

**CMS**  
**Moderator: Nicole Cooney**  
**May 19, 2008**  
**2:00 pm ET**

Operator: Welcome to the CMS NPI Roundtable Q&A Session. All lines will remain in listen only mode until the question and answer session.

Today's conference call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the conference call over to Ms. Cooney. Ma'am you may begin. Ma'am you may begin your conference.

Nicole Cooney: Okay. Good afternoon everyone. I'm Nicole Cooney from the Provider Communications Group at CMS. I'd like to welcome you to the 28th HIPPA Roundtable Conference Call. This is the 9th Roundtable specifically dedicated to NPI, the National Provider Identifier.

CMS appreciates your participation in today's call. Today's call is strictly a live Q&A session. Before I go over the ground rules for the Q&A session, Stewart Streimer would like to give a brief introduction. Stewart.

Stewart Streimer: Thank you, Nicole. Good afternoon, good morning everyone for those of you out west. We appreciate doing this again for everyone. We did get quite a turnout last week on our roundtable call and we do know that there were a lot of questions that were unanswered and we wanted to take another opportunity to give folks a chance to share their concerns and their questions, and we will do the best we can to answer those questions.

As we all know, May 23rd is coming up this Friday. We have a lot of information to share. So far, we're very encouraged by some of the statistics we're seeing, but we do recognize that in some areas there may be some issues and we want to do our best to resolve those issues for everyone.

So without further delay, I'm going to turn it back to Nicole so that we can start getting right into the Q's and A's.

Nicole Cooney: Okay. We're going to apply the same rules to this Q&A session as we have in our most recent NPI roundtables. We will take one question from each caller. I recommend that you make a list of your questions and ask the most important one first.

To ask another question, you will need to get back in the queue. If you try to ask more than one question per turn, I will interrupt and move on to the next caller and I do apologize for that. We understand that people have comments and suggestions relating to policy. Unfortunately, this is not the appropriate venue to make such comments and suggestions.

We have reserved this time to address questions from providers and to help them resolve their issues. If you choose to use your question time to make a comment or suggestion, I will interrupt and move onto the next caller.

Finally, this call is intended to address questions from the health care industry. Medicare carrier, FIs or MACs should not use this forum to get technical direction. Contractors should use the established protocol for communication with CMS.

Operator, we're ready to take our first caller, please.

Operator: We will now open the lines for Q&A. To ask a question, please press star, then the number one on you touchtone phone. To remove yourself from the queue, please press the pound key.

Today's conference is being recorded and transcribed, so please say your name and organization prior to asking a question.

Our first question comes from (Dorise Woods) your line is open.

(Derise Woods): Yes, my name is (Derise Woods). I'm calling from Team Health and there has been rumor that CMS may allow legacy numbers to be continued, to be used on claims after May 23rd and the reason that that – getting an answer to that is key is because we do have some Medicaid carriers who have stated that they will not be ready for NPI until the end of this year, and of course, if we strip the legacy numbers from our claims and send only NPI, then those Medicaid and other crossover claims will deny.

And just wondering if there's any information that you can shed on that rumor or any suggestions to what we should do for carriers who say they are not NPI ready?

Stewart Streimer: Hi. This is Stewart Streimer. That is only a rumor. We will accept NPI only on May 23rd. No legacy numbers will be accepted in the front door for Medicare fee-for-service and what that means is, that any legacy numbers that come in will not be forwarded to our trading partners, including the Medicaid State Agencies.

Now, I will point out that we are aware, based upon their reporting, that all but one of the commercial trading partners will be ready. So we're very much encouraged by that, and the one trading partner that will not be ready on May

23rd, is a very small health plan, and we are being led to believe that they have their undertaken outreach and education to make sure that the providers with whom they deal will be able to bill them.

As far as the Medicaid state agencies, there are a handful of state agencies that are not going to be ready. We are working with them. We understand that they have some form of contingency in place to make sure that providers do get paid for those crossover claims. We would encourage you to reach out to those Medicaid state agencies to find out for sure what those contingencies are.

I think worse case scenario, unfortunately is that providers who do have dual eligibles, Medicare/Medicaid beneficiaries, they may have to bill both Medicare and Medicaid separately for that handful of states.

But again, just to make sure there is no misunderstanding, May 23rd, Medicare fee-for-service will accept and process NPI only. We will not accept legacy numbers.

(Derise Woods): Thank you.

Nicole Cooney: Next question please.

Operator: Our next question comes from the line of (Ed Edmunston). Your line is open.

(Ed Edmunston): Yes, (Ed Edmunston), North Texas Medical Billing in Dallas. My question relates to development letters that come out from TrailBlazers. We have quite a number of clients that we bill for. They have group PINs, one, two or three PINs. They have individual PINs, one, two or three PINs, because they were

required by Medicare to get those for the three localities in which they can work here in North Texas.

We're now getting – we started sending NPI only back at right about the end of March. We get development, what's called a development letter. It says we can't match it on a one-to-one and of course, they can't because the NPIs and everything else has three numbers in it.

They send us letters they were running, because we doing tests. They were running two or three pages. I'm assuming since we're sending NPI only starting this week, that we're going to see in the hundreds, maybe much more than that, because we send as many as 12 to 1,500 claims or more a day.

Nobody, when you call the contractor, TrailBlazer that their customer number, they don't even know about the development letters and they keep directing us to send in – fax in the new 855s. We need a resolution. I don't know how we get the resolution, but we need a resolution.

This is going to put people out of business and I have some clients that are saying, that if it's not resolved by June 1st, because they haven't been paid, they're going to shut off their – they're going to turn off their Medicare and I don't think that's a good idea.

Marlene Biggs: Hi, this Marlene Biggs, and, in the first place, these folks will get paid. Their claims are not rejecting. In the second place when you talked to the TrailBlazer's customer service reps, are they telling you they don't have any idea of a suspension letter?

(Ed Edmunston): That's true.

Marlene Biggs: They've never heard of one?

(Ed Edmunston): And we're doing constantly – they do not know why we're getting the development letter.

Marlene Biggs: They don't know why you're getting them is what you're saying.

(Ed Edmunston): They don't even – someone don't even know what a development letter is.

Marlene Biggs: All right (Ed). Why don't you give me your number.

(Ed Edmunston): Thank you.

Marlene Biggs: And also, have you also thought about consolidating the number of PINs that you're using?

(Ed Edmunston): The – well we would – we...

Marlene Biggs: Hello (Ed). Operator.

Nicole Cooney: Did we just lose that caller?

Operator: His line is now open ma'am.

Marlene Biggs: (Ed).

(Ed Edmunston): Pardon.

Marlene Biggs: (Ed) are you there?

(Ed Edmunston): Can I give the number, my phone number?

Marlene Biggs: Yes.

Nicole Cooney: Yeah, we lost you there for a second.

(Ed Edmunston): Oh, okay. We have tried to consolidate or were going consolidate when we saw that, but the little caveat on it says, if they're in different paying areas, which is the only reason we have three numbers, you can't do it.

Marlene Biggs: Right.

(Ed Edmunston): The thing says, they're different localities. That's why they have the numbers. We don't have a offices that are not different localities.

Marlene Biggs: All right (Ed).

(Ed Edmunston): Okay, let me give you my number.

Marlene Biggs: Go ahead.

(Ed Edmunston): Okay, XXX-XXX-XXXX, extension XXX or XXX should get us. And, I do need a call. We've got to solve the problem. I don't know whether anybody else is having this problem out in the provider fields, but we have numerous people that...

Marlene Biggs: We expect suspensions (Ed), but there also an option of preferred PIN that you could use instead of letting your claims suspend. You would pick one of your PINs and when the claim was received by the system, it would go

through the matching criteria and then before suspending it would default to one of your PINs.

(Ed Edmunston): Who do we go to get this done? We've sent these letters in for two months.

Marlene Biggs: When you respond to your letters telling TrailBlazers which PIN to use to process that claim, you can use that same response to select a preferred PIN.

(Ed Edmunston): We've already done that. We've sent these in four and five times now, and nothing is happening. It's been over 45 days.

Marlene Biggs: Okay, (Ed) let me take care of this. I will give you a call and we'll follow up with TrailBlazers.

(Ed Edmunston): Thank you. Appreciate it.

**Post Call Follow Up from CMS – CMS staff have been in touch with Mr. Edmunston and are working with the Medicare contractor to resolve his issues.**

Stewart Streimer: I'd also like to add to (Ed)'s comment for the benefit of others who maybe have not tried submitting NPI only claims. We do have matching criteria in place, systemic criteria in place, so that for those of you who do have multiple PINs associated with one NPI, that does not mean you will automatically get such a suspension letter.

We do look at a lot of the information on the claim to make sure that we can correctly match the incoming NPI with the appropriate PIN on the Medicare fee-for-service crosswalk.

So those of you who are hearing this maybe for the first time, you will not necessarily get that suspension letter, but if you do, there are options, as (Marlene) had pointed out where you can actually identify for your Medicare contractor which is your preferred PIN in the event that the information on the claim is unable to match an exact one-to-one on the Medicare NPI Crosswalk.

Thank you. Next question, operator.

Operator: Our next question comes from the line of (Megan Ross). Your line is open.

(Megan Ross): Yes, good morning. I'm (Megan Ross) from (Ingenics). My question is, in a recent Medicare communication, you indicated that you were no longer using taxonomy codes to identify claims from subparts, but are instead relying on other claims information to determine the appropriate reimbursement.

Can you clarify what claim's information you are using to identify for example, claims from rehabilitation, psychiatric, or swing bed units, or from a long term care hospital and how you will differentiate those claims from the standard hospital inpatient and outpatient acute claims when the NPI only is submitted?

Marlene Biggs: This is Marlene. It's really a process of elimination and we will publish this in a MedLearn Matters article also. It's quite a bit of information, but I'll go through it quickly.

The claim's comes in, the system looks at the type of bill. If it's 11X it's r acute care (ITF) or (IRF). The next level is the Rev code, or revenue code. Does the code have a 24? If yes, assign IRF. If no, exclude IRF, possible match and the only other possible match is acute care.

So it'll go down and look at the rev. codes. It'll look at the type of bill and process of elimination is how – will determine rehab, psych, and acute care.

(Megan Ross): Can you tell me again how you would identify psych?

Marlene Biggs: . It's a process of elimination, as I said before. The system sees 11X as the type of bill and the possible OSCARs are for acute care, (ITF), or IRF. The next level is the Rev code. If it's 24, it's rehabilitation. If it's not 24, the only other possible match, is acute care or psych. It'll keep checking the rev. code for 114, 124, 134, 144, and 154. If yes, it's psych. If no, it's acute care.

(Megan Ross): Great. Thank you. And when will you be publishing that MedLearn article?

Marlene Biggs: Next week

Nicole Cooney: Yeah, we can get that out probably within a week I would say, if not sooner.

(Megan Ross): Fabulous. Thank you.

Nicole Cooney: Next question please.

Operator: Our next question comes from the line of (Denise Ling). Your line is open.

(Denise Ling): Hi, thank you. Can you hear me okay?

Nicole Cooney: Yes.

(Denise Ling): Okay, good. My question stems from the second and third question, okay, that you had today. (Megan)'s particularly answered what is happening with our claims. We have an inpatient rehab and an inpatient acute and those claims

seem to being paid correctly and you know, with the process of elimination because they both have Revenue Codes that are different from one another for the room and board.

However, when we have a 121 bill type, that is where we're getting the development letters and when asked, I am in Florida. FirstCoast is our FI and when asked what we can do about it to assign possibly one or the other, which we would want our acute care assigned as the primary for the 121, it is flip flopping because the T code, you know, the provider code with the T, comes up first and that's the one that it defaults to for these 121 bill types.

So we need to have a resolution, you know, and be able to do this assignment. You know, the preferred PIN, I mean, is there some form or something that we can send in without trying to do it on the development letters, because once again, the development letters aren't working for us. We tell them, you know, we send them back with the proper acute care codes, but that's it.

Marlene Biggs: Who are you working with at First Coast?

(Denise Ling): Well, I'm not working with one individual in particular, these are just phone calls I've made to try to figure out what's going on.

Marlene Biggs: What have they suggested?

(Denise Ling): Well, they keep sending the development letter.

Marlene Biggs: I mean, what are they telling you on the phone?

(Denise Ling): They're telling me that it defaults to the first provider number that's listed which is our rehab provider number and that's not the one we want it to default to.

Marlene Biggs: The system shouldn't default to your rehab number, when the process of elimination has already eliminated rehab.

(Denise Ling): No, it wouldn't have eliminated the rehab, that's the problem, because there's no Revenue Code on there that would indicate whether it's rehab or acute care. And that's just 121 bill types don't have the room and board revenue charge. Okay, so that's where the problem lies.

Marlene Biggs: Right.

(Denise Ling): You know...

Marlene Biggs: Give me your number. I'm not sure I can answer your question or fix your problem over the phone.

(Denise Ling): I apologize, I didn't hear you.

Marlene Biggs: I'll need your number.

(Denise Ling): That's fine. It's XXX-XXX-XXXX.

Marlene Biggs: And you have exhausted all possibilities of collapsing your OSCAR numbers?

(Denise Ling): I'm not understanding what you're saying by that.

Marlene Biggs: Have you eliminated all OSCAR numbers that you don't need?

(Denise Ling): We have the two OSCAR numbers on the one NPI and that's how we would like to keep it.

Now we were originally told when this first started happening, we were originally told to take off the rehab OSCAR number you know, off of our NPI and get a separate NPI number and that's not really what we want to do. We want to keep one NPI number for both facilities and the problem is they're both the same ZIP code, so we can't identify it you know, in a ZIP code capacity either.

Marlene Biggs: Can you hold one second, please?

(Denise Ling): Sure.

Marlene Biggs: All right. I've got your number. I'll give you a call.

(Denise Ling): Okay. And whom am I speaking with again?

Marlene Biggs: This is Marlene Biggs.

(Denise Ling): Marlene, thank you.

Marlene Biggs: Thank you.

Nicole Cooney: Next question please.

Operator: Our next question comes from the line of (Julie Tesloff). Your line is open.

(Julie Tesloff): Hi. I have a question regarding the MedLearn Matters article. I think the 5890 with the referring physician. And last week it was – in the article it states to use the furnishing provider’s name and NPI of the referring –excuse me of the referring provider, but last week on the roundtable, it was stated to use the referring provider’s name, but the rendering provider’s NPI. So we wanted to get some clarification on that, if you had to go that route, of course, as a last alternative?

Pat Peyton: Hi, this is Pat Peyton. And we’re in the process of clarifying all of our instructions, although I think a listserv message did go out with the right information in it. And if the billing provider is unsuccessful in determining the NPI of the ordering or referring, which is what you’re particular issue relates to...

(Julie Tesloff): Correct.

Pat Peyton: ...then they would put the billing provider’s NPI in there for the ordering and referring. But they don’t do anything with the ordering and referring’s name. They would report the ordering and referring provider’s name and possibly the billing provider’s NPI, but not the rendering provider’s NPI, in the ordering/referring information.

(Julie Tesloff): Okay, so to clarify. If we had to go to (unintelligible) effort, we would keep the referring physician’s name, but use the billing provider’s NPI?

Pat Peyton: That’s right.

(Julie Tesloff): Okay, thank you for clarifying.

Operator: Our next question comes from (Carey Singleton). Your line is now open.

(Carey Singleton): Hello. Can you hear me?

Nicole Cooney: Yes we can.

(Carey Singleton): Good. My name is (Carey Singleton). I'm with InPatient Consultants. And like (Ed) in North Texas I was having the same problem with the development letters with TrailBlazers and we were actually, while I shouldn't say we were told, because they're not – I guess they're not supposed technically give you advice, but it was suggested that we apply for an additional NPI so that we have one NPI match with our legacy PTAN numbers.

So that is what we did. But I was wondering if that – is that the best solution to rectify the problem or getting those receiving and development letters, because charges being pended because we have one NPI with multiple legacy PTAN group numbers?

Marlene Biggs: Is it part A or part B?

(Carey Singleton): Part B.

Marlene Biggs: Hold on one second.

(Carey Singleton): Okay.

Stewart Streimer: Can I just answer the gentleman? You have multiple practice locations. Are you billing for similar services in those practice locations?

(Carey Singleton): Yes.

Stewart Streimer: You should talk to your carrier about – talk to TrailBlazers about if the matching criteria do not work for you, if there's a preferred PIN you would like to use in the event that there comes up a one-to-many match.

(Carey Singleton): Yeah, I've tried that in the body of the development letter, it says that to contact them and let them know what is the preferred group number, but the - my understanding is that the billing system is one system and the PECOS system is another system. So, that's where part of the problem is that in the PECOS system everything looks good. That's where you provide enrollment system.

From the billing system that's where they're receiving the challenges and that the way to resolve it was to apply for an additional NPI and then have that additional NPI match one to one with the legacy PTAN group numbers.

You know, it sounded a little bit far fetched, but we're in a situation with the gentleman (Ed) in North Texas, where our charges are being suspended and we're told if this wasn't corrected in 30, I think to 45 days, it could result in charges being denied.

So you know, proactively, we went ahead and applied for additional NPI numbers, so we're not to suspend our charges. If there's anything I can do on the back end or post May 23rd to correct that, if there's another option, you know, where we would do that. But, that's what we've done so far. I just wanted to make sure that is the best solution you know, again for the problem.

And we can't collapse, for the same reason that (Ed) can't collapse, because we were told that if it's in multiple or different localities, you cannot collapse your group numbers.

Stewart Streimer: No, and you can't select the preferred PIN, because it's different localities?

(Carey Singleton): Right.

(Carey Singleton): Hello are you there? Hello. Hello.

Stewart Streimer: Okay. Thank you. We'll take a look at this and we'll have to talk to TrailBlazers.

(Carey Singleton): Okay. Can I give my number as well, and can someone give me a call or...?

Marlene Biggs: Yes, go ahead.

(Carey Singleton): It is XXX-XXX-XXXX.

**Post Call Follow Up from CMS: CMS has contacted this provider and is waiting for follow-up from this provider to determine if the issues are completely resolved and claims are now being paid.**

Nicole Cooney: All right. Thank you (Carey).

(Carey Singleton): Okay, and just one more simple question...

Marlene Biggs: Your claims aren't suspending any longer, they are getting through, right?

(Carey Singleton): Well, we're getting them through, because we went back to submitting both the PTAN and the NPI together until May 23rd and I'm in the process right now of getting the NPI linked to the – the additional NPIs linked to the

group and I'll know more about that on tomorrow when that actually – if it has been done, but I'm being told it will be done by Friday.

Marlene Biggs: Okay. Thank you.

(Carey Singleton): Can I just ask one question with regarding May 23rd regarding legacy PTANs. Is Medicare going to continue to issue those or are you just going to send a letter saying you're approved, use your NPI for billing.

Jim Bossenmeyer: This is Jim Bossenmeyer. If you're newly enrolling, you will continue to get a PTAN which will be used for the Interactive Voice Response system. It's not going to be used for your billing. All your billing will be using the NPI.

(Casey Singleton): Okay. So if it's an existing provider who's currently enrolled with the carrier and we're just doing an 855R to reassign the benefits to our group, excuse me, are you going to send a letter to that new group saying that this person is not enrolled group, begin billing using the NPI?

Jim Bossenmeyer: I'm sorry. I didn't understand that.

(Casey Singleton): If it's an existing provider who was already enrolled with TrailBlazers, let's say, for example, but with another group, and they're now joining our group, and we do an 855R to reassign benefits to our group, will a letter be sent to our group advising that the provider is now enrolled, begin billing using the NPI or will it be a different PTAN number issued?

Jim Bossenmeyer: When the physician enrolls with your group he will get an acknowledgment letter, an approval letter, saying that he is now associated with your group practice.

(Carey Singleton): Okay.

Jim Bossenmeyer: The physician or nonphysician practitioner should also disassociate or voluntarily withdraw his participation with the other group if he or she is no longer working there.

(Carey Singleton): Okay. So, I'm sure if you answered my question. So, will we get the letters that state there's – here's the new provider number or the PTAN or will it just now say, you're now associated with the group?

Jim Bossenmeyer: The letter has – well – for billing proposes, it will continue – you will continue to use your NPI, the contractor will also assign a new PTAN to be used for the Interactive Voice Response Unit.

(Carey Singleton): Thank you very much.

Jim Bossenmeyer: Okay.

Nicole Cooney: Next question, please.

Operator: Our next question comes from the line of (Judy Hix). Your line is open.

Nicole Cooney: (Judy), are you there? Did you have a question?

(Judy Hix): No, I don't have a question at this point. I'm sorry. I must have keyed in error.

Nicole Cooney: That's okay. Next question, please.

Operator: Our next question comes from the line of (Deborah Bruster). Your line is open.

(Deborah Bruster): Hi. I'm (Deborah Bruster) with (Northed Medical Center). We had a problem the first week of April in regards to it seems like that PECOS mapped crosswalks, and it seems it was across the board that facilities that had subparts were having this issue and luckily for us, our FI worked with us and was getting a lot of claims through manually.

I was just wondering are we anticipating any other issues or problems before next Friday, because I'm sure it was a major impact on all facilities across the U.S. with this subpart?

Marlene Biggs: As you may well know, and Stewart talked about this on the last call, we did have a legacy free day. We did not see huge spikes in suspensions or rejections of claims. So we don't suspect we'll have too many more problems by this Friday or any problems before this Friday. I'm not sure how to answer your question, because I can't predict the future.

(Deborah Bruster): Do you know if they're going to be doing any more updates between now and next Friday, because our FI advised us that we'll have to use the legacy number and the NPI number, because we were going straight NPI and were claims were being processed. They were being paid and everything and then when that happened that first week, it just like, it left everything into a black hole.

So you know, my concern is, you know, are we going to have these kind of problems? You know, when it comes May 23rd are they going to keep trying to put a band-aid on stuff?

Marlene Biggs: What week are you talking about when you said that first week?

(Deborah Bruster): The week of – the first week of April.

Marlene Biggs: Okay. I guess you mean when we required the NPI on the claim?

(Deborah Bruster): Not the free day.

Stewart Streimer: Are you talking about the March 1st requirement when we mandated NPI on claims? We're trying to understand what you're referring to in terms of April.

(Deborah Bruster): April, the first of week of April, is when I started submitting everything, saying okay, everything goes NPI. Well, they started having problems with this crosswalk with all facilities that had subparts. We have an acute care facility with – our subpart is a distinct psych unit and we also have a rehab hospital.

Marlene Biggs: Have you started sending your claims NPI only again?

(Deborah Bruster): No because from the advice of our FI they said to go ahead and put NPI and legacy.

Marlene Biggs: Right, but the formulas that I just read have granular logic for the one-to-many for the OSCAR number and NPI number should correct any problems. The system should be able to pick the correct OSCAR number.

(Deborah Bruster): Well...

(Marlene Briggs): I would suggest you try a few claims with NPI only prior to 5/23.

(Deborah Bruster): Oh, I know my psych is not going.

Marlene Biggs: But you said you haven't tried to bill with NPI only.

(Deborah Bruster): My psych I continued just for a little while, but now I'm having the legacy numbers with it, so that way I can get some money in.

Marlene Biggs: All right. I'm not sure there's a question?

(Deborah Bruster): I was just wondering if do we foresee that we're going to have any other problems like this to where facilities such as ours and others across the nation are going to have problems of not getting payment?

Stewart Streimer: Well, I think you raise a valid question concern, that's sort of probably on everyone's mind who is on this call and I can only echo some of the remarks that were said earlier and what Marlene has said.

First of all, the legacy free day was helpful to us to get a better understanding as to what might happen on May 23rd. And what that told us is we were seeing large spikes in NPI only claims and at the same time we saw very little complications associated with claim rejects or claim suspensions.

But that's not to say that there won't be issues, because there were some issues, there were pockets of areas, and I don't want to underestimate or be unsympathetic to anybody who has a delay in their payment. Even one provider who has a delay in payment is a problem for that provider.

What I cannot predict is what will happen on May 23rd. What I can predict, is that based upon what we saw on May 7th is that claims are coming in and for the most part, they are getting processes successfully.

So the prediction would be that we expect the majority of Medicare claims to be processed successfully on May 23rd. We do have contingencies in place. We are watching the metrics very closely now as well as on May 23rd and thereafter and we are prepared to take whatever action is necessary to make sure that we are assisting providers in any way we can.

I think you've heard repeatedly that we have NPI coordination teams at every contractor site to try to assist providers to facilitate getting their claims paid, to cleaning up their enrollment records, to making sure the Medicare NPI Crosswalk has the correct information.

So based upon what we have seen so far and what we are hearing and based upon our the metrics that we're examining, we think May 23rd will be successful, again for the majority of claims that come in.

I do not want to promise that we will have 100% smooth sailing. But we are working hard and all of our contractors are working hard to be able to address whatever issues that may arise.

(Deborah Bruster): Thank you.

Nicole Cooney: Next question please.

Operator: Your next question comes from the line of (Sarah Creamier). Your line is open.

(Sarah Creamier): Hi. I'm calling from (Dr. Edwin Creamier)'s office in Michigan. We're a small three clinician psych practice and what I have been finding, I've been testing for some quite some time. We're good to go with you know, the two biggies, Medicare, Blue Cross and another one.

I've been making some phone calls, especially today, to different carriers. They're telling me, A, they don't need my NPI. And a few tell me that you know, fax it over or we have it. I had another carrier tell me that they're not loaded in their system, that they haven't started doing that yet, because they're waiting for some software update.

I mean, today's Monday. We're waiting for Friday. It doesn't really seem like that's enough time and any kind of major glitches like this could put us under. And I don't exactly you know, I know there's the complaint system in place, but I don't know exactly how that's going to help us out in the mean time.

Is there anything that you would recommend?

Stewart Streimer: Well, you used the term carrier, and we actually use that in a very specific way with regards to Medicare fee-for-service.

(Sarah Cremier): Okay.

Stewart Streimer: Are you referring to a private plan?

(Sarah Cremier): Yeah. I'm talking about you know, PPO and Humana.

Stewart Streimer: Okay, just for the benefit of the others on the call, I want to make sure we're all talking about the same thing and you are speaking about a non-Medicare plan.

(Sarah Cremier): Okay.

Stewart Streimer: And is that correct?

(Sarah Cremier): Yes.

Stewart Streimer: Okay. I just wanted to make sure.

(Sarah Cremier): Okay.

Stewart Streimer: We do have somebody from OESS. If this a private health plan and there is to be a complaint, there is a process in place, I believe, to file a complaint and I will turn that over to them if you would like to talk about that?

But I don't think you're really looking for that are you?

(Sarah Cremier): Well, I just don't know what we're supposed to do. Is EDI or, you know, is our clearinghouse going to be turning off legacy?

Stewart Streimer: We can't speak for the clearinghouse.

(Sarah Cremier): Okay.

Stewart Streimer: And I only say that because we have no relationship – contractual relationship with clearinghouses. We do know that based upon our legacy free day and the interaction we've had with the clearinghouse industry to date, we have requested and they have agreed that most clearinghouses will strip the legacy numbers from their provider client's claims before forwarding them to Medicare.

And we've been working with them very closely, because we understand that many providers, especially at the desktop level, are unable to submit claims in multiple ways depending upon their plan or clearinghouse's readiness. For

example, if I may, one particular provider, Dr. Streimer being able to submit NPI only to Medicare and NPI/legacy to Blue Cross Blue Shield of (Streimerville) and that is very difficult.

So the clearinghouses have agreed to steer the claim and send it in the correct format to the health plan depending upon that health plan's readiness.

(Sarah Cremier): Okay, so I need to talk to the clearinghouse to find out exactly what they're planning on doing...

Stewart Streimer: Exactly. As far as Medicare fee-for-service, we would directly ask them if they have the capability to strip that legacy number so that Medicare can process NPI only. But what we will not do, is direct the clearinghouse to do anything, because we don't have that authority.

If another health plan and a client and that clearinghouse want to get together to come up with their own plan of action, that is up to them.

(Sarah Cremier): Okay. Okay. I'll call the clearinghouse. Thank you.

Nicole Cooney: Next question, please.

Operator: Our next question comes from (Pamela Ocasha). Your line is open.

(Pamela Ocasha): Yes, hi. My name is (Pam Ocasha) from Apria Health Care. And I wanted to find out we're a DME supplier with several locations throughout the country and each of our locations has an NPI, so does our corporation.

If we want to subcontract business out to another business, what NPI should be used when we're filling out the claim, since we're responsible for the claim?

Jim Bossenmeyer: Using the NPI, for the practice location, that is enrolled with the Medicare program.

(Pamela Ocasha): So if we're in Illinois and we're subcontracting service in Virginia, we should still use our Illinois...

Jim Bossenmeyer: Well, I'm not sure you mean by – what are you subcontracting in a DMEPOS environment?

(Pamela Ocasha): Whatever business that we come in. If we're going to get an order for a wheel chair and we don't have a location in that particular area, we may subcontract it to someone else that is in that area.

Jim Bossenmeyer: I think we probably need to talk off line. Can you give me your number please?

(Pamela Ocasha): XXX-XXX- XXXX and I'm at extension XXXX.

Jim Bossenmeyer: Your name again, ma'am?

(Pamela Ocasha): (Pam Ocasha).

Jim Bossenmeyer: Thank you.

Nicole Cooney: Next question, please.

Operator: Our next question comes from the line of (Tanjia McBeth). Your line is open

(Valerie): Hello my name is (Valerie). Questions, we're getting rejections and on the rejections it says M381 and when we call the provider enrollment...

Nicole Cooney: We just lost you there for a minute.

(Valerie): Okay. Can you hear me now?

Nicole Cooney: Yes, you said. When you call provider enrollment and that's where you cut out.

(Valerie): Okay. Specific answer as to what that rejection means. I mean, it's like four or five...

Marlene Biggs: I think you need move closer to the phone. We cannot hear you.

(Valerie): Can you hear me now?

Marlene Biggs: Yes.

(Valerie): Okay. So we're not getting a specific answer on what the M381 rejection is.

Marlene Biggs: The M381 is a referring provider secondary identifier. You're sending in an invalid value. Is your claim rejecting or are you getting an informational edit?

(Valerie): It's rejecting.

Marlene Biggs: Okay, what are you sending in that field?

(Valerie): Which field is that? We file electronically, so we don't...

Marlene Biggs: You must send an NPI in that field.

(Valerie): Referring provider field. Right?

Marlene Biggs: It's rendering.

(Valerie): Rendering.

Marlene Biggs: Rendering provider's secondary identifier.

(Valerie): There's one NPI?

Marlene Biggs: Excuse me.

(Valerie): Which should be the individual NPI?

Marlene Biggs: Yes, it should be.

(Valerie): Okay. If we're putting that NPI there, is it because there's something on your end missing that you guys don't have on file for us and maybe we need to send a form in for?

Marlene Biggs: Well, the message is for an invalid value. which leads me to believe that there's something other than an NPI in that field.

Stewart Streimer: Could they be submitting a type two NPI?

Marlene Biggs: Oh, I would have to look.

(Valerie): But if we're filing under the corporation and then we have the individual NPI there for that factor in the corporation, but you don't have the individual...

Marlene Biggs: The NPI, or are you sending an EIN or SSN in that field?

(Valerie): Well, it would – we were getting the EIN and an SSN the other one, the 279.

Marlene Biggs: Right. I mean, in the 2310D does not contain a (REF01) of 1C the (2310D REF) does not contain either an EIN or an SSN.

(Valerie): What if we know that those fields are correct? Could there be something on your end that you guys don't have like in your system to get the match or maybe you don't have the individual's Medicare number, would that give us the same rejection?

Marlene Biggs: I would need to look through all the edits. I can only tell you right now what the 381 is editing .

(Valerie): Okay.

Marlene Biggs: Have you talked to your contractor?

(Valerie): Who is like our clearinghouse?

Marlene Biggs: No, the carrier that's processing your claim?

(Valerie): Oh yeah. WPS. We are on the phone with them daily.

Marlene Biggs: Right.

Stewart Streimer: Have you confirmed that the NPI you're using is for the individual that's rendering and that individual is enrolled as an individual in Medicare?

(Valerie): Well, sometimes it's a corporation and then an individual it will go through.

Marlene Biggs: Have you also validated that the EIN and SSN on the Crosswalk is the same number you're sending on the claim is the same?

(Valerie): Yes.

Marlene Biggs: It is. Okay. They're both the same.

Stewart Streimer: Hold on one second. We're just – I thought I heard you say that sometimes you will use a corporate or Type 2 NPI in that rendering field, is that correct or did I misunderstand?

(Valerie): No, we wouldn't – we would have a corporation in the first field – I'm sorry I don't what the field numbers are, in the corporation in the other one.

Stewart Streimer: Well, but for rendering which is what I think you were referring to as the problem; you would always use an individual Type 1 NPI?

(Valerie): I'm not sure.

Stewart Streimer: Well, that's key, because a rendering physician would have to be an individual Type 1 NPI and that individual would have to be enrolled in Medicare as an individual.

Pat Peyton: If they're not enrolled in Medicare as an individual, you need to submit an 855I to have them enrolled.

Stewart Streimer: Well, is that person participating in the Medicare program?

(Valerie): Yeah.

Stewart Streimer: Then they would need to – if they've not – they would need to have current information with the carrier. So they may need to contact the carrier and find out if they need to submit an updated enrollment application.

(Valerie): Okay. We're also being told by EDI enrollment lines that this could be due to location, not being up to date, this M381. Is that correct?

Pat Peyton: What location, I'm not clear?

(Valerie): Access location, being not on file with Medicare.

Pat Peyton: Did you recently send the contractor an 855 to process?

(Valerie): No, on practice locations, they've been going to for years.

Marlene Biggs: No, that wouldn't make any sense. It wouldn't have anything to do with your practice location, at least not the edit that you're receiving and not the description that I'm looking at.

(Valerie): Okay, I just wanted to make that clear.

Marlene Biggs: It's either the SSN, EIN, or NPI issue if you're receiving that message. It's not on the crosswalk issue. The master provider file and the NPPES data feed

the crosswalk. Those two have to have the same information for the pair to make it to the crosswalk.

(Valerie): Okay.

Marlene Biggs: All right. Thank you.

(Valerie): Thank you.

Nicole Cooney: Next question, please.

Operator: Our next question comes from the line of (Teresa Mathias). Your line is open.

(Teresa Mathias): Hi. Thank you. This is (Teresa Mathias) I'm calling on behalf of (Cloney's Pharmacy, Inc.).

We have two pharmacy locations each with their own provider number and also their NPI and we also have a PTAN number for immunizations. And that's what I'm wondering with the PTAN number how best – how do I check to see if it is crosswalked correctly? We're not having any problems with our other, you know, legacy numbers, but I'm not sure about that number.

Jim Bossenmeyer: You have pharmacies and then you also represent mass immunizers. So you're billing the DME MAC for your pharmacy. Are you enrolled as a DMEPOS supplier?

(Teresa Mathias): We are also that, yes.

Jim Bossenmeyer: Okay. So as a DMEPOS supplier you're submitting your claims to the DME MAC. Are you encountering any problems?

(Teresa Mathias): No.

Jim Bossenmeyer: Okay. On the claims that you're submitting to the carrier for Part B for mass immunization, are you encountering any problems with those?

(Teresa Mathias): Well, we had received a letter from them that they had us listed as a multi-specialty group rather than a pharmacy and so I had sent in the 855B to them and I verified everything over the phone when I was mailing that into them. But I haven't heard anything and so the 23rd is so close, I was concerned about you know, that number.

Jim Bossenmeyer: But are you submitting claims today?

(Teresa Mathias): I haven't – you know, it's just when people come in when, you know, customers come in and need a shot and we haven't had anything recently. So, but I wanted everything to be in place, so that when somebody does come in, we are able to bill.

Jim Bossenmeyer: Okay. If you'd give me your name and number ma'am, I'll follow-up with you.

(Teresa Mathias): Okay. It's (Teresa Mathias) is the last name and the phone number is XXX-XXX-XXXX.

Jim Bossenmeyer: Thank you.

(Teresa Mathias): Thank you.

Nicole Cooney: Next question, please.

Operator: Our next question comes from the line of (Martha Johnson). Your line is open.

(Martha Johnson): Yes, hi. I'm with (Practice In Sight). We are actually a clearinghouse submitter, so we do move claims from multiple providers to Medicare across the country. We just need some clarification on – in the professional claim for the rendering provider. Is it required or even just allowed to include the tax identification number as a secondary identification as a ref segment with an EI or SY qualifier? We're not really sure if we should be doing that, if we should be suppressing those or just it's okay to send them? But if they're not required, if you guys could clarify that, that would be great?

Marlene Biggs: We don't have a Part B billing person on the room right now. Were you sending the tax ID before?

(Martha Johnson): Yes, we are forwarding tax IDs currently in the rendering provider loops. We've hit a few snags with that. Some of our providers have associated their personal social security numbers with their personal NPI numbers, so it might be cleaner for us to just leave that out and send the NPI all by itself.

Marlene Biggs: You're sending SSN or EIN in that field and you're not having any issues?

(Martha Johnson): We're mostly not. But we have had a few customers contact us with rejections that are relating to that sending the tax identification in the rendering loop. So we were just not clear whether CMS – we know you require it obviously for the billing and pay-to providers - we're just not clear whether it's a good idea to send that on the rendering provider.

Marlene Biggs: Can you hold on one second?

(Martha Johnson): Sure.

Marlene Biggs: I'm sorry, the Part B billing person's just confirmed, that no you don't need to send the tax ID.

(Martha Johnson): Okay.

Marlene Biggs: All right. Thank you.

(Martha Johnson): Thank you very much.

Nicole Cooney: Next question.

Operator: Our next question comes from the line of (Lorraine Harling). Your line is open.

(Lorraine Harling): Hi, my name is (Lorraine Harling) and I'm calling from (Partners Healthcare). I'd like to know what we do for self-referred services that do not require a physician's order like a mammography?

Stewart Streimer: Hi, there is guidance out there to that effect that for self referrals for mammography, you may use your own billing NPI in the referring/ordering field.

(Lorraine Harling): Okay. Thank you.

Stewart Streimer: You're welcome.

Nicole Cooney: Next question.

Operator: Your next question comes from the line of (Kelly Workman). Your line is open.

(Kelly Workman): Hi. My name is (Kelly Workman). I'm from the University of Medicine and Dentistry in New Jersey. My question has a relation to do with subparts and I wanted to know do I need to have a subpart for my different locations or for different specialists?

Pat Peyton: This is Pat Peyton. I didn't hear that last part of what you said.

(Kelly Workman): Do I need to have subparts for different locations or for different specialties?

Pat Peyton: If the different locations submit their own electronic claims to any health plan, then they have to have their own NPIs, because they're acting as a billing provider which would be acting as a covered provider.

But if they don't submit their own claims, the regulation doesn't require them to have their own NPI. It is the same thing with the taxonomy or different line of business—the regulation does not require separate NPIs.

A provider who submits—conducts-- its own HIPPA transactions with any health plan, even it's just one transaction, needs its own NPI. You have to look at the big picture, think about the pros and cons, whether you use NPIs or whether you don't for those different locations and taxonomies, as to what will be best for your business.

Stewart Streimer: What kind of provider are you?

(Kelly Workman): We're a physician organization.

Stewart Streimer: Is it like a group practice?

(Kelly Workman): Yes.

Stewart Streimer: You don't need a separate NPI for each practice location.

(Kelly Workman): I like that answer.

Okay, then my question is when you say HIPPA transactions, does that also include like eligibility checks?

Pat Peyton: It includes them if they're done electronically.

Stewart Streimer: You use the standard – right, if you do electronically, you are required under HIPPA to use one of the standard electronic transactions sets. You don't need a separate NPI. You have one NPI that you use for all of those health care transactions.

(Kelly Workman): Okay. Thank you.

Operator: Our next question comes from the line of (Marlene Peek). Your line is open.

(Marlene Peek): Hello. Thanks for taking my call. Can you hear me?

Nicole Cooney: Yes, we can.

(Marlene Peek): Oh great. Okay. We have a client who has a – they teach other doctors how to do, you know, different procedures, so they're going to have on the claim line

detail different NPI numbers. Maybe if they have five lines, they might have five different NPIs.

Now according to the HIPPA guide in the 2420A, it is possible to do it this way and it would come out looking like a service line (DDP), a (REF), and an (NM182). Will you accept that in your format?

Brian Reitz: I'm not really understanding your question. Are you asking if you have different detail lines, if you're supposed to put an NPI on each individual lines?

(Marlene Peek): No, I'm asking if we have multiple rendering providers, where you have – let's say you have five line items and one guy sets a finger in a cast and one guy did stitches and a different guy did, I don't know, five different procedures, five different rendering providers.

What I'm saying is that it's going to come in loop 2420A, so it's going to have like a line item, a service code, a date of service, maybe a REF, and then an NM182 on the detail line instead of in the claim.

Brian Reitz: That's correct.

(Marlene Peek): Will you be accepting that?

Brian Reitz: Yes.

(Marlene Peek): Can you accept it?

Brian Reitz: Yes, that's the way you're required to bill if you have individual rendering per line, each detail has to be identified with the rendering provider's number.

(Marlene Peek): Right. Okay, so it's going to coming on the service line, just I want to clarify, because I haven't seen this done before, but I'm looking at the guide and it's saying this is how you do, and we're going to say okay, we can do it that way.

Brian Reitz: That's correct. You have to identify down at the service level.

(Marlene Peek): Okay. Thank you.

Brian Reitz: You're welcome.

Nicole Cooney: Next question.

Operator: Our next question comes from the line of (Sarah McKensey). You line is open.

(Sarah McKensey): This is (Sarah McKensey) from Carolina Health Specialists. My question is relating back to a publication on the CMS Website and it's 100-08. And it is stating that the entities that have multiple PTANs assigned to separate locations need to consolidate their PTANs and roll up under one PTAN and one NPI.

And we were told by our intermediary, PGBA, in South Carolina, that we would be the first company to do it and she wasn't sure that we should do it and we just heard all different directions that we should do, we shouldn't do, and right now we're having the right one – one on one NPI match and we don't want to change it if we're not going to have to, but we're scared it will be mandatory in the future. What would you recommend, because we are getting paid right now and have not had any problems?

Pat Peyton: Are you getting paid with NPI only?

(Sarah McKensey): Yes.

Pat Peyton: Well, then it sounds like things are working okay for you.

Marlene Biggs: Right, I think they're asking the question is should they consolidate?

Pat Peyton: It doesn't seem like its necessary.

Marlene Biggs: I wouldn't suggest you consolidate only because you're claims are paying, they're not rejecting, and you're not having any problems. So, if you're not having any issues, I wouldn't consolidate any of your PINs.

If you do have any PINs that you're not using, you should deactivate them though. If you're not going to use those pins to bill and you haven't used them for a while, you should deactivate them.

(Sarah McKensey): Okay, and last week we were in the conference call or whatever, and people – multi-specialty groups were referring to having one group. We don't have one Carolina Health Specialist NPI in PTAN. We have several NPIs and several PTANs for our different locations. And they had referenced this group NPI that they did not have, you all go their number and called them and I never really heard the answer as to should we get a Carolina Health Specialist PTAN and NPI, like a group one, instead of separate locations?

Pat Peyton: Why don't you give me your number. This is Pat Peyton and I'll give you a call.

(Sarah McKensey): Okay.

It's area code XXX-XXX-XXXX.

Pat Peyton: Okay.

(Sarah McKensey): And one last question, do you think that this PTAN consolidation, where multiple PTANs will be mandatory in the future?

Pat Peyton: We have to take a look and see how things go as to whether it will be mandatory or not.

(Sarah McKensey): Okay. Thank you. We'll be waiting for your call then. Thanks.

**Post Call Follow Up from CMS – CMS has contacted Ms. McKensey and has instructed the appropriate Medicare contractor to resolve this issue.**

Operator: Our next question comes from the line of (Chris Morrow). Your line is open.

Nicole Cooney: Hello. Did you have a question?

We'll take the next question please.

Operator: Next question comes from the line of (Shannon Hilton). Your line is open.

(Shannon Hilton): Hi, can you hear me?

Nicole Cooney: Yes.

(Shannon Hilton): I'm calling from Dermatology Associates of Kentucky our Part B carrier is National Government Services. We have one location. We have one tax ID

number and we have two NPIs for our group and for our surgery center. After listening to the call today, my main question right now is do we absolutely have to have a separate NPI for our surgery center?

Pat Peyton: Does your surgery center send claims to any health plan or conduct any other...?

(Shannon Hilton): We do send facility fee claims, so we do – I guess we do have a separate NPI?

Pat Peyton: Did you say you did send claims?

(Shannon Hilton): Yes.

Pat Peyton: Then you have to have your own NPI.

(Shannon Hilton): Okay, so we have – we had our separate Medicare legacy IDs for our group and our surgery center. Now we have two separate NPIs, but we have the one tax ID number, which is – they're saying that's why we're getting these additional development letters that for every single Medi- for every single facility fee claim that's generating a letter, because they can't make a one-to-one match with our NPI, because we only have one tax ID number with two NPIs.

Pat Peyton: No, actually the reason not able to make a one-to-one match, is because you have one NPI and two legacy numbers. It has nothing to do with your tax...

(Shannon Hilton): Oh, we do have our two NPIs I was just trying to make sure that maybe if we could eliminate one NPI, that could be a possibility to resolve this issue.

Pat Peyton: Oh, you have two?

(Shannon Hilton): Yeah, we do have to.

Pat Peyton: So the group sends claims and the surgery center sends claims, is that right?

(Shannon Hilton): Right. and it's our facility fees are the ones that are getting the letters.

Jim Bossenmeyer: When was the last time you updated your Medicare enrollment information on the 855? It's been a while?

(Shannon Hilton): They made us do the revalidation process and that was in February or March. And we've been getting these letters since February and all that we're being told is that the letters will continue indefinitely.

Pat Peyton: Is this for Part A or Part B?

(Shannon Hilton): Part B with National Government Services. Now we're just wondering if we should get a separate – another tax ID for of surgery center if that will solve the problem, because we don't know what else to do. The letters are backlogged 45 to 60 days. We're losing money.

Pat Peyton: Why don't you give me your number, because to me it doesn't sound like – it sounds like everything should be fine. You can certainly have the same PIN with more than one NPI.

Marlene Biggs: And the ZIP code on the claim for the pay-to or the billing should actually determine which legacy identifier it used...

(Shannon Hilton): We have two separate legacy identifiers. We had our two separate Medicare PINs. We have out two separate NPIs. You know, I don't know what the

problem is either. They're telling us it's because we only have only one tax ID, but I mean, we can't be the only group in the state that's has one tax ID for our group, you know.

Pat Peyton: Right, that doesn't sound like a problem. What's your number (Shannon)?

Marlene Biggs: Telephone number.

(Shannon Hilton): XXX-XXX-XXXX.

Pat Peyton: And this is (Shannon) is that right?

(Shannon Hilton): Yes, my name's (Shannon Hilton). That's my direct line.

Stewart Streimer: NGS is your Medicare Carrier?

(Shannon Hilton): Right. We're in Kentucky.

Stewart Streimer: Thank you.

(Shannon Hilton): All right. Thank you.

**Post Call Follow Up from CMS: CMS contacted this provider and resolved the issue.**

Nicole Cooney: Next question, please.

Operator: Our next question comes from the line of (Darlene Egan). Your line is open.

(Darlene Egan): Thank you. Hi. I'm a little bit more nervous now after hearing the last caller's then I was when I first put my name in for the question.

We are in Connecticut. My name is (Darlene Egan) with the group of (Mandel and Blow) and we are in jurisdiction 13 which is Connecticut and New York. We are just going with National Government Services for our Medicare Part A and B administrator.

And number one, I think this is supposed to take place July 1st, however we haven't heard any date yet, that it's going into effect. The company we were using was First Coast Medicare, but they lost the contract recently.

And we have no way of contacting them to make sure that our information that they have is correct. For example, they're sending us these letters stating they need updating of their CMS 588 authorization agreements, and I understand we absolutely have to do that in order to electronically receive our payments.

My problem and my question are we have 11 offices, 11 NPIs, 11 PTAN numbers with Medicare, one tax ID, and we received one letter requesting an updated CMS 588.

Stewart Streimer: And you have one tax ID number correct?

(Darlene Egan): Yes, we do.

Stewart Streimer: And so I guess, the first question maybe this will help – are your claims being processed today using the NPI by First Coast?

(Darlene Egan): Yes, they are.

Jim Bossenmeyer: Well, recognize that whenever there's a transition, especially MAC transitions we take great care in trying to make sure we move all the records appropriately from the new incoming contractor and we'll certainly be doing that again in this transition.

So if you're claims are being processed correctly today using those tax IDs, NPI's that you have established, I don't believe that you'll have any problems as we move to the July 1st date or whatever the transition is from First Coast to NGS.

I would encourage you to submit that EFT authorization agreement, because NGS will need that to make sure that they're able to do direct deposit to you.

(Darlene Egan): Okay, now do I need to do 11 of these or do I just do the one that I received?

Jim Bossenmeyer: You just need to do the one.

(Darlene Egan): Okay. Great. Thank you very much.

Nicole Cooney: Next question.

Operator: Our next question comes from the line of (Val Kaiser). Your line is open.

(Val Kaiser): This is (Val Kaiser). I'm calling from Nephrology Specialist in Webster, Indiana. Can you hear me?

Nicole Cooney: Yes.

(Val Kaiser): Okay, we currently have multiple PINs due to HPSA areas. We're all in one locality. I just wanted to verify we had been told that we have to collapse our

PTANs to one. When we went NPI only and we've got the numerous times we received the development letters that could make a one-to-one match.

I just wanted to reverify that we should be collapsing?

Jim Bossenmeyer: Well, how many NPIs do you have, ma'am?

(Val Kaiser): We only have one group NPI and each doctor has their own individual NPI.

Jim Bossenmeyer: Well, the group practice has one NPI correct? You have the organizational NPI?

(Val Kaiser): Correct.

Jim Bossenmeyer: Okay, each individual physician would have their own NPI and they'd be reassigned to the group, correct?

(Val Kaiser): Correct.

Jim Bossenmeyer: If the group practice has multiple PTANs then it – you – there's no need for you to have additional PTANs and, yes, you should go ahead and collapse those down.

(Val Kaiser): Yeah, and the only reason we have the multiple PTAN's was because of HPSA areas, so that we could receive incentive payments. Now we've been told they'll be able to identify that by our service location with the four plus ZIP, so that we could get that 10% incentive when we collapse correct?

Jim Bossenmeyer: That's- yes that's correct.

(Val Kaiser): Okay. Thank you.

Nicole Cooney: Next question.

Operator: Our next question comes from the line of (Susan Henschman). Your line is open.

(Lauren Price): Yes, hello. My name's (Lauren Price). I'm with (Susan Henschman) here. Can anybody hear me?

Nicole Cooney: Yes.

(Lauren Price): Good. I wanted to ask regarding about the PTAN numbers. We were – as stated before, the acknowledgment letter; the approval letter of any new providers that we receive will still have the PTAN number with the NPI and their effective date.

Our question is, for the PTAN number of which we have acknowledged that it has to be used for inquiries of any bill denials other than this claim is rejection, do the PTAN numbers still have to be inputted in the NPPES system?

Jim Bossenmeyer: If you're getting – if you're enrolling today, the answer would be no. If you've enrolled in the Medicare Program since March 1st, the answer would be no.

(Lauren Price): So the PTANs are only used for phone inquiries only. The PTAN numbers will no longer be required to be put in the NPPES system when you had to establish an NPI, is that what I am – is that correct?

Pat Peyton: That's what he said. With new providers, newly enrolling, just get your letter, you're enrolled, here's your PTAN.

Jim Bossenmeyer: You won't need to include that into the NPPES system.

(Lauren Price): Okay, thank you.

Jim Bossenmeyer: You're welcome.

Nicole Cooney: Next question.

Operator: Our next question comes from the line of (Dale Scott). Your line is open.

(Gale Scott): Hi. This is (Gale Scott) Tampa General. Our claims are going through all the queued OSCAR sites and rehab with one exception the –on the inpatient part B, bill type 12X. I wonder if there's been any progress made on that?

Marlene Biggs: Have you spoken with your contractor? Have you spoken with your FI?

(Gale Scott): I have. They're working on it.

Marlene Biggs: Okay. I'm sorry, I don't have an update.

(Gale Scott): Okay. Thank you.

Nicole Cooney: Next question please.

Operator: Our next question comes from the line of (Albert Deando). Your line is open.

(Albert Deando): Hi, I wanted to follow-up regarding the CMS communication regarding the NPIs for secondary providers and it's a two part question. First part being, I just wanted to make sure that CMS understood that NPPES for organizations, such as clinical labs or radiology groups or even IDTS, who are Type 2, who receive Type 2 NPIs, if they are, as you're saying here in your communication unable to obtain the NPI of the referring provider after exhausting all other means, that they can use their Type 2 NPI in the referring provider field.

And you know, the implication there is that will be claims be denied because the carrier's claim systems are, you know, used to seeing an individual Type 1 NPI I that field? Did CMS take that into consideration?

Stewart Streimer: Yes, we did. Until further notice and this is probably just a temporary measure, it will be acceptable to include a Type 2 organizational NPI in the referring/ordering field in the circumstances you just presented.

(Albert Deando): And, thank you, and the second part to this, is just again for certain types of providers, specifically IDTS and radiology providers who you know, bill for diagnostic tests, the rules and regulations again specify the use of an NPI you know, for an individual, specify the requirement for an individual person's NPI in that field, and so again, this temporary rule is going to override any and all other you know, current Medicare policies?

Stewart Streimer: As long as you've done everything possible to obtain the NPI of that secondary provider, yes we will be permitting the biller's own NPI in that field regardless of the biller's Type 1 or Type 2 status.

(Albert Deando): And thank you and just there's not going to be any further type of MedLearn Matters or anything like that respect to this specific issue?

Stewart Streimer: No, I think we've pretty much sent out messages repeatedly on this very issue and we are reserving the right to possibly do post payment reviews looking at the volume of those claims coming in with a billing and referring/ordering provider number that's the same and it's not a mammography claim.

(Albert Deando): Understood. Thank you very much.

Nicole Cooney: Next question.

Operator: Our next question comes from the line of (Georgia Galley). Your line is open.

(Georgia Galley): Hi. I was calling because we've been having some issues with some rejections and I have not been able to get through to the Medicare, the EDI Department. We're getting a rejection MSGC2S, refer number submitted no referral provider.

And I'm not exactly if anybody can shed some light on what that might mean?

Marlene Biggs: Are you sending your claims to TrailBlazers?

(Georgia Galley): Yes.

Marlene Biggs: And the message is, say that number again.

(Georgia Galley): It was message C2S-refer number submitted no referral provider. Now to me it sounded like the referring, no provider – no referring provider on the claim and there was and I had the NPI number in there.

Marlene Biggs: I'm not sure. Can I give you a call? I need to talk to someone because I don't know that message number nor the definition. Let me give you a call.

(Georgia Galley): Okay, my telephone number is XXX-XXX-XXXX, extension XXX.

Marlene Biggs: What's your area code?

(Georgia Galley): XXX.

Marlene Biggs: We missed part of it.

(Georgia Galley): Okay, sure. XXX-XXX-XXXX, extension XXX.

Marlene Biggs: All right. I will give you a call shortly.

(Georgia Galley): Thank you.

Operator: Our next question comes from the line of (Mary Gunther). Your line is open.

(Mary Gunther): Hi thank you. I think you may have addressed most of this, but we have a new hospital that went into effect –opened in April. We were able to obtain an NPI for it, but we are having an issue because we don't – we're not Medicare certified as of yet. We're having an issue for our eligibility transactions and the concern is that we're not going to be able because we keep getting the rejection that it's not on crosswalk.

Once we get certified, you were saying you don't necessarily have to go back into NPES and put that information in. How do we get on the Crosswalk?

Jim Bossenmeyer: It sounds like you claims are correctly rejecting, because you have not been enrolled into the Medicare program until you've completed the survey and certifications or accreditation process...

(Mary Gunther): Correct.

Jim Bossenmeyer: ...and the regional office will send you a letter telling you what the effective date of your billing privileges would be.

(Mary Gunther): Okay.

Jim Bossenmeyer: But you would not need to at that point in time, to go back and update NPPES with your – you'd be given what they call the CCN, the Certification number and so, no, you would not need to do that.

(Mary Gunther): And then how – will it take X amount of time to get that cleared up so that we can start sending the bills and get eligibility, you know, and get our other HIPPA transactions going?

Jim Bossenmeyer: On a Part A – for a hospital, your bill, you can only bill for services after the date of enrollment...

(Mary Gunther): Okay.

Jim Bossenmeyer: ... you need to have your survey completed and the regional office would issue a letter to you telling you what the effective date of your enrollment would be.

(Mary Gunther): Okay. Great. Thank you.

Operator: Our next question comes from the line of (Vincent Garmel). Your line is open.

(Vincent Garmel): Hello, thanks for taking my call. My name is (Vincent). I'm calling from (Warren Consulting) and we're working with a lab who's going to be establishing a reference lab, but they – we don't have enrollment with Medicare yet, but they asked me a question about getting an NPI for the lab.

And they want to know if the medical or the laboratory director can use his NPI when billing for the lab test, instead of just using a you know, signing up for a new NPI for the organizational, for a clinical lab?

Jim Bossenmeyer: The organization that would be enrolling would have to be enrolled. They would also have to have state certification...

(Vincent Garmel): Right.

Jim Bossenmeyer: ...in claims. So if the claim is being billed by the organization then the director could not use his or her NPI, if it's being billed for the corporation.

(Vincent Garmel): Okay. So even though the lab director is the CMO, he couldn't list his NPI as the billing provider. It would have to be the actual clinical lab NPI?

Jim Bossenmeyer: If the claim is coming in from the organization, then it should be associated with the NPI that's been obtained for that organization and that has been appropriately enrolled in the Medicare program.

(Vincent Garmel): Okay, thank you.

Nicole Cooney: Operator, we'll take our last question for today.

Operator: Our last question comes from the line of (Helene Stout). Your line is open.

(Helene Stout): Hi, my name is (Helene Stout) and I guess maybe it's a good thing that I'm the last question, because I'm kind of looking just for a sum it up kind of thing. I just want to clarify – we're in Colorado. We are just a physician group practice. We have one single group NPI. One single group legacy number. Each physician has their own NPI and their own legacy number.

And we use – we've currently transitioned to TrailBlazers from Noridian under the new MAC reorganization. So, that being said, we actually, knock on wood, haven't had any problems with any of our claims at all in this transition and I'm not looking forward to having any.

I just wanted to clarify that I'm a little confused. If Medicare is requiring the NPI only on claims, which obviously is based on the questions and answers that I've been listening causing some problems for quite a few people, and the format allows a separate loop in segment for NPI and a separate loop and segment for legacy numbers.

Why is that the Fiscal Intermediaries simply can't just turn off the review for loop and segment for the legacy numbers and only look at the NPIs? Why does it have to be required that we obliterate the legacy number on our claim forms going to Medicare? It just – we have computers to do what we need them to do and if some payers still need legacy numbers and some don't, it would seem to me that they could leave that loop and segment turned on and Medicare could turn that loop and segment off.

So I'm wondering, even though I listen diligently to everybody's question and answers, have I like just missed the whole boat here?

Stewart Streimer: You didn't miss the boat. You certainly raised a good question. Medicare is operating under what we believe are the HIPPA requirements to exchange

health care information using NPI only. We have been given no leeway in terms of what to accept in terms of the HIPPA compliant transaction and when I say HIPPA compliant transaction, we are being told that it is NPI only.

So to accept legacy numbers, - I understand your situation, but at the same time, as a health plan, we are also subject to enforcement action and we are operating under that guidance that we must only accept and only transfer to another health plan HIPPA compliant transaction, which mean NPI only.

(Helene Stout): So turning the loop and segment for legacy numbers off, isn't being interpreted as being compliant?

Stewart Streimer: No, because in effect we would be accepting a non-compliant transaction.

(Helene Stout): Okay, so then that brings me to my actual question which is, if there are so many issues with the NPI only, then and the deadline to make this happen is Friday, so where's the compensation or where is the diligence on behalf of the FIs to get all – it seems like very – a large number of problems fixed before Friday? And maybe it's not as big as I am listening to.

Stewart Streimer: No, I say, I think you raise a valid point. I mean, again I would get back to there are issues that we're trying to deal with on a flow basis, so the FIs, the carriers, the A/B MAC, the DMACs all have work in progress to try to resolve issues at the provider level. They're working as quickly as possible.

I would remind you that, in many cases, a lot of these issues were brought about by our March 1 milestone requiring an NPI on claims and we believe a lot of those issues have been worked off and again, as I said earlier, we did try the legacy free day whereby we were receiving quite a few NPI only claims.

As a matter of fact, the week of May 8th or May 9th, we saw over 8 million claims come into Medicare with NPI only. And for the most part, those claims were processed successfully.

I'm not going to say 100% of them were processed successfully, but the majority of them were to the point that we felt that legacy free day was a success and we are trying to work down the issues that you're hearing about.

Now we're not hearing from all the people who are having their claims processed successfully and really we were expecting by just the nature of this call, most of the questions we would get were from people who had concerns and were having difficulties.

So I think just by the nature, that was to be expected. But we're not insensitive to the fact that there will be issues and we are working day and night and we're working with the Medicare contractors. As a matter of fact, we are having daily calls with the Medicare contractors to talk to them, to give them feedback and to hear what they're hearing and we will continue to do so for the next couple of weeks or until we're satisfied that things have smoothed out if I may.

But, you're absolutely right. We are very sensitive and we'll try to handle every situation that we can.

Nicole Cooney: Okay. I just would like to conclude today's call by thanking everyone for participating. If we were unable to answer your question today, we encourage you to visit the frequently asked questions on CMS' dedicated NPI Website. The url for that website is [www.cms.hhs.gov/nationalprovidentstand](http://www.cms.hhs.gov/nationalprovidentstand) and that last is all one word, nationalprovidentstand. Once you're on that page, scroll

down to NPI frequently asked questions to see if your question is addressed there.

Please note that an encore presentation for today's call will be accessible from 3:30 today until 11:59 pm on May 24th. Please visit the registration details for this call on the NPI Website to find the access information for the encore presentation.

A transcript of this call will be posted on the NPI Web site as soon as possible.

Thank you again for your participation.

Operator: This concludes today's conference call. You may now disconnect.

END