

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1950	Date: October 27, 2017
	Change Request 10282

SUBJECT: Fiscal Intermediary Shared System (FISS) and VIPS Medicare Shared System (VMS) to Update Records Based on the Automation of Prior Authorization (PA) Requests/Pre-Claim Reviews (PCR) and their Responses with Multiple Services (for programs like Home Health (HH))

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the requirements for the necessary changes with the Shared Systems to update the reports to cover multiple services for PA requests/PCRs and their responses.

EFFECTIVE DATE: April 1, 2018 - The effective date will be the process date.

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

IMPLEMENTATION DATE: April 2, 2018

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 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

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) is implementing the prior authorization programs with the future possibility of expansion to include additional services and more participating states. PA/PCR requests/responses exchanged between providers and review entities via the esMD system (Accredited Standards Committee (ASC) X12N 278 transactions) shall now accommodate multiple services per PA/PCR request.

Currently, reports related to these PA/PCR requests/responses between the Shared System Maintainers (SSMs) and the review contractors are based on single service.

This CR will provide the requirements for the necessary changes in the Shared Systems to update the reports to cover multiple services.

B. Policy: This CR does not involve any new legislative or regulatory policies.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10282.1	<p>The SSMs shall update their existing reports that are shared with Review Contractors to cover multiple services per PA/PCR request.</p> <p>FISS shall update the following reports to include all service iterations:</p> <ul style="list-style-type: none"> • RPT7570A: Daily report that identifies the line submitted contains the service trace number and procedure code, which would be unique by service line. The report shall show all/multiple services. 	X		X		X					

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<ul style="list-style-type: none"> • RPT7570B: Daily report that identifies the AAA rejects and contains the service trace number and procedure code. The report shall show multiple lines. • RPT7579A: Daily esMD acknowledgement report that shows line information. It contains the service trace number along with the reject for the line. The report shall show all/multiple lines. 									
10282.2	The MACs and SSMS shall participate in the testing of these reports, as applicable. This testing can be done along with the multiple services test scenarios.	X		X	X	X		X		STC, esMD
10282.3	<p>VMS shall update the following reports to include multiple services:</p> <ul style="list-style-type: none"> • PA2001 - Weekly Prior Authorization Detail Report (Submitted) • PA2002 - Weekly Prior Authorization Detail Report (Finalized) • PA2003 - Weekly Prior Authorization Detail Report (Pending) • PA9002 – Daily ESMD Prior Authorization Error Report • PA9101 – Daily UTNS Created for ESMD Prior Authorization Responses Report • PA9301 Daily esMD Prior Authorization Combined Items Detail Report (This is a new report created when the individual items from one PA request are combined into one esMD response record). 				X			X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information: N/A
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Melanie Jones, 410-786-5461 or Melanie.Jones@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0