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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 1610 | Date: February 4, 2016 |
| | Change Request 9211 |

SUBJECT: System Specific Enhancement 2014: Fiscal Intermediary Standard System (FISS) Edit/Rules Engine Analysis and Design

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to allow FISS to perform research and analysis on the Centers for Medicare & Medicaid Business Rules Engines as well as possibly other commercial off-the shelf (COTS) business rules engines; looking for solutions that will increase efficiency and standardization.

EFFECTIVE DATE: July 1, 2016

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

IMPLEMENTATION DATE: July 5, 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/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 | 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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|--------------------|--------------------------|-------------------------------|-----------------------------|
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I. GENERAL INFORMATION

A. Background: In a continued effort to find solutions to increase efficiency and standardization within the Shared System, FISS would like to research internal as well as COTS business rules engines to improve the editing of Medicare Part A Fee-for-Service claims processed by FISS.

There are multiple types of editing within FISS. Most of the editing is hard coded and triggers FISS reason codes. There are edits maintained by the MACs that also trigger reason codes. FISS will evaluate whether the use of a single rules engine can be used for all editing. The evaluation will include, but not be limited to, the migration of current edits, the ease of creating new edits, the maintenance of edits, the override capability of edits and the capability to expand based on volume and/or complexity of edits. Currently, FISS has multiple reports to identify claims that edit based on specific reason codes as well as reporting on high volume reason codes. During the evaluation process, reporting features as well as maintaining an audit trail of edit revisions will be taken into consideration.

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 | |
| 9211.1 | If necessary, FISS shall participate in up to two (2) one-hour calls with the Centers for Medicare & Medicaid Services (CMS). | | | | | X | | | | |
| 9211.2 | FISS shall research the CMS Enterprise Rules engine as an alternative method for editing Medicare Part A Fee-for-Service claims. | | | | | X | | | | |
| 9211.2.1 | FISS shall research and compare internal and external rules engines for alternative methods for editing Medicare Part A Fee-for-Service claims if it is determined the CMS Enterprise Rules engine does not | | | | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|----------|--|----------------|---|-----|------------|---------------------------|-----|-----|-----|-------|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | meet the needs. | | | | | | | | | |
| 9211.3 | FISS shall leverage recent analysis performed within Hewlett Packard Enterprise Services so as not to duplicate efforts. | | | | | X | | | | |
| 9211.4 | FISS shall document in an analysis paper its findings along with a recommendation of next steps or actions required. | | | | | X | | | | |
| 9211.4.1 | FISS shall include in the analysis paper the level of effort and any costs associated with its recommendation. | | | | | X | | | | |
| 9211.4.2 | If the recommendation is not the CMS Enterprise Rules Engine, the analysis paper should explain the reasons why the CMS Enterprise Rules Engine does not meet the needs. | | | | | X | | | | |
| 9211.4.3 | FISS shall ensure the recommended approach falls within the parameters of the CMS Architectural Review Board and present a brief overview if requested. | | | | | X | | | | |
| 9211.5 | 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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ATTACHMENTS: 0