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**INFORMATIONAL LETTER #2016-13**

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**DATE:** September 14, 2016

**TO:** ALL IDAHO HEALTH CARE FACILITIES/PROVIDERS

**FROM:** DEBBY RANSOM, R.N., R.H.I.T., Chief  
Bureau of Facility Standards

**SUBJECT:** **CMS S&C Letter 16-39-ALL—  
Certification Number (CCN) State Codes — State Operations  
Manual (SOM) Section 2779A Revisions**

The CMS S&C Letter 16-39-ALL — Certification Number (CCN) State Codes – State Operations Manual (SOM) Section 2779A Revisions is being distributed to all Health Care Facilities/Providers in Idaho.

If you have any questions, please contact our office at 208/334-6626.

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DEBBY RANSOM, R.N., R.H.I.T., Chief  
Bureau of Facility Standards

DR/nm  
Attachment



**Center for Clinical Standards and Quality/Survey & Certification Group**

**Ref: S&C: 16-39-ALL**

**DATE:** September 08, 2016

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Certification Number (CCN) State Codes –State Operations Manual (SOM)  
Section 2779A Revisions

**Memorandum Summary**

- **SOM Section 2779A:** The Centers for Medicare & Medicaid Services (CMS) has made revisions to this section in the SOM which provides guidance regarding the numbering system for CCNs for Medicare-participating providers and suppliers. The revision, specifically in Section 2779A1 for Medicare providers reflects the addition of new State Codes.
- **Additional State Codes:** Due to a lack of available CCNs for some providers wishing to enroll or modify their current certification in Medicare, additional State codes are being added to the Automated Survey Processing Environment (ASPEN), the Accrediting Organization System for Storing User Recorded Experiences (ASSURE), as well as Medicare payment processing systems, effective October 1, 2016.

**Background**

The CCN is used to identify each separately certified Medicare provider or supplier. It is used to track provider agreements and cost reports. The national provider identifier (NPI) and provider transaction account number (PTAN) are tied to the CCN. The CCN for providers and suppliers paid under Medicare Part A have six digits. The first two digits identify the State in which the provider is located. The last four digits identify the type of facility.

CMS has nearly exhausted all available CCNs for certain facility types in some States. Once all CCN ranges available for a facility type are exhausted for the State, new assignments start over using the next State code assigned. If an additional State code has not been previously assigned, CMS must process a request for a new State code.

**New State Codes**

State codes are programmed into all CMS data systems that use the CCN for tracking, and the data requirements are extensive. Currently, systems are being updated to accept four new State codes effective October 1, 2016.

The four States and their new State Codes are:

- Arizona - 00
- Idaho - 54
- New York - 57
- West Virginia -58

If all CCNs for any provider or supplier are exhausted, new CCNs cannot be assigned for that specific provider or supplier type until a new State Code has been assigned, and all information systems updated to accept the new CCNs. New providers or suppliers are unable to bill for services without a functional CCN.

Surveyor tracking systems (ASPEN and ASSURE) as well as Medicare payment processing systems are being updated simultaneously in order to accept the new State Codes.

**Contact:** Questions regarding the content of this memo should be sent to [hospitalscg@cms.hhs.gov](mailto:hospitalscg@cms.hhs.gov).

**Effective Date:** October 1, 2016. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/  
David R. Wright

Attachment: CCN State Codes – SOM Section 2779A Revisions

cc: Survey and Certification Regional Office Management