

Using the National Plan and Provider Enumeration System (NPPES) to Improve Accuracy of Provider Directories and Information

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Provider types affected

This Special Edition Article is for clinical providers with a National Provider Identifier, (NPI) with an emphasis on those who have a contractual in-network relationship with one or more Medicare Advantage (MA) health plans.

Action needed from you

This article describes a new functionality for National Plan and Provider Enumeration System (NPPES) that can be used as a tool to reduce provider burden and to improve the accuracy of provider directory data. Starting with a focus on providers that have a contract with one or more MA plans, CMS requests that all providers review their data in NPPES, make any necessary corrections to the data, and then “attest” to the accuracy of the data. The information in NPPES will also be available to other health plans that create directories, such as Medicaid managed care plans and qualified health plans in the Federal Exchanges, and to the public.

Background

On January 3, 2020, the Centers for Medicare & Medicaid Services (CMS) released a memo (<https://www.cms.gov/httpseditcmsgovresearch-statistics-data-and-systemscomputer-data-and-systemshpms-hpms-memos-archive/hpms-memo-3>) to MA plans highlighting how NPPES can be used as a resource to improve the accuracy of provider directories. The purpose of this initiative is to lessen the burden to both providers and plans while improving the accuracy of provider directories by treating the certified NPPES data as a valid source for provider directory data in audits of MA directory accuracy.

Beneficiaries rely on provider directories to find a provider, including contact information and location. CMS reviewed MA online provider directories for virtually every MA organization and found directories to have significant inaccuracies, the most common being that the provider was listed at a location where they do not see patients. MA plans have been working to improve their provider directories by regularly contacting their providers through email, faxes, phone calls, and other methods.

What should providers do?

We urge providers to review and, as needed, update their data in NPPES. This includes adding additional addresses where they practice. After updating the data, providers should use the new certification function to indicate that the data is accurate. Providers should promptly update their

data in NPPES any time there are changes, as well as review and certify their data at least on an annual basis. While it is not required, we encourage providers to supply the locations where they see patients for appointments, and not include places where they might cover for a provider on vacation or read x-rays. By including this information, it improves the likelihood that NPPES is relied on by health plans and other industry participants and can reduce the number of phone calls and faxes a provider receives. We urge you not to enter locations that are less common and encourage you to focus on those where you accept appointments for patients. **Remember, changes to NPPES do not affect payment from Medicare!** It is the *Provider Enrollment, Chain and Ownership System (PECOS)* that is used for Medicare Fee-For-Service provider enrollment, including addresses providers use for submitting claims and receiving Medicare Fee-For-Service payment.

How will this benefit providers?

By keeping their information current in NPPES, providers can rely on a single location to enter basic information about themselves, such as their name, specialty, practice locations, contact information, and digital addresses that can help them achieve interoperability goals. Providers increased use of NPPES to update their practice information should reduce the need for plans to email, text, fax, or phone providers to verify demographic directory data. It will also provide a mechanism for providers to update their data for multiple plans, as all plans can access NPPES.

Why NPPES?

NPPES is familiar to and already used by providers, and allows them to include information for multiple addresses. NPPES data is available publicly in a machine readable format at no cost. NPPES provides core provider directory data elements (provider name, provider specialty, provider address, provider telephone number) for virtually every provider in the country. Recent enhancements to NPPES allow providers to certify that all of their information for an NPI is correct. When a provider makes an attestation, NPPES will then record and reflect the certification date. If the provider information is not correct, they can submit a change of information to update it. When the provider requests any change to the NPI record, the provider will have the opportunity to update the certification date. CMS will publish the latest certification date for each NPI in the NPI Registry as well as the NPPES dissemination file, which allows plans or the public to assess whether the NPPES information is current.

Is this a requirement?

There is no current CMS requirement for providers to attest to their NPI data, nor that plans use NPPES as a source for provider directory data. However, there are potential benefits for all stakeholders in improving provider directory accuracy. As more providers and plans use NPPES for this purpose, the more accurate the data will become and the more likely providers and plans can focus resources on ensuring other data elements (those not in NPPES) are accurate and up to date.

Providers should also be aware that 45 CFR §162.410(a) provides specifications for health care providers regarding obtaining, disclosing, using NPI numbers and communicating with NPPES

in connection with standard transactions as defined by HIPAA. One of those specifications requires providers to communicate any changes in its required data elements in the NPPES within 30 days of the change.

Additional information

Information on NPPES, including how to reset passwords and update data is available at <https://nppes.cms.hhs.gov/webhelp/nppeshelp/NPPES%20FAQS.html>

DOCUMENT HISTORY

Date of Change	Description
January 3, 2020	Initial article released as an HPMS memo.