



Center for Program Integrity (CPI)
Provider Enrollment Operations Group (PEOG)

File Specifications
For Practitioner/Non Practitioner Enrollment and opt-out
status from Provider Enrollment, Chain and Ownership
System (PECOS)

File Specifications document
Version 1.0

Draft

January 2015

Prepared by:

Centers for Medicare & Medicaid Services (CMS)
CPI - PEOG
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Approval Signatures

Name/Division	Name	Signature	Date
PEOG			
MDBG			
MPPG			

REVISION HISTORY

Version	Date	Reason for Change
1.0	07/25/2014	Initial Draft
	05/04/2015	Updated Technical FAQs
	06/23/2015	Updated Enrollment File Specifications

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Introduction

This document describes the file specifications of the Provider File that will enable the Medicare Plan Payment Group (MPPG) within the Center for Medicare and Part D sponsors to verify the enrollment status of a physician or eligible professional in the Medicare program.

As part of the CY 2015 Medicare Advantage/Prescription Drug Program rule CMS-4159-F, CMS has proposed a provision that would require physicians and eligible professionals to be enrolled in an approved or opt out status with Medicare for their prescriptions to be covered under Part D. The final regulation stated that the effective date for this requirement would be June 1, 2015. However, CMS has announced that it will delay enforcement until December 1, 2015 of the requirements in 42 CFR § 423.120(c)(6). Per this rule, Part D sponsors and CMS' Part D payment contractor would be required to verify that a physician or eligible professional is either enrolled in the Medicare program or has a valid opt-out affidavit on file with an A/B MAC. Part D sponsors would perform this action at the point-of-sale and would deny coverage for prescriptions for which the sponsors could not determine the status of the physician or eligible professional. MPPG would do so upon receipt of a prescription drug event (PDE) record from the sponsor that must be submitted to CMS which summarizes the claim.

This document also provides answers to frequently asked questions (FAQs) that address more technical aspects of operations.

1.1 Purpose

The purpose of this document is to clearly specify the specifications of the eligible professionals file that will be created and posted on the Data.cms.gov and on CMS mainframe. This document includes general guidance of what data this file will contain, how this can be utilized to fulfil the requirements of CMS-4159-F and technical FAQs.

1.2 Scope

This document focuses on the details of the file specifications and time frame of testing and availability of the file.

Enrollment File Specifications

- One file will be created which will contain all physicians and eligible professionals who are currently enrolled as of the date of the file, or were previously enrolled as of December 01, 2015.
- Specific to this document, physicians and eligible professionals are defined as:
 - individuals enrolled, and actively able to bill Medicare; or
 - individuals actively registered to order and refer items or services; or
 - individuals who have a current opt-out record, and are able to order and refer service
- The File will have following data elements:
 - NPI
 - FIRST NAME
 - LAST NAME
 - Effective date
 - End Date
 - Opt out flag
- The File will contain a record for each provider. In the event a provider has 2 or more non-contiguous periods for which they were active, then an additional record will be created for each period.
- Effective date for Part D prescribing, will be set as December 01, 2015 for all records that are Active on the June 01, 2015.
- Of all individuals regardless of current status, the File will not have the periods before December 0, 2015.
- The File may have multiple periods for an individual and will be sequenced in ascending order, the oldest effective dates first.
- The file on the CMS mainframe will have the header record that has the date when the file is created.
- The file on the CMS mainframe will have the trailer record that have the number of records in the file.
- The file on the CMS mainframe will be pipe delimited.
- The file will be generated every two weeks on the first and third Wednesday of each month and is made available on data.cms.gov on the first and third Friday of each month.

1.3 Data Dictionary of the file:

NPI	Number(10)	The National Provider Identifier issued by NPPES and uniquely defines an Individual Provider, and is a 10 digit number
FIRST NAME	VARCHAR(25)	The First Name on file in PECOS and validated with SSA at the time an application was submitted
LAST NAME	VARCHAR(35)	The Last Name on file in

		PECOS and validated with SSA at the time an application was submitted.
Period Start Date	Date(MM/DD/YYYY)	Start Date of a period during which the Provider is or was Active.
Period End Date	Date(MM/DD/YYYY)	End Date of a period during which the Provider is or was Active. If the provider is Active at the time the file is generated the last period will have an End Date = NULL
Opt-Out	VARCHAR(1)	Indicator that this provider is Registered as an Opt Out, however is able to Order and Refer Services(Y/N)

1.4 File Availability

- The file will be made available on the CMS mainframe and on data.cms.gov.
- Part D contractors can get the file from the CMS mainframe by opening a service ticket with CMS help desk.
- Part D sponsors can check and get the data of the file from data.cms.gov

1.5 Testing period

November 01, 2014 to November 30, 2015

The test file will have Provider Effective date as 11/01/2014 for the providers that are active on 08/01/2014.

1.6 Production Date

December 01, 2015

1.7 File layout example:

Below is the example of the file considering it is created on 08/01/2015 with following information of the provider as of 08/01/2015:

Provider 1337634634 is currently Medicare enrolled and not opted out.

Provider 1337634635 is opted out from Medicare from 06/01/2015 to 10/31/2016.

Provider 1337634636 is currently opted out from 08/01/2015 to 07/30/2017 , but the same provider was Medicare enrolled from 06/01/2015 to 07/30/2015.

Provider 1337634634 is currently Medicare enrolled and not opted out.

```

MedicareIndividualProviderList08012015
NPI|FIRST_NAME|LAST_NAME|EFFECTIVE_DATE|END_DATE|OPT_OUT_FLAG
1337634634|JON|DOE|06/01/2015||N
1337634635|JON1|DOE1|06/01/2015|10/31/2016|Y
1337634636|JON2|DOE2|08/01/2015|07/30/2017|Y
1337634636|JON2|DOE2|06/01/2015|07/30/2015|N
1337634637|JON3|DOE3|06/01/2015||N
EOF00000000000005

```

1.8 Guide to Filter and downloading the data at Data.cms.gov

User can click at the following link to get the same data from the Data.CMS.gov
https://data.cms.gov/d/u8u9-2upx?category=dataset&view_name=Medicare-Individual-Provider-List

It will show the following screen for the Provider enrollment data.

	NPI	FIRST_NAME	LAST_NAME	EFFECTIVE_DATE	END_DATE	OPT_OUT_FLAG
1	1337634634	JON	DOE	05/01/2007		N
2	1337634634	JON1	DOE1	05/01/2005	10/31/2006	N
3	1337634635	JON1	DOE1	05/01/2012	10/31/2012	N
4	1337634635	JON1	DOE1	05/01/2011	10/31/2012	Y
5	1337634636	JON2	DOE2	05/01/2011		Y
6	1337634636	JON2	DOE2	05/01/2019	10/31/2010	Y
7	1337634636	JON3	DOE3	05/01/2007		Y

Filter Functionality:

- Click on the “FILTER” TAB on the top right corner.
- Then Click on the “Add New Filter Condition Button”.
- This will give user to filter on the columns.
- From the drop down, you can change the filter operation according to your need like ‘IS’, ‘IS NOT’, ‘ISLESS THAN’ etc.
- In the below example ‘IS’ is selected.

The screenshot shows the Data.CMS.gov interface. At the top, there's a navigation bar with "Data.CMS.gov" and a user profile "Hello, Ruander Singh". Below that, a message says "Unsaved View" and "Changes to the table below are saved automatically. Filters and searches cannot be saved to a working copy of a dataset. Please create a view on a published dataset." The main area contains a table with the following data:

	NPI	FIRST_NAME	LAST_NAME	EFFECTIVE_DATE	END_DATE	OPT_OUT_FLAG
1	1337634634	JON	DOE	01/01/2007		N
2	1337634634	JON	DOE	01/01/2005	10/31/2008	N

On the right side, there's a "Filter" panel with a search box and a filter condition: "NPI = IS" with a value of "1337634634". There are also buttons for "Add a New Filter Condition" and "Edit Default Filter".

Export Functionality:

- Click on the “EXPORT” tab on the top right corner.
- This will give user to download the file in different formats.

The screenshot shows the Data.CMS.gov interface with the "Export" dropdown menu open. The menu options are: SOGA API, OData, Print, and Download. The "Download" option is selected, and a list of download formats is shown: CSV, JSON, PDF, RDF, RSS, XLS, XLSX, and XML. A "Done" button is at the bottom of the list. The table data is the same as in the previous screenshot.

- User can download the file in csv, xls, xlsx, JSON, etc formats.
- CMS recommends to download the file in csv format as other formats will truncate the data in the file and you will receive the message at the bottom of file (Results truncated).

Use CSV)

Checking the number of records in the dataset:

- Click on the “ABOUT” tab on the top right corner.
- You can see the ROW COUNT under the META.
- You can check the date when the data has been created for this dataset.

Note: This date will reflect the date when the actual date when the report is created to load the data on this website.

General Processing Guidance

The file should be used for the claims processing that has Date of Service (DOS) as of December 01, 2015 or later. The File will not have periods or records of providers before June 01, 2015 and shall not be used for any claims evaluation where the date of service is before June 01, 2015.

1.9 Processing Examples:

1.9.1 Initial enrollment processing:

It takes 45 to 60 days for a provider enrollment application to be processed. So the file will reflect the providers that have current approved record in system. It will not reflect the enrollments that are still in processing stage.

Example: File is created on 07/15/2015 and a provider who has submitted the application on 06/01/2015 will not be in the file if the application is not in Approved status. When the File is regenerated on 08/01/2015, the provider may show up in the file if the provider's application is approved for Medicare.

1.9.2 Retroactive – Deactivation/revocation:

For the scenarios when the Provider is deactivated/ revoked with past date, the file will be updated once the PECOS has the updated record.

Example : File has been published 07/15/2015 and a Provider 1234567890 is showing as Start date 07/01/2015 , no End date and Opt out flag as N. The provider is suspended with suspension date as 07/07/2014 and once the file will be created next time on 08/01/2015, it will have provider 1234567890 with Start date 07/01/2015, end date 07/07/2015 and Opt out flag as N.

1.9.3 Prescription Refill Scenario for deceased provider:

The file will not have enrollment record for provider that is deceased before June 01, 2015.

Example: provider has written the prescription on Jan, 01, 2015 and then provider died in March, 31, 2015 and this provider has no enrollment record in the Medicare system. This provider will not be in the file that will be generated on June 01, 2015. And so the prescriptions that are written before June 01, 2015 should not be validated against this file.

1.9.4 Prescription Refill Scenario for delayed enrollment:

Enrollment of the provider to Medicare takes 30 to 60 days and so if the prescription is written before June 01, 2015 and the provider application is not processed/ approved for Medicare then this provider will not be in this file and should not be validated against this file.

4.0 Technical FAQ:

- **What is the official name of the Medicare Part D provider enrollment file?**
Medicare Individual Provider List.
- **When and where is the file posted on CMS website?**
The first iteration of the file was made available on December 3, 2014 and an updated file is generated every two weeks on the first and last Wednesday of each month and will continue through the December 1, 2015 enforcement date. CMS plans to produce this file on a more frequent basis.
The direct link to the file is <https://data.cms.gov/dataset/Medicare-Individual-Provider-List/u8u9-2upx>.
- **How can a user download the complete file?**
User should be able to access the complete file in csv format from the following link under export section.
<https://data.cms.gov/dataset/Medicare-Individual-Provider-List/u8u9-2upx>.
- **What is the source used for the data file?**
The Provider Enrollment Chain and Ownership System (PECOS) is used to produce the enrollment data file. The test file, which is currently available on data.cms.gov, was created from the PECOS production data as of 11/05/2014. Part D sponsors may utilize the file to determine a prescriber's Medicare enrollment or opt out status when processing Part D pharmacy claims. The file will not validate the provider's ability to prescribe under applicable laws.
- **Will deceased providers appear on the file?**
Any provider with a date of death after 11/01/2014 and who has an enrollment in PECOS will appear on the file. If the provider is deceased, then his/her enrollments will be deactivated and the provider will appear on the file with their respective enrollment beginning and end dates. Further guidance will be issued on this topic.
- **Is the Medicare Individual Provider file synced with NPES?**
No. But during the enrollment process, systematic checks in PECOS validate the provider data in NPES. On a daily basis, NPES sends a list of deactivated providers to PECOS and the enrollment record is updated accordingly. These updates will be reflected in Medicare Individual file.
- **How will CMS reconcile the OIG file with the Medicare Enrollment file?**
This Medicare Enrollment file should not take the place of any other verifications or checks that occur with the OIG file, NPES, or any other file. This is a supplementary file. The owner of the file or system's information should be considered the most up-to-date and should be the authority in any discrepancy.

The Medicare Individual Provider List is not intended to remove any existing checks in the process, and is expected to be added to the process. Below is a conceptual description of how the file may be incorporated into existing checks, and is added to provide context to other responses in this document.

1. **[Receipt of Data]** – Data is received by system to be checked

2. **NPI Check** – NPI is validated against NPPES data. This is an existing check in the process.
 - a. If the check fails – the NPI is invalid, the process stops and errors out with appropriate message about invalid prescriber NPI.
 - b. If the check passes – the NPI is valid, the process continues.
3. **Validate Medicare Enrollment** – Validate the Provider is listed as active during the period.
 - a. If the check fails – the Provider is not listed as active during the period, the process stops, errors out with appropriate message about enrollment, or takes other appropriate action.
 - b. If the check passes – the Provider is valid, the process continues.
4. **Sanction Check** – Validate the Provider is not excluded.
 - a. If the check fails – the Provider is sanctioned during the period, the process stops and errors out with appropriate message about sanction.
 - b. If the check passes – the Provider is not sanctioned, the process continues.
 - 1/27/2015: As indicated above, the Sanction check takes precedence over the enrollment check. As a result, the task group recommended that the sanction check occur prior to the Medicare enrollment check. If check fails, processing stops here. Will CMS support the order as outlined by the task group?
5. **DEA Check** – Validate Providers authority to prescribe.
 - a. If the check fails – the Provider is not authorized to prescribe, the process stops and errors out with appropriate message about DEA.
 - b. If the check passes – the Provider is able to prescribe, the process continues.
6. **[Process Continues]** – The existing or other required processes continue.

This process is shown as sequential steps and immediate failures for clarity of concept. It is expected that these could be performed completely or partially in parallel, and/or the process would be completed in its entirety with a list of errors/failures at the end, and each of these steps could have multiple interdependencies.

- **Can CMS provide clarification on the following OIG/enrollment concerns? How will the Medicare enrollment file incorporate OIG federal exclusions?**

CMS downloads the Medicare Exclusion Database (MED) files on a monthly basis and revokes any enrolled provider in PECOS with a MED sanction. Providers revoked as part of this process would display an end date on the file consistent with the effective date of the exclusion. As previously indicated, this file should not take the place of any other verifications or checks that occur with the OIG file, NPPES, or any other file. This is a supplementary file. The owner of the file or system's information should be considered the most up-to-date and should be the authority in any discrepancy.
- **Will the OIG federal exclusion effective and end dates be reflected within the Medicare Enrollment file?**

If the Provider is in the OIG Med sanction file, then enrollment will be revoked and so Medicare Provider file will show the respective end date for that provider in the file. If the provider is reinstated, then the file will display the respective dates in the new posting of the Medicare Provider file.
- **Do entries with an enrollment end date ever drop off the file?**

No, these records will remain on the file as long as the provider was ACTIVE as of 11/01/2014 for test file and Active as of 12/01/2015 for Production file.

- **What does the enrollment end date represent?**
As of the end date reflected on the file, the provider is no longer eligible to bill, prescribe, or order and refer.
- **Will the Medicare Part D provider enrollment files posted prior to the 06/01/2015 effective date include retro-active enrollment end dates that will place PDEs with a DOS 06/01/2015 at risk?**
The provider file will only list the providers that are active as of 11/01/2014.
- **Will plan sponsors be able to access the appropriate information from the Medicare enrollment file to generate member letters which include the effective date of the provider exclusion (sanction)?**
CMS will provide effective dates for enrollment but will not provide details re: the terms of an exclusion or termination. The file will be but one piece of a series of checks that will be necessary.
- **If the source data file is the Ordering Referring Provider file (PECOS), what would cause the discrepancies as outlined below?**
The source data for the file is PECOS. Ordering/Referring providers should be in the file and there should not be any discrepancy. If we find an issue in the data then we will fix the file in the next run. The first test file was created from the PECOS production data as of 11/01/2014 and CMS Ordering and Referring File (CMS O&R file) is created from the most recent production data. Moving forward the test file will be based on Production data closer to the update/release date. The CMS O&R file only has providers that are qualified to Order and Refer services for Medicare, and should be a subset of the full part D prescriber file, but the test file has all other providers as mentioned above for the criteria of the file.
- **Will the Medicare Part D provider enrollment file be a subset of the PECOS file, listing only those providers with prescriptive authority?**
The file will identify those providers who are enrolled in an approved status or have a valid opt-out affidavit on file. The file will not validate the provider's ability to prescribe under applicable laws. Both files are from PECOS and the Medicare part D provider will not be a subset of the PECOS file.

- In the below example for a claim submitted on 10/2/2015 the provider is listed with an active opt-out status as of the 09/22/2015 Medicare file; however, the OIG file released on 10/01/2015 has the provider listed with an active sanction.
The new Medicare Provider file will have end dates based on the OIG released file.

Claim DOS									
10/02/2015	09/22/2015	987654321	Mary Jones	08/01/2015	08/01/2017	Y	10/01/2015	10/01/2015	

- **Who should we contact if we have any question about accessing the file?**
Contact providerenrollment@cms.hhs.gov.
- **Do we have to have a user id and password to download the file?**
No.
- **Has CMS determined the percent of providers and claims at risk based on the current enrollment file and PDE data?**
Yes, CMS has analyzed PDE and enrollment data to determine non-compliance if we were enforcing the regulation. The providers not in compliance were notified via email of their need to enroll or opt out. We utilized NPPES to find providers' contact information. Based on the 2013 and 2014 (Jan to May PDE), there are around 31% providers that are impacted.
- **Will CMS be monitoring the percent of providers and claims at risk on a monthly basis up until the 06/01/2015 effective date to ensure POS risks are mitigated?**
We will actually be monitoring this information at least through the enforcement date of 12/1/15, if not longer.
- **Is CMS able to determine how many, of the outstanding prescribers that need to enroll or opt out to continue to prescribe, are residents?**
NPIs don't have logic so there's no way to determine how many of the outstanding providers are residents.
- **In order to appropriately track the NPIs and associated claims, can provider types currently not eligible to enroll with Medicare, but have prescriptive authority based on state and federal regulations, be added to the Medicare Part D Enrollment file with an Opt-Out status?**
The current file includes the providers that are currently and validly enrolled or opted out of Medicare. Because the list of prescribers ineligible to enroll but permitted by state law to prescribe, such as pharmacists, is ever- growing, we are not able to provide this information in the file at this time.

Opt-outs

- **What is the purpose/benefit to the provider for Opt-Out Affidavit used today, when the provider does not order/refer services?**
Normally physicians and practitioners are required to submit claims on behalf of beneficiaries for all items and services they provide for which Medicare payment may be made. Also, they are not allowed to charge beneficiaries in excess of the limits on charges that apply to the item or service being furnished. For those physicians who still want to provide items and services to beneficiaries but do not want to participate in Medicare are given the option to opt out. In this case neither the physician nor the beneficiary submits the bill to Medicare for services performed. Instead, the beneficiary pays the physician out-of-pocket and neither party is reimbursed by Medicare.
- **Does CMS or the MAC currently notify the provider prior to an opt-out affidavit reaching the 2 year expiration date?**
No, it is the provider's responsibility to update that information to remain compliant.
- **With the potential increase in opt-out enrollments for ordering/referring services, will CMS or the MACs develop an outreach process to ensure the provider enrollment status is maintained and patient access to medication therapy is not delayed?**
At this time, we focus efforts on revalidating those providers enrolled in Medicare. We can discuss internally any future plans to incorporate this into our operations; however, it is not part of any current plans. Furthermore, with the limited resources we have, we would likely need additional funding for this effort, which is not currently in the budget.
- **If a provider prescribes in more than one MAC jurisdictions, do they need to fill out an opt-out affidavit in each jurisdiction?**
An opt-out affidavit must be filed with all Medicare contractors that have jurisdiction over the claims the physician/ practitioner would have otherwise filed with Medicare. However, if the provider is listed on the enrollment file with an opt-out flag of 'Y' with a current effective date, then the provider is meeting the enrollment requirements and this is sufficient for the Part D sponsor to cover ANY Part D pharmacy claim or beneficiary request for reimbursement.

Eligibility

- **Because pharmacists are legally authorized to practice in certain states, would these pharmacists be able to complete an opt-out affidavit that would allow Medicare Part D claims with the RPH NPI as the prescriber ID to be considered a Medicare Part D covered claim?**
We will be issuing future guidance to instruct pharmacists and similar providers; however, are not able to provide additional details at this time.

Enrollment

- **What is the estimated time to complete the processing of an Opt-Out Affidavit request and apply the provider information to the enrollment file?**
The standard timeframe for processing an initial enrollment application and opt-out affidavit is within 60 calendar days of receipt. Because each MAC's processing times and workloads are different, it is difficult to hold MACs to this specified timeframe. Many of the delays with enrollment are due to incomplete enrollment applications. However, enrollment applications submitted to comply with this rule will be given priority and will hopefully be processed quickly

