

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 369	Date: AUGUST 15, 2008
	Change Request 6142

Subject: Fiscal Intermediary Shared System (FISS) Merge Program Accommodation for Duplicate Check Numbers

I. SUMMARY OF CHANGES: This change request provides direction to the FISS maintainer to develop an accommodation for duplicate check numbers in their merge program - to allow for merging of financial history and bank clears.

New / Revised Material

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

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

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SUBJECT: Fiscal Intermediary Shared System (FISS) Merge Program Accommodation for Duplicate Check Numbers.

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

I. GENERAL INFORMATION

A. Background:

To fully complete The Centers for Medicare & Medicaid Service’s (CMS) A/B MAC Implementations and achieve maximum efficiency and cost savings, the agency will merge Part A workloads operating in separate CICS regions under the same A/B MAC. The purpose of this change request is to provide direction to the FISS maintainer to make accommodations in the FISS merge program for duplicate check numbers - to allow for the merging of financial history and bank clears.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

“Shall” denotes a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)											
		A / B M A C	D M E M A C	F I I E R	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER	
								F I S S	M C S	V M S	C W F		
6142.1	The FISS maintainer shall develop and test the software necessary to accommodate duplicate check numbers in their merge program - to allow for the merging of financial history and bank clears.	X		X					X				EDC

III. PROVIDER EDUCATION TABLE: N/A

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

IV. SUPPORTING INFORMATION

These actions are necessary in order to support the certain MAC transitions.

A. Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Steven Felsenberg at (410) 786-2693 or Scott Levine at (212) 616-2337.

Post-Implementation Contact(s): Steven Felsenberg at (410) 786-2693 or Scott Levine at (212) 616-2337.

VI. FUNDING:

A. For Fiscal Intermediaries, Carriers, and Regional Home Health Intermediaries (RHHIs):

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):

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.