CMS Manual System	Department of Health & Human Services
Pub 100-01 Medicare General Information, Eligibility, and Entitlement	Centers for Medicare & Medicaid Services
Transmittal 27	Date: JULY 22, 2005
	Change Request 3801

NOTE: Transmittal 22, dated May 2, 2005, is rescinded and replaced with Transmittal 27, dated July 22, 2005. There were changes on the Provider Extract File. All other information remains the same.

SUBJECT: Provider Extract File

I. SUMMARY OF CHANGES: In order to authenticate the providers, suppliers and facilities that want to register to use the internet, CMS will create a central database that will be housed at the CMS data center. The copybook, was revised to include the billing address, the city, state, zip code, and phone number of the provider file.

NEW/REVISED MATERIAL :
EFFECTIVE DATE : October 01, 2005
IMPLEMENTATION DATE : October 03, 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 = REVISED, N = NEW, D = DELETED – *Only One Per Row.*

R/N/D	Chapter / Section / SubSection / Title
N/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-01	Transmittal: 27	Date: July 22, 2005	Change Request 3801

SUBJECT: Provider Extract File

I.   GENERAL INFORMATION

A.   **Background:** The Centers for Medicare and Medicaid Services (CMS) is making changes to its Information Technology infrastructure to address use of the internet for the Medicare beneficiary eligibility inquiries and future use of the internet for the Medicare Electronic Data Interchange (EDI) registration process.

In order to authenticate the providers, suppliers and facilities that want to register to use the internet, CMS will create a central database that will be housed at the CMS data center. The shared systems will create a utility, (data centers will not run the utility until further clarification from CMS) from the provider file database and send the files to the data center at CMS.

B.   **Policy:** This CR will support the Health Insurance Portability and Accountability Act (HIPAA) Health Care Eligibility Inquiry and Response Transaction (270/271) transaction for authentication for the extranet and internet providers, suppliers and facilities.

II.   BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3801.1	By the October release, the shared systems shall create a utility that will become part of the system. This utility will create flat files (attachment 1) that data centers will transmit to the CMS data center. Data centers will not run	X	X	X	X	X	X	X		

Requirement Number	Requirements	FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	the utility until further clarification from CMS.									
3801.2	The initial file shall (attachment 1) only contain numbers for providers that are allowed to submit any electronic data interchange (EDI) transactions to Medicare. Please see the attachment for the flat file specifications.	X	X	X	X	X	X	X		
3801.3	Daily files shall be created Monday - Friday that only contain the additions, deletions and changes to any data element on the file for the provider. See attachment for definitions of addition, changes and deletions.	X	X	X	X	X	X	X		
3801.4	The daily files shall be transmitted to the CMS data center via Connect Direct. File names will be communicated in a JSM at a later date.	X	X	X	X	X	X	X		

III. PROVIDER EDUCATION

Requirement Number	Requirements	FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	None.									

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: N/A

E.   Dependencies: N/A

F.   Testing Considerations: N/A

V.   SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: October 3, 2005 **Implementation Date:** October 3, 2005 **Pre-Implementation Contact(s):** Shari Kosko 410-786-6159 Shari.Kosko@cms.hhs.gov **Post-Implementation Contact(s):** Shari Kosko 410-786-6159 Shari.Kosko@cms.hhs.gov	**No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.**

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

Attachment

The copybook for the provider extract is listed below.

Data Element	Length	Value
Medicare Contractor Number	5	Alphanumeric
Add, Change, Delete Indicator	1	A, C, D
Medicare Provider Number	30	Alphanumeric
NPI (if available)	10	Alphanumeric
Legal Business Name	40	Alphanumeric
Provider Last Name	40	Alphanumeric
Provider First Name	30	Alphanumeric
Address Line 1 (where checks are sent to)	50	Alphanumeric
Address Line 2	50	Alphanumeric
City	30	Alphanumeric
State	2	Alphanumeric
Zip	9	Alphanumeric
Phone Number (where checks are sent to)	10	Numeric

The definitions for the add, change and delete indicators are:
Add - new providers or a new provider that can now submit electronic data interchange transactions (EDI) to the Medicare Contractors.
Change - anything that constituted a change to this file layout.
Delete - a provider that now has a termination date and/or has been deleted from the database.