

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10258</b>	<b>Date: July 31, 2020</b>
	<b>Change Request 11873</b>

**SUBJECT: Send Electronic Funds Transfer (EFT) Information from Provider Enrollment Chain and Ownership System (PECOS) to Multi-Carrier System (MCS) Phase 1**

**I. SUMMARY OF CHANGES:** The purpose of this CR is to request Multi-Carrier System (MCS) and Medicare Administrative Contractors (MACs) support during the development and implementation of the changes to Provider Enrollment, Chain & Ownership System (PECOS) during Phase 1 of a two phased approach intended to reduce the 2-day cycle for Multi-Carrier System (MCS) claims processing when data is received from Provider Enrollment, Chain & Ownership System (PECOS) and the National Provider Identifier (NPI) appears on the Master Provider File. PECOS is requesting the following support.

- Medicare Administrative Contractors (MACs) and Multi-Carrier System (MCS) participation on calls to assist with questions and issues that may arise
- Multi-Carrier System (MCS) provide test data/files to Provider Enrollment, Chain & Ownership System (PECOS)
- Multi-Carrier System (MCS) provide production data/files to Provider Enrollment, Chain & Ownership System (PECOS)
- Each contractor jurisdiction support testing between Provider Enrollment, Chain & Ownership System (PECOS) and Multi-Carrier System (MCS) during the User Acceptance Testing (UAT) period

**EFFECTIVE DATE: January 1, 2021**

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

**IMPLEMENTATION DATE: January 4, 2021**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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:** This CR will build upon previous changes implemented to update the (Provider Enrollment, Chain and Ownership System (PECOS) to the Multi-Carrier System (MCS) Extract.

Provider Enrollment, Chain & Ownership System (PECOS) will be taking a two phased approach to implementing solutions intended to reduce the 2-day cycle for Multi-Carrier System (MCS) claims processing when data is received from Provider Enrollment, Chain & Ownership System (PECOS) and the National Provider Identifier (NPI) appears on the Master Provider File. Based upon analysis performed, this 2-day cycle may be reduced by sending Electronic Funds Transfer (EFT) information and related Action Reason (AR) Codes collected in Provider Enrollment, Chain & Ownership System (PECOS) to Multi-Carrier System (MCS) via the existing daily extract; thus, eliminating the time and duplicative effort for Medicare Administrative Contractors (MACs) to manually enter the same Electronic Funds Transfer (EFT) information into the Multi-Carrier System (MCS).

During phase 1 Provider Enrollment, Chain & Ownership System (PECOS) will receive updates to the following areas.

### PECOS Administrative Interface

- Application Data Report (ADR)
- Reconciliation section (RECON)
- Electronic Funds Transfer (EFT) Section within the enrollment

### Extracts/Database Changes

- Develop process to load EFT inbound files
- Database table updates

Phase 1 changes to Provider Enrollment Chain Ownership System (PECOS) will serve as preparation to start sending Electronic Funds Transfer (EFT) Information to the Multi-Carrier System (MCS) in Phase 2 - which is currently planned for the subsequent April 2021 release.

**B. Policy:** There are no regulatory, legislative, or statutory requirements related to this CR.



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	
	data to PECOS by September 4, 2020.									
11873.6	MACs shall provide a Production copy of all Electronic Funds Transfer (EFT) data and Action Reason (A/R) Code 45, A/R Code 60, and A/R Code 67 data to PECOS on November 11, 2020 for UAT testing.		X							
11873.7	VDC and PECOS shall work with the Electronic File Transfer (EFT) Team to transfer the files to the BDC mainframe.								PECOS, VDC	
11873.8	Each contractor jurisdiction shall support testing between PECOS and MCS during the UAT period to verify data collected in PECOS, MCS and Electronic Funds Transfer (EFT) screens, including those that display pre-populated information from the MCS Inbound File.		X							
11873.9	Contractors shall continue to enter Electronic Funds Transfer (EFT) information on the V1 screen to support MCS processing related to EFT.		X							

### III. PROVIDER EDUCATION TABLE

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

### IV. SUPPORTING INFORMATION

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

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information:** N/A

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Kusum Jha, 410-786-8738 or kusum.jha2@cms.hhs.gov , Pamela Rumber, 410-916-3928 or pamela.rumber@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**

## MCS to PECOS Inbound Extract Layouts (Phase 1)

### A/R Code Child Record:

to include only A/R Code 45, A/R Code 60, and A/R Code 67

Field Name	Length	Start Position	Comments
Contractor ID	5	1	Contractor ID for the PIN
PIN ID	15	6	PIN ID of the Provider
TIN	9	21	TIN of the Provider
Action Reason Code	2	30	Action Reason Code
Effective Date	8	32	Action Reason Code Effective Date
End Date	8	40	Action Reason Code End Date

### EFT Child Record:

Field Name	Length	Start Position	Comments
Contractor ID	5	1	Contractor ID for the PIN
PIN ID	15	6	PIN ID of the Provider
TIN	9	21	TIN of the Provider
Routing Transit Number	9	30	Routing Transit Number
Depositor Account Number	17	39	Depositor Account Number
Type of Account	1	56	Type of Account
Bank Effective Date	8	57	Bank Effective Date
Bank End Date	8	65	Bank End Date
Bank Status	1	73	Bank Status

## PECOS to MCS Outbound Extract Layouts (Phase 2)

**A/R Code Child Record** – to include only A/R Code 45, A/R Code 60, and A/R Code 67

Multiple iterations of the A/R Code Child Record will need to be generated to account for each A/R Code value.

Field Name	Length	Default Value	Start Position	Comments
Medicare ID Type	2	N/A	41	Medicare ID Type
Medicare ID	15	N/A	43	Medicare ID of the Provider
Action Reason Code	3	N/A	58	Action Reason Code – values 45, 60, or 67
Action Reason Code Effective Date	8	N/A	61	Action Reason Code Effective Date
Action Reason Code End Date	8	N/A	69	Action Reason Code End Date
Filler	745	N/A	77	N/A
<b>Total Length</b>	<b>821</b>	N/A	N/A	N/A

## EFT Child Record

Multiple iterations of the EFT Child Record will need to be generated to account for each EFT record.

Field Name	Length	Default Value	Start Position	Comments
Medicare ID Type	2	N/A	41	Medicare ID Type
Medicare ID	15	N/A	43	Medicare ID of the Provider
Bank Code	1	N/A	58	Type of Account
Bank Status	1	N/A		Current status of the MCS pre-note process
Bank Effective Date	8	N/A	60	Bank Effective Date - Date that EFT information will be used for claims in MCS.
Bank End Date	8	N/A	68	Bank End Date - Date that EFT information is no longer current EFT information in MCS.
Bank Routing Number	9	N/A	76	Routing number for the Provider's bank
Bank Account Number	17	N/A	85	Bank account number for Provider
Filler	720	N/A	102	N/A
<b>Total Length</b>	<b>821</b>	N/A	N/A	N/A