

Value in Treament (ViT) Demonstration OUD Care Team Roster Guidance & Template

Version 1.0

Last updated: October 9, 2020

Overview

What is the ViT Opioid Use Disorder (OUD) Care Team Roster: a list of participant's OL composed of health care practitioners established by the Participant in accordance wit and other practitioners licensed under state law to furnish psychiatric, psychological, control Care Team is to furnish OUD Treatment Services to Participating Beneficiaries

Completing and updating the OUD Care Team List: As part of the RFA, the applicant is list of OUD Care Team members in accordance to this guidance. Selected applicants, "T and update this list in accordance to this guidance, and submit to CMS the updated list and as requested by CMS to the demonstration inbox (ValueinTreatment@cms.hhs.gov

<u>1) RFA submission:</u> As part of the RFA application, applicants must submit the attachment along with the application package. Please submit this attachment convention (case-sensitive): <'DemolD'>_ViTOUDCareTeam_Attachment1.xls

DemoID'> = ShortName-ID (Example: CMMI-1234), where ShortName is a 7 character name with no space (abbreviation, initials identified by applicant/participant), and ID is the last four digits of the 9-digit Tax ID Number (TIN)

<u>2) Subsequent updates:</u> Updates to the initial list submitted as part of the RFA may be submitted using the following naming convention (case-sensitive): <'DemoID'>_ViTOUDCareTeam_Attachment1_v#.xlsx

DemoID'> = ShortName-ID (Example: CMMI-1234), where ShortName is a 7 character name with no space (abbreviation, initials identified by applicant/participant), and ID is the last four digits of the 9-digit Tax ID Number (TIN)

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- **1. Data Dictionary:** lists each of the data fields included in the ViT Participant OUD Care Team and data requirements.
- **2. OUD Care Team:** A blank OUD Care Team roster template that must be completed/update the top of the template.

JD Care Team members h demonstration requirements ounseling, and social services. as part of the demonstration.

required to submit an initial he Participant", shall maintain every time updates are made ν).

OUD Care Team roster as an t using the following naming **x**

- 5, acronyms, other short name
- or other previous versions
- 5, acronyms, other short name
- n Roster, along with definitions
- d. Instructions are found at

Table 1. Participant ViT OUD Care Team Roster

Field Name	Descriptive Field Name	Field Description						
DemoID	Demonstration Identification	A demonstration ID developed by demonstration applicants/ participants. The DemoID developed as the applicant will be the same expected to be used as a Participant, once selected.						
Participant_Type	Participant Type	The type of entity/provider allowed to participate in the demonstration.						
Member_Type	Member Type	The OUD care team member type.						
Relationship	Relationship to Applicant/Participant	The OUD care team member's relationship to the applicant/participant.						
Business_Name	Legal Business Name	The applicant/participant's full legal business name, as reported to the IRS.						
Last Name	Last Name	OUD care team member's last name						
First Name	First Name	OUD care team member's first name						
Middle Name	Middle Name	OUD care team member's middle name						
Title/Position	Title/Position	OUD care team member's title						
demonstration applicants participants. The Demolt developed as the applicate the same expected to be a Participant, once select. Participant_Type Participant Type The type of entity/provide to participate in the demolect demonstration and participate in the demolect demonstration. Relationship Relationship to Applicant/Participant Applicant/Participant Business_Name Legal Business Name Legal Business Name The applicant/participant legal business name, as to the IRS. ast Name Last Name Last Name First Name OUD care team member name Jiddle Name Middle Name Middle Name Middle Name OUD care team member name Title/Position Title/Position OUD care team member credentials OUD care team member credentials		OUD care team member's						
Street Address	Street Address	Full street address						

City	City	City					
State	State	Abbreviated state name					
Nine Digit Zip Code	Nine Digit Zip Code	The first part is the first five digits of the zip code which indicates the destination post office or delivery area. The last 4 digits of the ninedigit ZIP Code represents a specific delivery route within that overall delivery area.					
Phone Number	Phone Number						
TIN	Tax Identification Number (TIN)	A Tax Identification Number (TIN) is a nine-digit number used as a tracking number by the U.S. Internal Revenue Service (IRS).					
NPI	National Provider Identifier (NPI)	The NPI is a unique identification number for covered health care providers.					
CCN	CMS Certification Number (CCN)	The CCN is used to identify each separately certified Medicare provider or supplier. The NPI and PTAN is tied to the CCN.					
PTAN	Provider Transaction Access Number (PTAN)	A Medicare-only number issued to providers by MACs upon enrollment to Medicare. When a MAC approves enrollment and issues an approval letter, the letter will contain the PTAN assigned to the provider or supplier (linked to their NPI).					
DEA	DEA Registration Number	A DEA number (DEA Registration Number) is an identifier assigned to a health care provider (such as a physician, physician assistant, nurse practitioner, optometrist, dentist, or veterinarian) by the United States Drug Enforcement Administration allowing them to write prescriptions for controlled substances.					
DEA_PatientNumber	Maximum number of patients DEA health care provider is allowed to treat.	Maximum number of patients DEA health care provider is allowed to treat.					
START_DATE	Effective Start Date	Effective start date the OUD Care Team member is expected to start furnishing ViT demonstration services.					
END_DATE	Effective End Date	Effective end date the OUD Care Team member is expected to stop furnishing ViT demonstration services.					

Required Value	Data Type (Length)	Valid Values						
Yes	TEXT (12)	Format: <'DemoID'> = ShortName-ID, where ShortName is a 7 character name with no space (abbreviation, initials, acronyms, other short name identified by aplicant/participant), and ID is the last four digits of the 9-digit Tax ID Number (TIN) Example: CMMI-1234						
Yes	STRING (1)	N = 1 - 9, where: 1 = Physician 2 = Group Practice 3 = Hospital Outpatient Department 4 = Federally Qualified Health Center 5 = Rural Health Clinic 6 = Community Mental Health Center 7 = Certified Community Behavioral Health Clinic 8 = Opioid Treatment Program 9 = Critical Access Hospital						
Yes	STRING (1)	N = 1 - 12, where: 1 = Applicant/Participant 2 = Medicare-enrolled Primay Care Provider (PCP) 3 = Medicare-enrolled Addiction Provider 4 = Medicare-enrolled Provider Authorized to Prescribe/Dispense Narcotics 5 = Counselor 6 = Clinical Alcohol and Drug Counselor 7 = Marriage/Family Therapist 8 = Peer Specialist 9 = Community Health Worker 10 = Qualified Clergy 11 = Care Manager 12 = Other						
Yes	STRING (1)	N = 1 - 4, where: 1 = Employed 2 = Contracted 3 = Self (Owner) 4 = Other						
Yes	TEXT (100)	Format: NameNameNameName (Full Name; no spaces; no longer than 100 characters with no spaces)						
Yes	TEXT							
Yes	TEXT							
Yes	TEXT							
Yes	TEXT							
Yes	TEXT							
Yes	TEXT							

T	
T (2)	Format: 2 letter state postal code abbreviation, no spaces (XX)
Л (9)	Format: 9-digit number (XXXXX-XXXX)
И (10)	Format: 10-digit number (XXX-XXX-XXXX)
(10)	Tomat. To digit number (700070000)
И (10)	Format: 10-position, intelligence-free numeric identifier (10-digit number)
AR (6)	Format: Any valid six digit number. The first two digits identify the State in which the provider is located. The last four digits identify the type of facility.
AR (9)	Format: XXX-XX-XXXX
AR (9)	Format: XXXXXXXXX Every DEA number is made up of two letters, six numbers, and one check digit. The first letter is a code to identify the type of prescriber (i.e., a hospital, a practitioner, a manufacturer, etc.). The second letter is the first letter of the prescriber's last name.
A (3)	Format: maximum of three digit number.
E (10)	Format: YYYY-MM-DD
E (10)	Format: YYYY-MM-DD
E (1	.0)

Value in Opioid Use Disorder Treatment Demonstration Program (Value in Treatment) OUD Care Team Roster

interactions

10 one of the rounds correspond to the applic purpose injuried part of 11 Applicant/Participant "in a Regular purpose in the Indicated under Member, Type column). The legal bediens name associated with the billing NP must be provided or the applicant/participant in must be provided or the Indicated under Member, Type column, The legal bediens name associated with the billing NP must be provided for the applicant/participant. This NP NP (control will be used for billing purposes, No other TRAPIC control may also be demonstrated by control applicant participant. The NP NP Control will be used for billing purposes. No other TRAPIC control may be applicant participant in the NP Control will be used for billing purposes. No other TRAPIC control may be applicant participant in the NP Control will be used for billing purposes. No other TRAPIC control may be applicant participant in the NP Control will be used for billing purposes. No other TRAPIC control may be applicant participant in the NP Control will be used for billing purposes. No other TRAPIC control may be applicant participant in the NP Control will be used for billing purposes. No other TRAPIC control may be applicant participant in the NP Control will be used for billing purposes. No other TRAPIC control may be applicant participant in the NP Control will be used for billing purposes.

3] The CDC Care Faram noter must include a New Care of the September of th

7) For any CUID Cure Team members that stop furnishing VIT demonstration services (as indicated by the End Date column), but later come back to join the team, a new now must be added for them. Piezes do not delete any inactive (those with an ind Date Indicated) CUID care beam members from this roster.

8) Piezes reference the Data Elicinary to ensural all requested for information follows the noted formut.

Drop Down Selection [specific to the entity Selection specific applying applying apply xame type to adort) individual]

Same ID for all listed for all listed members in a selection specific to the selection individual in

molD		Member_Type		Business_Name	Last Name	First Name	Middle Name	Title/Position	Credentials	Street Address	City	State	Nine Digit Zip Code	Phone Number			PTAN	CCN	DEA	DEA_PatientNumber		Required, it
IOID	Participant_Type	Member_Type	Relationship	Business_Name	Last Name	Hist Name	Middle Name	Title/Position	Credentials	Street Address	Lity	State	Code	Number	TIN	NPI	PIAN	CCN	DEA	DEA_PatientNumber	STAKT_DATE	END,
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