

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10203	Date: July 2, 2020
	Change Request 11864

SUBJECT: The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System

I. SUMMARY OF CHANGES: This is a recurring change request instructing FISS to provide the PS&R maintainer an updated copybook whenever there are changes to the paid claim file fields. IOM 100.06, Chapter 9 requires the PS&R to reflect FISS changes to the paid claims file fields.

EFFECTIVE DATE: October 1, 2020

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

IMPLEMENTATION DATE: October 5, 2020

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/revise 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:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-06	Transmittal: 10203	Date: July 2, 2020	Change Request: 11864
-------------	--------------------	--------------------	-----------------------

SUBJECT: The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System

EFFECTIVE DATE: October 1, 2020

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

IMPLEMENTATION DATE: October 5, 2020

I. GENERAL INFORMATION

A. Background: This is a recurring change request instructing FISS to provide the PS&R maintainer an updated copybook whenever there are changes to the paid claim file fields. The PS&R System accumulates paid claims data used by Medicare providers to file their Medicare cost reports. FISS paid claim copybook files are needed by the PS&R system/business owner to identify if there are any new/modified Provider Control File (PCF) field locations, which must be captured in PS&R for claims loaded after the implementation of FISS's new PCF. It is critical that the PS&R system maintainer is made aware of these changes in a timely manner as a PS&R system release may be required to capture changes from the PCF.

B. Policy: There is no new legislation associated with this change request.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility							
		A/B MAC		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	
11864.1	The Medicare contractor shall provide the PS&R system owner and business owner the finalized summary of changes to the Paid Claim File structure as defined by the Copybook (delta and full) 2 months prior to the implementation of a FISS release.					X			
11864.2	FISS shall send copies of the copybook to the following email addresses for the system maintainer, business owner, and system owner: PS&RAdminteam@cgifederal.com Owen.osaghae@cms.hhs.gov Olga.Vaysman@cms.hhs.gov					X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility			
		A/B MAC		D M E	C E D I
	None	A	B	H H H	M A C

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): Owen Osaghae, 410-786-7550 or Owen.Osaghae@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: 0