

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1077	Date: April 26, 2012
	Change Request 7798

SUBJECT: Update to the Fiscal Intermediary Shared Systems (FISS) Outpatient Provider Specific File (OPSF) for Children’s Hospitals

I. SUMMARY OF CHANGES: This CR updates the Outpatient Provider Specific File (OPSF) for Children’s Hospitals within the Fiscal Intermediary Shared System (FISS).

EFFECTIVE DATE: January 1, 2012

IMPLEMENTATION DATE: October 1, 2012

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/revise 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	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

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

Attachment – One Time Notification

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SUBJECT: Update to the Fiscal Intermediary Shared Systems (FISS) Outpatient Provider Specific File (OPSF) for Children’s Hospitals

EFFECTIVE DATE: January 1, 2012
IMPLEMENTATION DATE: October 1, 2012

I. GENERAL INFORMATION

A. Background: Section 153c of the MIPPA required the Centers for Medicare & Medicaid Services (CMS) to implement a quality based payment program for dialysis services with payment consequences effective January 1, 2012. CR 7460 included a requirement for the FISS to default the quality indicator field on the OPSF for ESRD facilities to blank each year. Because Children’s hospitals bill both outpatient hospital claims and ESRD claims assigned to the same provider number (series 3300-3399), defaulting the quality indicator to blank may have created incorrect payments for their outpatient hospital claims.

For payment years 2012 and 2013, the measures applicable to the ESRD Quality Incentive Program (QIP) do not impact pediatric patients and, therefore, it is not expected that a Children’s hospital would have an ESRD QIP adjustment.

In addition, Children’s Hospitals may have received incorrect Outmigration Adjustments on their ESRD claims due to the fact that the Special Payment Indicator and Special Wage Index fields are shared with ESRD facilities and outpatient hospitals. To ensure the ESRD claims are not receiving the adjustment, we are asking the contractor to pass a “blank” to the ESRD PRICER.

B. Policy: This instruction does not change existing policy for the QIP and Outmigration Adjustments.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M M A C	F I I E R	C A R I E R	R H H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7798.1	Medicare systems shall not default the Quality Indicator, field 74 on the OPSF to blank each year for Children’s hospitals (series XX3300-XX3399).						X				
7798.2	Medicare contractors shall ensure a blank is sent to the ESRD PRICER for the Quality Indicator for Children’s hospitals (series XX3300-XX3399). NOTE: A blank should be sent to the ESRD PRICER						X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	regardless of the value present on the OPSF for the Quality indicator.										
7798.3	Medicare contractors shall not apply a QIP reduction based on the OPSF quality indicator to the ESRD PPS payment for Children's hospitals (series XX3300-XX3399) for the separately billable services under the ESRD PPS transitional payment.						X				
7798.4	Medicare contractors shall ensure a blank is sent to the ESRD PRICER for the Special Wage Index and the Special Payment Indicator (fields 90 and 96 on the OPSF) for Children's Hospitals (series XX3300-XX3399). Blanks shall be passed to the ESRD PRICER for the Special Wage Index and Special Payment Indicator for dates of service beginning January 1, 2011 and beyond. NOTE: A blank should be sent to the ESRD PRICER regardless of the values present on the OPSF for the Special Wage Index and Special Payment Indicator.						X				
7798.5	Upon implementation of this instruction, Medicare contractors shall adjust any ESRD claims (TOB 72X) for Children's hospitals (series XX3300-XX3399) that were processed with dates of service in 2012 that received QIP reductions incorrectly.	X		X							
7798.5.1	Medicare contractors shall complete the adjustments within 60 days upon the successful implementation of this CR.	X		X							
7798.6	Upon implementation of this instruction, Medicare contractors shall adjust any ESRD claims for Children's Hospitals (series XX3300-XX3399) that were processed with Outmigration adjustments incorrectly.	X		X							
7798.6.1	Medicare contractors shall complete the adjustments within 60 days upon the successful implementation of this CR.	X		X							

Post- Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:*

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Section B: 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.