

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11343	Date: April 7, 2022
	Change Request 12673

SUBJECT: System Limitation Update for Centralized Flu Billers (CFB), Pneumococcal and Covid-19 Vaccinations

I. SUMMARY OF CHANGES: With the increase of billers for the Flu, Pneumococcal and Covid-19 vaccinations, there is a need to update the Multi-Carrier System (MCS) to address specific system's limitations.

EFFECTIVE DATE: October 1, 2022

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

IMPLEMENTATION DATE: October 3, 2022

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

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I. GENERAL INFORMATION

A. Background: The Multi-Carrier System (MCS) uses a provider's practice and pay to address ZIP (Zone Improvement Plan) Code in determining a match between a National Provider Identifier (NPI) and the Provider Transaction Access Number (PTAN) when there are multiple PTANs on file.

The MCS reads up to 800 records in the practice and pay to address ZIP Code comparison, VNPZ ZIP Code file. Centralized Flu Billers (CFB) can have more than 800 ZIP Code records on file for each NPI/PTAN combination.

The Medicare Administrative Contractors (MACs) have encountered an increase in the submission of Flu, Pneumococcal and Covid-19 vaccinations. Due to the 800-record limit, this causes either unnecessary and/or inaccurate rejections to the provider. The expansion of the number of ZIP Codes read in the VNPZ file will allow the system to select a unique match more accurately for entities that are enrolled with multiple PTANs to one NPI.

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			DME	Shared-System Maintainers				Other	
		A	B	H		F	M	V	C		
12673.1	The MCS shall expand the &V1..HBVMA.YD&PL.VNPZ file to read the full list of ZIP Codes for each NPI/PTAN combination.							X			
12673.1.1	MCS shall give consideration to any potential run time issues in opening this file up to an unlimited number.							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): Cathleen Gurreri, 443-934-2913 or cathleen.gurreri@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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ATTACHMENTS: 0