

March 20, 1996

Allison Eydt
OMB Human Resources and Housing Branch
New Executive Office Building, Room 10235
Washington, D.C. 20503

Dear Ms. Eydt:

The American Society of Internal Medicine (ASIM) represents the nation's largest medical specialty. ASIM is pleased to provide the following comments on the Medicare Carrier Provider/Supplier Enrollment Application (Form HCFA-R-186). While ASIM supports the concept of the national provider identifier, we are concerned that the Medicare Carrier Provider/Supplier Enrollment Application form is too long and overly burdensome to physicians. The form, as proposed, will constitute a tremendous hassle for practicing physicians, as it will require unnecessary amounts of physician time and energy to complete.

More specifically, questions 4, 5, and 6 address licensure, board certification and medical school information. Physicians are not licensed to practice medicine in a state or jurisdiction on the basis of specialty, board certification (or, lack thereof) or where the individual attended medical school. Thus, for Medicare payment purposes, information in addition to valid and current medical licensure is not necessary and should not be requested. Furthermore, this new professional verification method is unnecessary since this physician information is currently available from other sources. The AMA Masterfile provides the physician credentialing information sought in the proposed form. It should be noted that the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recently announced the acceptance of the AMA Masterfile as a primary source of verified physician information for its credentialing process.

ASIM also is very concerned with the proposal to require physicians to have their Medicare Carrier Provider/Supplier Enrollment Application notarized. Requiring a public notary to stamp the application of every physician that participates with Medicare will create a tremendous hassle for these physicians. Such a requirement will not cut down on Medicare fraud and abuse in any way. Many physicians will find the requirement an insult as well as a hassle. Essentially, the notary requirement tells the physician, "We want this information, but we don't trust you, so get the form notarized." This proposed requirement flies in the face of the "reinventing government" program that Vice President Gore has championed. As you may know, the Vice President recently announced that physicians will no longer have to sign an attestation form in the hospital setting. Requiring a notary stamp on the application is taking an extreme step in the wrong direction. It is also very likely that the notarization requirement will greatly reduce the provider/supplier response to your mailing.

ASIM urges HCFA to (1) work with the AMA to develop a system through which physician credentialing information from its Masterfile is accessible by HCFA, when appropriate; (2) eliminate questions 4, 5, and 6, which request information that is unnecessary because it is available from other sources (i.e., the AMA Masterfile) and unnecessary for Medicare payment purposes; and (3) eliminate the proposed requirement to have a notary stamp the Medicare Carrier Provider/Supplier Enrollment Application.

Should you have any questions regarding these comments, please do not hesitate to contact Kristin Miller at (202) 466-0295.

Sincerely,

Alan Nelson, MD
Executive Vice President