

APR 5, 2016

# Modernizing NPPES

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**Centers for Medicare & Medicaid Services** | Center for Program Integrity

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# What is NPPES and the NPI?

## NPPES is the database of all National Provider Identifiers

The 10-digit **NPI** is the primary ID for nearly all healthcare transactions in the US.

- prescribing
- eHealth record
- quality reporting
- private payers

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- **HIPAA-mandated**
  - **Independent of Medicare or Medicaid**
  - **All US healthcare providers are eligible**



**type 1**

**individuals**  
one NPI each

### FIELDS

Firstname, Lastname  
SSN or ITIN  
DOB, Country of Birth  
Gender  
Practice address  
Mailing address  
Taxonomy / Specialty  
License info  
Contact info  
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**type 2**

**organizations**  
many NPIs

### FIELDS

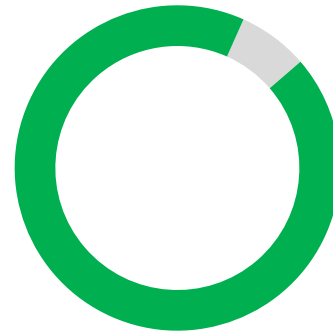
Business name  
EIN  
--  
--  
Practice address  
Mailing address  
Taxonomy / Specialty  
License info  
Contact info  
Authorized Official info

# 4.6 million NPIs

Every month...

**26,000** new NPIs

**63,000** updates



**93%**  
created online  
through NPPES



**70%**  
3.2 million  
individuals

**30%**  
1.4 million  
organizations

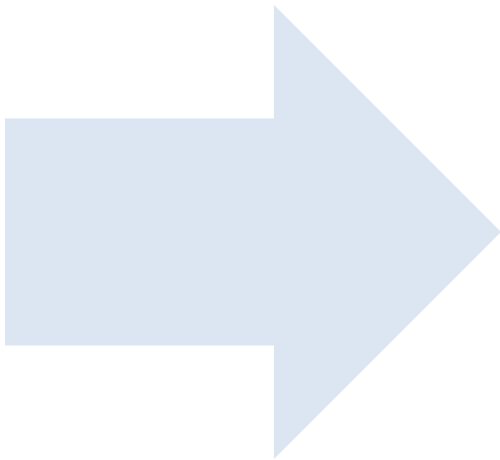
## Changing expectations

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### **2005:** NPPES just needed to be **a number generator**

NPPES collected *just enough data* to ensure that each NPI application was a **new request**, from a **healthcare provider**.

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### **2016:** The industry sees NPPES as **a provider directory**

- It holds the largest, definitive dataset of providers in the US
- Each record includes name, specialty, and location
- CMS freely distributes the records, in many formats
- Other systems use its data to cross-reference providers
- Providers need an NPI to participate in the healthcare industry

# Our challenges

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## **NPPES was not designed as a directory.**

The data has grown stale. Yet, the industry and the government still look to NPPES as a source for provider information because of its nationwide scope, and the definitive identifier.

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### ✘ **Login account usage**

**(i.e. surrogacy)** NPPES expects providers to personally update records, but they often delegate this to admin staff who are responsible for hundreds or thousands of records.

### ✘ **Expectations**

Most providers and support staff are likely unaware that CMS expects them to update records within 30 days.

### ✘ **Incentives**

Once the provider has an NPI, they are finished with NPPES. They have few reasons to return.

### ✘ **Usability**

NPPES is cumbersome to understand, and update. This discourages providers or admins from even trying to use it. It also increases calls to Customer Service.

### ✘ **Reporting**

NPPES isn't engineered to track or display the freshness of its data.

### ✘ **Explanations**

Many providers are unaware that NPPES is publicly searchable, or how industry has evolved use of this data.

## Our objectives (1 of 3)

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# increase accessibility

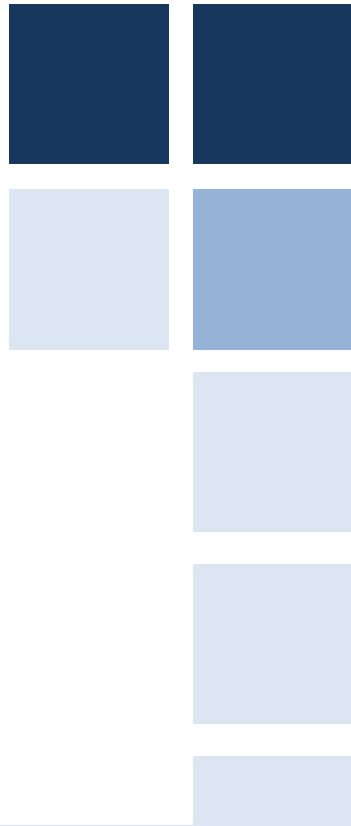


- Adopt best-practices from consumer websites, and use the latest federal design standards
- Clearly explain what we collect, and why it matters
- Reduce providers burden and support delegation as much as possible
- Move to real-time services and support system connectivity

## Our objectives (2 of 3)

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### **increase relevance**

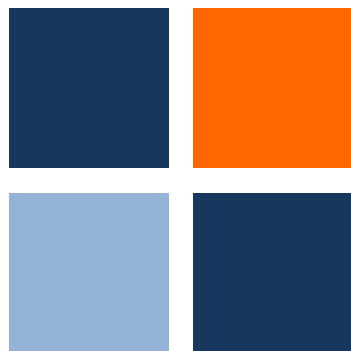


- Expand data to increase value to providers, industry, and public, beyond providing a unique ID
- Align and integrate with other programs, systems, and services; move away from “single-function” system.
- Define and focus on NPPES’ role as a directory for the public, for the industry, and for other gov entities

## Our objectives (3 of 3)

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### increase integrity



- Improve the consistency, and freshness of all NPI records
- Increase validation of the data in records
- Routinely “recertify” records (like Medicare enrollment revalidation)
- Shift out thinking about role NPPES can or should have in fraud prevention



2016

## Entrepreneur engagement

2014-2015

- Communicate with healthcare industry, technical thought leaders
- Public “Google Group” forum for tech concepts
- Consider modern, consumer best practices
- Compare other CMS enrollment systems
- Find “open source” tech alternatives
- Reimagine data relationships
- Rethink data distribution methods

## Public Search

Dec 2015

- New Open Source architecture
- Modern look / usability
- API (read-only)

## Customer Service Improvements

Dec 2015

- Can now explain and disclose more info over the phone, to authorized users
- No longer supplies paper forms as an equal alternative to using NPPES

## New provider experience

Fall 2016

- Modern look
- Easier screens
- Clearer explanations

### NEW FEATURES

- Surrogacy
- Update many records at the same time
- More optional identifier fields (at partners’ request): “direct address” email, more physical addresses, more org names
- Better access to data for reports, analysis

# Our path

2017



## New support tools

Winter 2016

- Helps Customer Service team
- Increase speed of issue resolution
- Improve automation



## New technology

Mid 2017

- Replace outdated, restrictive tech
- Better performance
- Easier integration



## Continued expansion

Late 2017

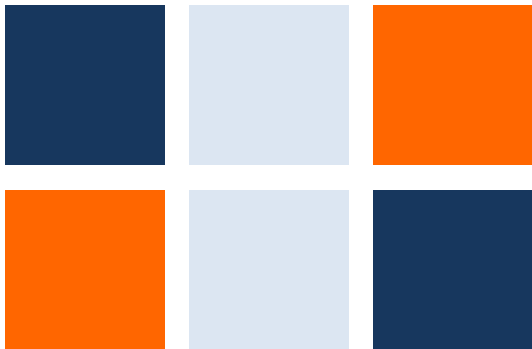
- Full record re-certification (automated)
- License validation
- **API to other systems**



## New integrity checks

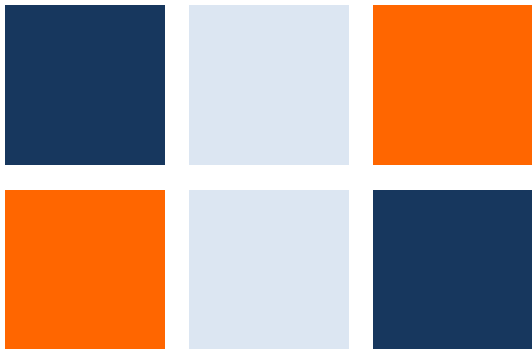
Late-2016 / Early-2017

- Antifraud measures
- Data cross-referencing
- Enforcement, NPI deactivation
- Notify discrepancies by email



# Q+A

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# Thank you

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