



National Uniform Billing Committee

Secretary Michael Leavitt
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue S.W.
Washington, D.C., 20201

RE: Upcoming May 23, 2008 National Provider Identifier (NPI) Date

Dear Secretary Leavitt

I am writing on behalf of the members of the National Uniform Billing Committee (NUBC) to express our concern about an upcoming deadline that requires your immediate attention.

The National Provider Identifier (NPI) enforcement period begins on May 23, 2008. As such, health care providers will not be allowed to use legacy identifiers when submitting claims; instead they will be required to use only the NPI. Recent testing of claims with NPI-only has shown significant issues with some payer's ability (including Medicare) to map NPI to legacy numbers.

This week the Centers for Medicare & Medicaid Services (CMS) made a significant change to a previously issued transmittal - Change Request (CR) 5243. CMS had originally indicated in CR 5243 that institutional providers could submit claims for their primary facility and its subparts (such as a psychiatric unit, rehabilitation unit, etc.) by using a single NPI along with a non-individual provider taxonomy code. Just recently (April 3, 2008), CMS issued a statement indicating they have abandoned the use of the taxonomy code to define provider type and instead have decided to utilize edit logic on other data read from the claim to complete the mapping. To date, CMS has not indicated if they were successful in obtaining a "one-for-one" crosswalk match (NPI matched against OSCAR/Certification [legacy number]) in the following instance: a provider obtained only a single NPI, but there are multiple legacy numbers for each subpart unit and each (NPI and legacy subparts) shares the same physical address. CMS is now strongly encouraging providers to obtain distinct NPIs for their subparts which flies in the face of the original intent of the NPI Final Rule.

To prevent claims processing disruptions, the NUBC is asking for a delay to the May 23rd enforcement date. We believe a six month extension for dual identifier reporting is needed to allow all trading partners to complete the work necessary to ensure accurate mapping of NPI to legacy numbers and to ensure that the Medicare certification process -- including all interfaces to Medicare's Provider Enrollment Chain and Ownership System (PECOS) -- can be updated in a timely manner.

The transition to the NPI has become a painful experience for many provider organizations since it requires subsequent follow-up in order to correct or add information to the NPI

database, the recent CMS change is not helping matters since it comes so close (7 weeks prior) to the scheduled enforcement date. When instructional changes occur after the NPI enumeration process has been completed, providers are then faced with a rework of their previous enumeration efforts. Additionally, providers will need to follow-up with each of their trading partners, health plans and clearinghouses, to inform them of these changes – a costly and time consuming effort for both the provider as well as their trading partners. Given the latest CMS communication, we are recommending that you **delay the May 23rd enforcement deadline and allow continuation of the dual identifier reporting approach for an additional six month period.** This would allow providers and others, including Medicare, to make the necessary system adjustments and test the results from this latest CMS announcement.

Should you have any additional questions or concerns you may contact George Arges at 312/322-3398 or by email at garges@aha.org.

Sincerely



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