CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1836	**Date: April 28,2017**
	Change Request 9999

SUBJECT: Analysis Only-Provider Number Validation Update for the Shared Systems Maintainer (SSM)

I. SUMMARY OF CHANGES: Currently, the shared systems do not read all thirteen digits in the provider number. The Centers for Medicare and Medicaid Services (CMS) is requesting analysis from the SSMs to implement this change. The analysis is being requested from the Common Working File (CWF) maintainer and also from the Fiscal Intermediary Shared System (FISS) maintainer only.

EFFECTIVE DATE: October 1, 2017
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 2, 2017

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

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SUBJECT: Analysis Only-Provider Number Validation Update for the Shared Systems Maintainer (SSM)

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I. GENERAL INFORMATION

A. Background: Currently, CWF only reads the first six digits of the provider number for validation. This Change Request (CR) will modify the shared systems to read up to thirteen digits. Some updates have been made in CWF in the past to expand the legacy provider number to be thirteen bytes. For example, CWF expanded all provider inquiry screens from six to thirteen bytes. CWF performed analysis with CWF CR 22689 in January 2004 to expand all files to carry thirteen digit provider numbers and CWF CR 23120 was created to implement the changes but was closed by the Centers for Medicare and Medicaid Services (CMS) due to the implementation of the National Provider Identifier (NPI). However, CMS made a decision with the analysis that CWF would continue to use the legacy provider number for processing in CWF even though the NPI would be carried. This analysis shall identify all system impacts/updates needed to carry and process up to thirteen digit provider numbers.

B. Policy: CMS is requesting analysis to read up to thirteen bytes of the provider number, and an implementation CR will be on the next available release.

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	
9999.1	Contractors shall do analysis in order to make changes to the system including reason codes/edits in order to read up to thirteen bytes in the provider number.					X			X	
9999.2	Medicare contractors shall actively participate in up to 5 weekly conference calls set up by CMS, lasting no more than 60 minutes each.	X				X			X	
9999.3	Medicare contractors shall identify issues (including additional assumptions and unknowns).	X				X			X	
9999.4	Medicare contractors shall perform analysis and design activities, and estimate the level of effort to					X			X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	implement changes that would be necessary.									
9999.5	Medicare contractors shall make implementation recommendations to CMS concerning issues raised during discussions with CMS.	X				X			X	
9999.6	Medicare contractors shall take minutes from their own system perspective and upload the minutes into the POC forum in ECHIMP within 3 days of the conference call.					X			X	
9999.7	Medicare contractors shall review and be prepared to discuss the agenda on the weekly calls to assist CMS in developing the business requirements for the implementation CR.	X				X			X	
9999.8	Medicare contractors shall respond in the comment section with an email address to where we can send appointments for the analysis meetings.	X				X			X	HIGLAS, STC, VDCs

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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: N/A

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

V. CONTACTS

Pre-Implementation Contact(s): Valeri Ritter, 410-786-8652 or valeri.ritter@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0