

ALERT

DEADLINES APPROACHING

In our continuing efforts to provide the best customer service and communication in the consulting industry, we will be sending these e-mail alerts to make you aware of important news that may affect you. We hope you will find these alerts to be of great use.

N.P.I. NUMBERS – SAVE THE DATE!

MCS System Required – May 23, 2007

Updates to the MCS System will require all medical providers to have and use National Provider Identifiers (NPIs) in place of Unique Physician Identification Numbers (UPINs) effective **May 23, 2007**.

Pub 100-08 Medicare Program Integrity, from the CMS Manual System states: "This instruction requests MCS to modify base system functions, as necessary, to use NPIs in place of UPINs. The areas impacted include but are not limited to the following: *hard coded edits and audits; participating provider count derivation; the focused provider analysis process; the ARGUS file format; population of fields on the Medicare Summary Notices; population of fields on the master provider record and monitoring/control reports.*"

This means – you **CANNOT BILL** to CMS (both Medicare and Medicaid) under any form of provider identification other than your NPI.

What is an N.P.I.? National Provider Identifier is a ten-digit number required on **all** HIPAA-standard electronic transactions, effective **May 23, 2007**.

Is an N.P.I. required for all healthcare providers? YES. You cannot bill Medicare or Medicaid without an N.P.I. You will not be able to submit billing claims to HMOs, PPOs, or any private healthcare network without an N.P.I. number.

Who needs an N.P.I.?

- Each provider must have an N.P.I.
- Each group must have an N.P.I. *
- * *It is not required for each location within a group to have an NPI.*



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- **Example:** if you are incorporated you should have NPI numbers for each provider and an NPI for the corporate group. This is true even if there is only one provider that is incorporated.
- **NPI's must be in place and in use by May 23, 2007. We suggest that you begin to submit the NPI numbers while using your traditional PIN, to assure that the NPI enrollment process occurred correctly.**

Need an N.P.I.? If your practice has not yet requested an assigned National Provider Identifier, there are three ways – phone, mail, and **email**. Please apply online with the National Plan and Provider Enumeration System (NPPES), as this is the most expedited process.

<https://nppes.cms.hhs.gov/NPPES/>

MANAGED CARE NEWS

MEDICARE PART B – ASK THE CONTRACTOR TELECONFERENCE:

On February 15, 2007 LBA took part in an educational teleconference offered by *First Coast Service Options, Inc.* covering the hot topic of Provider Enrollment for Medicare Part B with Terri Stanton. The following are highlights from the session:

- CMS-855 Medicare Enrollment Applications' Resource – <http://www.cms.hhs.gov/MedicareProviderSupEnroll>
- Remember that there are *different* forms for *different* provider types:
 - 855A – Part A Providers
 - 855B – Organizations
 - 855I – Individuals
 - 855R – Reassign Benefits
 - 855S – DME Suppliers
- Stages applications go through: prescreening, verification, validation, & final processing.
- Providers cannot appeal rejected applications; if rejected – a new CMS-855 must be submitted.
- **TOP 5 REASONS FOR APPLICATION DEVELOPMENT:**
 - **NPI** notification letter or email not included with application
 - **IRS Tax Identification** documentation not included with application
 - Authorization for **EFT** (Electric Funds Transfer) not included
 - Health Care Clinic License not included (if applicable)
 - City and/or County **occupational licenses** not included with application

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- YOUR APPLICATION WILL BE RETURNED IF:
 - Application is not signed
 - Signature is COPIED or STAMPED – always sign in **blue ink**
 - Any version of the form other than NEW version released in MAY 2006 is used
 - Signature is not dated
 - If CMS-855I is signed by anyone *other than* the practitioner
 - ALL REQUIRED FORMS for reapplication are not submitted
 - If application is sent to wrong contractor at CMS
 - FORM IS COMPLETED IN PENCIL
 - CMS-855B submitted to a Fiscal Intermediary
 - Any web-generated form that is not from the CMS web site
 - If application is **faxed** or **emailed**
 - If application is a **Medicaid Application**
 - If CMS-588 is not accompanied by a CMS-855

- FORMS CANNOT BE SUBMITTED PRIOR TO 30 DAYS BEFORE OPENING AND/OR ADDING LOCATION/PRACTICE!!!

- REJECTED vs. RETURNED:
 - Rejected – a failure on the provider's side to provide all necessary documentation
 - Returned – considered a non-application & you *must start over*

- Electric Funds Transfer (EFT)
 - **CMS Form 588 (08/06)** is the only form accepted!
 - Must have original signature
 - GROUPS – only one needs to be submitted for the group as a whole
 - Mail forms to:
 - First Coast Service Options
 - P.O. Box 44021
 - Jacksonville, FL 32231-4021

- TIN (Tax ID Number) – must be on application

- IRS Documentation – Name provided must be legal business name, *not* your 'doing business name' & must have correct punctuation where applicable

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YELLOW PAGES LISTING

The listing deadline for the upcoming "The Real Yellow Pages" & "The Real White Pages" publications is **March 28th**. This is for both listings and advertisements within these publications. We typically do not recommend *advertising* in these publications, but strongly recommend that you obtain a listing.

If your office(s) have service with BellSouth (now AT&T/BellSouth) you will be listed in the White Pages automatically. YOU WILL NOT AUTOMATICALLY BE LISTED IN THE YELLOWPAGES.

To obtain a listing in the Yellow pages:

- Call the ADVERTISING department at 1.877.573.2597 [Listings are arranged through the advertising department w/in the Yellow pages since customers w/o an account must pay for a listing.]
- Pricing will vary, as will the time it takes for the customer service reps to create your account, or edit your existing account.

Again, the deadline is **MARCH 28th** for listings. The book will not be reprinted for a year, so we urge you to call as soon as possible.

OIG WORKPLAN

The Office of Inspector General (OIG) has published their 2007 Work Plan. As the OIG publishes this plan *each year*, we strongly recommend physician practices review the "Physician" section to ensure you are aware of which areas the OIG has chosen to focus on in the upcoming year. While it certainly does not preclude them from looking at other areas, the Plan lists those that will be the "hot buttons" for this particular year. To download the 2007 OIG Work Plan, please visit:

<http://oig.hhs.gov/publications/docs/workplan/2007/Work%20Plan%202007.pdf>.

ABOUT LBA HEALTHCARE

The management and operation of a medical practice requires the coordination of multiple functions working towards the ultimate goal; a profitable practice with satisfied patients and happy employees. LBA's qualified professionals have been serving hundreds of physicians and medical group practices with distinction for almost 40 years, a record unequalled in this region.

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YOUR LBA TEAM

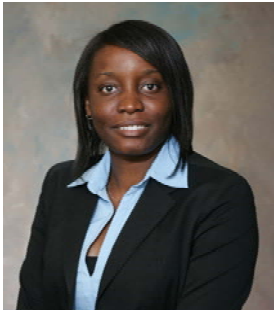
If you have questions related to the information contained within this Alert, please contact any of your LBA Healthcare Consultants.



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