

pecial Editio

Winter 2005

NATIONAL PROVIDER IDENTIFIER (NPI) -FREQUENTLY ASKED QUESTIONS

What is the NPI?

The National Provider Identifier (NPI) is part of the Health Insurance Portability and Accountability Act (HIPAA). The NPI regulation establishes one unique identifying number for each health care provider. This simplification measure will pare down the number of identifiers currently used in health care transactions.

What are the advantages of the NPI?

Use of the NPI will have several advantages, including:

- One unique provider identifier for all health plans to utilize
- A permanent provider identifier that will not change in the event of practice relocation or changes in specialty
- An easier process for health plans to track transactions and avoid duplication

How is my NPI determined?

The NPI is a random ten-digit number (nine digits plus a check digit to detect keying errors). It never expires. It contains no inherent information about the provider, such as state of

residence or license number. NPI numbers are administered by the Centers for Medicare and Medicaid Services (CMS), which has contracted with the National Plan and Provider Enumeration System (NPPES). The federal government is also responsible for assisting providers in completing the application and resolving problems associated with an NPI.

Who is required to apply for an NPI? The broad definition of health care "provider" in the federal regulation encompasses all who provide health care services:

- Individuals such as physicians, dentists and pharmacists and
- Organizations such as hospitals and clinics

Although dental assistants and hygienists are 'providers" and are thus eligible to obtain an NPI, they are only required to do so if they submit claims for their services.

In Minnesota: Because of Minnesota Statute §62J.54, all Minnesota providers must use their NPI on paper and electronic claims by May 23, 2007. (Continued on page 3)

MEET DR. RIGGS

Last July, Dr. Sheila Riggs (DDS, DMSc) was appointed as President and CEO of Delta Dental Plan of Minnesota.

"I am delighted to be in this position," said Dr. Riggs. "Delta Dental plays a critical role in helping provide Minnesota companies, their employees and individual citizens with access to affordable dental care. As an organization, our vision is to improve the oral health of all Minnesotans — a responsibility we share with Minnesota dentists. This is especially important, given recent research that shows a strong connection between an individual's oral health and overall health."



Dr. Riggs is no stranger to Delta Dental, having served as a member of the board of directors since 1999. Prior to her new position, she was an officer at Wellmark Blue Cross and Blue Shield of Iowa. Dr. Riggs received her dental degree (DDS) from the University of Iowa College of Dentistry and went on to earn her doctorate of medical sciences (DMSc) in oral epidemiology from Harvard University. "We are thrilled to have Sheila at Delta Dental," said Dr. James Swanstrom (DDS) from Duluth,

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IMPORTANCE OF ACCURATE DENTAL CODING



ADMINSTRATOR WORKSHOP A RESOUNDING SUCCESS



COMPLIANCE CORNER: Accurate Dental Coding Can Help Avoid Issues

Using the appropriate CDT codes is key to ensuring claims are paid on-time and don't get suspended during the adjudication process. Returned claims and manual audits aren't something anyone enjoys – slowing down reimbursement for both the provider and patients, and consuming valuable dental office administrator time. Fortunately, these situations can be avoided with a careful review of the claim before submission.

Our claims editors review all submitted claims to determine if the necessary information is provided and investigate instances where an error may have occurred. Please consider the following when submitting claims:

- Purchase and use of current American Dental Association CDT (Current Dental Terminology) reference material;
- Familiarize yourself and your staff with the current codes;
- Ensure staff completing claim forms are educated and knowledgeable about dental procedures;
- Treating dentists should perform quality check on claims daily that are submitted to third-party payors;
- Thorough and legible documentation in patient treatment records;
- Ask questions if a code or combination of billing codes is unclear;
- Report accurate dental codes based on care required and delivered;
- Contact the American Dental Association directly for questions on codes or code interpretation. □



DELTA DENTAL AWARDS \$168,000 IN GRANTS

In its second round of grant making in 2005, Delta Dental Plan of Minnesota committed \$168,000 to several Minnesota non-profit organizations in an effort to promote oral health and support educational initiatives that address innovative solutions to the challenges of healthy living.

"We are pleased to support these groups and their programs, which play a vital role in bettering our community," said Dr. Sheila Riggs, DDS DMSc, president and CEO of Delta Dental Plan of Minnesota. "The majority of these funds will go directly to organizational efforts that focus on how to prevent oral disease. which is the leading preventable disease among children."

In 2004, Delta Dental Plan of Minnesota through its parent company DeCare International contributed more than \$630,000 ito local organizations. □



Dr. Sheila Riggs, president and CEO of Delta Dental, hands over a \$15,000 grant to Sarah Kruse, Director of The Open Door Health Center in Southern Minnesota, and Valerie Defor, Mankato State University, Allied Heartland Nursing

MEET DR. RIGGS CONTINUED

who serves on the Delta Dental board of directors. "Her background in dentistry, epidemiology and the insurance industry will be of immense value to the organization."

An Iowa native, Dr. Riggs moved to Eagan, Minnesota, with her husband, Scott, who is a carpenter and their pet Labradors. Riggs recently won the Iowa Governor's Volunteer Award for her work in the community, which included establishing the Ames Community Free Dental Clinic. In addition, she continues to serve as an Adjunct Professor at both Harvard and the University of Iowa.

"As a board member, Sheila gained tremendous respect from us for her vision, leadership and knowledge," said Dr. John Anderson (DDS) who practices in Mankato and is also a Delta Dental board member. "She has excellent relationships with a number of leaders in the dental research community across the country and is a great asset to Minnesota's dental community. I have no doubt she will continue to build on Delta Dental's track record of success." Dr. Riggs, who recently addressed the Delta Dental Office Administrator Workshop and moderated a panel of dental experts on the issue of "The Rural Response to Meth" at a recent conference in St. Cloud, said she is looking forward to her new role. "I am excited to lead an organization that together with our participating dentists has done a tremendous job in serving the needs of thousands of Minnesota companies and their employees. I am especially appreciative of the valuable contribution of our participating dentists. As an organization, Delta Dental is committed to ensuring we provide all our stakeholders with the top quality service they expect and deserve." □

NPI – FREQUENTLY ASKED QUESTIONS CONTINUED

In other states: Use of the NPI by providers is required for electronic claims only.

When is the deadline?

Minnesota providers must use NPIs on all claims by May 23, 2007. To ensure a smooth transition, all providers are urged to apply for their NPI well in advance of the compliance date.

Clearinghouses are also required to be able to accept and transmit the NPI by May 23, 2007.

Will the NPI replace other numbers I use?

The NPI will replace other identifying numbers currently used in electronic transactions, such as your:

- Numbers issued by plans and insurers (e.g. Blue Cross and Blue Shield number)
- Medicaid provider number
- Medicare provider number
- CHAMPUS number
- Other "legacy" identification numbers •

The NPI will not replace numbers used for purposes other than general identification, such as your:

- Social Security Number ٠
- DEA number ٠
- Taxpayer ID number
- Taxonomy number
- State license number

The NPI will replace all other identification numbers, but your Taxpayer ID number (or Social Security Number) will still be required for 1099 purposes.

Do I need to take any action?

Yes. All billing providers in Minnesota must apply for an NPI and understand the requirements for its use.

How do I apply for my NPI?

You only apply for your NPI once, and your NPI is permanently assigned for your lifetime. There is no cost to apply.

- You may apply for your NPI either: Online: Complete a web application and submit it electronically
- On Paper: Print an Adobe Acrobat (PDF) version of the application and mail it to the address provided. You may also call NPPES to have an application sent to you. Call 1-800-465-3203 or TTY 1-800-692-2326.

When you apply for your NPI, you will be asked to provide your 10-digit taxonomy code. After you receive your NPI, you must furnish any updates to the NPPES. If any of the data you submitted on your application changes, notify NPPES within 30 days of the change.

You may receive notices about the NPI from other health and dental plans, but your unique NPI is used with all plans. Remember to notify each dental plan of your NPI separately.

What do I do with my NPI once I have it?

Please don't submit your NPI to us or begin using it until you receive notification from Delta Dental. You will be notified well in advance of the required date.

In addition, you will want to contact your clearinghouse for instructions about their transition plans for using the NPI.

Where can I go for additional help and information?

The Delta Dental Web site, www.deltadentalmn.org, will have NPI updates. Also, visit the Web site if you wish to download

a comprehensive version of this FAQ. \Box

In addition, check out:

- The federal HIPAA Web site
- The federal government's letter about the NPI
- NPI application help (Phone assistance is available at **1-800-465-3203**)
- The American Dental Association's HIPAA Web page

A CORRECTION TO THE SPRING 2005 NEWSLETTER (NPI ARTICLE)

'In the DDPMN Spring/Summer newsletter 2005 we incorrectly gave the following date in error. In the 'Special Edition HIPAA: National Provider Identifier on the Horizon' section of the newsletter, we stated under the 'Important Dates' 'Minnesota law requires that all claims submitted on paper utilize the NPI by May 23, 2009.' The correct date is May 23, 2007.

2005 OFFICE ADMINISTRATOR WORKSHOP A RESOUNDING SUCCESS

are designed to update and inform dental practice administrators and dentists, offering information you need to operate a dental practice in an efficient, effective manner. The event saw a capacity crowd of 300 people and provided five free elective continuing education

This year's workshop featured Mary Jo Paloranta, a nationally rec-ognized speaker, who provided the keynote presentation, "Celebrating You!" It was a very inspirational message on making

Guest speakers included Mark Moksnes, Executive Vice President of Sales and Marketing who spoke on Delta Dental products and how they compare to other products in the Minnesota Marketplace. Nancy McMorran, Senior Vice President of Professional Services,

Strategic Planning provided an overview of legislative issues, including the provider tax issue, and its effect on the way dental offices do business.

with closing remarks from Dr. Sheila Riggs (DDS, DMSc), the new President and CEO of Delta Dental Plan of Minnesota. 🗆

Mary Jo Paloranta





Special Edition is published for participating dentists. Article ideas and guestions from readers are welcome. Publisher: Delta Dental Plan of Minnesota. Send questions or comments to: Heather Hofmeister, Editor, Public Affairs, Delta Dental Plan of Minnesota, 3560

In 2005, the Minnesota Legislature again declined to pass a proposal supported by the Minnesota Dental Association (MDA) requiring itemization of the two percent Minnesota Health Care tax payment on provider remittances and EOBs from insurance carriers.

Delta Dental opposed the itemization proposal due to significant, unnecessary administrative costs associated with a change. Costs would include extensive computer programming, changes to dentist reimbursement calculations and payment remittance formats, substantially increased data entry and processing, which will exceed \$2.4 million in the first year alone –nearly one-third of what Delta paid for this tax in 2004.

Also, Minnesota law currently requires dental insurance carriers to use the American Dental Association (ADA) published national procedure codes, but no ADA national procedure code exists for a Minnesota-only tax. Through the Health Insurance Portability and Accountability Act (HIPAA), national standards exist for electronic claims processing, but no field exists for this Minnesota-only tax. A Minnesota-only change to national practices unnecessarily increases administrative costs for Minnesota consumers and multi-state employers.

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Delta Dental has incorporated the two percent tax in dental reimbursement rates since the inception of the 1994 law. Delta Dental's practice was reviewed and approved by the Minnesota Department of Commerce. In addition, an independent actuarial firm, Milliman, verified that our dentist reimbursement tables were increased by two percent to reflect inclusion of the tax.

Including the tax with the reimbursement is the same practice adopted by Minnesota medical insurance companies which has been accepted for more than 10 years. In 2004 alone, Delta Dental paid approximately \$380 million to Minnesota dentists, about \$7.6 million of which accounted for this tax which funds MinnesotaCare. Delta-administered portion of MinnesotaCare paid out more than \$10.1 million to dentists in 2004 -- nearly \$2.5 million more than was paid in by Delta-administered accounts.

Legislature's Decision is Good for the State, Minnesota

proposal. The Legislature declined to support a bill that would have (a) generated no increased revenue to the State; (b) added significant and unnecessary administrative costs for insurance carriers, dental offices and Minnesota consumers; and (c) created inconsistencies between Minnesota and federal law. \Box

Dentists and Consumers We agree with the Minnesota Legislature's rejection of this

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