

STATE OF NEW JERSEY
DEPARTMENT OF BANKING AND INSURANCE

IN THE MATTER OF THE REPORTING OF)
NATIONAL PROVIDER IDENTIFICATION)
IMPLEMENTATION-CONTINGENCY PLANS) ORDER
ADOPTED BY ENTITIES SUBJECT TO)
N.J.S.A. 17B:30-23 AND N.J.A.C. 11:22-3)

This matter having been opened by the Commissioner of Banking and Insurance (“Commissioner”) pursuant to the authority granted by N.J.S.A. 17:1-15, 17B:30-23 and 26:2S-1 et seq. and N.J.A.C. 11:22-3, and all powers expressed or implied therein; and

IT APPEARING that the above-referenced statute and rule set forth standards for the electronic receipt and transmission of health care claims consistent with New Jersey and Federal law, and apply to all hospital service corporations; medical service corporations; health service corporations; individual and group health insurers; health maintenance organizations; dental service organizations; dental plan organizations; prepaid prescription service organizations; and any subsidiary of such corporation, insurer or organization that processes health care benefits claims as a third party administrator, authorized to do business in this State (hereinafter referred to as “payer”); and

IT FURTHER APPEARING THAT on January 23, 2004, the United States Department of Health and Human Services adopted administrative rules at 45 CFR Part 162.404(a) for the deployment and use of a National Provider Identifier (“NPI”) system by all providers on or before May 23, 2007; and

IT FURTHER APPEARING that the Secretary of Health and Human Services delegated authority for the implementation and enforcement of the NPI system to the Administrator of the Centers for Medicare and Medicaid Services (“CMS”); and

IT FURTHER APPEARING that prior to May 23, 2007, CMS issued a “Guidance on Compliance with the HIPAA National Provider Identifier (NPI) Rule” in which the Administrator permitted payers to adopt implementation-contingency plans and authorized payers to pay claims without the required NPI up to, but not later than, May 23, 2008; and

IT FURTHER APPEARING that, accordingly, all payers should adopt an implementation-contingency plan for the acceptance of NPI deficient claims through, at the latest, May 23, 2008; and

IT FURTHER APPEARING that the Commissioner has an interest in assuring and maintaining the orderly and predictable flow of payments to providers in the health care delivery system in New Jersey; and

IT FURTHER APPEARING that any interruption in the payment of medical claims in a timely and predictable manner would adversely affect the delivery and quality of health care in this state; and

IT FURTHER APPEARING that, based on the foregoing, the Commissioner should obtain and share with all interested parties and stakeholders information pertaining to the NPI implementation-contingency plans adopted by payers; and

IT FURTHER APPEARING that the Commissioner has determined that it is necessary and appropriate to require payers to answer the questionnaire set forth in Exhibit A to this Order, attached hereto and made a part hereof, to obtain information

about their NPI implementation-contingency plans and determine compliance with applicable law.

NOW THEREFORE, IT IS on this 23rd day of July, 2007 ORDERED that all payers subject to the provisions of N.J.S.A. 17B:30-23 and N.J.A.C. 11:22-3 shall complete and return the NPI Implementation-Contingency Plan Questionnaire set forth in Exhibit A, attached hereto and made a part hereof, on or before August 17, 2007, to be mailed to:

New Jersey Department of Banking and Insurance
Room 539
20 West State Street
P.O. Box 329
Trenton, New Jersey 08625-0325

Failure to comply with the terms of this Order may result in the imposition of penalties as provided by law, including, but not limited to penalties authorized pursuant to N.J.S.A. 17:33-2, 17B:21-2 and 26:2S-1 et seq.

/s/ Steven M. Goldman
Steven M. Goldman
Commissioner

EXHIBIT A

Healthcare Payer
Questionnaire

1. Describe your organization's NPI Implementation-Contingency Plan regarding the use of National Provider Identifiers (NPI) on all claims. In your response please outline as many specifics as possible. This should include: (a) the periods, if any, in which your organization will accept claims without an NPI; (b) the periods, if any, in which your organization will accept claims with an NPI and other identifiers; and (c) the date after which your organization will only accept claims with an NPI.
2. Describe your organization's policy for requiring or not requiring legacy provider identifiers (that have been created and assigned to providers by your organization) from providers on all claims. Also specify any transition period where both legacy ID and NPI should/can be provided.
3. Explain how your organization has communicated its NPI Plan to the provider community and your approach for communicating NPI information in the future.
4. Identify whether there is a central contact point person handling communications/inquiries regarding your organization's NPI information and provide that person's name and contact information.
5. Identify whether your organization would be interested in participating in a New Jersey NPI testing project in which there would be established an early implementation date, approximately 6 to 8 weeks in advance of the May 23, 2008 date when all New Jersey based payers would accept NPIs and all other legacy identifiers, in a State-based effort to identify and correct any problems prior to the deployment date established in the "Guidance on Compliance with the HIPPA National Provider Identifier (NPI) Rule" issued by the Centers for Medicare and Medicaid Services.