



Attention Participating Providers and Trading Partners

All MVP participating providers are required to report their NPIs to MVP before May 23, 2008 regardless if they submit claims electronically or on paper. MVP's CMS NPI contingency plan will **end** May 23, 2008. After that date, all HIPAA-mandated electronic (EDI) and online transmissions must contain NPI only. MVP is currently accepting NPI-only claim submissions - there is no need to wait until May 23, 2008. Providers should visit the Provider Home Page on MVP's Web site to report their NPIs. MVP will **not** be able to process EDI or online claims without providers' NPIs after May 23, 2008.

1. What is it?

The National Provider Identifier (NPI) is a standard identification number issued by the federal government for individual healthcare providers and organizations to use when submitting HIPAA standard electronic transactions. The unique, ten-digit number will replace the provider ID number on standard electronic transactions. The NPI will be a permanent identifier assigned for life.

2. Do I have to use it?

The federal government requires all healthcare providers and organizations who submit electronic transactions in the standard HIPAA format to have an NPI by May 23, 2007. Any healthcare provider or organization who submits HIPAA standard electronic transactions is required to obtain an NPI. Providers who transmit healthcare information via HIPAA standard electronic transactions are covered entities under HIPAA, whether they transmit the transactions themselves or use a vendor to transmit them. MVP is requiring all participating providers to obtain and report an NPI number to MVP by May 23, 2007, regardless of the claim submission format (electronic or paper) or Web site transaction use.

3. Will I need an NPI to conduct business with MVP online?

Yes, the NPI will replace the MVP provider ID number on all HIPAA standard electronic transactions. Effective May 23, 2007, the following MVP Web site transactions will require an NPI:

- online claim submission
- online referral submission
- online eligibility inquiry
- online claim status inquiry

Effective May 23, 2007, the following HIPAA covered transactions will require an NPI:

- 270 — eligibility inquiry
- 271 — eligibility response
- 276 — claim status inquiry
- 277 — claim status response
- 278 — referral submission
- 835 — remittance advice
- 837 — claim submission

4. How many do I need?

Individual providers will only need one NPI. The new number will replace all the identifiers or site numbers being used by plans in which you participate. If you have multiple offices, you do not need a different NPI at each location. If you serve as both a PCP and specialist, you only need one NPI. Facilities, depending upon sub-parting, may need more than one NPI.

5. How do I get one?

You must apply to the Centers for Medicare and Medicaid Services (CMS) for the NPI. There are two ways you can apply for an NPI:

- **Online** — Visit <http://nppes.cms.hhs.gov>, read the instructions, complete the questionnaire and submit your application online. You will receive your number within two weeks. Estimated time to complete the NPI application is 20 minutes.
- **Paper** — Providers can request a paper form by: calling 1-800-465-3203; emailing customerservice@npienumerator.com; or mailing a request to NPI Enumerator, P.O. Box 6059, Fargo, ND, 58108-6059.

Please note:

- Faxed applications will not be accepted.
- Mailed applications will take about a month to process.

6. What will an NPI do?

As of May 23, 2007, it will:

- replace all other provider identifiers previously used by health care providers (i.e. UPIN, Medicare/Medicaid numbers, etc.).
- establish a national standard and unique identifier for all health care providers.
- simplify the administration of the health care system.
- encourage the electronic transmission of health care information.

7. What will an NPI not do?

As of May 23, 2007, it will not:

- replace the tax identification number (TIN) — an IRS requirement for tax purposes.
- replace state license numbers and DEA numbers.
- replace the social security number.
- convey information about the provider (i.e. provider type, service location, etc.).

8. How do I report my NPI to MVP?

Please visit the MVP Web site (www.mvphealthcare.com) to report your NPI to MVP online. Please note: VMC providers only should report their NPI information directly to VMC via: Fax: (802) 847-6214

- Tel: (802) 847-8161
- E-mail: vmcproviderenrollment@vtmednet.org.

MVP will continue to publish NPI updates for providers in future issues of our Healthy Practices newsletter.

9. Can MVP obtain my NPI from CAQH?

MVP will use CAQH as a source for providers' NPI numbers (not facilities). However, to ensure proper claims adjudication and reimbursement, we need providers to report and validate that their NPI number is correct via the MVP Web site.

10. When should I begin submitting my NPI to MVP on HIPAA standard electronic transactions (i.e. EDI)?

To accommodate providers' electronic billing needs, MVP has adopted the CMS dual strategy claims submission approach. MVP will begin accepting claims in this format as indicated in the recommended timeline below. The timeline is a recommended approach only and is not mandatory. However, to comply with the HIPAA mandate, MVP will require NPI numbers for specific transactions effective May 23, 2007.

MVP recommends using the following dual submission approach:

- From December 1, 2006 to May 22, 2007, MVP is asking providers to submit both their MVP provider ID number and their NPI number.
- Beginning May 23, 2007, MVP will require provider's to use their NPI number as mandated by HIPAA.

The CMS 1500 online claim form will be revised to include an NPI field effective January 1, 2007. The MVP online 837 Companion Guide has been updated with detailed NPI information.

11. Can MVP obtain my NPI from claims I have submitted?

MVP prefers that providers use the MVP Web site to report and validate their NPI number prior to submitting claims. During the dual submission timeframe outlined above, MVP will use claims submitted as a secondary source. To ensure proper claims adjudication and reimbursement, MVP created an online process to collect providers' NPI numbers and match them to their corresponding MVP provider ID number(s).

12. Where can additional information about HIPAA NPI regulations be found?

Links to additional information available online can be found on the MVP Web site (www.mvphealthcare.com/provider/). Click on the National Provider Identifier link and then select NPI Web Links.

13. Can a provider group submit claims with their group NPI number or do they have to use individual providers' NPI numbers?

If the providers in the group are currently using individual MVP Provider ID Numbers (legacy), they should continue to submit claims with individual NPI numbers.

14. Does MVP require that I obtain and report my NPI number to the plan?

Yes, MVP is requiring all participating providers to obtain and report an NPI number to the plan by May 23, 2007, regardless of the claim submission format (electronic or paper) or Web site transaction use.

15. What is the difference between a covered entity and a non-covered entity?

Covered entities: Health care providers who transmit standard electronic transactions (i.e. claims submissions, referrals, etc.) are required by the HIPAA NPI regulation to apply for and receive an NPI prior to the May 23, 2007 compliance date. Non-covered entities: Acquiring an NPI is optional for providers who do not submit standard electronic transactions.