

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1577	Date: November 20, 2015
	Change Request 9400

SUBJECT: System Specific Enhancement 2015: Remove Direct Claim Updates within the Daily Batch Cycle Analysis and Design CR

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to allow the Fiscal Intermediary Shared System (FISS) to remove direct claim updates from within the daily batch cycle. Switching to update a Virtual Storage Access Method (VSAM) file via an update file instead of applying individual claim updates within the daily cycle will allow for greater job concurrency (reducing the overall batch runtime), better auditing of claim changes, and greater recoverability, as the claim files can then be restored back to any subset of daily updates.

EFFECTIVE DATE: April 1, 2016

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

IMPLEMENTATION DATE: April 4, 2016

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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IMPLEMENTATION DATE: April 4, 2016

I. GENERAL INFORMATION

A. Background: In a continued effort to find solutions to increase efficiency and standardization within the Shared System, the FISS would like to remove direct claim updates from within the daily batch cycle.

Switching to update a VSAM file via an update file instead of applying individual claim updates within the daily cycle will allow for greater job concurrency (reducing the overall batch runtime), better auditing of claim changes, and greater recoverability, as the claim files can then be restored back to any subset of daily updates.

B. Policy: This CR contains no new policy or changes to existing policy.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9400.1	If necessary, FISS shall participate in up to two (2) 1-hour calls with the Centers for Medicare & Medicaid Services (CMS) to discuss POC comments.					X				
9400.2	FISS shall research adopting the indirect VSAM update logging method for all jobs in the FISS daily cycle that update the claim file (FSSFCLMU) for efficiency and adherence to the current coding standards.					X				
9400.3	FISS shall document in an analysis paper its findings along with a recommendation of next steps or actions required.					X				
9400.4	FISS shall include in the analysis paper the level of effort and any					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	costs associated with its recommendation.									
9400.5	FISS shall send the completed analysis paper to CMS within 90 days of issuance.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

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

"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): Bonnie Hockaday, 4107864122 or Bonnie.Hockaday@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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and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0