



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

March 31, 2006

Carolyn Lovett  
CMS Desk Officer  
Centers for Medicare and Medicaid Services  
OMB Human Resources and Housing Branch  
New Executive Office Building  
Room 10235  
Washington, DC 20503

Dear Ms. Lovett:

The American Medical Association (AMA) appreciates the opportunity to comment on revisions to the Centers for Medicare and Medicaid Services' (CMS) Medicare physician enrollment application Form No. CMS-855 (OMB #0938-0685), as issued on January 27, 2006.

### **MEDICARE PHYSICIAN ENROLLMENT PROCESS**

The AMA recognizes the importance of ensuring that only qualified physicians participate in Medicare. We have concerns, however, regarding the overall process by which CMS gathers the information to make these determinations.

#### **Revalidation Proposed Rule**

CMS is in the process of finalizing a rule that may require physicians to reenroll in Medicare every three years (through what is called "revalidation"). The AMA continues to have significant concerns about this proposal, which, if finalized, likely would substantially decrease the time physicians are available for communication with and treatment of their patients. The revalidation requirement seems excessively redundant given the current requirement to report information changes to Medicare as they occur. Such an enormous new regulatory burden would undermine much of the progress made to date on regulatory reform, especially under the *Medicare Prescription Drug, Improvement, and Modernization Act of 2003* (MMA).

### Error Return Rate

CMS staff has previously noted that approximately 70 percent of submitted enrollment forms are returned to the applicant to correct errors. This volume of corrections is far too high. CMS and its contractors must ensure that instructions are clear and required data elements are minimized. CMS should explore the use of technologies that help prevent errors before submission. Forms with built-in intelligence, such as automatically noting incomplete fields, are prevalent today, and could save time and precious resources for the health system. We recognize that CMS' aim is to move toward this end, and we encourage CMS to expedite these plans.

### On-Line Enrollment

Additionally, the AMA understands that CMS is still working to enable online Medicare enrollment. If designed properly, electronic submission of physician Medicare enrollment forms would reduce the burden on physicians and their practices while increasing the accuracy of the information obtained. **We strongly encourage CMS to make electronic enrollment available to physicians as swiftly as possible.**

We also note that CMS' website is confusing concerning which enrollment forms (CMS-855) are the correct ones for completion and submission to CMS. For example, enrollment forms dated as of 2001 and still currently in effect are housed on the CMS "forms" webpage at: [www.cms.hhs.gov/CMSForms/CMSForms/list.asp](http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp). Yet, proposed draft forms are housed on separate CMS' Paperwork Reduction Act (PRA) webpage at: [www.cms.hhs.gov/PaperworkReductionActof1995/PRAL/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=2&sortOrder=descending&itemID=CMS050282](http://www.cms.hhs.gov/PaperworkReductionActof1995/PRAL/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=2&sortOrder=descending&itemID=CMS050282).

We urge CMS to add "draft" to each form on the "PRA webpage" to clearly delineate them from the forms now in effect on the "forms webpage" to avert any confusion.

### Timeline for Processing Enrollment Applications

As of March 1, 2006, pursuant to CMS Transmittal 134, Medicare carriers will have extended deadlines for processing enrollment applications. Specifically, carriers will have to process only 80% of CMS-855B and CMS-855I forms within 60 days of receipt. Prior to March 1, carriers were required to process 90% of these forms within 60 days. Further, Transmittal 134 requires carriers to process 99% of these applications within 180 days, instead of the 90-day timeframe in effect prior to March 1, 2006.

We urge CMS to continue with the processing deadlines in effect prior to March 1. These extended deadlines could cause further backlogs in the processing of enrollment applications, which would create a financial hardship for those physicians who would not be able to bill Medicare during an extended pendency of their enrollment application.

Transmittal 134 also requires that any changes in information submitted by the applicant prior to completion of the processing of the application, will be considered an update to the original application, rather than a separate change of information. As a result of this new policy, carriers will no longer be able to complete processing of the original application before processing the changes. Rather, carriers will have to consider the changes as part of the original application, thereby extending the processing deadline. We urge reconsideration of this new policy, as it will further delay the processing of enrollment application and impose an undue hardship on some physicians.

### **FORM CMS-855I**

The AMA urges CMS to ensure that any efforts to revise the CMS-855 physician Medicare enrollment forms and process are focused on reducing the difficulty and burden associated with them. We greatly appreciate that CMS has made strides in this respect, including adoption of a number of recommendations the AMA submitted in September 2005 for revising the forms. We have additional recommendations, however, for greater simplification and reduction of administrative burden, as follows:

**Page 1:** The “General Instructions” section defines the National Provider Identifier (NPI) as “the standard unique health identifier for health care providers and is assigned by the National Plan and Provider Enumeration System (NPPEs).” Presently, CMS’ requirements about obtaining an NPI are not clearly articulated in the CMS-855I. We recommend adding a sentence, or a box immediately under the definition of NPI, with language similar to that found in CMS-855B, when defining NPI under “General Instructions,” as follows: “The National Provider Identifier (NPI) is the standard unique health identifier for health care providers and is assigned by the National Plan and Provider Enumeration System (NPPEs). As a Medicare health care supplier, you must obtain an NPI. Applying for an NPI is a separate process from Medicare enrollment. To obtain an NPI application, apply online at <https://NPPEs.cms.hhs.gov>.”

Further, we understand that CMS is considering requiring physicians to obtain an NPI prior to submitting their Medicare enrollment application. We recommend that physicians have the choice of whether to obtain the NPI first, or whether to simply indicate on their enrollment form that they wish to obtain an NPI (and this should be clearly articulated in the “General Instructions” section of the enrollment form.) To this end, we recommend that CMS streamline the application process for Medicare enrollment and for obtaining an NPI with regard to physicians who have not obtained an NPI prior to submitting an enrollment application (which would be especially helpful for new physicians). These physicians should be permitted to indicate on the enrollment application that they also want to be issued an NPI. This should be clearly stated in the enrollment application under “General Instructions.” Delaying the enrollment process until an NPI is issued for these physicians would further delay the amount of time that a physician is unable to bill Medicare for their services, which could create cash flow problems for some practices. It is especially important to ensure prompt payment to physicians for Medicare services in light of the projected Medicare cuts totaling 35% through 2015.

Finally, the last paragraph on page 1 also seems to be missing some words, which are needed to fully understand what forms must be completed. It states that “If you furnish diagnostic tests, claims must be submitted as an IDTF and you must complete and the CMS-855B.” (Emphasis added.) It appears that the word “and” should be removed from this sentence, or additional words should be inserted after the “and” to convey the full meaning of the sentence.

**Page 3:** The section on “Additional Information” clearly states: “[a]pplying for the NPI is a process separate from Medicare enrollment. You may obtain a separate NPI application or apply online.” As discussed above, this language should be highlighted up front under the section on “General Instructions.”

**Page 6:** The chart under “Basic Information” section, 1.B., which asks physicians and other providers/suppliers to identify their “reason for application,” begins on page 6 and continues on page 7. It would be much clearer if this entire chart were set forth on one page only. As is, it could be confusing to an applicant who is submitting the application for the purpose of changing or revalidating their information (since neither of these choices is shown on page 6, but rather are found on page 7.) It would be easier to read the chart if it is contained on the same page, which is the case with the current version of the CMS-855I.

**Page 7:** The shaded box separating the top and bottom chart on page 7 appears to have instructional language in it. When the application is printed or copied, the shading in the box is so dark that the instructions are illegible. Thus, the shading should be lightened or removed.

**Page 10:** Under the “Identifying Information” section, physicians are asked to select their primary and/or secondary specialty from a finite list of specialties, including an undefined entry, that appear to have no relation to the new system of identifying physicians. The National Plan and Provider Enumeration System (NPPES) uses the Healthcare Provider Taxonomy Codes list for physicians and other providers to designate their specialty. The same list should be used in the enrollment application to ensure consistency with the NPPES system. The AMA recommends that the Healthcare Provider Taxonomy Codes for physicians be included in the application or available as a link from the application to the list.

**Pages 15 and 16:** The section on page 15 concerning “Adverse Legal Actions/Convictions” and the section on page 16, concerning “Practice Location Information,” both appear to ask for the same information concerning “Adverse Legal History.” It seems this information would be needed for only one of these sections, and is redundant when requested for both sections.

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**Page 16:** While we appreciate that the revised application defines on the first page the terms “Medicare Identification Number” and “National Provider Identifier,” page 16 uses the term: “Medicare number.” It is not clear what number is required for this section. If it is the Medicare identification number, for consistency, this term should be used throughout the application.

The AMA appreciates the opportunity to provide the foregoing comments, as well as CMS’ continued efforts to simplify and reduce the paperwork burden associated with the CMS-855 forms. We stand ready to assist in this important matter. If you have any further questions, please contact Mari Johnson at (202) 789-7414.

Sincerely,

A handwritten signature in cursive script, reading "Mike Maves", written in black ink. The signature is positioned to the left of a vertical red line.

Michael D. Maves, MD, MBA