

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2064	Date: April 27, 2018
	Change Request 10628

SUBJECT: Part B Detail Line Expansion - Fiscal Intermediary Shared System (FISS)

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services (CMS) believes that there is a need to expand the downstream systems to allow for 50 detail lines. CMS requested an analysis and design estimate from the Part B shared system maintainers (SSMs) and the Common Working File (CWF) for an expansion in the number of detail lines of service, which can be brought into the claims adjudication system and stored in downstream systems. While the FISS is not expanding detail lines, they will however, need to make several changes to their system in order to accommodate the CWF record changes related to these modifications.

EFFECTIVE DATE: July 1, 2018 - Phase I Implementation; October 1, 2018 - Phase II Implementation

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

IMPLEMENTATION DATE: July 2, 2018 - Phase I Implementation; October 1, 2018 - Phase II Implementation

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: In an effort to ensure that beneficiaries are receiving the best possible care from Medicare providers, the Centers for Medicare & Medicaid Services (CMS) wants to increase the number of detail lines, which can be submitted to the claims processing systems, as well as, the downstream systems. CMS requested an analysis and design estimate from the Part B shared system maintainers (SSMs) and the Common Working File (CWF) for this expansion initiative. CMS believes that there is a need to expand the downstream systems to allow for 50 detail lines.

This change request (CR) is a follow up to CR 9096. This is one of several CRs being written to make the necessary system modifications for a Part B detail line expansion. Although the FISS is not expanding detail lines, they will need to make several changes to their system in order to accommodate the CWF record changes related to these modifications.

B. Policy: The 2006 Tax Relief and Health Care Act (P.L. 109-432) required the establishment of a physician quality reporting system, including an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10628.1	The contractor shall make all necessary changes to accept and process the CWF revised Trailer '13' to carry up to 50 detail lines.					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

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

V. CONTACTS

Pre-Implementation Contact(s): Dennis Savedge, 410-786-0140 or Dennis.Savedge@cms.hhs.gov , Brian Reitz, 410-786-5001 or Brian.Reitz@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