



January 22, 2007

Mr. Jeffrey S. Blair, MBA, Co-chair  
Mr. Harry Reynolds, Co-chair  
Subcommittee on Standards and Security  
National Committee on Vital and Health Statistics  
3311 Toledo Road, Room 2341  
Hyattsville, MD 20782

Re: NPI Dissemination

Dear Mr. Blair and Mr. Reynolds:

The North Carolina Healthcare Information and Communications Alliance, Inc. (NCHICA) established a subgroup of its National Provider Identifier (NPI) Task Force dedicated to considering NPI dissemination issues. We have anxiously been awaiting the publication of CMS's NPI Dissemination Notice. Based on significant discussions, this subgroup consisting of providers, payers, professional associations and boards is convinced that the critical information needs of providers and some payers will only be met if NPI access is allowed similar to the current UPIN universal access for all entities, and therefore we recommend allowing such access. If CMS fails to allow such complete access to the NPI database, payers and providers in every state and territory will be left with a considerable quandary regarding obtaining and verifying NPI numbers.

At a minimum, CMS should issue guidance that disclosing NPIs to a HIPAA covered entity in order to conduct HIPAA transactions is allowed without getting explicit authorization from the owner of the NPI; tracking of such authorizations would present a huge administrative burden to providers and provider networks.

In addition, CMS also should issue guidance as to whether there is a different standard for disclosure of NPIs to third parties that are not HIPAA covered entities but are involved in healthcare treatment, payment, and operations.

Currently, North Carolina payers and providers are expending considerable resources in efforts to obtain needed NPIs from trading partners. In an effort to streamline this process, this subgroup has identified the following primary issues related to NPI dissemination that CMS needs to address. For the questions below, if there is a different standard for HIPAA covered entities and other third parties, the question should be specifically addressed for each group.

- 1. Must a provider or payer entity who receives a group or individual NPI from a provider obtain the provider's specific authorization before communicating the NPI to any third party?**
- 2. If the NPI may not be communicated to a third party without the provider's specific authorization, what is the required form of authorization?**
- 3. If the NPI may be communicated to a third party without the provider's specific authorization, will the provider's failure to exercise an opt out provision for NPI**



retransmission to a third party by a certain date deadline satisfy the Rule's requirements for authorization for retransmission of the NPI?

4. If the NPI may be communicated to a third party without the provider's specific authorization, what are the data security requirements for such transmissions?

5. Are NPIs public information? Can a provider refuse to disclose a group or individual NPI to anyone requesting it whether or not the requester is a trading partner?

The following members of NCHICA who have participated in the efforts of the NPI Task Force join with NCHICA in expressing these concerns:

- North Carolina Medical Society
- North Carolina Medical Board
- Greensboro Pathology Associates, P.A.
- CCA Medical
- Novant Health
- UNC Health System
- Wake Forest University Health Sciences
- WakeMed Health and Hospitals

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Holt Anderson'.

W. Holt Anderson  
Executive Director

Cc: Simon P. Cohn, MD, MPH - NCVHS Chair  
Justine M. Carr, MD  
Stan M. Huff, MD  
Judith Warren, PhD, RN  
Denise, M. Buenning, MSM, CMS Lead Staff  
Karen Trudel, CMS