



February 28, 2008

Mr. Kerry Weems  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Room 445-G, Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Weems:

The American Medical Association (AMA) and the Medical Group Management Association (MGMA) are concerned with the current progress of the physician community's transition to the National Provider Identifier (NPI). The AMA and MGMA are particularly concerned with Medicare's ability to smoothly move past March 1, 2008, the date Medicare will no longer accept claims with just legacy numbers. We urge the Centers for Medicare and Medicaid Services (CMS) to take immediate steps to ensure practices do not experience cash flow interruptions.

Despite the significant outreach our associations and others have conducted, we remain concerned that practices will experience claims processing problems and resultant cash flow interruptions. This, in turn, could impact patient care. As a result of Medicare's decision to activate the NPI crosswalk matching edit last fall, some carriers experienced claims rejection rates of greater than 10 percent. Ten percent of claims translates into a significant number of claims in both sheer volume and dollar value. Compounding the problem for physician practices is that it is not one claim alone that is rejected if the NPI and legacy number do not match on Medicare's crosswalk; it is all of the practice's Medicare claims that will be rejected, which will affect the practice's ability to conduct necessary business operations.

In order for a correct match to be made between legacy numbers and NPIs, Medicare has required many practices to complete entirely new provider enrollment packages, not an insignificant task. Moreover, many practices that experienced claims rejections were small, single incorporated physicians who through no fault of their own were never assigned two legacy numbers. As instructed by CMS, these practices have contacted their carriers; however, they often report significant delays in these attempts and receive inaccurate and conflicting information, making an already difficult situation even more challenging.

Additionally, according to Transmittal 313 dated February 1, 2008, a number of steps required to transition carrier work over to the new Medicare Administrative Contractor in Jurisdiction 4, Trailblazer Enterprise Services, will be occurring on March 1. Any difficulties practices in Jurisdiction 4 experience with the NPI will be further complicated by any issues that arise during the cutover from their current carriers to Trailblazer. This region is of particular concern, given the troubles experienced by practices with Trailblazer in the states of Maryland, Texas, Virginia and the District of Columbia in the area of provider enrollment. Also of concern is that Trailblazer as the Medicare Administrative Contractor will be adding three additional states, Colorado, New Mexico and Oklahoma before it is relieved of its duties as the Part B carrier for Maryland, Virginia and the District of Columbia.

**The AMA and MGMA strongly urge CMS to:**

- 1. Closely monitor the claims rejection rates following the March 1, 2008 deadline;**
- 2. Share information on rejection rates with us in a timely manner;**
- 3. Allow claims to be processed with the legacy number only, if the claims rejections rate immediately following the March 1, 2008 deadline exceeds a minimal amount;  
and**
- 4. Not reject claims in situations where practices have been caught up in enrollment backlogs. Demonstrate leniency in processing claims following March 1 where matching problems result in claims rejection particularly in situations where practices have been caught up in enrollment backlogs.**

We appreciate the opportunity to bring these concerns to your attention. Should you have any questions, please contact Mari Savickis at [mari.savickis@ama-assn.org](mailto:mari.savickis@ama-assn.org) or Robert Tennant at [RMT@mgma.com](mailto:RMT@mgma.com).

Sincerely,

American Medical Association  
Medical Group Management Association