NCVHS Standards and Security Subcommittee NPI Vendor Panel Testimony January 24, 2007

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Introduction

Edifecs:

- A software vendor that helps organizations achieve interoperability by enabling, managing, and deriving business value from standard electronic transactions and trading partner communities
- Provides technology that facilitates EDI and bridges the gaps often found in the health organization's enterprise systems:
 - HIPAA transaction validation
 - Trading Partner on-boarding & testing solutions
 - CAQH CORE certifier
 - NPI compliance & crosswalk solution



Introduction



- HIMSS AFEHCT Advisory Council
 - HIMSS AFEHCT Education Workgroup
- HIMSS Ambulatory Business Systems Integration Task Force



Today's Testimony

- 1) Vendor NPI Readiness
 - Define what is a "vendor" for purpose of this discussion
 - Define what is meant by "NPI Readiness"
 - Vendor Assisted NPI Solutions
- 2) NPI Education and Outreach Conducted to date
- 3) Evaluation of Industry NPI Readiness by May 2007



- What is a "HIT Vendor"?
 - Provider Vendors: COTS Practice
 Management Systems; Billing/Administrative
 Systems; Clinical Applications; EHRs
 - Payer Vendors: Adjudication Systems (COTS, Proprietary Mainframes, and a combination of all of the above)
 - Tools: Translators; Gateways; Validation tools; Application Integrators



- Provider Vendors:
 - Support a new data field for the NPI
 - Develop associative logic to combine the NPI with correct Taxonomy Code(s), etc. as required by the Payer
 - More details regarding Provider Vendor Readiness may be found in the WEDI NPI Readiness Survey



- Payer Vendors:
 - Solve the NPI issue by front-ending the backend processes with an NPI crosswalk (NPI<=>Legacy Enumerator)
 - Remediate the entire enterprise to support NPI instead of legacy



- Tool Vendors
 - HIMSS Publication "Guide to Vendor Assisted NPI Solutions"
 - http://www.himss.org/content/files/npisolutions.pdf
 - Defines the types of COTS solutions that Tool Vendors provide to address NPI
 - HIMSS AFEHCT Education Group to conduct a Vendor Survey, Q1 '07
 - Results will be published as Part 2 of the "Guide"



- Types of NPI COTS Solutions
 - NPI Compliance: logic that checks for proper NPI format (10 digit) and authenticates the check digit
 - NPI Validation: logic that queries an external source to check the validity of the NPI
 - NPI Crosswalk
 - Simple Deterministic logic that compares certain data elements in the transaction (provider last name, address, NPI) to a pre-established table to create the association between NPI and legacy.
 - Complex Probabilistic or "fuzzy" logic is applied to the transaction to make a decision if the NPI can be associated with a legacy enumerator



"Simple" NPI Crosswalk

- Deterministic
 Matching logic that
 "matches" NPI with
 legacy enumerator
 based upon an exact
 match of data
 elements
- Relies on a "1-to-1" correlation between NPI & Legacy

NPI	Legacy	Provider's	Provider's	Provider's
		Last Name	First Name	ZIP
1234567890	A32143	SMITH	JOHN	33334
2345678901	A45643	JONES	WILLIAM	23111
3456789012	A78435	KENT	CLARK	10321



"Complex" NPI Crosswalk

- Replaces a simple lookup table with a flexible matching algorithm
- This method is tolerant of variables and does NOT require exact 1-to-1 matching

NPI	Legacy	Provider's Last Name	Provider's First Name	Provide r's ZIP
1234567890	A32143	SMITH SMITH, JR	JOHN JONATHAN	33334
2345678901	A45643	JONES	WILLIAM BILL	23111 23020
3456789012	A78435 B12345	KENT	CLARK	10321



2) NPI Education and Outreach Conducted to Date





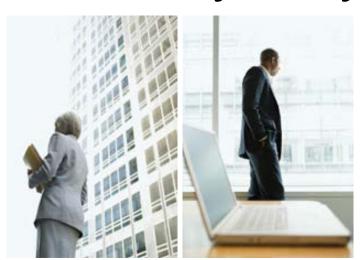


HIMSS

- Development and Publication of "Guide to Vendor Assisted NPI Solutions"
- Phase II will be to conduct vendor survey of COTS solutions provided
- Developing a "NPI Fact Sheet" to assist Providers in their understanding of "who" gets an NPI and "why"



3) Evaluation of Industry NPI Readiness by May 2007





Why Providers May Not be Getting their NPI

- Don't know about it
- Belief that someone else will file for it on their behalf
- Belief that they don't need it because they utilize paper claims
- Belief that they have plenty of time left to do it



Providers State:

- "No one, other than my affiliated hospital, has asked for it"
- "My vendor hasn't explained if or when they are going to upgrade my Practice Mgt system to support NPI"
- "Rules are confusing not sure if I need an NPI or not (I only file on paper, I don't submit to Medicare)"
- "Worried that claim remittances (payments) may be different as a result of including the NPI"



Providers State:

- "Doctor's would be happy to share their NPI with others who wanted it...especially in the case where it may be replacing the physician's own SSN...but other than the hospital, no one has asked me for it."
- "In the past my local MGMA chapter or hospital published a "referral booklet" which listed names of local providers and their UPIN numbers...nothing seems to be replacing this. How will I get referring provider NPI numbers?"



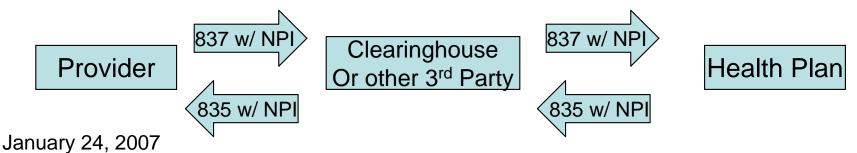
Health Plans State:

- "We're having problems getting the NPIs from the Providers"
 - Providers don't even know about NPI
 - If they are submitting it now in transaction they don't know how to use it properly (shows up at different levels within the claim, one day they'll send one NPI number the next day something else)
 - Providers state they have an NPI but their Practice Management System or Clearinghouse doesn't seem to be accommodating it (Practice Mgt System not upgraded to support the NPI yet or is not including it properly within the transaction)



Vendors State:

- Our software is currently accommodating the NPI or will accommodate the NPI in time for the May compliance deadline
- Testing is limited to unit testing
- End-to-end testing involving the provider, the payer, and any 3rd party intermediary is rare





Summary

- "Vendor" and "NPI Readiness" are terms that must be defined within the scope of the discussion – a Health IT "vendor" may claim "NPI Readiness" however, their customer may not know that or understand the limits of that statement
- Very few Providers/Health Plans have conducted NPI end-to-end testing to identify any impacts to the adjudication process and subsequent payment of the claim
- Many Providers and Health Plans state they do not have a "test environment" that mirrors their production data and processes – therefore, end-to-end testing is difficult to accomplish



Thank you

Thank you for letting us participate in today's panel testimony

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