

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 208	Date: JUNE 1, 2007
	Change Request 5393

SUBJECT: Expand PSC Data Transfer Files to Include a National Provider Identifier (NPI) for Each Legacy Provider Identifier

I. SUMMARY OF CHANGES: The Medicare Program Integrity Manual, chapter 4, section 28, requires that PSCs and affiliated contractors (ACs) establish joint operating agreements that include among other provisions procedures for requests for information.

The CMS will require all Medicare providers to have a NPI by May 23, 2007. For Medicare billing purposes, that number will replace all current identifiers at that time. The same number will be used by any provider that bills any third party for reimbursement of health care.

The CMS requires that the ACs, i.e., carriers, fiscal intermediaries, and durable medical equipment carriers, include an NPI for each legacy identifier in all applicable datasets they exchange with PSCs.

NEW/REVISED MATERIAL

EFFECTIVE DATE: The effective date for VMS and FISS contractors is July 1, 2007, and the effective date for MCS contractors is January 1, 2008.

IMPLEMENTATION DATE: The implementation date for VMS and FISS contractors is July 2, 2007, and the implementation date for MCS shared systems and contractors is January 7, 2008. MCS will do analysis and design for the October 2007 release and code, test and implement with the January 7, 2008 release.

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

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

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I. GENERAL INFORMATION

A. Background: The Medicare Program Integrity Manual (PIM), chapter 4, section 28, requires that PSCs and affiliated contractors (ACs), i.e., carriers, fiscal intermediaries, durable medical equipment carriers, A/B Medicare administrative contractors, and durable medical equipment Medicare administrative contractors, establish joint operating agreements that include among other provisions procedures for requests for information.

The CMS will require all Medicare providers to have a NPI by May 23, 2007. For Medicare billing purposes, the NPI will replace all current identifiers at that time. The same number will be used by any provider that bills any third party for reimbursement of health care.

The CMS requires that the ACs include an NPI for each legacy identifier in all applicable datasets they exchange with PSCs.

B. Policy: The PIM, chapter 4, sections 28 - Joint Operating Agreement, states:

“A Joint Operating Agreement (JOA) is a document developed by the PSC and the AC that delineates the roles and responsibilities for each entity specific to a Task Order.

- As it applies to the PSC’s task order, the JOA shall, at a minimum:
 - ...Include requests for information.”

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D M R C	R H I	Shared-System Maintainers				OTHER
		M A C	M A C					F I S S	M C S	V M S	C W F	
5393.1	The shared system maintainers shall modify their systems to include NPIs for each legacy identifier in all								X			

Number	Requirement	Responsibility (place an "X" in each applicable column)												
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	D A M R R C	R E H I	Shared-System Maintainers				OTHER		
	current extracts ACs send to PSCs.													
5393.1.1	The modifications required in 5393.1 do not include files for the Program Integrity Management Reporting (PIMR) system, the Comprehensive Error Report Testing (CERT) system, or other systems with CMS prescribed formats.										X			
5393.1.2	These files required in 5393.1 are just the files that contractors develop for their PSCs based on the shared systems claims paid file. If the NPI is already included as a part of the paid claims record, the contractor shall modify their output files to include NPIs.	X	X	X	X	X	X							
5393.1.3	Extracts shall at a minimum include extracts from claims processing files, beneficiary eligibility files, and provider enrollment files included in the shared system.	X	X	X	X	X	X							
5393.1.3.1	Contractors and PSCs shall specify the content of each file in their Joint Operating Agreements	X	X	X	X	X	X							PSCs
5393.2	Contractor data centers shall implement, operate, and maintain the shared system changes specified in requirement 5393.1 and provided by shared system maintainers.	X	X	X	X	X	X							
5393.3	Contractors shall insure that their data centers have correctly implemented and are providing PSC files in the format the shared system maintainers develop to meet requirement 5393.1.	X	X	X	X	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)
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		A / B M A C	D M E M A C	F I I E R	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
	None.											

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
	None

B. For all other recommendations and supporting information, use the space below:

V. CONTACTS

Pre-Implementation Contact(s): John Stewart (410) 786-1189 john.stewart@cms.hhs.gov.

Post-Implementation Contact(s): John Stewart (410) 786-1189 john.stewart@cms.hhs.gov.

VI. FUNDING

A. For TITLE XVIII Contractors

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC)

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.