



Value in Treatment (ViT) Demonstration

ODU Care Team Roster Guidance & Template

Version 1.0

Last updated: October 9, 2020

Overview

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

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

1) RFA submission: As part of the RFA application, applicants must submit the attachment along with the application package. Please submit this attachment using the following naming convention (case-sensitive): <'Demoid'>_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)

2) Subsequent updates: 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)

Table of Contents

- 1. Data Dictionary:** lists each of the data fields included in the ViT Participant ODU Care Team and data requirements.
- 2. ODU Care Team:** A blank ODU 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
v/).

OULD Care Team roster as an
t using the following naming
x

s, *acronyms, other short name*

. or other previous versions

s, *acronyms, other short name*

1 Roster, along with definitions

ed. 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
Credentials	Credentials	OUD care team member's credentials
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 nine-digit 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.

Yes	TEXT	
Yes	TEXT (2)	Format: 2 letter state postal code abbreviation, no spaces (XX)
Yes	NUM (9)	Format: 9-digit number (XXXXX-XXXX)
Yes	NUM (10)	Format: 10-digit number (XXX-XXX-XXXX)
Yes		
Yes, if applicable	NUM (10)	Format: 10-position, intelligence-free numeric identifier (10-digit number)
Yes, if applicable	CHAR (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.
Yes, if applicable	CHAR (9)	Format: XXX-XX-XXXX
Yes, if applicable	CHAR (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.
Yes, if applicable	NUM (3)	Format: maximum of three digit number.
Yes	DATE (10)	Format: YYYY-MM-DD
Yes, if applicable	DATE (10)	Format: YYYY-MM-DD

