

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1218	Date: May 3, 2013
	Change Request 8209

SUBJECT: American Recovery and Reinvestment Act of 2009 Electronic Health Record (EHR) Incentive : New Critical Access Hospital Banking Information File Transfer for Eligible Professional Payment

I. SUMMARY OF CHANGES: The Fiscal Intermediary Shared System (FISS)/Enterprise Data Centers (EDCs) are currently responsible for supplying the most up-to-date financial information for each hospital identified by the National Level Repository (NLR) as a meaningful user of EHR. The NLR will send a request to FISS/EDCs with a file of these hospitals. The FISS/EDCs will then respond to the file with each hospital's financial information.

This instruction serves to create a new banking information file transfer for Eligible Professionals that reassign payment rights to Critical Access Hospitals at EHR registration.

EFFECTIVE DATE: October 1, 2013

IMPLEMENTATION DATE: October 7, 2013

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	

III. FUNDING:

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

No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 obliged 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: American Recovery and Reinvestment Act of 2009 Electronic Health Record (EHR) Incentive : New Critical Access Hospital Banking Information File Transfer for Eligible Professional Payment

EFFECTIVE DATE: October 1, 2013
IMPLEMENTATION DATE: October 7, 2013

I. GENERAL INFORMATION

A. Background: Currently, the Fiscal Intermediary Shared System (FISS)/Enterprise Data Centers (EDCs) are responsible for supplying the most up-to-date financial information for each hospital identified by the NLR as a meaningful user of EHR. The NLR supplies FISS/EDCs with a file of these hospitals. The FISS/EDCs then return the file with each hospital's financial related information.

This instruction adds an additional file transfer needed for Eligible Professionals (EPs) that reassign payment rights to Critical Access Hospitals (CAHs) during registration. The NLR must send a new trigger file to FISS to request CAH banking information, as currently done under the Hospital file transfer process, for those EPs that select specific CAHs to reassign their payment to. The FISS will respond with the correct banking information.

Final schedules and file formats are to be determined within the context of this CR, and will be discussed between CMS and its contractors, including the FISS and the NLR contractor.

B. Policy: The American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111-5)

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		D M E	F I	C A R I E R	R H I	Shared- System Maintainers				O t h e r
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
8209.1	Medicare contractors shall create a new file transfer of CAH banking information for EPs that reassign their EHR payments to the CAH.							X				N L R
8209.2	The NLR shall send a trigger file to FISS to request CAH banking information, as currently done under the Hospital process, for those EPs that elect a CAH to receive their EHR payment.											N L R , E D

Number	Requirement	Responsibility											
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				O t h e r	
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F		
												C s	
8209.3	Medicare contractors shall respond to the NLR trigger file with the most up-to-date banking information on file for the CAH.								X				E D C s
8209.4	Medicare contractors shall participate in weekly conference calls, as needed, during POC and the development of this CR.								X				
8209.5	Medicare contractors shall set up and provide meeting minutes for these meetings.								X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Other
		P a r t A	P a r t B					
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Use "Should" to denote 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): Jason Kerr, 410-786-2123 or jason.kerr@cms.hhs.gov

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:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):

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