

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2032	Date: February 16, 2018
	Change Request 10455

SUBJECT: Provider Enrollment, Chain, and Ownership System (PECOS) Extract Changes for Multi-Carrier System (MCS) - Analysis Only

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to schedule conference calls with the MCS Maintainer and MACs to address CGI's questions in the attachment to finalize Electronic Funds Transfer (EFT) information in PECOS as part of phase 1 in July.

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	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

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	
10455.4	The MACs shall confirm if there is a manual process to add a PTAN in MCS before or after it's entered in PECOS. If yes, provide a process document.		X								
10455.5	The MCS maintainer shall confirm the ability to prevent data entry from users per data field or by screen.						X				
10455.6	The MCS maintainer shall provide the guidance to acquire the Reasonable Charge Locality Code, the Physician Fee Locality Code, and the County Code lists.						X				
10455.7	The MACs and SSMs shall provide a list of contact information for the analysis calls within five days of issuance of the CR to cheryl.cooper@cms.hhs.gov.		X				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	M A C				
	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): Sandhya Mathur, 410-786-3476 or sandhya.mathur@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: 2

Attachment 1

MCS Functionality

1. Is it possible to lock down individual fields in MCS or is it required to have the entire screen locked down? This means that some data elements will be accessible to MACs while others are locked on a given MCS screen.
2. Does MCS need current and historic PTAN information from PECOS? Current PTANs do not have End Dates. Historic PTANs are End Dated and can exist on Approved and Deactivated/Revoked enrollments.
3. Per conversations with the MACs and MCS, we've narrowed down the fields in MCS that directly impact the enrollment process. The following fields will be collected in PECOS. Can MCS confirm that these are the only fields that need to be collected in order to process a PIN?
 - Medicare ID
 - Medicare ID Type
 - Medicare ID Effective Date
 - Medicare ID End Date
 - EIN Effective Date
 - SSN Effective Date
 - Excluded from Deactivation
 - Language Preference
 - Pay-to-Address Flag
 - Practice Address Flag
 - Action Reason Code
 - Specialty Type
 - Provider Type Code
 - Option Code
 - County Code
 - Reasonable Charge Locality Code
 - Physician Fee Locality Code
 - CBSA Code 1
 - CBSA Code 2
 - CBSA Code 3
 - CBSA Code 4
 - CBSA Effective Date
 - Group PIN
 - Preferred NPI
 - Reference Field 1 & 2
 - Reference Type 1 & 2
 - EDI Waiver/EDI Required/ASCA/ASCA Result
 - EFT fields [will be a part of Phase 2]
 - PA Assignment fields [will be a part of Phase 2]
 - ASCA
 - ASCA Result
4. Based on conversations with the MACs and MCS, the following fields will not be collected. Can MCS confirm that these fields are unnecessary in order to process a PIN? We want to discuss these fields and their impacts if applicable.
 - New Pin
 - Hospital Based Flag
 - MAC Cross Reference Number
 - Provider Action Review Codes
 - CAP Program Information
 - Name/Type

- Vendor Identification Number
- V2A Screen fields
- MCS Meanings
- Record Type
- Comments

5. Address Flag

Based on a previous discussion with MCS, the only address flags used in MCS are A & G. The MACs indicated that they use additional flags. What additional flags are being used by the MACs and need to be collected in PECOS? For example, MAC stated that they use address flag C. (Additional flags include B, D, E, F, & H.). In addition, how do these address flags impact other screens in MCS?

6. Primary Practice Location

- For Primary Practice Location, PECOS will display to the MACs and send to MCS per PTAN the earliest Practice Location on file for that enrollment. PECOS will provide the MACs the ability to edit the Primary Practice Location in PECOS. This will result in PECOS sending the edited Primary Practice Location to MCS and not the earliest practice location. MCS will have to update the logic to select the Primary Location from the PECOS Extract File and not from internal MCS logic. Should PECOS only notify MCS when the Primary Practice Location is updated? This means that MCS would continue to rely on current MCS functionality to identify the Primary Practice Location and only update this information when PECOS notifies them of a change. Or should PECOS now be the unique source for Primary Practice Location information including updates to that information?
- Does the Primary Practice Location have to be tied to the PIN in the NPI/Medicare ID Combination Record of the PECOS Extract File?

7. Group PIN

For Group PIN, PECOS will send the receiving entity's PIN that is tied to the PIN in the V1 screen in MCS. Please confirm that this is the correct action to take.

8. Option Code

PECOS is aware of certain systematic functionality related to the Option Code in MCS. However, with our Phase 1 implementation PECOS will provide the MACs with the ability to enter Option Codes 1-9 at their own discretion. Please let us know if this has any impacts on MCS.

9. County Code

Per MAC discussion, the County Codes will be available by the state from the enrollment. Can PECOS use the state of the enrollment to establish County Codes for the PIN?

10. CBSA Code

In PECOS, the MACs will enter the CBSA Code with an Effective Date and End Date. The current CBSA Code will not have an End Date. PECOS will send MCS the four most recent CBSA Codes. This includes 1 current and up to 3 historic CBSA Codes. Is there a need for PECOS to send the historic CBSA Codes to MCS or can PECOS only send the current CBSA Code without an End Date?

11. A/R Code

Per PECOS' understanding, A/R Codes 03, 52, 82, and 85 are codes that propagate to other PINs. Is it necessary for PECOS to propagate these codes to the appropriate PINs or can MCS use the current logic to propagate these A/R codes to the appropriate PINs when they are sent from PECOS?

Attachment 2

As discussed we are planning to finalize EFT information in PECOS as part of phase 1 in July, here are the fields we were asked to collect and outstanding questions:

Financial Institution Street Address Line 2
Financial Institution City/Town
Financial Institution State/Territory
Financial Institution ZIP + 4
Financial Institution Contact Person First Name
Financial Institution Contact Person Last Name
Financial Institution Telephone Number
Financial Institution Extension
Routing Transit Number
Depositor Account Number
Type of Account
Bank Effective Date
Bank End Date
Bank Status

Questions:

1. We need to know the character limits and validations for each of the fields listed above. For example, can the account number field only be numbers, and is there a character limit for the routing number [NGS previously suggested this]
2. Is the bank effective date and end date the same as the EFT effective date and end date?
3. If an EFT is end dated, does the end date need to flow to MCS? Or is the issuance of a new EFT satisfy?
4. Please confirm that multiple current EFTs are not possible for a given Medicare ID. There can only be one current EFT. However, can there be multiple historic EFTs possible per Medicare ID? Please note, PECOS currently only collects one EFT per enrollment [Across all Medicare IDs]
5. Does PECOS need to collect full history of all end dated EFTs per Medicare ID?
6. Does PECOS need to take any systematic actions when an EFT is end dated, for example NGS indicated that an AR60 code is added to indicate hold on payments.
7. Are there providers who are not required to have EFT? For example, Physician Assistants and those who reassign all their benefits.
8. Does PECOS need to add the pre-note process while collecting EFT?
 - If yes, should PECOS automatically add a P when a new EFT is entered?
 - Would only financial users update the P status to a corresponding P2 or Reject status?
 - Should Financial users be given special access to PECOS EFT screens only? Do they only update the Bank status?
 - Any insight as to what validations occur on the EFT between the MACs and Financials during the enrollment process and pre-note process would be helpful.
 - What happens if after 10 days, there isn't a status change on the EFT? Should PECOS systematically update the P to a P2 or Reject?
 - Should MACs be notified if there hasn't been activity on the EFT past 10 days?
 - Should PECOS collect any free text field associated with EFT to collect information on any actions and validations the MAC has conducted?
 - If a bank number was added in error or needed to be quickly change, does it require pre-note functionality?
 - Do MACs finalize the enrollment while the prenote process is not complete? Are there special cases for initial enrollments vs. a COI for EFT changes?
9. PECOS does not suggest adding the prenote process in PECOS as there will be a day delay to get information to MCS when updating bank status. PECOS recommends collecting EFT information in PECOS at the time of enrollment data entry, and the update of the bank status to occur in MCS.