

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2091	Date: May 30, 2018
	Change Request 10564

Transmittal 2079, dated May 4, 2018, is being rescinded and replaced by Transmittal 2091 dated, May 30, 2018 to add a note to business requirement 10564.1.3. All other information remains the same.

SUBJECT: Identifying and Eliminating Discrepancies between the Provider Enrollment, Chain and Ownership System (PECOS) and the Fiscal Intermediary Shared System (FISS)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to clarify the need for accurate provider and supplier enrollment records, and to identify discrepancies between the enrollment data found in the shared systems and PECOS.

EFFECTIVE DATE: October 1, 2018

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

IMPLEMENTATION DATE: October 1, 2018

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	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2091	Date: May 30, 2018	Change Request: 10564
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SUBJECT: Identifying and Eliminating Discrepancies between the Provider Enrollment, Chain and Ownership System (PECOS) and the Fiscal Intermediary Shared System (FISS)

EFFECTIVE DATE: October 1, 2018

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IMPLEMENTATION DATE: October 1, 2018

I. GENERAL INFORMATION

A. Background: The Risk Management and Financial Oversight Committee indicated that there are no policies, procedures, or instructions in place for monitoring and reconciling changes in provider records and enrollment status. There is no current requirement for the reconciliation of provider records and enrollment status between the Provider Enrollment Chain and Ownership System (PECOS) and the Shared System Maintainer (SSM). Therefore, in order to remediate the findings, and for both the PECOS and the claims systems to contain accurate and equivalent provider eligibility data, the Centers for Medicare & Medicaid Services (CMS) is creating a process that identifies any discrepancies between the systems and allows for reconciliation of the provider eligibility data. The SSM shall create a bi-annual file of all of the active eligibility data to CMS.

B. Policy: This CR does not involve any legislative or regulatory policies and is restricted to clarifications in operational procedures.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC		D M E	Shared- System Maintainers				Other	
		A	B		H H H	M A C	F I S S	M C S		V M S
10564.1	The SSM shall create a job to produce a file of active providers.					X				
10564.1.1	The SSM shall exclude Veterans Administration providers from the selection criteria.					X				
10564.1.2	The SSM shall select the provider only if there is no date in the [HCFA] cancel date field for that provider's CMS Certification Number (CCN).					X				

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10564.1.3	The SSM shall select the National Provider Identification (NPI)/CCN combination for the provider selected in 10564.1.2 only if there is no cancel or term date for that NPI/CCN combination Exception: A term date of 12319999 will be considered an active NPI/CCN combination, and the record should be selected. .					X					
10564.1.4	The SSM shall use the record layout listed in Attachment A for producing the file.					X					
10564.1.5	The SSM shall update their run documentation to include it as part of the appropriate production cycle to be run each October and April.					X					
10564.2	CMS shall provide the file names for the Virtual Data Centers (VDC) to use to send the file of active providers produced under 10564.1.										CMS
10564.2.1	CMS shall provide the file name for each workload to its appropriate VDC.										CMS
10564.2.2	CMS shall provide contact information for the VDCs in case there is an issue to be resolved in relation to sending the file.										CMS
10564.3	The VDCs shall send the file of active providers generated from the job created in BR 10564.1 to CMS.										VDCs
10564.3.1	The VDCs shall generate the file each October and April.										VDCs
10564.3.2	The VDCs shall send the first file beginning October 2018.										VDCs
10564.3.3	The VDCs shall send the file every six months, on the 10th day of the month. (e.g., April 10th, October 10th).										VDCs
10564.3.4	The VDCs shall send a separate file from each workload to CMS.										VDCs
10564.4	CMS shall hold at least one meeting to coordinate testing.					X					CMS, STC, VDCs

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
10564.4.1	The group shall discuss how to generate and to review the sample file to verify the file.					X					CMS, STC, VDCs
10564.4.2	CMS shall send written confirmation (email) to the mailboxes of FISS and VDCs that the file was received and was accepted.										CMS
10564.4.3	The contractors should hold the testing meeting during the Alpha test phase.					X					CMS, STC, VDCs

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	None										

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Christopher McKay, 410-786-8410 or christopher.mckay@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 1

Attachment A – Record layout

Data Element	Description	Example	Type	Length
CNTRCTR_ID	Contractor ID	01112	CHAR	5
Pipe Delimiter	Pipe Delimiter	" "	CHAR	1
CNTRCTR_NAME	Contractor name	Noridian	CHAR	40
Pipe Delimiter	Pipe Delimiter	" "	CHAR	1
MDCR_ID	Active Provider Transaction Access Number used to bill Medicare. PTAN length and structure will differ by provider type (e.g. CCN, Part B PTAN, NSC Number).	058614	CHAR	15
Pipe Delimiter	Pipe Delimiter	" "	CHAR	1
CCN_EFCTV_DT	The effective date for the CCN	CCYYMMDD	CHAR	8
Pipe Delimiter	Pipe Delimiter	" "	CHAR	1
ORG_NAME	Legal Business Name of organizational provider	Healthcare Inc.	CHAR	31
Pipe Delimiter	Pipe Delimiter	" "	CHAR	1
TIN	Tax Identification Number, typically a Social Security Number (SSN) for individuals and an Employer Identification Number (EIN) for organizations. TINs should be submitted in full without dashes.	123004567	CHAR	9
Pipe Delimiter	Pipe Delimiter	" "	CHAR	1
NPI	National Provider Identifier	1316054737	CHAR	10
Pipe Delimiter	Pipe Delimiter	" "	CHAR	1
EFCTV_DT	The effective date for the CCN-NPI Combination	CCYYMMDD	CHAR	8
Pipe Delimiter	Pipe Delimiter	" "	CHAR	1