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

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This notification 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.

Provider types affected

This affects providers with a National Provider Identifier (NPI), specifically those who have a contractual in-network relationship with at least one Medicare Advantage (MA) health plan.

Action needed from you

The Centers for Medicare and Medicaid Services (CMS) requests that all providers review their data in NPPES, make any necessary corrections to the data, then attest to the accuracy of the data. The information in NPPES will also be available to other health plans that create directories.

Background

On January 3, 2020, the CMS released a memo 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 health 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.

Our members rely on provider directories to find a provider, including that provider's 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 also urge you not to enter locations that are less common and encourage you to focus on those where you accept appointments for patients. **Changes to NPPES do not affect payment from Medicare.** It is the Provider Enrollment, Chain and Ownership System 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 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.

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.

Is this a requirement?

There is no current CMS requirement for providers to attest to their NPI data, nor for plans to 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 nppes.cms.hhs.gov/webhelp/nppeshelp/NPPES%20FAQS.html.