

<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 1948</b>	<b>Date: October 27, 2017</b>
	<b>Change Request 10278</b>

**SUBJECT: Archiving National Provider Identifier Crosswalk System (NPICS) System Logic in the Muti-Carrier System (MCS)**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to direct MCS to archive code associated with NPICS.

**EFFECTIVE DATE: April 1, 2018**

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

**IMPLEMENTATION DATE: April 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 1948	Date: October 27, 2017	Change Request: 10278
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**I. GENERAL INFORMATION**

**A. Background:** The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required the issuance of a unique National Provider Identifier (NPI) to each physician, supplier, and other provider of health care. The implementing regulation for that requirement appears in 45 Code of Federal Regulation Part 162, Subpart D (162.402-162.414). The Centers for Medicare & Medicaid Services implemented the HIPAA mandate that the NPI be used in lieu of legacy provider identifiers in standard transactions on all Medicare fee-for-service claims on May 23, 2008.

The CMS implemented NPICS as a temporary solution to ensure continuity in claims processing operations after the implementation of the NPI. Now that the Provider Enrollment Chain and Ownership System (PECOS) and CMS are conducting periodic revalidation efforts, CMS will use the PECOS as the single system to establish and make changes to a provider's or supplier's Medicare enrollment data.

The MCS is sending a nightly data file or extract to the NPICS contractor. With the decommissioning of NPICS, the contractor shall continue to provide a means for the Railroad Retirement Board (RRB) and A/B Medicare Administrative Contractors (MACs) to continue to extract provider data to populate existing NPICS Provider Data Extract flat file(s). Any code associated with the receipt of data from the NPICS contractor shall be archived.

PECOS will serve as the only mechanism for establishing or updating an NPI-Provider Transaction Account Number (PTAN) match for all Medicare providers and suppliers. PECOS will export NPI-PTAN match information, including additions and updates, to the MCS on a nightly basis.

**B. Policy:** HIPAA and 45 CFR Part 162, Subpart D (162.402-162.414)

**II. BUSINESS REQUIREMENTS TABLE**

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

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
10278.1	The contractor shall archive the following MCS jobs and associated elements:							X			

Number	Requirement	Responsibility								Other
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				
		A	B			F I S S	M C S	V M S	C W F	
	<ul style="list-style-type: none"> <li>DV0A - Daily update of MCS NPI/PIN Xwalk from NPICS update files</li> <li>DV0B - Daily update MCS NPI/Other Xwalk from NPICS update files</li> <li>RV4A - On-request update of MCS NPI/PIN Xwalk from NPICS update files</li> <li>RV4B - On-request update MCS NPI/Other Xwalk from NPICS update files</li> <li>RV4C - On-request load of MCS NPI/PIN Xwalk from NPICS updates</li> <li>RV41 - On-request MCS NPI/PIN and NPI/Other VSAM LOAD</li> <li>WV4A - Weekly update of MCS NPI/PIN Xwalk from NPICS update files</li> <li>WV4B - Weekly update MCS NPI/Other Xwalk from NPICS update files</li> <li>WV4C - Weekly load of MCS NPI/PIN Xwalk from NPICS updates</li> <li>WV41 - Daily MCS NPI/PIN and NPI/Other VSAM Load</li> <li>KV0A - Grab and Load NPI/PIN Xwalk from NPICS</li> <li>KV0B - Grab and load NPI/Other Xwalk from NPICS</li> <li>WI72 - Creates Claim/NPI extract file and H99RANPI report</li> </ul>									
10278.2	<p>The contractor shall archive the following reports:</p> <ul style="list-style-type: none"> <li>H99RV0AS (NPI Crosswalk Update Summary Report)</li> <li>H99RV0BS (NPI Crosswalk Update Summary Report)</li> </ul>						X			

Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
	<ul style="list-style-type: none"> <li>H99RANPI (NPI Statistics Report – Electronic media claims (EMC), Scanned, Keyshop, Faxed Claims)</li> </ul>								
10278.3	<p>The contractor shall archive the NPI/Other Provider Legacy Number Lookup (XU Screen) and associated MCS file.</p> <ul style="list-style-type: none"> <li>Eliminate the XU Screen reference from the Low Level Menu</li> </ul>						X		
10278.4	The contractor shall eliminate the “NPI/Other” option from the Contact (Beneficiary/Provider) Look-up Window.						X		
10278.5	<p>The contractor shall discontinue cross-walking and mapping legacy identifiers (unique physician identification numbers (UPINs)/Online Survey, Certification and Reporting (OSCARs)) for secondary providers on the MCS claim record. The impacted providers on the MCS claim record are:</p> <ul style="list-style-type: none"> <li>Care Plan Oversight (CPO) Providers</li> <li>Supervising Provider</li> <li>Referring/Ordering Provider</li> <li>Facility Provider</li> </ul>						X		
10278.6	<p>The contractor shall remove logic for reprocessed and adjustment claims that maps the NPI from the NPI/Other file to the claim when the claim receipt date is less than the NPI Effective Date.</p> <ul style="list-style-type: none"> <li>Remove logic to map the Supervising Physician NPI when the Supervising Physician NPI is equal to spaces and the Supervising Physician UPIN is present.</li> <li>Remove logic to map the Referring NPI when the Referring NPI is equal to spaces and the Referring UPIN is present.</li> </ul>						X		
10278.7	The contractor shall continue to provide a means for the RRB and A/B MACs to continue to extract provider data to populate existing NPICS Provider						X		IDR, RRB, VDC

Number	Requirement	Responsibility								
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other
		A	B			F I S S	M C S	V M S	C W F	
	Data Extract flat file(s). These files should be created and continuously sent on a daily basis, from the Virtual Data Centers (VDCs) to the CMS Baltimore data center (BDC).  Note: This continuance is needed to avoid impact to the IDR which is an existing downstream system.									
10278.8	The contractor shall retain the following MCS jobs and associated elements:  RV63 DV70 DV71 DV72						X		IDR	
10278.9	The effective date for this CR shall be the process date not the date of service.						X			

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC		H H H	D M E M A C	C E D I
		A	B			
	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):** Loretta O'Mara, 410-786-0994 or Loretta.Omara@cms.hhs.gov , Barbara Pecoraro, 410-786-6188 or Barbara.Pecoraro@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**