
**Workgroup for Electronic Data Interchange (WEDI)
NPI Workgroup**

National Provider Identifier Issue Papers



NPI Checklist for Medicare and Federal Databases

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National Provider Identifier Provider Checklist

Version 6

I. INTRODUCTION

Medicare providers have reported millions of dollars held up due to claims problems created by the implementation of the National Provider Identifier (NPI). The consistency of the provider data used by the Medicare Crosswalk to link a provider's NPI to its Medicare legacy identifier appears to be at the heart of these issues. One common thread has emerged. Data in the databases and other information sources used by Medicare, and there are several of them, are not always consistent. Data enters these databases via different methods and sources and the verification processes may differ.

With few exceptions, the provider supplies their data to Medicare or its contracted entities. A provider has the ability to update and make changes to its information. However, most frequently, while the data originates from the provider, the provider rarely has direct access to its data in a database. The databases/information sources we identified through this process include:

- CMS's National Plan and Provider Enumeration System (NPPES),
- The Medicare provider enrollment system for all providers (except Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers)
- Provider Enrollment Chain and Ownership System (PECOS), Medicare contractor files, the State certification data about Medicare institutional providers
- Online Survey Certification and Reporting (OSCAR) system, and
- The enrollment system for DMEPOS suppliers; National Supplier Clearinghouse (NSC),
- Identification processes also include data in the Medicare transplant program and
- The Internal Revenue Service (via the collection of the photocopy of the CP 575 upon enrollment of an organization), and
- Claim data

Complicating matters is the timing involved when making updates to any of the databases. The NPI final rule requires NPPES to be updated within 30 days of a change to provider data that resides in NPPES. However, when providers submit an 855, the internal processes within Medicare's infrastructure (carriers and other contracted entities) it may take longer than thirty days for the updates to be input.

Most processes remain manual, i.e., the data input is by hand. The agency or department responsible for maintenance of the database verifies the data based upon their guidelines. When errors or discrepancies are identified, communication to the provider is also based upon that entity's internal processes and can be in numerous forms. Medicare does provide timeliness metrics for processing for its A/B MACs. These metrics are in Chapter 10 of the on-line Medicare Program Integrity Manual (Healthcare Provider/Supplier Enrollment): 2.1.1 - Paper Applications and 2.2.3 - Web-Based Applications.

It is impossible to identify and delineate all the processes across Medicare's complex infrastructure. Providers, as identified in the NPI final rule must take a proactive and fully engaged approach to managing their data. This must include communication and coordination with Medicare fiscal intermediaries/contractors and NPPES. Internal processes, policies, and procedures must be established for managing provider data. This is especially important if the provider engaged a third party or other external designee to enumerate it.

To assist providers in being paid as quickly as possible the WEDI SNIP NPI Sub-workgroup suggests a review of the following checklists. Providers should evaluate their processes using the questionnaires in this document and the action items that follow.

II. CLEAN UP YOUR DATA IN NPPES

Checklist 2.1

Y/N	QUESTION
	Is your entity type correct in the NPPES?
	Is your data in the NPPES/NPI Database up to date?
	Have you checked the data in the NPPES for misspellings?
	Is the legal name of your business correct?
	As a business entity, does your legal business name [LBN] match exactly your LBN on file with the IRS for Employer Identification Number with the IRS?
	Does your data in NPPES match your data in PECOS?
	As an individual provider, does your name in NPPES match your name on file with the Social Security Administration?
	Have you identified who has authority and access to update NPPES data?
	Is there consistency in policy/access regarding data consistency, who authorizes changes, and who has access to NPPES data and other provider documents, e.g., 855 documents?
	Do you have a policy and procedure on how to update NPPES (living, deceased, terminated, and corporate entity provider changes)?
	Has your staff or designee been educated on your data entry policies and procedures for updating NPPES?
	If you use a third party or external designee to maintain your NPPES data, is there a process in place to authorize and coordinate changes?
	Is there a process/monitor in place to identify denials/reimbursement issues related to "bad" or missing data in NPPES?

If you responded "No" to any of these questions, your data integrity and reimbursement may be at risk. Consider implementing changes in your processes.

III. MEDICARE ENROLLMENT AND OTHER FEDERAL DATABASES

Providers who bill Medicare must understand that the Crosswalk process is intricate. Crosswalk records are used by A/B Medicare Administrative Contractors (MACs), i.e., Medicare Carriers, Fiscal Intermediaries (FIs) and DME MACs (DMACs) to match NPIs to the provider databases in claim processing.

Equally complex is the Medicare enrollment process due largely to the decentralized system that exists. To enroll in Medicare, a provider's legal business name (LBN), Taxpayer Identification Number (TIN)/Social Security Number (SSN), and NPI from the submitted CMS-855 must match the same data in NPPES or the provider will have to correct the erroneous data where it exists and resubmit the 855. *A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) to administer tax laws. It is issued either by the Social Security Administration (SOSA) or by the IRS depending on whether the applicant is an individual (Social Security Number) or an organization (TIN).*

To support these and other processes, Medicare uses several federal databases and information sources. The chart in Appendix A provides detail on each of these databases. As of this writing, the main processes used to maintain provider data are

- the CMS 855 forms
- the PECOS, Provider Enrollment Chain and Ownership System
- the OSCAR survey information
- the National Supplier Clearinghouse (NSC) database,
- Medicare Administrative Contractor (Carrier and Fiscal Intermediary) databases, and
- other federal databases/information sources as identified by Medicare

NCPDP maintains a provider database and sophisticated internal crosswalks for nearly all pharmacy providers. While this data is not used in the Medicare Crosswalk, it is important for all pharmacy providers to ensure data consistency with this database as well. NCPDP is the EFIO for many pharmacy corporations and maintains data in NPPES for those entities with which it has those contractual agreements.

Key Relationships:

Data providers enter into NPPES is matched to Medicare-specific data files to ensure the integrity of NPPES data. NPPES is only one of several sources of data for the Crosswalk.

The Medicare Crosswalk uses PECOS data to link the NPI to the Medicare legacy identifier. NPPES and the other sources are used when the provider does not have a record in PECOS.

The Medicare process is particularly dependent on how the data is entered as well as the order in which updates are made. It is critical to understand that there is a relationship between the data in PECOS and NPPES.

- PECOS contains the NPI and the Medicare legacy identifier used in the Crosswalk to identify the provider.
- PECOS data is maintained by Medicare contractors based on two sources.
 - i. Provider data that was entered prior to January 1998 (before the 855 forms were implemented for provider enrollment)
 - ii. The 855 the provider completed as part of its Medicare enrollment process.

If a provider has not updated its data with its Medicare contractor using the appropriate 855 form, the provider should contact the contractor to verify the data in PECOS. A provider match made in the Crosswalk by any mechanism other than PECOS (which contains the NPI and the Medicare legacy identifier) will cause a mismatch and provider claims will not be paid.

The Medicare Crosswalk's processes can be quite complex, and the processes are not the same for every provider type, particularly the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers, as their enrollment data is not in PECOS.

Checklist 3.1

Y/N	QUESTION
	Does your legal business name (LBN) in NPPES exactly match your LBN on your CMS-855 Enrollment Form?
	Does your LBN in NPPES exactly match your LBN in PECOS?
	Does your LBN in NPPES exactly match your LBN in the NSC database?
	Does your LBN in NPPES exactly match your LBN in the NSC database?
	Does all your other data in NPPES exactly match what you have entered in your CMS-855, PECOS, NSC, and any other applicable Medicare or federal database, including Carrier/FI databases?
	Do you have a process in place to monitor, communicate, and manage data requirement changes for all applicable CMS/Medicare/MAC forms?
	Do you have policies and procedures to ensure coordination of data across the CMS-855, PECOS, NSC, and any other applicable Medicare or federal databases?
	Have you trained your workforce on your policies and procedures on how you enter and maintain data on the CMS-855, PECOS, NSC, Carrier/MAC/FI and any other applicable federal database to ensure coordination of data across those databases?
	If you use a contractual designee to maintain your NPPES data, is there a process in place to authorize and coordinate changes?

If you responded "No" to any of these questions, your data integrity and reimbursement may be at risk. Consider implementing changes in your processes.

IV. Data Relationships and Reimbursement

The charts on the following pages identify the relationships between the information sources, as they are presently understood. This information indicates how reimbursement may be affected based on how the data is used. These charts should be used in conjunction with the checklists in this document to assist the provider with its data verification/clean-up/data management processes.

Information Source	Description	The Connection to Reimbursement
NPPES	National Plan and Provider Enumeration System	CMS's provider database for NPI assignment and data repository.
		Provider data in this database is compared to other database sources for the Medicare Crosswalk and enrollment systems
CMS-855 (A,B,I,R,S)	Medicare Enrollment and Reassignment of Benefits	Medicare enrollment applications. The CMS-855 descriptions used in this table are taken verbatim from the on-line Medicare Program Integrity Manual Chapter 10 - Healthcare Provider/Supplier Enrollment as of 4/06/09.
		Providers must correct any data that may be preventing an NPI/legacy match on the NPI Crosswalk. The correction might require filing a CMS-855 Medicare Provider Enrollment form with the Medicare A/B MACs
		If you are enrolled in Medicare, but have not submitted the CMS-855 since November 2003, you are required to submit a complete application. Source: CMS 855 FAQ document
		If the provider has been non-compliant in maintaining its 855 data, A/B MACs have been documented as withholding payment until all outstanding issues are rectified.
	CMS-855-A	This application should be completed by institutional providers
		(e.g., hospital) that will furnish Medicare Part A services to Medicare beneficiaries.
	CMS-855-B	This application should be completed by a supplier organization (e.g., ambulance company) that will bill Medicare for Part B services furnished to Medicare beneficiaries. It is not used to enroll individuals.
	CMS-855-I	This form should be completed by individual practitioners, including physicians and non-physician practitioners, who render Medicare Part B services to Medicare beneficiaries. (This includes a physician or practitioner who: (1) is the sole owner of a professional corporation, professional association, or limited liability company, and (2) will bill Medicare through this business entity.)

Information Source	Description	The Connection to Reimbursement
	CMS-855-I con't	Any provider that is incorporated must complete a CMS-855B. If a sole proprietor is incorporated and enrolling as an individual, a CMS-855I, CMS-855B, and CMS-855R must be completed. Documentation requirements for all group, sole proprietor and organization applications is a CP575 (the confirmation letter from the Internal Revenue Service identifying the legal business name and the Employer Identification Number (EIN) number assigned to that name) and any business licenses required for that city or county.
	CMS-855-R	An individual who renders Medicare Part B services and seeks to reassign his or her benefits to an eligible entity should complete this form for each entity eligible to receive reassigned benefits. The person must be enrolled in the Medicare program as an individual prior to reassigning his or her benefits.
		Reassignment of Benefits data (855-R) is verified for assignor (individual) and the receiver of the reassignment
		The Medicare Crosswalk does not use 855-R data.
	CMS-855-S	This application should be completed by DMEPOS suppliers. The NSC is responsible for processing this type of enrollment application.
		A separate application must be submitted for each provider/supplier type. For example, a physician who wishes to bill as a DMEPOS supplier must submit two separate applications.
		CMS-855-S data is not input into PECOS.
OSCAR	Online Survey Certification and Reporting system	The State certification data about Medicare institutional providers used to verify providers.
		Not an enrollment database
		State surveyors review the form and enter the data into the OSCAR database for some facilities.
		The Medicare Crosswalk does not use OSCAR data. Need to verify....

Information Source	Description	The Connection to Reimbursement
PECOS	Provider Enrollment Chain and Ownership System	Medicare's national provider enrollment data repository for all providers (excluding DMEPOS suppliers, see NSC entry)
		PECOS transmits data to the Medicare Crosswalk. Claims will reject when there is not a match in the Medicare NPI Crosswalk.
		CMS-855- A, -B, and -I data is input into PECOS.
		<i>"In calendar year (CY) 2010, CMS expects to expand PECOS to allow Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) suppliers to use PECOS to enroll or make a change in their Medicare enrollment information. In order to prepare for the PECOS transition, the NSC-MAC must include the NPI in the DMEPOS supplier record." (Source: CMS Transmittal 451, 02/27/09 (R4510TN.pdf))</i>
NSC	National Supplier Clearinghouse	The NSC is a Medicare contractor that enrolls DMEPOS suppliers.
		NSC staff inputs CMS-855-S data into its database.
		The NSC transmits data to the Medicare Crosswalk.
		The NSC transmits enrollment data to the DME MACs to enable claims processing.
		NSC Database Validation Checks: Enrollment data checked against NPPES and 5-digit ZIP Code in both. No LBN or City/State but mailing address. Abbreviations, punctuation, and FAX number are checked.
		DMEPOS supplier enrollment data exists at the NSC and is not in PECOS. However, "In calendar year (CY) 2010, CMS expects to expand PECOS to allow Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) suppliers to use PECOS to enroll or make a change in their Medicare enrollment information. In order to prepare for the PECOS transition, the NSC-MAC must include the NPI in the DMEPOS supplier record." (Source: CMS Transmittal 451, 02/27/09 (R4510TN.pdf))

Information Source	Description	The Connection to Reimbursement
Transplant	Transplant Center Approval	Separate process via CMS-855-A; enrollment is by organ.
		Legal Business Name (LBN) on the transplant certificate must match the LBN in NPPES.
		Enrollment information verified against PECOS <u>unless</u> the organization enrolled as a transplant center prior to 2004. Pre-2004 enrollment was managed by the FIs and that data is located in the FISS database.
		855 documents need NPI-specific sections completed, i.e., one for each transplant certificate.
Medicaid Agencies	Medicaid Crossover Claim Process	Each Medicaid agency uses its own crosswalk, mapping, or other methodology to identify providers in their crossover claim process. There is no connection to the Medicare Crosswalk. Providers should be aware that this is an additional layer of inquiry when claims reject or are lost.
A/B MACs	Medicare Contractor Files	These records/files were established by the contractor are old enrollment records that are still <i>used because the provider has not submitted any updates since PECOS was implemented. Once the provider updates its information and that information is then included in PECOS, these old records/files will no longer be used for NPI purposes.</i>
IRS	Internal Revenue Service	The IRS Form CP 575 is the letter a provider receives from the IRS granting the provider's Employer Identification Number (EIN).
		Medicare Enrollment collects a photocopy of the organization's CP 575 when an organization enrolls with Medicare to ensure that the CMS-855 application reflects the correct LBN and TIN.
		NPPES sends LBN/EIN combinations to IRS file and receives match/non-match results. The IRS' LBN is matched against the LBN on the CMS-855.
		Providers receive a letter from Medicare Enrollment when discrepancies occur.
		This verification is not part of the Medicare Crosswalk.

V. USE OF NPI and RELATED INFORMATION IN EDI TRANSACTIONS

Checklist 5.1

Y/N	QUESTION
	None of my trading partners (health plans/clearinghouses) requires identifiers other than NPI and Tax ID in the Billing Provider loop.
	None of my trading partners (health plans/clearinghouses) require me to use service facility address as the Billing Provider address (instead of using the Service Facility Level).
	None of my trading partners (health plans/clearinghouses) requires individual or non-individual taxonomy codes to accept or accurately pay claims that then cause other plans to reject claims with these taxonomy codes.
	None of my trading partners (health plans/clearinghouses) that accept taxonomy codes requires me to use codes that they designate and subsequently cause secondary/tertiary claims to fail.
	When a claim is passed from one payer, e.g., Medicare directly to a secondary payer, the secondary payer must be able to process the claim with the information sent to the primary payer. May claims successfully crossover in this scenario.
	None of my trading partners (health plans/clearinghouses) disallows the use of the NPI as the sole identifier on other HIPAA covered transactions such as eligibility and benefits inquiry, claim status inquiry and health care services review.
	All of my trading partners (health plans/clearinghouses) return the submitted NPI on the 835 remittance.
	My billing system/billing agent supports the correct placement of the correct NPI in the transaction.
	If my trading partners (health plans/clearinghouses) require the use of taxonomy codes at the Billing level in the 837P, the requirement consistent with implementation guide requirements.

When considering the questions above, be aware that many payers have multiple systems that can have different requirements and adjudication processes.

Be aware that some health plans will require taxonomy use in the Billing level of the 837P. If there is a conflict in their use, the reader is referred to CMS FAQ 8585.

If you responded "No" to any of these questions, your data integrity or reimbursement may be at risk. Where the issue is your responsibility, consider implementing changes in your processes. Where the issue belongs to the health plan, the Sub-workgroup continues to encourage trading partners to communicate with one another. Companion guide/policy/business practice issues must be determined between trading partners or resolved through the CMS complaint process.

Claim Data

NEW SECTION IN Version 7

VI. STEPS A PROVIDER CAN TAKE

1. Clean up your data in all federal databases
 - a. Make sure the critical data elements are identical in all applicable federal databases
2. Collaborate with others in your geographic area to create a single policy for issues that arise.
3. Talk to your health plans about your issues and problems; the more and better the communication, the sooner you will solve problems
4. Make one individual or one office the owner of all the decisions on how data elements are entered into the federal databases, and you are identified on claim, including the decisions on the use of taxonomy codes

VII. ACKNOWLEDGEMENTS

The checklist was developed from the issues and practical solutions of providers who attend the WEDI SNIP NPI Sub-workgroup meetings. We thank them for their efforts and reasonable advice to the industry as a whole. We also thank CMS and Medicare for their guidance in the development of this document.

APPENDIX A

This document identifies, by database, the source document(s) used to populate the database noted, the entity that updates (not creates) the data in the database, the affected entities (individual or organization), and the web link with supporting information.

Information Source	Source Document Website Link	Update Performed By	Affected Entities
NPPES	NPPES website and CMS-10114 https://nppes.cms.hhs.gov/NPPES/Welcome.do	Internet via provider or designee. NPPES staff if submitted via paper.	NPI-eligible providers / Organization and Individual
CMS-855 A,B,I,R,S	Provider maintained data within provider office/organization http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp#TopOfPage	Paper/fax from provider; update made by FI, Carrier, and A/B MAC contractors	Providers that enroll with Medicare / Organization and Individual
PECOS	CMS-855-A, -B, and -I Data http://www.cms.hhs.gov/MedicareProviderSupEnroll/02_Internet-basedPECOS.asp#TopOfPage	Medicare Carriers via 855 as submitted by provider	Providers who enroll with Medicare / Organization and Individual
OSCAR	http://www.cms.hhs.gov/CertificationandCompliance/01_Overview.asp#TopOfPage	State surveyors review the form and enter the data into the OSCAR database.	All organization types
NSC	CMS-855S http://www.cms.hhs.gov/MedicareProviderSupEnroll/03_DeemedAccreditationOrganizations.asp#TopOfPage	Medicare Carriers via 855S as submitted by provider	All organization types
Transplant Center Approval Process	CMS-855 and PECOS http://www.cms.hhs.gov/CertificationandCompliance/20_Transplant.asp#TopOfPage	CMS Personnel	Organizations providing transplant services
Medicaid Crossovers	Agency-specific, usually provider enrollment documents provided to Medicaid by the provider Show+Contacts">http://www.cms.hhs.gov/apps/contacts/default.asp?cbosState=all&cbosContactType=2&opStrchType=0&cbosOrgType=AV&txtOrgName=&submit1>Show+Contacts		All providers who enroll with Medicaid and Medicare

