

### Comments on Revised CMS 10114 ~ NPI Application/Update Form

| <b>Commenter</b>             | <b>Comments</b>   | <b>Accept/Reject and Reason(s)</b>   |
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| Medco Health Solutions, Inc. | Given the importance of the DEA number in current industry practice, the addition of the DEA number as a specific ID type on the form will help the pharmacy industry make the difficult transition from the current standard to the mandatory new Standard. Medco urges the addition of the DEA number to the data elements collected on the Form.   | Accepted in part: We are revising the instructions to include the DEA number as one example of an “Other Provider Identifier”.   |
| WEDI                         | We continue to see sporadic scheduled downtimes of the system during regular published business hours, for maintenance purposes. We recommend that all scheduled maintenance be performed during weekends or after regular business hours during weekdays   | This comment is unrelated to the revised application form.   |
| WEDI                         | A note should be added to the User ID and Password Assignment screen, for new users, explicitly advising applicants to record their selected user ID and password, since they will be needed for future use of the system   | Rejected: With computer use so widespread in the workplace, we believe the majority of web users are familiar with the need to keep a record of their User IDs and passwords.  |
| WEDI                         | Providers are sometimes confused on the screen “NPI Application Form - Select Entity Type.” When a provider is applying for their type 1 (individual) NPI and they are employed by a large provider organization they may incorrectly select the radio button for type 2 (organization) rather than type 1 (individual). This must be clearer, or a separate web site should be created for organizational NPI applications.  | Rejected: We believe the examples provided on the ‘Select Entity Type’ page are clear and make it easy for a health care provider to determine its Entity Type. The application form (paper and web-based), including the instructions, does not replace the applicant’s responsibility to seek guidance/clarification from the NPI Final Rule or other sources. |
| WEDI                         | We recommend that the official electronic or paper notification sent to providers, once they have successfully applied for an NPI, informing them about the NPI assigned, include two additional pieces of information: 1) the taxonomy code(s) provided in the application; and 2) a note advising/reminding providers about what they should do with their NPI upon receipt of this notification (“Share It with other providers, payers and trading partners”). A note should also be made | Rejected: This comment is unrelated to the revised application form.<br><br>We wish to point out that both the electronic and paper notifications will reflect the taxonomy code(s) provided in the application. Instructions on actions to take after NPI assignment are available from a variety of  |

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|      | reminding providers that the NPI regulations REQUIRE them to disclose their NPIs to any entity that needs it in order to comply with the HIPAA transaction requirements   | sources, including the CMS NPI web page. It is not necessary to include such instruction on the NPI notifications.   |
| WEDI | We recommend that clarification be provided regarding what will happen to providers that have already applied using the current form once the new form is adopted and put to use. We would expect that providers that have already applied and received their NPIs on or before the new form is in place will <b>not</b> have to go back to the NPPES system to provide the new information as an ‘update’ to their records.  | Rejected: This comment is unrelated to the revised application form.<br><br>We wish to point out that previously enumerated providers have a choice of either going into NPPES to submit the new information once the collection is made available in NPPES, or they can furnish the new information with their next update/change to their NPPES record. We will include this information in our outreach activities related to the revised CMS-10114.  |
| WEDI | Section 1 (Basic information):<br><br>1. We agree with the proposed changes made to Sub-Section A – Reason for Submittal of Form, adding two boxes to note whether the “Change of Information” is to “Add Information” and/or “Replace Information”. We also agree with the addition of a new “Reactivation” option that allows people to ask for the NPI to be reactivated and to provide a reason for reactivation. On this last point, we recommend that clarification be provided in the instructions regarding which NPIs can be reactivated, and for what type of purposes. The instructions, as proposed, are vague on these points.<br><br>2. We agree with the proposed changes made to Sub-Section B – <u>Entity Type I</u> , to add a question about whether the individual is a sole proprietor or not. We strongly recommend that the instructions include a definition of “sole proprietor” and/or “sole-proprietorship”. | 1. Rejected: This is a policy issue. The form, including the instructions, does not replace the applicant’s responsibility to seek guidance/clarification from the NPI Final Rule or other sources.<br><br>2. Accepted: We have added descriptive language based on a posted NPI FAQ.<br><br>3. Accepted: The form will be revised to include this change (i.e., Parent Organization LBN and Parent Organization TIN). A brief explanation of the “parent” has been added to the instructions. |

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|      | <p>3. We agree with the proposed changes made to Sub-Section B – <u>Entity Type II</u>, to add a question about whether application is for a subpart, and if so, provide the legal business name and Tax ID of the parent organization. We recommend adding the word “organization” after the word “parent” in this section of the form. We strongly recommend including a definition of the term “parent organization” in the instructions.</p>   |   |
| WEDI | <p>Section 2 – Identifying Information:</p> <p>We recommend that some flexibility be built into the data field for entering date of birth, so that 1/1/66, 01/1/66, 01/01/66 and related variations all result in the correct and acceptable data format of 01/01/1966.</p>  | <p>Rejected: This is not wise from a systems/data entry perspective. All dates must be standardized for processing. Enabling variations for data entry – particularly for an item such as DOB – will prompt questions as to the desired format, will contribute to errors in data entry, and/or will enable dates to be entered that cannot be properly interpreted by NPPES.</p>   |
| WEDI | <p>Section 3 – Addresses and Other Information</p> <ol style="list-style-type: none"> <li>1. We recommend that an indicator be added to the field “Mailing Address” to determine whether the address being provided is the person’s home address or not (which will help address privacy concerns)</li> <li>2. We agree with the proposed changes made to Sub-Section C – Other Provider Identification Numbers to change the condition of submission of this subsection from “optional” to “situational, required if known”.</li> <li>3. We also agree with the other proposed change made to this same Sub-Section, to add various Medicare types of other identifiers (UPIN, OSCAR, PIN, NSC). We recommend that the instructions de-code these acronyms and briefly explain what those numbers are.</li> </ol> | <ol style="list-style-type: none"> <li>1. Rejected: Health care providers are to enter the “Mailing Address” related to their health care provider work. It is their business decision whether or not to use their home address.</li> <li>2. No response required.</li> <li>3. Rejected: These identifiers are commonly used and are recognized by the health care providers to whom they have been assigned; therefore, clarification of each identifier is not necessary.</li> <li>4. Rejected: This decision is up to the health care provider. Further clarification regarding this issue will not</li> </ol> |

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|      | <p>4. We strongly recommend that clarification be provided in the instructions for the following situation: if an organization health care provider is sending <u>one</u> application that covers <u>more than one</u> Medicare OSCAR number, should ALL OSCAR numbers associated with that one application be reported in the listing of “other identifiers”? and if so, how should they be reported (since there is only one line available to report OSCAR numbers)</p> <p>5. We generally agree with the proposed changes made to the instructions for Sub-Section D – Taxonomy Code, including the elimination of the requirement for certain health care <u>organizations</u> to include their license numbers when selecting specific taxonomy codes. We request your consideration of changing the heading of the Provider Type Code “20 Allopathic and Osteopathic Physicians” to “20 Physicians: Allopathic (MD) and Osteopathic (DO).” We have found a number of MDs who did not understand that they were “allopathic” physicians, and who also scrolled past the correct heading.</p> | <p>be included on the form. If a provider wishes to furnish additional information for this sub-section, then additional sheets of paper including this information can be submitted with the application form. The form states “Use additional sheets of paper if necessary”. (The web applicant can capture additional information as well.) Up to 20 Other Provider Identification Numbers can be captured per applicant.</p> <p>5. Rejected: This change will not be implemented. We use the terminology from the Healthcare Provider Taxonomy Code Set itself, as maintained by the NUCC. Clarification on this information should be furnished to providers through provider education and/or outreach efforts by requesting the NUCC to make changes to the code set.</p> |
| WEDI | <p>Section 5 – Contact Person:</p> <p>We agree with the proposed change in the condition for completing this section, from “optional” to “required”</p>  | No response required.  |
| WEDI | <p>Additional changes in the Instructions Section:</p> <p>1. Generally, we agree and applaud the efforts being made by the CMS to clarify several elements in the instructions, including the eligibility for Type 1 NPIs (individuals/sole proprietors) and the differences in when to report SSN/ITIN vis-à-vis an EIN</p> <p>2. We believe a stronger statement should be made to</p>   | <p>1. No response required.</p> <p>2. Rejected: Clarification on this information should be furnished to providers through provider education and/or outreach efforts and not the application form. CMS has posted 2 FAQs relating to this, and has included this information in many outreach</p>   |

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|  | clarify that EVEN when a sole-proprietor has obtained an EIN that is separate from the individual’s SSN, only ONE NPI can be obtain. We believe many individuals equate having an EIN with being ‘incorporated’ and ‘legally separate’, and wrongly assume that they will be eligible for both a Type 1 and a Type 2 NPI.   | documents that are available from the CMS NPI web page.  |
| Federation of American Hospitals “FAH” | Section 1 Subsection A4 now allows a provider to reactivate an NPI number. Please provide expanded instructions and examples of situations when CMS would expect to receive a reactivation request of an NPI for a provider. It is currently unclear if this is intended for NPIs to be reactivated after being deactivated in error.   | Rejected: This is a policy issue. The form, including the instructions, does not replace the applicant’s responsibility to seek guidance/clarification from the NPI Final Rule or other sources.   |
| Federation of American Hospitals “FAH” | <p>1. Section 1 Subsection B2 on the proposed application requires providers to indicate if the organization is a subpart. However, it is requested that CMS confirm that the “Medicare Expectations of Determination of Subparts by Medicare Organization Health Care Providers Who are Covered Entities under HIPAA” white paper is the guideline providers should use in determining if the entity is a subpart for completion of this field. Additional clarification within the instructions for subparts would be helpful for industry in determining how to properly complete the question.</p> <p>2. In addition, please include the word “organization” after “parent” when asking for the Legal Business Name and TIN in this subsection.</p> | <p>1. Accepted in part: CMS has provided guidance on subparts in documents in addition to the NPI Final Rule. We did add some language concerning subparts to the instructions.</p> <p>2. Accepted: The form will be revised to include this change (i.e., Parent Organization LBN and Parent Organization TIN).</p>   |
| Federation of American Hospitals “FAH” | Please confirm that CMS does not expect providers to update NPI applications previously applied for with the updated fields and newly adopted requirements.   | We wish to point out that previously enumerated providers have a choice of either going into NPES to submit the new information once the collection is made available in NPES, or they can furnish the new information with their next update/change to their NPES record. We will include this information in our outreach activities related to the revised CMS-10114. |
| Federation of American                 | We respectfully request that CMS and the enumerator consider  | Rejected: This comment is unrelated to the   |

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| Hospitals "FAH" | providing an updated NPES notification letter each time any fields included in the notification letter are updated on the NPI Application. | revised application form.  |
| AMA             | Comments related to HHS data dissemination activities. Therefore, no response is required to these comments.                               | Comments furnished were unrelated to the revised NPI application form. Comments were related to concerns about the dissemination of data housed in NPES. Therefore, no response is required to these comments. |