

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1729	Date: October 21, 2016
	Change Request 9805

SUBJECT: Analysis Only - Populate MCS PE Screens from PECOS (Phased Approach)

I. SUMMARY OF CHANGES: The purpose of this CR is to populate MCS PE screens from PECOS.

Currently, PECOS does not capture all required fields needed to populate MCS.

MCS logic does not accept all populated fields from PECOS as currently formatted/sent on nightly PECOS extract.

EFFECTIVE DATE: April 1, 2017

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

IMPLEMENTATION DATE: April 3, 2017

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

Pub. 100-20	Transmittal: 1729	Date: October 21, 2016	Change Request: 9805
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SUBJECT: Analysis Only - Populate MCS PE Screens from PECOS (Phased Approach)

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

IMPLEMENTATION DATE: April 3, 2017

I. GENERAL INFORMATION

A. Background: In 2003, contractors began to use PECOS to capture enrollment information, as opposed to their own systems of enrollment. PECOS was not designed to capture any information outside of the enrollment data entered on the CMS 855 enrollment applications, rather than claims payment information that was captured via legacy systems. To remedy this issue, the Multi-Carrier System (MCS) created several mainframe screens to capture this information to pass to claims processing to complete the enrollment process.

This new process added at least two extra days to processing and approving an application. Once the application information was added to PECOS and a new enrollment was created and set to Approved Status, the enrollment data is extracted to MCS where only partial information was passed to the initial enrollment PIN Support Screen (MCS V1 Screen). The analysts would then re-enter the provider ID effective date and all needed information for claims processing.

B. Policy: NA

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility										
		A/B MAC			D M E	Shared- System Maintainers				Other		
		A	B	H H H		M A C	F I S S	M C S	V M S		C W F	
9805.1	The Contractors shall participate in up to ten one hour meetings with the PECOS maintainer.		X					X				PECOS
9805.2	The Contractors shall provide feedback on the proposed phased approach in the attachment.		X					X				PECOS
9805.3	MCS shall begin the process of capturing the required reference fields and PIN information on the nightly PECOS extract to automate the population into MCS, as per the phased approach attachment. The PECOS record for the required reference fields and PIN information will take precedence over the MCS V		X					X				

Number	Requirement	Responsibility									
		A/B MAC		H H H	M A C	D M E	Shared- System Maintainers				Other
		A	B				F I S S	M C S	V M S	C W F	
	screen information manually entered by the contractor.										
9805.4	The PECOS contractor shall provide the extract layout for phase 1 after the 5th one hour meeting between MCS and PECOS.							X			PECOS
9805.5	The MAC contractor shall enter the required field and reference values pertaining to them in PECOS.		X								PECOS

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A/B MAC		H H H	M A C	D M E	Shared- System Maintainers				Other
		A	B				F I S S	M C S	V M S	C W F	
	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: N/A
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Sandhya Mathur, 410-786-3476 or Sandhya.mathur@cms.hhs.gov , Cheryl Cooper, 410-786-8624 or Cheryl.Cooper@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: 2

Analysis Paper for CR7882

Enrollment Information to be extracted from Provider Enrollment, Chain and Ownership System (PECOS) to Multi-Carrier System (MCS)

Executive Summary:

CMS requested the Medicare Shared System Maintainers (SSM) Contractor analyze the system specifications and processes that are affected by transitioning the MCS data to PECOS. The PECOS nightly MCS extract would be modified to include the transitioned MCS data elements. HPES MCS is providing the following document that is a comprehensive review of the impacts to MCS processing, assumptions necessary to move forward, an overall estimate, and a suggested implementation strategy and plan.

CMS Problem Statement:

Currently, when a provider is enrolling into the Medicare program the Medicare Administrative Contractor (MAC) is required to key the information into PECOS and then key additional data into the Multi Carrier System (MCS). To help reduce possible errors caused by the manual entry into the shared system and assist in meeting timeliness standards, this change request was to analyze how to eliminate the entry in MCS by transitioning the MCS data elements to PECOS.

Explanation of Current State:

The MAC is required to enter additional provider data in MCS after completing the enrollment process in PECOS. Currently, the MCS data is not available in PECOS.

Future State:

The MACs will enter all the provider enrollment data in PECOS. The PECOS nightly extract will contain the MCS data elements that transition from the MCS V screens to PECOS. The MACs will not enter the provider enrollment data in the MCS.

Questions Addressed to CMS:

1. MCS requested PECOS consider adding a new screen to capture the MCS data by PTAN/PIN not by enrollment.

CMS Response: CMS acknowledged the PECOS nightly MCS extract must send this data by PTAN/PIN.

2. MCS does not believe the effective date from the PECOS 06 child records should be used for the Medicare Effective Date for the PTAN/PIN on MCS. MCS requested the 03 child record be considered for all providers or a new field added to capture the PTAN/PIN effective date.

CMS Response: This will be considered.

3. MCS requested the Short Name and Address fields be added to PECOS or consider allowing the short name and address fields to continue to be entered in the MCS.

MCS indicated adding the full name and address has huge implications for MCS. This includes a major expansion that affects files, letter writing systems, MSNs, remittances, and 1099s. In addition, there are postal regulations that govern the size of fonts as well as the lengths of the name and addresses that appear in an envelope window. MACS would need to verify the expansion would not affect their outgoing document windows. Outgoing files that include provider name and address would be impacted by this change. This includes the CERT contractor and HIGLAS.

CMS Response: The short name and address fields are being reviewed by CMS. A determination will be made if the fields will transition to CMS in the next phase or if the name and address fields will transition at a later date.

4. MCS indicated provider action reason code 59 should be created by the MCS. Action Reason 59 occurs when the PECOS Enrollment Extract has no Pay to Address. MCS will use the Correspondence Address as the Pay To Address and insert the action reason 59 to indicate there is not a valid Pay to Address.

CMS Response: CMS agreed.

5. MCS indicated one-time files with the current MAC data could be created for PECOS. This would include the MAC defined counties and localities, MAC defined state and associated CBSAs, MAC defined provider type and specialties, and provider action reason codes.

MCS recommended MCS create a file with the MCS provider information for PECOS.

CMS Response: CMS agreed.

6. MCS recommended CMS not add requirements for MCS applying code from the MCS supplied tables. MCS will apply the codes that are provided on the PECOS nightly MCS extract.

CMS Response: CMS agreed.

7. MCS requested the provider specialty and provider type be sent on the PECOS nightly MCS extract. MCS did verify the provider type data is unique by MAC. Otherwise, the MACs would be required to continue maintain the data in the MCS.

CMS Response: CMS agreed.

8. MCS requested PECOS consider additional fields that were not identified on the CR7882 attachment. The fields include:

- a. Preferred PIN for NPIs.
- b. EIN Effective Date
- c. SSN Effective Date
- d. Excluded from Deactivation
- e. Comments
- f. Bank fields
- g. New PIN
- h. MAC Cross Reference Number
- i. Provider Action Review Codes (V2A screen)
- j. CAP program information if this program is active. (V4 and V5)

CMS Response: This will be considered.

9. MCS recommended certain fields remain in the MCS. The ASCA fields should not transition to the MCS.

CMS Response: CMS agreed as the data is EDI related.

Assumptions:

- MCS assumes the PECOS record for the PIN will take precedence over the MCS V screen information.
- MCS assumes if Short Name/Address fields were already keyed on the V3 screen, the associated fields will still be unprotected and may still be modified.
- MCS assumes the reference to Action Reason Code 59 will be removed, as the action reason code is not related to length of the address fields.
- MCS assumes PECOS will have edits similar to the MCS for the CBSA effective date. The CBSA effective date for each additional CBSA cannot be less than or equal to prior CBSA date.
- MCS assumes PECOS will have a preferred PIN field.
- MCS can create a file for PECOS that will have the MCS V screen data for active providers that have a PECOS enrollment.
- PECOS will add the following fields to PECOS and transmit the fields to MCS on the PECOS extract record. These fields were not identified on Attachment 1. Each field is an entry on one of the V screens.
 - New PIN
 - MAC Cross Reference Number
 - EIN Effective Date
 - SSN Effective Date
 - Exclude from Deactivation
 - Preferred PIN
 - Hospital Based Flag
 - Medicare Effective Date (Not Needed if there is a comparable record on PECOS)
 - Comment Type/Comment
 - Name/Type
 - Bank fields
 - Bank Code
 - Bank Status
 - Bank Effective Date
 - Bank End Date
 - Bank Routing Number

- Bank Account Number
 - Note MCS has fields for two banks.
- MCS will need to work with PECOS on the follow-up change requests to define exactly how the fields will come in on the PECOS nightly extract. This estimate assumed there will be multiple new PECOS child records and the existing PECOS child records will not be expanded.
- MCS assumes PECOS will add A/R Member Propagation fields. The field is for groups.
- *MCS Assumes the ASCA process will remain in MCS. The MACS will continue to enter ASCA review information on the V1 screen.*
- *MCS assumed a new report will be (estimating Point 5) created for a mismatch of CBSA values. Over time, this report will eventually start to have valid differences and may not prove useful to the MACs.*
- *MCS assumed a new report will be (estimating Point 11) created for a mismatch of county/locality values. Over time, this report will eventually start to have valid differences and may not prove useful to the MACs.*

Request for this CR (Estimating Points):

HIGH LEVEL CMS/USER CR BUSINESS REQUIREMENTS

CMS ATTACHMENT 1

Contractors shall use the Effective Date that is sent from the PECOS nightly extract (specifically Child Record 06) to auto-populate the Effective Dates for Organizations.

Contractors shall use the Effective Date that is sent from the PECOS nightly extract to auto-populate the Effective Dates for Individuals.

NOTE: This applies to group members and solo providers alike.

Contractors shall set an MCS Error when there is no Medicare Effective Date on the MCS V1 screen and the PECOS nightly extract file does not have a PECOS 06 record for the PIN.

Contractors shall apply the earliest PECOS Extract 06 Child Record effective date to MCS if multiple PECOS 06 Child Records are available for the PIN/PTAN.

Questions/Issues related to estimate point: Yes No

- Please add a sub-requirement to indicate the MCS Provider Master File effective date will be updated with the PECOS effective date when a PECOS record is received for the provider.

OR

- Please indicate the MCS should not update the MCS Provider Master File effective date with the PECOS effective date if the MCS V1 screen has an effective date.
- MCS assumes the MACs will comment if the Medicare Effective Date on the V1 screen does not correspond to a current PECOS effective date.

MCS DOCUMENTATION REFERENCE: V1, PE, H99RV18E

ESTIMATING POINTS

1. MCS will plug the Medicare Effective Date on the MCS Provider Master file (PE screen) from the PECOS Extract record effective date for the PIN.
 - 1.1. If multiple PECOS Extract records are available for the PIN, MCS will use the earliest PECOS Extract effective date
 - 1.2. The MCS will ignore the Medicare Effective Date on the MCS V1 screen when a PECOS Extract record is found for the PIN.

- 1.3. MCS will set a merge error if a Medicare Effective Date is not found on the MCS V1 screen and the PECOS Extract does not have a PECOS Extract record for the PIN.
 - 1.3.1. The Merge error will appear on the MCS/PECOS Merge Error (H99RV18E) report.
- 1.4. Add logic to the MCS V1 screen to not require a Medicare Effective Date entry if the PECOS Extract record contains a record for the PIN.
- 1.5. **MCS assumes PECOS will add a Medicare Effective Date for all provider types (organizations, employers, members, employees, groups) if the Medicare Effective Date on the V1 screen does not correspond to a PECOS effective date.**

CMS ATTACHMENT 1

Contractors shall accept the Full Legal Business Name, Practice Address and Pay to Address which is sent on the nightly PECOS extract.

Questions/issues related to estimate point: Yes No

The MCS uses the short name and address fields for letters, reports, and screens. MCS assumes if Short Name/Address fields were already keyed on the V3 screen, the associated fields will still be unprotected and may still be modified.

The Name/Type field will be added by PECOS.

MCS DOCUMENTATION REFERENCE: V3, PE

ESTIMATING POINTS

2. MCS will accept and apply the PECOS short name and address.
 - 2.1. MCS will accept the PECOS record that contains the Name/Type and short name fields.
 - 2.2. Add logic to the MCS V3 screen to not require short Name entry if the PECOS Extract record contains a short name record for the PIN.
 - 2.3. The PECOS extract will take precedence over the V3 screen.
 - 2.4. MCS will continue to set a merge errors when the name or address fields have an MCS size error.

CMS ATTACHMENT 1

PECOS Administrative Interface (AI) shall be modified to capture those fields, in the Provider Enrollment screen, used by MCS to properly process claims payment for all Organizational and Individual Providers that use the CMS-855B, CMS-855I and CMS-855R Applications.

PECOS shall begin to capture the following Option Codes and transmit on the nightly PECOS extract file:

- 1 - Billing Only/ Organizations
- 2 - Billing and performing
- 3 - Individual providers
- 4 - Performing only/ group members
- 6 - Third party biller
- 7 - Hospital Based
- 8 - Individual who is employer
- 9 - Individual who is employee

Questions/issues related to estimate point: Yes No

Will there be a new record on the PECOS extract for the MCS fields required by PIN?

The MCS Option Code applies to PINs. We assume the PECOS change will apply this field to PINs. Please confirm.

MCS assumes the PECOS extract will be modified to send MCS Option Code by PIN or NPI/PIN. PECOS should be aware that one NPI could have multiple PINs.

Please indicate MCS will set a merge error if the Option Code is not found on the V1 screen and the PECOS extract does not have an option code for the PIN.

MCS assumes PECOS will create a new PIN based record.

MCS DOCUMENTATION REFERENCE: PE, V1, S1529000, S1530000, S2904000, H99RV18E

ESTIMATING POINTS

3. MCS will plug the Option Code on the MCS Provider Master file (PE screen) from the PECOS Extract.
 - 3.1. The MCS will ignore the Option Code on the MCS V1 screen when the PECOS Extract contains an Option Code for the PIN.
 - 3.2. MCS will set a merge error if the Option Code is not found on the MCS V1 screen and the PECOS Extract does not have an Option Code record for the PIN.
 - 3.2.1. The Merge error will appear on the MCS/PECOS Merge Error (H99RV18E) report.
 - 3.3. Add logic to the MCS V1 screen to not require an Option Code entry if the PECOS Extract record contains an Option Code for the PIN.

CMS ATTACHMENT 1

PECOS shall begin to capture Language Preference Code and transmit on the nightly PECOS extract file:

E – English S – Spanish

Questions/issues related to estimate point: Yes No

Will there be a new record on the PECOS extract for the MCS fields required by PIN?

The MCS Language Preference Code applies to PINs. We assume the PECOS change will apply this field to PINs. Please confirm.

MCS assumes the PECOS extract will be modified to send MCS Language Preference by PIN or NPI/PIN. PECOS should be aware that one NPI could have multiple PINs.

Please indicate MCS will set a merge error if the Language Preference is not found on the V1 screen and the PECOS extract does not have an option code for the PIN.

MCS assumes PECOS will create a new PIN based record.

MCS DOCUMENTATION REFERENCE: V1, PE, S2904000, H99RV18E

ESTIMATING POINTS

4. MCS will plug the Language Preference on the MCS Provider Master file (PE screen) from the PECOS Extract.
 - 4.1. The MCS will ignore the Language Preference on the MCS V1 screen when the PECOS Extract contains a Language Preference for the PIN.
 - 4.2. MCS will set a merge error if the Language Preference is not found on the MCS V1 screen and the PECOS Extract does not have a Language Preference record for the PIN.
 - 4.2.1. The Merge error will appear on the MCS/PECOS Merge Error (H99RV18E) report.

- 4.3. Add logic to the MCS V1 screen to not require a Language Preference entry if the PECOS Extract record contains a Language Preference for the PIN.

CMS ATTACHMENT 1

PECOS shall capture the Core Based Statistical Area (CBSA) Code (for Specialty 49 ASC Providers only).

PECOS shall allow up to four CBSA Codes to be entered in with an effective for each CBSA Code.

Questions/issues related to estimate point: Yes No

Will there be a new record on the PECOS extract for the MCS fields required by PIN?

The CBSA apply to PINs in the MCS. We assume the PECOS change will apply these fields to PINs. Please confirm.

MCS assumes PECOS will have edits similar to the MCS for the CBSA effective date. The CBSA effective date for each additional CBSA cannot be less than or equal to prior CBSA date.

Please indicate the MCS will set a merge error if the provider specialty is 49, a CBSA is not found on the V1 screen, and the PECOS extract does not have a CBSA for the PIN.

MCS assumes the MAC will add every CBSA record for the PIN to PECOS.

The MCS needs to know if CBSA records on the V1 screen should be ignored when the CBSA record is received for the PIN on the PECOS extract.

MCS assumes PECOS will create a new PIN based record.

MCS DOCUMENTATION REFERENCE: V1, PE, H99RV18E

ESTIMATING POINTS

5. MCS will plug the CBSA 1, CBSA 2, CBSA 3, and CBSA 4 fields and their associated and the associated CBSA Effective Dates on the MCS Provider Master file (PE screen) from the PECOS Extract
 - 5.1. The MCS will ignore the CBSA values on the MCS V1 screen when the PECOS Extract contains a CBSA and CBSA Effective Date for the PIN.
 - 5.2. The CBSA information (locality) will match PECOS.
 - 5.2.1.If the PECOS extract does not match the MCS provider file, the MCS will update the MCS provider file with the PECOS extract record.
 - 5.2.2.The MCS will determine the order of the CBSA codes and CBSA effective dates on the MCS provider file.
 - 5.3. MCS will set a merge error if the provider specialty is 49 and a CBSA and CBSA Effective Date is not found on the MCS V1 screen and the PECOS Extract does not have a CBSA and CBSA Effective Date record for the PIN.
 - 5.3.1.The Merge error will appear on the MCS/PECOS Merge Error (H99RV18E) report.
 - 5.4. Add logic to the MCS V1 screen that the CBSA and CBSA Effective Date entry is not required if the PECOS Extract record contains values in the CBSA fields for the PIN.
 - 5.5. Create a report when the PECOS CBSA information does not match existing information on the V1 screen.
 - 5.5.1.The report will have the Before PECOS Update and AFTER PECOS Update information.

CMS ATTACHMENT 1

PECOS shall be modified to capture the Group's PTAN for a group member's reassignment and transmit it on the nightly PECOS extract file.

Questions/issues related to estimate point: Yes No

Will there be a new record on the PECOS extract for the MCS fields required by PIN?

The Group PIN applies to a specific member PIN in the MCS. We assume the PECOS change will transmit the group PIN for a member PIN. Please confirm.

PECOS should be aware that one NPI could have multiple PINs.

Do we set a merge error if the option code is a group member and the V1 does not have a Group PIN?

MCS assumes PECOS will create a new Child record for MCS PIN information.

MCS DOCUMENTATION REFERENCE: V1, PE, H99RV18E

ESTIMATING POINTS

6. MCS will plug the Group PIN to the MCS Provider Master file (PE screen) from the PECOS Extract record.
 - 6.1. Set a merge error when the PIN option code is group member and the V1 or the PECOS record does not have a group number.
 - 6.1.1. The Merge error will appear on the MCS/PECOS Merge Error (H99RV18E) report.
 - 6.2. The MCS will ignore the V1 data if a Group PIN is sent on the PECOS extract.
 - 6.3. Add logic to the MCS V1 screen to not require Group PIN entry if the PECOS Extract record contains a Group PIN for the member PIN.

CMS ATTACHMENT 1

PECOS shall be modified to capture the Vendor Identification Number (VIN) for a Competitive Drug Vendor (Specialty 95) and transmit it on the nightly PECOS extract file.

Questions/issues related to estimate point: Yes No

MCS DOCUMENTATION REFERENCE: V1, 2PA, H99RV18E

ESTIMATING POINTS

7. MCS will apply the Vendor Identification Number (VIN) to the MCS provider master file when the provider specialty is 95.
 - 7.1. MCS will set a merge error if the PECOS record contains a VIN and the provider specialty for the PIN is not 95.
 - 7.1.1. The Merge error will appear on the MCS/PECOS Merge Error (H99RV18E) report.
 - 7.2. The MCS will ignore V1 information when PECOS extract contains the VIN.

CMS ATTACHMENT 1

MCS shall create a one-time table that accounts for all counties per state to be uploaded into PECOS.

MCS shall create a one-time table that accounts for the Reasonable Charge locality code per state that accounts for the Reasonable Charge locality code.

Questions/issues related to estimate point: Yes No

MCS can create a one-time table for PECOS that has the counties and localities identified in the MAC controlled spitab table for reasonable charge, physician fee schedule.

MCS assumes PECOS or the MACs will be responsible for adding any new counties and/or localities to PECOS. MCS assumes there will be a control table in PECOS.

MCS shall create a one-time that accounts for the Physician Fee Schedule locality code(s) per state that accounts for the Physician Fee Schedule Locality code.

This file will not have CBSAs.

MCS DOCUMENTATION REFERENCE: S1508000, V1

ESTIMATING POINTS

8. Create a one-time file for PECOS of the counties and localities (RC and MPFS) defined by the MACs on the HxxTSPCY spitab table.

CMS ATTACHMENT: N/A

Questions/issues related to estimate point: Yes No

MCS can create a one-time table for PECOS that has the State and CBSAs identified in the MAC controlled spitab table for CBSA localities.

MCS assumes PECOS or the MACs will be responsible for adding any new CBSAs to PECOS.

MCS DOCUMENTATION REFERENCE: S1557000, V1

ESTIMATING POINTS

9. Create a one-time file for PECOS of the state and CBSAs defined by the MACs on the HxxTCBSA spitab table.

CMS ATTACHMENT 1

MCS shall apply each county and/or zip code received from PECOS.

PECOS shall keep the county code table current after MCS provides the one-time table.

MCS shall apply the Reasonable Charge codes to the appropriate MCS screen/fields where applicable based on the zip code that are provided on the PECOS nightly extract file for the Provider's practice address.

MCS shall apply the Physician Fee Schedule Locality codes to the appropriate screens/fields within MCS where applicable based on the zip code that are provided on the PECOS nightly extract file for the Provider's practice address.

Questions/issues related to estimate point: Yes No

MCS assumes PECOS will export the county and localities (Reasonable Charge, Fee Schedule) to the MCS.

MCS will apply the county and locality value received from the PECOS nightly extract file to the MCS Master Provider file.

MCS assumes PECOS will create a new PIN based record.

MCS DOCUMENTATION REFERENCE: PE, V1

ESTIMATING POINTS

10. MCS will apply the county, Reasonable Charge locality, and Physician Fee locality from the PECOS extract for the PIN to the MCS provider master file.
- 10.1. The MCS will ignore V1 information when PECOS extract contains county/locality data.
 - 10.2. Add logic to the MCS V1 screen to not require a county or locality entry if the PECOS Extract record contains the data.
 - 10.3. Create a new report that will display Before PECOS/After PECOS county locality data.

CMS ATTACHMENT 1

MCS shall create a table that translates a provider's Type Code from the Provider Specialty code

MCS shall apply a code for the Type Code listed in the table.

MCS shall apply the Type codes to the appropriate MCS screens/fields where applicable based on the Provider's Specialty code that is on the PECOS nightly extract file.

Questions/issues related to estimate point: Yes No

MCS can create a one-time table that identifies the MAC controlled specialty/type spitab table information.

MCS believes PECOS should export the provider specialty and type to the MCS on the PECOS nightly extract.

MCS DOCUMENTATION REFERENCE: S1513000

ESTIMATING POINTS

11. MCS will create a one-time table that has the provider specialty and provider type by MAC.

11.1. The HXXTSTYP spitab table has the specialty and provider type combinations.

NOTE: The data is not the same for each MAC. The procedure code file type field can include/exclude codes by provider type. We do not want to create any edit issues for the MAC.

CMS ATTACHMENT 1

MCS shall apply the Type codes to the appropriate MCS screens/fields where applicable based on the Provider's Specialty code that is on the PECOS nightly extract file.

Questions/issues related to estimate point: Yes No

MCS believes PECOS should export the provider specialty and type to the MCS on the PECOS nightly extract.

MCS assumes PECOS will create a new PIN based record.

MCS DOCUMENTATION REFERENCE: V1, 3P, S1513000

ESTIMATING POINTS

12. MCS will apply the provider type from the PECOS extract to the MCS provider master file.

12.1. The PECOS record will be PIN based.

12.2. The MCS will ignore V1 information when PECOS extract contains provider type.

12.3. Add logic to the MCS V1 screen to not require Provider Type if the PECOS Extract record contains the data.

CMS ATTACHMENT 1

PECOS shall send to MCS the system generated correspondence address (located on the V1 screen – headed Practice) via the following flags on the nightly PECOS to MCS extract:

A = ADS Letters, Crossover formats and system generator TACS letters to be sent to Practice Address

C = Open

G = Examiner requested TACS letters to be sent to Practice Address

MCS shall accept and apply the system generated correspondence address flag.

PECOS shall send to MCS the system generated correspondence address (located on the V1 screen – headed Pay To) via the following flags on the nightly PECOS to MCS extract:

A = ADS Letters, Crossover formats and system generator TACS letters to be sent to Pay-To Address

C = Open

G = Examiner requested TACS letters to be sent to Pay-To Address

MCS shall accept and apply the system generated correspondence address flag.

PECOS shall only allow for a single occurrence of each flag (A, C and G) on each line (Practice and Pay To).

MCS shall only accept a single occurrence of each flag (A, C and G) on each line (Practice and Pay To).

Questions/issues related to estimate point: Yes No

MCS DOCUMENTATION REFERENCE: V1, PE

ESTIMATING POINTS

13. MCS will apply the address flags from the PECOS extract to the MCS provider master file.
- 13.1. There will be one Address Flag A on either the Pay to or Practice Address.
 - 13.2. There will be one Address Flag C on either the Pay to or Practice Address.
 - 13.3. There will be one Address Flag G on either the Pay to or Practice Address.
 - 13.4. The MCS will ignore V1 information when PECOS extract contains address flag information.
 - 13.5. Add logic to the MCS V1 screen to not require the Address Flags if the PECOS Extract record contains the data.

CMS ATTACHMENT 1

PECOS shall make the necessary changes to accept the MCS Claims Action/Reason (A/R) Codes on the Administrative Flags Screen.

PECOS shall add a drop-down list of all necessary A/R Codes with an Effective Date and an End Date to be repeated for the needed A/R Codes for the enrollment.

Questions/issues related to estimate point: Yes No

Is it correct to assume any A/R (action reason) code not sent on the PECOS extract will continue to be MAC maintained?

MCS assumes PECOS will transmit the action reason codes by PTAN. MCS accepts no more than twelve (12) two-byte action reason codes and no more than twenty (20) 3-byte action reason codes.

MCS will apply the effective and end dates transmitted on the PECOS nightly extract file. Please change the word “enter” to “apply” with regard to the A/R 73, 74, and 81 effective and end dates.

Note:

There are two sets of MCS Action Reason codes. MCS AR codes are two bytes and MCS AR 2 codes are 3 bytes. The PECOS Administrative flags are three bytes and are translated into AR 2 codes.

MCS assumes PECOS will support both sets of action reason codes. If this is not the case, we assume the MACs will continue to apply action reason codes in MCS.

MCS assumes the PECOS action reason codes take precedence over the MCS

MCS assumes PECOS will add the A/R Member Propagation fields for Action Reason Codes 03, 82, and 85. The Member Propagation field for AR 2 is not restricted to specific AR 2 codes. The field is for groups.

MCS assumes PECOS will add the ability for MACs to add Action Reason/Review Codes (V2A) to PECOS.

Action Reason Code

Effective Date

End Date

Review Type Code

Type of Service

Start Procedure Code

End Procedure Code

MCS DOCUMENTATION REFERENCE: V2, V2A, 2P, H99RV18E

ESTIMATING POINTS

- 14. MCS will apply the Action Reason Code and Action Reason Code 2 from the PECOS extract to the MCS provider master file.
 - 14.1. The MCS will ignore V2 information when PECOS extract contains action reason code data.
 - 14.2. The MCS will ignore V2 information when PECOS extract contains action reason 2 code information.
 - 14.3. The MCS will ignore V2A information when PECOS extract contains action reason code review information.
 - 14.3.1. Member propagation does not apply.
 - 14.4. MCS will set a merge error if the PECOS extract contains an AR or AR2 code without an effective date.
 - 14.4.1. The Merge error will appear on the MCS/PECOS Merge Error (H99RV18E) report.

CMS ATTACHMENT /NA

The Attachment does not reference the following fields:

Bank fields (V1 screen)

New PIN (V1)

MAC Cross Reference Number (V1)

EIN Effective Date (V1)

SSN Effective Date (V1)

Exclude from Deactivation (V1)

Preferred PIN (V1)

Hospital Based Flag (V1)

Comment Type/Comments (3) (V1)

Bank fields (V1)

PECOS PRAC REF (V3)

PECOS PAY TO REF (V3)

Questions/issues related to estimate point: Yes No

MCS assumes PECOS will add the fields.

MCS DOCUMENTATION REFERENCE: V1, V3, PE, 2PA, H99RV18E

ESTIMATING POINTS

15. MCS will apply the PECOS extract information to the MCS provider Master file.
- 15.1. MCS will ignore V screen data if the information is received on the PECOS extract.
 - 15.2. MCS will create a merge error if the PECOS file or the MCS screen does not have MCS required fields. The Merge error will appear on the MCS/PECOS Merge Error (H99RV18E) report
 - 15.2.1. EIN present without an effective date
 - 15.2.2. SSN present without an effective date
 - 15.2.3. If Bank fields are sent without all the required data.

CMS ATTACHMENT N/A

One time files for PECOS

Questions/issues related to estimate point: Yes No

MCS DOCUMENTATION REFERENCE: S1520000, S0125000, S1514000, S1515000

ESTIMATING POINTS

16. MCS will create one time files for PECOS.
- 16.1. MCS Provider information for all active providers in the MCS with a PECOS enrollment record by MAC.
 - 16.1.1. This will allow PECOS to populate the data to the provider records.
 - 16.2. MCS Action Reason Codes and MCS meanings (if applicable)
 - 16.2.1. Provider action reason codes (HxxTSARC)
 - 16.2.2. Provider action reason 2 codes (HxxTSAR2)

CMS ATTACHMENT 1

Questions/issues related to estimate point: Yes No

There will need to be a copybook for each new PECOS child record.

MCS DOCUMENTATION REFERENCE: VE, 4P, S2904010

ESTIMATING POINTS

17. The new PECOS record(s) will display on the VE

Questions/issues related to estimate point: Yes No

MCS DOCUMENTATION REFERENCE: VE, 4P

ESTIMATING POINTS

18. Modify H99TVELE spitab to reflect the new PECOS record(s).

PECOS to MCS – Phased Approach

Attachment 2

Summary: Currently the MAC analyst has to populate PECOS AI and approve the application. The MAC analyst then has to wait for the overnight extract cycle from PECOS to MCS. MCS picks up data for the MCS PE screens from PECOS nightly extract. However, not all data is included from in the PECOS to MCS nightly extract for the MCS PE screens. As a result the MAC analyst has to manually enter the fields in MCS. A clean application can be processed within 2 business days once the application is received by a MAC. However, the process can take longer than 2 days in most cases. The current process results in duplicate data entry as some information is captured in PECOS is not auto populated in MCS. There are two main factors as to why the duplicate entry currently exists:

1. PECOS does not capture all required fields needed to populate MCS
2. MCS logic does not accept all populated fields from PECOS as currently formatted/sent on nightly PECOS extract

Impact: The following stakeholders are impacted:

1. MAC Part B
 - Duplicate data entry
 - Multiple checks
 - Manual intervention
 - Productivity
2. Provider
 - Delay in claim filing since the provider has to wait for the nightly extract process for fields to be populated and then the MAC analysts enters data in MCS system.

Resolution: Phased Approach, CPI/PEOG/MCS will:

- 1) Update PECOS extract to allow for capturing required fields within MCS.
- 2) Update the format for the PECOS extract to meet MCS requirements/standards, and;
- 3) Update MCS to populate most, if not all, required fields, from the nightly PECOS extract.

Timeline

✓ **Phase 1 (April 2017) - Analysis**

✓ **Phase II (July 2017) – Reference Fields and PIN Updates**

Currently, MACs enter information on the MCS V1 Screen for claims processing purposes. These codes allow MCS to determine if a service was rendered by an individual provider, group member or an organization; MCS also requires codes to allow automatic pricing of services rendered depending on the location of the provider, the type of provider; determine the proper PTAN for payment, if multiple numbers exist under a single NPI, and; if a PTAN is changed internally (not by a provider's request), the new PTAN that it is cross-referenced to.

Phase1 will begin the process of capturing certain required reference fields and PIN information on the nightly PECOS extract to automate the population into MCS. The following fields will be added to PECOS:

- Practice Address and Pay-To Address Flags (E, F and H)
- Hospital Based Provider Field

- MCS Option Code
 - MCS Group PIN
 - MCS Provider Type Code
 - MCS Preferred PIN for NPI -> what is the purpose of this pin?
 - Reference Field/Reference Type (used to cross-referenced PTANs)
- ✓ **Phase III (October 2017) – Charge Codes**
 - a) MCS Reasonable Charge Locality Code
 - b) MCS County Code
 - ✓ **Phase IV (Jan 2018) – AR Codes**
 - a) Action Reason Codes (A/R and AR2) -PECOS will collect the codes and populate in MCS V2 Screen
 - ✓ **Phase V (April 2018) – Banking Update and “Catch All”**

Currently, upon completion of an enrollment application, the MAC’s Provider Enrollment staff sends the CMS-588 Electronic Funds Transfer (EFT) Agreement form to the MAC’s financial department for completion, which is captured on the MCS V1 Screen. PECOS has the ability to capture the EFT information, but this is not required as part of the current MCS instructions, even though the EFT form is part of the enrollment packet and a provider can complete the EFT electronically via the PECOS Provider Interface (PECOS PI). CMS instructions will be updated and the MACs will begin to enter the EFT information into PECOS to be extracted to MCS.

If any of the previous Phases reveal additional requirements or needs to wrap up the “PECOS to MCS” of the MCS PIN Support Screens, these will be addressed with this phase.

- **Phase VI (July 2018) – MCS Lockdown**

This phase will facilitate the MCS lockdown for all the fields that are populated from PECOS. The MACs will populate PECOS AI with all fields that are part of the MCS PE screens.

Assumptions:

- ✓ PECOS record for the required fields and reference PIN will take precedence over the MCS V screen information entered manually by MACs.
- ✓ MCS can create a file for PECOS that will have the MCS V screen data for active providers that have a PECOS enrollment.
- ✓ PECOS will send multiple new PECOS child records and the existing child records may be expanded.
- ✓ PECOS and MCS teams will work together on the follow-up implementation change requests to define exactly how the fields will come in on the PECOS nightly extract.
- ✓ *The ASCA process will remain in MCS. The MACS will continue to enter ASCA review information on the V1 screen.*