

<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 1988</b>	<b>Date: December 19, 2017</b>
	<b>Change Request 10007</b>

**Transmittal 1866, dated July 14, 2017, is being rescinded and replaced by Transmittal 1988, dated, December 19, 2017, to change the effective and implementation dates splitting the CR between the January and July 2018 releases. This correction also includes revisions to requirements 10007.1, 10007.2 and 10007.6, deletes requirements 10007.2.1 through 10007.2.3., and adds requirement 10007.1.1 All other information remains the same.**

**SUBJECT: National Provider Identification Crosswalk System (NPICS) Retirement Analysis Only - Engage Shared Systems Maintainers (SSMs) and Medicare Administrative Contractors (MACs) in Meetings and Correspondence Related to the NPICS Retirement with the Integrated Data Repository (IDR) Team**

**I. SUMMARY OF CHANGES:** National Provider Identification Crosswalk System (NPICS) is a primary source of provider data for the Integrated Data Repository (IDR). The IDR team would like to engage the Shared Systems Maintainers (SSMs), the Medicare Administrative Contractors (MACs), and Virtual Data Centers (VDCs) in meetings and conversations in order to fully understand how the SSMs/MACs/VDCs delivers or delivered data to NPICS. The IDR team is also interested in learning more about the SSMs Provider Master Files and how the IDR might source data directly from these files when NPICS is retired.

**EFFECTIVE DATE: January 1, 2018 - Analysis Hours Requested for the January 2018 Release; July 1, 2018 - Analysis Hours Requested for the July 2018 Release**

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

**IMPLEMENTATION DATE: January 2, 2018 - Analysis Hours Requested for the January 2018 Release; July 2, 2018 - Analysis Hours Requested for the July 2018 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=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

<b>Pub. 100-20</b>	<b>Transmittal: 1988</b>	<b>Date: December 19, 2017</b>	<b>Change Request: 10007</b>
--------------------	--------------------------	--------------------------------	------------------------------

**Transmittal 1866, dated July 14, 2017, is being rescinded and replaced by Transmittal 1988, dated, December 19, 2017, to change the effective and implementation dates splitting the CR between the January and July 2018 releases. This correction also includes revisions to requirements 10007.1, 10007.2 and 10007.6, deletes requirements 10007.2.1 through 10007.2.3., and adds requirement 10007.1.1 All other information remains the same.**

**SUBJECT: National Provider Identification Crosswalk System (NPICS) Retirement Analysis Only - Engage Shared Systems Maintainers (SSMs) and Medicare Administrative Contractors (MACs) in Meetings and Correspondence Related to the NPICS Retirement with the Integrated Data Repository (IDR) Team**

**EFFECTIVE DATE: January 1, 2018 - Analysis Hours Requested for the January 2018 Release; July 1, 2018 - Analysis Hours Requested for the July 2018 Release**

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

**IMPLEMENTATION DATE: January 2, 2018 - Analysis Hours Requested for the January 2018 Release; July 2, 2018 - Analysis Hours Requested for the July 2018 Release**

## I. GENERAL INFORMATION

**A. Background:** National Provider Identification Crosswalk System (NPICS) is a primary source of provider data for the Integrated Data Repository (IDR). The IDR team would like to engage the Shared Systems Maintainers (SSMs), the Medicare Administrative Contractors (MACs), and Virtual Data Centers (VDCs) in meetings and conversations in order to fully understand how the SSMs/MACs/VDCs delivers or delivered data to NPICS. The IDR team is also interested in learning more about the SSMs Provider Master Files and how the IDR might source data directly from these files when NPICS is retired.

**B. Policy:** N/A

## 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		F M V C	M C S	M S S	C W F		
10007.1	The Shared Systems, MACs, VDCs and STCs shall be available to participate in up to 10 hours of conference calls regarding any NPICS data exchanges and the Provider Master File data with various CMS and IDR Stakeholders.	X	X	X	X	X	X	X	X		STC, VDCs
10007.1.1	The Shared Systems, MACs, VDCs and STCs shall allocate 5 hours for the January release, 5 hours for the July release, and each meeting shall be 1 hour in length. These meetings should be split between the	X	X	X	X	X	X	X	X		STC, VDCs

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	C W F		
	January and July releases.										
10007.2	Each meeting or conversation shall include each shared system maintainer, MAC and the STC as needed.	X	X	X	X	X	X	X			STC, VDCs
10007.2.1	This requirement has been deleted.	X		X		X					VDCs
10007.2.2	This requirement has been deleted.		X				X				VDCs
10007.2.3	This requirement has been deleted.				X			X			VDCs
10007.3	CMS and the IDR team shall distribute agenda items at least 2 days prior to a meeting or conversation to allow participants time to research/prepare for the meeting.										CMS, IDR
10007.4	CMS and the IDR team requesting the meeting or conversation with the SSMs, MACs and VDCs shall be responsible for taking meeting minutes and posting them in eChimp.										CMS, IDR
10007.5	SSM, MACs, VDCs and STCs shall send contact name(s) for attendance of the analysis calls to Leah Bertazon at leah.bertazon@cms.hhs.gov and Shannon Gillis at Shannon.Gillis@cms.hhs.gov within 5 business days of issuance of this CR.	X	X	X	X	X	X	X			STC, VDCs
10007.6	Sample test data of the Provider Master File, with any associated cross-reference files, shall be sent to the IDR within 30 days of the request, from each shared system maintainer. This task shall be completed in the January release.					X	X	X			

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	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):** Deana Gutierrez, 410-786-6916 or deana.gutierrez1@cms.hhs.gov , Leah Bertazon, 410-786-3711 or Leah.Bertazon@cms.hhs.gov , Shannon Gillis, 410-786-3298 or Shannon.Gillis@cms.hhs.gov

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

### VI. FUNDING

**Section A: 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.

**ATTACHMENTS: 0**