NPI DOBI/NJSHORE WORK GROUP IMPACT SCENARIOS

Revised at 1/09/2007 Task Force Mtg

	Impact Scenario/Issue	Recommended Solutions
1	A sole proprietor/professional may have different negotiated rates but cannot get subpart NPIs. For example, a physician may be internal medicine/PCP and also a specialist with different fee schedules. Other examples are an anesthesiologist who also does pain management, or a physician who practices multiple specialties (hematologist, oncologist, etc.), or a physician in multiple locations with different negotiated rates based on location. Discussion: Medicaid pays based on board certified/eligible vs. not board certified rather than by specialties so Medicaid is not impacted. Some payers are using the CPT on claims to resolve. This only works for claims, not other transactions.	Physicians must notify Health Plans of their NPIs, their Legacy Numbers associated with the NPIs, and the differentiating factors (i.e., taxonomy or zip code). Taxonomy and/or zip code may also be needed on transactions to differentiate the specialty or location for a single NPI. This problem is not an impact if the professional is incorporated because they can then get subpart NPIs for location or specialty.
2	An individual/incorporated professional OR a professional group with multiple payment schedules due to either multiple specialties or PCP/specialist combinations may or may not choose to enumerate at the subpart level. Discussion: If they enumerate as subparts NPI to Legacy number will be 1:1. If not, additional info is needed on transactions.	Physicians must notify Health Plans of their NPIs, their Legacy Numbers associated with the NPIs, and the differentiating factors (i.e., taxonomy or zip code). Taxonomy and/or zip code may also be needed on transactions to differentiate the specialty or location for a single NPI. This problem is not an impact if the professional is incorporated because they can then get subpart NPIs for location or specialty.
3	Group practice with multiple office locations. The multiple office locations either have different payment rates OR the group wants checks mailed to different locations. Enrollment is impacted as members choose their PCPs based on location.	Physicians must notify Health Plans of their NPIs, their Legacy Numbers associated with the NPIs, and location differentiation (zip code, zip + 4). The zip code or zip +4 will be needed if there are multiple locations with different payment rates/mailing locations and the group chooses not to get subpart NPIs for locations. Dental practice management systems may not support zip +4. Vendor software can be used to resolve address to zip +4.
4	PCP with two locations/panels. Need to select correct location via 834 transaction. Zip+4 must be used since some locations may be within the same zip code. Location codes can also be used.	The 834 transaction has a place for Location Code and Location Codes can be published in directories. If enrollment is submitted with an NPI but without a Location Code, zip code or zip +4 will be used. Again, physicians must notify Health Plans of their NPIs and the need for location differentiation.
5	Independent labs with different locations have CLIA certification numbers that may be used as a unique identification number. (CLIA = Clinical Laboratory Improvement Amendments - this regulates lab testing on humans in the US and certifies what types of tests a lab may perform).	Document from a national payers' association says certain certification numbers can be used in the HIPAA standard transactions and NPI does not replace them. CLIA number was one of the two examples. Recommend that CLIA numbers be required on electronic laboratory claims. This would be an update in the companion guide. Payers who want to crosswalk based on CLIA number can use it while others will not be impacted.

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6	A hospital with multiple departments that have different fees, billing, and mailing arrangements that does not enumerate at the subpart level. Discussion: Most of the work group participants said they identify a department in the hospital by using TIN plus "something. It appears Medicare will require taxonomy on 837i claims IF the institution chose not to get subpart NPIs.	Hospitals must notify Health Plans of their NPIs, their Legacy Numbers associated with the NPIs, and the differentiating factors (i.e., taxonomy or zip code). Processing will be possible using TIN, NPI, and taxonomy and/or zip code if there is a single NPI. However, subpart enumeration is preferred.
7	A hospital with different locations - need to ensure billing goes to the correct location.	Hospitals must notify Health Plans of their NPIs, their Legacy Numbers associated with the NPIs, and location differentiation (zip code, zip + 4). The zip code or zip +4 will be needed if there are multiple locations with different payment rates/mailing locations and the hospital chooses not to get subpart NPIs. Subpart enumeration is preferred. NJ could require hospitals to subpart.
8	Physicians loaded under a hospital's TIN with a suffix, for example a hospital with an IPA (Independent Practice Association). Discussion: How to link the different NPIs to the hospital. If an IPA wants to keep a particular breakdown, then they must subpart by specialty and/or location.	Physicians must notify Health Plans of their NPIs, their Legacy Numbers associated with the NPIs, and the differentiating factors (i.e., taxonomy or zip code). Taxonomy and/or zip code may also be needed on transactions to differentiate the specialty or location for a single NPI. Enumerating at the subpart by specialty and location is recommended.
9	A national organization representing prescription drug programs is asking all pharmacies to obtain NPIs for each of the Provider IDs recognized by the organization, normally one per location. However, some pharmacies may subpart and have more than one NPI and therefore more than one ID in the future.	Since this national organization has taken this course, any impacted organization must accept and manage the impact. Pharmacies must notify payers and/or vendors of their NPIs.
10	Per CMS, Hospitals with DMEs must enumerate at the subpart level. However, DME/Home Infusion and Pharmacy/DME providers are not required to obtain subpart NPIs.	Multiple NPIs to one TIN will be an impact. However, because CMS is requiring subpart enumeration for hospitals with DMEs, the impact must be worked. Strongly recommend subpart enumeration if there is DME service and then another service such as Home Infusion, Home Health Care, or Pharmacy.
11	Is there anything special about dentists or dental groups that should be addressed? Discussion: Many dentists do not submit electronic transactions & tend to be simpler in billing structure.	As with other recommendations, dentists must notify Health Plans of their NPIs, Legacy Numbers, and differentiating factors (I.e., taxonomy or zip code). Enumerating at the subpart by location is recommended if the dentist has multiple offices with different billing rates or mailing locations. NPI is available on the standardized paper forms recognized by a national dental organization. NPI can be used but should not be required on paper forms for dental (or medical) claims.

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12	For Long Term Care (Skilled Nursing) or Intermediate Care (Residential Rehab) facilities Medicaid requires the facilities be certified at the "cottage" level. There can be multiple cottages at a location that are certified separately. Medicaid will not pay unless the certification matches the service. If the facility gets one NPI, how will the cottages be identified? Currently the provider number assigned to the cottage is coded in the Other Provider Secondary identifier 2310C - Other Provider Name loop. The REF01 Reference Identifier Qualifier LU and the REF02 Reference Identification (7-digit Medicaid Provider Number assigned to the cottage) are submitted.	If the cottage is a HIPAA covered entity and bills health care services, then they can get an NPI. However, if they choose NOT to enumerate to the cottage level they can use taxonomy code, Service Facility Location & address (if different), or Provider Secondary identifier loop.
13	A retail pharmacy provides other services (such as long term care or home infusion) from their same location. Currently they assign "dummy" numbers and the providers bill using the appropriate number. Some pharmacies do not want to get subpart NPIs for the different services. A large national organization representing prescription drug programs is recommending enumerating by location. If a multi-service pharmacy chooses not to enumerate the different service lines, taxonomy is NOT a valid solution because taxonomy is not on the national organization's claim form which is the current HIPAA standard. The organization's claim standard is being modified in a future version, but not in time for NPI implementation.	In the NJ Guide, STRONGLY recommend subpart enumeration when a pharmacy has multiple services (besides basic retail pharmacy) that are reimbursed at different rates.
14	Many of the smaller providers are still waiting for direction and not many understand taxonomy codes and NPI subpart issues.	Group did not develop a single recommended solution because the impact scenario had variations that would make it difficult to provide a single communication on enumeration. DoBI guidance bulletin will address similar concerns from Health Plans & Payers NPI Work Group.
15	Obtaining or providing consistent communications to providers about the various issues concerning some of the most complex issues--taxonomy and NPI subparts.	Group did not develop a single recommended solution because the impact scenario had variations that would make it difficult to provide a single communication on enumeration. DoBI guidance bulletin will address similar concerns from Health Plans & Payers NPI Work Group.
16	How ready are vendors for NPI and what is needed to help them get ready?	Professional Groups NPI Work Group defers to other groups. Per Health Plans & Payers NPI Work Group, payers are working with their vendors. Since NPPES dissemination is not coming soon enough, providers must share NPIs with payers and vendors that they do business with. Vendors handling a particular line of business (i.e., pharmacy or laboratory services) may need to communicate other information on how NPIs will be used.

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17	Is it necessary or prudent to apply for an NPI for each of the Legacy numbers used to identify each provider service?	Each Legacy provider number does not require an NPI. However, if they have multiple Legacy numbers, then it would be prudent to get an NPI for each Legacy number. Since the number submitted will be returned on payment transactions, the provider will know which service area is being paid. This recommended solution is in line with the overall recommendation from the Health Plans & Payers NPI Work Group that organizations obtain subpart NPIs along their current payment/billing lines whenever possible.
18	What do providers want when payers come out to them with a transition plan? Is there something payers want to see providers doing to make things easier for the NPI transition?	NPPES will not forward providers' information to payers. Payers will (eventually) have query access to the NPPES database. Therefore, providers must communicate their NPI to all payers. Many payers are requiring the NPI Certification notice from CMS along with documentation of the NPIs and Legacy numbers. A presentation by a nationally-recognized HIPAA and NPI expert suggested providers "Mail your NPI to everyone you do business with and ask them for theirs in return." This recommended solution is in line with the overall recommendation from the Health Plans & Payers NPI Work Group that regardless of whether a provider chooses to enumerate with a single NPI or with subpart NPIs, the NPI(s) must be communicated to the payer. The Legacy number(s) being replaced by the NPI must also be listed, as well as specialty (taxonomy) and location information. This will enable payers to build accurate crosswalks.
19	Physician Awareness, Education and Participation in the process of NPI submission and dissemination: The level of activity is unclear at the institution level. Institutions are struggling to acquire and validate NPIs for attending physicians.	Involvement of a large state-wide professional organization is crucial to the awareness of the process for physicians. 1. Hospitals should include the submission of the NPI as part of their credentialing criteria. 2. NJ State licensing authorities should include the submission of the NPI as part of the license renewal and issuance criteria.
20	Referring Providers: Significant cash flow issue when NPI is not available for referring physician not on staff. Medicare CR-5229 provides guidance for providing NPI "if known" for ordering physicians. Will the commercial payers adopt this guideline? YES	1. In absence of the availability of NPPES dissemination access, develop an NPI registry solution for NJ doctors. Identify other state NPI repositories for NY, PA and Delaware. 2. NJ State requirement for physicians to include NPI on hard-copy prescription pads and electronic transactions (i.e. Rx, referrals)

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21	Pre-Certification and Referral Authorization: Will the physician NPI be required for pre-auth services (electronic or hard-copy)? If this is the case, then hospitals will need to defer elective services for patients when the NPI is not presented at time of scheduling or at patient arrival. This will create a very big patient satisfaction issue. NPI will be required on HIPAA standard electronic transactions but not on paper certs/referrals.	Clarification is needed from the payers and notification/education of all providers will be required. Payers will be including NPIs in directories that other providers or hospitals can use to look up NPIs. It is a documented risk that if the dissemination notice prohibits publication of the NPIs then this will not be an option.
22	Payer Transition and Implementation: A large "irritant factor" for the institutions is the lack of solid information coming from the payers about their timelines for implementation and who to contact within their organizations. Institutions regularly receive questionnaires requesting status information and/or NPIs for the facilities and physicians. Each is in a different format. When we contact the payer, most are not really ready to test. Likewise, the payers have expressed frustration in acquiring the needed information.	1. Develop a standard Request for Information worksheet that providers can submit to all payers. Comment from one of the payers on behalf of Health Plans & Payers Work Group: It may be too late for a standard response since payers are already actively collecting NPIs from their providers and remediating their systems. Also, each payer will need their Legacy numbers, how they currently recognize the providers. 2. Develop a standard response from all payers and require that they publish their transition plans, including implementation milestones and testing protocols, in a centralized location or on the payer website. Again, by the time this is put in place, some payers may be implementing their NPI solution already.
23	Subpart Requirements: All agreed that there is a lot of grey area on the need for a subpart designation. The need for a subpart is based on billing and business needs. There may also be specific payer-provider business arrangements that will need to be maintained.	There is no obvious solution to the Subpart issue other than to develop a strategy for each organization and then test that strategy with each major payer. This will take considerable time, that does not seem to be available, given the current timeline and clearinghouse/payer/provider/vendor readiness. One driving factor identified during the group discussion was the absence of the Taxonomy code on the 835 file. This could drive the need for a Subpart NPI.