CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10899	Date: July 27, 2021
	Change Request 11990

Transmittal 10446, dated November 6, 2020, is being rescinded and replaced by Transmittal 10899, dated, July 27, 2021 to add BR 11990.8. All other information remains the same.

SUBJECT: Viable Information Processing Systems (ViPS) Medicare Systems (VMS) Changes to Accommodate National Provider Identifier Associations

I. SUMMARY OF CHANGES: A summary of the changes are as follows:

- 1. VMS system changes will be made to use the date of service of the claim in the National Provider Identification crosswalk matching criteria.
- 2. A new message will be added to the PE1101 report when there are overlapping effective dates on the Payee address (06) Provider Enrollment, Chain & Ownership System (PECOS) records.
- 3. VMS system changes will be made to use all occurrences of the PECOS participation (07) record to replace and update the Participation Agreement (PAR) status and dates in APPL/1/H1.
- 4. There are separate name fields on the daily PECOS extract that are only populated for an individual. These fields will be used to determine the VMS Provider Type (individual vs. organization).

The functional areas impacted are:

- APPL/8
- APPL/1
- X12 Inbound 837 Processing

This solution includes modifications to the functional areas noted above to eliminate code that is no longer needed.

EFFECTIVE DATE: April 1, 2021 - The changes in this CR are effective with the implementation of the CR and not the date of service of the claim.

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

IMPLEMENTATION DATE: April 5, 2021

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

Transmittal 10446, dated November 6, 2020, is being rescinded and replaced by Transmittal 10899, dated, July 27, 2021 to add BR 11990.8. All other information remains the same.

SUBJECT: Viable Information Processing Systems (ViPS) Medicare Systems (VMS) Changes to Accommodate National Provider Identifier Associations

EFFECTIVE DATE: April 1, 2021 - The changes in this CR are effective with the implementation of the CR and not the date of service of the claim.

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IMPLEMENTATION DATE: April 5, 2021

I. GENERAL INFORMATION

- **A. Background:** The business requirements in this CR correspond to the issues that were identified during previous analysis calls and include the solution agreed upon for each issue. The following issues are being addressed under this Change Request:
 - 1. The association to the correct National Supplier Clearinghouse (NSC) number cannot be made during inbound 837 claims processing because there are multiple NSCs related to the same National Provider Identification number.
 - 2. An incorrect supplier Payee address was consistently updated in VMS because the PECOS VMS extract file had overlapping dates on multiple Payee (06) Child records and VMS would only apply the address associated with the latest start date of the address.
 - 3. Out of order Participation Agreement /PAR dates on the APPL/1/H1 screen were caused by updates from PECOS for participation (PAR) based on the provider Part B enrollment in PECOS. CMS confirmed that the participation should be carried across the lines of business.
 - 4. Currently, the determination for an individual vs. an organization is based on the use of an Social Security Number or Employer Identification Number. This is not a reliable determination of an individual. There are separate name fields on the daily PECOS extract that are only populated for an individual.

It was determined that the functional areas impacted are:

- APPL/8
- APPL/1
- EDI X12 Inbound 837 Processing
- **B.** Policy: There are no regulatory, legislative, or statutory requirements related to this CR.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	nber Requirement Responsibility									
		A/B D Shared-					Other			
		MAC			M		Sys	tem		
		E				M	aint	aine	ers	
		Α	В	Н		F	M	V	С	
				Н	M	I	С	M	W	
				Н	A	S	S	S	F	
					С	S				
11990.1	General Dynamics Health Solutions (GDIT) shall							X		
	update the current matching logic that determines the associated National Supplier Clearinghouse (NSC)									
	number when the NPI is submitted on a VMS claim to									
	consider the effective dates of eligibility of the NSC									
	number when necessary.									
	,									
11990.2	GDIT shall update report PE1101 to generate a new							X		
	message during the daily processing of the PECOS									
	VMS extract file whenever payee addresses with									
	overlapping effective dates are received in the PECOS									
	extract for a specific supplier.									
11990.3	GDIT shall update the daily processing of							X		
	Participation data received from PECOS in the daily									
	VMS PECOS extract file to use only the PAR/NON-									
	PAR dates received from PECOS.									
11990.3.1	The SSM shall create the job to pull a list of suppliers							X		
11990.3.1	that have out of order PAR dates. This job will be							Λ		
	provided to the VDC's and STC.									
	F-1-1-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-									
11990.3.1	GDIT shall create the job to include the following data							X		
.1	elements:									
	NSC Number									
	PECOS Enrollment ID									
	The state of the s									
11990.3.1	The contractor shall generate the file as a comma							X		
.2	separated value (.csv) file.									
11990.3.2	The contractors shall run the job provided by the SSM				X					STC, VDC
	as needed.									, ·
	• For beta testing									
	 For UAT testing 									
	• In production									
11990.3.3	The contractors shall determine the file name and									VDC
	communicate the file name to PECOS.									
11000 5										and the
11990.3.4	The contractors shall send the file of suppliers with									STC, VDC
	out of order PAR Dates to the BDC for PECOS as needed.									
	needed.									
				l				l		

Number	Requirement	Re	esno	nsi	bilit	v			
THIRD	Requirement		A/B MAC				Sys	red- tem	Other
		A	В	H H H	M A C	F I S	M C S	V M S	
	 For beta testing For UAT testing In production 								
11990.3.5	The PECOS will retrigger the records for the suppliers with out of order PAR dates using the suppliers included in the file sent in BR 3.4 and ensure the file is sent to the contractors during the respective time frames via the normal process of sending test files and the normal process for sending production files. • For beta testing • For UAT testing • In production								PECOS
11990.4	The NSC contractor shall ensure that the start date of the next contiguous eligibility effective period does not overlap the previous period.								NSC
11990.5	GDIT shall use the individual first and last name fields in the PECOS extract file to indicate whether the supplier is an individual or an organization.							X	
11990.6	If parties involved with the files or file transfer encounter issues that cannot otherwise be resolved; responsible parties shall contact the appropriate party below for assistance with resolution. PECOS/CGI: PECOS/CGI: PECOS.Production.Support@cgifederal.com VDC - edcdme@uspsector.com VMS - vmsugl@gdit.com STC - STC-TCD-Team@dcca.com and STC-TCE-Team@dcca.com Noridian - dmeccb@noridian.com CGS - cgs.dme.mac.tech.team@cgsadmin.com				X			X	PECOS, STC, VDC
11990.7	GDIT shall update VMS processing that uses the NPI crosswalk to obtain the corresponding NSC number in the ANSI X837 Inbound process to consider provider							X	

Number	Requirement	Responsibility								
		A/B		D	Shared-				Other	
		MAC		M	-					
					Е	Maintainers			ers	
		A	В	Н		F	M			
				Н	M	-	C	M		
				Н	A	S	S	S	F	
					С	S				
	address differences in order to prevent mismatched									
	records when the NPI has more than one PTAN.									
11000.0	CEDI 1 11 (4 D 1 T 1 C 4									CEDI
11990.8	CEDI shall not use the Provider Type value from the									CEDI
	VMS system during front end checks against NPI crosswalk data.									
	crosswaik data.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	Responsibility				
			A/B		D	C	
		N	MAC	2	M	Е	
					Е	D	
		A	В	Н		I	
				Н	M		
				Н	Α		
					С		
	None						

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Kusum Jha, 410-786-8738 or kusum.jha2@cms.hhs.gov , Pamela Rumber, 410-786-3924 or pamela.rumber@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