

<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 2084</b>	<b>Date: May 4, 2018</b>
	<b>Change Request 10608</b>

**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.

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





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	
	comments related to the attached file format during the Period of Comment (POC) for this CR.									

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	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:

**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**