



*Partnering for Electronic Delivery
of Information in Healthcare*

February 20, 2007

William N. Parham, III,
CMS, Office of Strategic Operations and
Regulatory Affairs, Division of Regulations Development—B,
Room C4–26–05, 7500 Security
Boulevard, Baltimore, Maryland 21244–1850

ref: NPI Application/Update Form – CMS-10114

Dear Mr. Parham:

We are writing to provide formal comments on the proposed changes to the National Provider Identifier (NPI) Application/Update Form, CMS form number 10114, referenced in a notice published by the Agency in the December 22, 2006 issue of the Federal Register.

In its advisory role under the Health Insurance Portability and Accountability Act (HIPAA), the Workgroup for Electronic Data Interchange (WEDI) has been working to assist the industry with the implementation of new HIPAA regulatory requirements, as well as providing advice to the Department of Health and Human Services and the regulatory division of CMS on issues identified by the industry, as it transitions to implementation.

Our comments are divided into two areas:

- Comments regarding the NPI enumeration process:
- Comments specific to the form changes being proposed and additional changes recommended

1. Comments regarding the NPI Enumeration process:

Overall, we believe that the enumeration process, particularly the web-base application system, has proven to be an efficient and effective method to enumerate providers with their new NPIs. We would like to take this opportunity to emphasize a number of recommendations we made previously on certain aspects of the NPPES web-base system:

- 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
- 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
- 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.
- 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 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

2. Comments Specific to the Form:

- 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 **not** have to go back to the NPPES system to provide the new information as an ‘update’ to their records.
- Section 1 (Basic information):
 - o 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.

- o We agree with the proposed changes made to Sub-Section B – Entity Type I, 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”.
 - o We agree with the proposed changes made to Sub-Section B – Entity Type II, 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.
- Section 2 – Identifying Information:
- o 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.
- Section 3 – Addresses and Other Information
- o 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)
 - o 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”.
 - o 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.
 - o We strongly recommend that clarification be provided in the instructions for the following situation: if an organization health care provider is sending one application that covers more than one 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)

- o 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 organizations 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.

- Section 4 – Certification Statement: No changes recommended

- Section 5 – Contact Person:
 - o We agree with the proposed change in the condition for completing this section, from “optional” to “required”

- Additional changes in the Instructions Section:
 - o 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
 - o We believe a stronger statement should be made to 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.

We believe the recommendations offered here will improve the ongoing implementation of the National Provider Identifier by the health care industry, once the new form is adopted and in use. We look forward to your responses to these recommendations.

Should you have any questions concerning this letter, please contact James Schuping, EVP/CEO of WEDI at (703) 391-2716 or jschuping@wedi.org.

Sincerely,

Jim Whicker, Chairman
WEDI

cc: WEDI Board of Directors