

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2340	Date: August 9, 2019
	Change Request 10774

SUBJECT: User Change Request: Fiscal Intermediary Standard System (FISS) - SC10 File Fix Utility Enhancement

I. SUMMARY OF CHANGES: This is a request from Noridian to create a new Claim/Bene file fix function to allow update to the inpatient benefit period data on the beneficiary file MAP1162 so that the FISS internal beneficiary file will match the information on the Common Working File (CWF). This data is normally updated by CWF responses but there are times when there is a need to update the data prior to sending the claim to CWF in order to allow FISS to process the claim correctly. Updates to the FISS internal beneficiary data would allow these claims to calculate utilization that matches what CWF will approve. If the update made is not correct, CWF will continue to edit the claim against the beneficiary inpatient utilization and return errors if the claim is not correct.

EFFECTIVE DATE: January 1, 2020

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

IMPLEMENTATION DATE: January 6, 2020

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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IMPLEMENTATION DATE: January 6, 2020

I. GENERAL INFORMATION

A. Background: This Change Request (CR) creates a new Claim/Bene file fix function to allow updates to the inpatient benefit period data on the beneficiary file MAP1162 so that the Fiscal Intermediary Standard System (FISS) internal beneficiary file will match the information on the Common Working File (CWF). This data is normally updated by CWF responses, but there are times when there is a need to update the data prior to sending the claim to CWF in order to allow FISS to process the claim correctly. Updates to the FISS internal beneficiary data would allow these claims to calculate utilization that matches what CWF will approve. If the update made is not correct, CWF will continue to edit the claim against the beneficiary inpatient utilization and return errors if the claim is not correct.

B. Policy: N/A

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	
10774.1	FISS shall create a new Claim/Bene file fix option to allow updates to the Benefit Period Data on the Beneficiary file (MAP1162).					X				
10774.1.1	FISS shall allow the user to be able to specify updates to the first/last bill dates, hospital full/partial days, Skilled Nursing Facility (SNF) full/partial days, inpatient deductible remaining and blood deductible pints.					X				
10774.2	FISS shall create a new administrative reason code to ensure the data entered does not exceed the Medicare limits for deductible for the year. Deductible limits should be calculated based on the First Bill Date entered.					X				

Number	Requirement	Responsibility										
		A/B MAC			D M E	Shared-System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
10774.3	FISS shall edit the values entered in the hospital full/partial days and SNF full/partial days to ensure they do not exceed the statutory limitations set by Medicare.					X						
10774.4	FISS shall edit the value entered into the blood deductible pints to ensure it does not exceed the statutory limitations set by Medicare.					X						

III. PROVIDER EDUCATION TABLE

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

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Stacey Shagena, 410-786-8208 or Stacey.Shagena@cms.hhs.gov , 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