

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 624</b>	<b>Date: January 22, 2010</b>
	<b>Change Request 6488</b>

**Transmittal 591, dated November 6, 2009, is being rescinded and replaced with Transmittal 624. The only change in this change request is the addition of one-time extract to ensure all systems have identical NPIs and PTANs for DMEPOS suppliers. All other information remains the same.**

**SUBJECT: Incorporation of the National Provider Identifier (NPI) into the National Supplier Clearinghouse (NSC) Enrollment System and Related Instructions**

**SUMMARY OF CHANGES:** The purpose of this change request is to instruct the ViPS Medicare System (VMS) to accept the NPI in the PECOS required daily (business days) file transmission to VMS, house the NPI in VMS and use the NPI in the DMEPOS claims processing system upon implementation of PECOS Rel. 7.1. In addition, this change request instructs PECOS to develop and perform a one-time extract to submit NPI data, including sufficient identifying information to link the NPI data to the DMEPOS supplier, for NPICS through VMS by the implementation date. This change request instructs the NPICs to accept the NPI in the VMS required daily (business days) file transmission to the NPI crosswalk, at which time NPICs will overlay any differing DMEPOS-related information with the golden information from the VMS transmission (originating from PECOS). NPICs will also discontinue automated and systematic matching of DMEPOS-related information, but will continue with manual matching related to change of ownership information only, with notification of any NPICs manual matching required.

**NEW/REVISED MATERIAL**

**EFFECTIVE DATE: April 1, 2010 (analysis/design) and July 1, 2010 (coding)**

**IMPLEMENTATION DATE: April 5, 2010 (analysis/design) and July 6, 2010 (coding)**

*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**

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**SECTION A: For Fiscal Intermediaries and Carriers: N/A**

**SECTION B: 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**

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

# Attachment – One Time Notification

Pub. 100-20	Transmittal: 624	Date: January 22, 2010	Change Request: 6488
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**Transmittal 591, dated November 6, 2009, is being rescinded and replaced with Transmittal 624. The only change in this change request is the addition of one-time extract to ensure all systems have identical NPIs and PTANs for DMEPOS suppliers. All other information remains the same.**

**SUBJECT: Incorporation of the National Provider Identifier (NPI) into the Provider Enrollment Chain and Ownership System (PECOS) and Related Instructions**

**EFFECTIVE DATE: April 1, 2010 (analysis/design) and July 1, 2010 (coding)**

**IMPLEMENTATION DATE: April 5, 2010 (analysis/design) and July 6, 2010 (coding)**

## I. GENERAL INFORMATION

**A. Background:** The NPI is a requirement of the Administrative Simplification (subtitle F) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The NPI is a unique identification number for covered health care providers/suppliers. Covered health care providers/suppliers and all health plans and health care clearinghouses will use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-digit intelligence-free numeric identifier. As outlined in the Federal Regulation, HIPAA covered providers/suppliers must also share their NPI with other providers/suppliers, health plans, clearinghouses, and any entity that may need it for billing purposes.

In 2002, CMS established a national repository for Medicare enrollment data. This national repository is called the PECOS. In calendar year 2010, CMS expects to expand PECOS to allow durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) suppliers to use PECOS to enroll or make a change in their Medicare enrollment information. In order to prepare for the PECOS transition, the NSC-MAC must include the NPI in the DMEPOS supplier record transmission to be included on the date of implementation of PECOS Rel. 7.1.

The PECOS maintainer and VMS maintainer will work with CMS to schedule dates for required design and testing. This CR is to cover any Analysis/Design and Coding/Testing needed to implement these changes within the July, 2010 release respectively by the VMS maintainer. This change request (CR) concerns required daily (business days) file transmission to VMS from PECOS upon implementation of PECOS Rel. 7.1. Therefore, it is imperative that this CR is implemented concurrently or as closely as possible with CR 6353, which was issued in final status on May 8, 2009.

**B. Policy:** The purpose of this CR is to instruct the ViPS Medicare System (VMS) to accept the NPI in the PECOS required daily (business days) file transmission to VMS, house the NPI in VMS and use the NPI in the DMEPOS claims processing system upon implementation of this CR. This CR instructs the National Provider Identifier Contractor (NPICs) to accept the NPI in the VMS's required daily (business days) file transmission to the NPI crosswalk, at which time NPICs will overlay any differing DMEPOS-related information with the "golden" information from the VMS transmission (originating from PECOS). NPICs will also discontinue automated and systematic matching of DMEPOS-related information, but will continue with manual matching requested by contractors, as is the current process.

## II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6488.1	PECOS shall transmit the NPI via the required daily (business days) file transmission to VMS upon implementation of PECOS Rel. 7.1.								X		PECO S
6488.2	VMS shall write logic to store the NPI on ViPS to be available on APPL 8 upon implementation of PECOS Rel. 7.1.								X		
6488.3	PECOS shall develop and perform a one-time extract to submit NPI data, including sufficient identifying information to link the NPI data to the DMEPOS Supplier NSC, for NPICS through VMS prior to the implementation date.										PECO S
6488.4	The VMS contractor shall send the one-time extract in the daily NPICS format, including sufficient identifying information to link the NPI data to the DMEPOS Supplier NSC, to NPICS prior to the implementation date.								X		
6488.5	NPICS shall accept, prior to the implementation date of this CR, the one-time extract from VMS containing the NPI data, including sufficient identifying information to link the NPI data to the DMEPOS Supplier.										NPICs
6488.6	VMS shall transmit the daily transmission file (originating from PECOS) to the NPI crosswalk using current procedures.								X		NPICs
6488.7	The NPI crosswalk shall stop all DMEPOS-related systematic and automated changes to the NPI crosswalk upon implementation of PECOS Rel. 7.1.										NPICs
6488.8	The NPI crosswalk shall update the VMS transmission file (originating from PECOS) with any necessary manual changes using current procedures.										NPICs
6488.9	Existing NPI/NSC matches in the NPI crosswalk that differ from the NPI/NSC matching in the VMS transmission file (originating from PECOS) shall be overlaid and considered "golden" in the NPICs NPI crosswalk with the information from the VMS transmission file.										NPICs
6488.10	The NPI crosswalk will retain any matches for DMEPOS-related information not overlaid with updated PECOS information from the VMS transmission file until such a time that all NPI/NSC matches are deemed "golden" via future updates from										NPICs

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	the VMS daily file transmission.										
6488.11	After NPICs makes manual updates to the NPI crosswalk, NPICs shall transmit the daily file back to VMS, using current procedures.									X	NPICs
6488.12	VMS shall continue to accept these manual matches from NPICs and update its file based on any manual updates made by the NPICs to the NPI crosswalk with the format to remain consistent with the current process. Golden matches from PECOS can be updated with these manual matches with CMS approval.									X	NPICs
6488.13	CEDI will retrieve the NPIC file that includes the NPIC manual matches and golden matches received from PECOS from the EDC.										CEDI
6488.14	ViPS shall update the VMS reference manual with the description of the NPI data field.									X	
6488.15	PECOS shall note that this change request does not require collecting, housing and/or transmitting the NPIs of entities or individuals collected in section 5 (Ownership Interest and/or Managing Control Information (Organizations)) or section 6 (Ownership Interest and/or Managing Control Information (Individuals)) of the CMS 855S Medicare enrollment form.										PECO S
6488.16	The NSC-MAC and DME MACs shall note that no changes are required to the Voice Response Unit (VRU) system.		X								NSC- MAC

### III. PROVIDER EDUCATION TABLE

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

### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: For all other recommendations and supporting information, use this space: N/A**

## V. CONTACTS

**Pre-Implementation Contact:** Kimberly McPhillips, [kimberly.mcphillips@cms.hhs.gov](mailto:kimberly.mcphillips@cms.hhs.gov), (410) 786-5374.

**Post-Implementation Contact:** Kimberly McPhillips, [kimberly.mcphillips@cms.hhs.gov](mailto:kimberly.mcphillips@cms.hhs.gov), (410) 786-5374.

## VI. FUNDING

**Section A: For *Fiscal Intermediaries (FIs)*, *Carriers and Regional Home Health Intermediaries (RHHIs)*:**  
N/A

**Section B: 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.