

<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 11234</b>	<b>Date: January 27, 2022</b>
	<b>Change Request 12565</b>

**SUBJECT: User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Medicare Secondary Payer (MSP) Reports RPT800AA and RPT800AB Updates**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is FISS created reports RPT800AA and RPT800AB to allow the Medicare Administrative Contractors to track FISS MSP Insurer (MSPI) records used to transmit MSP insurer information to the Common Working File (CWF). MSPI records are generated when a MSP claim is received and the CWF response indicates that there is not an open MSPI record matching the claim insurer information at the host. This UCR will enhance the FISS reports to include the Document Control Number (DCN) of the claim that triggered the CWF update.

**EFFECTIVE DATE: July 1, 2022**

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

**IMPLEMENTATION DATE: July 5, 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/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.

<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

Pub. 100-20	Transmittal: 11234	Date: January 27, 2022	Change Request: 12565
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**EFFECTIVE DATE: July 1, 2022**

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**IMPLEMENTATION DATE: July 5, 2022**

## I. GENERAL INFORMATION

**A. Background:** FISS created reports RPT800AA and RPT800AB for Medicare Administrative Contractors (MACs) to monitor the transmission of MSP insurer (MSPI) information to the Common Working File (CWF). MSPI records are generated when a CWF response indicates that CWF does not have an insurer record that matches the incoming claim. The MSPI record transmits the insurer information to the CWF MSP Insurer file to allow the claim to continue processing.

This UCR is an enhancement to the FISS reports to add the Document Control Number (DCN) of the claim that triggered the MSPI request. Adding the DCN of the claim will allow the MACs tie the MSPI update to the triggering claim to resolve processing issues and Quality Assurance Audit questions.

**B. Policy:** This UCR is an enhancement to an existing report. No policy impacts.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12565.1	FISS shall modify the weekly report, RPT800AA, to include the DCN of the claim associated with the MSPI record.					X				
12565.2	FISS shall modify the weekly report, RPT800AB, to include the DCN of the claim associated with the MSPI record.					X				

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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, 410-786-5755 or Rita.Hazlip@cms.hhs.gov , Kay Curry, Kay.Curry@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**