CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2084	Date: May 4, 2018
	Change Request 10608

SUBJECT: Analysis and Design for Fiscal Intermediary Shared System (FISS), Multi-Carrier System (MCS), and Viable Information Processing System (VIPS) Medicare System (VMS) Prepayment Review Report

I. SUMMARY OF CHANGES: Medicare contractors conduct prepayment review on Medicare providers through system edits implemented by the contractors and/or Centers for Medicare & Medicaid Services (CMS). At times, these reviews will impact a provider financially. When this occurs, it is brought to the attention of CMS. Thus, CMS needs to have awareness of all prepayment reviews being completed. Change Requests (CRs) 8175, 8224, and 8225 created a report/flat file in FISS, MCS, and VMS, respectively, that could be uploaded to the Recovery Audit Contractors (RAC) data warehouse (RACDW) so that prepayment review information would be readily available to CMS. CMS would like to update the frequency of the existing report/flat file from monthly to daily.

In addition, CMS would like to update the format of the existing report/flat file to capture additional data elements; and CMS would also like to consider updating the types of records captured on the existing report/flat file. The proposed changes to the format of the existing report/flat file were previously discussed during Early Involvement Calls (EICs) for CRs 10414, 10460, and 10461. Due to the volume of questions that required further discussion, CMS would like to schedule a series of analysis calls to review each field of the revised file format with the contractors and Shared Systems Maintainers (SSMs).

EFFECTIVE DATE: October 1, 2018

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

IMPLEMENTATION DATE: October 1, 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: Medicare contractors conduct prepayment review on Medicare providers through system edits implemented by the contractors and/or Centers for Medicare & Medicaid Services (CMS). At times, these reviews will impact a provider financially. When this occurs, it is brought to the attention of CMS. Thus, CMS needs to have awareness of all prepayment reviews being completed. Change Requests (CRs) 8175, 8224, and 8225 created a report/flat file in FISS, MCS, and VMS, respectively, that could be uploaded to the Recovery Audit Contractors (RAC) data warehouse (RACDW) so that prepayment review information would be readily available to CMS. CMS would like to update the frequency of the existing report/flat file from monthly to daily.

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B. Policy: Medical review authorities can be found in Section 1893 of the Social Security Act.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Re	espo	nsi	bilit	y				
		A/B		B D Shared-			Other			
		N	MA(\mathbb{C}	M	System				
					Е	Maintainers			ers	
		ABH	A B H			F	M	V	С	
				Н	M	I	С	M	W	
				Н	A	S	S	S	F	
					C	S				
10608.1	The contractors and SSMs shall have discussions with	X	X	X	X	X	X	X		
	CMS staff on the requirements for updating the format									
	of the prepayment review report/flat file, including									
	reviewing the revised format field by field.									
10608.2	The contractors and SSMs shall have discussions with	X	X	X	X	X	X	X		
	CMS staff on the requirements for what records are to									
	be included on the prepayment review report/flat file.									
ı		I	I	I			I			

Number	Requirement	Responsibility								
		1	A/B MA(3	D M	ı	Sys	red- tem		Other
		A	В	H H H	E M A C	F	M C S	V M S	С	
10608.3	CMS shall schedule up to ten, one-hour calls, twice a week, for analysis and design of the prepayment review report, including reviewing the revised format field by field.	X	X	X		X	X	X		
10608.4	Contractors and SSMs shall send the contractor role (i.e. DME MAC, A/B MAC, FISS, MCS, etc.), individual contact names, and email addresses for this project to CMS at alex.ambridge@cms.hhs.gov and brian.elza@cms.hhs.gov within 5 days of issuance of this CR.	X	X	X	X	X	X	X		
10608.5	SSMs shall post the meeting minutes relating to their individual system in ECHIMP under the "Analysis Call Documents" located in the "Post Issued" tab within 3 business days after the last call of the week.					X	X	X		
10608.6	SSMs shall develop and maintain the Issues Log format attached to this CR titled 'Issues Log Format' to record all their outstanding issues related to their individual system, and shall post the issues log in ECHIMP under the "Analysis Call Documents" located in the "Post issued" tab within 3 business days after the last call of the week.					X	X	X		
10608.7	Contractors and SSMs shall assist CMS with the development of business requirements for the prepayment review report.	X	X	X	X	X	X	X		
10608.8	SSMs shall prepare and send an analysis/design document pertaining to their individual system involvement to alex.ambridge@cms.hhs.gov within 30 business days after the last call, with a courtesy copy to brian.elza@cms.hhs.gov and their Government Task Leads (GTLs).					X	X	X		
10608.9	SSMs shall send level of effort estimates separately to CMS via email to alex.ambridge@cms.hhs.gov within 30 business days after the last call, with a courtesy copy to brian.elza@cms.hhs.gov and their GTLs.					X	X	X		
10608.10	Contractors and SSMs shall hold comments or questions on the file format attached to this CR until the scheduled calls, and shall not submit questions or	X	X	X	X	X	X	X		

Number	Requirement	Responsibility								
		A/B		D	Shared-				Other	
		N	MAC		M	System				
					Е	Maintainers		ers		
		Α	В	Н		F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
	comments related to the attached file format during the									
	Period of Comment (POC) for this CR.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsib	ility	
			A/B MA(D M E	C E D
		A	В	H H H	M A C	Ι
	None					

IV. SUPPORTING INFORMATION

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

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Alex Ambridge, 410-786-8411 or alex.ambridge@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: 1