CMS Announces NPI Contingency Period

With the May 23, 2007, deadline rapidly approaching for providers to use a National Provider Identifier (NPI) only, CMS recently announced a contingency period. The Department of Health and Human Services (HHS) provided guidance that allows the use of contingency plans to facilitate NPI compliance for trading partners that are working in good faith toward compliance.

HMSA plans to continue its efforts to transition providers submitting HIPAA–compliant transactions from using the HMSA provider number (legacy ID) to using the NPI for a period of time beyond May 23, 2007. The CMS contingency period lasts through May 23, 2008, and an entity such as HMSA may determine the specifics of its implementation efforts, which may include electing to fully implement NPI sooner than the 12-month contingency period.

Until further notice, in line with the CMS directive to ensure the smooth flow of payments:

- HMSA will accept electronic claim transactions (837s) containing:
  - The HMSA legacy ID
  - Both the HMSA legacy ID and NPI
  - The NPI only (after notifying HMSA)
- Paper claims must contain the HMSA legacy ID, and use of the NPI is optional.
- HMSA will send electronic remittance transactions (835s) containing:
  - The HMSA legacy ID
  - Both the HMSA legacy ID and NPI

Access to Hawaii Healthcare Information Network (HHIN) will not require the NPI at this time. HHIN screens will continue to display the HMSA legacy ID as the provider identifier.

HMSA encourages providers who have not yet obtained their NPI to be sure to do so as soon as possible in a good faith effort to comply with the HIPAA NPI requirement. Despite the CMS announced contingency period, the compliance date for obtaining an NPI has not changed from May 23, 2007.

HMSA is evaluating various options for the contingency period and will keep you updated when more information is available.
Use it!

Submitting 837 Electronic Claims with NPI Only

HMSA systems are able to accept NPI only on electronic data interchange (EDI) claims. Providers who are ready to submit EDI claims with NPI only prior to May 23, 2007, should call Jim Turner at 948-6735 on Oahu or e-mail him at jim_turner@hmsa.com.

A provider should not submit claims with NPI only until the NPI has been sent to HMSA and been loaded into HMSA’s claims processing systems, and authorization has been granted. Please allow two weeks from the time the NPI is sent to HMSA before filing claims using NPI only.

Receiving HMSA’s Electronic Remittance

Many providers receive the 835 HIPAA–standard electronic remittance transaction. Currently, the 835 is returned to the provider as follows:

1) Tax ID as the primary payee identifier (in the 1000B N1 segment)
2) HMSA ID as the secondary payee identifier (in the 1000B Loop REF segment)

Providers who are ready to submit 837 claim transactions with the NPI must consider readiness to receive the 835 remittance transaction with the NPI. If ready to receive the NPI on the 835, the 835 transaction will contain:

1) NPI as the primary payee identifier
2) Both Tax ID and HMSA ID as secondary payee identifiers
3) If applicable, the NPI as the service provider identifier

Providers who make adjustments to their billing and remittance computer software to comply with the NPI mandate should be sure their vendors are aware of this change and make the appropriate updates. HMSA will work with providers and vendors to ensure the flow of payment is maintained.

If a provider is ready to accept the NPI as the primary identifier on electronic remittance, the provider should call Jim Turner at 948-6735 on Oahu or e-mail Jim Turner at jim_turner@hmsa.com. A single call can be placed to arrange to both send the 837 and process the 835 with NPI only.

More Information

Answers to commonly asked questions about NPI can be found in the FAQ section of the HMSA Provider Resource Center at hhin.hmsa.com. For questions about sending and receiving EDI claims, please call the EDI support center at the numbers listed at the bottom of page 1.