
CMS Manual System

Pub. 100-20 One-Time Notification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 138

Date: JANUARY 28, 2005

CHANGE REQUEST 3553

SUBJECT: Production of Provider Flat Files, including Taxpayer Identification Numbers (TIN), from the Fiscal Intermediary Standard System (FISS), Financial Master Files

I. SUMMARY OF CHANGES: This request is for development of a computer program by the Fiscal Intermediary Standard System (FISS) Maintainer that will produce a flat file from the FISS Financial Master File consisting of: provider number, provider TIN, provider name, provider physical address, provider city, provider state, and provider zip code. The FISS Maintainer shall provide the program to all Fiscal Intermediaries who shall extract the files and forward them on to diskette or CD to a CMSO contact. CMS will match these files against the Online Survey, Certification, and Reporting (OSCAR) database, adding the TIN for each matched provider record.

NEW/REVISED MATERIAL - EFFECTIVE DATE: July 01, 2005

IMPLEMENTATION DATE: July 5, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 138	Date: January 28, 2005	Change Request 3553
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SUBJECT: Production of Provider Flat Files, including Taxpayer Identification Numbers (TIN), from the Fiscal Intermediary Standard System (FISS), Financial Master Files

I. GENERAL INFORMATION

A. Background: CMSO requires Taxpayer Identification Numbers for all Medicare Providers in its' Online Survey, Certification, and Reporting (OSCAR) system so that we may provide TINs for all sanctioned providers that we are required to report to the Healthcare Integrity and Protection Data Bank as mandated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The addition of TINs to OSCAR will also directly facilitate matching and addition of National Provider Identifiers to the OSCAR files also mandated by HIPAA.

B. Policy: N/A

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)									
		F	R	C	D	Shared System Maintainers				Other	
						I	M	V	C		
		H	H	a	M	F	I	S	S	S	F
3553.1	The Fiscal Intermediary Standard System (FISS) Maintainer shall develop a computer program to produce a flat file from the FISS Financial Master File consisting of: provider number X(13), provider TIN 9(09), provider name X(35), provider physical address1 X(35), provider physical address2 X(35), provider city X(24), provider state X(02), and provider zip code X(09). The FISS Maintainer shall provide the extract program to all Fiscal Intermediaries with instructions for producing the extract file.					X					

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
3553.2	The FIs shall extract the files using the Maintainer provided program and forward them on to diskette or CD to: Pete Burdette, CMS/CMSO, S3-18-13, 7500 Security Blvd., Baltimore, MD 21244-1850	X	X							

III. 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: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: July 1, 2005 Implementation Date: July 5, 2005 Pre-Implementation Contact(s): Pete Burdette 410-786-3490 Post-Implementation Contact(s):	Medicare Contractors shall implement these instructions within their current operating Budgets.
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Unless otherwise specified, the effective date is the date of service.