

NPI: “246-756-3423”

What’s the big deal?

A deceptively simple
10- digit number!

Today's Topics

- NPI Intro: Facts and Figures
- NPI Misconceptions & Challenges: Why the NPI **IS** a big deal?
- Next 3 Steps: to protect your cash flow
- Front Line: How to gather the NPIs up front?
- Executive Summary
- Q & A

Presentation Goals

- Awareness of the complex issues surrounding the NPI
- Provide a sense of direction and focus
- Create a sense of measured urgency
- Preparation will result in lower risk and successful implementation

Intro to NPI: Facts & Figures

1. 10 digits numeric, unique, 200 years
2. NPI Eligibility: All healthcare providers
3. Only covered entities are required to use NPIS.
4. May 23, 2007: Payers must use and accept only NPIs
5. NPI is assigned (enumeration) as a lifelong #, never reissued
6. NPI & ETIN: Separate IDs
7. NPI deadline: CMS will take a hard line approach
8. NUBC (UB-04) and NUCC (1500) both adopted NPI

NPI Misconceptions & Challenges: Why the NPI IS a big deal?

- **Misconception #1: It's just another Provider ID!**
 - No logic built into the number
 - Not associated with payer enrollment
 - Providers have to disclose the ID
 - No surrogate ID available
- **Misconception #2: One NPI will suffice!**
 - Subparts require NPIs
 - In-house physicians

NPI Misconceptions & Challenges: Why the NPI IS a big deal?

- **Misconception #3: Providers will apply promptly!**
 - By May 23, 2007 some providers will still have not applied for their NPI
 - Some Providers will have their NPI but not share
- **Misconception #4: Legacy IDs will go away**
 - Payers will use legacy tables internally
 - Dual Use Strategy will require legacy and NPI
 - Archived reports will need to be referenced

NPI Misconceptions & Challenges: Why the NPI /S a big deal?

- **Misconception #5: Payers will be lenient; CMS will grant another “transition period” and more time!**
 - NO
 - NOPE
 - Nada!

Next 3 Steps: to protect your cash flow

- Educate, Plan and Prepare
- IT Analysis and Vendor Management
- NPI: Collecting and sharing

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- Educate, Plan and Prepare
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- NPI: Collecting and sharing

Step #1 : to help protect your cash flow

- **Educate**
 - Management, affected departments
 - NPI Project team
 - Excellent resources
- **Plan and Prepare: How to enumerate**
 - facility
 - subparts
 - in-house physicians
 - the dual use strategy
 - NPI from physicians
 - share NPI and get paid
 - don't have an NPI?

Step #2: to help protect your cash flow

- IT Analysis and Vendor Management
 - Database review
 - Crosswalk
 - Dual use strategy
 - Index files
 - Vendors: ask lots of questions

Step #3: to help protect your cash flow

- NPI: Collecting and Sharing
 - Collecting: Biggest risk is other providers
 - Collecting: Re-enroll physicians
 - Sharing: Dual Use Strategy - Use NPI and Legacy now
 - Sharing: Electronic File Interchange (EFI)
 - Sharing: Poll Payers, they may have an online form

Front Line: How to gather the NPIs up front

- Collect NPIs now as part of credentialing process
- Deny privileges to providers w/o NPIs
- Validate NPIs as you collect them
- Solicit NPIs from your provider base now
- Use a collaborative: Massachusetts Health Data Consortium or Massachusetts Medical Board.

Executive Summary

- NPI: Easy to apply!
- NPI has many complex implementation issues! It is a big deal!
- Preparation is the key to successful implementation and deployment
- Action Items:
 - *Get started Now!*

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