

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1043	Date: March 1, 2012
	Change Request 7662

Transmittal 1029, dated January 27, 2012 is being rescinded and replaced by Transmittal 1043, dated March 1, 2012 to transmit the proper version of requirement 7662.5.1. All other information remains the same.

SUBJECT: Delayed Work from CR 7589: Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems

I. SUMMARY OF CHANGES: This CR requires ongoing research hours and bi-weekly conference calls with the maintainers, Medicare Administrative Contractors (MACs), and EDCs as well as other requirements necessary to the coordination and successful completion of the IDR Shared Systems project.

EFFECTIVE DATE: July 1, 2012

IMPLEMENTATION DATE: July 2, 2012

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 Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 1043	Date: March 1, 2012	Change Request: 7662
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Transmittal 1029, dated January 26, 2012 is being rescinded and replaced by Transmittal 1043, dated March 1, 2012 to transmit the proper version of requirement 7662.5.1. All other information remains the same.

SUBJECT: Delayed Work from CR 7589: “Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems”

Effective Date: July 1, 2012

Implementation Date: July 2, 2012

I. GENERAL INFORMATION

A. Background: The IDR Shared Systems (IDRSS) will receive feeds from the three shared systems – the FISS, MCS and VMS. In addition to the daily feeds, the IDR will also receive history extracts containing historical data starting with October 2005.

This CR requires ongoing research hours and bi-weekly conference calls with the maintainers, Medicare Administrative Contractors (MACs), and EDCs. These conference calls are necessary to the coordination and successful completion of the project. We recommend 20 hours for each MAC, EDC, and Shared Systems Maintainer (SSM).

Additionally, this CR contains requirements from FISS, VMS, and MCS that were delayed from the April release.

B. Policy: The Medicare Program Integrity Group has determined that it will use the Shared Systems claims data for fraud, waste and abuse detection.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)								
		A / B M A C	D M E M A C	F I C	C A R R I E R	R H H R I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I D E R	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7662.1	All parties shall continue ongoing research and participation in scheduled conference calls.	X	X	X	X	X	X	X	X		CMS EDC PDAC
7662.1.1	The conference calls shall be one hour in length.	X	X	X	X	X	X	X	X		CMS EDC PDAC
7662.1.2	The conference calls shall occur at least every other week.	X	X	X	X	X	X	X	X		CMS EDC PDAC
7662.1.3	The conference calls shall continue at least until the shared IDR systems modules for the shared systems are implemented at the EDC.	X	X	X	X	X	X	X	X		CMS EDC PDAC
7662.2	The Shared Systems Maintainer(s) shall include the remittance advice number on daily extracts.						X		X		
7662.3	The Shared Systems Maintainer(s) shall include the claim line number on daily extracts.						X				
7662.3.1	The claim line number provided in the extract shall correspond to the same claim line number in the Shared Systems, e.g. claim line number 4 for a claim line in the IDR extract should correspond to the claim line 4 when the claim is viewed on the Shared System.						X				
7662.4	The Shared Systems Maintainer(s) shall send Phase III claims to the IDR with updated check numbers and check dates whenever the check number on a claim is changed.						X		X		
7662.5	The Shared Systems Maintainers shall create base jobs to generate the extract reference files for each code set, including Shared System-controlled and MAC-controlled code sets, on a monthly basis as follows:						X		X		EDC
7662.5.1	For each code set, the Shared System Maintainers shall generate reference extract files containing MAC Number, Code Name, Code, Code Description, Effective Date, and Obsolete Date.						X		X		EDC
7662.5.2	The Shared System Maintainers shall submit the above information for the following code sets: <ul style="list-style-type: none"> Claim Type DME - DME Modifier Code Claim Type DME - DME Procedure Code 						X		X		EDC

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F		
	<ul style="list-style-type: none"> Claim Type DME - DME Place of Service Code Claim Type DME - DME Action Code 											
7662.5.3	<p>The VMS Maintainers shall create base jobs to generate extract reference files for the following codes:</p> <ul style="list-style-type: none"> Status Reason Discover Codes ADS Letter Number AFN/RULE Numbers 								X		EDC	
7662.5.4	The Shared System Maintainers shall submit the above requested information via the EFT process as output from the month-end processing cycles.							X		X		EDC
7662.6	The Shared System Maintainers shall submit quarterly release changes to the IDRSS record layouts in a standardized format. The required format is found in the attached Excel spreadsheet. The spreadsheet will have 6 tabs. Tab 1 is an Introduction & Description of the release changes. Tab 2 is the Claim Header record layout. Tab 3 is the Claim Line record layout. Tab 4 is the File Header layout. Tab 5 is the File Trailer layout. Tab 6 lists all the Quarterly Changes done to the copybook for the latest release.							X		X		
7662.6.1	The Shared System Maintainers shall submit the release changes via email to the IDR mailbox: CMS - IDR_Sources@cms.hhs.gov							X		X		
7662.6.2	The Shared System Maintainers shall send updated copybook spreadsheets as soon as possible after adding any changes.							X		X		
7662.7	The MCS Maintainer shall add a field in their claim extract to IDR to identify the claim as Original or Adjustment or as a Void.								X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R I E R	R H I	Shared-System Maintainers				OTHER
		M A C	M A C				F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: NA

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: NA

V. CONTACTS

Pre-Implementation Contact(s):

Anthony Hodge at 410-786-6645 or Anthony.Hodge3@cms.hhs.gov

John Stewart at 410-786-1189 or John.Stewart@cms.hhs.gov

Patte Appling at 410-786-1814 or Patricia.Appling@cms.hhs.gov

Post-Implementation Contact(s):

Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: 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.

Attachment - IDR Copybook

Introduction and Description

EXAMPLE FROM FISS:

The (FISS/MCS/VMS name here) copy book contains the description of (FISS/MCS/VMS file or claims record names here) and (FISS/MCS/VMS file or claims record names here) record layouts, which are defined in separate sheets within this document:

Claim Header Name - This record contains the claim level information. The trailer sequence number is 00

Claim Detail Name - This record contains the detail line information that can have a trailer sequence number of 00; for the detail information on the base claim header record and 01 thru 17 for the detail line items on the detail records on FSSCIDRR.

File Header Name - File Header Record.

File Trailer Name - File Trailer Record.

The Quarterly Changes tab will list the changes made during the quarter.

All three files are created in the same record format. Files will be created into 6 workloads and one exception file.

File Header Format

START	END	Field Name	Type	LENGTH
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File Header Format

Description

Valid Values

File Trailer Format

START	END	Field Name	Type	LENGTH
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File Trailer Format

Description

Valid Values

Claim Header Format

START	END	Field Name	Type	LENGTH	Phase I Yes or No
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Claim Header Format

Phase II **PHASE III**
Yes or No Yes or No

Description

Valid Values

Claim Line Format

START	END	Field Name	Type	LENGTH	Phase II Yes or No
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PHASE III
Yes or No

Description

Valid Values

CMN Layout

START	END	Field Name	Type	LENGTH	Description
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Valid Values

CMN Questions

START	END	Field Name	Type	LENGTH
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Description

Valid Values

Record Type	START	END	Field Name	Type	LENGTH
Values for Record Type					
CH - Claim Header					
CL - Claim Line					
FH - File Header					
FT - File Trailer					
FISS Example Follows					
	1126	1138	FSSCIDRR-LOW-VOLUME	9(9).99-	13

PHASE Description

- 2 This field will not be populated until the January 2012 release. It is a field returned by the ESRD pricer. The ESRD PPS implemented on January 1, 2011 provides for payment adjustments to low volume facilities. The low volume adjustment is included in the per treatment PPS reimbursement amount that is sent from the PRICER program to the Fiscal Intermediary Shared System (FISS). This instruction allows for receiving the per treatment low volume adjustment payment after any applicable transitional blend is applied in a separate field. The per treatment low volume adjustment amount will be totaled for the claim and sent to the Common Working File (CWF) for future data analysis needs.

Comment on the change

Added for CR7388