

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-01 Medicare General Information, Eligibility, and Entitlement	Centers for Medicare & Medicaid Services (CMS)
Transmittal 48	Date: DECEMBER 14, 2007
	Change Request 5812

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

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

NEW / REVISED MATERIAL

EFFECTIVE DATE: *April 1, 2008

IMPLEMENTATION DATE: April 7, 2008

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:

SECTION A: For Fiscal Intermediaries and Carriers:

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): **N/A**

IV. ATTACHMENTS:

One-Time Notification

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

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.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

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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