Mandated by HIPAA, the NPI is a unique, standard provider identification number issued by the federal government, which is intended to serve as the standard identifier for health care providers who engage in electronic health care transactions such as claims submission. Health care providers, health care clearinghouses and most health plans are required by the Centers for Medicare & Medicaid Services (CMS) to obtain and use the NPI on HIPAA transactions.

While the NPI rule was originally scheduled to go into effect May 23, 2007, CMS implemented a contingency plan for covered entities that have made a good faith effort to comply with the NPI rule. These entities could continue to accept legacy provider numbers on HIPAA transactions until May 24, 2008. HIP will comply with any subsequent contingency plan that CMS may implement. Here are some frequently asked questions and answers regarding using your NPI with HIP.

1. What happens if I do not obtain and begin using my NPI?

Providers who have not obtained their NPI should do so immediately. **As of May 24, 2008, you must use your NPI number on any electronic health care transaction, including claim submissions.**

If you do not use your NPI starting May 24th, the claims you submit electronically will be rejected. Also please note, any provider ID field that is completed in an electronic claim must contain the NPI number (i.e., the servicing, attending, other and operating provider), or else the claim will be rejected.

2. How do I apply for my NPI?

To apply for an NPI or for more information on CMS’ contingency plan, please visit the following Web sites:

- Centers for Medicare and Medicaid Services: http://www.cms.hhs.gov

3. Do you have a timeline for the implementation of the NPI?

We will comply with the applicable provisions of HIPAA's NPI Rule. You must submit only your NPI on electronic transactions as of May 24, 2008. Claims should not also include your Legacy Provider ID Number.

If you have already obtained your NPI, please let us know. (See question 4.)
4. How do I let HIP know I obtained my NPI?

**Professional Providers and Groups**: Please submit your NPI to HIP electronically at hipusa.com/NPICollection/NPI.asp. You may also submit your NPI to us by fax at 1-866-593-6986 or via e-mail at credrecedprocess@hipusa.com. Please indicate if this NPI is for you as an individual medical professional (Entity Type 1) or for a group NPI (Entity Type 2) for the entity for which you work.

Your NPI will only be used to facilitate transactions with your offices and for internal informational purposes only.

**Facilities**: Please fax your NPI along with any accompanying documentation sent to you by the NPI Enumerator to Senior Contract Administrator at 1-646-447-3183.

Entity Type 1: Providers who practice as sole proprietors (owning all assets of their business and solely liable for all debts on an individual basis) must apply for their NPIs as Individuals.

Entity Type 2: The final NPI rule defines “organization health care providers” as providers who are not individuals (persons). These are classified as Entity Type 2 providers. Examples are group practices, hospitals, home health agencies, clinics, nursing homes, residential treatment centers, laboratories, ambulance companies, health maintenance organizations, and suppliers of durable medical equipment or pharmacies.

5. How and when will you communicate your implementation plan?

We have communicated our implementation plan through normal communication channels such as by letter, through our quarterly newsletters [HIP Clinician and HIP Office Manager] and via the HIP Connected Electronic Provider Message Center.

6. Will you have a transition period for using your legacy identifier and the NPI (dual identifier strategy) or do you plan to convert on a certain date?

We are currently in the Dual Strategy transition period, which began on October 2nd, 2006 and ends May 23, 2008.

7. How will you validate submitted NPIs?

According to the NPI Final Rule published in the Federal Register on January 23, 2004, each NPI will contain a check digit that is calculated using a check digit algorithm. The NPI is a 10-digit number, with the check digit in the 10th position. HIP applies the CMS check digit verification logic when NPIs are entered into our Provider Database.
8. Will NPI be validated as part of the adjudication or claims submission process?

Yes. Claim adjudication includes validation of the NPI.

9. Will taxonomy codes be required to adjudicate claims? If so, how will you validate the codes submitted and what are your guidelines for code usage?

HIP does not require taxonomy codes, except when a facility is using one NPI for multiple subparts. In this case, you must provide a taxonomy code to distinguish each SubPart. (See the answer to question 12.)

However, we recommend that taxonomy codes always be submitted (in addition to the NPI) for facility claims – when applicable – to ensure faster, more accurate processing.

Taxonomy codes are validated against the Washington Publishing Company’s Web site.

10. Do you intend to crosswalk NPI to legacy identifiers within your system? If so, how will the crosswalk be designed? Will a copy of the crosswalk structure be made public?

Yes. HIP has built a crosswalk to map NPI to providers’ legacy ID. We do not plan to publicly distribute our crosswalk structure.

11. If you currently assign an ID per service location, how will you handle this with the NPI?

See the answer to question 10. We will map the NPI to a legacy number and use the taxonomy code or other logic within the claims processing system to locate the service location.

12. Will you have a place in your system to store a subpart NPI in the provider record?

Yes.

Note: A “subpart” is not a legal entity but a separate component of the covered organization that furnishes health care. This concept does not apply to individuals. If a separate physical location of an entity or a component of an entity needs to be separately identified for business transactions, it would be eligible to get a separate subpart NPI.
13. If I have multiple subparts used for billing, do you have subpart requirements or limitations?

HIP recommends applying for a separate NPI for each legacy number you currently use for billing. We do not have a requirement or limitation for subpart submission.

14. Will you re-issue member ID cards?

No, we will not re-issue our member ID cards.

15. Where else would an NPI be required other than on the claim submission?

HIPAA requires that covered entities (i.e., health plans, health care clearinghouses, and those health care providers who transmit any health information in electronic form in connection with a transaction for which the Secretary of Health and Human Services has adopted a standard) use NPIs in standard transactions by the compliance dates. Electronic claims, encounters and referrals/authorizations are examples of standard transactions.

16. Do I need to report the referring provider’s NPI?

If you are reporting the referring provider, it is your responsibility to obtain and report that provider’s NPI.

17. Do I need to submit the attending physician’s NPI when I submit a claim?

Yes. The attending provider fields must be populated to avoid having our clearinghouse reject the claim.

18. What process will be in place to make sure that unrecognized/rejected NPI numbers on electronic claims are handled? How will those claims be processed and adjudicated?

If an invalid NPI is submitted it will be rejected back to the provider. If a submitted NPI is valid but unrecognized, the claim will pend until we can ascertain the correct provider ID and process the claim.

19. We service both group entities and individual providers and have acquired NPIs for both. In situations where a provider is linked to a group TIN, we will send you both an individual NPI and the NPI assigned to the entity. How will you handle receipt of this information?

Payment will be determined based on the Tax ID number submitted with the claim.
20. Will you require the NPI on paper-based transactions?

HIP will accept – but not require – NPIs on paper claims and encourages its providers to enter their NPI on all paper claims. Current professional and institutional paper claim forms have been revised to allow NPIs to be included and HIP will accept NPIs on these revised forms. The revised claim forms are the CMS 1500 version 08/05 and the UB-04.

On the CMS 1500 form, which replaces the HCFA 1500, an NPI can be entered in boxes 17b, 24J, 32a or 33a. Your Federal Tax ID number goes in Box 25. Instructions for filling out NPI on these forms are as follows:

<table>
<thead>
<tr>
<th>NPI Field</th>
<th>Field Description</th>
<th>Related field info (for non-NPI ID numbers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17b</td>
<td>Enter NPI number of the referring provider, ordering provider, or other source.</td>
<td>Field 17a: Enter the qualifier and a non-NPI ID number of the referring provider, ordering provider or other source (for example, qualifier code 1G and UPIN number).</td>
</tr>
<tr>
<td>24J</td>
<td>Enter NPI number of the individual rendering the service in the unshaded box in field 24J. (Note that the identifying code “NPI” is pre-populated in the unshaded box in 24I.)</td>
<td>Field 24I: If entering a non-NPI #, please enter the qualifier code N5 (Plan Provider Identification number) in the small shaded box in field 24I and your Plan Provider ID Number in the shaded box in field 24J. Code N5 indicates that the number entered in the shaded box in field 24J is your current Plan Provider ID Number.</td>
</tr>
<tr>
<td>32a</td>
<td>Enter the NPI number of the service facility location.</td>
<td>Field 32b: Enter the qualifier N5 and the provider plan network id number of the service facility (payer-assigned unique identifier of the facility).</td>
</tr>
<tr>
<td>33a</td>
<td>Enter the NPI number of the billing provider.</td>
<td>Field 33b: Enter the non-NPI ID number of the billing provider (payer-assigned unique identifier of the professional).</td>
</tr>
</tbody>
</table>

Note: HIP will continue to accept the HCFA 1500 claim forms along with the new CMS 1500 claim forms in 2008. Presently, there is not date anticipated to discontinue use of the HCFA 1500 form.

21. Do I still need to enter Tax ID Number on claims?

Yes, this is mandatory. Please continue to enter your Tax ID Number on all claims.

22. Is there a designated contact for NPI implementation issues?

Please contact our EDI support team at edisupport@hipusa.com for assistance with any implementation issues. You may contact your Provider Relations Representative or Relationship Manager or call the Provider Relations Service Team at 1-866-447-9717, option 5.