

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10917	Date: August 10, 2021
	Change Request 12061

SUBJECT: User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Periodic Interim Payment (PIP) Timeliness Report Update

I. SUMMARY OF CHANGES: This UCR is a request to enhance FISS Report 311 to exclude Medicare Advantage claims from the provider timeliness calculations.

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

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I. GENERAL INFORMATION

A. Background: FISS Report 311 is used by the MACs to ensure providers that receive PIP payments are meeting Medicare guidelines for filing claims timely. Claims for beneficiaries in a Medicare Advantage (MA) plan should be excluded from the timeliness calculation. This UCR is a request to enhance Report 311 to exclude MA claims from the summary portion of the report. The claims will still be included in the portion of the report that details all claims received from the provider and will be noted as MA claims. This change will eliminate MAC effort to accurately monitor provider performance.

B. Policy: This change request does not change existing policy. This is an enhancement to an existing FISS report.

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	H H H		F I S S	M C S	V M S	C W F			
12061.1	FISS shall modify the Periodic Performance Report (311) to count Medicare Advantage claims with condition code 04 in the 'Total Bills Excluded'.						X					
12061.2	FISS shall continue to display the Medicare Advantage claims in the detail portion of the report with MA populated in the exclusion code.						X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	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.

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): Rita Hazlip, 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):

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ATTACHMENTS: 0