

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1874	Date: July 27, 2017
	Change Request 10134

SUBJECT: Implementation CR: Integrating NLR into the HQR system

I. SUMMARY OF CHANGES: This CR implements the analysis from CR 9836 in order to integrate the functions once in the NLR to the HQR system, in order for eligible hospitals to be able to participate in the Medicare EHR Incentive Program. This CR provides direction to the FISS and PFDC to implement certain technical functions that are required.

EFFECTIVE DATE: January 1, 2018

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

IMPLEMENTATION DATE: January 2, 2018

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	

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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SUBJECT: Implementation CR: Integrating NLR into the HQR system

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IMPLEMENTATION DATE: January 2, 2018

I. GENERAL INFORMATION

A. Background: Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) repeals the Medicare sustainable growth rate (SGR) methodology for updates to the physician fee schedule (PFS) and replaces it with a new Merit-based Incentive Payment System (MIPS) for MIPS eligible clinicians or groups under the PFS. This proposed rule would establish the MIPS, a new program for certain Medicare-enrolled practitioners. MIPS would consolidate components of three existing programs, the Physician Quality Reporting System (PQRS), the Physician Value-based Payment Modifier (VM), and the Medicare Electronic Health Record (EHR) Incentive Program for Eligible Professionals (EPs), and would continue the focus on quality, resource use, and use of certified EHR technology (CEHRT) in a cohesive program that avoids redundancies.

With the Eligible professional transition into MIPS and Hospitals transition into Hospital Quality Reporting (HQR) System, the Medicare functions within National Level Repository (NLR) system become redundant, thus being decommissioned. This CR will allow FISS and the Payment Filed Development Contractor (PFDC) to transition all of the necessary elements and data into the HQR system.

B. Policy: CMS is seeking to implement the necessary transition from the national level repository (NLR) into the Hospital Quality Reporting (HQR) system. The goal is allow for eligible hospitals and critical access hospitals (CAHs) to be able to report in the HQR system through the normal attestation deadlines in 2018. CMS currently has this deadline as February 28, 2018. This will require the system to be up and running by January 2, 2018 when the hospitals are to start reporting.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F M V C W	I C M S F				
10134.1	FISS shall make the following updates: 1. D1 Request & Response 2. D1- 1099 Request & Response 3. F-3					X					

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	
10134.1.1	FISS shall replace the 'NLR' segment in the file names and any 'NLR' references in the header and trailer with 'PFC'.					X				
10134.2	FISS shall make no other changes except those described in BR 10134.1					X				
10134.3	CMS and the contractors shall hold up to 5 1-hour meetings to discuss testing.					X				CCSQ, CMS, HIGLAS, Other CMS Contractor, VDC
10134.4	CMS and the contractors shall conduct positive and negative testing of the reconciliation process under CR 9555, and additional examples identified in the testing meetings.					X				CCSQ, CMS, HIGLAS, Other CMS Contractor, STC, VDC
10134.5	FISS Shall update any online screen headings or reports to change NLR to PFDC where appropriate.					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.

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): Steven Johnson, steven.johnson@cms.hhs.gov , Nichole Davick, Nichole.Davick@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