

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1704	Date: August 5, 2016
	Change Request 9613

NOTE: This Transmittal is no longer sensitive and is being re-communicated November 25, 2016. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: Implementing Provider File Updates and PECOS to FISS Interface Via Extract File Updates to Accommodate Section 603 Bipartisan Budget Act of 2015

I. SUMMARY OF CHANGES: An extract file of provider enrollment data that has been input via the A/MAC contractors will be generated out of PECOS and available for the FISS datacenters to load into the FISS claims system to populate the outpatient off-campus provider departments claims provider files so outpatient off-campus claims can be processed.

EFFECTIVE DATE: January 1, 2017

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

IMPLEMENTATION DATE: January 3, 2017

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

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I. GENERAL INFORMATION

A. Background: Section 1833 (t) of the Act as amended to the Act by §603 of the Bipartisan Budget Act of 2015, authorizes CMS to implement amended policies related to treatment of off-campus outpatient department of a provider services.

Hospital providers are required to include all practice locations on the CMS 855A enrollment form. CMS has performed a re-validation process (March 25, 2011 – March 23, 2015) where in the last 4 years all hospital providers have completed an 855A enrollment form to either 1) initially enroll in Medicare, 2) add a new practice location, or 3) revalidate its enrollment information. If a hospital claim is submitted with a service facility location that was not included on the CMS 855A enrollment form, it will be returned to the provider (RTP'd) until the CMS 855A enrollment form and claims processing system is updated.

B. Policy: Starting on January 1, 2017, off-campus outpatient department(s) of a provider services that fall under §603 of the Bipartisan Budget Act of 2015 are required to be correctly identified. Collection and retention of CMS 855 enrollment data has been cleared through a Paperwork Reduction Act Notice in the **Federal Register**. The authority for the various types of data to be collected is found in multiple sections of the Social Security Act (the Act) and the Code of Federal Regulations. Specifically in Sections 1816, 1819, 1833, 1834, 1842, 1861, 1866 and 1891 of the Act, and 42 CFR Chapter IV, Subchapter A.

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		F M V C	M C M S	V M S S	C W F		
9613.1	The Shared System Maintainer shall create a new screen on the provider file to hold the complete address including the 9 digit zip code for "other" practices (position 81); to also hold the type of practice (positions 82-141), effective date and termination date for each practice location 04 child record from the PECOS extract for outpatient hospital provider based department(s) (PBD) as identified by					X					

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	
	the hospital PTAN/OSCAR (XX0001-XX0999, XX1200-XX1399, XX3025-XX3099, XX3300-XX3399, and XX4000-XX4499) and not being the primary location.								
9613.1.1	The Shared System Maintainer shall ensure that information housed in these fields from BR 9613.1 on the newly created screen on the provider file be populated only by the PECOS system interface and shall be locked from manual data entry.					X			
9613.1.2	The Shared System Maintainer shall also create an additional new field on the newly created screen on the provider file to be populated by FISS. This field is: 603 PBD: _ <u>Valid Values:</u> Y= Yes, the PBD is non-grandfathered. N= No, the PBD is grandfathered Blank = Not an outpatient hospital provider.					X			
9613.1.3	The Shared System Maintainer shall auto-populate a “Y” in the 603 PBD field when the effective date from the PECOS extract for outpatient departments of a practice locations is on or after 11/02/2015 and the provider is paid under OPPS. If the effective date is before 11/02/2015 or the provider is not paid under OPPS, the Shared System Maintainer shall auto-populate an “N” in the 603 PBD field.					X			
9613.1.4	The Shared System Maintainer shall also create additional new fields on the newly created screen on the provider file to be populated by Medicare contractors in a future CR. These fields are related to APCs and Occurs 0-199 times depending on the number of separate APC's billed by each PBD: For example: 05551 _ 05552 _ 05553 _ 05554 _ <u>Valid Values:</u> Y = Yes, the PBD provides this service prior to 11/02/2015.	X				X			

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		
	Blank = No, the PBD did not provide this service prior to 11/02/2015. See attachment 1 for APCs required.										
9613.1.5	<p>The Shared System Maintainer shall also create additional new fields on the newly created screen on the provider file to be populated by manual entry. These fields include:</p> <p>603 PBD Exception: --_</p> <p><u>Valid Values:</u></p> <p>1 = The PBD is considered on-campus</p> <p>2 = The PBD is remote location of a hospital.</p> <p>3 = The PBD is dedicated emergency department (ED)</p> <p>4 = The PBD is considered Grandfathered by Legislation.</p> <p>5 = Other</p> <p>Blank=No exception has been made.</p> <p>Grandfathered PBD Exception: --_</p> <p><u>Valid Values:</u></p> <p>1 = The PBD is considered on-campus</p> <p>2 = The PBD is remote location of a hospital.</p> <p>3 = The PBD is dedicated emergency department (ED)</p> <p>4 = Other</p> <p>5 = Non-OPPS provider</p> <p>Blank=No exception has been made.</p> <p>PBD CBSA: _____-(Potentially required when provider is an OPPS Provider)</p>	X				X					
9613.1.6	When the service facility address is populated on the claim, the Shared System Maintainer shall send the					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		
	PBD CBSA from BR9613.1.5 (if populated) in the OPPS Pricer Interface instead of the CBSA from OPSF screen.										
9613.1.7	If there is an "N" in the 603 PBD field and the provider is not paid under OPPS, the Shared System Maintainer shall auto-populate a "5" in the Grandfathered PBD Exception field. (i.e., Certain hospitals in Maryland that are paid under Maryland waiver provisions, Critical Access Hospitals (CAHs); Indian Health Service hospitals; hospitals located in American Samoa, Guam, and Saipan; and, hospitals located in the Virgin Islands.					X					
9613.2	CMS shall have two (2) EIC teleconference calls between FISS and PECOS with contractor attendance.	X				X					PECOS, STC, VDCs
9613.3	The Share System Maintainer shall process all hospital-based enrollment records and corresponding hospital-based practice locations for each OSCAR/NPI combination supplied in the PECOS daily extract file.					X					PECOS
9613.4	PECOS shall create a one-time extract file that contains all enrollment records and corresponding practice locations for each OSCAR/NPI combination.										PECOS
9613.4.1	PECOS shall send the test file created in BR 9613.4 to FISS by 9/19/2016 for alpha testing and send a test file to the STC by 10/19/2016 and send a test file to VDC's for UAT testing by 12/01/2016. VDC's shall allow for A/B MAC (A) testing of the one-time extract process in UAT during the normal release testing process.	X				X					PECOS, STC, VDCs
9613.4.1.1	There will be a single call with PECOS and FISS to determine any file issues early in the SDLC near the end of August 2016.					X					PECOS
9613.4.2	PECOS shall send the production file created in BR 9613.4 to the VDCs by 12/30/2016. This file will be sent in place of the daily extract file. PECOS will notify the VDCs prior to sending the file.										PECOS, VDCs
9613.4.3	The PECOS shall ensure that A/B MAC (A) contractor site specific data will be captured for each A/B MAC (A) FISS region and not one large file that contains every A/B MAC (A) contractor's information.										PECOS, VDCs
9613.5	The Shared System Maintainer shall create new fields in the claim record to house the complete address of the service facility. This field(s) shall opened for entry as well as update capability for all modes of entry (DDE, hardcopy, EMC) for contractors and providers.	X				X					
9613.6	For EMC claims, the Shared System Maintainer shall populate the address of the service facility in the new					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	
	fields created in BR 9613.5, when the facility zip is picked from 2310E loop (using PECOS and TR3 position limits).									
9613.7	The Shared System Maintainer shall create a new Reason Code for hospital outpatient claims TOB 013x and 014x with DOS on or after 11/2/2015 that compares (using PECOS and TR3 position limits) the service facility address (when provided on the claim) with practice locations found in the newly created fields on the provider file from BR 9613.1. If a match is found continue processing the claim. If no match is found, Return To Provider (RTP) the claim to the provider, indicating that this service facility was not identified by the provider in the CMS 855A enrollment form as a practice location.	X				X				
9613.7.1	The Reason Code created in 9613.7 shall be allowed to be bypassed by the A/B MAC Part A.	X				X				
9613.7.2	The Reason Code created in 9613.7 shall not edit against contractor adjustments.					X				
9613.8	The Shared System maintainer shall create a reason code that edits for the presence of the "PO" modifier on outpatient claims with TOB 013x and 014x with Dates of Service on or after 01/01/2017 when the service facility address is present on the claim, the matching new screen "603 PBD" is an "N", and the "603 PBD exception" or "grandfathered PBD exception" is a blank or a "4". If a service facility address is present, the the matching new screen "603 PBD" is an "N", and the "603 PBD exception" or "grandfathered PBD exception" is a blank or a "4" and all service lines do not have a "PO" modifier, this reason code shall be set to "RTP".					X				
9613.8.1	The Reason Code created in 9613.8 shall be allowed to be bypassed by the A/B MAC Part A.	X				X				
9613.8.2	The Reason Code created in 9613.8 shall not edit against contractor adjustments.					X				
9613.9	The Shared System Maintainer shall create a reason code to edit the APC received on the line with a PO modifier by the off-campus provider for TOB's 013x and 014x with DOS on or after 1/1/2016 that have a service facility address populated. If the APC from the line is present on the new provider file screen matched to the service facility address and the indicator is "Y", the line is allowed. If the APC from the line is present on the new provider file screen matched to the service facility address and the indicator is blank, RTP the claim, indicating that the	X				X				

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		
	service is not grandfathered. If the APC from the line is not present on the new provider file screen matched to the service facility address, bypass this reason code.										
9613.9.1	The Share System Maintainer shall ensure the Reason Code created in 9613.9 allows the A/B MAC Part A contractors ability to turn this reason code off.	X				X					
9613.9.2	The Reason Code created in 9613.9 shall be allowed to be bypassed by the A/B MAC Part A.	X				X					
9613.9.3	The Reason Code created in 9613.9 shall not edit against contractor adjustments.					X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			H H H	D M E M A C	C E D I	I
		A	B					
9613.10	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X						

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): Fred Rooke, fred.rooke@cms.hhs.gov

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 1

APCs	APCs	APCs	APCs
5523	5051	5431	5377
5524	5052	5432	5181
5525	5053	5441	5182
5571	5054	5442	5183
5572	5055	5443	5191
5573	5061	5461	5192
5593	5071	5462	5193
5594	5072	5463	5194
5151	5073	5464	5211
5152	5091	5471	5212
5153	5092	5481	5213
5154	5093	5491	5221
5155	5094	5492	5222
5241	5361	5493	5223
5242	5362	5494	5224
5243	5301	5495	5231
5244	5302	5501	5232
5771	5303	5502	5012
5791	5311	5503	5021
5691	5312	5504	5022
5692	5313	5671	5023
5693	5331	5672	5024
5694	5341	5673	5025
5721	5411	5674	5031
5722	5412	5611	5032
5723	5413	5612	5033
5724	5414	5613	5034
5731	5415	5621	5035
5732	5416	5622	5041
5733	5521	5623	5045
5734	5522	5624	5821
5735	5591	5625	5822
5741	5592	5626	5841
5742	5111	5627	
5743	5112	5661	
5161	5113	5371	
5162	5114	5372	
5163	5115	5373	
5164	5116	5374	
5165	5101	5375	
5166	5102	5376	