



# NCVHS Subcommittee on Standards and Security

1. Results from the 2006 WEDI NPI Hearing
2. Overview of WEDI's NPI Initiatives

Presented by

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Washington, DC – July 28, 2006

# Part 1 - Results from the 2006 WEDI NPI Hearing

- Hearing Purpose, Process
- Enumeration
- Dissemination
- Transition, Testing and Usage
- Evaluation
- Education and Outreach

# 2006 WEDI NPI Hearing: Purpose and Process

- Purpose:
  - Identify issues related to NPI implementation
  - Develop recommendations to government and the industry on ways to address those issues
- Hearing is consistent with WEDI's advisory role to HHS on HIPAA issues
- Goal is to ensure that industry can meet the compliance date for HIPAA NPI
- Only ONE YEAR remaining to compliance date at the time of NPI Hearing

# 2006 WEDI NPI Hearing: Purpose and Process

## ➤ Process:

- Public notice of hearing was issued inviting industry to provide written and oral testimony to WEDI
  - Specific topics to be addressed included NPI enumeration; NPI transition, testing and usage; NPI dissemination; Industry awareness and readiness; and NPI benefits
- WEDI NPI Hearing Panel reviewed all written testimonies
- WEDI held Hearing allowing oral testimonies, Q&A with Hearing Panel members, and audience discussion
- Hearing Panel summarized findings and recommendations
- WEDI Board reviewed and approved panel recommendations
- WEDI submitted findings and recommendations to Secretary and released report and testimonies to the industry



# 2006 WEDI NPI Hearing: Purpose and Process

## ➤ Participation:

- Written testimony received from 41 organizations
- Oral and written testimony provided by 24 organizations
- Over 150 attendees at public hearing

## ➤ Representation

- Health plans and payers
- Providers
- Government
- Professional associations
- Clearinghouses and vendors

# 2006 WEDI NPI Hearing: Purpose and Process

## ➤ NPI Hearing Panel Members:

- Patrice Kuppe, Allina Hospitals and Clinics, *Co-chair*
- Terry Christensen, Mutual of Omaha, *Co-chair*
- Marian Reed, McKesson, *Co-chair*
- Jean Narcisi, American Dental Association
- Jim Whicker, Intermountain Healthcare
- Gail Kocher, Highmark
- Mark McLaughlin, Core Practice Solutions
- Don Bechtel, Siemens
- Walter Suarez, Institute for HIPAA/HIT Education and Research
- Jamie Ferguson, Kaiser Permanente
- Mark Norby, Mayo Clinic
- Tom Wilder, America's Health Insurance Plans
- Stanley Nachimson, Centers for Medicare & Medicaid Services

## Findings and Recommendations: ~ NPI Enumeration ~

- Lack of Bulk Enumeration (EFI) capabilities is delaying enumeration of large numbers of providers
  - Recommendation: CMS/NPPES should have a functioning EFI process available by June 15, 2006
    - Note: CMS Released EFI instructions May 1, 2006 and started EFI process in June; around 15,000 providers have enumerated via EFI as of now
- Concern that NPPES does not validate information to an appropriate degree
  - Recommendation: CMS/NPPES should make available information about their validation process by June 15, 2006

## Findings and Recommendations: ~ NPI Enumeration ~

- Confusion on enumeration and use of NPIs by individual providers (Type 1) and organization providers (Type 2) in administrative transactions and lack of clarity around subpart requirements has slowed provider enumeration
  - Recommendation: CMS, in its role as NPI Regulator, should provide clarity and/or guidance to providers on subpart approaches
  - WEDI to continue work with CMS and industry on this issue
- WEDI also offered several recommendations on improvements to the NPPES web site



# Findings and Recommendations: ~ NPI Enumeration ~

- Concerns about atypical service providers (ASPs)
  - Not eligible to obtain an NPI (not a health care provider)
  - Affect all payers, not just public programs (i.e. Medicaid)
  - Present the same challenges to the industry as those that originally called for the establishment of the NPI
  - Recommendation: CMS work with WEDI and industry to develop a national enumeration strategy for ASPs, either by exploring mechanisms to allow use of current provider enumeration system, or by developing alternative ones

# Findings and Recommendations: ~ NPI Dissemination/Information Exchange ~

- Lack of NPI Dissemination Policy from CMS has created uncertainty on how to plan to access NPPES data and delays in industry's ability to create necessary crosswalks and prepare systems to handle transactions with NPIs
  - Recommendation: CMS/NPPES issue an NPI Dissemination Notice and have an operational dissemination system by June 15, 2006
  - WEDI will convene a Policy Advisory Group to assess notice against WEDI NPI Dissemination principles and ability of Notice to meet industry need for 1) when data will be available; 2) who will be able to access data; 3) what data will be able to be accessed; 4) how will data be able to be accessed; 5) what purposes will access be permitted for; 6) what restrictions will apply to data use and disclosure; and 7) what charges and costs will apply for accessing NPPES

# Findings and Recommendations: ~ NPI Dissemination/Information Exchange ~

- Need to access NPDES data to obtain referring/ordering NPI information, do NPI verification
  - Recommendation: CMS should allow health care industry simple query capabilities (i.e. query by EIN, SSN, Legacy IDs)
  - Recommendation: NPDES should be allowed to be accessed interactively, to respond to single NPI queries (in addition to allowing batch queries)
- Concerns about paper verification requirements of NPI
  - Recommendation: Health plans should not require providers to submit paper copies of the NPDES-issued notification (emailed or send via regular mail to provider upon NPI assignment)



# Findings and Recommendations: ~ NPI Dissemination/Information Exchange ~

- Lack of standards for NPI information exchange within the industry is creating administrative burden for plans and providers
  - WEDI to develop recommended industry standard NPI information exchange processes between providers, plans, others
  - Recommendation: Health plans should allow use of multiple methods of NPI notification, based on recommended standards
  - Recommendation: CMS should support development of these standards

# Findings and Recommendations: ~ Transition, Testing and Usage ~

- Industry is behind in obtaining, sharing and using NPIs
  - Low numbers of NPIs issued; lower numbers communicated by providers (to payers, others); even lower numbers being used on transactions (<1-2%)
  - Reasons vary from:
    - Lack of provider awareness, urgency
    - Confusion about enumeration needs, strategies (particularly, subparts)
    - Challenges to enumerate large numbers of individual providers
    - Confusion about how to use NPIs in transactions
    - Delays in NPI dissemination from NPPES
  - Major concern exists about having adequate time remaining for testing and NPI transition, and avoid potential financial risks

# Findings and Recommendations: ~ Transition, Testing and Usage ~

- Recommendation: CMS allows the Dual reporting of NPIs and legacy IDs after the deadline of May 23, 2007 for a minimum of 6 months
  - Need for more than 6 months should be determined through a status check of industry readiness in November, 2006
  - This 6-months period is a transitional period, where NPI is required in all transactions, but legacy IDs are allowed concurrently as secondary IDs
  - This should not be perceived by industry as a delay in the NPI implementation – By May 23, 2007:
    - Providers must still have completed their NPI enumeration by deadline
    - Systems remediation must have also been completed
    - Health plans must still be capable of processing NPI transactions
  - Extending the Dual Use period is only intended to allow trading partners to address NPI crosswalk, mapping, and reimbursement issues



# Findings and Recommendations: ~ Transition, Testing and Usage ~

- Entities unsure of implementation strategies
  - WEDI to identify and disseminate best practices
- Lack of a central repository to track payer readiness
  - Challenge to have providers work with each plan individually, or through multiple clearinghouses to determine readiness
  - Recommendation: CMS should support and endorse the creation of an industry portal as a central place to track payer transition dates and other readiness information
- Need to ensure planning is done to use NPI in ALL HIPAA Transactions
  - WEDI to work with industry and CMS on this issue



# Findings and Recommendations: ~ Transition, Testing and Usage ~

- Uncertainty on how to handle transactions when NPI, EIN, or SSN of referring/ordering provider is not known by submitter of transaction, and about the use of legacy IDs as 'certification numbers' along with NPIs
  - WEDI will investigate current/future HIPAA transactions and companion guides regarding requirements for NPI, EIN or SSN for these providers and provide education on these requirements
  - Recommendation: CMS should clarify that the use of legacy IDs used as 'certification numbers' along with the NPI is not allowed after full implementation





# Findings and Recommendations: ~ Transition, Testing and Usage ~

- Confusion about NPI transition/use in new claim forms
  - Recommendation: NUCC and NUBC support education to providers about the new claim forms and use of NPI in forms
  - Recommendation: All health plans should follow Medicare's lead to require the submission of NPIs on paper claim forms
- Concern that health plans might require providers to re-enroll after NPI enumeration
  - Recommendation: Health plans should not require providers to re-enroll prior to being able to use NPI (further delays the readiness and increases overall administrative costs)

# Findings and Recommendations: ~ Evaluation ~

- Concern that HIPAA (and other) regulations are published without a roadmap implementation schedule
  - Recommendation: CMS should assist WEDI in creating a plan with clear planning, testing and implementation milestones and timelines for all future regulations
  - WEDI will work with CMS to provide education on benefits and ROI on the adoption and implementation of NPI
  - WEDI will work with CMS to identify potential future uses of NPI beyond HIPAA transactions, including EHR, Public Health, RHIOs, and others



# Findings and Recommendations: ~ Education and Outreach ~

- Education and outreach continue to be essential in successful implementation of NPI
  - Recommendation: CMS partner with WEDI to provide a strategy and plan to expand education and outreach initiatives
  - Recommendation: CMS should host monthly open door forums on NPI and promote them (along with other NPI outreach) throughout the industry
  - Recommendation: CMS continue to partner with WEDI to establish common outreach/education strategies, priority messages
  - Recommendation: CMS participate and support developing and updating WEDI NPI white paper documents (i.e., Subparts)



# Findings and Recommendations: ~ Education and Outreach ~

- Industry needs clarification on the relationship between NPI and Taxonomy Codes and the use of Taxonomy Codes by payers, providers in administrative transactions
  - Recommendation: CMS should collaborate with WEDI to provide guidance on the use of taxonomy codes, when and how to use them, and what to do when there is more than one per provider
  - Recommendation: NUCC should work with industry to obtain definitions for taxonomy codes that don't have one
- Industry needs to monitor industry readiness
  - WEDI will conduct an industry readiness assessment
  - Recommendation: CMS should continue to partner with WEDI to provide regular updates to the industry



## Part 2 – Review of WEDI NPI Initiatives

- WEDI NPI Policy Advisory Group
- WEDI SNIP NPI SubWorkgroup (SWG)
- WEDI NPI Outreach Initiative (NPIOI)

# WEDI NPI Policy Advisory Group

- Established to review proposed NPI rule (1998)
- Convened to discuss implementation issues and policy concerns upon release of NPI Final Rule (2004)
- Requested CMS clarification on several NPI policy questions
- Defined overall WEDI policy positions regarding NPI issues
- Delegated industry consensus process for planning and implementation of NPI to the WEDI Strategic National Implementation Process (SNIP) group

# WEDI SNIP NPI SubWorkgroup

- Established in May, 2004, after release of NPI Final Rule
- Developed “NPI Issues” paper used by WEDI NPI PAG in 2004 to begin establishing industry consensus on NPI planning and implementation issues
- Organized and maintains National NPI Listserv
- Identified initial list of NPI topics to focus on for the development of white papers
- Holds bi-weekly one-hour conference calls to discuss planning and implementation issues, review CMS and NPIOI updates, and review and approve white papers

# WEDI SNIP NPI SubWorkgroup

- Published initial round of NPI white papers
  - NPI Overview and Education Reference Guide
  - The NPI Registration Process
  - Impact of NPI on Health Plans and Payers
  - Dual Use of NPI and Legacy Identifiers
  - Impact of NPI on Health Care Providers
  - Impact of NPI on Clearinghouses



# WEDI SNIP NPI SubWorkgroup

- Identified, developed and published second round of NPI white papers
  - NPI Subpart Designation for Organizations
  - NPI Implementation Planning, Timing and Sequencing
  - Impact of NPI on Pharmacy Services Sector
  - NPI and the Electronic File Interchange (Summary Recommendations to CMS)
  - NPI Dissemination: Principles and Goals
  - NPI and Atypical Service Providers

# WEDI SNIP NPI SubWorkgroup

- Third round of NPI white papers underway...
  - NPI Dissemination – The Information Exchange Process
  - Impact of NPI on the Independent Laboratory Industry
  - Impact of NPI on Long Term Care organizations
  - NPI Subparts and the Granularity Question
  - Applicability of the NPI to Public Health Data Systems
  - NPI and the Taxonomy Codes (being proposed)
  - The Use of NPI Beyond HIPAA (being proposed)
  - NPI Testing (jointly with WEDI SNIP Testing SWG)
  - More to be defined...



# WEDI NPI Outreach Initiative

## ~ Background ~

- Of the three types of HIPAA covered entities, providers are the most, the ones with the widest variation on size and internal capabilities, and the hardest to reach
- There are key logical sequential interdependencies on the NPI transition and implementation process
  - Providers, payers assess NPI impact, prepare their systems for NPI
  - Providers obtain NPI
  - Providers communicate NPI to payers, others
  - Payers develop NPI-to-Proprietary ID crosswalk linkages, rules
  - Providers and payers begin testing NPIs on transactions
  - Providers and payers implement NPI



# WEDI NPI Outreach Initiative ~ Background ~

- Significant challenges faced by industry on the implementation of HIPAA TCS, Privacy and Security without a coordinated communication and outreach strategy
- April, 2005 - industry coalition letter to HHS recommending the development of a national coordinated education and outreach plan
- July, 2005 - WEDI presented with a proposal to establish an Initiative to focus on NPI Outreach and Education
- August, 2005 – NPI Outreach Initiative officially Launched

# NPIOI

## Purpose and Mission

- To serve as focal point to industry for information related to the planning, transition and implementation of the NPI
  - Develop and implement a national coordinated NPI outreach plan targeted to providers, payers, clearinghouses, vendors and others affected by NPI
  - Act as a central repository for NPI resources
  - Disseminate industry consensus information on policy and operational issues regarding the deployment and use of the NPI

# NPIOI Progress Report

- Established the NPIOI Website and NPI Resource Center ([www.wedi.org/npioi](http://www.wedi.org/npioi))
  - To date, 29 documents including WEDI SNIP NPI white papers, WEDI NPIOI white paper Overviews, Information Sheets, and SHARP-affiliate documents have been posted to the Resource Center. In addition, verbal and written testimonies from the WEDI NPI Hearing are available at the NPI Resource Center
- Organized the First Industry Forum, in August of 2005 (NPIOI officially launched)

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## National Provider Identifier Outreach Initiative (NPIOI)



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  - Background
  - Mission
  - Goals
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  - WEDI Education Committee
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  - WEDI NPI PAG
  - WEDI SNIP NPI WG
  - WEDI Regional Affiliates
- [NPIOI Leadership Structure and Activities](#)
  - Steering Committee
    - Members
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## National Provider Identifier Outreach Initiative (NPIOI)

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### NPI RESOURCE CENTER

- **NPI IN BRIEF**

- 04/26/2006 [Electronic File Interchange Information Sheet](#) 
- 03/02/2006 [CMS NPI Overview](#)
- 03/02/2006 [Introduction to HIPAA NPI](#) 
- 03/02/2006 [NPIOI Press Release](#) 

- **NPI WHITE PAPERS**

- 04/26/2006 [White Paper Overview on Impact of NPI on Clearinghouses, PBMs & Vendors White Paper](#) 
- 04/26/2006 [White Paper Overview on Impact of NPI on Health Plans & Payers White Paper](#) 
- 04/26/2006 [White Paper Overview on Registration Process White Paper](#) 
- 01/25/2006 [National Provider Identifier \(NPI\) Registration Process, Final Version](#)
- 01/25/2006 [NPI Implementation Planning, Timing and Sequencing](#)
- 01/25/2006 [The Impact of the NPI on the Pharmacy Services Sector Using the NCPDP Standards \(Jointly Developed by WEDI and NCPDP\)](#)

-  = Registered Users
-  = For Members
-  = Board Members



# NPIOI Progress Report

- Second WEDI NPI Industry Forum, in conjunction with 2005 WEDI Fall Conference (November, 2005)
- Developed and started to implement a National NPI Outreach Plan
  - Identified priority messages; developed priority delivery vehicles/methods; coordinating with CMS, national and regional industry groups
- Third WEDI NPI Industry Forum, in conjunction with the 2006 Spring WEDI Conference (May, 2006)

# NPIOI Progress Report

- Organized NPI Audiocasts (March, April, June 2006)
  - Topics covered included NPI Overview, NPI Subparts
  - Attended by over 1,200 health care professionals
- Developed and started to publish “NPI Information Sheets”
  - Summarizing key NPI planning and implementation messages, based upon the WEDI SNIP NPI working group white papers
  - Issue briefs to focus on single issues and address them in short documents (one- or two-pages)

# NPIOI Progress Report

- Completed the WEDI NPIOI “Industry Readiness Assessment” project
  - Two-fold purpose: 1) Assess the various stages of readiness among the industry; 2) Establish a baseline to monitor industry progress towards NPI implementation
  - Over 800 responses collected between May and June, 2006 (payers, providers, vendors, others)
  - Currently completing analysis of results
  - Results expected to be released in mid-August (at the WEDI NPI Industry Forum)

# NPIOI Progress Report

- Prepared WEDI's NPI testimony delivered at the April 4, 2006 NCVHS NPI Hearing
- Assisted in the coordination and implementation of the WEDI NPI Hearing conducted April 18, 2006
  - 41 written testimonies
  - 24 oral and written testimonies
  - Perspectives included representatives from providers, health plans and payers, government programs, professional associations, SDOs, clearinghouses and vendors

# NPIOI

## Upcoming Events and Activities

- Launch in coordination with major industry groups and CMS the National “Get Your NPI” campaign
  - Started in July, 2006; includes simple messages encouraging providers around the country to move ahead with NPI
- Begin to use standard slogans in all communications and outreach
  - “NPI: Get It, Share It, Use It” (opening)
  - “Getting an NPI is Free; Not Having One can be Costly” (closing)
- Preparing additional white paper overviews and information sheets
- Organize the Fourth NPI Industry Forum, to be held August 15-16, 2006 at the Hyatt Fair Lakes, Fairfax, VA

# NPIOI

## Upcoming Events and Activities

- Additional NPI Audiocasts scheduled for Summer and Fall, 2006
  - July, 2006 – NPI and Taxonomy Codes
  - September, 2006 – NPI Dissemination
- Develop “Early Adopter Series” audiocasts
- Organize NPI regional events, in partnership with WEDI Regional Affiliates
- Organize Fifth NPI Industry Forum in November, 2006, in conjunction with the WEDI Fall Conference
- Conduct an the Industry Readiness Assessment II in November, 2006, to assess need for extended dual-use strategy

# NPI Education and Outreach

*~ Challenges and Opportunities ~*

- Have providers heard about NPI?
  - Most probably have
- Why aren't more providers taking any action?
  - Most not a top priority yet
    - Deadline "a year away"
    - Perception that "it is only a new number"
    - Ease of applying/obtaining an NPI
  - Some still confused about who/what to enumerate
  - Some large systems waiting for EFI
  - Some have not heard about NPI at all

# NPI Education and Outreach

## *~ Challenges and Opportunities ~*

- Where are payers?
  - Many implementing plans for NPI transition
  - Some already collecting NPIs, accepting transactions with NPIs
  - Most waiting for NPI Dissemination to access NPI data
  - Have communicated basic information to providers
  - Working with largest trading partner providers
  - Waiting for providers to make decisions on organization/subpart enumeration
  - Some regions actively working through a collaborative
- Where are clearinghouses and vendors?
  - Modifying internal systems, performing system upgrades
  - Awaiting for payers to be ready to accept NPIs
  - Awaiting for providers to submit NPIs to them



# NPI Education and Outreach

## *~ Challenges and Opportunities ~*

Three ways of measuring performance and achievement of outreach goals....

### 1. Number of NPIs issued

- Passing 900K of an estimated 2.3 million (Type 1 and Type 2)
  - Not sure whether all NPIs belong to covered providers; some could be non-covered entities
  - Total number of NPIs needed could be higher (higher estimates closer to 3.0-3.5 million)
- Weekly rate progressively increasing
  - ~ 20,000-30,000 NPIs per week now!
  - Need to increase speed in order to achieve expected number before May, 2007

# NPI Education and Outreach

*~ Challenges and Opportunities ~*

2. Percent of NPIs communicated to health plans and trading partners
  - Much lower number, sometimes in the low single digits (1-2%)
3. Percent of NPIs used in health care transactions
  - Even lower
  - Some health plans ready but providers not ready to send
  - Some providers ready but health plans/clearinghouses not ready to receive

# NPI Education and Outreach

*~ Challenges and Opportunities ~*

- Focus on top sources of information to providers and expand coordinating efforts
  - Professional/Trade Associations
  - Health Plans
  - CMS/Medicare
  - Medicaid
  - Vendors

# NPI Education and Outreach

*~ Challenges and Opportunities ~*

- Continue leveraging best vehicles and methods of provider education and outreach
  - Listservs
  - Newsletters (printed/email)
  - Websites
  - Plan's RA Notices
  - Audiocasts/Webcasts
  - NPI Seminars
  - Regional and National Conferences

# NPI Education and Outreach

## *~ Challenges and Opportunities ~*

- Professional associations, health plans launching their own “Get Your NPI” campaigns
- Consider implementing an “NPI Message of the Month”
- Intensify frequency and ‘urgency’ content of messages to providers
  - Need to obtain NPIs now, communicate NPIs to payers, begin using them on transactions
  - For payer - communicate your plans to collect NPIs, transition schedule, test, implement transactions
- Monitor progress
  - Not just on number of NPIs issued
  - Percentage of providers that have communicated their NPIs to health plans
  - Percentage of transactions containing an NPI