



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON DC 20301-1200

MAY 21 2007

MEMORANDUM FOR ASSISTANT SECRETARY OF ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT Guidance for National Provider Identifier Enumeration of Military Health System Organizational (Type 2) Health Care Providers

This policy guidance provides further instructions for Health Affairs (HA) Policy 05-012, "The Health Insurance Portability and Accountability Act (HIPAA) National Provider Identifier (NPI) Enumeration Policy for Military Health System (MHS) Organizational (Type 2) Health Care Providers "

HA Policy 05-012 provided guidance for implementing a phased approach to NPI enumeration of MHS organizational health care providers, with the first phase focusing on enumeration of MHS pharmacy dispensing locations and military treatment facilities (MTFs) that do billing. This phase was completed in December 2006 and allows the MHS to use the NPI in pharmacy transactions and billing processes. HA Policy 05-012 indicated that implementation of subsequent phases of NPI enumeration was possible and should be anticipated as the MHS continues to identify the need for using the NPI in other business processes.

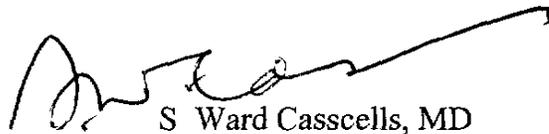
Since many providers and payers within industry are requiring Type 2 NPIs for some non-HIPAA transactions as well as for referrals, the next phase requires enumeration of those remaining MHS facilities that provide health care services. This will enable the MHS to use NPIs to identify MHS facilities in referrals, as well as other business processes such as enrollment, and will position the MHS for future and currently unforeseen use of the Type 2 NPI. It is critical for those facilities that do not already have an NPI, but generate or perform referrals, be enumerated by May 23, 2007.

Effective immediately, the Military Medical Departments should begin this second phase of NPI enumeration for MHS organizational providers. This phase includes NPI enumeration of MHS organizational providers (e.g., MTFs) that provide health care services such as all dental activities with separate Defense Medical Information System (DMIS) IDs. Determining which facilities to enumerate should be accomplished collaboratively with the NPI Integrated Project Team and according to the guidance found at attachment 1.

The Services are responsible for designating their entities that will be responsible for submitting initial NPI type 2 applications, any future NPI data updates to the National Plan and Provider Enumeration System, and submitting NPIs to the Defense Manpower Human Resources System-internet (DMHRSi)

Once the additional NPIs are obtained, TRICARE Management Activity will continue to work collaboratively with the Services to ensure NPIs are entered into the DMHRSi. The Military Medical Departments should complete this phase of enumeration no later than May 23, 2007. Enumeration of those facilities that need to be identified in MHS referral processes should be the first priority for completion.

My point of contact for this initiative is LTC Thomas Greig who may be reached at 703 681 1703 x5237 or *Thomas Greig@ha.osd.mil*



S. Ward Casscells, MD

Attachment
As stated

cc
Assistant Secretary of Defense (Reserve Affairs)
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Director of Health and Safety of the U S Coast Guard

Policy Guidance for Determining if a Defense Medical Information System (DMIS) Identifier (ID) needs a National Provider Identifier (NPI) Type 2

This enumeration guidance applies to all fixed medical and dental treatment facilities of the Army, the Navy, and the Air Force, involved in the provision of direct patient care (to include medical centers, hospitals, medical clinics, dental clinics and dental centers) and other authorized activities. With the exception of hospital ships, this guidance does not apply to DoD facilities for field service nor tactical casualty staging facilities (such as medical advance base staging facilities and medical advance base components contained within mobile-type units).

It is also not the intent to enumerate "work centers" within fixed medical facilities that are also called "clinics". Rather, the entities to be enumerated are organizations housed in fixed medical facilities. Clinics, including satellite clinics, that are organizationally and administratively work centers within a fixed medical facility (other than pharmacies) should not be enumerated. In addition:

- Most DMIS IDs that are marked with a "Y" on the DMIS ID Table under the column heading "Authorized TRICARE Enrollment site" will require an NPI. There will be a few exceptions. For example, there are a few DMIS IDs that are marked as authorized TRICARE enrollment sites that do not actually represent facilities that see and treat patients. These will not be eligible for an NPI.
- New DMIS IDs will not be obtained for the purpose of obtaining a NPI.
- In all cases, only one NPI should be obtained per DMIS ID.
- NPIs can only be obtained for DMIS IDs that represent a "health care provider," e.g., hospital or clinic that sees patients and treats patients.
- If the DMIS ID represents something other than an actual health care organization that sees patients, then it is not eligible for an NPI and should not apply for an NPI.
- NPIs will not be obtained for Veterinary Clinics.
- NPIs will not be obtained for any "Inactive" DMIS IDs.
- NPIs will not be obtained for any DMIS IDs that represent a TRICARE program or benefit.

- NPIs will not be obtained (by DoD) for external resource sharing sites, such as the 5400 DMIS ID series and other locations where DoD providers furnish services in non-DoD facilities.

It is the responsibility of the Military Medical Departments to examine current business processes to determine NPI Type 2 enumeration needs. This includes analysis of current DMIS ID use. When determining which DMIS IDs need to obtain NPIs, the Services should examine current business processes to see whether a DMIS ID is one that is currently used in any of the following ways:

- Does the DMIS ID represent an MHS facility that provides health care services (treats patients)? If yes, then it is likely that the facility represented by that DMIS ID needs an NPI type 2.
- Does this DMIS ID represent an MHS facility that would potentially be identified on a bill for health care services? If yes, then the facility represented by that DMIS ID needs an NPI type 2. (Note: The first phase of NPI enumeration required NPIs for billing, so these facilities should have already been obtained. If not, then an NPI should be obtained.)
- Does this DMIS ID represent an MHS facility that would potentially be identified on a referral? If yes, then the facility represented by that DMIS ID needs an NPI Type 2. (Note: It is possible that some of these facilities are the same as the ones that do billing, so the facility may already have an NPI Type 2 and does not need another one.)
- Does this DMIS ID represent an MHS facility that would potentially be identified on an enrollment transaction? If yes, then the facility represented by that DMIS ID needs an NPI Type 2. (Note: It is possible that some of these facilities are also facilities that do billing or referrals and may have already obtained an NPI. If this is the case it does not need another one.)