that a complaint were filed against you and you were contacted by CMS for information. I wouldn't necessarily say that you need a long legal document. But you do need to be able to -- any covered entity who invokes the contingency plan needs to have enough documentation that you could respond under those circumstances.

Lorraine Doo: And this is Lorraine. I just wanted to add from an enforcement perspective the kinds of things we might need to ask for is evidence, for example if it's a provider, of the dates that you secured your NPIs, if it's a health plan, the documentation of when you're going to be completed with a testing strategy or what communications and outreach you've done to providers. So again, it doesn't have to be a legal document. But it should be some evidence of what it is that you're doing so that we can help to determine that in fact it's a good faith effort.

Christa: OK, thank you.

Operator: And we'll move on.

Sharon Gridadario: Hello. This is Sharon Gridadario calling from CVS Pharmacy. My question is related to the contingency -- the timeline that we have to address all the different health plans to find out - - identify if they have a contingency plan. With 34 days left, as a pharmacy provider that's very

difficult because we deal with thousands of different health plans. And if we can not obtain that information because they can't be contacted or they don't have the information available is it the expectation that we are supposed to submit the NPI on those transactions as of May 23, 2007 and risk compromising patient care in payment for those claims?

Tracey McCutcheon: Hi Sharon. It's Tracey McCutcheon.

Sharon Gridadario: Hi Tracey.

Tracey McCutcheon: We've issued guidance to the Part D plans making it clear that they have to have contingency plans. But from CMS' point of view, the instructions to the plans are that we will continue to accept the PDE if they don't have an NPI. If they receive an NPI on the claim, they need to send it forth to us. Otherwise, they need to have the contingency plan to pursue getting NPI compliance from all of their providers. So, you will be able to continue processing. But hopefully, you'll have your NPIs.

Operator: We'll move to our next question.

Evelyn Morton: Hi, good afternoon. My name is Evelyn Morton. I'm calling from Community Care Network of Virginia and I have a few questions. We, as a network, are -- our shareholders are FQHCs, federally qualified health centers. And our question concerns whether or not you will continue to use the NGS number to file for FQHC services along with the NPI number for the individual site locations. We have 24 shareholders in 81 locations throughout the State of Virginia.

Kathy Simmons: Excuse me. This is Kathy Simmons at CMS. When you say the (NGS) number are you talking about National Government Services, one of the Medicare carriers?

Evelyn Morton: ((inaudible))

Valerie Hart: Was that a -- was that a yes?

Evenly Morton: Yes.

Valerie Hart: OK.

Kathy Simmons: While Medicare still has our contingency plan in effect we would consider that to be a legacy number. So, we would certainly be still expecting that either with or without the NPI. We would prefer to temporarily get both of the numbers. But we would still accept that until we issue something to the effect that we're no longer going to accept any legacy numbers.

Cathy Carter: But assuming -- this is Cathy Carter. Assuming that's a legacy number and I've just not heard it referred to as such, the way you described it, then you know I think you need to look at Medicare's contingency guidance. If that's a legacy number then you know it will need to be replaced by the NPI.

Lorraine Doo: And again, that will be discussed in the future roundtable call.

Valerie Hart: OK. Next caller please.

Operator: We'll move on.

Female: Yes, this is University of Rochester again. And we just want to go back to the CMS 1500 and the UB-04. If the contingency does not apply to the paper claims but we're still held by the deadline on the paper claims, are we saying then that we must go forward with the new claim forms but we could leave the NPI field blank?

Cathy Carter: This is Cathy Carter. To the extent that you're talking about Medicare fee-for-service, I think you need to look at Medicare's guidance. I mean Medicare has sent out you know previous instructions that we are going to require NPIs on the paper form. To the extent that there's any change in that guidance, it would be included in the fee-for-service contingency plan information that would be released at some point soon. And we'll have a separate call to discuss it. And for other health plans we wouldn't -- we don't know, that they would have to confirm with other health plans.

Karen Trudel: Right.

Female: OK.

Valerie Hart: Thank you Kathy and Karen. Next call please.

Operator: And we'll move to our next question.

Walter Suarez: Hi. This is Walter Suarez with ((inaudible)) for HIPAA and HH Vocational Research.

Thanks for the opportunity. My question is -- I think one of the premises of the contingency has been that it applies to any covered entity that is a provider, a payer or a clearinghouse. And any of them can invoke it. Yet, the emphasis has been both today on this call as well as in the past expressing things like the FAQ 8322 that providers should find out what contingency plan the payers will put in place and then make sure that they, the providers, are able to meet those plans.

It seems to me that this creates two very different and difficult situations. One is a provider will be faced with multiple health plan contingency plans. And the other one of course is that the provider has the right itself on its own to develop its own contingency plan and invoke it. how

would the healthcare industry address this challenge of -- instead of facing one single deadline which was the May 23, 2007 now has the potential of facing multiple deadlines?

Karen Trudel: Walter, this is Karen Trudel. Hi.

Walter Suarez: Hi.

Karen Trudel: You're absolutely correct. The contingency guidance and the concept of the contingency is to provide flexibility in enforcement should a complaint be filed against a covered entity of any kind. And as such, the contingency guidance does apply to providers, plans and clearinghouses. And it's necessary to realize however that aside from the issue of enforcement, there also is the issue of continuing business operations.

And from that perspective, health plans need to be able to make decisions -- and this is exactly the same as with the contingency guidance that occurred in 2003 for the transactions and code sets. It's absolutely no different than that, the plans need to make decisions about when to lift their own contingency. There are two different realities. One is enforcement and one is continuity of business operations.

Valerie Hart: OK, thank you Karen.

Operator: And we'll take our next question now.

Erin Arsman: Hi. This is Erin Arsman from Arda Medicare Health Plan. We have a question in regards to wrap status. What provider ID are you looking for? Is it the Medicare or the NPI? And also, please define a small health plan for us.

Kathy Simmons: What was the first part of your question? Are you talking about wraps for home health benefits?

Erin Arsman: No, just the encounter data that we submit. When we submit our information to you are you looking for the Medicare number or for the NPI number?

Valerie Hart: Just one second please.

Karen Trudel: This is Karen Trudel. We don't have anyone in the room to answer the first -- the first part of your question. If you can -- if you're willing to provide your name and phone number on this public call we will have someone get back to you. And if not, we'll move to the second half.

Erin Arsman: Sure. My name is Erin Arsman. I'm with Arda Medicare Health Plan and my phone number is (949) 260-8791.

Karen Trudel: Thank you. And the second question again was?

Female: Could you repeat the ...

Lorraine Doo: What is a small health plan?

Erin Arsman: Yes, how do you define a small health plan?

Lorraine Doo: Well small health plan, number one, is defined in the regulation. Without going into great depth here, it is defined in the regulation. And we may have an FAQ on that as well which provides some additional guidance.

Pat Peyton: This is Pat Peyton. I think we do. It is \$5 million or less in revenue in a year.



Female: Yes. And there's some additional ...

Pat Peyton: I think there is an FAQ out there on that.

Female: Yes.

Female: Try the website. And you can provide feedback on the FAQ if it's not sufficient information for you to identify a small health plan.

Valerie Hart: OK.

Operator: We'll move to our next question.

Female: Yes, hello. I've been listening to all the questions. And I'm still not clear on whose readiness is at issue. If you're a healthcare provider and you have your NPI and your health plans are ready and you don't have a referring physician's NPI which is needed on the UB-04, whose readiness is at issue and who should file a contingency plan?

Karen Trudel: Again, the UB-04 is a paper document. It is not regulated by HIPAA and is not covered under this contingency guidance.

Operator: And we'll move to our next question.

Kathy Mosley: Yes, this is Kathy Mosley calling from Verdeer Eye Center. We have some of our health plans that require us to only send claims to them electronically. Our clearinghouse is not ready. Would it be best for us to change clearinghouses or do they need to provide a contingency plan or do we?

Karen Trudel: I would -- this is Karen Trudel. I would suggest that you look at the -- talk to your health plans and talk to your clearinghouse.

Kathy Mosley: OK. The clearinghouse is telling us they're not going to be ready. I know these health plans require us to send them only electronically. So, should we change clearinghouses that is ready or do -- you know do we -- who writes the contingency plans ...

Karen Trudel: No, the health plan -- if it establishes a contingency plan, may accept legacy identifiers and your clearinghouse may be able to supply them. So, you need to actually look at those -- the contingency plan of your health plans and the capability of the clearinghouse both together before you make that decision.

Valerie Hart: Thank you.

Operator: We'll move to our next question now.

Terry: Hi. This is Terry from Miller Medical and Respiratory in Pennsylvania. I'm being told by our software vendor that the payers need an NPI number. Is that true?

Lorraine Doo: This is Lorraine. Payers are not providers and don't get national provider identifiers. Now, what they may be saying is that they need the NPIs of their providers, which is certainly true.

Karen Trudel: They need your NPI.

Lorraine Doo: Your NPI. So, you may wish to clarify what it is that they were referring whether it needed your NPI versus getting an NPI to identify themselves which is not necessary.

Terry: OK, thank you.

Operator: And we'll move to our next question now.

Valerie Hart: Next question please.

Dawn Lancaster: This is Dawn Lancaster with Keen in Jacksonville. We are a software vendor. We have programmed our software to allow our hospital-based providers to turn on or turn off the NPI or the NPI and the legacy ID at the payer level. We are now getting requests from our clients that they need to be able to do this at the physician level, specifically for the situation where a referring physician who is not a HIPAA covered entity -- AKA he has a small individual practice. He does all of his billing on paper claims. He does not have and never plans to obtain an NPI. They want to be able to flip a setting whereby for now and into the future they will continue to submit the legacy ID for that physician.

My understanding is once all contingency plans are completed that they will not be able to bill that service for that referring provider without an NPI even though that provider does not have one and never plans to get one. Is that not true?

Pat Peyton: This is Pat Peyton. I can only say that every health plan is different as far as what they require on their claims--whether they're requiring an NPI for a provider that's not a covered entity and the regulation doesn't require them to get one. They probably aren't Medicare providers because Medicare does require all of its providers to have NPIs. I don't know what you really could do unless you specify with people who refer to you that you know they should have NPIs because you're going to need them on your claims if that's what your health plans are requiring.

Karen Trudel: This is Karen Trudel. Again, there's some misunderstanding among providers particularly for physicians who believe that they're not -- who are not HIPAA covered entities that they don't

need an NPI for any reason. And there are a number of reasons why those providers should have NPIs and why they should share them with hospitals or other entities that they refer to.

One of the things that we will be doing during this contingency period is increasing some of our outreach efforts to those providers to recommend to them that they do obtain an NPI. And again, it's easy to do. It's fast. It's free. It's online. And we will be continuing to send out that message.

Kathy Simmons: Karen, I'd like to say something else. This is Kathy Simmons again. Just going back to the implementation guide where they ask for information on referring and ordering physicians. The segment there that asks for this identification says that once the NPI is required it would have to be reported. If you did have someone who was not a covered entity, the alternative to reporting the NPI is reporting their taxpayer identification number which if you're a small provider might be your social security number.

If I was going to be secretive or not want to use my NPI, I'd prefer to keep my social security number or my employer identification number more secret than an NPI. So, you know that might be another reason why they'd want to get one so that they don't have to be giving out those other numbers.

Valerie Hart: OK, thank you, Kathy.

Operator: And we'll take our next -- we'll take our next question now.

Valerie Hart: Next question please.

Lashonda: Hi. My name is Lashonda and I'm with Dallas Nephrology Associates. And I'm still a little confused about the contingency plan and who it applies to. Can you kind of help me understand that?

Lorraine Doo: This is Lorraine. And the contingency applies to all covered entities. So, whether you're a health plan or a clearinghouse or a covered healthcare provider you have the right to invoke a contingency plan if you're not going to be ready by the 2007 date.

Operator: And we'll ...

Karen Trudel: And again, the purpose of the contingency plan is for enforcement purposes in the event a complaint is filed against you we would consider your contingency plan in determining whether you are making a good faith effort to comply.

Operator: And we'll take our next question now.

Mary Langham: Karen, this is Mary Langham with Argus. And on the comment that you made on the covered entities being health plans, in pharmaceuticals not all claims going through the HIPAA transaction is with a health plan. So, when we have an entity whether it's a manufacturer or whoever is doing voucher programs, that type of deal, they may not be a covered entity but because they're receiving a HIPAA transaction from a covered entity we're giving guidance that they should go ahead and implement a contingency plan as well so that it's standard guidance in the industry. Does that sound appropriate?

Karen Trudel: It may take a little more understanding of the situation. But if the transaction is not a transaction between two entities that have been named in the regulation, in other words, between -- depending on the transaction, the provider and a health plan, or a health plan and a health plan, it is not a covered transaction and therefore not covered by these regulations. So, they would not be expected to accept an NPI if it's not going to another covered entity.

Now, if you want to talk about it more at length we can, again, take your number if you're willing to give it over the airwaves. But it sounds like you don't have transactions that are always considered HIPAA transactions and therefore they aren't covered by this.

Operator: And we'll move to our next question now.

Kerry Singleton: Hello. My name is Kerry Singleton. I'm calling with Inpatient Consultants. And I have a couple of questions. One is at this time is CMS requiring an NPI for referring doctors' with whom (confidence charges). And the second question is regarding the filing of the contingency plan. If we have approximately 90 percent of our NPI numbers is there a need to apply for this contingency plan for the remaining 10 percent that we may not have at the time of May 23, 2007?

Lorraine Doo: OK. The first question sounded like it was a Medicare related question in terms of whether Medicare was going to be requiring a referring and consulting physician. And that will be addressed in a separate call. The second question had to do with the percent of readiness it sounded like.

And again based on a business decision you would decide if you needed to have a contingency plan until everyone could be ready and you were able to submit the transactions or the NPIs for all of the providers. And again, your document could simply indicate that you are still going through testing or NPI acquisition for X number or X percent of the remaining providers, if I understood it properly.

Valerie Hart: And this is Valerie. I just want to mention that the call that Lorraine referred to in the response to the first question will be the Medicare fee-for-service contingency plan call that will be scheduled in the future once we have the plan ready to go public. OK. Next question please.

Operator: And we'll move on.

Lorraine Smith: Yes, my name is Lorraine Smith. I'm with Tri-span Health Services. And you may not answer my question because it's -- judging from some of the questions that have been asked if they were -- I don't know -- Medicare, we may not get an answer. But my question is -- is it OK to share the crosswalk file between health plans?

Cathy Carter: No. If you're talking about the Medicare NPI crosswalk, that's only for CMS use.

Lorraine Smith: Yes. In fact, it was -- it was a Medicaid -- it was a Medicaid contractor who contacted us about obtaining that crosswalk file. So, you're saying "No, that's not OK to do."

Cathy Carter: Yes. It's not OK to do.

Lorraine Smith: Thank you.

Operator: And we'll move to our next question now.

Valerie Hart: Next question please.

Elise Susanters: This is Elise Susanters with NAM California. I actually have two questions. Can a health plan or payer require an IPA to obtain NPI? And the second question is, is the extension of dual use an acceptable contingency plan even if it goes through May 23, 2008?

Female: Can you repeat the second question?

Female: The first question was "Can a plan mandate that an IPA secure an NPI?" How many more acronyms can we use?

Female: Is it a physician assistant?

Kathy Simmons: I know. It's an independent physician's group. They're at the organization but then each physician employed through that IPA would also have an NPI. And the use of the NPI is based on how the billing is conducted.

Valerie Hart: And the second question? Could you repeat the second question please?

Elise Susanters: If health plan or payer is extending their dual use period up through May 23, 2008 is that an acceptable contingency plan?

Karen Trudel: This is Karen Trudel. We can't make any blanket statements about the appropriateness of an individual's contingency plan. That would part of the complaint investigation process that certainly -- dual use is certainly one appropriate methodology during a contingency period. But we would also be looking at progress toward compliance, outreach activities, et cetera.

Valerie Hart: OK, thank you. Next question please.

Operator: We'll move on. Caller again, if you did hear the voice prompt your line is open.

Kevin Grace: Yes, hello. This is Kevin Grace from American Health Medicare in San Juan, Puerto Rico. My question is whether or not we need to eliminate the system generated ID number if we do include the NPI number in all of our provider correspondences.

Female: Correspondence like ...

Female: Letters?



Female: ... communicating plan policy?

Kevin Grace: With regard to claims, remittance advices, and other physician -- other provider documents.

Female: Are you a Medicare contractor?

Kevin Grace: Yes, we are.

Pat Peyton: This is Pat Peyton. Are you asking if you can use the legacy numbers in correspondence?

Kevin Grace: Yes, along with the NPI.

Female: Can we get your number and we will call -- have someone call you?

Kevin Grace: Sure. It's area code (787) 620-1919.

Female: And tell me your name again.

Kevin Grace: It's Kevin Grace.

Female: OK. Someone will give you a call.

Valerie Hart: Thank you, Kevin.

Kevin Grace: Thank you.

Operator: We'll take our next question now.

Valerie Hart: Next question please.

Operator: Again, caller if you heard the voice prompt your line is open. Hearing no response, we'll move to the next question.

Candy: Hi. This is Candy with Epiham Hospital. And I wanted to make sure that what I'm gathering is correct. In the old system we use to have to have the individual provider Medicare number linked to our legacy number in order for us to get paid for professional fees. I've been told that the new NPI numbers, each provider gets one. That is used in field locator 24 and that down in box 33 we do not use that. We use just our NPI number. So, we do not have to have these doctors' NPI numbers registered to our hospital NPI or legacy numbers. Correct?

Cathy Carter: Could we maybe get your name and number because we're -- I mean we can -- we would like to respond but we would have to ...

Kathy Simmons: Well, also there's the issue -- are they asking just for Medicare purposes? I mean there are quite a few different companies that use UB-04 or UB-92 forms. This isn't just a Medicare issue. So, some companies or some payers may require a number that Medicare doesn't necessarily require right now, particularly during the contingency period.

Candy: No, I was talking just strictly for Medicare for the hospital billed professional fees for readings, interpretations, so on and so forth ...

Female: Let me get your ...

Cathy Carter: We'll handle that issue on the future calls that we have scheduled.

Candy: Thank you.

Operator: And we'll move to our next question now.

Valerie Hart: Next question please.

Sally Luxon: My name is Sally Luxon with Olympic Health Management Systems and Sterling Insurance.

We are a Medicare Advantage private fee-for-service plan. Can our contingency plan entail requiring providers to continue to report their legacy number in addition to their NPI?

Lorraine Doo: Well, this is Lorraine. Again, we wouldn't -- we won't -- we wouldn't comment here on what can and cannot be in a contingency plan. If we could get your name and number we can get back to you on that if you're willing to provide that right now on the call.

Sally Luxon: Certainly, thanks so much for your help. My name is Sally Luxon, -L-U-X-O-N, and my phone number is (360) 647-9080 where I am extension 20128.

Lorraine Doo: OK, thank you very much.

Sally Luxon: Thank you.

Operator: Ladies and gentlemen, we do have time for only one more question today. And we'll take our final question.

Valerie Hart: Do you have a question? Hello?

Operator: Yes, ma'am we can hear you.

Tammy: Hi. This is Tammy calling from Tinting Billing Department. And I've just got a clarification question about the contingency plans and the health providers we're billing to. We have our NPI numbers. And, if we are billing to a healthcare payer that's not ready, we submit a complaint. Is that how that works?

Karen Trudel: Yes. If you have a complaint about a trading partner not being ready after you have tried to work through the issues with them, then you would submit a complaint after May 23, 2007. And we will investigate it from an enforcement perspective and determine if they have a contingency plan that warrants lack of specific enforcement action.

Valerie Hart: OK. This is Valerie Hart again. I want to thank everyone for participating in today's roundtable on the compliance contingency guidance. I apologize that we could not get to everyone's question. But I do want to remind you that we do have some future calls that will be scheduled.

And a transcript of this call will be available shortly on the CMS NPI website which once again is [www.cms.hhs.gov/natoinalprovidentstand](http://www.cms.hhs.gov/natoinalprovidentstand) . And this is the official NPI education and information website where you can find information about the upcoming meetings, FAQs, and as I said, the transcript of this call and a lot of other additional information.

So, we thank you once again for your participation and enjoy the rest of your day. Thank you.

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