

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 316</b>	<b>Date: FEBRUARY 5, 2008</b>
	<b>Change Request 5869</b>

**Subject: Submitting Outpatient Provider Specific Data**

**I. SUMMARY OF CHANGES:** This CR instructs contractors to submit all provider data (historical and current) to CMS on a quarterly basis. It also requires that a provider's Cost-to-Charge Ratio be a required data element.

New / Revised Material

Effective Date: July 1, 2008

Implementation Date: July 7, 2008

*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:**

**SECTION A:** For Fiscal Intermediaries and 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.

**IV. ATTACHMENTS:**

## **One-Time Notification**

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

# Attachment – One-Time Notification

<b>Pub. 100-20</b>	<b>Transmittal: 316</b>	<b>Date: February 5, 2008</b>	<b>Change Request: 5869</b>
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**SUBJECT:** Submitting Outpatient Provider Specific Data

**Effective Date:** July 1, 2008

**Implementation Date:** July 7, 2008

**I. GENERAL INFORMATION**

**A. Background:**

The Outpatient Provider Specific File (PSF) contains required information about each provider to enable pricing software to calculate payment. The FI A/B MACs maintain the accuracy of the data and updates the file (for real-time processing) as changes occur in data element values. An update is accomplished by preparing and adding an additional complete record showing new current values and the effective date of the change. The old record is retained without change. Every quarter, the FI A/B MAC prepares a PSF, which is then transmitted to CMS via the Network Data Mover (NDM).

Currently, the Outpatient PSF (709 report) is only generated when there is a change to a provider record. Regardless of how many times a provider’s data may have been changed within the quarter, only the last record (the most recent record) is transmitted onto CMS. Therefore, unlike the Inpatient PSF (710 report), historical provider data is not captured for Outpatient PSF records. In addition, CMS has noticed that a required field—the Outpatient Cost-to-Charge Ratio (CCR) field—is not always documented for a provider.

**B. Policy:**

CMS is instructing contractors to transmit Outpatient PSF records to CMS in accordance with Pub. 100-04, Chapter 4, Section 50.1.

**II. BUSINESS REQUIREMENTS TABLE**

*Use “Shall” to denote a mandatory requirement*

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 I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
5869.1	Contractors shall transmit all Outpatient PSF records (historical and current) to CMS on a quarterly basis, as specified in Pub. 100-04, Chapter 4, Section 50.1.	X		X			X				EDC
5869.2	Contractors shall ensure the Outpatient Cost-to-Charge Ratio is submitted for each provider record, with the exception of records for the following: <ul style="list-style-type: none"> <li>• ESRDs (provider types 40 and 41), and</li> <li>• Community Outpatient Rehabilitation Facilities (provider type 46),</li> <li>• Skilled Nursing Facilities (provider type 38), and</li> </ul>	X		X		X	X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  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"> <li>Home Health Agencies (provider type 36)</li> <li>Veteran Affairs (VA) Demonstration providers (identified with an OSCAR number of '670899' or with a 'V' in the fifth position of the OSCAR number).</li> </ul>										

**III. PROVIDER EDUCATION 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 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	
	None.	X		X							

**IV. SUPPORTING INFORMATION**

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**  
 Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

**B. For all other recommendations and supporting information, use this space:**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Joe Bryson at 410-78-2986 or [joseph.bryson@cms.hhs.gov](mailto:joseph.bryson@cms.hhs.gov)

**Post-Implementation Contact(s):** Regional Office

**VI. FUNDING**

**A. For Fiscal Intermediaries and Carriers, use the following statement:**

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

**B. For Medicare Administrative Contractors (MAC), use the following statement:**

The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.