Florida Pharmacy Association
Professional Affairs Council

Benefits of National Provider Identifier

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Created on: March 24, 2013
Edited and approved by Professional Affair Council: April 11, 2013

1. **National Provider Identifier (NPI)** is the CMS (HIPAA) standard for identifying health care providers.
    a. 10 digits
    b. Used to identify the provider in transactions with federal and state programs such as Medicare & Medicaid, and in claims transactions with other third party payors.
    c. NPI should replace the NCPDP Provider ID
    d. NPI is intended to remove the need for providers to have multiple identification/billing numbers for communication with various health plans
    e. May 23rd, 2005: NPI regulation takes effect
        i. HIPAA covered entities (including pharmacists & pharmacies) were required to begin using the NPI by May 23rd, 2007. CMS extended deadline to August 20th, 2007.
    f. March 1st, 2008—Health care providers that bill medicare (including pharmacists & pharmacies) required to use NPI when submitting all claims or claims are rejected.
    g. May 23rd, 2008—Providers submitting 8371 and UB-04 claims must also use their NPI
    h. NPI eligibility:
        i. HCP's that are "*covered health care providers*" under HIPAA are required to use an NPI.
            1. Definition of a "***covered health care provider***": a health care provider who transmits any health information in electronic form between 2 parties to carry out financial or administrative activities related to health care, including the following types of electronic information transmissions:
                a. Health care claims or equivalent encounter information
                b. Health care payment & remittance advice
                c. Coordination of benefits
                d. Health care claim status
                e. Enrollment & disenrollment in a health plan
                f. Eligibility for a health plan
                g. Health plan premium payments
                h. Referral certification & authorization
                i. First report of injury
                j. Health claims attachments

k. Other transactions that the Health and Human Services (HHS) Secretary may prescribe by regulation

ii. The majority of pharmacies (including online pharmacies) and some pharmacists (those who transmit information electronically/bill on their own behalf, not on a pharmacy's behalf) are considered a covered health care provider under HIPAA and are required to have an NPI

iii. Pharmacists & pharmacies that are not covered entities under HIPAA are eligible for NPIs, but are not required by the regulation to obtain them; however certain health plans could implement a policy that all of their participating providers use NPIs

2. Obtaining an NPI

a. The application for NPI may be submitted electronically or by paper application.

b. *Once a provider is assigned an NPI, the provider must update information within 30 days of any changes*

c. No cost to the provider to obtain an NPI

i. (federal funds have supported the enumeration process)

d. https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do

3. Share Your NPI number

a. Once a pharmacist or pharmacy has an NPI they must also share the number with:

i. NCPDP

ii. Providers

iii. Payers

iv. Health plans

b. Sharing with these entities is necessary to prevent claim denials

4. Benefits of the NPI

a. In the future, pharmacists will likely use their NPI when billing for patient care or clinical services

b. Inclusion of pharmacists in the rule serves as yet another recognition that pharmacists are health care providers

c. Several other benefits:

i. Increased administrative efficiencies

1. Since prescribers will have only one identifying number, pharmacists will no longer have to track multiple numbers

d. This rule also allows for pharmacists to submit a third party claim for a prescription from a prescriber without a DEA number

5. Next Steps

a. APhA has been working with stakeholders (ex. CMS & AMA) to address NPI implementation issues and limit the potential administrative burden on pharmacists when submitting claims transactions

6. Improving Medication Use with MTM

a. Ambulatory Setting Goals:

i. Ensuring beneficiary is on right drug & dose

ii. Improving medication adherence

b. LTC Setting Goals: (adherence is not an issue)
   i. To identify overuse
   ii. Medications without a clear indication
   iii. Suboptimal dosing
   iv. Polypharmacy

7. *MTM can be used as an opportunity to align medication use with beneficiary's goals and wishes in addition to the care teams.*
8. **What Medicare is doing:**
   a. **Promoting beneficiary awareness**:
      i. Additional information in *Medicare & You Handbook*
      ii. Additional information on Medicare.gov
         1. New tab to be developed on '*Medicare Plan Finder*' (MPF) called "*Your Plan Details*"
            a. "*Your Plan Details*" will show:
               i. the patient's MTM program eligibility
               ii. Provide a link to plan's MTM program webpage
      iii. Currently, Part D sponsors are being encouraged to post a blank '*Personal Medication List*' from the CMR standardized format on their website or provide information to beneficiaries about how to obtain a blank copy and to reach customer service.
      iv. Plan's website should provide (at minimum):
         1. the plan's MTM eligibility requirements
         2. who to contact for more information
         3. high level summary of services offered as part of the MTM program
      v. In 2014, sponsors will be required to have a dedicated 'MTM Program' page linked from their Medicare drug plan website
         1. MTM program page to include specific information about their MTM program written in plain language appropriate for beneficiaries, including:
            a. The plan's specific MTM eligibility requirements
               i. Plus, an interactive tool for beneficiaries to input their information and determine if they may be eligible for the plans MTM program
            b. Who to contact for more information
               i. With customer service personnel prepared to answer questions about the MTM program
            c. High level summary of services offered as part of the MTM program
            d. Explanation of the purpose and benefits of MTM & that MTM is a free service
            e. A description of:

i. how the beneficiary will be notified that they are eligible and enrolled in the MTM program
ii. How they will be contacted and offered services
1. Including CMR & targeted medication reviews
iii. How the reviews are conducted and delivered
1. Including time commitments & materials beneficiaries will receive

f. An explanation of how the beneficiary may obtain MTM service documents
i. Including a blank copy of the Personal Medication List

9. APhA supports CMS in encouraging plans to adopt standardized health information technology (HIT) for documentation of MTM services
10. March 1st, 2013: APhA submits comments to CMS supporting the agency's dialogue on MTM services
11. CMS releases '*Draft advance notice and call letter for 2014'*
12. CMS will release final guidance for Medicare advantage and Part D Rx drug plans on April 1st 2013
13. CMS writes "*Growing evidence of the value of MTM to improve beneficiaries' therapeutic outcomes indicates that more beneficiaries may benefit from these services*"
14. CMS states that plans may also offer MTM services to an expanded population of beneficiaries who do not meet the eligibility criteria
15. CMS states that it is aware of high-performing plans using MTM services to improve their Part D Star Ratings, which speaks to the value of MTM services.
16. APhA + ASHP have released 2 resources related to care transitions that reference MTM as promoting coordination of care:
    a. "*Improving Care Transitions: Optimizing Medication Reconciliation*"- March 2012
    b. "*ASHP-APhA Medication Management in Care Transitions Best Practices*"- March 2013
17. **Statistics**
    a. Pharmacists are the leading provider of MTM services across all MTM programs and are utilized by 99.5% of plans
18. **Sponsors are continuing to refine their criteria for identifying beneficiaries.**
    a. ~80% target beneficiaries with 3 or more chronic diseases.
    b. >60% require beneficiaries to be taking 8 or more Part D drugs
    c. Every program offers CMR via telephone
        i. 28.4% offer face-to-face CMR's
19. The addition of the CMR completion rate to the Part D display measures is expected to increase the number of beneficiaries who receive CMRs
20. ACA has directed the CMS to develop standardized format for comprehensive Medication Review (CMR) documentation for beneficiaries enrolled in Part D MTM programs.
    a. This standardized documentation includes:
        i. A beneficiary cover letter
        ii. A Medication Action Plan (MAP)

iii. A Personal Medication List (PML)

b. The format of these documents is similar to MTM forms currently in use (those included in the **core elements** model from APhA and the National Association of Chain Drug Stores Foundation).
    i. PML is similar to Patient Medication Record (PMR)
c. Medicare Part D plans are required to use the standardized format beginning January 1st 2013
d. The written summary component of the Medicare Part D MTM standardized format requires performance of certain activities during the CMR to complete the documentation:
    i. Discussion of beneficiaries' concerns with their drug therapy
    ii. Collection of the purpose and instructions for using their medications
    iii. Review of their medications including prescription medications, nonprescription drugs, and supplements
    iv. Engaging beneficiaries in management of their drug therapy
e. USPHS submits report to U.S. Surgeon General in December 2011 "*Improving patient & Health System Outcomes through Advanced Pharmacy Practice*"
    i. After reviewing the report, the Surgeon General (Dr. Regina Benjamin) issued a signed letter of support.
    ii. The report is organized into 4 focus points:
        1. Point 1→ How pharmacists are already integrated into many practice settings as health care providers (HCP's) through collaborative practice with physicians or as an essential part of a health care team
        2. (points 2 + 3)→ Argues that for pharmacists to continue to improve patient and health care system outcomes as well as sustain various roles in the delivery of care, recognition as health care providers and compensation models reflective of the range of care provided are needed.
        3. Point 4→ An extensive review of evidence-based outcomes from pharmacist-delivered care, aligned with demands on the health care system such as access, prevention, quality, & cost-effectiveness

21. The value of MTM is increasingly being recognized by patients and patient advocates:

a. In 2012, the AARP released a report on the Medicare Part D MTM program advocating for MTM as a solution to the medication use problem in the United States.
    i. The report concludes that "*MTM programs can serve as a bridge across care settings, and help to bolster clinician-patient interface around patient preferences and effective outcomes*".

22. Among pharmacists providing services in integrated care models, activities included:

a. Medication management services (33%)
b. Patient education (32%)
c. Drug Information (27%)
d. Medication reconciliation (25%)

e. Medication Adherence Services (24%)
f. Chronic Disease Management (23%)
g. Prevention and wellness services (15%)

23. **Activities that payers offered as part of MTM services included:**
    a. Medication reconciliation (90%)
    b. Medication adherence services (77%)
    c. Disease State management (61%)
    d. Disease State Education (58%)
    e. Educational mailing (55%)
    f. Smoking cessation (42%)
    g. Immunization (29%)
    h. Nutrition & weight loss (26%)
    i. Transition of care services (19%)
    j. Health & Wellness screening (13%)
24. **Several providers made changes in their practice to accommodate increased MTM service demands:**
    a. 24% adjusted pharmacists' schedules to facilitate service delivery
    b. 23% added full-time pharmacist employees
    c. 10% remodeled facilities
25. **Several initiatives are ongoing to define, assess, and improve the quality of pharmacy services, such as MTM, including those that affect Medicare Part D plans & ACO's.**
    a. A number of these measures are likely to stimulate new opportunities for pharmacists to provide MTM by aligning financial incentives with performance.
26. **Pharmacists who contract with ACO's can help:**
    a. Address medication use issues
    b. Improve medication management activities
    c. Improve coordination of care activities
    d. Provide medication reconciliation
27. **Pharmacists can play an important role working with ACO's to help increase quality measure performance**
    a. So, ACO's have a financial incentive to work with pharmacists
28. Currently, patients & health care providers often do not have access to the benefit of the patient care services pharmacists provide because the proper recognition and payment models are not in place.
    a. http://www.pharmacist.com/pharmacy-leaders-discuss-national-action-plan-increase-patient-access-pharmacists-clinical-services
29. "*The forces have never before been so perfectly aligned for pharmacists to be a recognized provider on the healthcare team*"- R. Pete Vanderveen, PhD, RPh, Dean, USC School of Pharmacy "Our government is trying to take control of healthcare costs and pharmacists have hard data that show our value—both in improving patient outcomes and saving healthcare dollars"
    a. http://www.pharmacist.com/pharmacy-leaders-discuss-national-action-plan-increase-patient-access-pharmacists-clinical-services

30. What your profession is doing:

a. January 29th, 2013: APhA Board of Trustees to seek increased access for patients to pharmacists' clinical services; allocated $1.5 million toward a multi-million dollar, multi-faceted, long range effort by APhA and the profession to gain recognition for pharmacists' role as health care providers (provider status)
    i. http://www.pharmacist.com/apha-board-trustees-commits-15m-ensure-patient-access-pharmacists-clinical-services
b. The top strategic priority for APhA in 2013 is to obtain recognition and valuation of pharmacists' clinical services
    i. In January 2012, APhA Board of Trustee created a task force that is working closely with staff & consultants, as well as other national & state pharmacy associations, to develop and implement a plan for taking this issue forward.
    ii. http://www.pharmacist.com/obtaining-value-recognition-and-compensation-pharmacists-clinical-services
c. March 1st, 2013: the 2013 APhA Annual Meeting & Exposition in Los Angeles held a half day session titled "*Provider Status for Pharmacists: Creating a National Action Plan*"
    i. http://www.pharmacist.com/provider-status-speaking-one-voice
d. February 13th, 2013: the National Community Pharmacists Association announced its federal & state legislative priorities:
    i. Expanding the role of the pharmacist in health care through coordinated care models
    ii. http://www.pharmacist.com/provider-status-speaking-one-voice
e. Everyone donate $20
f. Contact state & congressional legislators to advocate for pharmacists to be part of the health care team by being recognized as a provider.
g. Provide the names of patients and/or physicians who would be willing to provide testimonials about the value of pharmacists' clinical services