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| <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 2018</b>                 | <b>Date: January 26, 2018</b>                             |
|   | <b>Change Request 10444</b>                               |

**SUBJECT: Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports - Phase 2**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to allow the FISS maintainer to remove obsolete core reports that were confirmed under CR 10252.

**EFFECTIVE DATE: July 1, 2018**

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

**IMPLEMENTATION DATE: July 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.

| <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**

# Attachment - One-Time Notification

|             |                   |                        |                       |
|-------------|-------------------|------------------------|-----------------------|
| Pub. 100-20 | Transmittal: 2018 | Date: January 26, 2018 | Change Request: 10444 |
|-------------|-------------------|------------------------|-----------------------|

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## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services' (CMS) goal is to identify and remove any shared system produced obsolete core reports (i.e., reports that no longer meet the needs of the business owner). The removal of obsolete reports reduces-- 1) System complexity and makes future maintenance easier and more efficient; 2) Processing and storage costs at the Virtual Data Centers; and 3) Processing and storage codes at the Medicare Administrative Contractors (MACs) by discontinuing the need to warehouse these reports at their local data centers. The reports on the attached list are MAC internal reports and are not reports that are sent to CMS. This CR is subsequent to CR 10252 Phase 2 review.

**B. Policy:** There are no legislative or regulatory policies associated with this CR.

## II. BUSINESS REQUIREMENTS TABLE

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

| Number  | Requirement   | Responsibility |   |     |            |                           |     |     |     |       |
|---------|---|----------------|---|-----|------------|---------------------------|-----|-----|-----|-------|
|         |   | A/B MAC        |   |     | DME<br>MAC | Shared-System Maintainers |     |     |     | Other |
|         |   | A              | B | HHH |            | FISS                      | MCS | VMS | CWF |       |
| 10444.1 | The contractor shall archive the identified Phase 2 obsolete core reports in the attachment from the FISS system.   |                |   |     |            | X                         |     |     |     |       |
| 10444.2 | If the estimate/level of effort exceeds 1,000 hours, the contractor shall propose a strategy to implement the requirements over two or more quarterly releases. |                |   |     |            | X                         |     |     |     |       |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility |   |     |            |      |
|--------|-------------|----------------|---|-----|------------|------|
|        |             | A/B<br>MAC     |   |     | DME<br>MAC | CEDI |
|        |             | A              | B | HHH |            |      |
|        | 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):** Kathy Campion, 410-786-4706 or [kathy.campion@cms.hhs.gov](mailto:kathy.campion@cms.hhs.gov) , Richard Kociszewski, [richard.kociszewski@cms.hhs.gov](mailto:richard.kociszewski@cms.hhs.gov)

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

**VI. FUNDING**

**Section A: 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.

**ATTACHMENTS: 1**

## PHASE II

| Business Functional Area | Report Number | SSM Short Title   | Job Name   | Comments Required for Non-Concur |
|--------------------------|---------------|---|--|----------------------------------|
| Core                     | RPTPAY11      | MSP (Medicare Secondary Payer) Claims that Incorrectly Rejected with Reason Codes 39071, 39072, and 39073 | FSSJPAY1   |                                  |
| Core                     | RPTPAY31      | MSP Savings Report – Adjusted Claims for Reason Codes 39071, 39072 and 39073 by MSP Type                  | FSSJPAY2<br>FSSJPAY3   |                                  |
| Core                     | FSSUPCIPR01   | Claims that need Adjusting for PCIP Payment   | FSSJPCIP   |                                  |
| Core                     | 751 (CONT)    | Medically Unlikely Edits (MUE) Savings And Appeals  | FSSJR055<br>FSSJR057<br>FSSJR059<br>FSSJR061<br>FSSJR063<br>FSSJR065<br>FSSJR067<br>FSSJR069<br>FSSJR071<br>FSSJR073<br>FSSJR075<br>FSSJR079<br>FSSJR081<br>FSSJR083<br>FSSJR085<br>FSSJR087<br>FSSJR089<br>FSSJR091<br>FSSJR093<br>FSSJR095<br>FSSJR097<br>FSSJR099<br>FSSJR101<br>FSSJR103<br>FSSJR105<br>FSSJR107 |                                  |
| Core                     | 751 (CONT)    | Medically Unlikely Edits (MUE) Savings And Appeals  | FSSJR109<br>FSSJR111<br><br>FSSJUL50<br><br>FSSJ007R<br><br>FSSJUMUE   |                                  |
| Core                     | FSSBSTA1-A    | NPI/OSCAR Statistical   | FSSJSTAT   |                                  |
| Core                     | 819           | Listing of MSPI Records With Incomplete Notice  | FSSQ0800   |                                  |
| Core                     | 831           | Employers With Insufficient Address Information   | FSSQ0800   |                                  |
| Core                     | 828           | Listing Of Insurer Chains With No Master Insurer  | FSSQ0805   |                                  |
| Core                     | 820           | Status of Accounts Receivable Health Insurance SMI/HI   | FSSQ0810   |                                  |
| Core                     | 830A          | Status Of Accounts Receivable (HI) – Out Of Balance Principal Detail                                      | FSSQ0810   |                                  |
| Core                     | 830B          | Status Of Accounts Receivable (SMI) – Out Of Balance Principal Detail                                     | FSSQ0810   |                                  |
| Core                     | 831A          | Status Of Accounts Receivable (HI) – Out Of Balance Interest Detail                                       | FSSQ0810   |                                  |
| Core                     | 831B          | Status Of Accounts Receivable (SMI) – Out Of Balance Interest Detail                                      | FSSQ0810   |                                  |
| Core                     | 832A          | Status Of Accounts Receivable (HI) - Principal Detail   | FSSQ0810   |                                  |
| Core                     | 832B          | Status Of Accounts Receivable (SMI) - Principal Detail  | FSSQ0810   |                                  |
| Core                     | 833A          | Status Of Accounts Receivable (HI) - Interest Detail  | FSSQ0810   |                                  |
| Core                     | 833B          | Status Of Accounts Receivable (SMI) - Interest Detail   | FSSQ0810   |                                  |
| Core                     | 834A          | Status Of Accounts Receivable (HI) - Principal Written Off Detail   | FSSQ0810   |                                  |
| Core                     | 834B          | Status Of Accounts Receivable (SMI) - Principal Written Off Detail  | FSSQ0810   |                                  |
| Core                     | 835A          | Status Of Accounts Receivable (HI) - Interest Written Off Detail  | FSSQ0810   |                                  |
| Core                     | 835B          | Status Of Accounts Receivable (SMI) - Interest Written Off Detail   | FSSQ0810   |                                  |
| Core                     | 836A          | Out-Of-Balance Principal Detail - Inpatient Claims (HI)   | FSSQ0810   |                                  |
| Core                     | 836B          | Out-Of-Balance Principal Detail - Outpatient Claims   | FSSQ0810   |                                  |
| Core                     | 837A          | Out-Of-Balance Interest Detail - Inpatient Claims (HI)  | FSSQ0810   |                                  |

|      |       |   |          |  |
|------|-------|---|----------|--|
| Core | 837B  | Out-Of-Balance Interest Detail - Outpatient Claims (SMI)                  | FSSQ0810 |  |
| Core | 840A  | Status Of MSP Debt - CNC (HI)   | FSSQ0810 |  |
| Core | 840B  | Status Of MSP Debt - CNC (SMI)  | FSSQ0810 |  |
| Core | 841-A | MSP 751 Detail Listing of Other Exclusions over 180 Days old (HI)         | FSSQ0810 |  |
| Core | 841-B | MSP 751 Detail Listing of Other Exclusions over 180 Days old (SMI)        | FSSQ0810 |  |
| Core | 842-A | MSP 751 Detail Listing of Other Exclusions over 180 Days old (HI)         | FSSQ0810 |  |
| Core | 842-B | MSP CNC 751 Detail Listing of Other Exclusions over 180 Days old (HI)     | FSSQ0810 |  |
| Core | 843-A | MSP CFO Delinquency Detail - HI Non Data Match                            | FSSQ0810 |  |
| Core | 843-B | MSP CFO Delinquency Detail - HI Data Match                                | FSSQ0810 |  |
| Core | 844-A | MSP CFO Delinquency Detail - SMI Non Data Match                           | FSSQ0810 |  |
| Core | 844-B | MSP CFO Delinquency Detail - SMI Data Match                               | FSSQ0810 |  |
| Core | 850A  | CNC Status of Accounts Receivable (HI) - Out of Balance Principal Detail  | FSSQ0810 |  |
| Core | 850B  | CNC Status of Accounts Receivable (SMI) - Out of Balance Principal Detail | FSSQ0810 |  |
| Core | 851A  | CNC Status of Accounts Receivable (HI) - Out of Balance Interest Detail   | FSSQ0810 |  |
| Core | 851-B | CNC Status of Accounts Receivable (SMI) - Out of Balance Interest Detail  | FSSQ0810 |  |
| Core | 852A  | CNC Status of Accounts Receivable (HI) - Principal Detail                 | FSSQ0810 |  |
| Core | 852B  | CNC Status of Accounts Receivable (SMI) - Principal Detail                | FSSQ0810 |  |
| Core | 853A  | CNC Status of Accounts Receivable (HI) - Interest Detail                  | FSSQ0810 |  |
| Core | 853B  | CNC Status of Accounts Receivable (SMI) - Interest Detail                 | FSSQ0810 |  |
| Core | 860   | Status of Accounts Receivable Unsolicited Voluntary Refunds               | FSSQ0810 |  |