

CMS Manual System

Pub 100-08 Medicare Program Integrity

Transmittal 112

Department of Health &
Human Services

Center for Medicare and &
Medicaid Services

Date: MAY 2, 2005

CHANGE REQUEST 3805

SUBJECT: Requirement that Part B/Carriers Submit All Provider Addresses to the Comprehensive Error Rate Testing (CERT) Program Contractor

I. SUMMARY OF CHANGES: The Medicare Program Integrity Manual (PIM), Chapter 12, Carrier, DMERC, FI and full PSC Interaction with the Comprehensive Error Rate Testing Contractor, Section 3.3.1 C -- Provider Address File requires the following:

The ACs must transmit the names, addresses, and telephone numbers of the billing providers, pricing providers, referring physicians, and attending physicians in a separate file to the Centers for Medicare & Medicaid Services Data Center along with the sampled claims resolution file. When submitting the address file to the CERT contractor, ACs should produce a text file of the addresses. The provider address file must contain the mailing and telephone contact information for each billing provider, pricing provider, referring physician, and attending physician on the sampled claims resolution file for all claims. Each unique provider name, address, and telephone number must be included only once on the provider address file. If a billing provider/attending/pricing/referring physician has more than one address listed in the AC files, the AC shall include one record for each address in the provider address file. If the AC has neither an address nor a telephone number for the billing provider/attending physician, then the AC must not include a record for that provider in a provider address file. If the contractor has only partial information on a provider, e.g., a telephone number but no address, the AC should include on the provider address file the information the AC has and leave the rest of the fields on the record blank. ACs may (but are not required to) compare the addresses they send to the CERT contractor in the Provider Address File with the ACs provider enrollment unit's files that may list "location of medical records". To view the address CERT has for that provider, the AC should go to the Outstanding Documentation Requests report on the CERT Claims Status Website, and click on the CID number associated with that provider. Should the AC want the CERT contractor to send the documentation request letter to a new/updated address, the AC may (1) call a CERT Customer Service Representative at (804) 864-9940, or (2) fax a CERT Customer Service Representative at (804) 864-9980 and specify how the address should be customized. In either case, the AC shall identify the provider by Provider Number and Provider Name.

Exhibit 36.2 of the PIM lists the assumptions and constraints associated with the provider address file. Those requirements do not include a unique identifier for uniquely identifying each address when a provider has multiple addresses. Contractors and maintainers have interpreted this mean that they do not have to report all addresses when

there are multiple addresses for a provider.

This CR adds an address order field to the provider address file requirements. The address order field will allow contractors to uniquely identify of each provider address.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : October 1, 2005

IMPLEMENTATION DATE : October 3, 2005

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/N/D | Chapter/Section/SubSection/Title |
|--------------|---|
| N/A | |

IV. ATTACHMENTS:

One-Time Notification Attachment

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

Attachment – One-Time Notification

| | | | |
|-------------|------------------|-------------------|---------------------|
| Pub. 100-08 | Transmittal: 112 | Date: May 2, 2005 | Change Request 3805 |
|-------------|------------------|-------------------|---------------------|

SUBJECT: Part B/Carriers Submit All Provider Addresses to the Comprehensive Error Rate Testing (CERT) Program Contractor

I. GENERAL INFORMATION

A. Background: The Medicare Program Integrity Manual (PIM), Chapter 12 – Carrier, DMERC, FI and full PSC Interaction with the Comprehensive Error Rate Testing Contractor, Section 3.3.1 C -- Provider Address File requires the following:

The ACs must transmit the names, addresses, and telephone numbers of the billing providers, pricing providers, referring physicians, and attending physicians in a separate file to the Centers for Medicare & Medicaid Services Data Center along with the sampled claims resolution file. When submitting the address file to the CERT contractor, ACs should produce a text file of the addresses. The provider address file must contain the mailing and telephone contact information for each billing provider, pricing provider, referring physician, and attending physician on the sampled claims resolution file for all claims. Each unique provider name, address, and telephone number must be included only once on the provider address file. If a billing provider/attending/pricing/referring physician has more than one address listed in the AC files, the AC shall include one record for each address in the provider address file. If the AC has neither an address nor a telephone number for the billing provider/attending physician, then the AC must not include a record for that provider in a provider address file. If the contractor has only partial information on a provider, e.g., a telephone number but no address, the AC should include on the provider address file the information the AC has and leave the rest of the fields on the record blank. ACs may (but are not required to) compare the addresses they send to the CERT contractor in the Provider Address File with the ACs provider enrollment unit's files that may list "location of medical records". To view the address CERT has for that provider, the AC should go to the Outstanding Documentation Requests report on the CERT Claims Status Website, and click on the CID number associated with that provider. Should the AC want the CERT contractor to send the documentation request letter to a new/updated address, the AC may (1) call a CERT Customer Service Representative at (804) 864-9940, or (2) fax a CERT Customer Service Representative at (804) 864-9980 and specify how the address should be customized. In either case, the AC shall identify the provider by Provider Number and Provider Name.

Exhibit 36.2 of the PIM lists the assumptions and constraints associated with the provider address file. Those requirements do not include a unique identifier for uniquely identifying each address when a provider has multiple addresses. Contractors and maintainers have interpreted this mean that they do not have to report all addresses when there are multiple addresses for a provider.

This CR adds an address order field to the provider address file requirements. The address order field will allow contractors to uniquely identify of each provider address.

| Requirement Number | Requirements | Responsibility (“X” indicates the columns that apply) | | | | | | | |
|--------------------|--------------|---|------------------|---------------------------------|-----------------------|---------------------------|-------------|--|--|
| | | F I | R H H I | C a r r i e r | D M E R C | Shared System Maintainers | | | |
| F I S S | M C S | | | | | V M S | C W F | | |
| N/A | | | | | | | | | |
| | | | | | | | | | |

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

| X-Ref Requirement # | Instructions |
|---------------------|--------------|
| | |

B. Design Considerations: N/A

| X-Ref Requirement # | Recommendation for Medicare System Requirements |
|---------------------|---|
| | |

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: NA

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

| | |
|---|--|
| Effective Date*: October 1, 2005 Implementation Date: October 3, 2005 Pre-Implementation Contact(s): John Stewart (410) 786-1189 jstewart@cms.hhs.gov Post-Implementation Contact(s): John Stewart (410) 786-1189 jstewart@cms.hhs.gov | Medicare contractors shall implement these instructions within their current operating budgets. |
|---|--|

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

Attachment

**CERT Formats for Carrier and DMERC Standard Systems
REQUIREMENTS FOR THE PROVIDER ADDRESS FILE**

| <i>Provider Address File</i> | | | | |
|---|----------------|-------------|-------------|-----------------------|
| <i>Provider Address Header Record (one record per file)</i> | | | | |
| <i>Field Name</i> | <i>Picture</i> | <i>From</i> | <i>Thru</i> | <i>Initialization</i> |
| Contractor ID | X(5) | 1 | 5 | Spaces |
| Record Type | X(1) | 6 | 6 | '1' |
| Contractor Type | X(1) | 7 | 7 | Spaces |
| File Date | X(8) | 8 | 15 | Spaces |

DATA ELEMENT DETAIL

Data Element: Contractor ID
Definition: Contractor's CMS assigned number
Validation: Must be a valid CMS Contractor ID
Remarks: N/A
Requirement: Required

Data Element: Record Type
Definition: Code indicating type of record
Validation: N/A
Remarks: 1 = Header record
Requirement: Required

Data Element: Contractor Type
Definition: Type of Medicare Contractor
Validation: Must be 'B' or 'D'
Remarks: B = Part B
D = DMERC
Requirement: Required

Data Element: File Date
Definition: Date the Provider Address file was created
Validation: Must be a valid date not equal to a File Date sent on any previous Provider Address file
Remarks: Format is CCYYMMDD
Requirement: Required

*Provider Address File
 Provider Address Detail Record*

| <i>Field Name</i> | <i>Picture</i> | <i>From</i> | <i>Thru</i> | <i>Initialization</i> |
|------------------------------|----------------|-------------|-------------|-----------------------|
| <i>Contractor ID</i> | <i>X(5)</i> | <i>1</i> | <i>5</i> | <i>Spaces</i> |
| <i>Record Type</i> | <i>X(1)</i> | <i>6</i> | <i>6</i> | <i>"2"</i> |
| <i>Provider Number</i> | <i>X(15)</i> | <i>7</i> | <i>21</i> | <i>Spaces</i> |
| <i>Provider Name</i> | <i>X(25)</i> | <i>22</i> | <i>46</i> | <i>Spaces</i> |
| <i>Provider Address 1</i> | <i>X(25)</i> | <i>47</i> | <i>71</i> | <i>Spaces</i> |
| <i>Provider Address 2</i> | <i>X(25)</i> | <i>72</i> | <i>96</i> | <i>Spaces</i> |
| <i>Provider City</i> | <i>X(15)</i> | <i>97</i> | <i>111</i> | <i>Spaces</i> |
| <i>Provider State Code</i> | <i>X(2)</i> | <i>112</i> | <i>113</i> | <i>Spaces</i> |
| <i>Provider Zip Code</i> | <i>X(9)</i> | <i>114</i> | <i>122</i> | <i>Spaces</i> |
| <i>Provider Phone Number</i> | <i>X(10)</i> | <i>123</i> | <i>132</i> | <i>Spaces</i> |
| <i>Provider Fax Number</i> | <i>X(10)</i> | <i>133</i> | <i>142</i> | <i>Spaces</i> |
| <i>Provider Type</i> | <i>X(1)</i> | <i>143</i> | <i>143</i> | <i>Spaces</i> |
| <i>Address Order</i> | <i>X(2)</i> | <i>144</i> | <i>145</i> | <i>Spaces</i> |
| <i>Filler</i> | <i>X(23)</i> | <i>146</i> | <i>168</i> | <i>Spaces</i> |

DATA ELEMENT DETAIL

Data Element: Contractor ID
Definition: Contractor's CMS assigned number
Validation: Must be a valid CMS Contractor ID
Remarks: N/A
Requirement: Required

Data Element: Record Type
Definition: Code indicating type of record
Validation: N/A
Remarks: 2 = Detail record
Requirement: Required

Data Element: Provider Number
Definition: Number assigned by the standard system to identify the billing/pricing provider or supplier or referring provider
Validation: N/A
Remarks: N/A
Requirement: Required

Data Element: Provider Name
Definition: Provider's name
Validation: N/A
Remarks: This is the name of the billing/pricing provider or referring provider must be formatted into a name for mailing (e.g. Roger A Smith M.D. or Medical Associates, Inc.).
Requirement: Required

Data Element: Provider Address 1
Definition: 1st line of provider's address
Validation: N/A
Remarks: This is the payee address1 of the billing/pricing provider or referring provider
Requirement: Required

Data Element: Provider Address 2
Definition: 2nd line of provider's address
Validation: N/A
Remarks: This is the address2 of the billing/pricing provider or referring provider
Requirement: Required if available

Data Element: Provider City
Definition: Provider's city name
Validation: N/A
Remarks: This is the city of the billing/pricing provider or referring provider
Requirement: Required

Data Element: Provider State Code
Definition: Provider's billing state code
Validation: Must be a valid state code
Remarks: This is the state of the billing/pricing provider or referring provider
Requirement: Required

Data Element: Provider Zip Code
Definition: Provider's billing zip code
Validation: Must be a valid postal zip code
Remarks: This is the zip code of the billing/pricing provider or referring provider. Provide 9-digit zip code if available, otherwise provide 5-digit zip code
Requirement: Required

Data Element: Provider Phone Number
Definition: Provider's telephone number
Validation: Must be a valid telephone number
Remarks: This is the phone number of the billing/pricing provider or referring provider
Requirement: None

Data Element: Provider Fax Number
Definition: Provider's fax number
Validation: Must be a valid fax number
Remarks: This is the fax number of the billing/pricing provider or referring provider
Requirement: None

Data Element: Provider Type
Definition: 1=billing/pricing/attending provider 2=referring provider
Validation: Must be a valid provider type
Remarks: This field indicates whether the information provided on the record is for the billing/pricing provider or referring provider
Requirement: Required **for all providers list on the sampled claims and on which the contractor has information.**

Data Element: Address order
Definition: The order in which the record of provider addresses for the provider are entered into the provider address file detailed record. This field in combination with the Contractor ID and provider number will make each record in the file unique.
Validation: Must be a number between 01 and 99
Remarks: This field indicates the order in which records containing the addresses for a provider are entered into the detail file. For instance, if there are three addresses for a provider, the record for the first address for that provider will contain a "01" in this field; the record for the second address for that provider will contain a "02" in this field; and, for the record for the third address, the field will contain a "03."
Requirement: Required

Data Element: Filler
Definition: Additional space TBD
Validation: N/A

Remarks: N/A
Requirement:

| | | | | |
|--|----------------|-------------|-------------|-----------------------|
| <i>Provider Address File</i> | | | | |
| <i>Provider Address Trailer Record (one record per file)</i> | | | | |
| | | | | |
| <i>Field Name</i> | <i>Picture</i> | <i>From</i> | <i>Thru</i> | <i>Initialization</i> |
| Contractor ID | X(5) | 1 | 5 | Spaces |
| Record Type | X(1) | 6 | 6 | '3' |
| Number of Records | 9(9) | 7 | 15 | Zeroes |

DATA ELEMENT DETAIL

Data Element: Contractor ID
Definition: Contractor's CMS assigned number
Validation: Must be a valid CMS Contractor ID
Remarks: N/A
Requirement: Required

Data Element: Record Type
Definition: Code indicating type of record
Validation: N/A
Remarks: 3 = Trailer record
Requirement: Required

Data Element: Number of Records
Definition: Number of provider address records on this file (do not count header or trailer record)
Validation: Must be equal to the number of provider address records on the file
Remarks: N/A
Requirement: Required