

Post Implementation Evaluation Report

MMIS National Provider Identified Enhancement – Kansas Health Policy Authority

Project Dates: 2/2005 through 1/2008

Project Cost: \$6,647,694

Project Objectives

The project objectives were to modify the MMIS in order to accept the NPI and use it for processing electronic claims. Detailed objectives included:

1. Review of federal NPI requirements
2. Assessment of current MMIS processing as compared to new requirements
3. Development of design for the changes
4. Interface to National Provider System (NPS), either batch (ex: download data into interchange using batch process) or real-time (ex: web service to allow real-time validation).
5. Acceptance and validation of the NPI during provider enrollment, including validating that an NPI is present for those provider types that may require an NPI.
6. Addition of providing linking capabilities for situations where an NPI is incorrectly assigned to a provider or one provider has more than one NPI. Include versioning capabilities so that history of NPI assignment can be tracked for future research.
7. Creation of provider linking capabilities to allow for the reassignment of base provider numbers.
8. Expansion of the provider service location field. The current limit is 26 locations. The field currently exists in almost 1000 batch objects and over 2200 PowerBuilder objects.
9. Modification of claims code to determine provider service location based on NPI, Taxonomy, and address fields from claim submitted by provider.
10. Creation of claims edits if service location and/or provider ID cannot be determined based upon NPI, taxonomy and address.
11. Modification of EDI and claims systems to allow providers to submit Medicaid ID or NPI on all electronic transactions.
12. Addition of NPI to web, PES, POS, and BEVS applications.
13. Review and modifications to web security, as it currently uses provider ID.
14. Modification to RRI process to accommodate changes to CMS-1500 and UB-04 claim formats.
15. Modification to onDemand processes to accommodate the ability to search for RA by NPI.
16. Conversion of any tables currently storing provider ID that will now store NPI.

17. Addition of NPI to all user windows and reports and external interfaces where provider ID is currently stored.
18. Coordination of any changes with interfaces to external entities (ex: Fair Isaacs, FirstGuard).
19. Modification of claims auditing process to accommodate NPI as part of the criteria.
20. Revision to the claims pricing system to use provider contract table structure and revised covered benefit table structure. This will include modifications to the provider, reference, and claims systems.
21. Modification to 834 roster process in Managed Care to use capitation category to identify demographics of beneficiary including their program.
22. Revision to PR1 managed care provider number assignment process.
23. Revision to lock-in and HealthConnect capitation payment processes. Currently have a separate provider ID specifically for the capitation payments.
24. Modification to state pay tape process to accommodate NPI.
25. Addition of functionality in provider system to identify that a provider would like for claims to automatically cross-over from Medicare.
26. Create a process to accommodate claims submitted prior to May 23, 2007, for adjustments and recycles.
27. Communicate with impacted stakeholders as project was implemented