



**Michael D. Maves, MD, MBA**, Executive Vice President, CEO

February 20, 2007

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**Mr. William N. Parham, III**  
Centers for Medicare & Medicaid Services  
Office of Strategic Operations and Regulatory Affairs  
Division of Regulations Development—B  
Room C4-26-05  
7500 Security Blvd.  
Baltimore, MD 21244-1850

Re: Comments Regarding Agency Information Collection Activities Concerning the  
National Provider Identifier (NPI)

Dear Mr. Parham:

The American Medical Association (AMA) offers the following comments in response to the "Agency Information Collection Activities: Proposed Collection; Comment Request" (Federal Register, Vol. 71, No. 246, December 22, 2006) regarding proposed revisions to the National Provider Identifier (NPI) Application and Update Form.

The December 22, 2006, Federal Register notice solicits public comments on the following items regarding the National Provider Identifier (NPI) Application and Update Form: (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

The Centers for Medicare & Medicaid Services is collecting NPI numbers and associated data without a clearly articulated policy concerning how the identifying numbers and data will be used, what will be shared, how this information may be shared and who will have access. While the AMA and other industry leaders have repeatedly called for the issuance of a Data Dissemination Notice clarifying these questions, to date no notice has been published.

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Without this notice, it remains unclear how this sensitive information will be shared with those who have a legitimate need for it while protecting the NPI and associated data against unauthorized uses. Furthermore, this lack of agency guidance has substantially hindered the ability of physicians, other health care providers, and payers to comply with the federally mandated deadline for implementation of May 23, 2007.

For purposes of the agency's request for comment, the lack of clarity regarding intended uses of the NPI makes it difficult to provide informed comments on the "necessity and utility of the proposed information collection for the proper performance of the agency's functions" when those functions and intended uses have yet to be publicly disclosed. The additional requests are similarly difficult to respond to for the same reason. A more prudent approach would be to examine whether changes to the application are warranted and what those changes might be only after a Data Dissemination Notice has been issued.

The AMA remains deeply concerned about the collection of sensitive, identifying physician information for potentially widespread dissemination to entities other than those with a legitimate need for access. It would be premature to assess the necessity for changes and what those changes should be in the absence of formal dissemination guidance from CMS.

Thank you for considering our comments. Please contact Mari Johnson at 202-789-7414 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Maves". The signature is written in a cursive, flowing style.

Michael D. Maves, MD, MBA