CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10908	Date: August 11, 2021
	Change Request 12383

SUBJECT: Fiscal Intermediary Shared System (FISS) - Restrict the Maryland Waiver Indicator (MWI) to State Codes 21 and 80

I. SUMMARY OF CHANGES: While making the 2021 rate updates for Prospective Payment System (PPS) exempt providers, several Medicare Administrative Contractors (MACs) encountered a FISS file maintenance edit that ensures updates to the core Provider file are consistent with the provider type and reimbursement method. To resolve the FISS edit, the MAC incorrectly set the MWI to Yes which caused FISS to identify the provider as participating in the Maryland Waiver demonstration. Hard coded logic in FISS reimburses Maryland Waiver hospital claims as a percentage of billed charges. This resulted in several large overpayments before the error was identified and corrected. This change will create a new FISS file maintenance edit to ensure that FISS will only accept a 'Y' in the MWI if the provider is located in Maryland.

EFFECTIVE DATE: January 1, 2022

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

IMPLEMENTATION DATE: January 3, 2022

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: 10908 | Date: August 11, 2021 | Change Request: 12383

SUBJECT: Fiscal Intermediary Shared System (FISS) - Restrict the Maryland Waiver Indicator (MWI) to State Codes 21 and 80

EFFECTIVE DATE: January 1, 2022

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

IMPLEMENTATION DATE: January 3, 2022

I. GENERAL INFORMATION

A. Background: Currently, there is not an edit to prevent incorrectly aligning a provider to the Maryland Waiver demonstration that reimburses hospital claims as a percent of billed charges. Incorrectly assigning a non-Maryland provider to the Maryland Waiver demonstration results in incorrect payment and additional MAC workload to recover and correct the payment. This Change Request (CR) will add a new file maintenance edit on the FISS Provider file to only allow 'Y' in the MWI if the provider is located in Maryland.

B. Policy: No changes to policy.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B	}	D	Shared-				Other
		N	MAC		M	System				
					Е	Maintainers			ers	
		A	В	Н		F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
12383.1	FISS shall create a new reason code to only allow a 'Y'					X				
	in the Maryland Waiver Indicator if the provider state									
	code is equal to 21 or 80.									

III. PROVIDER EDUCATION TABLE

N	lumber	Requirement	Responsibility		
			A/B	D	С
			MAC	M	Е
				Е	D

	A	В	H H H	M A C	I
None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Jamie Mcleod, Jamie.Mcleod@cms.hhs.gov , Rita Hazlip, 410-786-5755 or Rita.Hazlip@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