CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2045	**Date: March 16, 2018**
	Change Request 10411

Transmittal 2034, dated February 16, 2018, is being rescinded and replaced by Transmittal 2045, dated, March 16, 2018 to revise the effective date and field length in the file specification attachment. All other information remains the same.

SUBJECT: Identifying and Eliminating Discrepancies in Shared System Enrollment Data and Provider Enrollment Chain and Ownership System (PECOS) Data

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to clarify the need for accurate provider and supplier enrollment records, and to identify discrepancies between the enrollment data found in the shared systems and PECOS.

EFFECTIVE DATE: July 1, 2018
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 2, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2045	Date: March 16, 2018	Change Request: 10411

Transmittal 2034, dated February 16, 2018, is being rescinded and replaced by Transmittal 2045, dated, March 16, 2018 to revise the effective date and field length in the file specification attachment. All other information remains the same.

SUBJECT: Identifying and Eliminating Discrepancies in Shared System Enrollment Data and Provider Enrollment Chain and Ownership System (PECOS) Data

EFFECTIVE DATE: July 1, 2018
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 2, 2018

I.   GENERAL INFORMATION

A.   Background: The Risk Management and Financial Oversight Committee (RMFOC) indicated that there are no policies, procedures, or instructions in place for monitoring and reconciling changes in provider records and eligibility status. There is no current requirement for the reconciliation of provider records and eligibility status between the Provider Enrollment Chain and Ownership System (PECOS) and the Shared System Maintainer (SSM) Multi-Carrier System (MCS). Therefore, in order to remediate the findings, and for both the PECOS and the claims systems to contain accurate and equivalent provider eligibility data, the Centers for Medicare & Medicaid Services (CMS) is creating a process that identifies any discrepancies between the systems and allow for reconciliation of the provider eligibility data. The SSM will create a bi-annual file of all the active eligibility data to CMS.

B.   Policy: This CR does not involve any legislative or regulatory policies and is restricted to clarifications in operational procedures.

II.   BUSINESS REQUIREMENTS TABLE
"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10411.1	The SSM shall create a provider data file bi-annually in the last batch cycles for the months of September and March of active provider eligibility data. Active Providers are those that do not have term/cancel dates.						X			
10411.2	The SSM shall create the bi-annual file with the following data elements in a pipe-delimited flat file format: • Name –The Name field shall be split up into three different columns. First Name, Last Name, Organization Name (if an Org).						X			

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H	M A C	F I S S	M C S	V M S	C W F		
	• Contractor ID • Contractor Name • NPI • TIN • Active Medicare ID • Effective Date										
10411.3	The Virtual Data Center (VDC) shall transmit the comma-delimited file to the Baltimore Data Center (BDC) to allow access by the CMS Center for Program Integrity. Format Specifications • Variable Type – All requested data elements shall be stored as character type variables to ensure leading zeroes are kept, such as in the contractor ID. • Variable Length – The SSM should use their own discretion. CMS shall accommodate various file lengths. • File Format – Shared Systems maintainers should provide a pipe delimited extract file.									VDC	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Christopher McKay, 410-786-8410 or christopher.mckay@cms.hhs.gov.

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

FiFile Specifications
- Variable Type – All requested data elements shall be stored as character type variables to ensure leading zeroes are kept, such as in the contractor ID.
- Variable Length – All requested data elements shall be stored using variable lengths from Shared Systems data. In the event more specific info is requested, we provide suggested variable lengths below.
- File Format – Shared Systems maintainers should provide a pipe delimited extract file.

Data Element	Description	Example	Type	Length
FIRST_NAME	First name of individual provider	John	CHAR	25
LAST_NAME	Last name of individual provider	Smith	CHAR	35
ORG_NAME	Legal Business Name of organizational provider	Healthcare Inc.	CHAR	70
CNTRCTR_ID	Contractor ID	01112	CHAR	5
CNTRCTR_NAME	Contractor name	Noridian	CHAR	100
NPI	National Provider Identifier	1316054737	CHAR	10
TIN	Tax Identification Number, typically a Social Security Number (SSN) for individuals and an Employer Identification Number (EIN) for organizations. TINs should be submitted in full without dashes.	123004567	CHAR	9
MDCR_ID	Active Provider Transaction Access Number used to bill Medicare. PTAN length and structure will differ by provider type (e.g, CCN, Part B PTAN, NSC Number).	058614	CHAR	15
EFCTV_DT	The effective date for the CCN-NPI Combination	Cc/yy/mmdd	CHAR	8