

Resources

Missed the National Provider Identifier (NPI) Deadline?

The Centers for Medicare and Medicaid Services (CMS) recently announced the implementation of a contingency plan for covered entities (other than small health plans) that failed to meet the May 23, 2007 compliance deadline for National Provider Identifier (NPI) regulations under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

The final rule establishing the NPI as the standard unique health provider identifier for healthcare providers was published in 2004 and requires all covered entities to be in compliance with its provisions by May 23, 2007, except for small health plans, which must be in compliance by May 23, 2008.

In an April 2, 2007 announcement, CMS Acting Administrator Leslie V. Norwalk, said, "The enforcement guidance released today clarifies that covered entities that have been making a good faith effort to comply with the NPI provisions may, for up to 12 months, implement contingency plans that could include accepting legacy provider numbers on HIPAA transactions to maintain operations and cash flows."

Applying for an NPI is fast, easy, and free at: <https://nppes.cms.hhs.gov/>.

The NPI is an identifier that will be used by covered entities to identify healthcare providers, eliminating the current need for multiple identifiers for the same provider. The NPI replaces all "legacy" identifiers that are currently being used, such as Medicaid provider IDs, individual plan

provider IDs, unique provider identification numbers (UPINs), and so forth, and will be required for use on healthcare claims and other HIPAA transactions.

CMS made the decision to announce this guidance on its enforcement approach after it became apparent that many covered entities would not be able to fully comply with the NPI standard by May 23, 2007. This guidance protects covered entities from enforcement action if they continue to act in good faith to come into compliance, and they develop and implement contingency plans to enable them and their trading partners to continue to move toward compliance. CMS recognizes that transactions often require the participation of two providers and that noncompliance by one may put the second in a difficult position.

The enforcement process is complaint driven and allows covered entities to demonstrate good faith efforts and employ contingency plans. If a complaint is filed against a covered entity, CMS will evaluate the entity's "good faith efforts" to comply with the standards and will not impose penalties on those with contingency plans to ensure smooth flow of payments. Each covered entity will determine the specifics of its contingency plan. Contingency plans may not extend beyond May 23, 2008, but entities may elect to end their contingency plans sooner. Medicare will announce its own contingency plan shortly.

CMS encourages health plans to assess the readiness of their provider communities to determine the need to implement contingency plans. Healthcare providers that have not yet obtained NPIs are encouraged to do so immediately, and to use their NPIs in HIPAA transactions as soon as possible. Applying for an NPI is fast, easy, and free. Visit the National Plan/Provider Enumeration System (NPPES) Web site at: <https://nppes.cms.hhs.gov/>.

A critical aspect of implementing the NPI is the ability for covered entities to match a provider's NPI with the many legacy provider identifiers that have been used to process administrative transactions. CMS plans to make data available from the NPPES system that will assist in developing these "crosswalks."

Further information concerning this issue is available on the CMS Web site at: www.cms.hhs.gov. The site also contains contingency plan

guidance for the industry in a document titled “Guidance on Compliance with the HIPAA National Provider Identifier Rule.”

Part D Grant Program for Prescription Bone Disease Medications

The American Kidney Fund (AKF) recently announced a new program to help qualified dialysis patients pay for prescription bone disease medications under Medicare Part D. Under the program, eligible patients may receive up to \$2000 per year in prescription assistance for bone disease medications. Most significantly, the program will help qualified dialysis patients with coverage gap (“donut hole”) costs. For patients who are not currently in the donut-hole phase of Part D, the grants can be applied to the patient share of the cost to obtain bone disease medications.

This program covers common bone disease medications, including Fosrenol®, Hectorol®, Phoslo®, Renagel®, Sensipar® and Zemlar®.

“We are extremely pleased that we are able to help dialysis patients with an urgent financial need that has

arisen under Medicare Part D,” said LaVarne A. Burton, chief executive officer of the American Kidney Fund. “Because they take so many prescription medications, many dialysis patients have fallen into the Part D donut hole coverage gap, under which they must bear the full cost of their medications until they reach a certain out-of-pocket spending level. This program will provide urgently needed assistance to eligible patients who are in that situation—as well as to patients who are in the other phases of Part D coverage.”

The Part D Grant Program is the American Kidney Fund’s more recent effort to help patients with the high costs of treating kidney disease. In partnership with the nation’s dialysis providers, AKF offers a Health Insurance Premium Program that helps dialysis patients maintain their health insurance coverage. The organization offers numerous grant programs to assist with out-of-pocket costs, such as the cost of transportation to dialysis and the cost of over-the-counter medicines.

Details on the AKF Part D grant program, including eligibility guidelines, can be found at: www.kidneyfund.org. Patients who are interested in applying for assistance should contact the social workers at their dialysis centers for details, or call 1-800-638-8299. **MPM**