CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1976	Date: November 9, 2017
	Change Request 10098

Transmittal 1877, dated July 27, 2017, is being rescinded and replaced by Transmittal 1976, dated, November 9, 2017 to add business requirements 10098.3 and 10098.3.1. All other information remains the same.

SUBJECT: Common Working File (CWF) to Modify CWF Provider Queries to Only Accept National Provider Identifier (NPI) as valid Provider Number

**I. SUMMARY OF CHANGES:** The purpose of this change request is to modify CWF Provider Queries, ELGA, ELGH, HIQA, HIQH, and HUQA, to only accept NPI as valid Provider Number.

## **EFFECTIVE DATE: January 1, 2018**

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

**IMPLEMENTATION DATE: January 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: 1976	Date: November 9, 2017	Change Request: 10098
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SUBJECT: Common Working File (CWF) to Modify CWF Provider Queries to Only Accept National Provider Identifier (NPI) as valid Provider Number

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#### I. GENERAL INFORMATION

**A. Background:** Providers, Clearinghouses, and/or Third Party Vendors, herein referred to as "Trading Partners," verify an individual's Medicare eligibility and entitlement status prior to and/or during the services before billing Medicare for services rendered to Medicare beneficiaries using HIPAA Eligibility Transaction System (HETS) and/or CWF.

Within CWF, Trading Partners use CWF Provider Queries, ELGA, ELGH, HIQA, HIQH, and HUQA. Currently, Trading Partners are allowed to use either legacy Provider Numbers (CMS Certification Number (CCN) or Unique Physician Identification Number (UPIN)) or NPI on CWF Provider Queries.

The Centers for Medicare & Medicaid Services is requesting CWF to modify CWF Provider Queries to only accept NPI as valid Provider Number.

**B.** Policy: There has been no change in policy.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility																					
			A/B		D		Sha	red-		Other													
		MAC 1		MAC		MAC			MAC			MAC M			MAC M			MAC M Sy		Sys	tem		
					E			M	aint	aine	ers												
		A	В	Н		F	M	V	C														
				Н	M	I		M	W														
				Н	A	S	S	S	F														
					C	S																	
10098.1	The contractor shall reject CWF Provider Queries	X		X					X														
	ELGA, ELGH, HIQA, HIQH, and HUQA with																						
	Provider Number other than NPI with CWF error code																						
	A009 - INVALID NPI INDICATOR/PROVIDER#.																						
10098.1.1	The contractor shall remove NPI INDICATOR on	X		X					X														
	CWF Provider Queries ELGA, ELGH, HIQA, HIQH,																						
	and HUQA.																						

Number	Requirement Responsibility																							
		A/B MAC			A/B D MAC M E			A/B D MAC M E				A/B D MAC M E				MAC M E					Sys aint	red- tem		Other
		A	В	H H H	M A C	F I S S	M C S		C W F															
10098.2	The contractor shall modify the Beneficiary Inquiry from the DDE (Direct Data Entry) function to send the NPI and not the provider number in the current provider number field on the CWF HUQA query.					X																		
10098.2.1	The contractor shall modify the ARU/IVR (Interactive Voice Recognition) function to send the NPI and not the provider number in the current provider number field on the CWF HUQA query.					X																		
10098.2.2	The contractor shall remove the provider number field on the DDE Screens related to the CWF field, *-PROVNO.					X																		
10098.3	Currently, CWF uses security file, ELGSSECU, to validate the Provider Number or NPI on CWF Provider Queries, ELGA and ELGH. Based on this change request, ELGSSECU file may not contain NPIs for all active Medicare Part A providers to continue and provide access to CWF Provider Queries, ELGA and ELGH.								X															
	The contractor shall provide a one-time utility along with instructions for the VDCs to populate the ELGSSECU file at each of the MAC Part A regions with NPIs of all active Medicare Part A providers.																							
	NOTE: Fiscal Intermediary Shared System (FISS) has an internal provider-NPI crosswalk file containing NPIs of all active Medicare Part A providers.																							
10098.3.1	The contractor shall execute the one-time utility, provided by CWF, at each of the MAC Part A regions to populate the ELGSSECU file with NPIs of all active Medicare Part A providers.									VDCs														
	NOTE: VDCs shall make the FISS internal provider-NPI crosswalk file available as input at each of the MAC Part A regions for the one-time utility to execute during user acceptance testing and production installation.																							

#### III. PROVIDER EDUCATION TABLE

Number	r Requirement		Responsibility					
		MAC M		D M E	E D			
		A	В	H H H	M A C	I		
10098.4	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X				

## IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

<sup>&</sup>quot;Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
Number	

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

#### V. CONTACTS

**Pre-Implementation Contact(s):** Vinay Vuyyuru, 410-786-9111 or Vinay. Vuyyuru@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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and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0