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...improving financial performance through Revenue Cycle Management

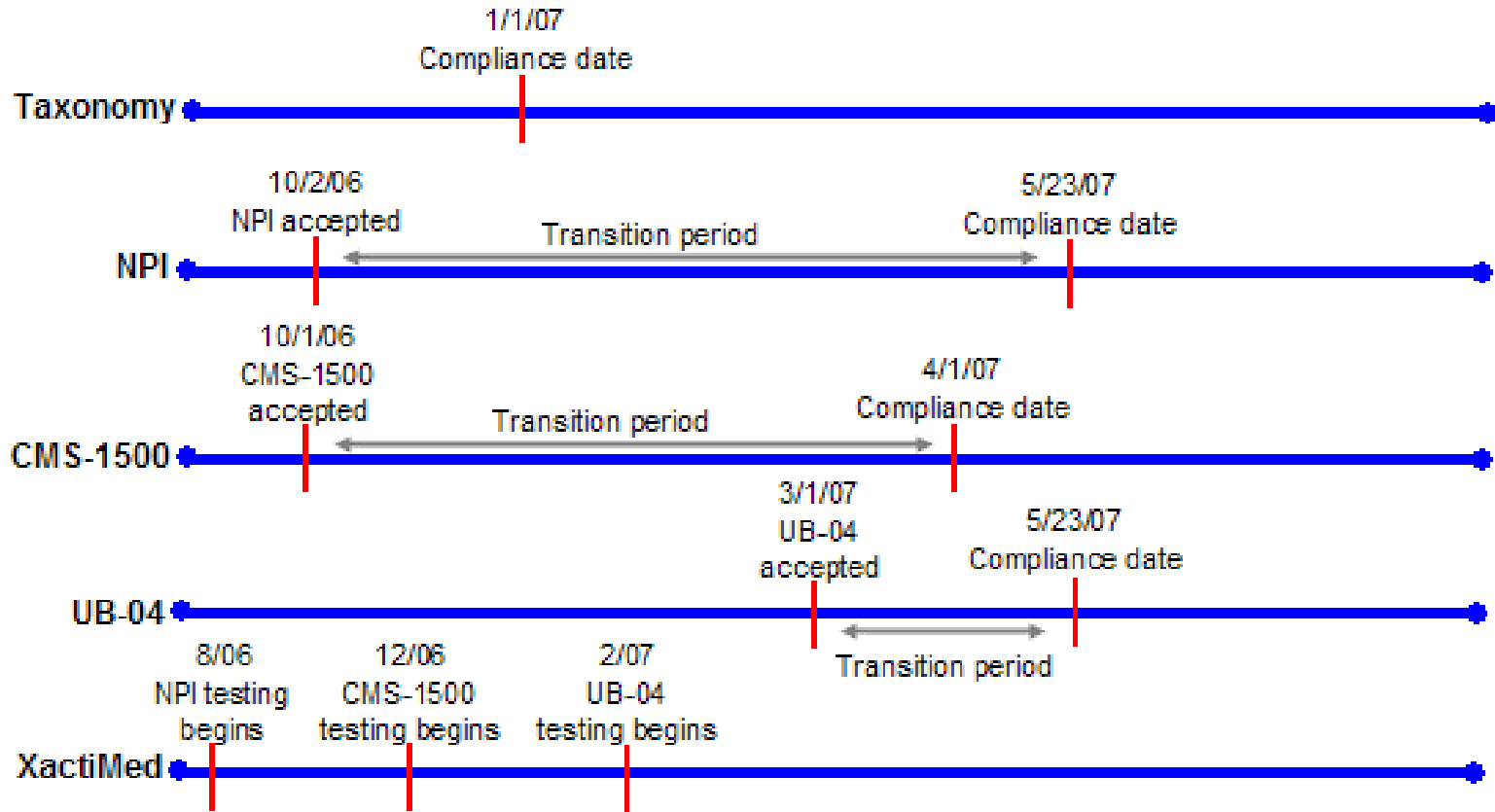
NPI, UB04, CMS-1500 Overview

November 2006 Update

■ *Why the change?*

- NPI
 - “Simplify” the identification of providers across payers.
 - Mandated by HIPAA (1996)
- UB04/1500
 - Bring the claim forms structure closer to the 837 format.
 - Accommodate NPI values for paper claims
 - Looking ahead to ICD-10 support
 - Other 5010 changes integrated simultaneously with NPI to prevent multiple releases.

CMS Timeline



■ *Testing Timeline Detail*

- **NPI**
 - Submission testing (providers and payers): In process
 - Customization testing (edits, bridge routines, reports): In process
 - Submit NPI and/or provide crosswalk
 - Testing method/quality different for various payers

- **UB04/CMS-1500**
 - Print image import testing: In process
 - Dual claim printing available to allow for varying payer compliance.

■ *Questions*

- When will your organization be able to process transactions containing dual IDs?
 - Today
- When can we send test transactions and how will this work?
 - Today
 - Test claim import with XactiMed, then we will coordinate with payers that support test transactions.
- What kind of turnaround time can providers expect on submitted test transactions?
 - 3-4 days is expected maximum--matter of hours for payers with automated testing systems

■ *Questions*

- Will there be an end-to-end test using the transactions providers submit?
 - Yes, for payers who support this.
 - Payer reports and remits will be analyzed to ensure proper return of NPI.
- Will the clearinghouse coordinate testing with payers or actively participate during the testing you coordinate?
 - Yes, we are testing independently with payers who are ready, and will actively coordinate validation of your test transactions.
- Will the clearinghouse track which providers/payers are ready to accept NPI?
 - Yes, as well as other important details for payers (re-enrollment policy, testing strategy/support, UB04 readiness, etc.)

■ *Payer Status*

- **WA Medicaid (ACS)**
 - Not yet ready to test NPI submission
 - May not accept NPI until Dec 2007
 - Not expected to be ready for UB04 deadline (possibly delayed until Q2 2008)
- **AK Medicaid (FHS)**
 - Not yet ready to test NPI submission
 - NPI implementation in process – will be contacting submitters and providers in Dec with better timeline
- **AK/WA Medicare (Noridian)**
 - Ready to receive test claims, format testing only

■ *Payer Status*

- **Blue Cross (Premera & Regence)**
 - Both ready to receive test claims, format testing only
- **Emdeon**
 - Based on individual payer schedule
 - Expect some lag between payer readiness and Emdeon readiness
 - Aetna, Molina, Uniform Medical ready to accept NPI in dual-use capacity
- **Cigna**
 - Currently accepting NPI in dual-use capacity (no adjudication)
 - No registration, but ask for voluntary submittal of NPI information
 - Will return NPI beginning Q1 2007
- **UHC**
 - Currently accepting NPI in dual-use capacity (no adjudication)
 - Able to confirm receipt of NPI for testing purposes
 - No registration, but ask for voluntary submittal of NPI information

Best Practices/Recommendations

- Maintain one-to-one mapping between legacy provider ids and NPI
 - Ease of transition from billing perspective.
 - Reduce chance of issues with taxonomy mapping and reimbursement.
- Verify taxonomy for each sub-part if not part of your normal process and that your systems are able to track at that level.
- Verify that payers are aware of group membership, tying group NPI values to NPI for individual providers.
- Verify that your systems have the capacity to store the full 10-digit NPI.
- Begin NPI submission testing as soon as possible.

■ *Looking Forward*

- NPI
 - CMS mandates that any changes to information on the NPI application form must be submitted within 30 days of the change.
 - Suspicion of fraudulent use will be investigated, and may result in new NPI--otherwise the NPI itself should never change.

- UB04/1500
 - Plan for dual usage of new and old formats until at least mid-2008 (especially for smaller health plans)
 - UB04 is meant to ease ICD-10 transition

CMS-1500

Changes to the CMS-1500 form include:

- NPI fields added and defined.
- Fields added to accommodate other ID numbers.
- Rendering Provider ID # field added.
- NPI language and fields added to Service Facility Location Information, Billing Provider Info and Phone # fields.
- For more information on the revised CMS-1500 form, please visit www.nubc.org and www.cms.gov.

Changes to the UB-04 form include:

- Unique fields for NPI and National Health Plan ID added.
- Accident State field added (FL29).
- Diagnosis Indicator field expanded (FL69).
- ICD – Version qualifier (ICD-9/ICD-10) field added (FL66).
- Pay-to-location field added (FL02).
- PS/DRG Code field added.
- Code-Code field added.
- Bill type field size expanded.
- Four Condition Codes added.
- One Occurrence Codes field added.
- HCPCS/Rate/HIPPS Rate Codes field size expanded for additional modifiers.
- Treatment Authorization Number field size expanded.
- Diagnosis Fields field size expanded; added nine new fields.
- Procedure codes field size expanded.

UB-04

Items deleted from the UB-04 form include:

- Covered, Non-covered, Coinsurance and Lifetime reserve days (converted to Value Codes)
- Patient Marital Status
- Employment Marital Status
- Employment Status Code
- Employer Location
- Prior Payment – Patient
- Procedure Coding Method Used
- Provider/Representative Signature
- For more information on the UB-04 form, please visit www.nubc.org and www.cms.gov.