

<b>CMS Guidance Document</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
Pub 100-01 Medicare General Information, Eligibility, and Entitlement	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Executive Guidance Number 0147</b>	<b>Date: November 29, 2007</b>
<b>Planned Web Site Address <a href="http://www.cms.hhs.gov/manuals/">http://www.cms.hhs.gov/manuals/</a></b>	<b>Release planned: December 13, 2007</b>

**PROGRAM AREA: Common Working File**

**SUBJECT: Include NPI for the MBD/NGD extracts from CWF for Hospice and Home Health Episodes**

**APPLIES TO: Contractors**

**SUMMARY OF DOCUMENT:** This instruction adds NPI fields that coincide with the Legacy Provider Number for the Hospice Period and Home Health Episode Auxiliary Files in CWF.

**II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)**

**STATUS:** R=REVISED, N=NEW, D=DELETED.

<b>Status</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
N/A	

**III. CLEARANCES:**

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Rogers, Vivian, OIS/BSOG/DSSM 410 786-8142
Agency POC	Boughn, Julie, OIS (410) 786-1800

**IV. TYPE (Check appropriate boxes for type of guidance)**

<input type="checkbox"/>	<b>Audit Guide</b>
<input checked="" type="checkbox"/>	<b>Change Request</b>
<input type="checkbox"/>	<b>HPMS</b>
<input type="checkbox"/>	<b>Joint Signature Memorandum/Technical Director Letter</b>
<input type="checkbox"/>	<b>Manual Transmittal/Non-Change Request</b>
<input type="checkbox"/>	<b>State Medicaid Director Letters</b>
<input type="checkbox"/>	<b>Other</b>

**V. STATUTORY OR REGULATORY AUTHORITY: Health Insurance Portability and Accountability Act of 1996 (HIPAA)**



Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER	
							F I S S	M C S	V M S	C W F		
	number that is required for the legacy Provider Number											/NG D/ HET S
5812.2	CWF shall create one new NPI field to coincide with the legacy Provider Number on the Home Health Episode Auxiliary File.										X	MBD /NG D/ HET S
5812.2.1	CWF shall not perform any Home Health editing on the NPI number that is required for the legacy Provider Number.										X	MBD /NG D/ HET S
5812.3	CWF shall ensure the NPI is carried to the MBD and NGD extract file for the Hospice data.										X	MBD /NG D/ HET S
5812.4	CWF shall ensure the NPI is carried to the MBD and NGD extract file for the Home Health data.										X	MBD /NG D/ HET S

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER	
							F I S S	M C S	V M S	C W F		
	None											

### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below:**

*Use "Should" to denote a recommendation.*

<b>X-Ref Requireme nt Number</b>	<b>Recommendations or other supporting information:</b>

**Section B: For all other recommendations and supporting information, use this space:**

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Vivian Rogers, 410-786-8142, Vivian.rogers@cms.hhs.gov

**Post-Implementation Contact(s):** Kathy Woytan, 410-786-4982, Kathryn.woytan@cms.hhs.gov

## **VI. FUNDING**

**Section A: For *Fiscal Intermediaries (FIs) and Carriers*, use the following statement:**

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

**Section B: For *Medicare Administrative Contractors (MACs)*, use the following statement: N/A**