



*DELAWARE HEALTH AND SOCIAL SERVICES*

Division of Medicaid & Medical Assistance



**Kansas Health Policy Authority**

## NPI – Now and Then

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# Historical Highlights

## Delaware

- First state to become fully compliant with all transactions of the Health Insurance Portability and Accountability Act (HIPAA) of 2002
- New MMIS implementation in 2002 included fields for the National Provider Identifier (NPI) and for multiple taxonomy codes
- Actual Go-Live implementation date for NPI on March 23, 2007
- Implemented pure cutover approach to only NPI and atypical provider number usage
- Delaware collected 93% of NPIs by go-live date

# Historical Highlights

## Kansas

- Actual Go-Live implementation date for NPI on May 23, 2007
- Implemented crosswalk approach to allow either an NPI, legacy number, or both; DEA number allowed on pharmacy claims
- Implemented contingency plan
- Kansas collected 94% of NPIs by go-live date

# Planning Process

## Delaware and Kansas

- In May 2005, states participated in national conference calls on an ongoing basis with National Medicaid EDI Healthcare (NMEH)
- CMS Web site monitoring and information dissemination
- National listserv monitoring (HIPAA and WEDI)

# Business Process

## Delaware and Kansas

- NPI kick-off meeting with state and fiscal agent key staff members held in March 2006
- NPI workgroup and Subject Matter Expert (SME) established for functional areas:
  - Provider, Pharmacy, Outreach, and Mailroom/Processing Control Unit
- Identified activities in each workgroup and met weekly to determine progress of activities
- Looked for crossover activities in other workgroups
- Major provider file clean up (duplicate provider numbers, names, old providers)
- Research, research, and more research

# Building Relationships

## Delaware and Kansas

- Held meetings with all state agencies to discuss NPI implementation and impact in state
- Discussed NPI at the quarterly provider meetings and increased frequency to monthly to obtain aggressive timeframe
- Shared NPI plan openly with provider associations and other groups
- Asked and utilized feedback from providers
- Providers shared materials with their specific provider communities (e.g., annual meetings)

# Extensive Outreach

## Delaware

- Promoted NPI registering via phone messaging, call center staff, e-mail notifications, alerts, and provider bulletins
  - NPI captured through interactive Web site or fax
- Delaware Medical Assistance Program (DMAP) Web site notifications at:  
<http://www.dmap.state.de.us/home/index.html>
- Electronic provider alerts
- Blast faxes to providers
- E-mail notifications
- Targeted mailings
- Targeted calling to high-claim volume providers

# Extensive Outreach

## Kansas

- Developed reports to identify providers with:
  - Largest claim volumes over past 12 months
  - Largest paid amounts over past 12 months
- Sorted reports by county
- Provider Relations staff and Managed Care liaisons visited or called providers
- Monthly enumeration reports by provider type used to track progress

# Post Go-Live Lessons Learned

## Delaware

- Interact daily with providers to identify and educate about billing issues with NPI
- Assist providers with obtaining NPIs
- Conduct outreach and education with “payer” clearinghouses
- Provide IT support for electronic bill submissions via State portal
- Communicate and educate on fiscal impact on budget projections of early implementation (MCO provider file)

## Kansas

- There is no such thing as too much communication
- Identify providers that have a history of claims submission problems – target them for more than usual training
- Analyze the adjustment process very well – look at all entry points

# MMIS Statistics

## Delaware

- 12+ million claims and encounters
- 145,000+ lives covered
- 10,000+ active providers
- Programs include Medicaid, Managed Care (DSHP), SCHIP (DHCP), SPAP (DPAP), Part C, Part D, VFC, CRDP

## Kansas

- 26.9+ million claims and encounters
- 173,000+ lives covered
- 20,000+ active providers
- Programs include Medicaid, Managed Care, Healthconnect (PCCM), SCHIP (Healthwave), Part C, Part D, VFC, PIHP, PAHP

# Project Timeline and Impact

## Delaware Timeline

- May 2005 – Began monitoring due to Medicare Part D requirement of NPI
- March 2006 – Project kick-off and assessment begins
- September 2006 – Assessment completed and implementation begins
- March 23, 2007 – Production implementation
- March 26, 2007 – Mandatory use of NPI and atypical provider numbers only (no legacy numbers)

## Delaware Impact

- Assessment – 6 months
- Implementation – 6 months
- Technical/Operational Project Staff – 30 FTE/month
- State Project Staff – 22 FTE/month
- Total of 17,292 hours

# Project Timeline and Impact

## Kansas Timeline

- November 2005 – Started analysis and design
- February 2006 – Implemented NPI capture
- January 2007 – Implemented dual strategy
- May 23, 2007 – Implemented NPI contingency plan
- May 2008 - Mandatory use of NPI and atypical provider numbers only (no legacy numbers)

## Kansas Impact

- Assessment – 10.5 months
- Implementation – 8.5 months
- Technical/Operational Project Staff – 28 FTE/month
- State Project Staff – 1.5 FTE/month
- Total of 56,440 hours

# Project Solution

## Delaware

- In-place conversion
  - Swap legacy provider ID with NPI or atypical provider number
  - Retain audit trail and history
  - Straight cutover approach
  - Reduced programming effort

## Kansas

- Crosswalk legacy to NPI
  - Reduced impact to providers
  - Reduced programming effort
  - Reduced policy changes
  - Reduced operational changes

# Operational Implementation Readiness

## Delaware

- Zero out pended claims inventory
- POS, AVR, EVS, and Web
- All financial transactions finalized
- Run of daily, weekly, monthly, quarterly cycles
- Production implementation
- Reference updates
- Q&A review of implementation

# Operational Implementation Readiness

## Kansas

- Develop queries to report claims statistics
- Complete new day claims
- POS, AVR, EVS, and Web
- Production implementation
- Reference updates
  - NPI edits set to pay and list
- Q&A review of implementation

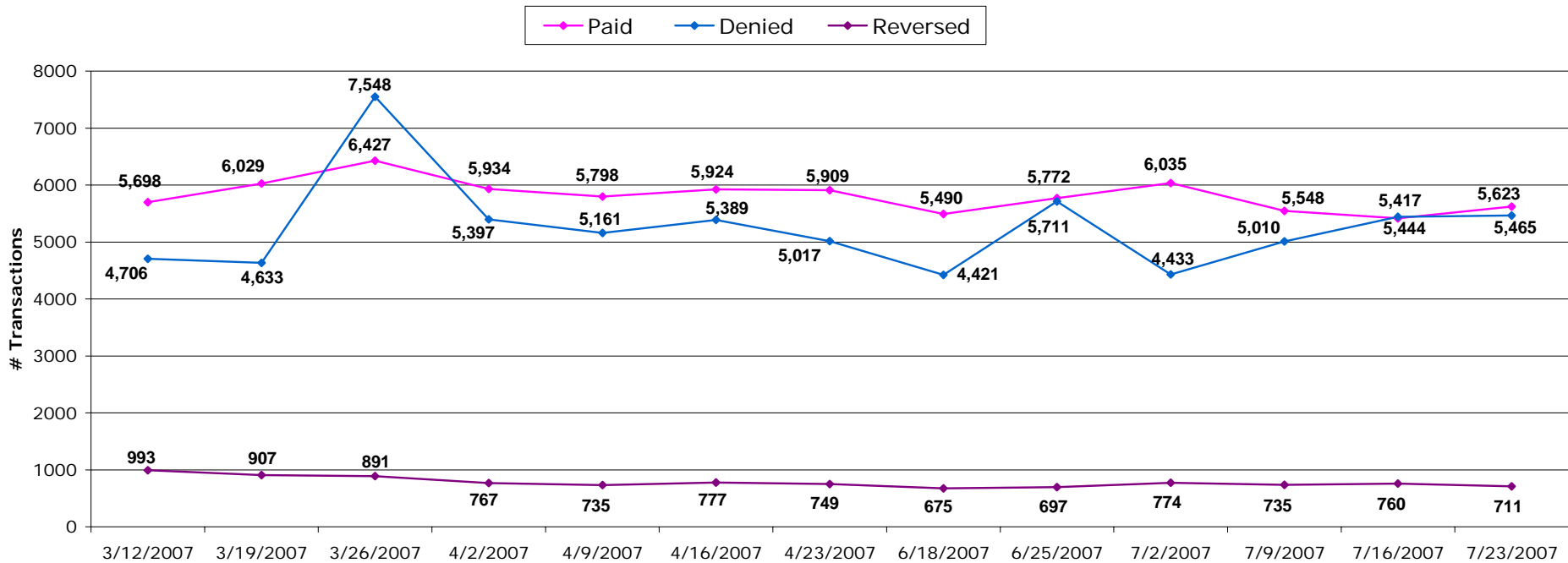
# Post Implementation Review and Results

## Delaware

- Reviewed volume of claims
  - Pharmacy (POS) transactions
  - Electronic HIPAA transactions
  - Paper claims
- Reviewed volume of calls
  - Provider calls
  - Pharmacy client calls
  - Pharmacy provider calls
  - Client calls
- Reviewed reports for edits that set because of invalid provider ID
- Reviewed reports for denied electronic HIPAA transactions

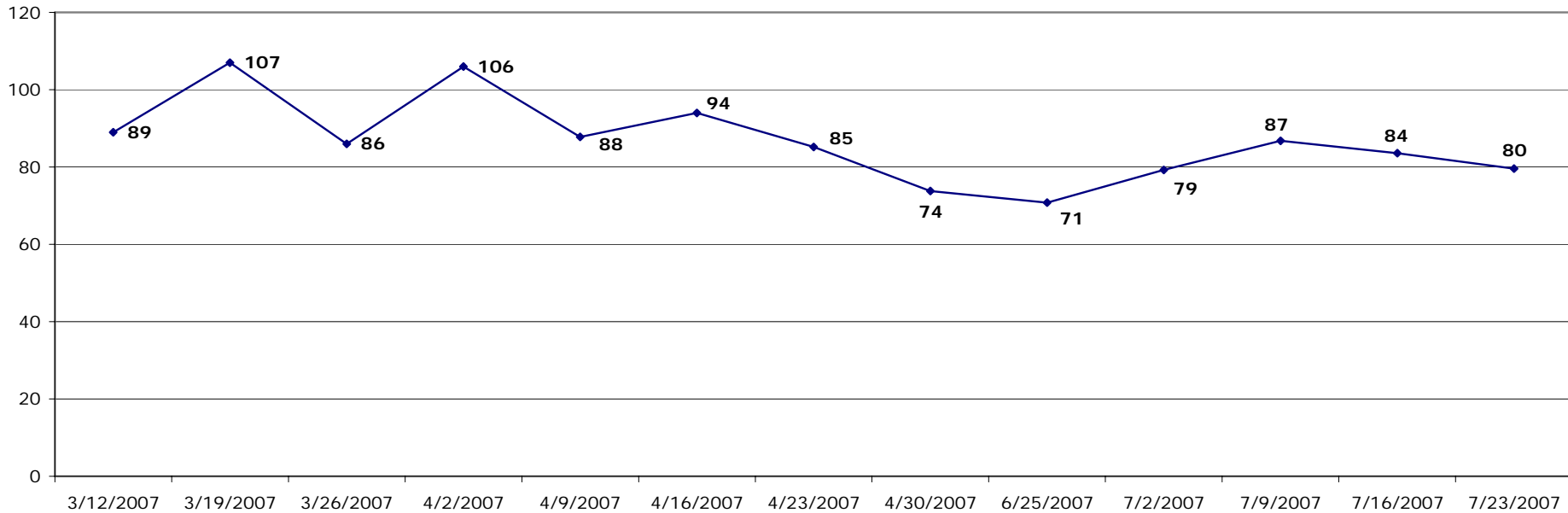
# Pharmacy Transactions - Delaware

POS Average Weekly Transactions



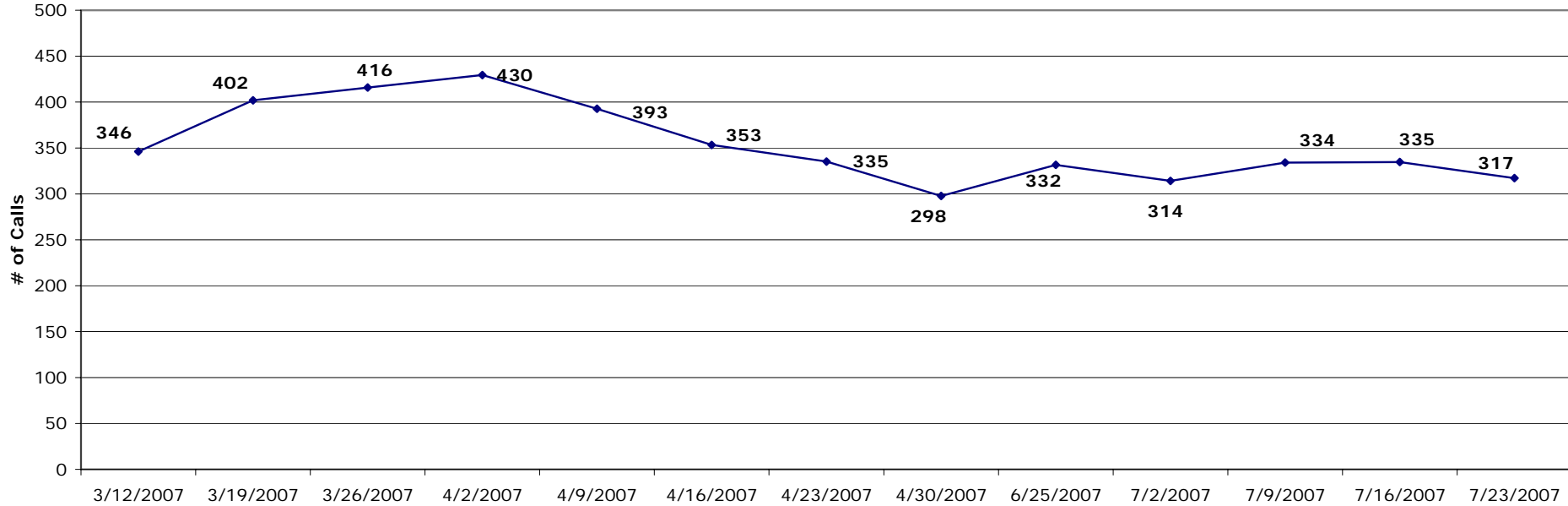
# Diamond State Partners Calls - Delaware

DSP Average Number  
of Calls per Day



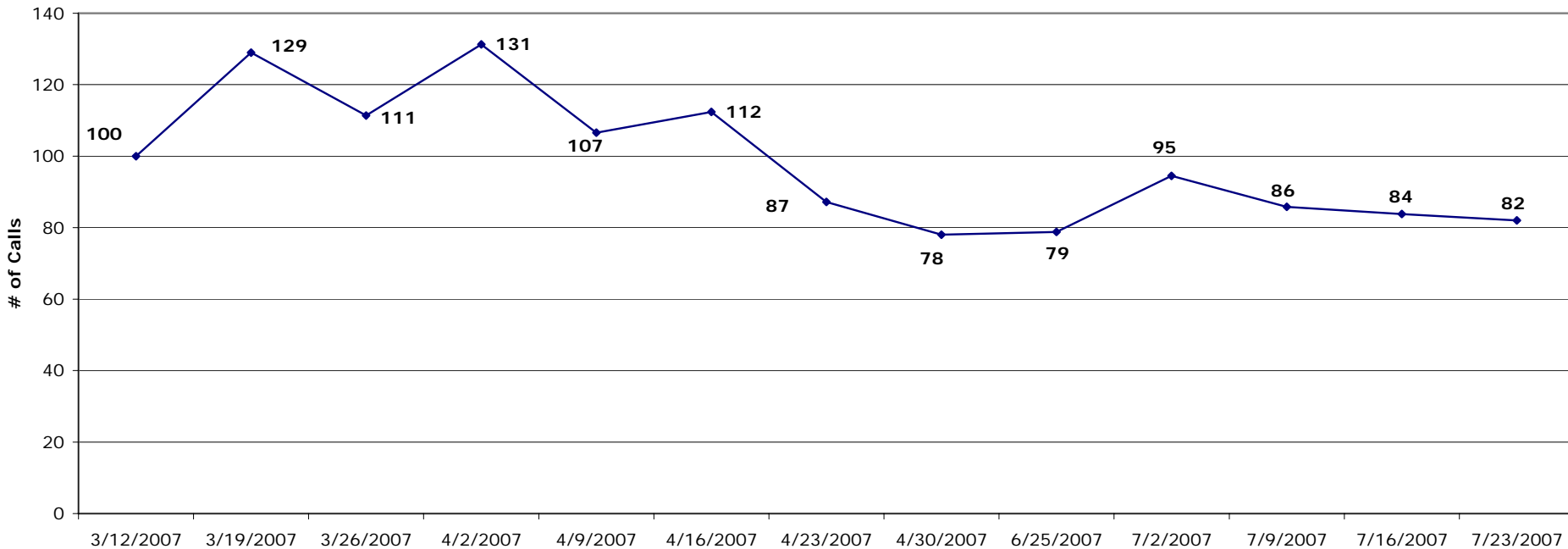
# Provider Relations Calls - Delaware

Provider Relations Average Number of Calls per Day



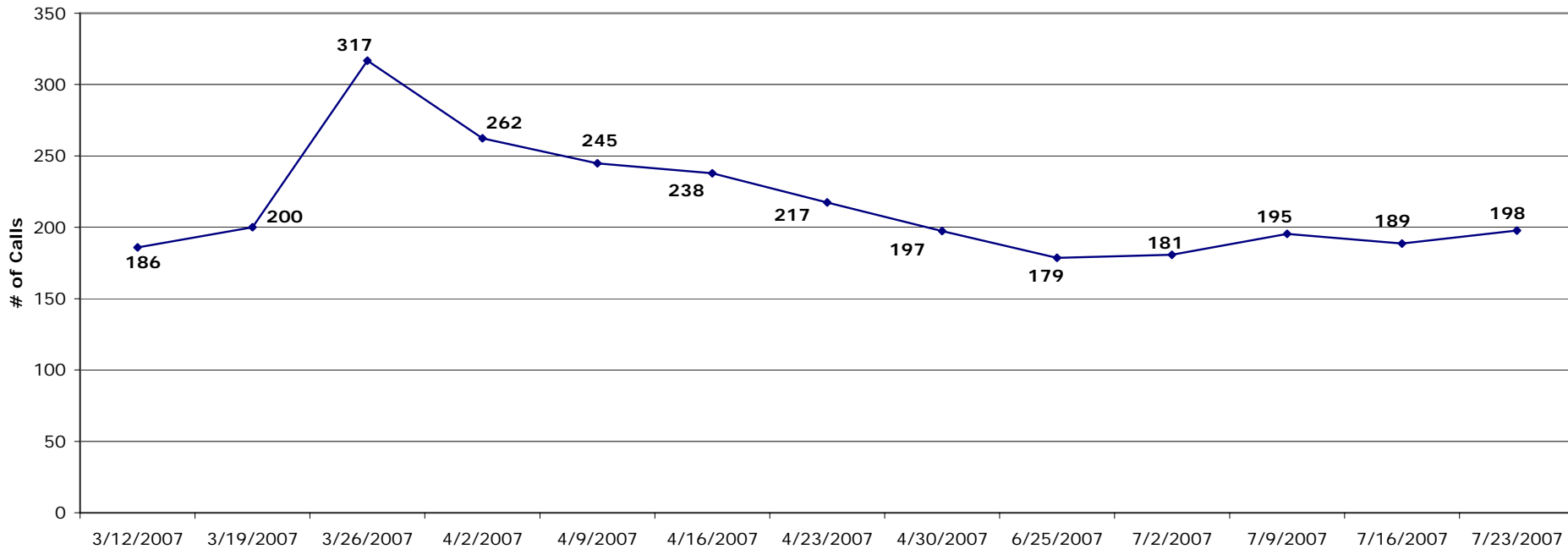
# Client Pharmacy Calls - Delaware

Client Pharmacy Average Number  
of Calls per Day



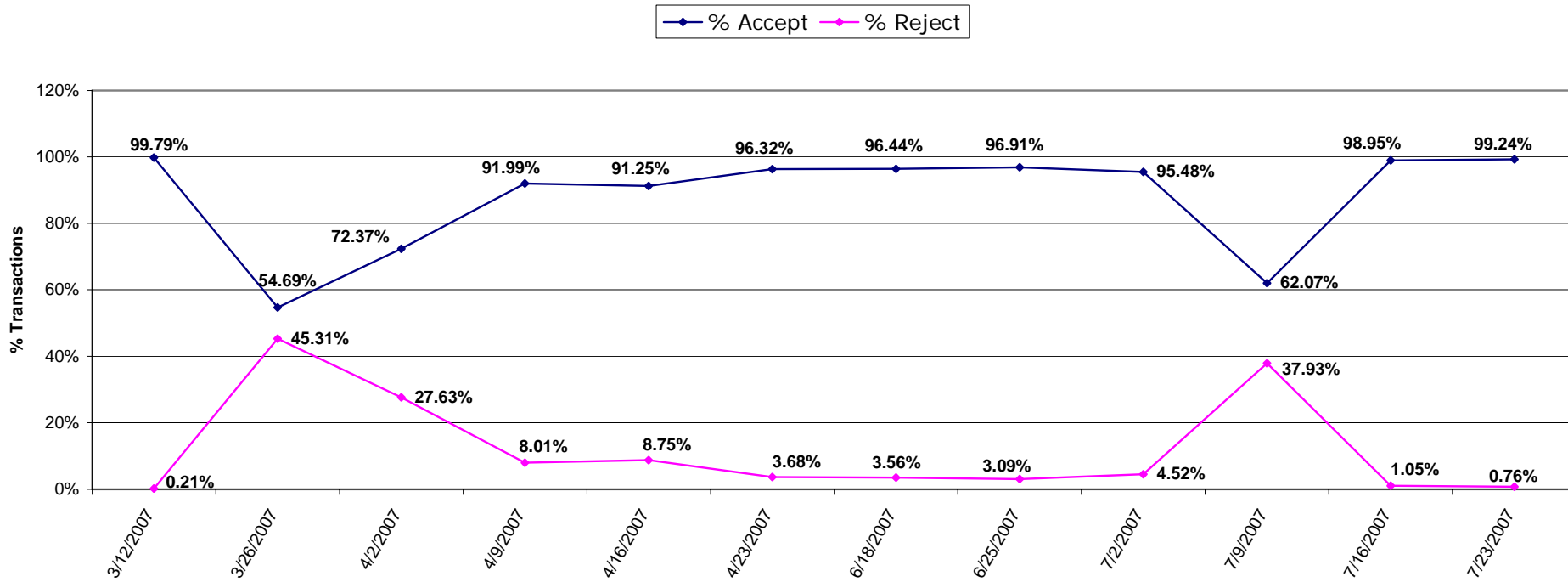
# Provider Pharmacy Calls - Delaware

Provider Pharmacy Average Number of Calls per Day



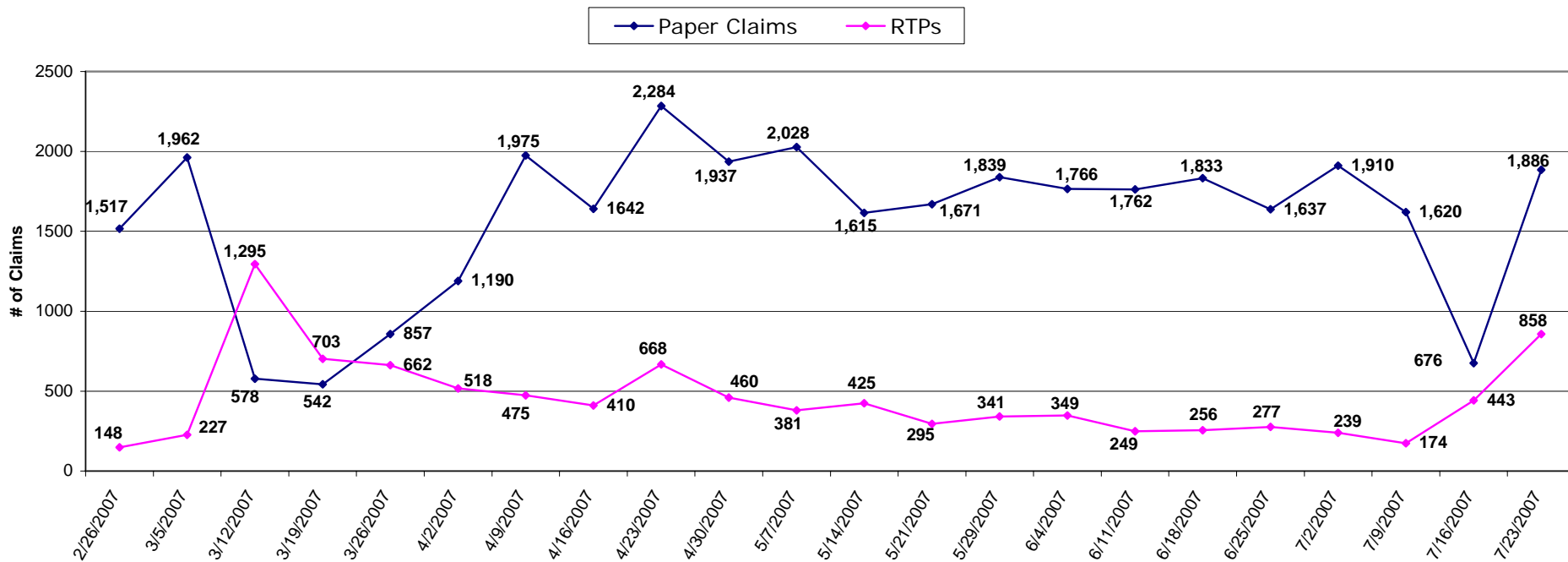
# Electronic Transactions - Delaware

Weekly HIPAA Transactions Trends



# Paper Claims (includes RTPs) - Delaware

Weekly Paper Claims Trends

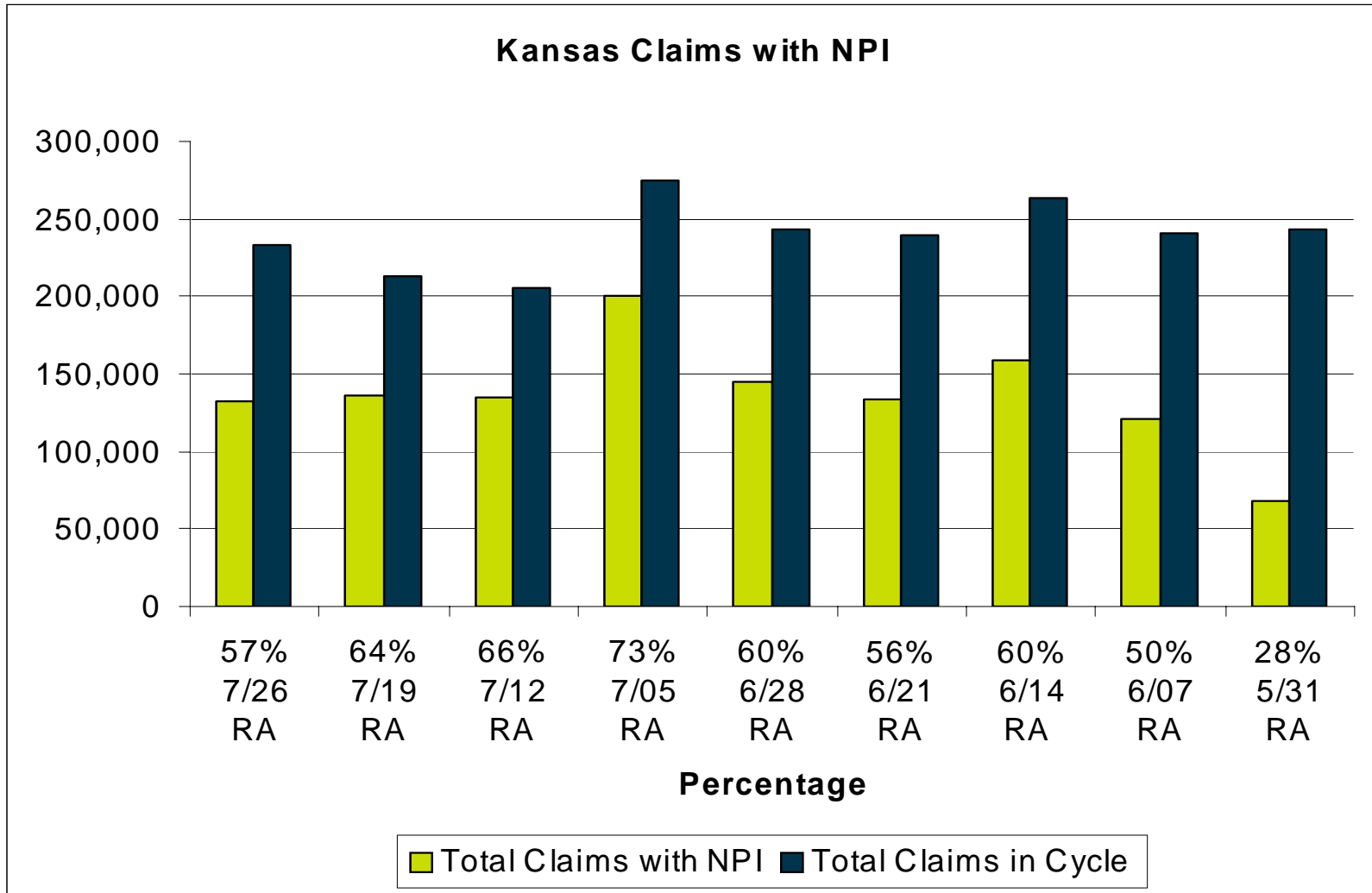


# Post Implementation Review and Results

## Kansas

- Reviewed volume of claims
- Reviewed reports for NPI edits set to pay and list
  - Billing
  - Performing/Rendering
  - Referring
  - Prescribing
- Reviewed reports for NPIs without a matching legacy ID
- Reviewed reports for edits that set because incorrect legacy ID was selected in crosswalk

# All Claims - Kansas



# Claims by Type - Kansas

Claim Type	7/26 RA	7/19 RA	7/12 RA	7/05 RA	6/28 RA	6/21 RA	6/14 RA	6/07 RA	5/31 RA
Inpatient Crossover	941	731	317	960	846	332	676	482	641
Medical Crossover	19,303	15,657	12,126	22,099	19,702	17,597	21,187	10,827	11,304
Outpatient Crossover	1,813	1,647	1,252	3,393	2,250	1,339	3,239	1,673	2,037
Compound Drug	167	216	92	174	142	162	128	146	72
Dental	4,503	5,033	3,517	3,821	4,148	3,581	3,443	2,734	1,600
Inpatient	672	482	613	840	809	824	752	523	309
Long Term Care	5,325	5,772	8,931	4,502	7,941	5,242	5,996	5,483	2,859
Medical	49,112	53,855	57,807	63,342	59,307	54,526	69,462	50,896	26,228
Outpatient	4,453	3,525	3,303	3,384	3,742	3,722	3,695	2,835	1,579
Pharmacy	46,490	48,966	47,276	50,490	46,320	46,551	50,405	44,988	21,921
Total Claims with NPI	132,779	135,884	135,234	199,851	145,207	133,876	158,983	120,587	68,550
Total Claims in Cycle	233,795	212,483	205,894	274,339	243,381	239,778	263,056	241,028	243,016
Percentage of claims with an NPI	57%	64%	66%	73%	60%	56%	60%	50%	28%

# Post Implementation Findings

## Delaware

- Managed Care provider update interface adding NPIs for providers who already existed
  - Delinquent providers were being added since they were doing business with Managed Care Organization.
- Providers obtained one NPI as a sole proprietor and wanted legacy number collapsed/converted and vice-versa
  - After implementation, providers realized they supplied incorrect NPI information since no NPIs were obtained for subparts.
  - Providers changed mind and wanted to supply multiple NPIs, instead of one.
- Incorrect data entry of NPIs via DMAP Web site by providers
  - Providers entered an NPI and discovered incorrect one used.
- Provider had multiple NPIs (group and individual sole proprietor)
  - One NPI was submitted to MMIS, but other NPI used for claims.
- Atypical provider enrolled prior to implementation
  - After implementation, provider submitted NPI information.

# Post Implementation Findings

## Kansas

- Findings from report review
  - Providers were billing with the incorrect NPI on claims. For example, on a CMS 1500 form they would bill the NPI for the performer in the Box 33 and would put the Group NPI in Box 24J. This caused claims to either pay to the individual provider in error or deny due to incorrect provider number.
  - Providers who are classified as an Agency (CMHC's local health departments, X-ray clinics) who have no individual performers linked to their provider file were billing individual performing provider information in Box 24J on the CMS 1500 form. This caused claims to deny for incorrect provider number edits.
  - Provider/Vendors were not filing claims with the taxonomy code or the accurate provider name and address. Since we used the crosswalk solution, this caused a great deal of claims to default and not process under the provider number expected by the provider.
  - Providers/Vendors not sending data in the correct loops causing claims to deny for invalid data.

# Contact Information

## Delaware

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