

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2030	Date: February 2, 2018
	Change Request 10464

SUBJECT: Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports - Phase 3

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to allow the FISS maintainer to remove obsolete core reports that were confirmed under CR 10252 Phase 3.

EFFECTIVE DATE: July 1, 2018

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

IMPLEMENTATION DATE: July 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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I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services' (CMS) goal is to identify and remove any shared system produced obsolete core reports (i.e., reports that no longer meet the needs of the business owner). The removal of obsolete reports reduces 1) System complexity and makes future maintenance easier and more efficient; 2) Processing and storage costs at the Virtual Data Centers; and 3) Processing and storage codes and the Medicare Administrative Contractors (MACs) by discontinuing the need to warehouse these reports at their local data centers. The reports on the attached list are MAC internal reports and are not reports that are sent to CMS. This CR is subsequent to CR 10252 Phase 3 review.

B. Policy: There are no legislative or regulatory policies associated with this CR.

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	
10464.1	The contractor shall archive the identified Phase 3 obsolete core reports in the attachment from the FISS system.					X				
10464.2	If the estimate/level of effort exceeds 1,000 hours, the contractor shall propose a strategy to implement the requirements over two or more quarterly releases.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	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 Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Richard Kociszewski, 443-870-3551 or richard.kociszewski@cms.hhs.gov , Kathy Campion, 410-786-4706 or kathy.campion@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: 1

PHASE III

Business Functional Area	Report Number	SSM Short Title	Job Name	Comments Required for Non-Concur
Core	FSSB0835	Provider Remittance Records Not Assigned an Intermediary	FSSJ0835	
Core	FSSJ0837R01	Region Code Errors	FSSJ0837	
Core	FSSW3898	WPS Legacy 276 Totals for Region XX	FSSJ1600	
Core	FSSB1601	PIMR Selection Verification	FSSJ1601	
Core	FSSB1602	PIMR Prepay	FSSJ1602	
Core	FSSB1603	PIMR Denial	FSSJ1603	
Core	FSSB1604	PIMR Claim Processing Data	FSSJ1604	
Core	FSSB1605	PIMR Repricing - Claims Receiving Reason Code	FSSJ1605	
Core	FSSB1606	PIMR Selection Verification	FSSJ1606	
Core	FSSB1607	PIMR Prepay	FSSJ1607	
Core	FSSB1608	PIMR Denial	FSSJ1608	
Core	FSSB1609	PIMR Claim Processing Data	FSSJ1609	
Core	FSSB1650R01	PIMR Claims that did not Price PIMR	FSSJ1650	
Core	651	Mass Adjustment Claim Match	FSSJ1710	
Core	FSSB2817-A	Medicare Part A - CMS Adjustment Claims Downcode	FSSJ2817	
Core	FSSB2817-B	Medicare Part A - CMS Adjustment Claims - Med Review Downcode	FSSJ2817	
Core	TRL49	Trial 49 Demonstration Report	FSSJ5725	
Core	HHDEMO	Home Health Homebound Demonstration	FSSJ5775	
Core	HHDAYC	Home Health Daycare Demonstration Record	FSSJ5776	
Core	FSSB6003-A	Quarterly Outlier Adjustment	FSSJ6003	
Core	621 B	ITM Summary	FSSJ621A	
Core	621 C	PRTA/RHHI Sampling respondent	FSSJ621C	
Core	7205	Control/Parm Cards Added To Online Parm Record XXXXXXXX	FSSJ7205	
Core	RPT81021	FSSF810T Status Update Report	FSSJ8101	
Core	053	FY19XX CFO CORRECTION ACTION PLAN QUARTERLY	FSSJ8400	

Core	805	RTS Insurer File Load	FSSJ9005	
Core	816	Listing of IRS Records Medicare Paid Secondary	FSSJ9010	
Core	817	Listing of IRS Records Without Reimbursement Amount	FSSJ9010	
Core	817C	Listing of IRS Records Without Reimbursement Amount Demonstration Projects.	FSSJ9010	
Core	818	Listing of IRS Records that Math a Cancelled Claim	FSSJ9010	
Core	815	Duplicate Claims	FSSJ9013	
Core	808	Claims Added To The RTS Tracking File	FSSJ9015	
Core	830	Employers Added to Tracking File	FSSJ9015	
Core	Medicare Summary Notice	Medicare Summary Notice	FSSJ9030	
Core	838	MSP Allowance Of Uncollectable Accounts - Detail Receivable Activity	FSSJ9095	
Core	762	PSA Zip Code File Error	FSSJ9961	
Core	763	PSA Zip Code File Summary Update	FSSJ9961	
Core	FSSWABTR	Unexpected Events Requiring Systems Review	FSSJABTR	
Core	FSSBADJ6	FISS Mass Adjustment	FSSJADJ6	
Core	0980	ANSI STANDARD CODES CHANGE	FSSJANSZ	
Core	RPTUDCU4	HIC NBR/DCN Missing Before Correction	FSSJCL11	
Core	RPTUDCU5	HIC NBR/DCN Missing After Correction	FSSJCL31	
Core	FSSB5633	COB Final Crossover Control Totals	FSSJCOBB	
Core	FSSUHC16-A	New HDME Codes Added from Fee Files	FSSJHC10	
Core	FSSUHC16-B	Fee File Additions & Updates to HDME File	FSSJHC10	
Core	FSSUHC20-B	HDME Additions and Updates Manual File	FSSJHC10	
Core	810	Listing of IRS Records That Match Not Paid Claims	FSSJ9010 FSSJQ806	
Core	811	Listing of Each Report ID Below Tolerance Amount	FSSJ9012 FSSQ0809	
Core	812	Report of Data Match Records Without A Matching Claim	FSSJ9010 FSSJQ806	
Core	827	Listing of Insurer Chains With No Master Insurer	FSSJ9010 FSSJQ806	