CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1073	Date: April 26, 2012
	Change Request 7776

SUBJECT: American Recovery and Reinvestment Act of 2009 Electronic Health Record (EHR) Incentive Program: Financial Information File Transfer Modifications for Eligible Hospitals

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to modify the existing requirements of Fiscal Intermediary Shared System (FISS) that are currently responsible for supplying the most up-to-date financial information and payment calculations for each hospital identified by the National Level Repository (NLR) as a meaningful user of EHR.

EFFECTIVE DATE: October 1, 2012
IMPLEMENTATION DATE: October 1, 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	

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):
Not Applicable.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One Time Notification

Pub. 100-20	Transmittal: 1073	Date: April 26, 2012	Change Request: 7776

SUBJECT: American Recovery and Reinvestment Act of 2009 Electronic Health Record (EHR) Incentive Program: Financial Information File Transfer Modifications for Eligible Hospitals

Effective Date: October 1, 2012
Implementation Date: October 1, 2012

I.   GENERAL INFORMATION

A. Background: The American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111-5) provides incentive payments for acute care hospitals (subsection (d) hospitals) and critical access hospitals (CAHs) who are meaningful users (MU) of certified Electronic Health Records (EHR) technology.

The Fiscal Intermediary Shared System (FISS)/Enterprise Data Centers (EDCs) are currently responsible for supplying the most up-to-date financial information and payment calculations for each hospital identified by the National Level Repository (NLR) as a meaningful user of EHR. The NLR will send a request to FISS/EDCs with a file of these hospitals. The FISS/EDCs will then respond to the file with each hospital's financial and payment related information. The FISS/EDCs will also return adjustment files to the NLR due to both financial and meaningful use audits. The purpose of this Change Request (CR) is to add functionality to the existing process.

B. Policy: The American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111-5)

II.   BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7776.1	The contractor shall send the FISS Master Address (also used for the 1099 address) on the D1 response to the NLR for all providers in order to get the correct 1099 information on all providers.						X				
7776.1.1	Contractor shall receive the draft updated XSD no later than 4/5/2012.						X				
7776.2	The contractor shall modify the Medicare Share % to (8) digits. (9(4) v9 (4)).						X				
7776.3	The contractor shall include new error codes as determined by the NLR.						X				
7776.4	The contractor shall make the necessary changes to						X				

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
	print the full 200 byte error message										
7776.5	The contractor shall allow for cancel function within screens to back out the initial payment and/or an adjustment (including retransmits) when a hospital with drawls from the program and returns the incentive payment to the PFDC. The NLR will send an MU of 0 to indicate the cancel. FISS shall retract the payment within the HITECH screens.						X				
7776.6	The contractor shall attend weekly conference calls as needed.						X				

III.   PROVIDER EDUCATION TABLE

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
	None										

IV.   SUPPORTING INFORMATION

A.   For any recommendations and supporting information associated with listed requirements:
"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
7776.5	The NRL will send 'NOT_MEANINGFUL_USER' and FISS will convert to a '0'. The NLR shall send a Hospital MU Status of 'NOT_MEANINGFUL_USER' on the FISS request file when a EH withdraws their attestation for the Program\Payment Year.

B. For all other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s):
Patrick Fisher at 410-786-7628 or Patrick.fisher@cms.hs.gov or Valeri Ritter at 410-786-8652 or valeri.ritter@cms.hhs.gov

Post-Implementation Contact(s):

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

VI. FUNDING

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.

B. *For Medicare Administrative The contractor (MACs)***:**

Not Applicable.