

<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 751</b>	<b>Date: August 13, 2010</b>
	<b>Change Request 6957</b>

**SUBJECT: Extract File Format Requirements to Fully Implement Change Request 6312 (Fiscal Intermediary Standard System (FISS) to Deactivate Billing Numbers for Non-Frequent Billers).**

**I. SUMMARY OF CHANGES:** Change Request (CR) 6312 established the criteria and procedures for deactivating billing numbers for providers/suppliers in the FISS that had not billed the Medicare program for 1 year. This CR provides the requirement that FISS will provide a quarterly extract to the Provider Enrollment, Chain and Ownership System (PECOS) for all billing numbers that are deactivated. This extract report will be used to automatically update PECOS with the deactivated claim control number (CCN) allowing PECOS and FISS to remain in sync.

**EFFECTIVE DATE: January 1, 2011**  
**IMPLEMENTATION DATE: January 3, 2011**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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

<b>Pub. 100-20</b>	<b>Transmittal: 751</b>	<b>Date: August 13, 2010</b>	<b>Change Request: 6957</b>
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**SUBJECT: Extract File Format Requirements to Fully Implement Change Request 6312 (Fiscal Intermediary Standard System (FISS) to Deactivate Billing Numbers for Non-Frequent Billers)**

**Effective Date:** January 1, 2011

**Implementation Date:** January 3, 2011

**A. Background:** Change Request (CR) 6312 established the criteria and procedures for deactivating billing numbers for providers/suppliers in the FISS that had not billed the Medicare program for 1 year. This CR provides the requirement that FISS will provide quarterly extracts to the Provider Enrollment, Chain and Ownership System (PECOS) of all billing numbers that are deactivated. This extract report will be used to automatically update PECOS with the deactivated CMS Certification number (CCN) allowing PECOS and FISS to remain in sync.

**B. Policy:** The CMS policy regulation requiring the above action to deactivate non-billing providers and suppliers can be found at 42 CFR 424.540. This CR outlines a systematic approach to identify providers who should be deactivated after 12 consecutive months of non-billing. This initiative is to be a fully automated process between PECOS, FISS, and HIGLAS. Non-billing CCNs will be extracted from FISS, downloaded into PECOS to update the provider enrollment files, cycled through FISS overnight to update the claims system and then finally passed down stream to HIGLAS.

## 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 A R E R	R H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
6957.1	In conjunction with CR 6312, FISS shall produce and breakdown the extract based on the Part A Legacy Medicare Contractor Number/ID or the A/B MAC Medicare Contractor Number/ID.						X				
6957.2	The first quarterly report submitted after implementation of this CR shall include the total number of CCNs currently deactivated in FISS.						X				
6957.3	PECOS will deliver a test file to FISS by September 6, 2010.						X			PECOS	

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H 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: Recommendations and supporting information associated with listed requirements:

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

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

### V. CONTACTS

**Pre-Implementation Contact(s):** Michael Collett, OFM/DPSE, (410)786-6121

**Post-Implementation Contact(s):** Michael Collett, OFM/DPSE, (410)786-6121

### VI. FUNDING

#### Section A: For *Fiscal Intermediaries (FIs), 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.

#### 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.