



**BlueCross BlueShield
of Illinois**

July 14, 2006

Name
Address
City/State/Zip

Dear Provider:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated that the Secretary of Health and Human Services adopt a standard unique health identifier for health care providers. On January 23, 2004, the Secretary published a Final Rule adopting the National Provider Identifier (NPI) as this identifier.

All HIPAA covered health care providers, whether individuals or organizations, must obtain an NPI for use on all HIPAA electronic transactions. These transactions include claims, eligibility/claim status inquiries and responses, referrals and remittance advices. NPIs are generated using the National Plan and Provider Enumeration System (NPPES). Once enumerated, your NPI, which is a unique ten-digit numeric identifier, will not change, and will remain with you even if you move, change specialties or practice affiliations or locations.

The compliance date for covered entities to obtain and use an NPI in HIPAA covered transactions is May 23, 2007. Upon the implementation of NPI, it will be the sole provider identifier that replaces the multiple provider identification numbers you currently use. Use of Medicare UPINs, Blue Cross and Blue Shield provider numbers, CHAMPUS numbers, Medicaid IDs, etc. will no longer be permitted as of May 23, 2007.

If you already have your own NPI, please complete the enclosed NPI Submission Form and fax the form along with a copy of your confirmation letter from NPPES to the number indicated on the form. This will allow us to begin to collect NPI numbers for BCBS providers.

If you have not already done so, you can apply for your NPI in one of the following ways:

1. **Online Application:** The Web address is <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.
2. **Mail:** You may prepare a paper application and send it to:

**NPI Enumerator
P. O. Box 6059
Fargo, ND 58108-6059**

A copy of the application is available on <https://nppes.cms.hhs.gov/NPPES/Welcome.do>. If you need the application form sent to you, or have questions regarding your NPI application and the application process, please call the enumerator directly at **1-800-465-3203**.

In order to establish a sufficient transition period before the May 23, 2007 compliance date, we anticipate that HCSC will begin accepting NPI numbers in conjunction with your existing BCBS ID on standard electronic claim transactions by the fall of 2006. In the meantime, you **should not** begin using your NPI number on transactions until we have communicated a specific effective date and issued instructions on its use.

Learn more about NPI and its implications. Over the next several months we will share a more specific timetable regarding when, where, and how we intend to receive and communicate NPI in all covered standard electronic transactions. The Centers for Medicare and Medicaid Services (CMS) has an NPI Resource online at http://www.cms.hhs.gov/apps/mpi/01_overview.asp. You can also check for updates on the BCBS Web site at <http://www.bcbsil.com>, or in our *Blue Review* provider newsletter

Sincerely,

Blue Cross and Blue Shield of Illinois



National Provider Identifier (NPI) Submission Form Instructions

The attached form is intended as a tool to assist with recording and validating NPI information. It is broken into four sections.

Section 1 Provider General Information

This section reflects current information about the provider (name, tax identification number, and current BCBS provider number(s)). This information needs to be validated and missing information added. This section must be completed in full.

Section 2 NPI Information

Record your 10-digit numeric National Provider Identifier here. It should be taken directly from the confirmation letter received from the enumerator. **Please note:** A copy of the enumerator letter or e-mail must be submitted with this form. Failure to submit a copy will cause delays in loading your NPI information in our systems, which could potentially have an adverse impact on the payment of claims after the HIPAA mandated NPI implementation date.

Section 3 Primary Office Address Information

This is the primary office physical address. Please validate the address, phone number, fax number and provider e-mail address. Please add any missing information.

Section 4 Contact Information

Contact information contains the name of the individual completing this form. This will provide for a single point of contact to resolve any questions related to the information submitted. Please include phone number, fax number, and contact e-mail address.

National Provider Identifier (NPI) Submission Form

Section 1 - Provider General Information

_____, _____ MI, _____
Physician's/Provider's Last Name First Name Degree/Title

Tax ID Number: _____

Existing BCBS Provider #(s): _____

Section 2 NPI Information

National Provider Identifier (NPI)#: _____

NOTE: YOU MUST SUBMIT A COPY OF THE LETTER OR E-MAIL FROM THE ENUMERATOR VERIFYING NPI ASSIGNMENT

Please mail or fax your completed form and a copy of the enumerator's letter or confirmation e-mail as soon as possible to the following location:

**BLUE CROSS BLUE SHIELD of Illinois
PO BOX 805107
CHICAGO IL 60680-4112
Attention: Provider Services 23rd Floor
Fax #: 866-589-8253**

Section 3 Primary Office Address:

Address 1 _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ Fax No: _____ Provider E-Mail Address: _____

Section 4 Contact Information

Name of Individual Completing Form: _____

Phone No.: _____ Fax No: _____ Contact E-mail Address: _____

For Office Use Only