



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

May 14, 2012

The Honorable Secretary Kathleen Sebelius  
Department of Health and Human Services  
Attention: CMS-0040-P  
P.O. Box 8013  
Baltimore, MD 21244-8013

Re: Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements; and a Change to the Compliance Date for ICD-10-CM and ICD-10-PCS Medical Data Code Sets, CMS-0040-P

Dear Secretary Sebelius:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 105,900 family physicians and medical students nationwide, I am writing in response to the request for comments on the proposed rule "Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements; and a Change to the Compliance Date for ICD-10-CM and ICD-10-PCS Medical Data Code Sets", as [published](#) by the Department of Health and Human Services (HHS) in the April 17, 2012 *Federal Register*. In this proposed rule, developed by the Office of E-Health Standards and Services (OESS), HHS sought input on a new proposal that would delay the compliance date for ICD-10 from October 1, 2013 to October 1, 2014. In addition, the proposed rule creates a standard for a unique health plan identifier (HPID), adopts a data element that would serve as an "other entity" identifier (OEID), adds a National Provider Identifier (NPI) requirement, and establishes standards for electronic health care transactions under the *Health Insurance Portability and Accountability Act of 1996* (HIPAA).

### ICD-10 Delay

The AAFP supports the proposal to delay the implementation of ICD-10. The delay will help enable family physicians to better prepare for the switch from ICD-9 to ICD-10, which can be a particularly large burden for small practices. The proposed additional year extension will enable the AAFP to continue to educate and adequately prepare our members for the transition.

### Unique Health Plan Identifier (HPID) & Other Entity Identifier (OEID)

The AAFP supports CMS's proposal to assign unique health plan identifiers (HPID) to health plans. We also support the assignment of OEIDs, in that the format and process of assigning these IDs appears consistent with those regarding the assignment of NPIs. The assignment of HPIDs and OEIDs will allow health plans, doctors, and other entities to be more easily identified so that billing systems can coordinate more efficiently and seamlessly.

[www.aafp.org](http://www.aafp.org)

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Page 2 of 2

**National Provider Identifier (NPI)**

The AAFP also supports the proposal to require any prescription-writing provider to obtain an NPI. The AAFP believes that the implementation of this requirement will help improve coordinating patient care, and will increase anti-fraud detection capabilities. Modernizing systems and standardizing NPI numbers among all prescription-writing providers enables health plans, physicians and providers, and law enforcement agencies to better detect fraudulent prescription writing activities. This proposal also is in line with the goal of modernizing and reforming the health system at large, which the AAFP strongly supports.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or [rbennett@aafp.org](mailto:rbennett@aafp.org).

Sincerely,



Roland A. Goertz, MD, MBA, FAAFP  
Board Chair