I. TRANSITION PERIOD OVERVIEW & PROVIDER REQUIREMENTS

1. Q: Has the May 23, 2007 compliance date been extended?
   A: No. You may be aware that the Centers for Medicare and Medicaid Services (CMS) recently published a contingency plan for the National Provider Identifier (NPI) regulation. It is important to note, however, that this contingency plan is not an extension for coming into compliance. The CMS contingency plan provides that health care plans, providers and clearinghouses may have an additional 12 months to implement the NPI regulation provided they can demonstrate a “good faith effort” both prior to and after May 23, 2007. The guidance offers relief primarily for compliant health care providers and health plans as they work through transaction testing and legacy-identifier-to-NPI “crosswalk” issues.

   BCBSOK was substantially compliant as of the May 23, 2007 effective date. However, after assessing the response and preparedness of our participating provider networks, we extended our dual-identifier acceptance phase to allow providers to further test and prepare for an NPI-only environment.

   Please refer to the BCBSOK Provider Web site at www.bcbsok.com for additional information and ongoing updates throughout the transition period.

2. Q. What timeline has BCBSOK developed for the transition to NPI?
   A. Our NPI Transition Plan involves three phases:
      • Phase 1: NPI Adoption (Current)
        Providers are required to submit electronic and paper transactions using dual identifiers (BCBSOK provider number and NPI); or BCBSOK provider number only; or NPI only.*
      • Phase 2: NPI Required (Beginning in January 2008)
        Providers will be required to include NPI on electronic and paper transactions (claims may be submitted with BCBSOK provider number and NPI; or NPI only*).
      • Phase 3: NPI Only (Spring 2008)
        BCBSOK provider numbers will no longer be accepted. Electronic and paper transactions must include NPI only.*

      * NOTE: Providers should not submit NPI-only claims until they have received notification from BCBSOK. NPI-only claims submitted prior to notification may be rejected.
### 3. Q. What are providers required to do during all phases of the transition period?

#### A. The transition to NPI involves four stages for our providers:

1. **Get it!** Providers must apply for their NPI.
2. **Share it!** Providers are required to share their NPI with their electronic trading partners (billing services, clearinghouses, and software vendors) and all health plans and other payers.
3. **Test it!** Providers must submit claims using dual identifiers (BCBSOK provider number and NPI).
4. **Use it!** Once providers are notified by BCBSOK, they may submit claims with NPI only.

### II. GETTING, SHARING AND USING NPI - GENERAL QUESTIONS

#### 4. Q: Do I need to share my NPI number(s) with BCBSOK? When should I send my NPI to BCBSOK?

#### A: It is extremely important to send your NPI information to BCBSOK as soon as you receive your confirmation notice (letter or e-mail) from the National Plan and Provider Enumeration System (NPPES) Enumerator so that we can update our systems with your new information.

The best way to share your NPI with BCBSOK is to fax us a copy of your NPPES confirmation notice (letter or e-mail) from the Enumerator. If we receive your NPI without this supporting documentation, we will attempt to verify your NPI using the NPPES registry. If your NPI is not found on the NPI Registry, or if any data doesn’t match, then we reserve the right to request submission of your confirmation notice from the Enumerator.*

*Note: Please print or type your individual BCBSOK provider number, Tax Identification Number (TIN), and a contact name with phone number and e-mail address on your confirmation letter or within the body of your forwarded e-mail. Fax your NPI confirmation letter to BCBSOK at (918) 551-3413 or forward your e-mail from the Enumerator to hir@bcbsok.com. (NOTE: Please type the provider’s name and BCBSOK provider number in the subject field of the email).

#### 5. Q: Why can’t BCBSOK just get my NPI via the NPI Registry (query-only database) or the downloadable data file on the NPPES Web site?

#### A: BCBSOK may eventually use the NPPES downloadable data file or NPI Registry to capture or validate NPI information for contracted and non-contracted providers; however, it is important to note that this public data file cannot yet be considered to be a solution or substitute for sharing your NPI with BCBSOK.

Remember: if you are a covered health care provider, you are required by the NPI Final Rule to disclose your NPI to any entity who requests it for use in HIPAA standard transactions. According to the regulation, the publication of the NPPES Data Dissemination Notice does not release covered health care providers from this requirement.

#### 6. Q: If a physician practices under more than one Tax Identification Number (TIN) with two or more separate groups, how can the provider ensure that the individual NPI assigned by the Enumerator is attached to each of those TINs?

#### A: Physicians should complete and mail the BCBSOK NPI Submission Form as soon as they receive their Individual (Type 1) NPI number. Including all of your existing BCBSOK
provider numbers on the NPI Submission Form will ensure that all of your BCBSOK provider record(s) are updated to reflect your NPI – your new, single identifier.

7. Q. I’m a referring physician, do I need to share my NPI with other physicians?
   A. Yes. As outlined in the current regulation, providers must share their NPI with any entity that may need it for billing purposes — including those who need it for designation of ordering or referring physician.

8. Q: How do I obtain a replacement copy of the NPI confirmation letter or email from the NPPES Enumerator?
   A: To request a replacement NPI confirmation letter or email, contact the Enumerator Office at 1-800-465-3203. You may also request a replacement online via the following link: https://nppes.cms.hhs.gov/NPPES/LoginPage.do?userType=PROVIDER. Additional questions regarding the replacement notification can be emailed to the Enumerator Office at customerservice@npienumerator.com.

9. Q: How do I know BCBSOK has received my NPI?
   A: BCBSOK sends “Thank You” postcards to providers to confirm that we have received, validated and loaded your information into our system. Please allow three to four weeks for receipt of your confirmation postcard.

   Note: Paper claim submitters were notified in our October NPI Times that they may begin submitting NPI-only claims beginning December 1, 2007, as long as they have shared their NPI with us. Providers who submit claims electronically should not submit NPI-only claims until they receive a second, “Congratulations” postcard confirming their NPI-only status (see question # 18 for details).

10. Q: How do I submit claims during the transition to an NPI-only environment?
    A: After assessing the response and preparedness of our participating provider networks, BCBSOK extended its dual-identifier acceptance phase to allow our providers to further test and prepare for an NPI-only environment.*

    *Important Note: In Phase 2—the NPI Required phase—providers are required to use dual identifiers (BCBSOK provider number and NPI) on electronic transactions and paper claims, unless they have been approved to submit NPI-only claims. Claims received with only a BCBSOK provider number during the NPI Required phase will be rejected.

11. Q: Will the NPI be required on other forms such as applications for new professional and facility providers?
    A: Yes. If a new provider application is received without an NPI, the applicant will be notified that the application will not be processed until the NPI is received, along with the required documentation from the Enumerator for verification purposes. Other provider forms may also require the NPI as a standard feature.

III. TYPE 1 (INDIVIDUAL) VS TYPE 2 (ORGANIZATIONAL)

12. Q: Is an individual provider who currently has more than one BCBSOK provider number eligible for only one NPI number, regardless of the number of locations and specialties the individual provider may have?
    A: Yes. As an individual health care provider, you will receive one Individual (Type 1) NPI. The NPI number is not specific to a location or specialty, so regardless of where you perform the service or what type of service is performed, as an individual, you will
always use your Individual (Type 1) NPI. However, please be aware that, if your organization is a group practice, clinic group, multi-specialty clinic, or similar organization, and it conducts transactions electronically (whether directly or through a billing service or clearinghouse), your organization will also need an Organizational (Type 2) NPI number or numbers. While an individual provider may only have one Individual (Type 1) NPI, organizations may obtain multiple Organizational (Type 2) NPIs, or subparts, to reflect different locations or levels of care.

13. **Q. Do providers need Type 1 (Individual) and Type 2 (Organizational) NPIs?**

   **A.** All eligible individual providers (such as physicians, nurses, chiropractors, and physical therapists) are required to obtain a Type 1 (Individual) NPI. Providers who are in a solo practice and who bill currently with their Social Security Number or sole proprietorship Tax ID number may continue to bill as solo practitioners using only their Type 1 NPI.

   Per the regulation, individuals who have incorporated their practice must also obtain an organizational Type 2 NPI for their corporation. When billing, the individual Type 1 NPI will be used to identify the provider who performed the service, while the organizational Type 2 NPI will identify the group or entity to be paid.

   Individual health care providers who are part of an incorporated group practice will have an individual Type 1 NPI; the practice or clinic must obtain an organizational Type 2 NPI for the group for claims submission purposes.

   Large corporations may have many groups working under a shared Tax ID number as DBAs. Since each DBA has its own BCBSOK billing number, each DBA may consider obtaining and using its own Type 2 NPI to maintain the one-to-one relationship.

14. **Q. Can a group of individual providers who are sharing an office space obtain one Type 1 NPI for all the individual practitioners to share?**

   **A.** No. An Individual Type 1 NPI can NOT be shared. Each individual health care provider that may render health care services must obtain their own Individual Type 1 NPI. The Type 1 NPI of the rendering provider who performs the service is reported on claims, in addition to the appropriate billing NPI.

15. **Q. What do I do if I am an individual provider who has a Type 1 NPI but also obtained a Type 2 NPI in error?**

   **A.** Individual providers who obtained an NPI in error must deactivate the incorrect NPI. For information on how to deactivate an existing NPI, contact the NPI Enumerator, at 1-800-465-3203.

**IV. ELECTRONIC CLAIM SUBMISSION**

16. **Q: What do I need to do to be able to participate in the NPI-only transition program?**

   **A:** Providers must complete successful testing using dual identifiers (submission of claims using both the NPI and the BCBSOK provider number) prior to working with us to transition to NPI-only claims submission. Have your electronic trading partners (billing services, clearinghouses, and software vendors) call our Electronic Commerce (E-Commerce) Center (formerly the EDI Hotline) at 1-800-746-4614 to schedule a testing and implementation date for NPI-only claims submission.
17. **Q: What do I do if I believe I am ready to submit my electronic claims with only my NPI?**

   **A:** The provider will need to work with their electronic trading partner. When both parties have completed testing in the dual-identifier phase, the electronic trading partner should contact our E-Commerce Center at 1-800-746-4614. Our E-Commerce staff will work with the electronic trading partner to transition the provider to an NPI-only environment.

18. **Q: How will I be notified that I have been approved to submit NPI-only electronic claims to BCBSOK?**

   **A:** If you submit claims electronically, you will be notified via a “Congratulations” postcard when you have been approved to begin submitting NPI-only transactions. If you have not yet received your postcard verifying your NPI-only status, please continue to use dual identifiers (BCBSOK provider number and NPI) in standard transactions.

19. **Q: If my professional group practice has an Organizational (Type 2) NPI, in addition to my Individual (Type 1) NPI, which NPI number do I submit on claims?**

   **A:** To correctly submit 837 Professional Health Care Claims to BCBSOK, the sender’s billing and pay-to provider information must be included in the correct loops. The billing provider’s information must be contained in loop 2010AA, the pay-to provider information must be contained in loop 2010AB, the referring provider information must be contained in loop 2310A, and the rendering provider information must be contained in loop 2310B.

   To correctly submit 837 Institutional Health Care Claims to BCBSOK, the billing, pay-to provider, attending physician name, operating physician name, service facility name, and other provider name must be included in the correct loops. The billing provider’s information must be contained in loop 2010AA, the pay-to provider information must be contained in loop 2010AB, the attending physician name must be contained in loop 2310A, the operating physician name must be contained in loop 2310B, the other provider name must be contained in loop 2310C, and the service facility name must be contained in loop 2310E.

   For additional information, electronic submitters may refer to the NPI 201 - Claims Filing Instructions located in the NPI Educational Resources section of our Provider Web site.

   **IMPORTANT NPI BILLING INFORMATION:**
   Do not put the rendering provider NPI or BCBSOK ID in the billing loop of the claim. Rendering must go in the rendering loop and billing must go in the billing loop. **In the near future, claims will be rejected if billed incorrectly.**

20. **Q: What should I do if my NPI-only claims are denied?**

   **A:** If the E-Commerce staff has already given the go-ahead to submit claims with NPI-only, the provider should have their electronic trading partner contact our E-Commerce Center at 1-800-746-4614 to help determine the reason for the denial. If we have not worked with the electronic trading partner to submit claims only with NPI, the claims can be resubmitted with dual identifiers.*

   *Important Note: In Phase 2—the NPI Required phase—providers are required to use dual identifiers (BCBSOK provider number and NPI) on electronic transactions and paper claims, unless they have been approved to submit NPI-only claims. **Claims received with only a BCBSOK provider number during the NPI Required phase will be rejected.**
V. PAPER CLAIM SUBMISSION

21. Q: Are paper claim submitters required by BCBSOK to use NPI(s)?
   A: Yes. BCBSOK is requiring all eligible providers to use NPI number(s) on electronic and paper claim transactions.

22. Q: When will BCBSOK begin requiring use of the revised CMS-1500 (version 8/05) Health Insurance Claim Form?
   A: As of November 1, 2007, BCBSOK is no longer accepting the old version of the CMS-1500 (version 12/90). Currently, providers should submit claims to BCBSOK using only the revised version of the CMS-1500 (version 08/05). The revised CMS-1500 accommodates the use of dual identifiers.*

   For detailed instructions on how to complete the CMS-1500 claim form, please visit the Health Care Providers section of our Web site at www.bcbsok.com.

   *Important Note: In Phase 2—the NPI Required phase—providers are required to use dual identifiers (BCBSOK provider number and NPI) on electronic transactions and paper claims, unless they have been approved to submit NPI-only claims. Claims received with only a BCBSOK provider number during the NPI Required phase will be rejected.

23. Q: When will BCBSOK begin accepting the new UB-04 claim form?

   As of November 1, 2007, BCBSOK is no longer accepting the UB-92 claim form.

   For additional information on the UB-04 billing form, visit the National Uniform Billing Committee (NUBC) Web site at www.nubc.org.

   *Important Note: In Phase 2—the NPI Required phase—providers are required to use dual identifiers (BCBSOK provider number and NPI) on electronic transactions and paper claims, unless they have been approved to submit NPI-only claims. Claims received with only a BCBSOK provider number during the NPI Required phase will be rejected.

24. Q: How will I be notified that it is OK for me to submit claims with only my NPI?
   A: As announced in our October NPI Times, paper claim submitters may begin submitting NPI-only paper claims beginning December 1, 2007, as long as they have shared their NPI with us.

25. Q: Will my claims be rejected if I don’t use an NPI number?
   A: In Phase 2—the NPI Required phase—providers are required to use dual identifiers (BCBSOK provider number and NPI) on electronic transactions and paper claims, unless they have been approved to submit NPI-only claims. Claims received with only a BCBSOK provider number during the NPI Required phase will be rejected.

26. Q: What will happen if I send a claim using only my NPI without previously notifying BCBSOK?
   A: Submitting an NPI-only claim without previously sharing that NPI number with BCBSOK may result in a claim delay or denial. If you send us both your NPI and BCBSOK provider number on the claim, we can match the numbers and test our systems.
27. **Q:** What should I do if my NPI-only claims are denied?

**A:** Claims that are denied should be resubmitted with dual identifiers (both your BCBSOK provider number and your NPI).*

*Important Note:* In Phase 2—the NPI Required phase—providers are required to use dual identifiers (BCBSOK provider number and NPI) on electronic transactions and paper claims, unless they have been approved to submit NPI-only claims. **Claims received with only a BCBSOK provider number during the NPI Required phase will be rejected.**

VI. CMS-1500 CLAIM FORM

28. **Q:** What if I do not have a supply of the current version of the CMS-1500?

**A:** Providers filing with BCBSOK should now be using the current version of the CMS-1500 (version 08/05). If you do not have the CMS-1500 (08/05) form, contact your print vendor to request a correct batch of paper claim forms. The form also may be ordered online at [http://bookstore.gpo.gov](http://bookstore.gpo.gov), or by calling (202) 512-1800.

**NOTE:** As of November 1, 2007, BCBSOK is no longer accepting the old version of the CMS-1500 (version 12/90).

29. **Q:** Can providers still use the "bad" (with printing error*) CMS-1500 (version 08/05) forms?

**A:** No. Outdated or incorrectly printed CMS-1500 forms will be returned to the provider with a cover letter.

*Please note that there may still be some incorrectly formatted versions of the revised form being sold by print vendors. The correct version of the form contains “Approved OMB-0938-0999 FORM CMS 1500 (8-05)” on the bottom of the form, signifying the August 2005 version. Properly printed forms will have approximately a 1/4” gap between the tip of the red arrow above the vertically stacked word "CARRIER" and the top edge of the paper. **If the tip of the red arrow is TOUCHING the top edge of the paper, then the form is NOT printed to specifications.**

30. **Q:** Do I have to submit my paper claims using the red, original CMS-1500 claim form, or can I use a black-and-white copy instead?

**A:** You must use the original red claim form. This form is printed in a special red ink to ensure proper scanning and clear and accurate placement of data.

31. **Q:** If my professional group practice has an Organizational (Type 2) NPI, in addition to my Individual (Type 1) NPI, which NPI number do I submit on claims?

**A:** The individual (Type 1) NPI(s) should be submitted as the rendering provider in field 24j on the CMS-1500 (version 08/05). The organizational (Type 2) NPI should be submitted as the billing provider in field 33a on the CMS-1500 (version 08/05) or electronic equivalent.

**NOTE:** An individual health care provider who is not part of an incorporated practice may use only his or her individual (Type 1) NPI for filing claims. In this situation, the individual (Type 1) NPI should be submitted on the CMS-1500 (rev 08/05) as both the rendering and billing provider in fields 24j and 33a.
**32. Q. What is an “ID Qualifier”?**

**A.** An ID Qualifier further classifies your information for accurate electronic and paper claims processing. Here is a table of ID Qualifiers:

<table>
<thead>
<tr>
<th>ID Qualifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0B – State License Number</td>
<td>E1 or T1 – Employer’s Identification Number or Taxpayer Identification Number</td>
</tr>
<tr>
<td>1A – Blue Cross Provider Number</td>
<td>1J – Facility ID Number</td>
</tr>
<tr>
<td>1B – Blue Shield Provider Number</td>
<td>B3 – Preferred Provider Organization Number</td>
</tr>
<tr>
<td>1C – Medicare Provider Number</td>
<td>BQ – Health Maintenance Organization Code Number</td>
</tr>
<tr>
<td>1D – Medicaid Provider Number</td>
<td>FH – Clinic Number</td>
</tr>
<tr>
<td>1G – Provider UPIN Number</td>
<td>G2 – Provider Commercial Number</td>
</tr>
<tr>
<td>1H – CHAMPUS Identification Number</td>
<td>G5 – Provider Site Number</td>
</tr>
<tr>
<td>1I – National Provider Identifier (NPI)</td>
<td>U3 – Unique Supplier Identification Number (USIN)</td>
</tr>
<tr>
<td>1J – Facility ID Number</td>
<td>N5 – Provider Plan Network Identification Number</td>
</tr>
<tr>
<td>1K – Social Security Number</td>
<td>SY – Social Security Number (may not be used for Medicare)</td>
</tr>
<tr>
<td>1L – National Provider Identifier (NPI)</td>
<td>N5 – Provider Plan Network Identification Number</td>
</tr>
<tr>
<td>1M – Provider Site Number</td>
<td>U3 – Unique Supplier Identification Number (USIN)</td>
</tr>
<tr>
<td>1N – State Industrial Accident Provider Number</td>
<td>XX – National Provider Identifier (“NPI” is already noted on CMS-1500)</td>
</tr>
<tr>
<td>1O – Provider Taxonomy</td>
<td>X5 – State Industrial Accident Provider Number</td>
</tr>
<tr>
<td>1P – Other Identifier</td>
<td>ZZ – Provider Taxonomy</td>
</tr>
</tbody>
</table>

**33. Q. How do I submit the dual-identifiers (BCBSOK provider number and NPI) and ID qualifiers on the paper claim form?**

**A.** Dual-identifiers may be entered in fields 17, 24, 32 and 33, as follows:

**Field 17a:** BCBSOK provider number,* of the referring, ordering, or supervising provider and appropriate qualifier in the field to the immediate right of 17a.

**Field 17b:** 10-digit NPI number of referring, ordering, or supervising provider.

**Field 24i:** Appropriate qualifier (1B – Blue Shield) in the shaded area. (NPI qualifier is already indicated in the unshaded area.)

**Field 24j:** BCBSOK provider number in the shaded area. 10-digit NPI of the rendering provider in the unshaded area.

**Field 32a:** 10-digit NPI number of service facility location

**Field 32b:** Appropriate qualifier, such as 1B for Blue Shield provider number, immediately followed by the service facility location’s BCBSOK provider number.* Do not use any type of separator between the qualifier and the provider number.

*If you do not have the BCBSOK provider number, please use the UPIN number or other appropriate identifier for the referring, ordering, or supervising provider fields (17), or the service location fields (32). You must use your existing BCBSOK provider number in the rendering provider fields (24) and billing provider fields (33).

**Field 33a:** 10-digit NPI number of billing provider (NOTE: You may enter “SAME” if the information to be entered here is the same as information entered in field 32a.)

**Field 33b:** Appropriate qualifier, immediately followed by the billing provider’s BCBSOK provider number (NOTE: You may enter “SAME” if the information to be entered here is the same as information entered in field 32b.)
<table>
<thead>
<tr>
<th>Q: Where can I find more information on how to complete the CMS-1500 claim form?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: For detailed instructions on how to complete the CMS-1500 claim form, please visit the NPI Educational Resources page within the health care providers section of our Web site at <a href="http://www.bcbsok.com">www.bcbsok.com</a>. Information can also be found under the National Uniform Claim Committee (NUCC) Web site at <a href="http://www.nucc.org">www.nucc.org</a>.</td>
</tr>
</tbody>
</table>

### VII. BASIC INFORMATION ABOUT NPI

<table>
<thead>
<tr>
<th>Q: What is a National Provider Identifier (NPI)?</th>
</tr>
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<tbody>
<tr>
<td>A: The NPI is a numeric 10-digit identifier, consisting of nine numbers plus an ISO standard check-digit in the 10th position. It is accommodated in all standard transactions, and contains no embedded information about the health care provider that it identifies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: Who is eligible to receive an NPI?</th>
</tr>
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<tbody>
<tr>
<td>A: Entities who meet the definition of &quot;health care provider,&quot; as defined at 45 CFR §160.103, are eligible to receive National Provider Identifiers (NPIs). Health care providers include hospitals, nursing homes, durable medical equipment suppliers, clinical laboratories, pharmacies and many other &quot;institutional&quot; type providers; physicians, dentists, pharmacists, nurses and many other health care practitioners and professionals; group practices, health maintenance organizations, and others. However, it is anticipated that there may be some providers that do not meet this regulation definition and, therefore, will not be eligible to receive an NPI.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: Is a health care provider required to obtain an NPI?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Under the National Provider Identifier regulation (that was published in the Federal Register on January 23, 2004), a health care provider who is a covered entity, as defined at 45 CFR §160.103, is required to obtain a National Provider Identifier (NPI).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: Who is a covered entity?</th>
</tr>
</thead>
</table>
| A: The Administrative Simplification standards adopted by Health and Human Services (HHS) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) apply to any entity that is:  
  - a health care provider that conducts certain transactions in electronic form* (called here a "covered health care provider").  
  - a health care clearinghouse.  
  - a health plan.  

An entity that is one or more of these types of entities is referred to as a "covered entity" in the Administrative Simplification regulations. |

<table>
<thead>
<tr>
<th>Q: Can a non-covered entity obtain an NPI?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Health care providers who are not considered covered entities (because they do not engage in transactions in electronic form) are encouraged to apply for an NPI to facilitate claims processing. However, if the provider does not meet the regulation definition of &quot;health care provider,&quot; he/she will not be able to obtain an NPI.</td>
</tr>
</tbody>
</table>
### 40. Q: How do I obtain an NPI?

**A:** There are only three ways that a health provider can apply for an NPI:
- Apply through a web-based application process. The web address is [https://nppes.cms.hhs.gov](https://nppes.cms.hhs.gov).
- Prepare and send a paper application form to the Enumerator (Fox Systems). A health care provider may call the Enumerator and request a paper application form. The Enumerator’s phone number is 1-800-465-3203 or TTY 1-800-692-2326.
- With the permission of the health care provider, an organization may submit a health care provider’s application in an electronic file. Complete details regarding bulk enumeration are available on the CMS Web site.

### 41. Q: What is an EFIO?

**A:** An Electronic File Interchange Organization (EFIO) is an organization that has been duly authorized to collect and electronically submit a health care provider’s NPI application to the National Plan and Provider Enumeration System (NPPES) in a bulk file.

### 42. Q: Where can I find more information on NPI?

**A:** More information can be found at the CMS NPI resource online: [http://www.cms.hhs.gov/NationalProvIdentStand/](http://www.cms.hhs.gov/NationalProvIdentStand/). You can also refer to [www.bcbsok.com](http://www.bcbsok.com), as we will be updating our Web site regularly with additional NPI information throughout the transition period.

### 43. Q: What is BCBSOK doing to comply with adopting the use of NPI as mandated under the HIPAA regulation?

**A:** Since 2005, Health Care Service Corporation (HCSC) has been working to educate and prepare our provider community for compliance with the NPI standard by providing support and ongoing communication via various channels, including the NPI page of our provider Web site, our provider newsletters and *NPI Times* bulletin, and provider workshop presentations. We are using an enterprise-wide approach to coordinate business and system impacts of NPI across all four of our health plans—BCBSIL, BCBSNM, BCBSOK, and BCBSTX. We are also continuing to monitor the progress of our provider community to avoid any negative impact on provider revenue and service. Our goal is to maintain HIPAA compliance while executing a seamless transition for our providers to an NPI-only environment.

Continue to visit our the health care providers section of our Web site at [www.bcbsok.com](http://www.bcbsok.com) for ongoing updates on the NPI transition, including the end dates of the dual-identifier acceptance phase. If you have not yet obtained your NPI(s), please apply immediately, and share your NPI with us. Further information about the NPI application process is available on the CMS Web site at [http://www.cms.hhs.gov](http://www.cms.hhs.gov).