

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 250	Date: NOVEMBER 17, 2006
	Change Request 4094

SUBJECT: PECOS to FISS Interface Via Extract File

I. SUMMARY OF CHANGES: An extract file of provider enrollment data that has been input via the FI contractors will be generated out of PECOS and available for the FISS datacenters to load into the FISS claims system to populate the claims provider files so claims can be processed.

New / Revised Material

Effective Date: April 1, 2007

Implementation Date: April 2, 2007

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

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 250	Date: November 17, 2006	Change Request 4094
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SUBJECT: PECOS to FISS Interface Via Extract File

I. GENERAL INFORMATION

A. Background: PECOS Release 4.3 (currently scheduled for April 2007) will require all provider information to be transmitted to the Fiscal Intermediary Standard System (FISS) directly from PECOS. The FISS master provider file fields containing enrollment data will only be updated with data from PECOS. Therefore, with the implementation of this Change Request, all provider enrollment functions that allow update or edit capability in the FISS system must be removed. Communication and coordination are being initiated between the PECOS maintainer and the FISS maintainer to establish the requirements for the export/import functions. This change request is to cover any Analysis/Design and Coding/Testing needed to implement these changes within the January release respectively by the FISS maintainer.

B. Policy: Collection and retention of CMS 855 enrollment data has been cleared through a Paperwork Reduction Act Notice in the **Federal Register**. The authority for the various types of data to be collected is found in multiple sections of the Social Security Act (the Act) and the Code of Federal Regulations. Specifically in Sections 1816, 1819, 1833, 1834, 1842, 1861, 1866 and 1891 of the Act, and 42 CFR Chapter IV, Subchapter A.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4094.1	Each FI data center shall ensure they have access to the CMS datacenter using NDM connection to retrieve the export file associated with each FI contractor number that the datacenter supports for both the validation (test) and production environment of PECOS.	X	X							PECOS
4094.2	The FISS and PECOS maintainer shall utilize the current Form CMS-855A to build requirements and to develop and finalize an extract file layout for the FISS system. A draft					X				PECOS

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	has been supplied.									
4094.3	The FISS maintainer shall review the attached proposed Draft Extract File layout and identify any additional data elements required and why.					X				PECOS
4094.4	The FISS maintainer shall review the attached proposed Draft Export File layout and identify any fields or child records that can be removed and why.					X				
4094.5	The FISS maintainer and FI’s shall identify all required reports and why they are needed.	X	X			X				PECOS
4094.6	The FISS maintainer shall only design, code and implement only these reports authorized by CMS.					X				PECOS
4094.7	The FIs shall begin using PECOS as the only means in which provider enrollment data elements can be loaded into the FISS system effective January 2, 2007. NOTE: This change will not impact an FI’s ability to establish or update audit data.	X	X							PECOS
4094.8	The FISS maintainer shall remove all edit capability, from their interface screens, associated with provider enrollment data elements coming from PECOS. NOTE: This change will not impact an FI’s ability to establish or update audit data.					X				PECOS
4094.9	The FISS maintainer shall remove all overwrite capability, associated with provider enrollment data elements coming from PECOS, from any other data source. NOTE: This change will not impact an FI’s ability to establish or update audit data.					X				PECOS

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4094.10	The FIs shall accept an extract file from the PECOS system on a daily basis, after 9 pm EST, effective January 2, 2007.	X	X							PECOS
4094.11	The FISS maintainer shall identify any new interface screens, that the FIs will be required to utilize, in order to process the extract file from PECOS.					X				PECOS

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	None.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
4094.2 4094.3 4094.4	Utilize the Draft PECOS Provider Enrollment Record Layout – Fiscal Intermediary Export Layout

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: PECOS Provider Enrollment Record Layout – Fiscal Intermediary Export Layout

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations:

- Testing should validate that FISS can accept an extract file from PECOS and process successfully.
- The FISS test region should retrieve the export data created from PECOS, load the data into the FISS test region and validate that the data was applied to FISS successfully.
- The Part A data centers and the STC should retrieve the export data created from PECOS, load the data into their FISS test region and validate that the data was applied to FISS successfully.
- The FI contractor will be responsible, through their datacenter, to pick up the PECOS extract file from the CMS datacenter for both validation and production environments.

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: April 1, 2007</p> <p>Implementation Date: April 2, 2007</p> <p>Pre-Implementation Contact(s): Alisha Banks at Alisha.Banks@cms.hhs.gov 410-786-0671</p> <p>Post-Implementation Contact(s): Alisha Banks at Alisha.Banks@cms.hhs.gov 410-786-0671</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.</p>
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***Unless otherwise specified, the effective date is the date of service.**

Attachment: PECOS – FISS Design for Part A Provider Extract Volume 1



Creating Solutions for Government Innovation

PECOS – FISS Design for Part A Provider Extract Volume 1

Draft

Doc ID: PECOS-4.4.0-DES-58945-v0.60

Prepared for



Centers for Medicare & Medicaid Services

October 2006

Revision Log

The table below provides a log of each revision of the document that has been issued.

Version	Description	Author	Issue Date	Reviewer	Review Date	Deadline Date
v0.10	Initial draft	CK	7/21/2006	NA, SM, ED	7/21/2006	7/24/06
v0.20	Incorporated comments from SM, ED, and NA	CK	7/24/06	NA, SM, ED	7/24/06	7/25/06
v0.30	Incorporated comments from SM and NA	CK	7/26/06	JP, SM	7/27/06	8/7/06
v0.40	Incorporate SF's comments, added a new chapter (operations information), and added new information in the "Special Cases" Chapter	CK	8/17/06	NA, KD	8/18/06	
V0.50	Add a new Chapter, FISS Import and incorporate SF's comments	CK	8/29/06	SF, NA, and PH	8/29/06	9/25/06
V0.60	Broke into two volumes	PJH	10/23/06	JP, MAR	10/23/06	10/23/06

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1 Introduction

The Provider Enrollment, Chain, and Ownership System (PECOS) is the system that supports the Medicare provider and supplier enrollment process by capturing provider/supplier information from the CMS-855 family of forms. PECOS allows the Centers for Medicare & Medicaid Services (CMS) to manage, track, and validate provider enrollment data. PECOS currently handles the enrollment functions for both Medicare Part A providers and Part B suppliers.

The Fiscal Intermediary Standard System (FISS) is the standard claims processing system used to process Medicare Part A provider claims.

Currently, Medicare Part A providers submit CMS-855A enrollment forms to Medicare fiscal intermediaries (FIs) in order to: a) enroll in Medicare for the first time, or b) change their enrollment information. FIs process the 855A form and use PECOS to perform provider enrollment functions. Additionally, FIs also enter relevant provider information into FISS.

CMS wishes to reduce the duplicate data entry and maintenance of provider enrollment data in PECOS and FISS. An automated interface between PECOS and FISS will meet this business need. To meet this requirement, PECOS will be modified to provide provider data suitable for FISS. FISS will be modified to accept provider data and update its internal database. FIs will use PECOS as the primary system of record for provider enrollment data and will be able to automatically see updates in FISS.

1.1 Document Purpose

The purpose of this document is to help design the PECOS-FISS interface and allow CMS, the FI workgroup, PECOS, and FISS development teams to develop common requirements and interface specifications. This document also details the format of the PECOS generated FISS Extract file and the triggers that result in an enrollment record's inclusion in the daily extract file sent to FISS.

This document is in a draft status. All stakeholders of the PECOS-FISS interface must come to agreement on the requirements and interface specifications document in all chapters.

1.2 Document Layout

The remainder of this document is organized as follows:

- Chapter 2: Systems Overview — Presents descriptions of the PECOS and FISS applications
- Chapter 3: PECOS Part A Extract Process — Presents an overview of the FISS Extract process
- Chapter 4: FISS Extract File — Presents the FISS Extract file structure and descriptions of the base and child records included in the FISS Extract file
- Chapter 5: PECOS Enrollment Status Triggers — Presents the PECOS enrollment statuses and events that mark a record for inclusion in the FISS Extract file
- Chapter 6: Provider Enrollment Scenarios — Presents the processing steps and outcomes of common provider enrollment scenarios

- Chapter 7: CHOW, Acquisition/Merger, and Consolidation Provider Enrollment Scenarios — Presents the processing steps and outcomes of provider enrollment scenarios specific to Change of Ownership (CHOW), acquisition/merger, and consolidation
- Chapter 8: Special Provider Cases — Presents the processing steps and outcomes of provider enrollment scenarios with unique business rules
- Chapter 9 (Chapter 1 of Volume 2 Document): PECOS and FISS Field/Screen Mapping — Presents a mapping of fields on the FISS screens to fields on the PECOS screens/subscreens
- Chapter 10 (Chapter 2 of Volume 2 Document): FISS Import — Presents FISS processing steps once provider enrollment data is received at FISS via the FISS Extract file
- Appendix A (See Volume 2 Document): PECOS Part A Provider Extract File Layout — Presents the details of the FISS Extract file layout
- Appendix B (See Volume 2 Document): PECOS and FISS Field Mappings— Presents the details of data elements in both PECOS and FISS that map to each other.

1.3 Assumptions

The following list of assumptions applicable to the PECOS-FISS Design Interface.

- FISS will be modified so that FISS screens will lock down the fields that are populated via the FISS Extract file.
- PECOS and FISS development teams will communicate on a regular basis during the requirements, test and implementation phases.
- PECOS and FISS work schedules will be coordinated around major milestones.
- Project Testing phase begins 2 months prior to implementation.

1.4 Constraints [TBD by FISS]

The following list of project constraints will affect the project performance and timeline.

- The PECOS production region is available Monday through Saturday from 5:00 a.m. to 1:00 a.m. Eastern Standard Time (EST). PECOS is available on Sundays in a limited mode of operation.
- The PECOS database is housed in a CMS mainframe in the same region as several other CMS production systems. Occasionally, resource contention is a factor in the operation of PECOS, resulting in slower response times or a cap placed on the maximum number of users allowed to logon to PECOS concurrently. When a cap on the number of users is imposed, the user community is informed by CMS via an email message.
- Per the established test plan schedule, a testing region will be available during the two months prior to going live.

2 Systems Overview

This chapter provides an overview of PECOS and FISS and how they support Medicare Provider enrollment in different ways. In addition, this chapter includes a brief overview of how provider information will flow from PECOS to FISS.

2.1 PECOS Overview

PECOS has been live and in use since July 2001. Medicare fiscal intermediaries and carriers use PECOS (currently at Release 4.1) to collect and process CMS-855 enrollment forms. PECOS Back Office is a client/server system that provides CMS the ability to:

- Capture information contained within the CMS-855 Enrollment forms
- Identify relationships between Medicare providers, suppliers, individuals, and organizations
- Log and track each enrollment application and each contractor action
- Capture chain home office information
- Perform inquiries and produce reports

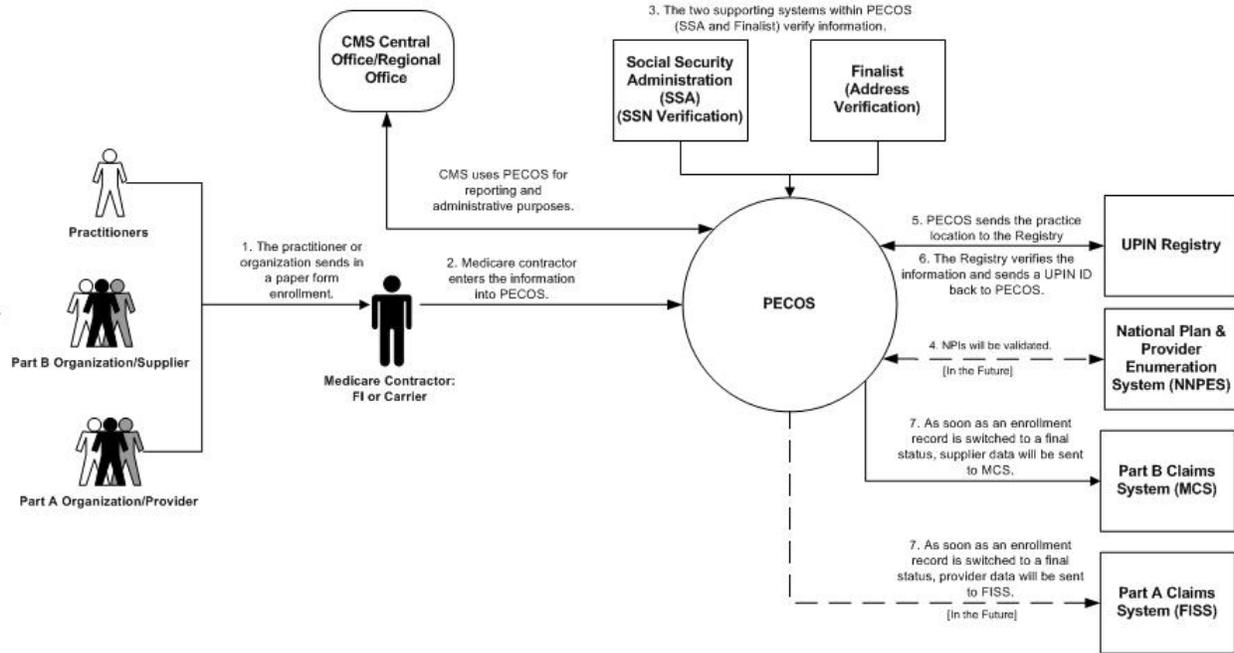
PECOS is designed to collect information from the following CMS forms:

- 855A Application for Health Care Providers that bill Medicare Fiscal Intermediaries
- 855B Application for Health Care Suppliers that bill Medicare Carriers
- 855I Application for Individual Health Care Practitioners
- 855R Application for Individual Health Care Practitioners to Reassign Medicare Benefits

2.1.1 PECOS Context Diagram

The diagram below is a visual representation of PECOS using a context diagram in terms of users and interfacing systems.

Exhibit 2-1 PECOS Context Diagram

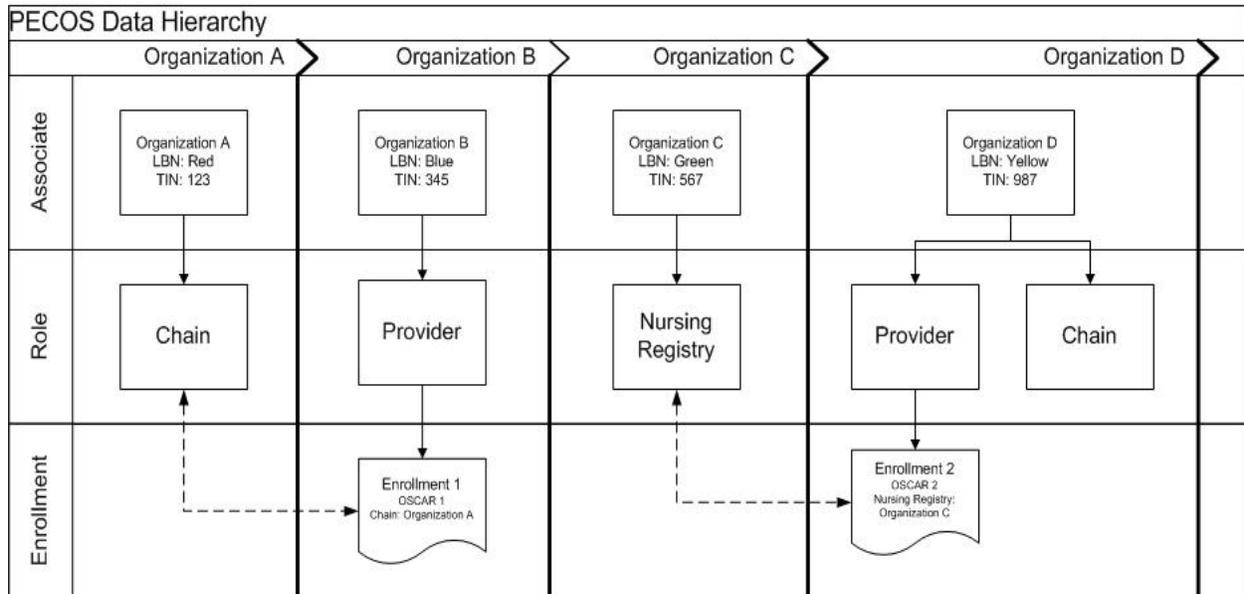


Users of PECOS are Medicare fiscal intermediaries (FIs) and carriers. These users are collectively known as the Medicare contractors or Medicare fee-for-service contractors. CMS Central and Regional Offices also have access to PECOS. PECOS interfaces with the Social Security Administration (SSA) in order to validate applicant and associate Social Security Numbers (SSN) and FINALIST to standardize all postal address information entered into PECOS. PECOS also communicates with the Medicare Claims System (MCS) and the Unique Provider Identification Number (UPIN) Registry for Medicare Part B.

2.1.2 PECOS Data Hierarchy

The diagram below is a visual representation of the PECOS data hierarchy.

Exhibit 2-2 PECOS Data Hierarchy



In PECOS information is broken down by associations (PECOS Associates). Organizational PECOS Associates can have up to ten different roles. A role is a function that an organization can perform such as provider, supplier, owner, etc. Roles are based on the PECOS Associate’s association(s) with enrollment records or chains. A PECOS Associate can hold both the role of provider and owner. In addition to playing multiple roles, a PECOS Associate can be associated to multiple enrollment records.

In the diagram above there are four organizations; A, B, C, and D. Organization A is a chain and is associated to enrollment 1 under Organization B. Organization B is a provider. Organization C is a nursing registry and is associated to enrollment 2 under Organization D. Organization D is a provider and chain.

The PECOS and FISS interface is based upon enrollment records. Each enrollment record sent to FISS contains child records that indicate the relevant association and additional information.

2.2 FISS Overview [TBD by FISS]

FISS is a standard Medicare claims processing system that allows users to perform the following functions:

- Enter, edit, update, or cancel Medicare UB-92 claims
- Inquire about beneficiary eligibility
- Inquire about the status of claims
- Inquire about the need to submit additional claim information
- Access various inquiry screens (e.g., Revenue Codes, Diagnosis Codes)

2.2.1 FISS Data Hierarchy [TBD by FISS]

Exhibit 2-3 FISS Data Hierarchy [TBD by FISS]

2.2.2 FISS Context Diagram [TBD by FISS]

Exhibit 2-4 FISS Context Diagram [TBD by FISS]

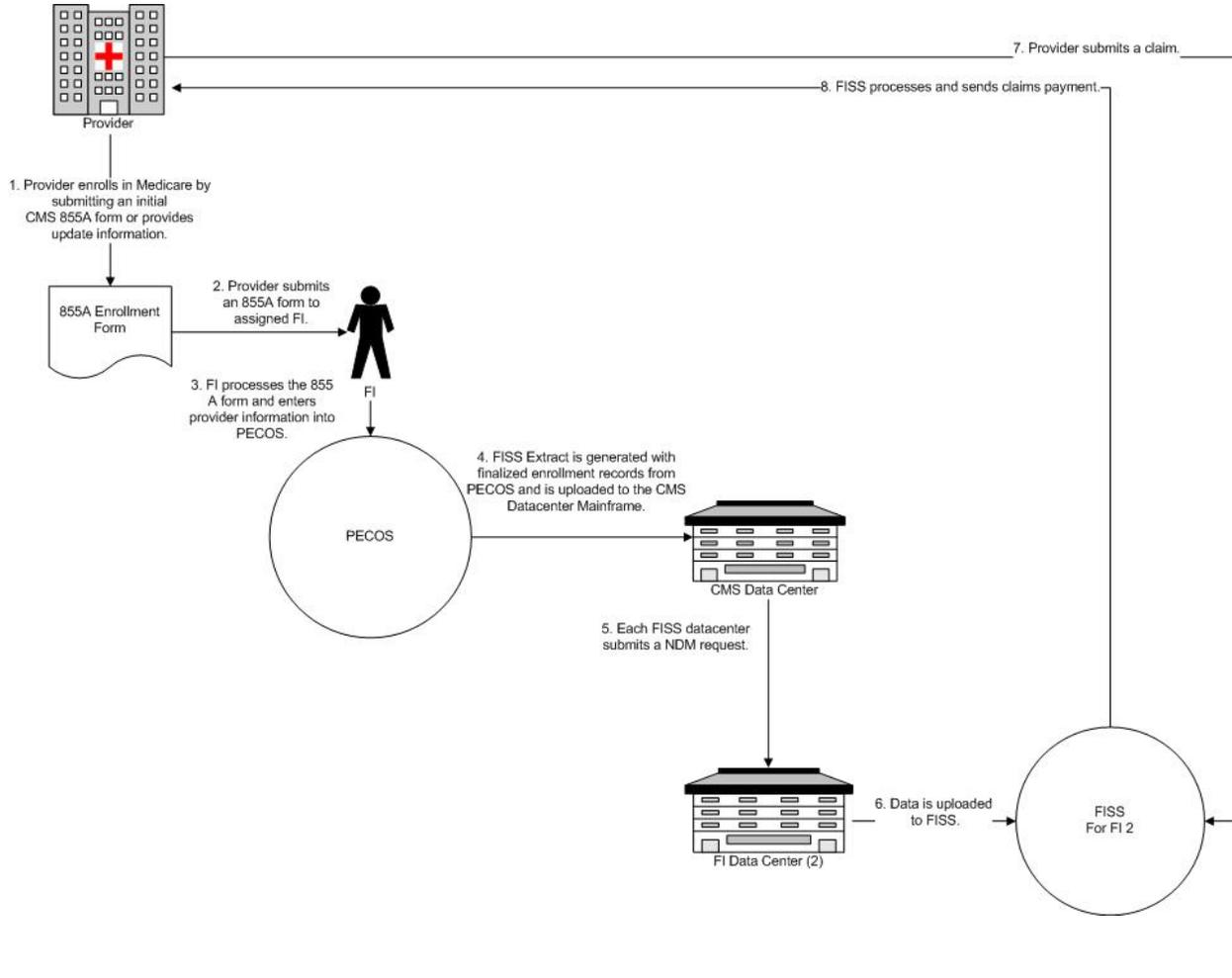
Primary users of FISS are Medicare fiscal intermediaries (FIs) and Regional Home Health Intermediaries (RHHIs). FISS interfaces with the Healthcare Integrated General Ledger Accounting System (HIGLAS) and the Provider Statistical & Reimbursement Reconciliation (PS&R) System for reporting purposes.

2.3 Information Flow from PECOS to FISS

With the implementation of Release 4.4, PECOS will provide provider enrollment data to FISS. The FISS Extract file is the means by which PECOS will send provider information to FISS. The FISS Extract file will be used by the FISS system to update its provider file. This will eliminate the duplicate work for FIs and ensure that provider enrollment data is maintained in PECOS and then synchronized to FISS.

The diagram below is a visual representation of how provider enrollment information will flow from PECOS to FISS.

Exhibit 2-5 PECOS Enrollment Data Flow to FISS



3 PECOS Part A Extract Process

This chapter provides an overview of the extract process. The extract process consists of multiple steps:

1. Master Extract File – PECOS runs a nightly job generating the master extract file for all Part A enrollment records on the CMS Mainframe
2. FISS Extract File – The master extract file is split into multiple FISS Extract files representing each FI.
3. Fiscal Intermediary Data Centers (FI DC) FISS Extract file download - Each FI Data Center submits an Network Data Mover (NDM) request for the extract files associated to represented FIs

3.1 Master Extract File

PECOS will run a nightly job, the FISS batch process on the CMS mainframe to generate the master extract file. The job extracts enrollment records marked for inclusion since the previous night's extract file. Only those enrollment records that have a claims switch of 'Y' at the time of the FISS batch process will be included in that night's FISS Extract file. See Chapter 5: PECOS Enrollment Status Triggers for more information on marking a Medicare enrollment record to be written to the FISS Extract file.

The FISS batch process is expected to run at 10:00pm EST after normal business hours on the West Coast.

Note: The start time of the FISS batch process is still needs to be approved by all involved parties.

3.2 FISS Extract File

The master extract file created is split into individual files for each FI (contractor ID).. Enrollment records with the same unique contractor ID are grouped together to create a file specific to a FI.. Each of the individual FI extract file may contain multiple enrollment records.

The FI extract files are stored on the PECOS mainframe in generation data group (GDG) files. Thirty generations of GDG are kept, which represents thirty days of extract data files. FISS Extract file naming standard is:

- **Production:** P#PEC.#PECOS.Fxxxxx.FISS.EXTRACT, where xxxxx represents the FI Contractor ID

- For example: Anthem - Indiana has a FI Contractor ID of 00130. The extract file name is P#PEC.#PECOS.F00110.FISS.EXTRACT.
- **Validation** (for testing): V#PEC.#PECOS.Fxxxxx.FISS.EXTRACT, where xxxxx represents the FI Contractor ID
 - For example: Anthem - Indiana has a FI Contractor ID of 00130. The extract file name is V#PEC.#PECOS.F00130.FISS.EXTRACT.

3.3 Fiscal Intermediary Data Centers (FI DC) FISS Extract file download

After the PECOS batch job runs and creates multiple FISS extract files, each FI DC is scheduled to retrieve the files from the CMS DC. One FI data center may represent one or more fiscal intermediaries and downloads the corresponding FISS Extract file(s). The association of FI to each FISS Extract file is completed by mapping the contractor ID. The transfer mechanism used to transfer the files between data centers is Connect:Direct, which is also known as NDM.

The following table presents the information necessary to set up the NDM job for each FI Data Center:

Table 3-1 *FI DataCenter List*

FI Data Center	RACF ID	FI Name	FI Contractor ID
Administar Federal	TW28	Anthem – Indiana	00130
	NDMKY	Anthem – Illinois	00131
		Anthem – Kentucky	00160
		Anthem – Ohio	00332
		Cooperativa - Puerto Rico	57400
		Noridian – North Dakota	00321
		UGS – Wisconsin	00450
		UGS – Michigan	00452
		UGS – Virginia	00453
		UGS – California	00454



FI Data Center	RACF ID	FI Name	FI Contractor ID
Blue Cross and Blue Shield of Arkansas	TW66	Anthem of Maine	00180
		Anthem of Maine - Massachusetts	00181
		Anthem of New Hampshire	00270
		BCBSSC - North Carolina	00382
		BCBSARK – Rhode Island	00021
		Noridian	00322
		BCBS of Arkansas	00020
		BCBS of Alabama	00010
		Care First	00190
		Care First (starting 10/01/2005)	00366
		BCBS of Mississippi	00230
Empire	TW07	Empire	00308
Florida Coast Service Options (FCSO)	TW43	BCBS of Florida	00090
	03YT4Y	BCBS of Georgia	00101
		BCBS of SC	00380
		Riverbend	00390
		Noridian – Minnesota	00320



FI Data Center	RACF ID	FI Name	FI Contractor ID
Highmark	TW38	Veritus	00363
Mutual of Omaha	TW21 D2YQ	Mutual of Omaha	52280
Palmetto GBA	TW01	Group Health Services of Oklahoma	00340
		Trailblazers	00400
EDC/Regence	TW16 (new contract) TW14 (old contract)	BCBS of Arizona	00030
		BCBS of Kansas	00150
		BCBS of Montana	00250
		BCBS of Nebraska	00260
		BCBS of Wyoming	00460
		Regence BCBS	00350
		Noridian - Utah	00323
		Cahaba	00011

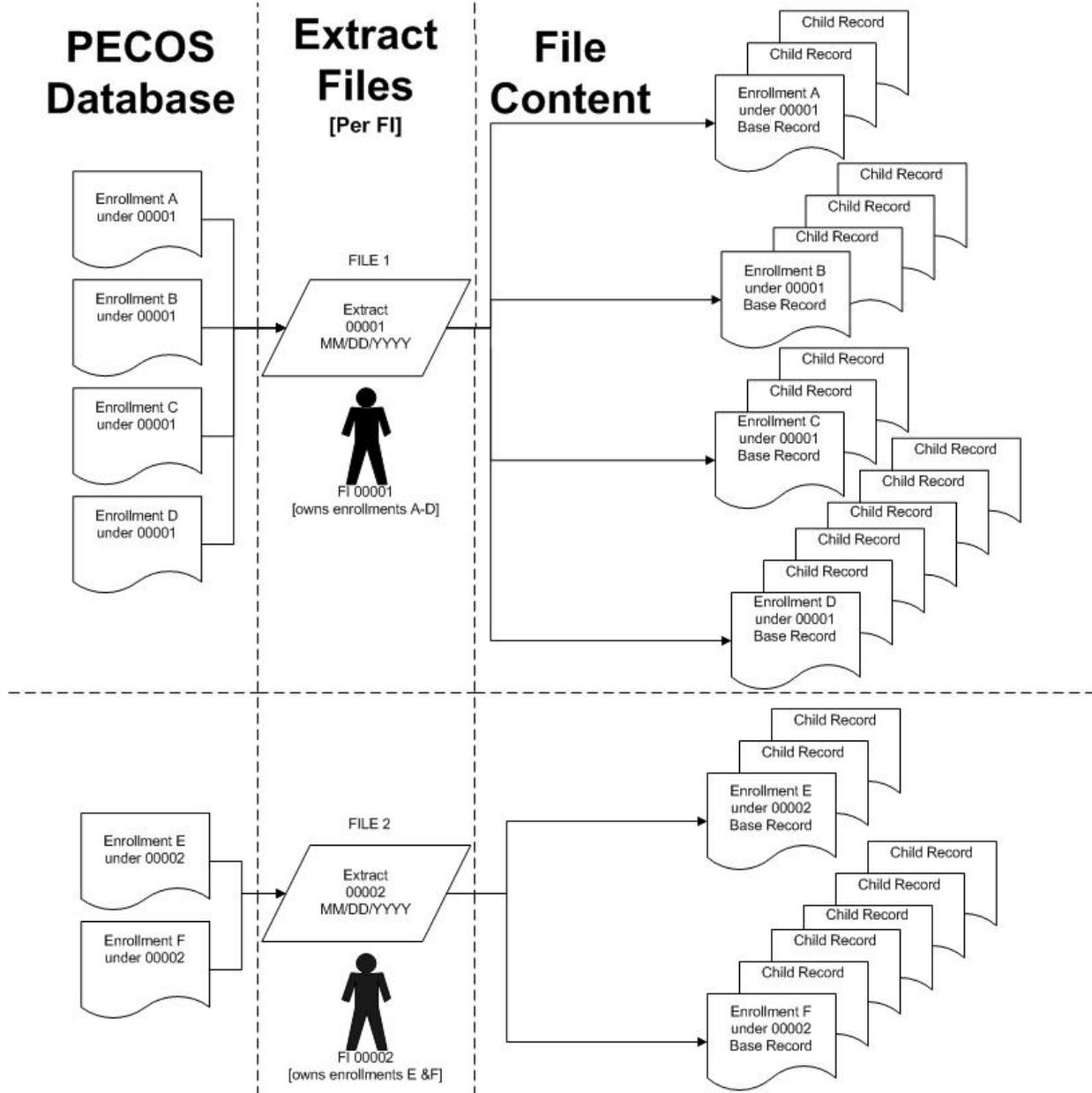
4 FISS Extract File Structure

This chapter provides the file structure of the FISS Extract file. The extract file is generated for each FI associated to an enrollment record marked for export.

The diagram below is a visual representation of how PECOS generates the FISS Extract file per FI, identified by their Medicare Contractor ID.

Please refer to Appendix A for the detailed FISS Extract File Layout.

Exhibit 4-1 Multiple Extract Files per FI



4.1 File Structure

The FISS Extract file consists of the file header record, the file trailer record, the enrollment base record and up to ten enrollment child records for each enrollment record. Not all child records will be sent with every PECOS enrollment record. Child records are dependent on the type of provider and scenario. The

enrollment base record includes data fields for which only a single value can exist. Enrollment child records include data fields for which multiple current and historical values can exist.

The diagram below is a visual representation of the structure of the FISS Extract file. The darker grey colored records represent the beginning of a new enrollment record. The lighter grey colored records represent the associate child records which are dependent on the type of provider and scenario.

Exhibit 4-2 File Structure

Record#1	File Header Record
Record#2	Enrollment Base Record #A [Type 00]
Record#3	Enrollment Child Record#A.1 [Type 02]
Record#4	Enrollment Child Record#A.2 [Type 03]
Record#6	Enrollment Base Record #B [Type 00]
Record#7	Enrollment Child Record#B.2 [Type 02]
Record#8	Enrollment Child Record#B.3 [Type 02]
Record#9	Enrollment Child Record#B.4 [Type 03]
Record#10	Enrollment Child Record#B.5 [Type 04]
Record#11	File Trailer Record

4.1.1 File Header and Trailer Records

The header record is the first record included in the FISS Extract file. Records between the file header and trailer record represent the exported enrollment records for that specific FI.

The trailer record is the last record included in the FISS Extract file. The trailer record indicates the end of the file.

4.1.2 Enrollment Base Record

The enrollment base record exists for each enrollment record in the FISS Extract file. The enrollment base record includes data fields for PECOS associate-level information like the provider’s TIN, LBN, provider type, etc.

4.1.3 Enrollment Child Record

Child records provide additional information and are tied to the enrollment base record by information in the child record layout, which contain the following elements:

- Record Type
- FI Contractor ID
- Create date
- PECOS Associate Control (PAC) ID
- Enrollment ID

This information is at the beginning of each child record.

There are a total of ten types of child records for the Medicare Part A providers. Not all child records will be sent with every PECOS enrollment record. Child records are dependent on the type of provider and scenario. The following five child records always exist for each base Enrollment Record:

- Medicare ID
- Enrollment Status
- Practice Location
- L&T Submit
- Special Payment (except for the status of Deleted)

Each of the specific child record fragments adds 700 characters and will be moved into the CHILD-DETAIL field. The table below lists all of the child records:

Table 4-3 Child Record Types

** Record Type Values
"01" — HOSPITAL-TYPES
"02" — MEDICARE-IDENTIFICATION
"03" — ENROLLMENT STATUS
"04" — PRACTICE-LOCATION
"05" — SPECIAL PAYMENT
"06" — L&T SUBMIT
"07" — CHOW/ACQUISITION/MERGER/CONSOLIDATION
"08" — SUBUNIT CONSOLIDATION
"09" — CHAIN HOME OFFICE
"10" — Home Health Agency (HHA)

4.1.3.1 Child Record 01: Hospital Type

The hospital type child record is created when “Hospital” is selected as the provider type on the CMS-855A form. PECOS will send all historic and current hospital type information.

4.1.3.2 Child Record 02: Medicare Identification

The Medicare ID child record is created for each Medicare ID entered in Section 1 of the 855A enrollment record. PECOS will send both historic and current Medicare ID information. PECOS sends end dates for the Medicare ID type: OSCAR ended in Section 1 via this child record.

4.1.3.3 Child Record 03: Enrollment Status

The enrollment status child record is created for specific status code and reason code combinations. PECOS will send both historic and current enrollment status information. The combination of status code and reason code criteria must be met for the child record to be sent.

4.1.3.4 Child Record 04: Practice Location

The practice location child record is created to include the provider’s practice location information. PECOS will send both historic and current practice location information. The practice location information is linked to the special payment information by Practice Location ID (ID 04-25) and Special Payment ID (ID 05-13).

4.1.3.5 Child Record 05: Special Payment

The special payment child record is created to include special payment information. PECOS will send both historic and current special payment address information. It is sent along with the practice location child record. PECOS collects domestic and foreign special payment addresses.

4.1.3.6 Child Record 06: L&T Submittal

The L&T submittal child record is created to store an L&T record submittal reason tied to the enrollment record. PECOS will only send the most current L&T submittal information.

4.1.3.7 Child Record 07: CHOW/Acquisition/Merger/Consolidation

The CHOW/acquisition/merger/consolidation child record is created when the end user enters Change of Ownership (CHOW), acquisition/merger, or consolidation information in PECOS.

4.1.3.8 Child Record 08: Subunit Consolidation

The subunit consolidation child record is created when the end user enters consolidation information for subunits in PECOS for departments that merge into one organization.

4.1.3.9 Child Record 09: Chain Home Office

The chain home office child record is created when the end user enters information in Section 7 of the enrollment record. PECOS will send both historic and current chain home office information.

4.1.3.10 Child Record 10: Home Health Agency (HHA)

The HHA child record is created an FI selects HHA as the provider type. PECOS will send both historic and current HHA nursing registry information.

5 PECOS Enrollment Status Triggers

This chapter provides the PECOS enrollment statuses that trigger an enrollment record to be included in the daily FISS Extract file sent to FISS. PECOS supports several other enrollment statuses internal to its own workflow. On a daily basis, PECOS tracks enrollment records that get finalized and marks them for export to FISS. There are two types of enrollment statuses in PECOS; in-process and final status. Enrollment records in PECOS that are in-process are not marked for inclusion in the daily FISS Extract file. However, enrollment records switched to a final status are marked for inclusion in the daily FISS extract.

Note: Enrollment records that are in a final status prior to the implementation of the PECOS-FISS interface will not be triggered to FISS unless they are re-opened to in-process and then switched to a final status by an FI. The information collected in this chapter was developed in conjunction with FISS.

5.1 Enrollment Status Triggers

Enrollment records are written to the FISS Extract file for each of the following final enrollment statuses:

- **Approved** – All Medicare enrollment requirements are met by the provider for the services rendered. If the provider has multiple enrollment records, only the enrollment record set to Approved by the FI are included in the FISS Extract file
- **Voluntary Withdraw** – The provider no longer renders Medicare services. If the provider has multiple enrollment records, only the enrollment record set to Voluntary Withdraw by the FI are included in the FISS Extract file.
- **Revoked** – The provider is no longer allowed to render Medicare services. If the provider has multiple enrollment records, only those enrollment records set to Revoked by the FI are included in the FISS Extract file.
- **Deleted** – The enrollment record and associated history is removed as the record was created by mistake. This action is performed to correct processing errors and rarely occurs based on historical records. The enrollment is included in the extract only if it had previously been set to a final status.

5.2 FISS Required Fields [TBD by FISS]

The table below describes all the fields FISS requires for its operations (marked by an ‘X’). The table is structured by record types contained in the FISS Extract file and by enrollment statuses that trigger an enrollment to be sent to FISS. Certain child records are conditional and are not always included in the FISS Extract file, they are dependent on the provider type and scenario.

Note: In the table below:

- *Approved Status- This status is used for an initial application and for a change of information that has been approved.*
- *‘X’ indicates FISS will use the field for that particular enrollment status.*
- *An empty space indicates FISS will not use and therefore will ignore the field for that particular enrollment status.*
- *‘N/A’ indicates the field is not applicable for that particular enrollment status and will not be sent to FISS.*

Table 5-1 Required FISS Extract File Fields

			PECOS Final Statuses			
Record	Field Description	Field Name	Approved	Voluntary Withdraw	Revoked	Deleted
Base						
	Record Type	BSE-REC-TYPE	x	x	x	x
	FI Contractor ID	BSE-FI-ID	x	x	x	x
	Create Date	BSE-CREAT-DT				
	PAC ID	BSE-PAC-ID				
	Enrollment ID	BSE-ENR-ID				
	Legal Business Name	BSE-LBA-NAME	x	x	x	x
	TIN	BSE-ORG-TIN	x	x	x	x
	Provider Type	PROVIDER-TYPE				

			PECOS Final Statuses			
Record	Field Description	Field Name	Approved	Voluntary Withdraw	Revoked	Deleted
	Foreign Address Indicator	COR-ADR-FRN-CD				
	Line 1 Street Address	COR-ADR-LN1	x	x	x	x
	Line 2 Street Address	COR-ADR-LN2	x	x	x	x
	City	COR-ADR-CITY	x	x	x	x
	State	COR-ADR-STATE	x	x	x	x
	Foreign State	COR-ADR-FRN-STATE				
	Zip-Code	COR-ADR-ZIP	x	x	x	x
	Foreign Postal Code	COR-ADR-PCODE				
	Country	COR-ADR-CNTRY				
	Start Date	COR-ADR-SDATE	x	x	x	x
	Phone	COR-ADR-PHONE	x	x	x	x
	Fax	COR-ADR-FAX				
	Email	COR-ADR-EMAIL				
	Medicare Year-End Cost Report	MED-YR-END-COST	x	x	x	x
Child 1 Hospital Type -Only sent for Hospital Provider types						
	General	HSP-GENERAL				N/A

			PECOS Final Statuses			
Record	Field Description	Field Name	Approved	Voluntary Withdraw	Revoked	Deleted
	Acute Care	HSP-ACUTE				N/A
	Children's (excluded from PPS)	HSP-CHILDREN				N/A
	Long-Term (excluded from PPS)	HSP-LONG				N/A
	Psychiatric (excluded from PPS)	HSP-PSYCHIATRIC-EXPPS				N/A
	Rehabilitation (excluded from PPS)	HSP-REHAB				N/A
	Short-Term (General and Specialty)	HSP-SHORT				N/A
	Swing-Bed Approved	HSP-SWING				N/A
	Psychiatric Unit	HSP-PSYCHIATRIC				N/A
	Other	HSP-OTHER				N/A
	Other Specify	HSP-OTHER-SP				N/A
	End Date	HSP-END-DT				N/A
Child 2 Medicare ID						
	Medicare ID Type	MED-ID-TYPE	x	x	x	N/A
	Medicare ID	MED-ID	x	x	x	N/A
	End Date	MED-ID-END-DT	x	x	x	N/A

			PECOS Final Statuses			
Record	Field Description	Field Name	Approved	Voluntary Withdraw	Revoked	Deleted
	Survey Certification Date					N/A
	Effective Date					N/A
Child 3 Enrollment Status						
	Enrollment Status Code	ENROLLMENT-STATUS-CODE	x	x	x	x
	Enrollment Status Reason Code	ENROLLMENT-STATUS-REASON	x	x	x	x
	Effective Date	ENROLLMENT-STATUS-EFF-DT	x	x	x	x
	End Date	ENROLLMENT-STATUS-END-DT				
	Other Specify	ENROLLMENT-OTHER	x	x	x	x
Child 4 Practice Location						
	Practice Location Name	PRACTICE-NAME	x	x	x	N/A
	HHA Branch	PRACTICE-HHA-TYPE				N/A
	Hospital Psychiatric Unit	PRACTICE-HOS-PSY-TYPE				N/A

			PECOS Final Statuses			
Record	Field Description	Field Name	Approved	Voluntary Withdraw	Revoked	Deleted
	Hospital Rehabilitation Unit	PRACTICE-HOS-REHAB-TYPE				N/A
	OPT Extension Site	PRACTICE-OPT-TYPE				N/A
	Hospital-Swing Bed Unit	PRACTICE-SWING-TYPE				N/A
	Other	PRACTICE-OTHER-TYPE				N/A
	Other Specify	PRACTICE-OTHER-SP				N/A
	Location Type	LOCATION-TYPE				N/A
	Primary Practice Location Switch	PRIMARY-IND	x	x	x	N/A
	Line 1 Street Address	PRACTICE-STR-ADR-LINE1	x	x	x	N/A
	Line 2 Street Address	PRACTICE-STR-ADR-LINE2	x	x	x	N/A
	City	PRACTICE-CITY	x	x	x	N/A
	State	PRACTICE-STATE	x	x	x	N/A
	Zip Code	PRACTICE-ZIP-CODE	x	x	x	N/A

			PECOS Final Statuses			
Record	Field Description	Field Name	Approved	Voluntary Withdraw	Revoked	Deleted
	Telephone	PRACTICE-TELEPHONE	x	x	x	N/A
	Email	PRACTICE-EMAIL				N/A
	Fax	PRACTICE-FAX				N/A
	NPI	NPI-ID	x	x	x	N/A
	Start Date	PRACTICE-START-DATE				N/A
	End Date	PRACTICE-END-DATE				N/A
	FDA Mammography Number	FDA-MAMMOGRAPHY-PRACTICE				N/A
	FDA Mammography Number End Date	FDA-MAMMOGRAPHY-END-DATE				N/A
	Practice Location ID	CREATE-DATE-PRACTICE				N/A
Child 5 Special Payment						
	Foreign/Domestic Code	FOREIGN-DOMESTIC-CODE-SP				N/A

			PECOS Final Statuses			
Record	Field Description	Field Name	Approved	Voluntary Withdraw	Revoked	Deleted
	Line 1 Street Address	SP-PY-STR-ADR-LINE1	x	x	x	N/A
	Line 2 Street Address	SP-PY-STR-ADR-LINE2	x	x	x	N/A
	City	SP-PY-CITY	x	x	x	N/A
	State	SP-PY-STATE	x	x	x	N/A
	Foreign State	SP-PY-FOREIGN-ST				N/A
	Zip Code	SP-PY-ZIP-CODE	x	x	x	N/A
	Foreign Postal Code	SP-PY-POSTAL-CD				N/A
	Country	SP-PY-COUNTRY				N/A
	Start Date	SP-PY-START-DATE				N/A
	End Date	SP-PY-END-DATE				N/A
	OSCAR	OSCAR	x	x	x	N/A
	Special Payment ID	CREATE-DATE-SP-PY				N/A
Child 6 L&T Submit						
	L&T Submittal Code	LT-STATUS-CODE	x	x	x	N/A
	Termination Date	TERM-DATE	x	x	x	N/A

			PECOS Final Statuses			
Record	Field Description	Field Name	Approved	Voluntary Withdraw	Revoked	Deleted
Child 7 CHOW/Acquisition/Merger/Consolidation-Only sent for CHOW/Acquisition/Merger/Consolidation type scenarios						
	Type Indicator	CHOW-IND			N/A	N/A
	Enrollment ID	CHOW-ENR-ID			N/A	N/A
	Medicare ID Number of Buyer/Seller/Former/New	CHOW-MEDICARE-ID	x	x	N/A	N/A
	Medicare Type	CHOW-MEDICARE-TYPE			N/A	N/A
	Legal Business Name	CHOW-LBA-NAME	x	x	N/A	N/A
	TIN	CHOW-ORG-TIN	x	x	N/A	N/A
Child 8 Subunit Consolidation- Only sent for Hospital Provider types						
	Department Name	CON-DPT-NAME				N/A
	Medicare ID Number	CON-MEDICARE-ID				N/A
	Medicare Type	CON-MEDICARE-TYPE				N/A
	NPI Indicator	CON-NPI-ID				N/A
	NPI	CON-NPI-ID				N/A

			PECOS Final Statuses			
Record	Field Description	Field Name	Approved	Voluntary Withdraw	Revoked	Deleted
Child 9 Chain Home Office-Only sent for providers that have chain home office information						
	Legal Business Name	CHAIN-LBA-NAME	x	x	x	N/A
	TIN	CHAIN-ORG-TIN				N/A
	Address Line 1	CHAIN-ADR-LN1	x	x	x	N/A
	Address Line 2	CHAIN-ADR-LN2	x	x	x	N/A
	City	CHAIN-ADR-CITY	x	x	x	N/A
	State/Territory	CHAIN-ADR-STATE	x	x	x	N/A
	Zip Code	CHAIN-ADR-ZIP	x	x	x	N/A
	Start Date	CHAIN-START-DATE				N/A
	End Date	CHAIN-END-DATE				N/A
Child 10 Home Health Agency (HHA)- Only sent for HHA Provider types						
	Type of Home Health Agency	TYPE-HHA				N/A
	Projected Number of visits in 3 months?	PRO-NUM-3-MON				N/A
	Projected number of visits in 12 months?	PRO-NUM-12-MON				N/A
	Financial document submitted?	HHA-FIN-DOC				N/A

			PECOS Final Statuses			
Record	Field Description	Field Name	Approved	Voluntary Withdraw	Revoked	Deleted
	Nursing Registry LBN	NUR-LBA-NAME				N/A
	Nursing Registry TIN	NUR-ORG-TIN				N/A
	Address Line 1	NUR-ADR-LN1				N/A
	Address Line 2	NUR-ADR-LN2				N/A
	City	NUR-ADR-CITY				N/A
	State/Territory	NUR-ADR-STATE				N/A
	Zip Code	NUR-ADR-ZIP				N/A
	Telephone Number	NUR-ADR-PHONE				N/A
	Fax	NUR-ADR-FAX				N/A
	E-mail Address	NUR-ADR-EMAIL				N/A
	Start Date	NUR-START-DATE				N/A
	End Date	NUR-START-DATE				N/A

6 Provider Enrollment Scenarios (for triggers)

This chapter provides a description of common Medicare enrollment scenarios and the associated outcomes in PECOS and FISS. Each outlined scenario presents a snapshot of how the provider enrollment and claim information exists before and after updates are committed by an FI. The updates made in PECOS are reflected in FISS after the FI triggers the enrollment record to be written to the FISS Extract file. See Chapter 6 for more information on extract inclusion triggers and conditional child records.

The following high level scenarios are discussed in this chapter:

- Initial Enrollment Scenario — A provider is enrolling in the Medicare program and a new enrollment record is created and approved.
- Change of Information (Simple) Scenario — An enrolled provider submits a change of information and the enrollment record is updated and approved.
- Voluntary Withdrawal Scenario — An enrolled provider is no longer rendering Medicare services for a specific location and the enrollment record is voluntarily withdrawn.
- Revoked Scenario — An enrolled provider is no longer allowed to offer Medicare services and the enrollment record is revoked.
- Deleted Scenario — An enrollment record that was created out of error.

Note: Scenarios discussed in the sections below only detail the basic information being sent to FISS. Please see Chapter 5 for details on specific child records and when they are sent. In addition, this section does not include specific CHOW, acquisition/merger, or consolidation scenarios; please see Chapter 7 for more detailed information.

6.1 Enrollment Processing Workflow

There are four specific processing variations that can affect the information flow from PECOS to FISS. Those variations are:

- Variation 1: The provider record does not exist in PECOS or FISS.
- Variation 2: The provider record does not exist in PECOS, but already exists in FISS.
- Variation 3: The provider record exists in PECOS, but does not in FISS.
- Variation 4: The provider record exists in PECOS and in FISS.

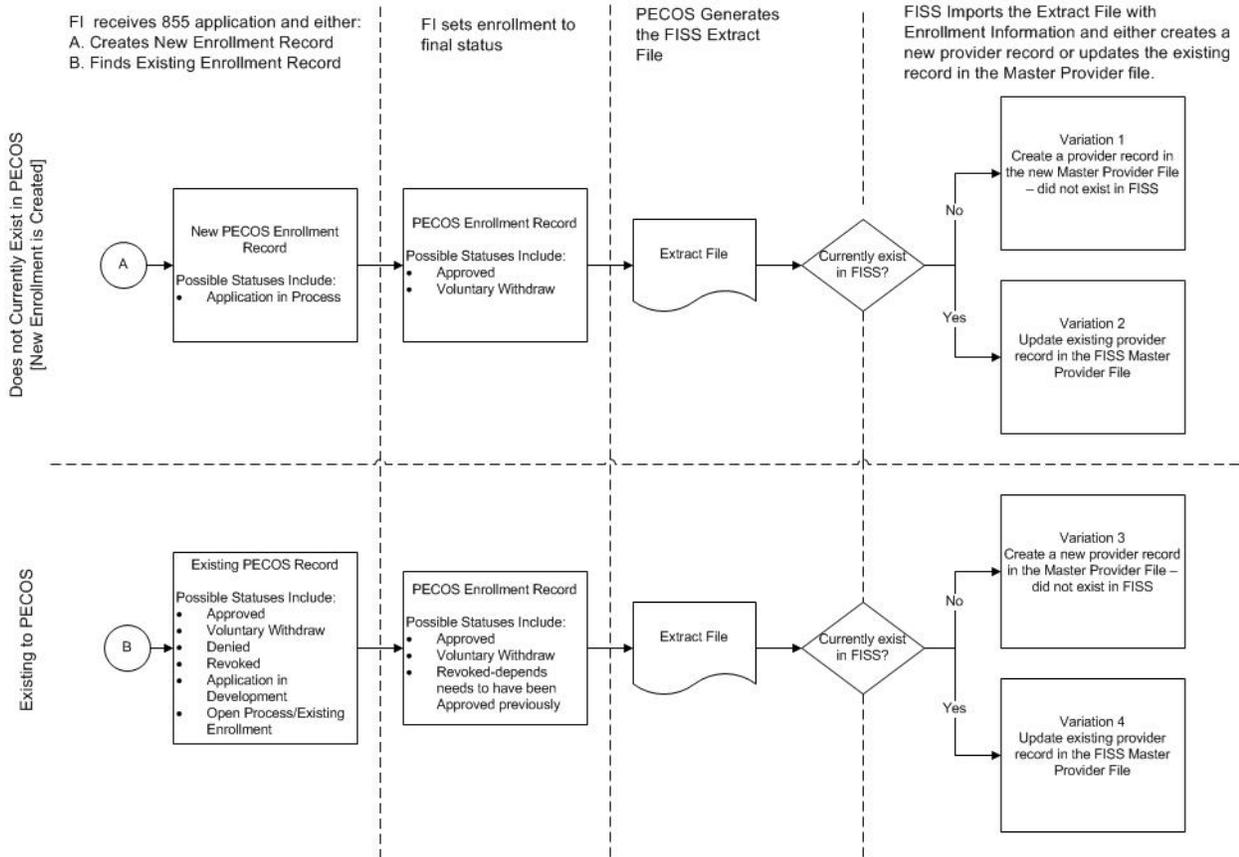
Note: Not all provider enrollment scenarios are impacted by the variations listed above.

Note: This chapter presents the generic processing steps and results applicable to most Medicare Part A provider type. Please see Chapter 8 for details on the processing of provider types with unique business rules.

The following exhibit presents the workflow of creating or updating Medicare enrollment information. Dependent upon the scenario, a PECOS enrollment record is either created or updated. Once all

information is processed and entered the enrollment is set to a final status. The enrollment record is written to the FISS Extract file which either results in a new provider record in FISS or an update to an existing provider record in FISS.

Exhibit 6-1 Enrollment Processing Workflow



6.1.1 Initial Enrollment Scenario

A new enrollment record is created in PECOS as a result of:

- Provider is enrolling in the Medicare program for the first time.
- Provider is enrolled and enrolling to render services as a new provider type.
- Provider is enrolled and enrolling to render services in a new FI jurisdiction.
- Provider is enrolled in the Medicare program and the information did not exist in PECOS (does exist in FISS).

An enrolled provider may elect to render additional services or render services at a new location. For each new rendered service or location a separate enrollment record is created in PECOS.

As PECOS is not fully populated, a provider enrolled in Medicare may not exist in PECOS but is able to submit claims to FISS using an established OSCAR; due to the fact the provider exists in FISS. To update provider information under this scenario, the FI must create a new organization in PECOS (TIN 123) and a new enrollment record. The enrollment record is populated using the information submitted in the application and previously approved information available to the FI.

Once all Medicare enrollment requirements are met, the enrollment is set to a final enrollment status of Approved. The enrollment is marked for inclusion on the FISS Extract file only if the status is a final status and at the time of the FISS batch process the claims switch is set to ‘Y.’.

Variations:

Described below are possible processing variations for this particular scenario:

- Variation 1 – The provider record does not exist in PECOS or in the FISS application.
- Variation 2 – The provider record does not exist in PECOS, but already exists in the FISS application.
- Variations 3 and 4 do not apply to this type of enrollment scenario.

Scenario Legend:

PAC ID	LBN	TIN	Enrollment ID	OSCAR
777	AAA	123	A	123A

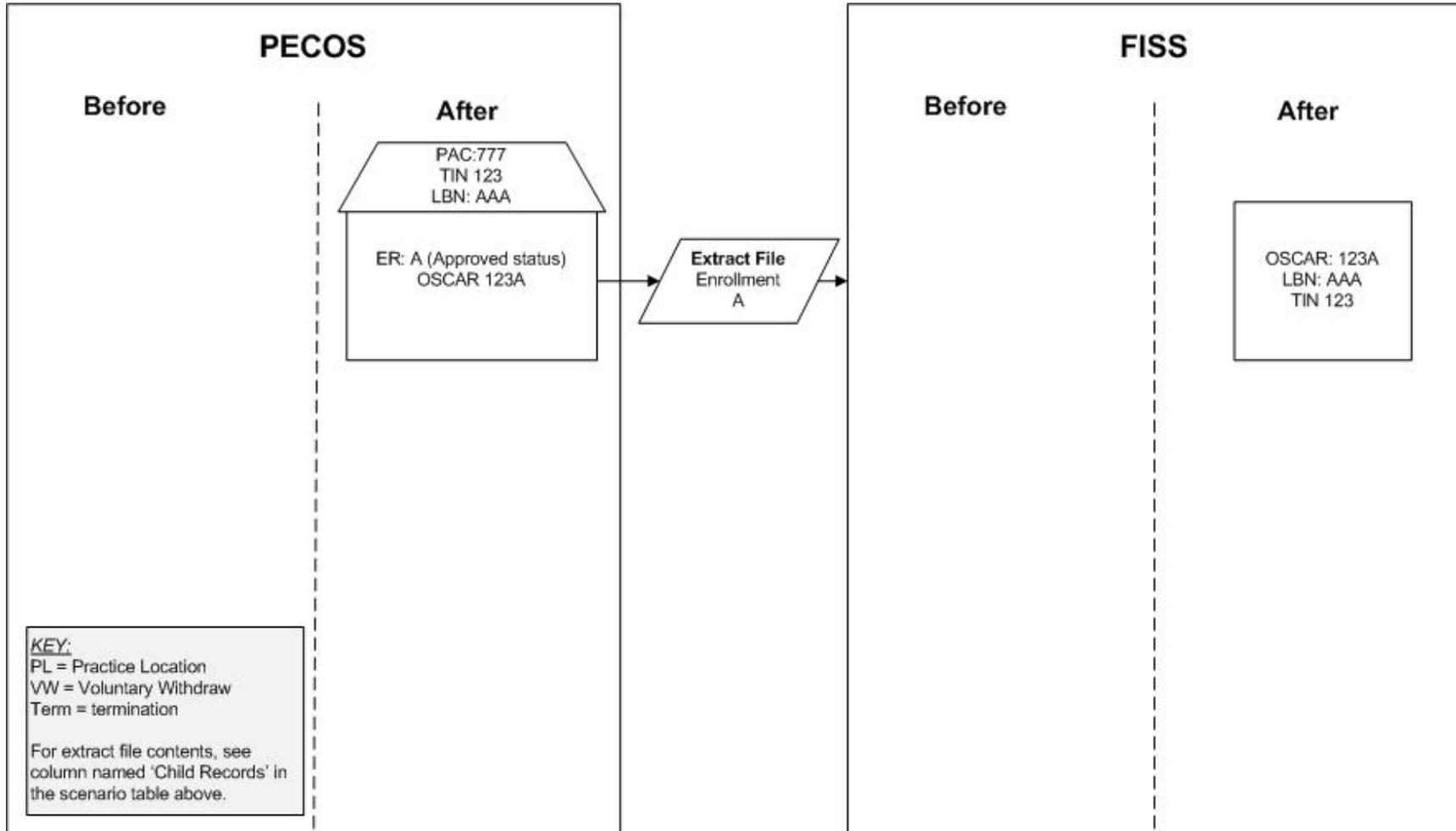
- PECOS Associate Control (PAC) ID—This is a unique ID PECOS generates when an Associate Profile is created.
- Legal Business Name (LBN)—This is the legal business name of the organization.

- Tax Identification Number (TIN)—This is the tax identification number associated to the organization.
- Enrollment ID—This is a fifteen character ID that PECOS generates when an enrollment is created.
- OSCAR—This is an identifier generated by the OSCAR system.

6.1.1.1 Initial Enrollment Scenario Variation 1

The diagram below is a visual representation of basic Medicare enrollment data in PECOS and FISS as it existed before the enrollment application was processed and after the enrollment application was processed. Changes to PECOS are reflected in FISS once the FISS Extract file is generated, distributed and processed by FISS.

Exhibit 6-2 Initial Enrollment Scenario Variation 1



The table below explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 6-3 Initial Enrollment Scenario Variation 1

Variation	How FIs process in PECOS	Base Record	Child Records (Representative ¹)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
1 – The provider record does not exist in PECOS or in the FISS application.	<ol style="list-style-type: none"> 1. Create an "Initial Enrollment" L&T record. 2. Tie the L&T record to an enrollment record. 3. Enter provider information. 4. Set enrollment status to "Approval Recommended." 5. Once the tie-in-notice is received, enter the OSCAR number. 6. Change the enrollment status to "Approved." 	00-Base: TIN: 123 LBN: AAA	02-Medicare ID: OSCAR 123A 03-Enrollment Status: Approved 04-Practice Location: practice location 05-Special Payments: special payment location 06-L&T Submit: Initial Enrollment	A new record in the Master Provider file is created.	Create a new record in the Master Provider file based on the information from the FISS Extract file.	FI (7/5/06): This scenario is correctly outlined.

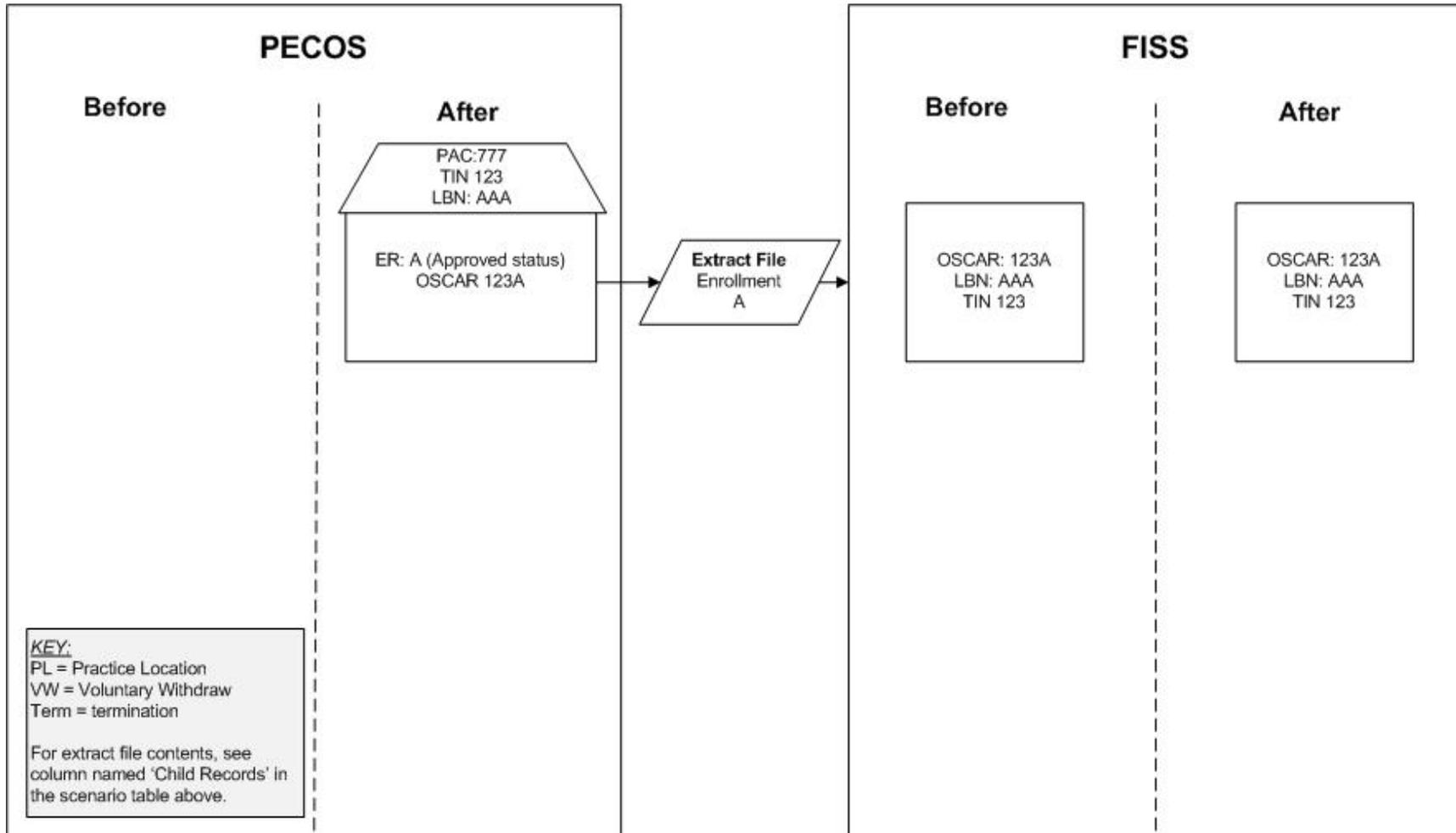
¹ Child Records depend upon the scenario and provider type. The list above is a representative sample.



6.1.1.2 Initial Enrollment Scenario Variation 2

The diagram below is a visual representation of basic Medicare enrollment data in PECOS and FISS as it existed before the enrollment application was processed and after the enrollment application was processed. Changes to PECOS are reflected in FISS once the FISS Extract file is generated, distributed, and processed by FISS.

Exhibit 6-4 Initial Enrollment Scenario Variation 2



The table below explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 6-5 Initial Enrollment Scenario Variation 2

Variation	How FIs process in PECOS	Base Record	Child Records (Representative ²)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
2 – The provider record does not exist in PECOS but already exists in the FISS application.	<ol style="list-style-type: none"> 1. Create an “Initial Enrollment” L&T record. 2. Tie the L&T record to an enrollment record. 3. Enter provider information. 4. Set enrollment status to “Approval Recommended.” 5. Once the tie-in-notice is received, enter the OSCAR number. 6. Change the enrollment status to “Approved.” 	00-Base: TIN: 123 LBN: AAA	02-Medicare ID: OSCAR 123A 03-Enrollment Status: Approved 04-Practice Location: practice location 05-Special Payments: special payment location 06-L&T Submit: Initial Enrollment	The existing record in the Master Provider file is updated.	The existing record in the Master Provider file is updated based on the information from the FISS Extract file.	FI (7/5/06): This scenario is correctly outlined.

² Child Records depend upon the scenario and provider type. The list above is a representative sample.

6.1.2 Change of Information (Simple) Scenario

A change of information occurs in PECOS when an enrolled provider submits a change of information on a CMS-855 form. There are multiple reasons a provider might request a change of information; for example to update a practice location, billing agency, authorized official information, etc.

As PECOS is not fully populated, a provider enrolled in Medicare may not exist in PECOS but is able to submit claims to FISS using an established OSCAR; due to the fact the provider exists in FISS. To update provider information under this scenario, the FI must create a new organization in PECOS (TIN 123) and a new enrollment record. The enrollment record is populated using the information submitted in the application and previously approved information available to the FI.

Once all Medicare enrollment requirements are met, the enrollment is set to a final enrollment status of Approved. The enrollment is marked for inclusion on the FISS Extract file only if the status is a final status.

Variations:

Described below are possible processing variations for this particular scenario:

- Variation 2: The provider record does not exist in PECOS, but already exists in the FISS application.
- Variation 3: The provider record exists in PECOS, but does not exist in the FISS application.
- Variation 4: The provider record exists in PECOS and in the FISS application.
- Variation 1 does not apply to this type of enrollment scenario.

Scenario Legend:

PAC ID	LBN	TIN	Enrollment ID	OSCAR	Practice Location
777	AAA	123	A	123A	Y Street
777	AAA	123	A	123A	New Location: X Street

- PECOS Associate Control (PAC) ID—This is a unique ID PECOS generates when an Associate Profile is created.
- Legal Business Name (LBN)—This is the legal business name of the organization.
- Tax Identification Number (TIN)—This is the tax identification number associated to the organization.

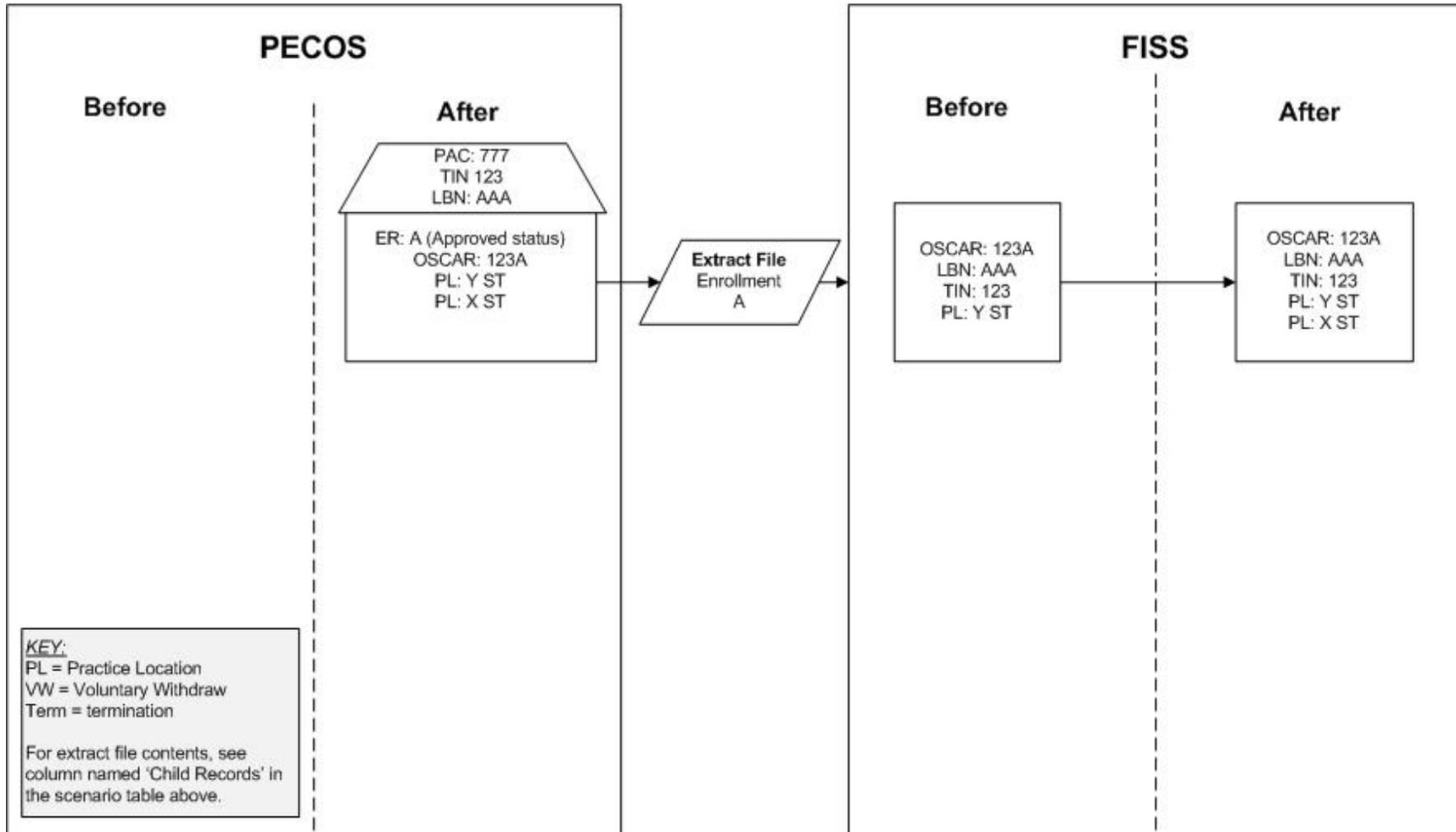
- Enrollment ID—This is a fifteen character long ID PECOS generates when an enrollment is created.
- OSCAR—This is an identifier generated at the OSCAR system.
- Practice Location—This is the address(es) from Section 4 of the PECOS application and the CMS-855A form.

6.1.2.1 Change of Information (Simple) Scenario Variation 2

The diagram below is a visual representation of basic Medicare enrollment data in PECOS and FISS as it existed before the application was processed and after the application was processed. Changes to PECOS are reflected in FISS once the FISS Extract file is generated, distributed and processed by FISS.

Note: This example is specific to a practice location update. There are many change of information scenarios that can occur for an enrollment record.

Exhibit 6-6 Change of Information (Simple) Scenario Variation 2



The table below explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 6-7 Change of Information (Simple) Scenario Variation 2

Variation	How FIs process in PECOS	Base Record	Child Records (Representative ³)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
2 – The provider record does not exist in PECOS but already exists in the FISS application.	<ol style="list-style-type: none"> 1. Create a “Change of Information” or “Initial Enrollment” L&T record. 2. Tie the L&T record to an enrollment record. 3. Depending on the edit a tie-in notice may be received, if so, once the tie-in-notice is received, the edits may be incorporated. 4. Set the enrollment status to “Approved.” 	00-Base: TIN: 123 LBN: AAA	02-Medicare ID: OSCAR 123A 03-Enrollment Status: Approved 04-Practice Location: Y Street 04-Practice Location: X Street 05-Special Payments: special payment location 06-L&T Submit: Change of Information or Initial Enrollment	The existing record in the Master Provider file is updated.	The existing record in the Master Provider file is updated based on the information from the FISS Extract file.	<p>Question for FIs: On a previous call, an FI stated that if the Tie – in Notice is not received the provider’s edits/updates cannot be incorporated. Is this statement true?</p> <p>FI (7/5/06): Varies from region to region (RO) and depends on the type of change.</p> <p>Question for the FIs: for this type of variation what is the type of the L&T submit reason?</p>

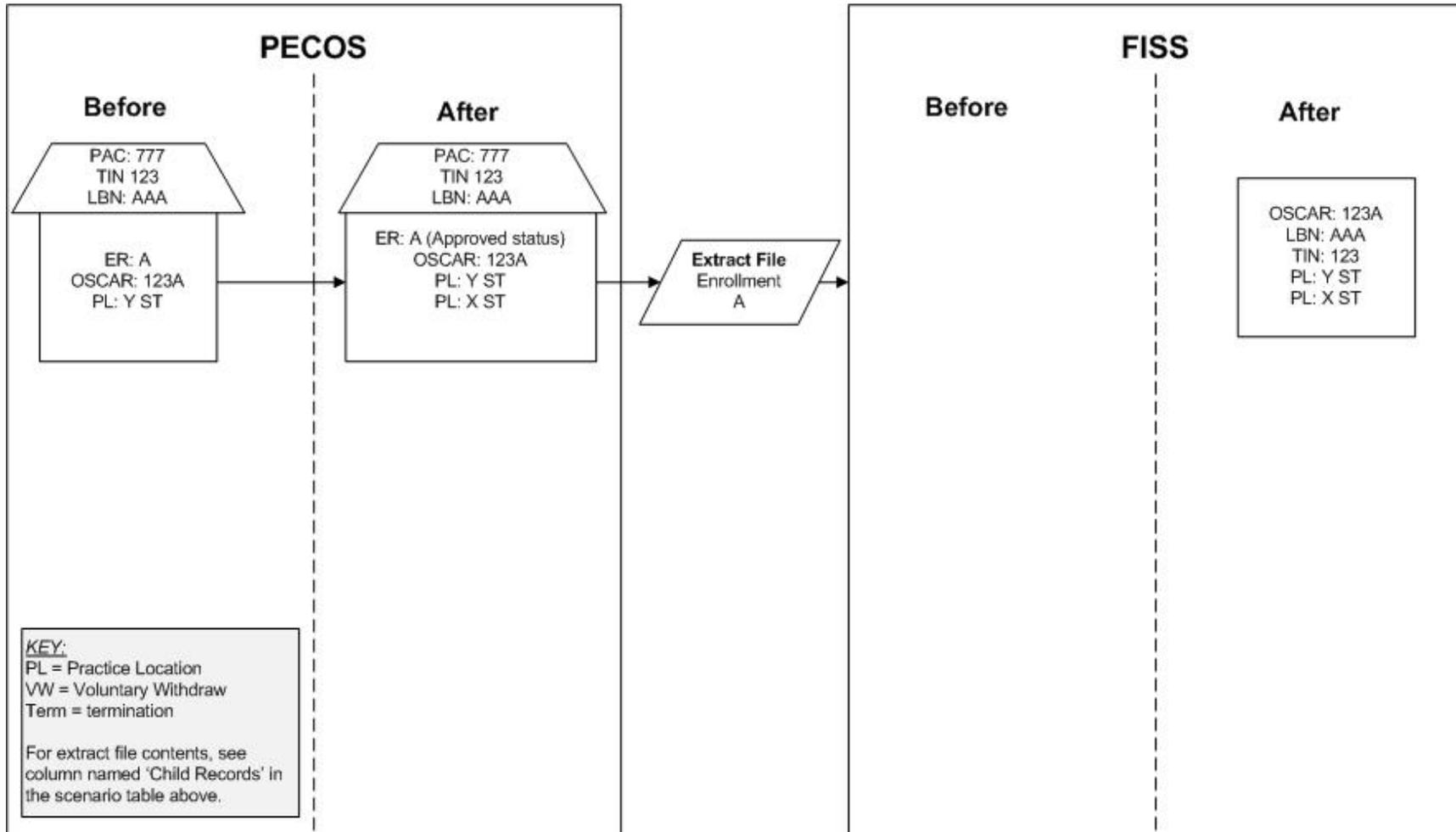
³ Child Records depend upon the scenario and provider type. The list above is a representative sample.

6.1.2.2 Change of Information (Simple) Scenario Variation 3

The diagram below is a visual representation of basic Medicare enrollment data in PECOS and FISS as it existed before the enrollment application was processed and after the enrollment application was processed. Changes to PECOS are reflected in FISS once the FISS Extract file is generated, distributed and processed by FISS.

Note: This example is specific to a practice location update. There are many changes of information scenarios that can occur for an enrollment record.

Exhibit 6-8 Change of Information (Simple) Scenario Variation 3



The table below explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 6-9 Change of Information (Simple) Scenario Variation 3

Variation	How FIs process in PECOS	Base Record	Child Records (Representative ⁴)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
3 – The provider record is exists in PECOS but does not exist in the FISS application.	<ol style="list-style-type: none"> 1. Create a "Change of Information" L&T record. 2. Tie the L&T record to the existing enrollment record. 3. Depending on the edit a tie-in notice maybe received, if so, once the tie-in-notice is received, the edits may be incorporated. 4. Set the enrollment status to "Approved." 	00-Base: TIN: 123 LBN: AAA	02-Medicare ID: OSCAR 123A 03-Enrollment Status: Approved 04-Practice Location: Y Street 04-Practice Location: X Street 05-Special Payments: special payment location 06-L&T Submit: Change of Information	A new record in the Master Provider file is created.	Create a new record in the Master Provider file based on the information from the FISS Extract file.	

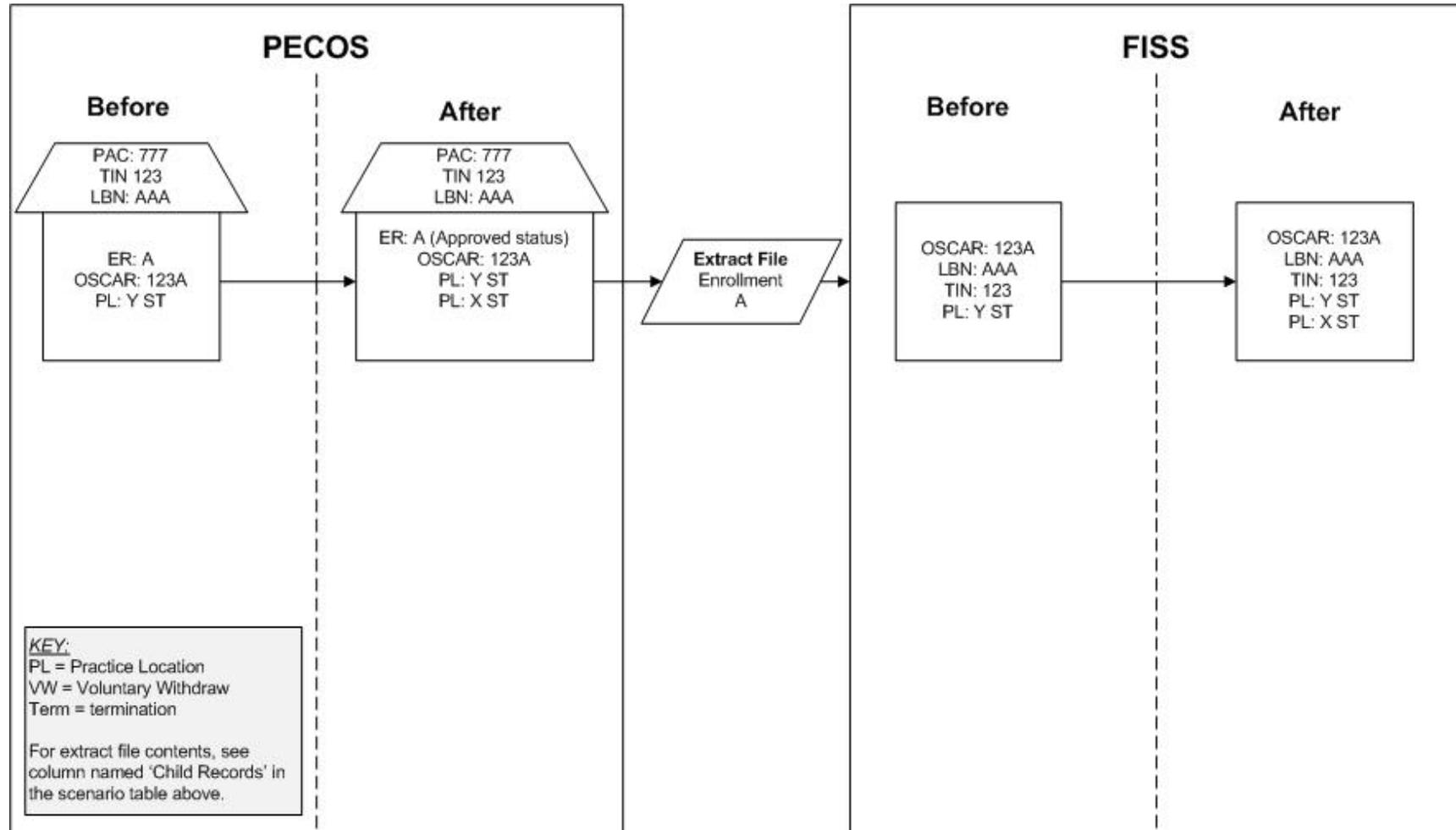
⁴ Child Records depend upon the scenario and provider type. The list above is a representative sample.

6.1.2.3 Change of Information (Simple) Scenario Variation 4

The diagram below is a visual representation of basic Medicare enrollment data in PECOS and FISS as it existed before the application was processed and after the application was processed. Changes to PECOS are reflected in FISS once the FISS Extract file is generated, distributed and processed by FISS.

Note: This example is specific to a practice location update. There are many changes of information scenarios that can occur for an enrollment record.

Exhibit 6-10 Change of Information (Simple) Scenario Variation 4



The table below explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 6-11 Change of Information (Simple) Scenario Variation 4

Variation	How FIs process in PECOS	Base Record	Child Records (Representative ⁵)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
4 – The provider record is exists in PECOS and in the FISS application.	<ol style="list-style-type: none"> 1. Create a “Change of Information” L&T record. 2. Tie the L&T record to the existing enrollment record. 3. Depending on the edit a tie-in notice maybe received, if so, once the tie-in-notice is received, the edits may be incorporated. 4. Set the enrollment status to “Approved.” 	00-Base: TIN: 123 LBN: AAA	02-Medicare ID: OSCAR 123A 03-Enrollment Status: Approved 04-Practice Location: Y Street 04-Practice Location: X Street 05-Special Payments: special payment location 06-L&T Submit: Change of Information	The existing record in the Master Provider file is updated.	The existing record in the Master Provider file is updated based on the information from the FISS Extract file.	

6.1.3 Voluntary Withdrawal Scenario

A voluntary withdrawal occurs in PECOS when an enrolled provider no longer wants to render Medicare services for a specific location/enrollment record. Since PECOS is organized by associate level, a provider can have multiple enrollment records for different locations and/or provider types.

⁵ Child Records depend upon the scenario and provider type. The list above is a representative sample.

Note: This section presents the generic processing steps and results applicable to most Medicare Part A provider types. Please see Chapter 9 for details on the processing of provider types with unique business rules.

As PECOS is not fully populated, a provider enrolled in Medicare may not exist in PECOS but is able to submit claims to FISS using an established OSCAR; due to the fact the provider exists in FISS. To update provider information under this scenario, the FI must create a new organization in PECOS (TIN 123) and a new enrollment record. The enrollment record is populated using the information submitted in the application and previously approved information available to the FI.

Once all Medicare enrollment requirements are met, the enrollment is set to a final enrollment status of Voluntary Withdraw. The enrollment is marked for inclusion on the FISS Extract file only if the status is a final status.

Variations:

Described below are possible processing variations for this particular scenario:

- Variation 2 – The provider record does not exist in PECOS, but already exists in the FISS application.
- Variation 4 – The provider record exists in PECOS and in the FISS application.
- Variation 3 and 4 do not apply to this type of enrollment scenario.

Scenario Legend:

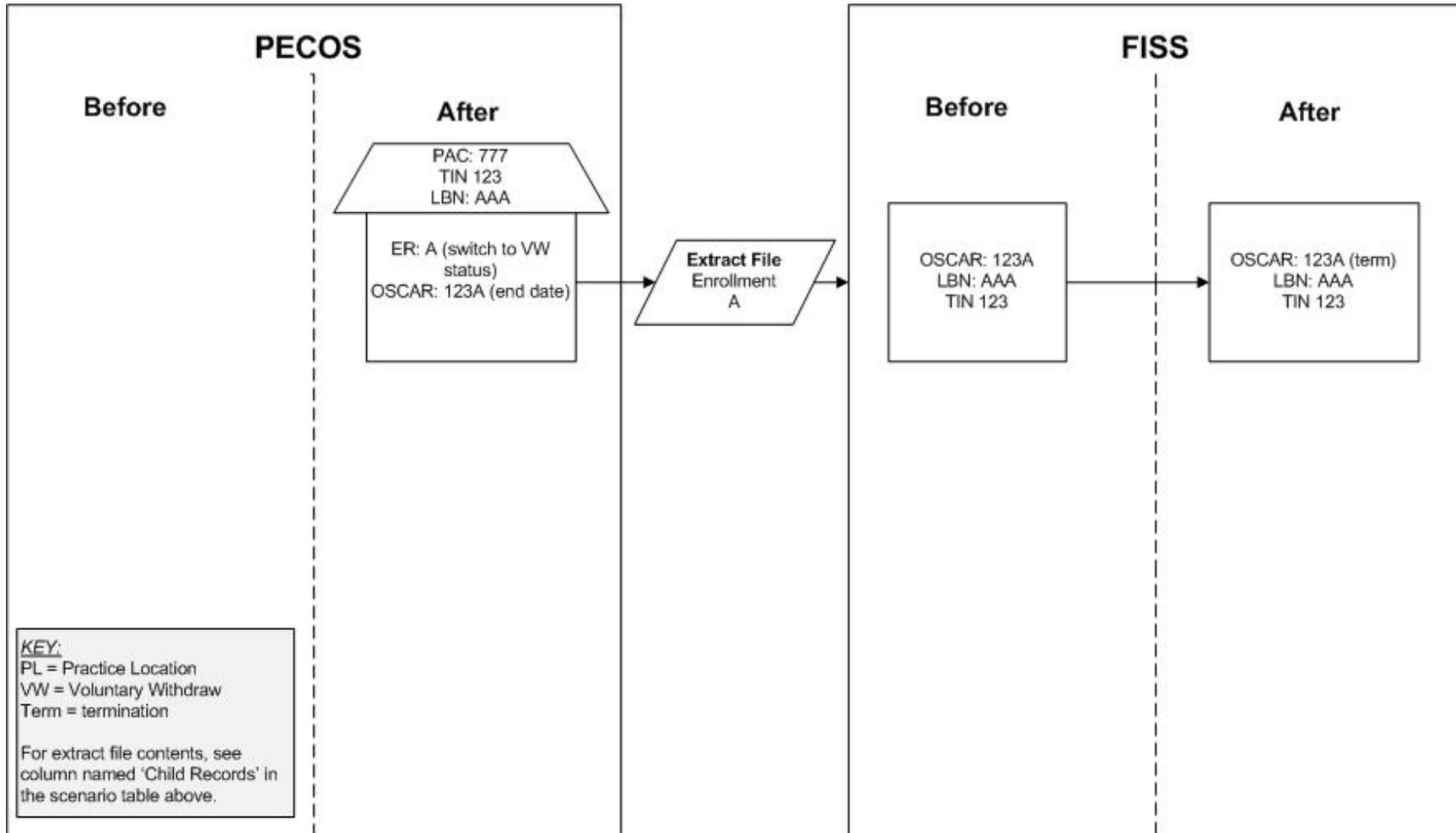
PAC ID	LBN	TIN	Enrollment ID	OSCAR	Practice Location
777	AAA	123	A	123A	Y Street

- PECOS Associate Control (PAC) ID—This is a unique ID PECOS generates when an Associate Profile is created.
- Legal Business Name (LBN)—This is the legal business name of the organization.
- Tax Identification Number (TIN)—This is the tax identification number associated to the organization.
- Enrollment ID—This is a fifteen character long ID PECOS generates when an enrollment is created.
- OSCAR—This is an identifier generated at the OSCAR system.
- Practice Location—This is the address(es) from Section 4 of the PECOS application and the CMS-855A form.

6.1.3.1 Voluntary Withdrawal Scenario Variation 2

The diagram below is a visual representation of basic Medicare enrollment data in PECOS and FISS as it existed before the application was processed and after the application was processed. Changes to PECOS are reflected in FISS once the FISS Extract file is generated, distributed and processed by FISS.

Exhibit 6-12 Voluntary Withdrawal Scenario Variation 2



The table below explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 6-13 Voluntary Withdrawal Scenario Variation 2

Variation	How FIs process in PECOS	Base Record	Child Records (Representative ⁶)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
2- The provider record does not exist in PECOS, but already exists in the FISS application.	<ol style="list-style-type: none"> 1. Create a "Voluntary Termination" or "Initial Enrollment" L&T record. 2. Tie the L&T record to an enrollment record. 3. Once the tie-out notice is received, end date the OSCAR in Section 1. 4. Change the status to "Voluntary Withdraw." 	00-Base: TIN: 321 LBN: BBB	02-Medicare ID: OSCAR 123B 03-Enrollment Status: Voluntary Withdraw 06-L&T Submit: Voluntary Termination or Initial Enrollment	Apply termination date to the OSCAR.	Apply termination date to the OSCAR.	<p>Question for the FIs: for this type of variation what is the type of the L&T submit reason?</p> <p>Question for FISS: Please list all the fields FISS will require for this type of scenario? (terminated OSCAR, LBN, TIN?)</p>

⁶ Child Records depend upon the scenario and provider type. The list above is a representative sample.

6.1.3.2 Voluntary Withdrawal Scenario Variation 4

The diagram below is a visual representation of basic Medicare enrollment data in PECOS and FISS as it existed before the enrollment application was processed and after the enrollment application was processed. Changes to PECOS are reflected in FISS once the FISS Extract file is generated, distributed and processed by FISS.

Exhibit 6-14 Voluntary Withdrawal Scenario Variation 4

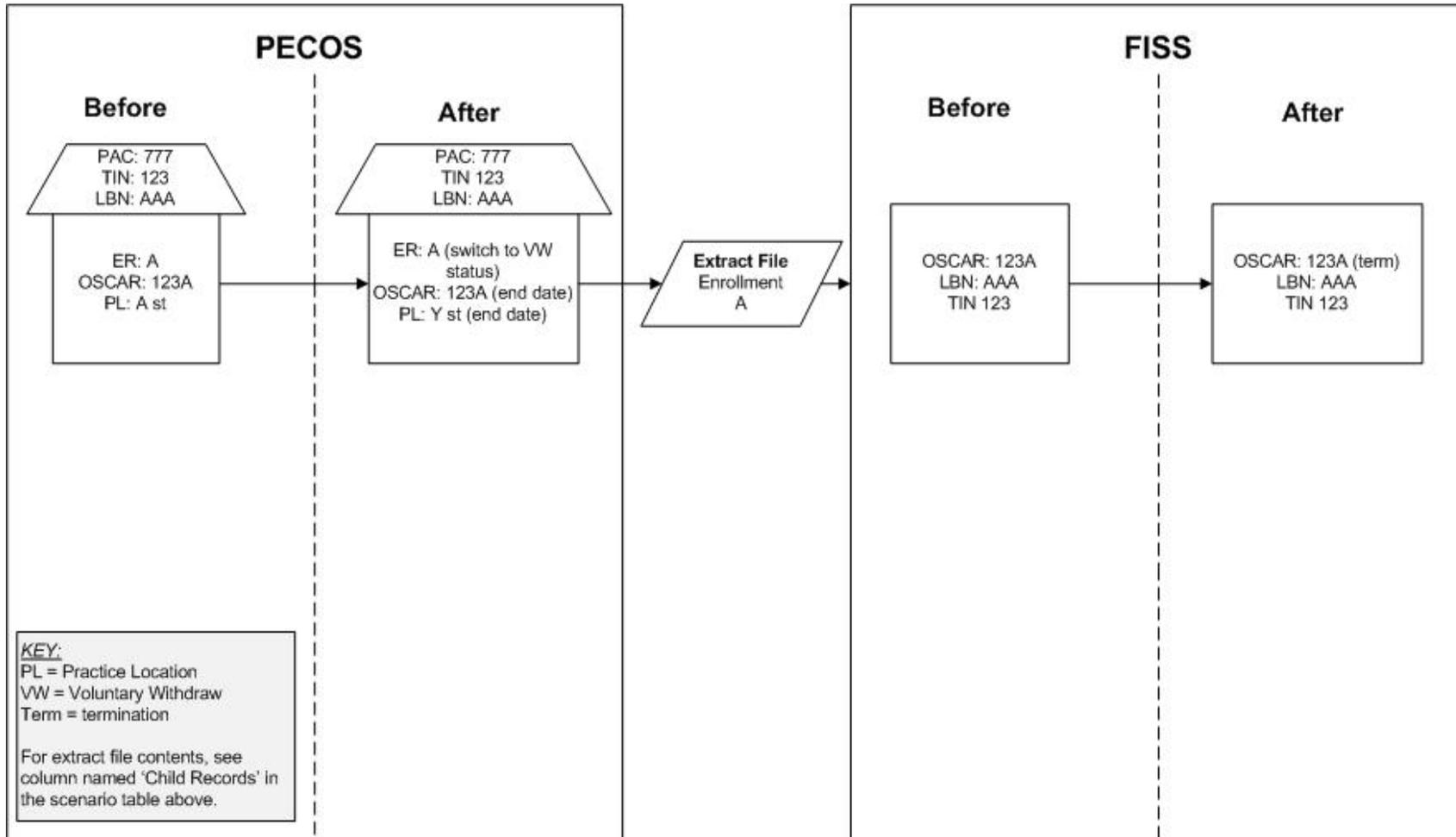


Table 6-15 *Voluntary Withdrawal Scenario Variation 4*

Variation	How FIs process in PECOS	Base Record	Child Records (Representative ⁷)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
4- The provider record exists in PECOS and in the FISS application.	<ol style="list-style-type: none"> 1. Create a "Voluntary Termination" L&T record. 2. Tie the L&T record to the existing enrollment record. 3. Once the tie-out notice is received, end date the OSCAR in Section 1 and all practice location information. 4. Change the status to "Voluntary Withdraw." 	00-Base: TIN: 123 LBN: AAA	02-Medicare ID: OSCAR 123A with an end date 03-Enrollment Status: Voluntary Withdraw 04-Practice Location: Y Street with end date 05-Special Payments: special payment location with an end date 06-L&T Submit: Voluntary Termination	Apply termination date to the OSCAR.	Apply termination date to the OSCAR.	

⁷ Child Records depend upon the scenario and provider type. The list above is a representative sample.

6.1.4 Revoked Scenario

A revocation occurs in PECOS when an enrolled provider is asked to leave the Medicare program.

As PECOS is not fully populated, a provider enrolled in Medicare may not exist in PECOS but is able to submit claims to FISS using an established OSCAR; due to the fact the provider exists in FISS. To update provider information under this scenario, the FI must create a new organization in PECOS (TIN 123) and a new enrollment record. The enrollment record is populated using the information submitted in the application and previously approved information available to the FI. For this type of scenario, PECOS requires the enrollment record to have previously been in Approved status before it can be switched to Revoked.

Once all Medicare enrollment requirements are met, the enrollment is set to a final enrollment status of Revoked. The enrollment is marked for inclusion on the FISS Extract file only if the status is a final status.

Variations:

Described below are possible processing variations for this particular scenario:

- Variation 4 – The provider record exists in the PECOS application and the FISS application.
- Variation 1-3 do not apply to this type of enrollment scenario, because an organization must first reach an Approved status in PECOS before the enrollment can be switched to an Approved status.

Scenario Legend:

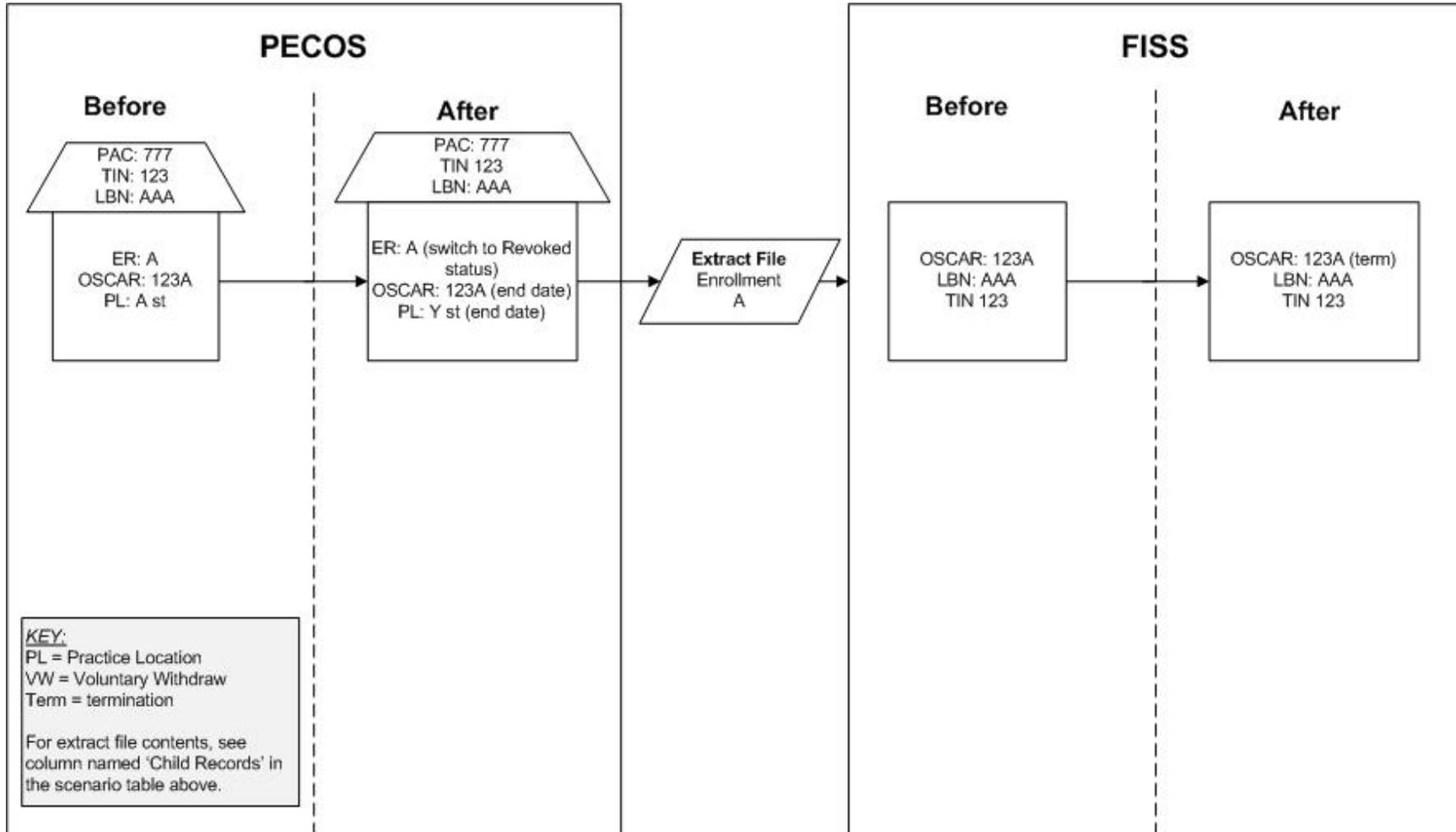
PAC ID	LBN	TIN	Enrollment ID	OSCAR	Practice Location
777	AAA	123	A	123A	Y Street

- PECOS Associate Control (PAC) ID—This is a unique ID PECOS generates when an Associate Profile is created.
- Legal Business Name (LBN)—This is the legal business name of the organization.
- Tax Identification Number (TIN)—This is the tax identification number associated to the organization.
- Enrollment ID—This is a fifteen character long ID PECOS generates when an enrollment is created.
- OSCAR—This is an identifier generated at the OSCAR system.
- Practice Location—This is the address(es) from Section 4 of the PECOS application and the 855A CMS form.

6.1.4.1 Revoked Scenario Variation 4

The diagram below is a visual representation of basic Medicare enrollment data in PECOS and FISS as it existed before the application was processed and after the application was processed. Changes to PECOS are reflected in FISS once the FISS Extract file is generated, distributed and processed by FISS.

Exhibit 6-16 Revoked Scenario Variation 4



The table below explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 6-17 Revoked Scenario Variation 4

Variation	How FIs process in PECOS	Base Record	Child Records (Representative ⁸)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
4 – The provider record exists in PECOS and in the FISS application.	<ol style="list-style-type: none"> 1. Create a “Revoked” L&T record. 2. Tie the L&T record to the existing enrollment record. 3. End date the OSCAR in Section 1 and end practice location(s) in Section 4. 4. The enrollment status is changed to “Revoked.” 	00-Base: TIN: 123 LBN: AAA	02-Medicare ID OSCAR 123A 03-Enrollment Status: Revoked 04-Practice Location: Y Street end dated 05-Special Payments: End dated Special Payments 06-L&T Submit: Revoked	Apply termination date to the OSCAR.	Apply termination date to the OSCAR.	FI[Q1](6/21/06): Currently, we have the ability to end or add an OSCAR without coming through an L&T. We will be able to do the same thing with practice locations? DPFS[A1](6/21/06): No, this type of functionality is not scheduled, however you may email this so that it can be added to the CML. DPFS(7/5/06): We need to confirm with DPSE that for Revoked, VW scenarios that OSCARs, practice locations, and associations all need to be end dated.

⁸ Child Records depend upon the scenario and provider type. The list above is a representative sample.

6.1.5 Deleted Scenario

A deletion scenario occurs when an FI creates an enrollment record in error.

For existing enrollments, once the enrollment status is switched to Deleted it is marked to be exported only if it was previously in a final status, otherwise it is not.

Variations:

Described below are possible processing variations for this particular scenario:

- Variation 1: The provider record does not exist in PECOS or in the FISS application.
 - The enrollment record was set to a final status and then set to a status of Deleted on the same day, therefore never sent to FISS
- Variation 3: The provider record exists in PECOS, but does not in the FISS application.
 - The enrollment record was never in a final status and therefore never sent to FISS.
- Variation 4: The provider record exists in PECOS and in the FISS application.
 - The enrollment records was set a final status and sent to FISS.
 - The enrollment record was set to a final status prior to implementation of the FISS Extract file, and could be in FISS.
- Variation 2 does not apply to this particular scenario,
- Variation 4 will require PECOS to generate the FISS Extract file. Variations 1 & 3 do not require PECOS to generate the FISS Extract file

Scenario Legend:

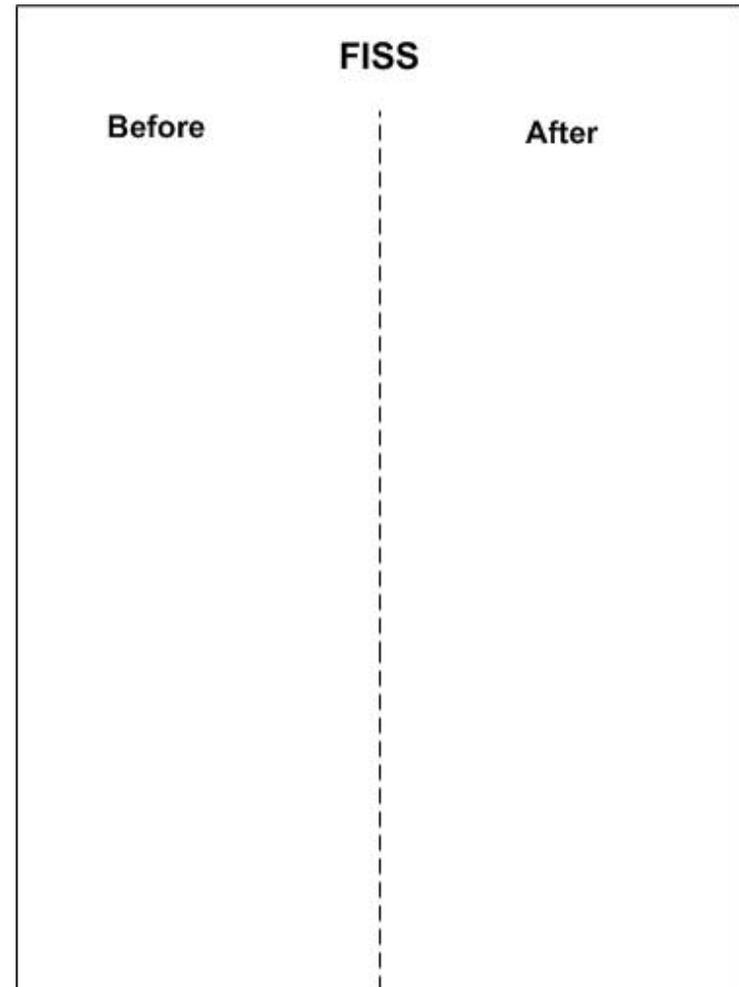
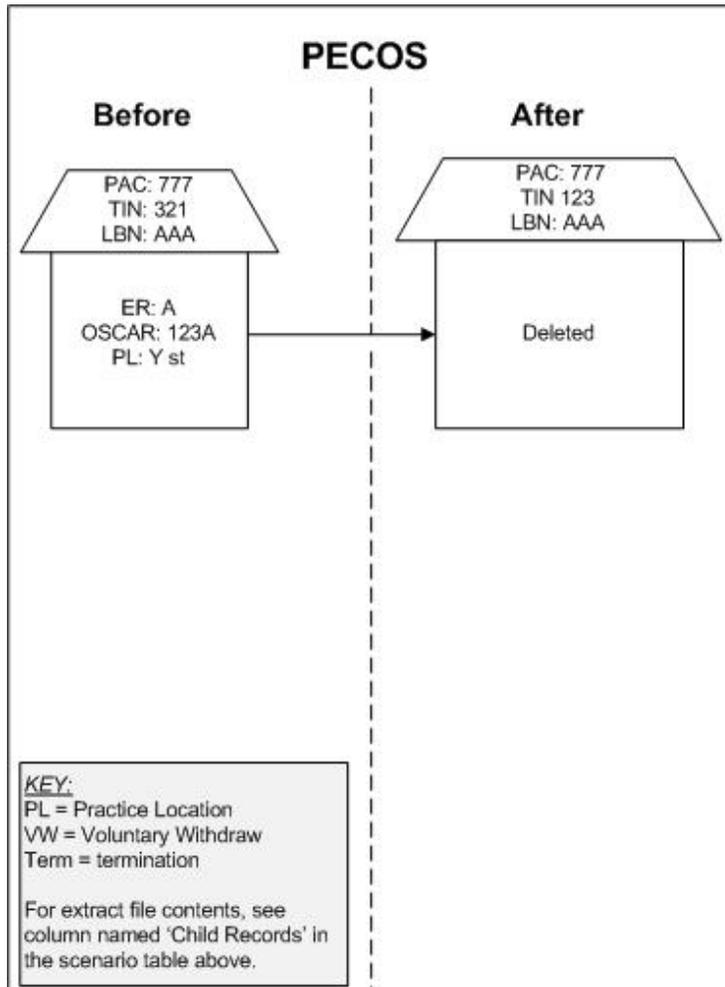
PAC ID	LBN	TIN	Enrollment ID	OSCAR	Practice Location
777	AAA	123	A	123A	Y Street

- PECOS Associate Control (PAC) ID—This is a unique ID PECOS generates when an Associate Profile is created.
- Legal Business Name (LBN)—This is the legal business name of the organization.
- Tax Identification Number (TIN)—This is the tax identification number associated to the organization.
- Enrollment ID—This is a fifteen character long ID PECOS generates when an enrollment is created.
- OSCAR—This is an identifier generated at the OSCAR system.
- Practice Location—This is the address(es) from Section 4 of the PECOS application and the CMS-855A form.

6.1.5.1 Deleted Scenario Variations 1 & 3

The diagram below is a visual representation of basic Medicare enrollment data in PECOS and FISS as it existed before the application was processed and after the application was processed. Changes to PECOS are reflected in FISS once the FISS Extract file is generated, distributed and processed by FISS.

Exhibit 6-18 Deleted Scenario Variations 1 & 3



The table below explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 6-19 Deleted Scenario Variations 1 & 3

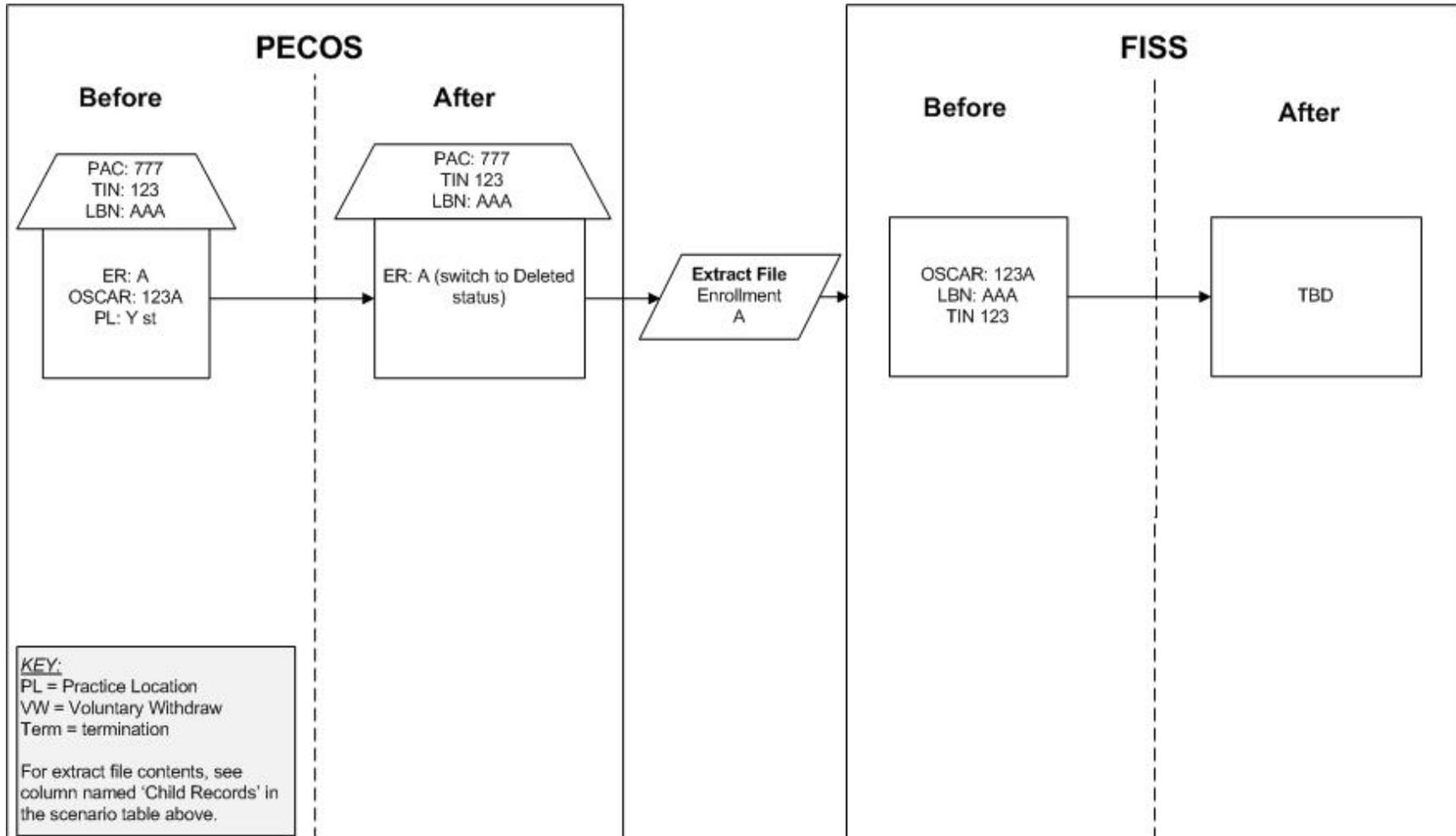
Variation	How FIs process in PECOS	Base Record	Child Records (Representative ⁹)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
<p>1 - The provider record does not exist in the PECOS or in the FISS application.</p> <p>3 – The provider record exists in PECOS, but does not exist in the FISS application.</p>	<p>1. Search for the enrollment record.</p> <p>2. Use the “Delete” command in PECOS.</p> <p>Note: FI Users can delete enrollments that are in “Application in Process.”</p>	N/A	N/A	N/A	N/A	Since these records were never sent to FISS the notice of the delete is not sent to FISS.

⁹ Child Records depend upon the scenario and provider type. The list above is a representative sample.

6.1.5.2 Deleted Scenario Variation 4

The diagram below is a visual representation of basic Medicare enrollment data in PECOS and FISS as it existed before the application was processed and after the application was processed. Changes to PECOS are reflected in FISS once the FISS Extract file is generated, distributed and processed by FISS.

Exhibit 6-20 Deleted Scenario Variation 4



The table below explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 6-21 Deleted Scenario Variation 4

Variation	How FIs process in PECOS	Base Record	Child Records (Representative ¹⁰)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
4 - The provider record exists in PECOS and in the FISS application.	<ol style="list-style-type: none"> 1. Search for the enrollment record. 2. Select File>Delete from the menu bar. <p>Note: Only the CMS Central Office can perform this secured function.</p>	<p>00-Base: TIN: 123 LBN: AAA</p>	<p>03-Enrollment Status: Deleted</p>		Should be deleted.	<p>DPFS(6/21/06): What are the impacts of sending deleted enrollment records in final statuses prior to R4.3 (that were never sent to FISS)?</p> <p>DPFS(6/21/06): Can you delete at FISS?</p> <p>FI (6/21/06): No</p> <p>Questions for FISS:</p> <ol style="list-style-type: none"> 1. For this type of scenario, would you like the end dated OSCAR to be included in the FISS Extract file? 2. How will you handle deletions? If FISS does not have a master provider record then they should ignore the information sent from PECOS.

¹⁰ Child Records depend upon the scenario and provider type. The list above is a representative sample.

7 CHOW, Acquisition/Merger, and Consolidation Provider Enrollment Scenarios

The chapter identifies specific Medicare enrollment scenarios that involve a change in ownership (CHOW), an acquisition/merger, or a consolidation, which impact multiple provider records in both PECOS and FISS. In addition, this chapter associates the outcomes in PECOS and FISS. Each outlined scenario presents a snapshot of how the provider enrollment and claim information exists before and after updates are committed by an FI. The updates made in PECOS are reflected in FISS after the FI triggers the enrollment record to be written to the FISS Extract file. See Chapter 5 for more information on FISS Extract file inclusion triggers and conditional child records.

The following high level scenarios are discussed in this chapter:

- Change of Ownership (CHOW) Scenarios —An enrolled Medicare provider is purchased by another organization.
- Change of Ownership (Acquisition/Merger) Scenarios —An enrolled Medicare provider is purchasing or being purchased by another enrolled Medicare provider.
- Change of Ownership (Consolidation) Scenario —Two enrolled Medicare providers consolidate into one new organization.

7.1 Change of Ownership (CHOW) Scenarios

A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. A CHOW results in a transfer of the old provider's number and provider agreement. If the buyer does not accept a transfer of the former owner's provider agreement, the old agreement is terminated and the purchaser or lessee is a new applicant.

Background: Organization (TIN 321) is the seller/former owner, Organization (TIN 123) is the buyer/new owner. Organization (TIN 123) accepts the provider agreement.

Company Information Table:

This table is a legend for the scenarios discussed in this section.

Role	PAC ID	LBN	TIN	Enrollment ID	OSCAR	Practice location	Special Payments
Buyer	777	AAA	123	A	123A	A street, VA	PA street, VA
Seller	888	BBB	321	B	123B	B street, VA	PB street, VA
Buyer	777	AAA	123	C-New	123A/123C*	A street, VA	PA street, VA

Asterisk (*) denotes that when the provider agreement is not accepted; a new OSCAR (123C) is assigned.

In this section the following scenarios are discussed:

- The provider agreement is accepted and both organizations exist in PECOS.
- The provider agreement is accepted and only the buyer exists in PECOS, the seller does not. Both organizations exist at FISS.
- The provider agreement is accepted and only the seller exists in PECOS, the buyer does not. Both organizations exist at FISS.
- The provider agreement is accepted and neither the buyer nor the seller exists in PECOS. Both organizations exist at FISS.
- The provider agreement is not accepted and both the buyer and the seller exist in PECOS.
- The provider agreement is not accepted and only the buyer exists in PECOS, the seller does not. Both organizations exist at FISS.
- The provider agreement is not accepted and only the seller exists in PECOS, the buyer does not. Both organizations exist at FISS.
- The provider agreement is not accepted and neither the buyer nor the seller exists in PECOS. Both organizations exist at FISS.

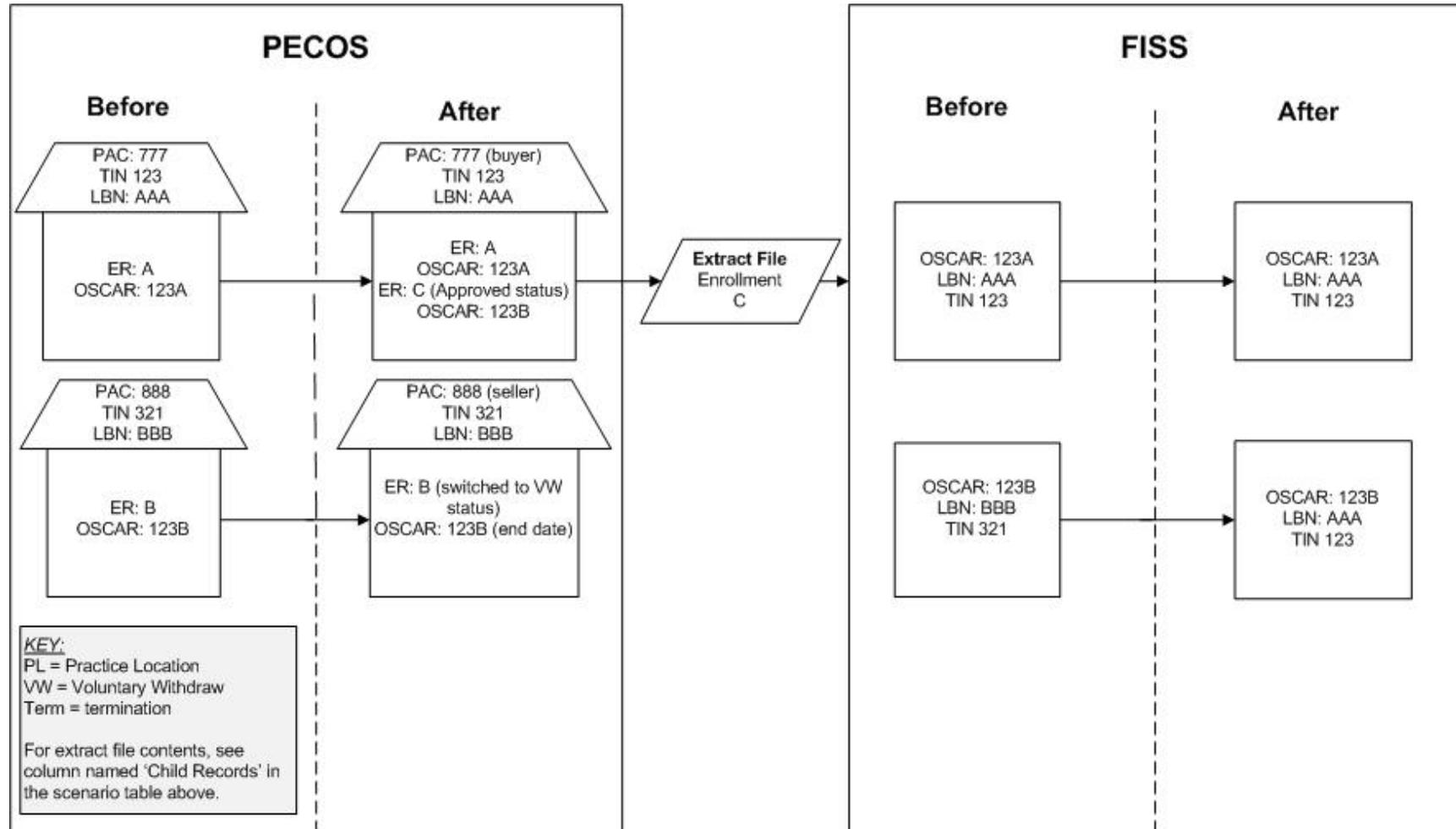
**Note: This subsection only deals with scenarios where both FIs (new and old) belong in the same jurisdiction and therefore use the same FISS datacenter. Please see subsection 7.2 for CHOWs that occur where the FIs have different jurisdictions.*

7.1.1 Scenario 1: CHOW

The provider agreement is accepted and both the buyer and the seller exist in PECOS.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-1 Scenario 1: CHOW



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-2 Scenario 1: CHOW

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹¹)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	A	777	AAA	N/A-Nothing is changing on the existing enrollment.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record for this scenario, since the CHOW does not impact this enrollment record.
Seller	B	888	BBB	The OSCAR 123B and all practice location(s) are end dated. The enrollment status is switched to VW.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record. The seller's OSCAR will be sent via the buyer's new enrollment (C).
Buyer	C - New	777	AAA	A new enrollment C is created in PECOS under the buyer for OSCAR 123B.	under TIN 123	02-Medicare ID: OSCAR 123B. 03-Enrollment Status: A status of Approved 04-Practice Location: B street, VA 05-Special Payments: PB street, VA 06-L&T Submit: A reason of CHOW-new owner	Under OSCAR 123B: Change the LBN from BBB to AAA and change the TIN from 321 to 123.	Edit the existing seller's provider record with the buyer's TIN and LBN.	FISS will receive the newly created enrollment (C) from PECOS.

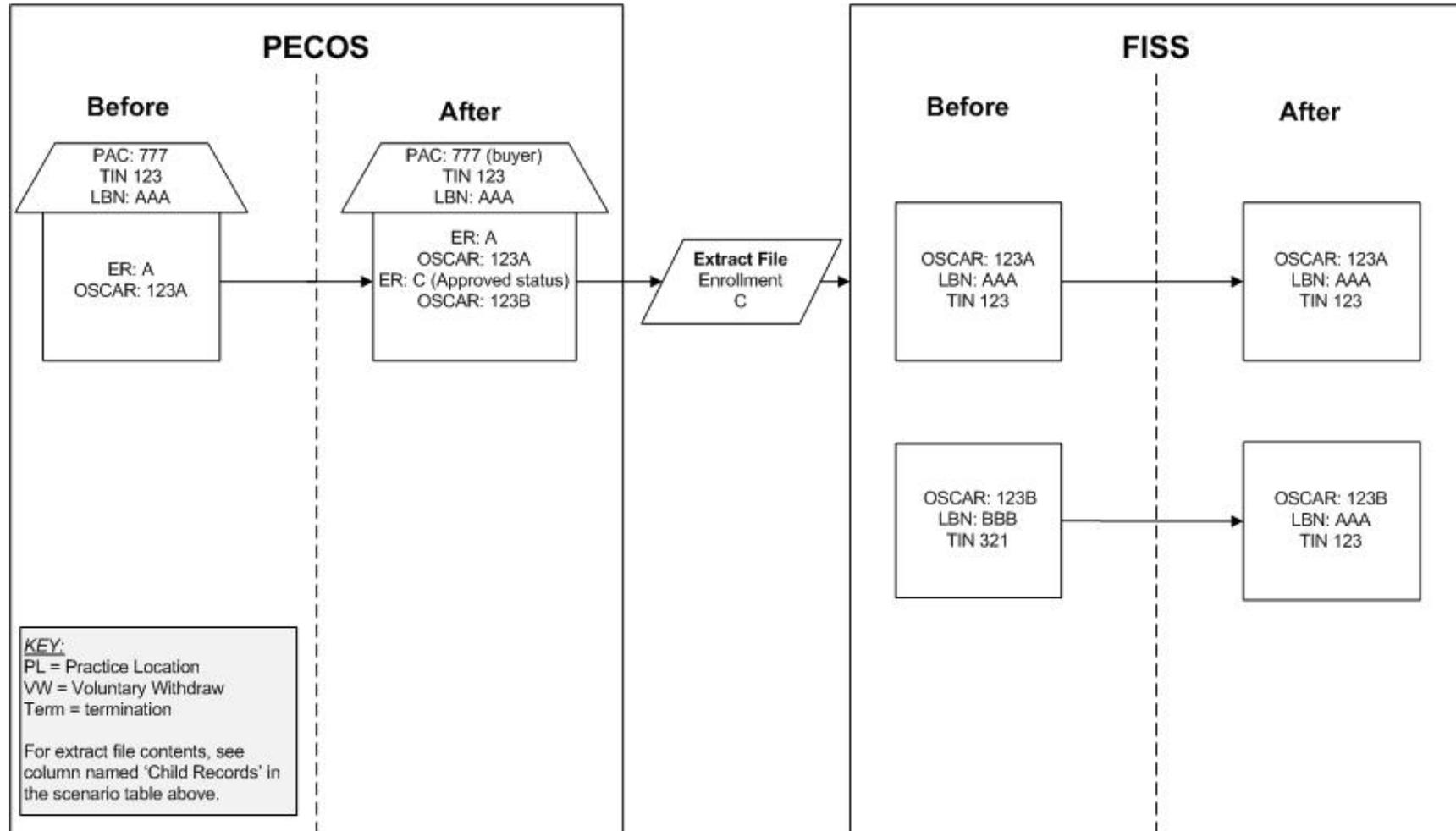
¹¹ Child Records depend upon the scenario and provider type. The list above is a representative sample.

7.1.2 Scenario 2: CHOW

The provider agreement is accepted and only the buyer exists in PECOS, the seller does not. Both organizations exist at FISS.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-3 Scenario 2: CHOW



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-4 Scenario 2: CHOW

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹²)	Currently, how the FIS process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	A	777	AAA	N/A-Nothing is changing on the existing enrollment.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record for this scenario, since the CHOW does not impact this enrollment record.
Seller	N/A	N/A	BBB	N/A-This enrollment does not exist in PECOS.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record since it does not exist in PECOS. The seller's OSCAR will be sent via the buyer's new enrollment (C).
Buyer	C - New	777	AAA	A new enrollment C is created in PECOS under the buyer for OSCAR 123B.	under TIN 123	02-Medicare ID: OSCAR 123B 03-Enrollment Status: A status of Approved 04-Practice Location: B street, VA 05-Special Payments: PB street, VA 06-L&T Submit: A reason of CHOW-new owner	Under OSCAR 123B: Change the LBN from BBB to AAA and change the TIN from 321 to 123.	Edit the existing seller's provider record with the buyer's TIN and LBN.	FISS will receive the newly created enrollment (C) from PECOS.

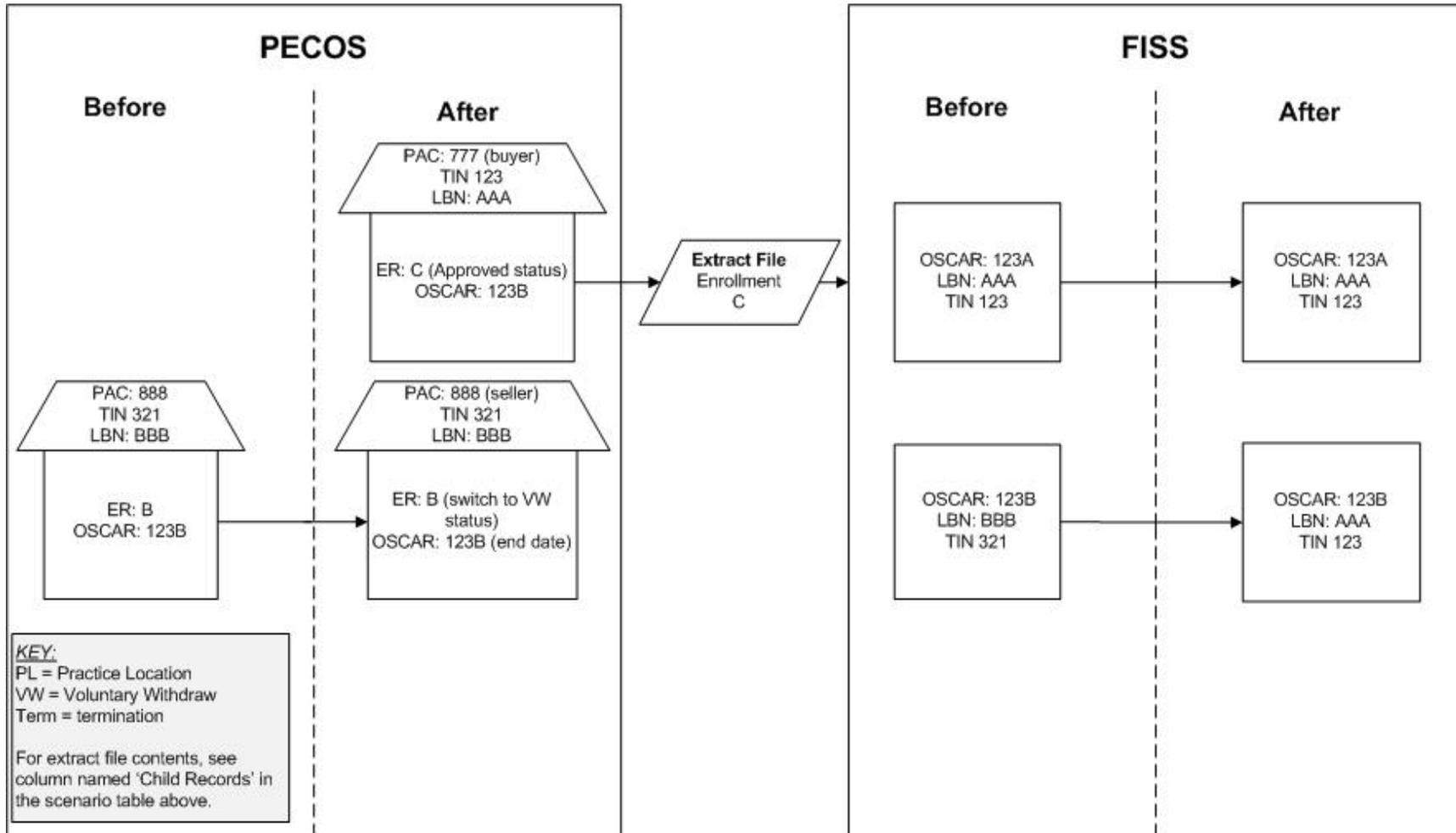
¹² Child Records depend upon the scenario and provider type. The list above is a representative sample.

7.1.3 Scenario 3: CHOW

The provider agreement is accepted and only the seller exists in PECOS, the buyer does not. Both organizations exist at FISS.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-5 Scenario 3: CHOW



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-6 Scenario 3: CHOW

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹³)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	N/A	N/A	AAA	N/A-This enrollment does not exist in PECOS.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record since it does not exist in PECOS.
Seller	B	888	BBB	The OSCAR 123B and all practice location(s) are end dated. The enrollment status is switched to VW.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record. The seller's OSCAR will be sent via the buyer's new enrollment (C).
Buyer New	C - New	777	AAA	A new enrollment C is created in PECOS under the buyer for OSCAR 123B.	under TIN 123	02-Medicare ID: OSCAR 123B 03-Enrollment Status: A status of Approved 04-Practice Location: B street, VA 05-Special Payments: PB street, VA 06-L&T Submit: Initial Enrollment	Under OSCAR 123B: Change the LBN from BBB to AAA and change the TIN from 321 to 123.	Edit the existing seller's provider record with the buyer's TIN and LBN.	FISS will receive the newly created enrollment (C) from PECOS.

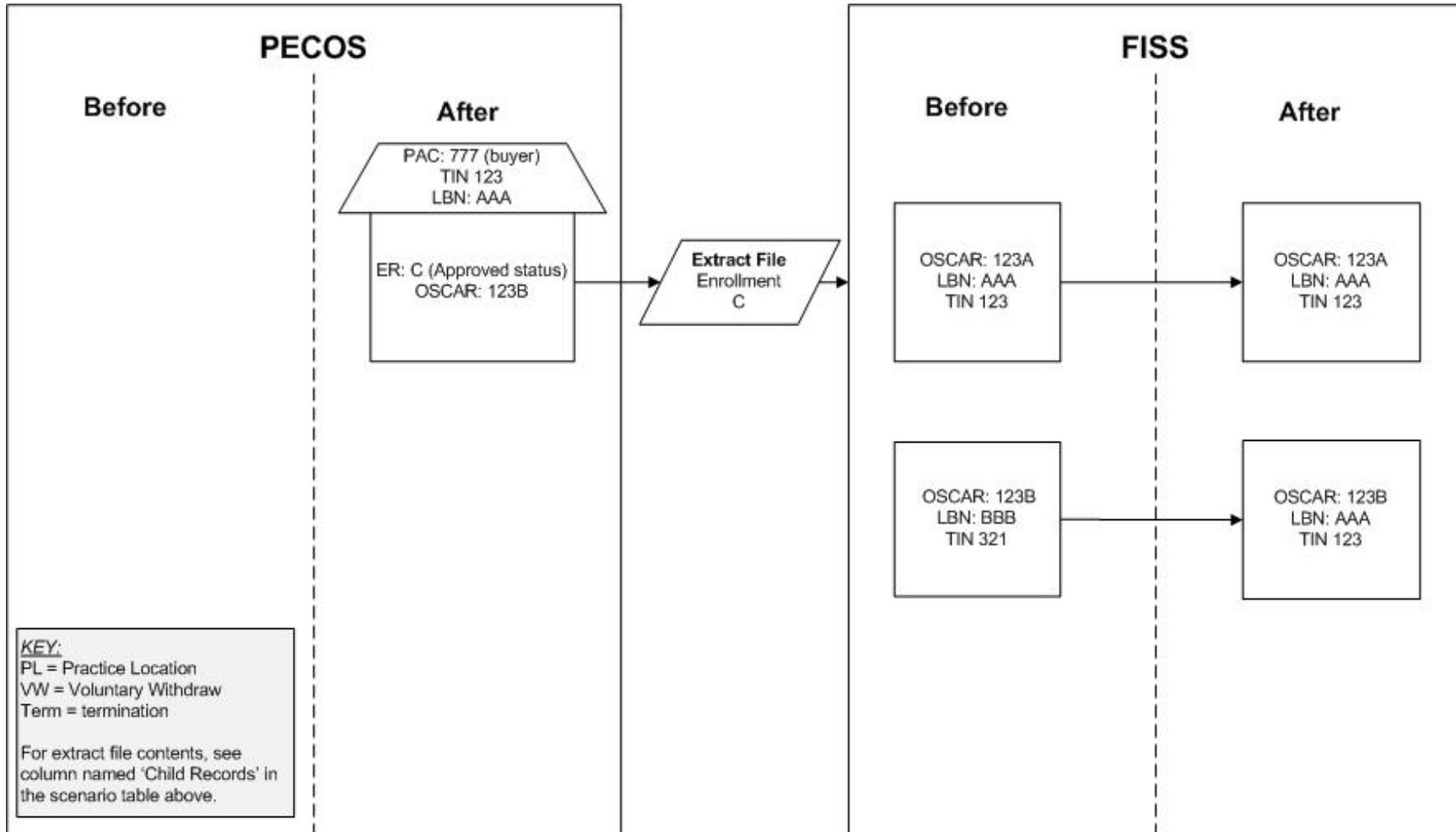
¹³ Child Records depend upon the scenario and provider type. The list above is a representative sample.

7.1.4 Scenario 4: CHOW

The provider agreement is accepted and neither the buyer nor the seller exist in PECOS, both organizations exist at FISS.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-7 Scenario 4: CHOW



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-8 Scenario 4: CHOW

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹⁴)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	N/A	N/A	AAA	N/A-This enrollment does not exist in PECOS.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record since it does not exist in PECOS.
Seller	N/A	N/A	BBB	N/A-This enrollment does not exist in PECOS.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record since it does not exist in PECOS.
Buyer New	C - New	777	AAA	A new enrollment C is created in PECOS under the buyer for OSCAR 123B.	under TIN 123	02-Medicare ID: OSCAR 123B 03-Enrollment Status: A status of Approved 04-Practice Location: B street, VA 05-Special Payments: PB street, VA 06-L&T Submit: Initial Enrollment	Under OSCAR 123B: Change the LBN from BBB to AAA and change the TIN from 321 to 123.	Edit the existing seller's provider record with the buyer's TIN and LBN.	FISS will receive the newly created enrollment (C) from PECOS.

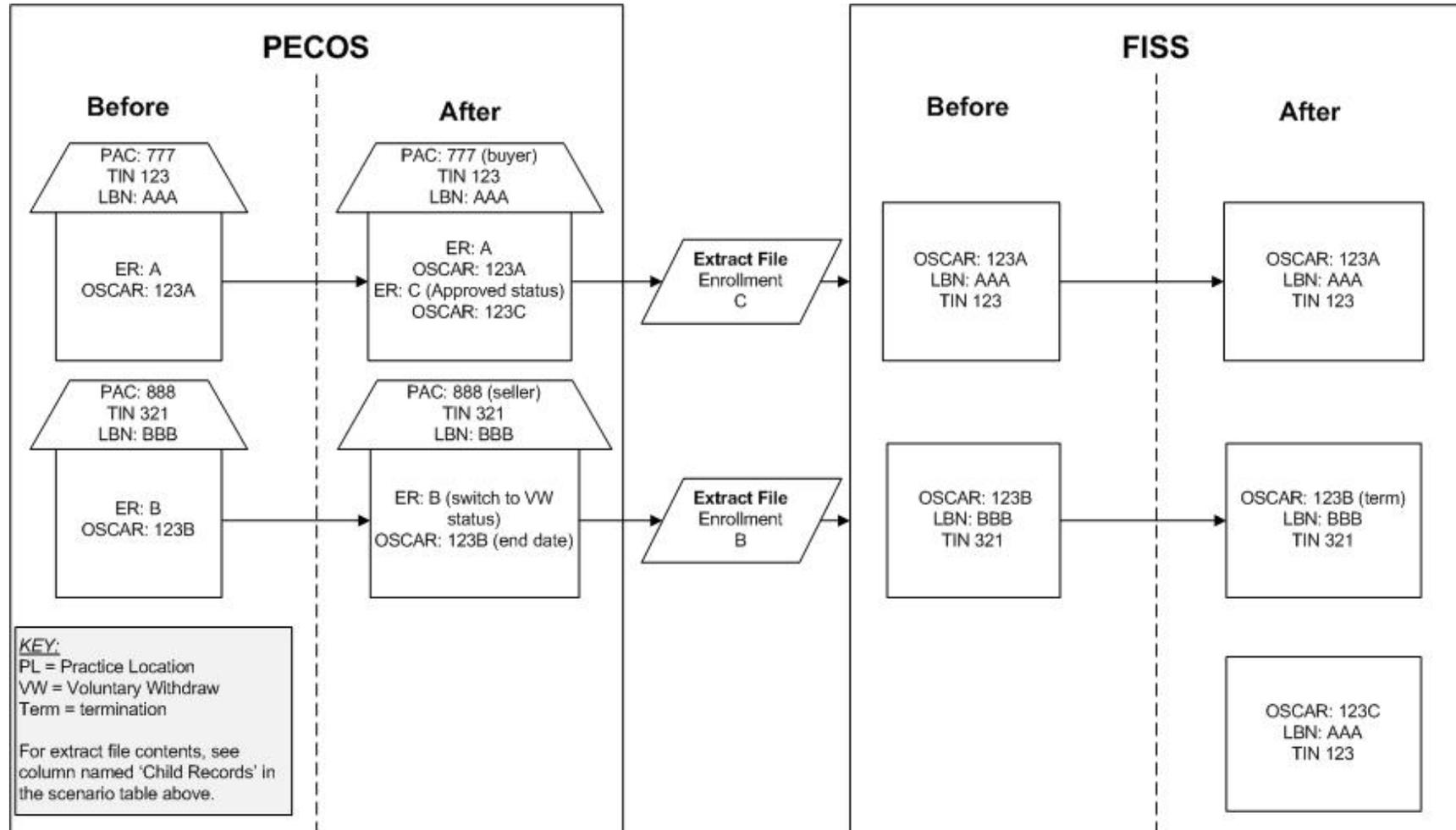
¹⁴ Child Records depend upon the scenario and provider type. The list above is a representative sample.

7.1.5 Scenario 5: CHOW

The provider agreement is not accepted and both the buyer and the seller exist in PECOS.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-9 Scenario 5: CHOW



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-10 Scenario 5: CHOW

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹⁵)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	A	777	AAA	N/A-Nothing is changing on the existing enrollment.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record for this scenario, since the CHOW does not impact this enrollment record.
Seller	B	888	BBB	The OSCAR 123B and all practice location(s) are end dated. The enrollment status is switched to VW.	Under TIN 321	02-Medicare ID: OSCAR 123B with an end date 03-Enrollment Status: A status of VW 04-Practice Location: B street, VA with an end date 05-Special Payments: PB street, VA with an end date 06-L&T Submit: A reason of CHOW-former owner 07-CHOW/Consolidation/Merger: Reference enrollment C	Apply termination date to OSCAR 123B.	Apply termination date to OSCAR 855B.	FISS will receive the updated enrollment record from PECOS.

¹⁵ Child Records depend upon the scenario and provider type. The list above is a representative sample.

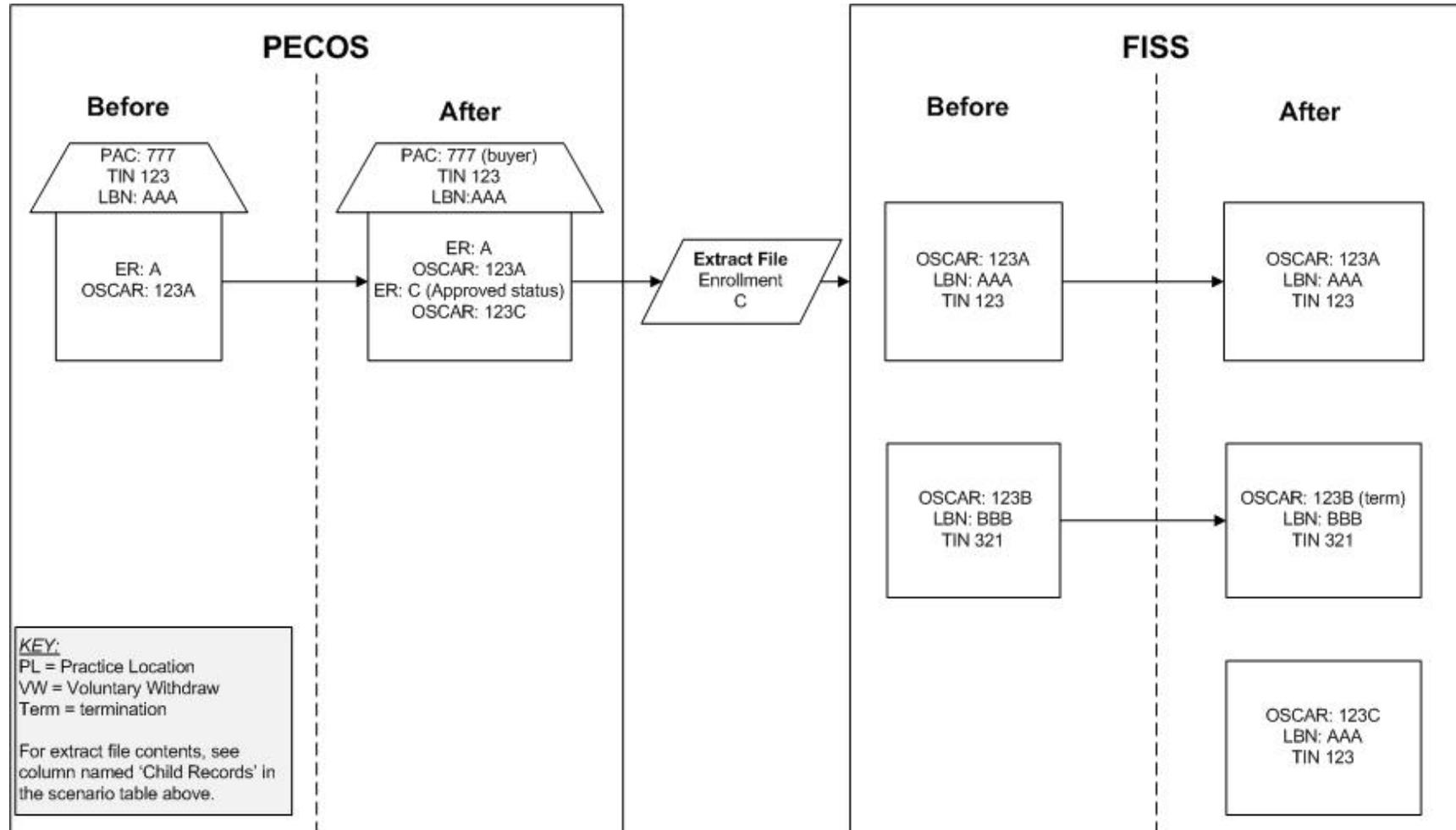
Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹⁵)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	C - New	777	AAA	A new enrollment C is created in PECOS under the buyer with a 123C OSCAR.	under TIN 123	02-Medicare ID: 123C OSCAR 03-Enrollment Status: A status of Approved 04-Practice Location: B street, VA 05-Special Payments: PB street, VA 06-L&T Submit: A reason of CHOW-new owner 07-CHOW/Consolidation/Merger: Reference enrollment A & B	A new record is created in the Master Provider file with 123C OSCAR for LBN: AAA and TIN 123.	Create a new record in the Master Provider file based on the information from the FISS Extract file.	FISS will receive the newly created enrollment (C) from PECOS.

7.1.6 Scenario 6: CHOW

The provider agreement is not accepted and only the buyer exists in PECOS, the seller does not. Both organizations exist at FISS.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-11 Scenario 6: CHOW



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-12 Scenario 6: CHOW

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹⁶)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	A	777	AAA	N/A-Nothing is changing on the existing enrollment.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record for this scenario, since the CHOW does not impact this enrollment record.
Seller	N/A	N/A	BBB	N/A-This enrollment does not exist in PECOS.	N/A	N/A	Apply termination date to OSCAR 123B	Apply termination date to OSCAR 123B.	FISS will not receive this enrollment record since it does not exist in PECOS. The buyer's new enrollment will collect the seller's terminated OSCAR, so that it can be sent to FISS via the buyer's FISS Extract file.

¹⁶ Child Records depend upon the scenario and provider type. The list above is a representative sample.

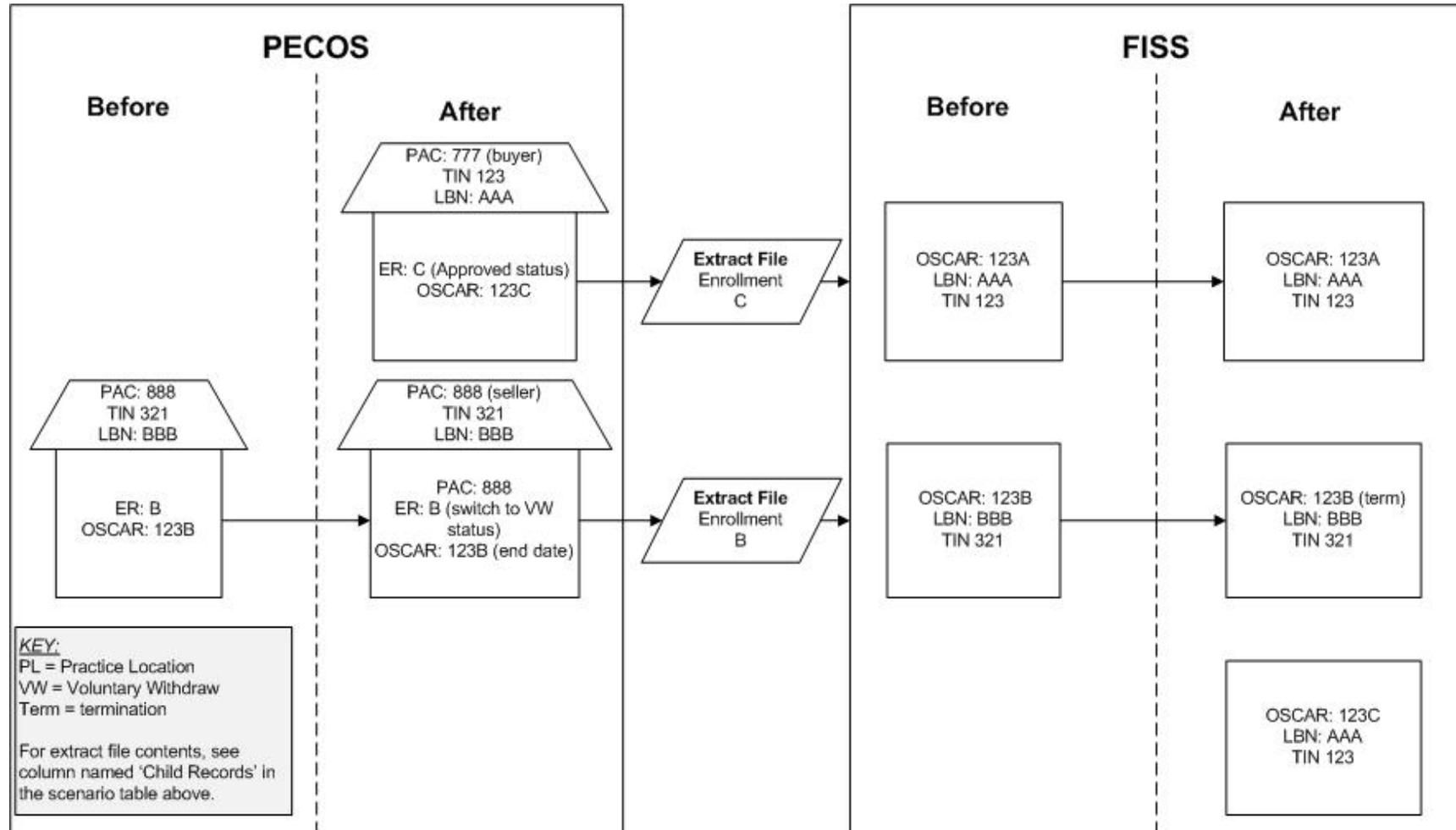
Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹⁶)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	C – New	777	AAA	A new enrollment C is created in PECOS under the buyer with a 123C OSCAR.	under TIN 123	<p>02-Medicare ID: 123C OSCAR</p> <p>03-Enrollment Status: A status of Approved</p> <p>04-Practice Location: B street, VA</p> <p>05-Special Payments: PB street, VA</p> <p>06-L&T Submit: A reason of CHOW-new owner</p> <p>07-CHOW/Consolidation/Merger: OSCAR 123B with an end date</p>	A new provider record is created in the Master Provider file with 123C OSCAR for LBN: AAA and TIN 123.	Create a new record in the Master Provider file based on the information from the FISS Extract file.	<p>FISS will receive the newly created enrollment (C) from PECOS.</p> <p>The buyer's new FISS Extract file will also contain the seller's terminated OSCAR, so that FISS can apply the termination date to the seller's OSCAR.</p>

7.1.7 Scenario 7: CHOW

The provider agreement is not accepted and only the seller exists in PECOS, the buyer does not. Both organizations exist at FISS.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-13 Scenario 7: CHOW



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-14 Scenario 7: CHOW

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹⁷)	Currently, how the FIs process in FISS	Upon receipt of the Extract file FISS will	Notes/Questions
Buyer	N/A	N/A	AAA	N/A-This enrollment does not exist in PECOS.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record since it does not exist in PECOS.
Seller	B	888	BBB	The OSCAR 123B and all practice location(s) are end dated. The enrollment status is switched to VW.	Under TIN 321	<p>02-Medicare ID: OSCAR 123B with an end date.</p> <p>03-Enrollment Status: A status of VW.</p> <p>04-Practice Location: B street, VA with an end date.</p> <p>05-Special Payments: PB street, VA with an end date.</p> <p>06-L&T Submit: A reason of CHOW-former owner.</p> <p>07-CHOW/CNSLDTN/MRGR: Reference enrollment C.</p>	Apply termination date to OSCAR 123B.	Apply termination date to OSCAR 123B.	FISS will receive the updated enrollment record from PECOS.

¹⁷ Child Records depend upon the scenario and provider type. The list above is a representative sample.



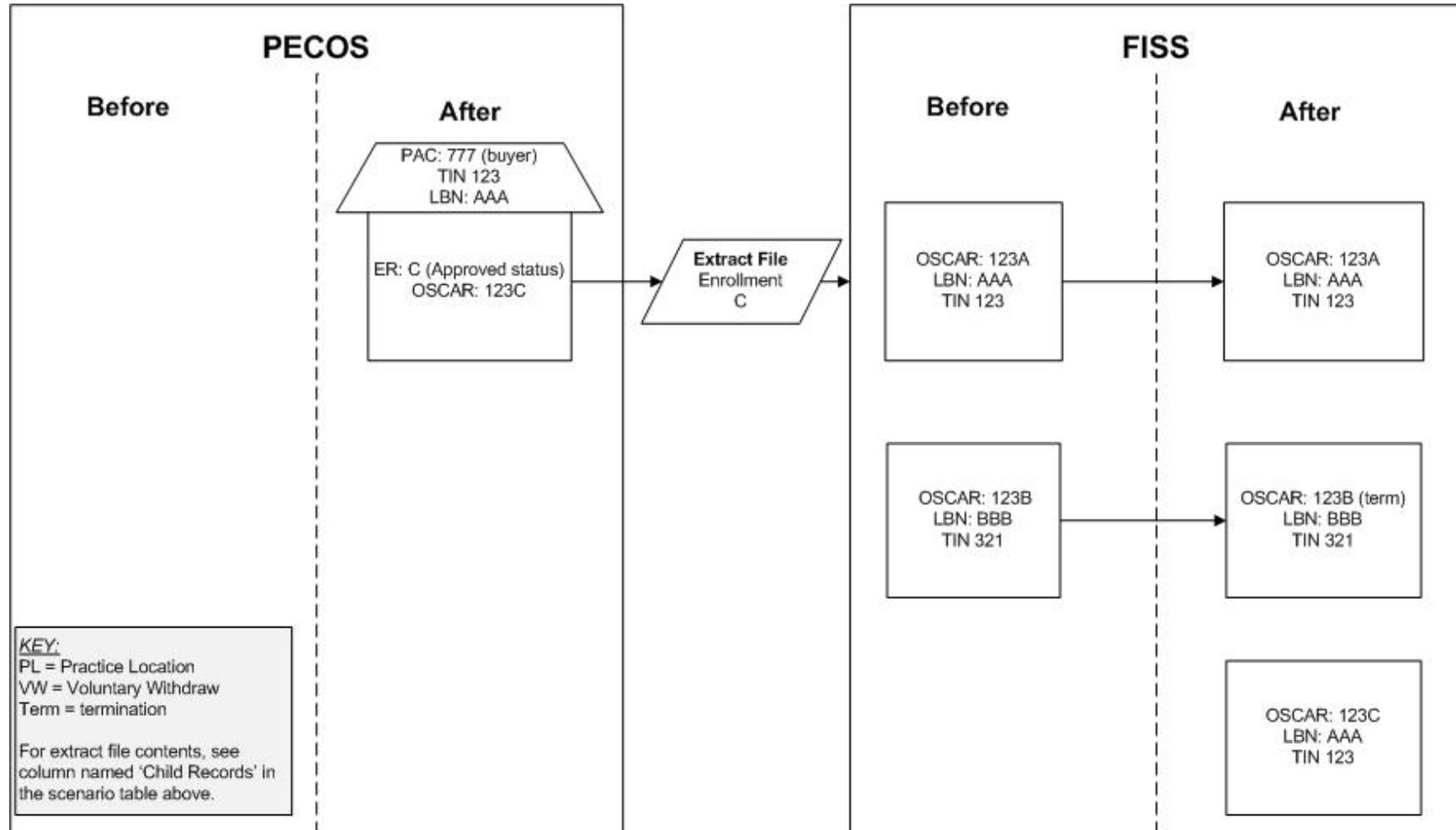
Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹⁷)	Currently, how the FIs process in FISS	Upon receipt of the Extract file FISS will	Notes/Questions
Buyer	C – New	777	AAA	A new enrollment C is created in PECOS under the buyer with a 123C OSCAR.	under TIN 123	02-Medicare ID: 123C OSCAR. 03-Enrollment Status: A status of Approved. 04-Practice Location: B street, VA. 05-Special Payments: PB street, VA. 06-L&T Submit: Initial Enrollment 07- CHOW/CNSLDTN/MRGR: Reference enrollment B.	A new record is created in the Master Provider file with 123C OSCAR for LBN: AAA and TIN 123.	Create a new record in the Master Provider file based on the information from the FISS Extract file.	FISS will receive the newly created enrollment (C) from PECOS.

7.1.8 Scenario 8: CHOW

The provider agreement is not accepted and neither the buyer nor the seller exists in PECOS, both organizations exist at FISS.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-15 Scenario 8: CHOW



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-16 Scenario 8: CHOW

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹⁸)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	N/A	N/A	AAA	N/A-This enrollment does not exist in PECOS.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record since it does not exist in PECOS.
Seller	N/A	N/A	BBB	N/A-This enrollment does not exist in PECOS.	N/A	N/A	Apply termination date to OSCAR 123B.	Apply termination date to OSCAR 123B.	FISS will not receive this enrollment record since it does not exist in PECOS. The buyer's new enrollment will collect the seller's terminated OSCAR, so that it can be sent to FISS via the buyer's FISS Extract file.

¹⁸ Child Records depend upon the scenario and provider type. The list above is a representative sample.

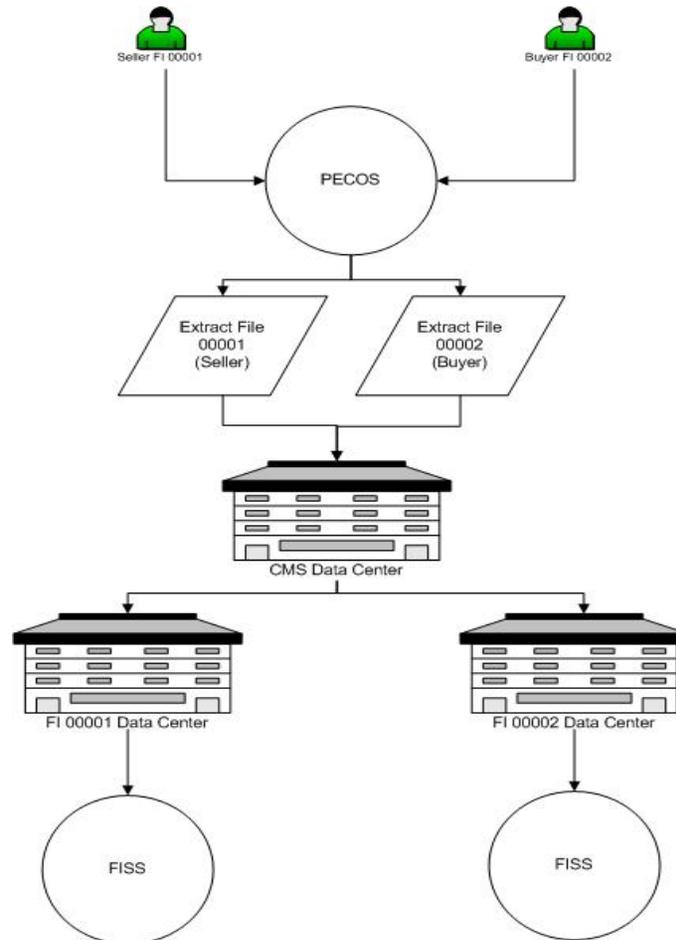
Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹⁸)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	C – New	777	AAA	A new enrollment C is created in PECOS under the buyer with a 123C OSCAR.	under TIN 123	02-Medicare ID: 123C OSCAR 03-Enrollment Status: A status of Approved 04-Practice Location: B street, VA 05-Special Payments: PB street, VA 06-L&T Submit: Initial Enrollment 07-CHOW/Consolidation/Merger: OSCAR 123B with an end date	A new record is created in the Master Provider file with 123C OSCAR for LBN: AAA and TIN 123.	Create a new record in the Master Provider file based on the information from the FISS Extract file.	FISS will receive the newly created enrollment (C) from PECOS. The buyer's new FISS Extract file will also contain the seller's terminated OSCAR, so that FISS can apply the termination date to the seller's OSCAR.

7.2 Special CHOW Scenarios

A CHOW may occur between two different FIs in two different jurisdictions, or the organization could be linked to a chain. For this reason the seller FI will need to know when to terminate the OSCAR number, regardless if the provider agreement is accepted or not. The seller's FI will need to be notified that the seller's OSCAR is terminated. The buyer's information will always be entered into PECOS either through the existing enrollment or a new enrollment.

The diagram below is a visual presentation of the way this type of CHOW will be handled. FI 00001 (the seller) and FI 00002 (the buyer) both go into PECOS. PECOS creates an FISS Extract file for both FIs, which is then moved to the CMS data center. The FIs pick up the corresponding FISS Extract file and submit them into their own FISS applications.

Exhibit 7-17 CHOW Occurring Between Two Different FIs



7.3 Change of Ownership (Acquisition-Merger) Scenarios

An acquisition/merger occurs, if the provider is currently enrolled as a Medicare provider and is purchasing or has been purchased by another enrolled provider. In an acquisition/merger, two entities combine, but the provider number and TIN of the purchasing entity remains intact.

Background: Organization (TIN 321) is the seller/former owner, Organization (TIN 123) is the buyer/new owner.

Company Information Table:

This table is a legend for the scenarios discussed in this section.

Role	Enrollment ID	PAC ID	LBN	TIN	OSCAR	Practice location	Special Payments
Buyer	A	777	AAA	123	123A	A street, VA	PA street, VA
Seller	B	888	BBB	321	123B	B street, VA	PB street, VA
Buyer	C – New	777	AAA	123	123A	B street, VA A street, VA	PB street, VA PA street, Va

In this section the following scenarios are discussed:

- Both the buyer and the seller organizations exist in PECOS and the selling organization’s information is transferred to reside under the buying organization’s TIN.
- The buyer exists in PECOS, the seller does not. Both organizations exist at FISS. A new enrollment C is created in PECOS.
- The seller exists in PECOS, the buyer does not. Both organizations exist at FISS. A new enrollment C is created in PECOS
- Neither the buyer nor the seller exists in PECOS. Both organizations exist at FISS. A new organization is created in PECOS.

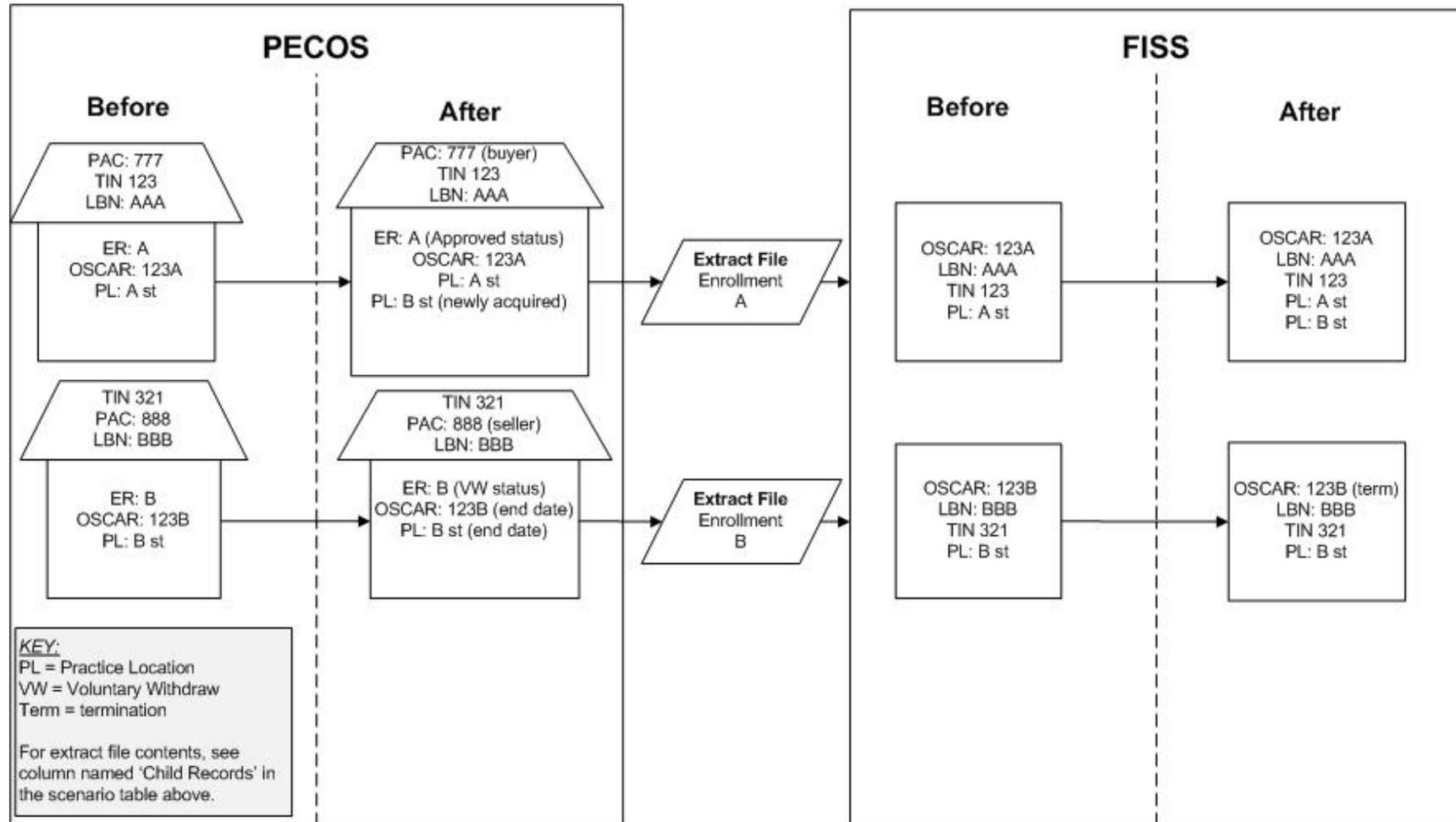
**Note: This subsection only deals with scenarios where both FIs (new and old) belong in the same jurisdiction and therefore use the same FISS datacenter. Please see subsection 7.4 for acquisitions/mergers that occur where the FIs have different jurisdictions.*

7.3.1 Scenario 1: Acquisition/Merger

Both the buyer and the seller organizations exist in PECOS and the seller's information is transferred to reside under the buyer's TIN.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-18 Scenario 1: Acquisition/Merger



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-19 Scenario 1: Acquisition/Merger

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹⁹)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	A	777	AAA	Add the seller's practice location to the buyer's existing enrollment record.	Under TIN 123	02-Medicare ID: OSCAR 123A 03-Enrollment Status: A status of Approved 04-Practice Location: A street, VA 04-Practice Location: B street, VA 05- Special Payments: PA street, VA 05-Special Payments: PB street, VA 06-L&T Submit: A reason of Acquisition/Merger-new owner 07-CHOW/Consolidation/Merger: Reference enrollment B	Under OSCAR 123A add the seller's PL.	Under OSCAR 123A add the seller's PL from the FISS Extract file.	FISS will receive the updated enrollment record from PECOS. FI should only input the 6 digit 'parent' OSCAR as the primary practice location in PECOS.

¹⁹ Child Records depend upon the scenario and provider type. The list above is a representative sample.

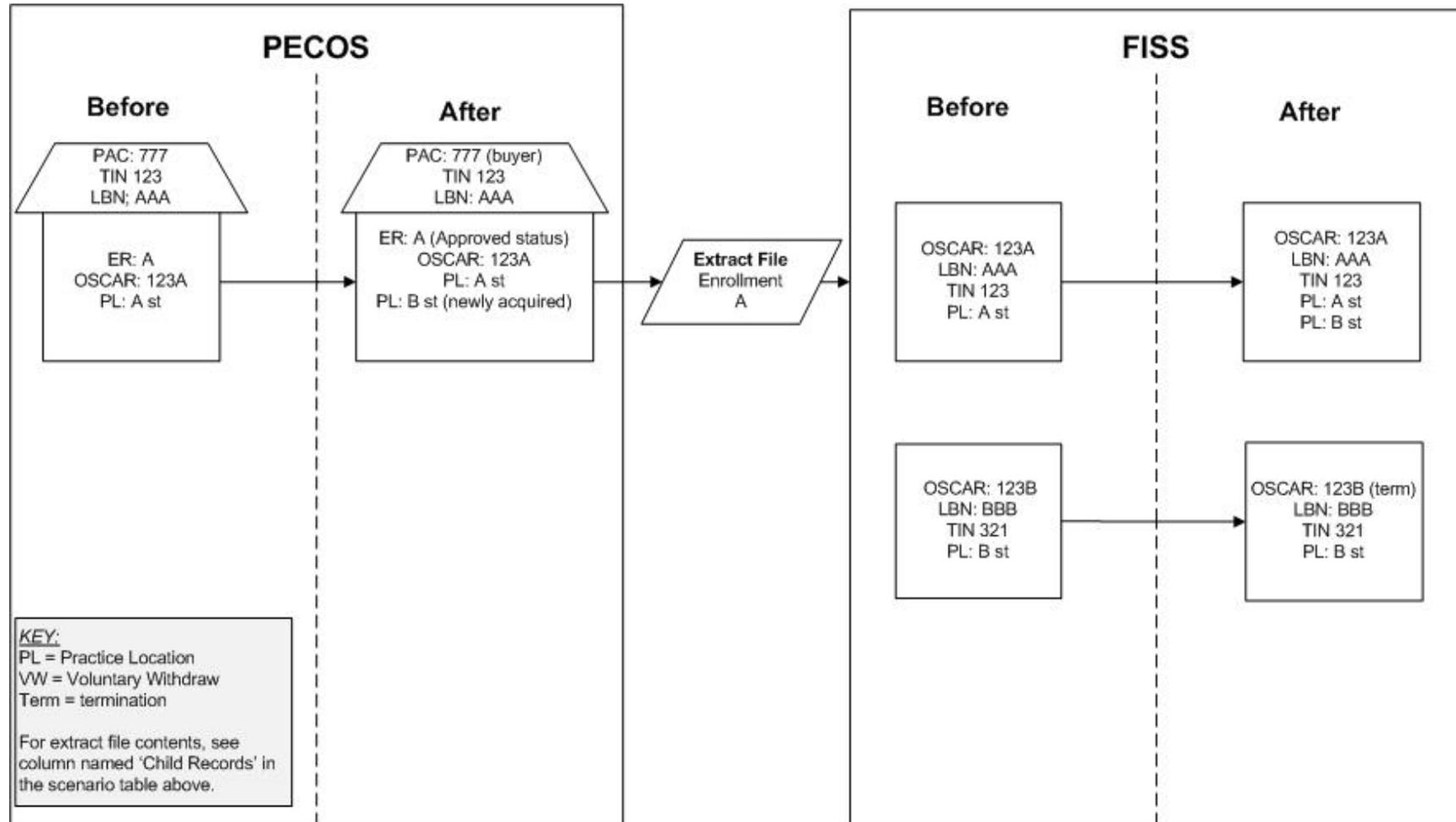
Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ¹⁹)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Seller	B	888	BBB	The OSCAR 123B and all practice location(s) are end dated. The enrollment status is switched to VW.	Under TIN 321	02-Medicare ID: OSCAR 123B with an end date 03-Enrollment Status: A status of VW 04-Practice Location: B street, VA with an end date 05-Special Payments: PB street, VA with an end date 06-L&T Submit: A reason of Acquisition/Merger-former owner 07-CHOW/Consolidation/Merger: Reference enrollment A	Apply a termination date to OSCAR 123B.	Apply a termination date to OSCAR 123B.	FISS will receive the updated enrollment record from PECOS.

7.3.2 Scenario 2: Acquisition/Merger

The buyer exists in PECOS, the seller does not. Both organizations exist at FISS. The seller's practice location information is transferred to the buyer's enrollment.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-20 Scenario 2: Acquisition/Merger



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-21 Scenario 2: Acquisition/Merger

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ²⁰)	Currently, how the FIS process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	A	777	AAA	Add the seller's practice location to the buyer's existing enrollment record.	Under TIN 123	02-Medicare ID: OSCAR 123A 03-Enrollment Status: A status of Approved 04-Practice Location: A street, VA 04-Practice Location: B street, VA 05- Special Payments: PA street, VA 05-Special Payments: PB street, VA 06-L&T Submit: A reason of Acquisition/Merger-new owner 07-CHOW/Consolidation/Merger: OSCAR 123B with an end date	Under OSCAR 123A add the seller's PL.	Under OSCAR 123A add the seller's PL from the FISS Extract file.	PECOS sends the updated enrollment to FISS. The buyer's updated enrollment will also contain the seller's terminated OSCAR, so that FISS can apply the termination date to the seller's OSCAR.

²⁰ Child Records depend upon the scenario and provider type. The list above is a representative sample.

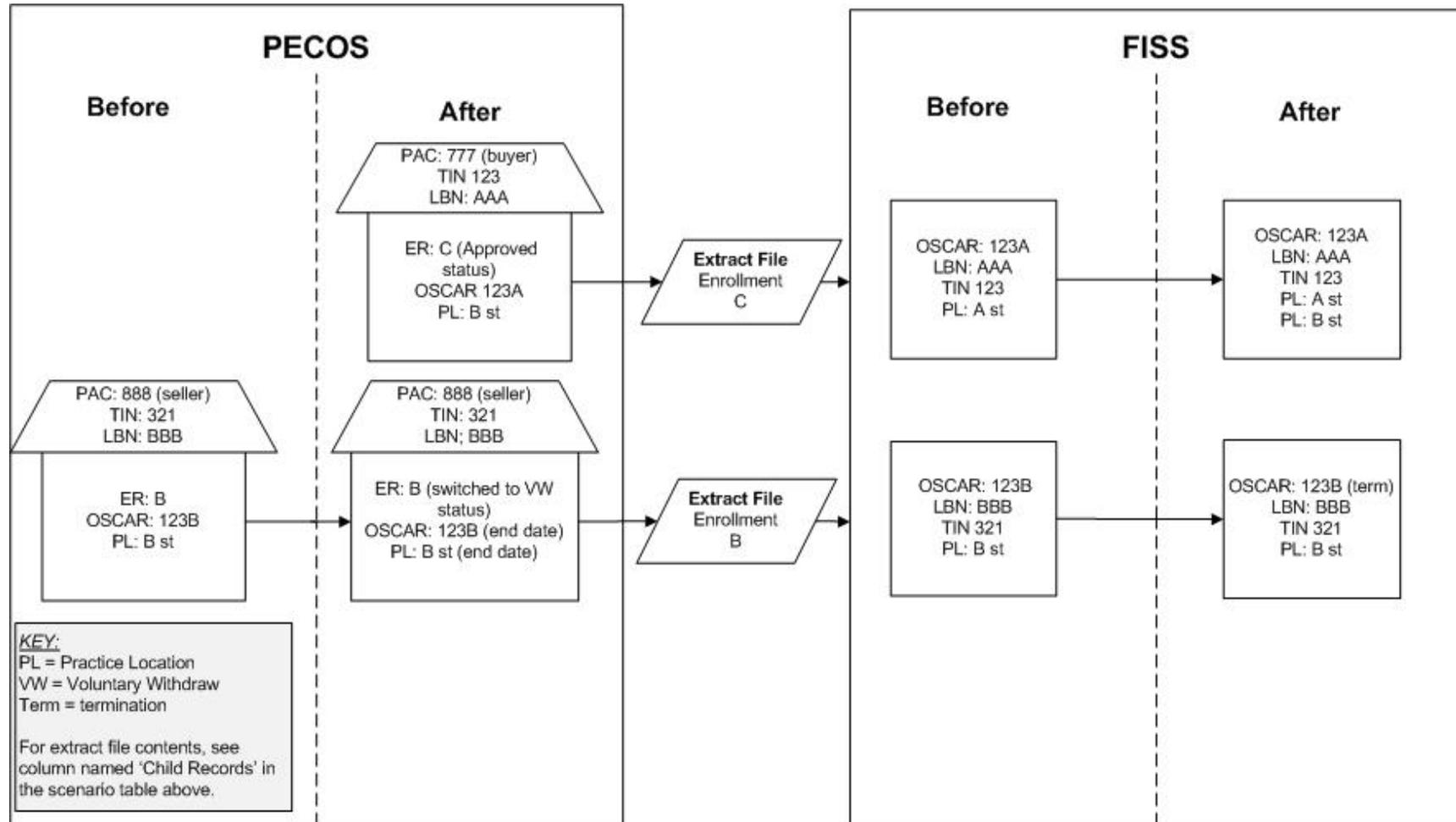
Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ²⁰)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Seller	N/A	N/A	BBB	N/A-This enrollment does not exist in PECOS.	N/A	N/A	Apply termination date to OSCAR 123B.	Apply termination date to OSCAR 123B.	FISS will not receive this enrollment record since it does not exist in PECOS. The buyer's new enrollment will collect the seller's terminated OSCAR, so that it can be sent to FISS via the buyer's FISS Extract file.

7.3.3 Scenario 3: Acquisition/Merger

The seller exists in PECOS, the buyer does not. Both organizations exist at FISS. A new organization and a new enrollment C is created in PECOS.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-22 Scenario 3: Acquisition/Merger



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-23 Scenario 3: Acquisition/Merger

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ²¹)	Currently, how the FIs process at FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	N/A	N/A	AAA	N/A-This enrollment does not exist in PECOS.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record since it does not exist in PECOS.
Seller	B	888	BBB	The OSCAR 123B and all practice location(s) are end dated. The enrollment status is switched to VW.	Under TIN 321	02-Medicare ID: OSCAR 123B with an end date 03-Enrollment Status: A status of VW 04-Practice Location: B street, VA with an end date 05-Special Payments: PB street, VA with an end date 06-L&T Submit: A reason of Acquisition/Merger -former owner 07-CHOW/Consolidation/Merger: Reference enrollment C	Apply a termination date to OSCAR 123B.	Apply a termination date to OSCAR 123B.	FISS will receive the updated enrollment record from PECOS.

²¹ Child Records depend upon the scenario and provider type. The list above is a representative sample.

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ²¹)	Currently, how the FIs process at FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer New	C - New	777	AAA	A new enrollment C is created in PECOS under the buyer with a NEW OSCAR.	Under TIN 123	02-Medicare ID: OSCAR 123A 03-Enrollment Status: A status of Approved 04-Practice Location: B street, VA 04-Practice Location: A street, VA* 05-Special Payments: PB street, VA 05-Special Payments: PA street, VA* 06-L&T Submit: Initial Enrollment 07-CHOW/Consolidation/Merger: Reference enrollment B	Under OSCAR 123A add the seller's PL.	Under OSCAR 123A add the seller's PL from the FISS Extract file.	FISS will receive the newly created enrollment (C) from PECOS.

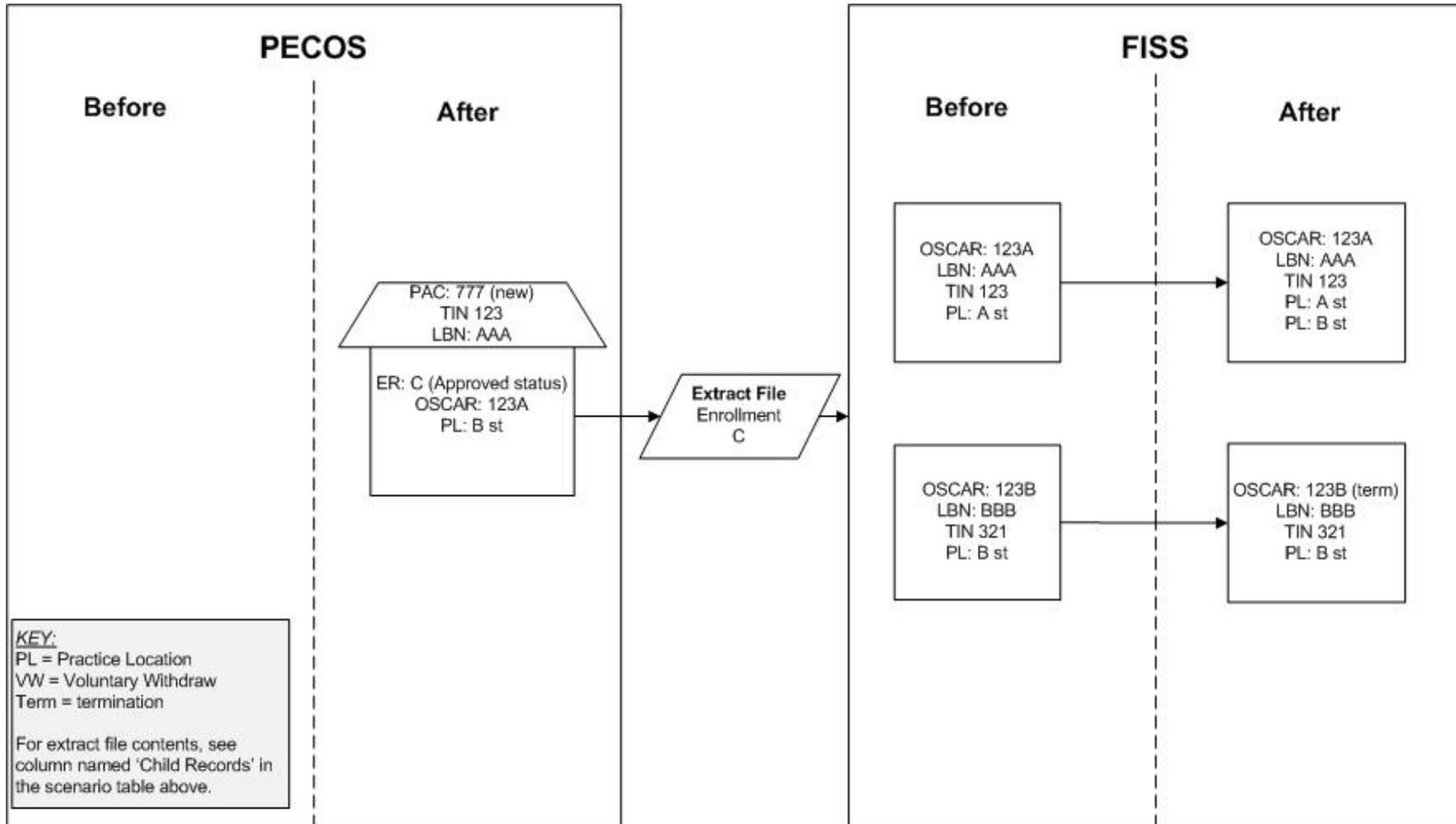
Asterisk (*) denotes that the practice location may not entered into PECOS and therefore will not be included in the extract.

7.3.4 Scenario 4: Acquisition/Merger

Neither the buyer nor the seller exists in PECOS, but both organizations exist at FISS. A new organization is created in PECOS.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the e FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-24 Scenario 4: Acquisition/Merger



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-25 Scenario 4: Acquisition/Merger

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ²²)	Currently, how the FIs process at FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer	N/A	N/A	AAA	N/A-This enrollment does not exist in PECOS.	N/A	N/A	N/A	N/A	FISS will not receive this enrollment record since it does not exist in PECOS.
Seller	N/A	N/A	BBB	N/A-This enrollment does not exist in PECOS.	N/A	N/A	Apply termination date to OSCAR 123B	Apply termination date to OSCAR 123B	FISS will not receive this enrollment record since it does not exist in PECOS. The newly created buyer's FISS Extract file will also contain the seller's terminated OSCAR, so that FISS can apply the termination date to the seller's OSCAR.

²² Child Records depend upon the scenario and provider type. The list above is a representative sample.

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ²²)	Currently, how the FIs process at FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Buyer New	C - New	777	AAA	A new enrollment C is created in PECOS under the buyer with a NEW OSCAR.	Under TIN 123	02-Medicare ID: OSCAR 123A 03-Enrollment Status: A status of Approved 04-Practice Location: B street, VA 04-Practice Location: A street, VA* 05-Special Payments: PB street, VA 05-Special Payments: PA street, VA* 06-L&T Submit: Initial Enrollment 07-CHOW/Consolidation/Merger: OSCAR 123B with an end date	Under OSCAR 123A add the seller's PL.	Under OSCAR 123A add the seller's PL from the FISS Extract file.	FISS will receive the newly created enrollment (C) from PECOS. The buyer's new enrollment will collect the seller's terminated OSCAR, so that it can be sent to FISS via the buyer's FISS Extract file.

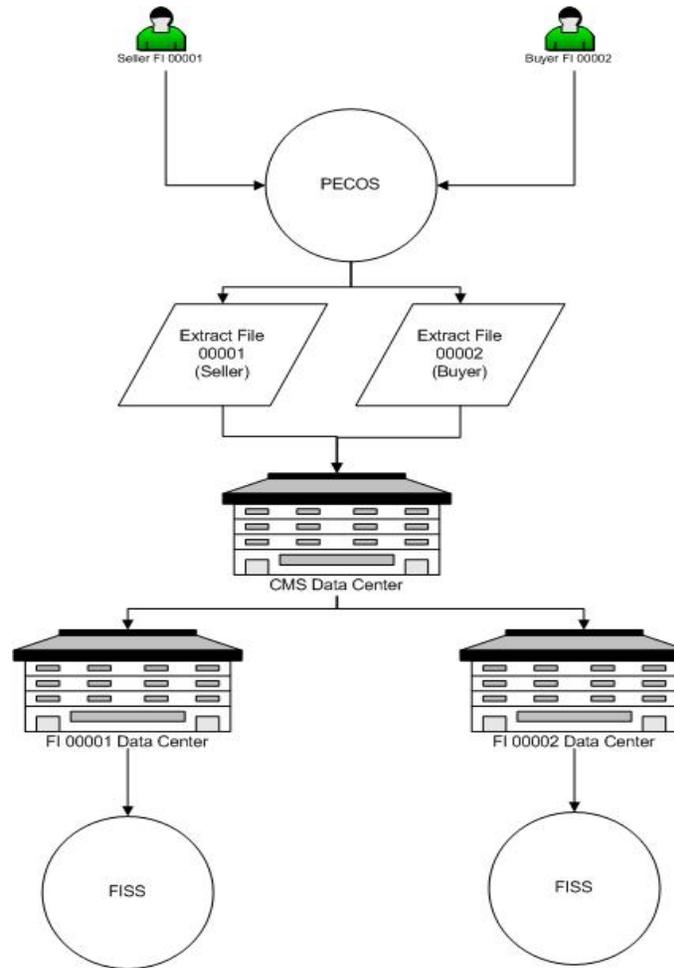
Asterisk (*) denotes that the practice location may not entered into PECOS and therefore will not be included in the extract.

7.4 Special Acquisition/Merger Scenarios

A acquisition/merger may occur between two different FIs in two different jurisdictions or the organization could be linked to a chain, for this reason the seller FI will need to be notified to terminate the OSCAR number. The buyer's information will always be entered into PECOS either through the existing enrollment or a new enrollment.

The diagram below is a visual presentation of the way this type of acquisition/merger will be handled. FI 00001 (the seller) and FI 00002 (the buyer) both go into PECOS. PECOS creates an FISS Extract file for both FIs, which is then moved to the CMS data center. The FIs pick up the corresponding FISS Extract file and submit them into their own FISS applications.

Exhibit 7-26 Acquisition/Merger Occurring Between Two Different FIs



7.5 Change of Ownership (Consolidation) Scenarios

A consolidation occurs when two enrolled Medicare providers consolidate to form a new business entity. In a consolidation, the TINs and the provider number of both consolidating entities dissolve and a new TIN and provider number are assigned to the new, consolidated entity.

Background: There are two companies that want to consolidate into one new company.

Company Information Table:

This table is a legend for the scenarios discussed in this section.

Role	PAC ID	LBN	TIN	Enrollment ID	OSCAR	Practice location	Special Payments
Former Org	777	AAA	123	A	123A	A street, VA	PA street, VA
Former Org	888	BBB	321	B	123B	B street, VA	PB street, VA
New Org	999	CCC	456	C - New	123C	This could be one of the following combinations: 1. A street, VA 2. B street, VA 3. New Practice Location	This could be one of the following combinations: 1. PA street, VA 2. PB street, VA 3. New Special Payments

In this section the following scenarios are discussed:

- Both organizations exist in PECOS.
- Only Organization (TIN 123) exists in PECOS, both former organizations exist at FISS.
- Neither Organization (TIN 123) nor Organization (TIN 321) exists in PECOS, both former organizations exist at FISS.

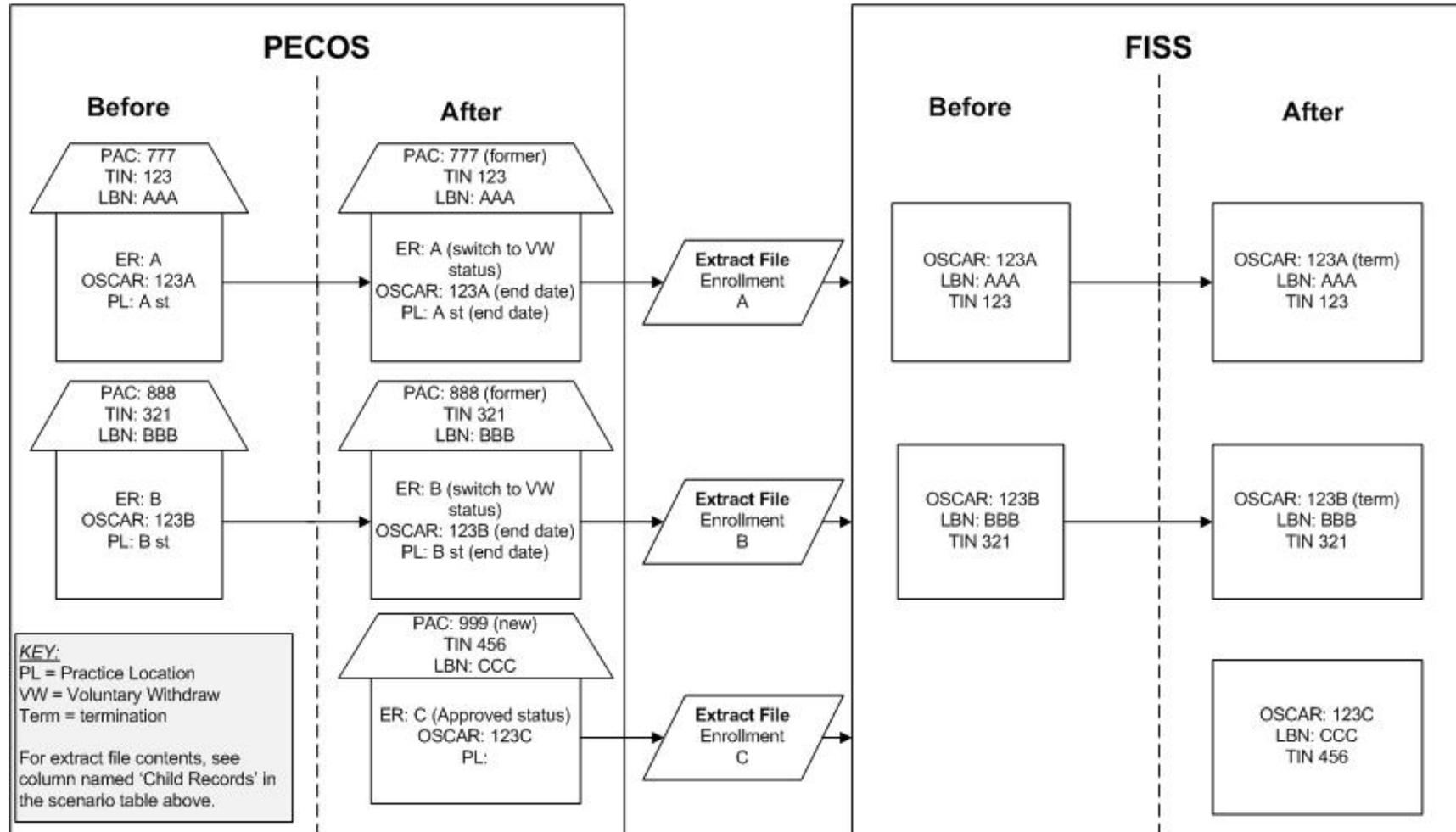
**Note: This subsection only deals with scenarios where both FIs (new and old) belong in the same jurisdiction and therefore use the same FISS datacenter. Please see subsection 7.6 for consolidations that occur where the FIs have different jurisdictions.*

7.5.1 Scenario 1: Consolidation

Both organizations exist in PECOS and in FISS.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-27 Scenario 1: Consolidation



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-28 Scenario 1: Consolidation

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ²³)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Former Org	A	777	AAA	The OSCAR 123A and all practice location(s) are end dated. The enrollment status is switched to VW.	under TIN 123	<p>02-Medicare ID: OSCAR 123A with an end date</p> <p>03-Enrollment Status: A status of VW</p> <p>04-Practice Location: A street, VA with an end date</p> <p>05-Special Payments: PA street, VA with an end date</p> <p>06-L&T Submit: A reason of Consolidation-former organization</p> <p>07-CHOW/Consolidation/Merger: Reference enrollment C and B</p>	Apply termination date to OSCAR 123A.	Apply termination date to OSCAR 123A.	FISS will receive the updated enrollment record from PECOS.

²³ Child Records depend upon the scenario and provider type. The list above is a representative sample.

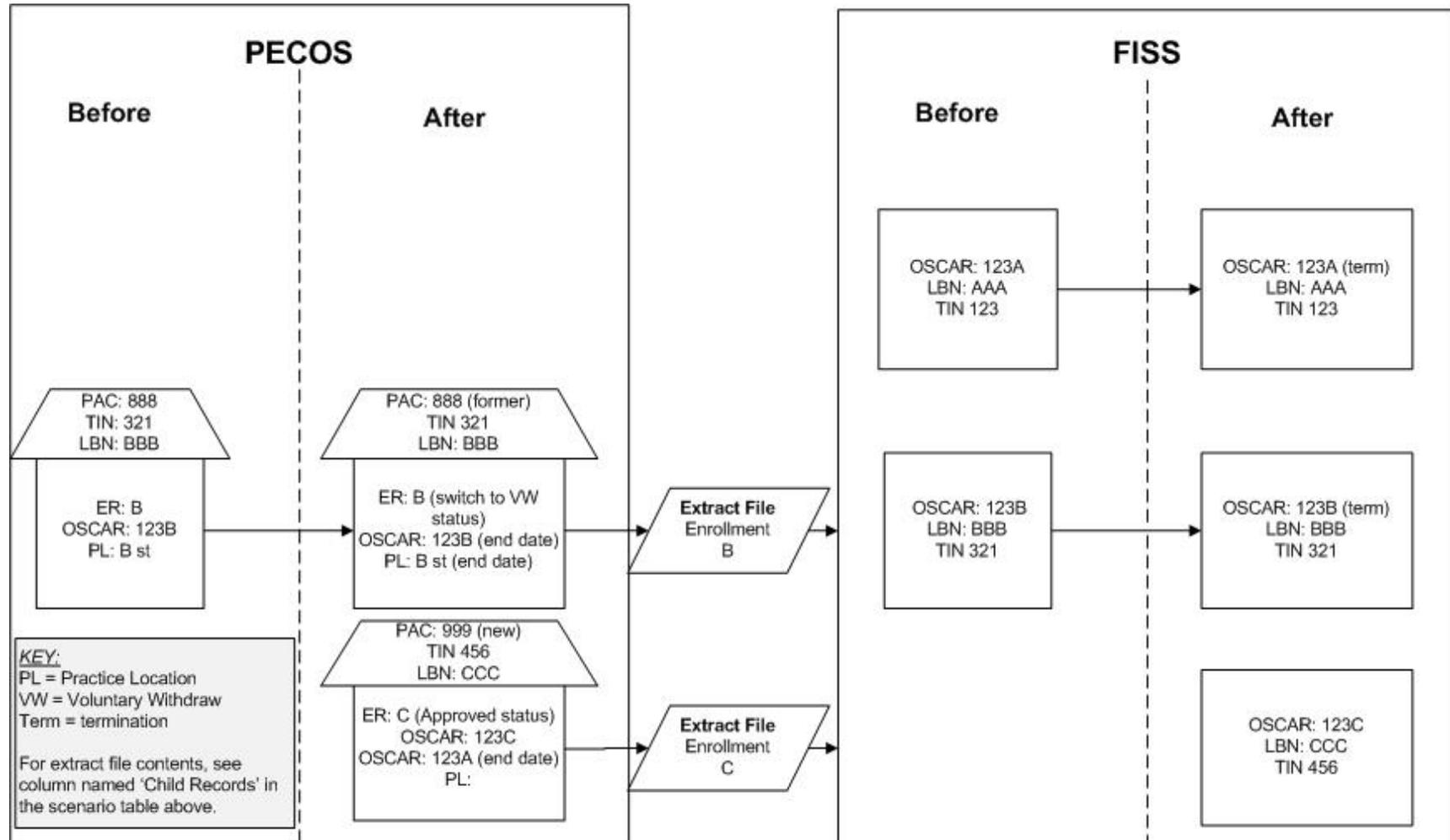
Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ²³)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Former Org	B	888	BBB	The OSCAR 123B and all practice location(s) are end dated. The enrollment status is switched to VW.	under TIN 321	<p>02-Medicare ID: OSCAR 123B with an end date</p> <p>03-Enrollment Status: A status of VW</p> <p>04-Practice Location: B street, VA with an end date</p> <p>05-Special Payments: PB street, VA with an end date</p> <p>06-L&T Submit: A reason of Consolidation-former organization</p> <p>07-CHOW/Consolidation/Merger: Reference enrollment A and C</p>	Apply termination date to OSCAR 123B.	Apply termination date to OSCAR 123B.	FISS will receive the updated enrollment record from PECOS.
New Org	C - New	999	CCC	A new enrollment C is created in PECOS under the TIN 456 for OSCAR 123C.	under TIN 456	<p>02-Medicare ID: OSCAR 123C</p> <p>03-Enrollment Status: A status of Approved</p> <p>04-Practice Location: See Company Information table</p> <p>05-Special Payments: See Company Information table</p> <p>06-L&T Submit: A reason of Consolidation-new organization</p> <p>07-CHOW/Consolidation/Merger: Reference enrollment A and B</p>	A new record is created in the Master Provider file is created with OSCAR 123C for LBN: CCC and TIN: 456.	Create a new record in the Master Provider file based on the information from the FISS Extract file.	FISS will receive the newly created enrollment (C) from PECOS.

7.5.2 Scenario 2: Consolidation

Only one of the former organizations exists in PECOS; both former orgs exist at FISS.

The diagram below is a visual representation of what the PECOS Application looked like before the 855A CMS form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-29 Scenario 2: Consolidation



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-30 Scenario 2: Consolidation

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ²⁴)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Former Org	N/A	N/A	AAA	N/A-This enrollment does not exist in PECOS.	N/A	N/A	Apply termination date to OSCAR 123A.	Apply termination date to OSCAR 123A.	FISS will not receive this enrollment record since it does not exist in PECOS. The new organization's FISS Extract file will also contain the terminated OSCAR 123A of the former organization, so that FISS can apply the termination date.

²⁴ Child Records depend upon the scenario and provider type. The list above is a representative sample.

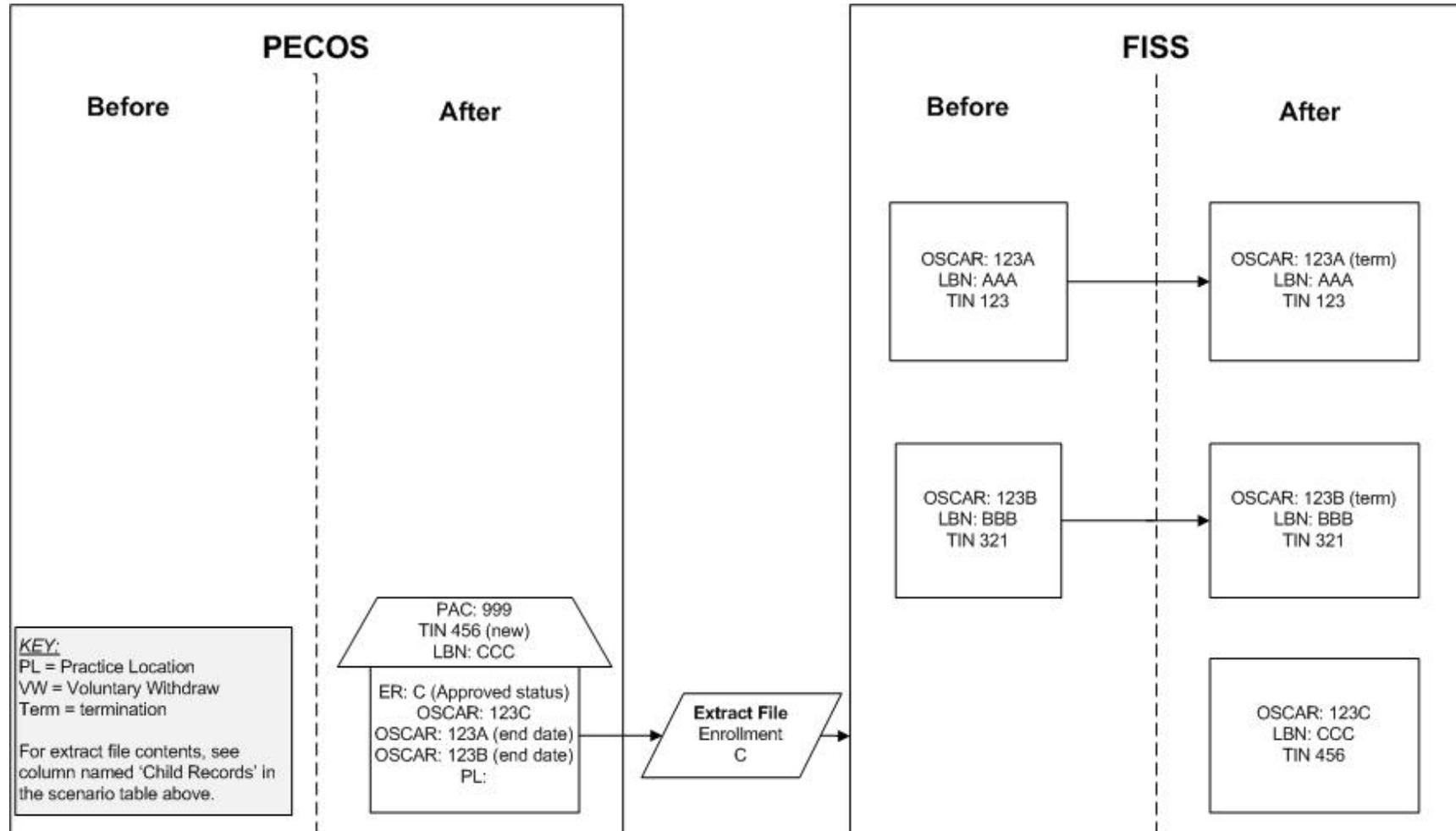
Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ²⁴)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Former Org	B	888	BBB	The OSCAR 123B and all practice location(s) are end dated. The enrollment status is switched to VW.	under TIN 321	<p>02-Medicare ID: OSCAR 123B with an end date</p> <p>03-Enrollment Status: A status of VW</p> <p>04-Practice Location: B street, VA with an end date</p> <p>05-Special Payments: PB street, VA with an end date</p> <p>06-L&T Submit: A reason of Consolidation-former organization</p> <p>07-CHOW/Consolidation/Merger: Reference enrollment C</p>	Apply termination date to OSCAR 123B.	Apply termination date to OSCAR 123B.	FISS will receive the updated enrollment record from PECOS.
New Org	C - New	999	CCC	A new enrollment C is created in PECOS under the TIN 456 for OSCAR 123C.	under TIN 456	<p>02-Medicare ID: OSCAR 123C</p> <p>03-Enrollment Status: A status of Approved</p> <p>04-Practice Location: See Company Information table</p> <p>05-Special Payments: See Company Information table</p> <p>06-L&T Submit: A reason of Consolidation-new organization</p> <p>07-CHOW/Consolidation/Merger: Reference B</p> <p>07-CHOW/Consolidation/Merger: OSCAR 123A with an end date</p>	A new record is created in the Master Provider file with OSCAR 123C for LBN: CCC and TIN: 456.	Create a new record in the Master Provider file based on the information from the FISS Extract file.	<p>FISS will receive the newly created enrollment (C) from PECOS.</p> <p>The new organization's FISS Extract file will also contain the terminated OSCAR 123A of the former organization, so that FISS can apply the termination date.</p>

7.5.3 Scenario 3: Consolidation

Neither organization exists in PECOS, but both former organizations exist at FISS.

The diagram below is a visual representation of what the PECOS Application looked like before the CMS-855A form came in and then what it looked like after the FI performed work in PECOS. In addition, the diagram also represents what the FISS system looked like before the FISS Extract file and then after what it looked like after the information from the FISS Extract file is populated.

Exhibit 7-31 Scenario 3: Consolidation



This table explains the work performed in PECOS, information sent to FISS via the FISS Extract file, and high-level FISS processing done at FISS currently and in the future once the FISS Extract file is sent.

Table 7-32 Scenario 3: Consolidation

Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ²⁵)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
Former Org	N/A	N/A	AAA	N/A-This enrollment does not exist in PECOS.	N/A	N/A	Apply termination date to OSCAR 123A.	Apply termination date to OSCAR 123A.	FISS will not receive this enrollment record since it does not exist in PECOS. The new organization's FISS Extract file will also contain the terminated OSCAR 123A of the former organization, so that FISS can apply the termination date.
Former Org	N/A	N/A	BBB	N/A-This enrollment does not exist in PECOS.	N/A	N/A	Apply termination date to OSCAR 123B.	Apply termination date to OSCAR 123A.	FISS will not receive this enrollment record since it does not exist in PECOS. The new organization's FISS Extract file will also contain the terminated OSCAR 123B of the former organization, so that FISS can apply the termination date.

²⁵ Child Records depend upon the scenario and provider type. The list above is a representative sample.

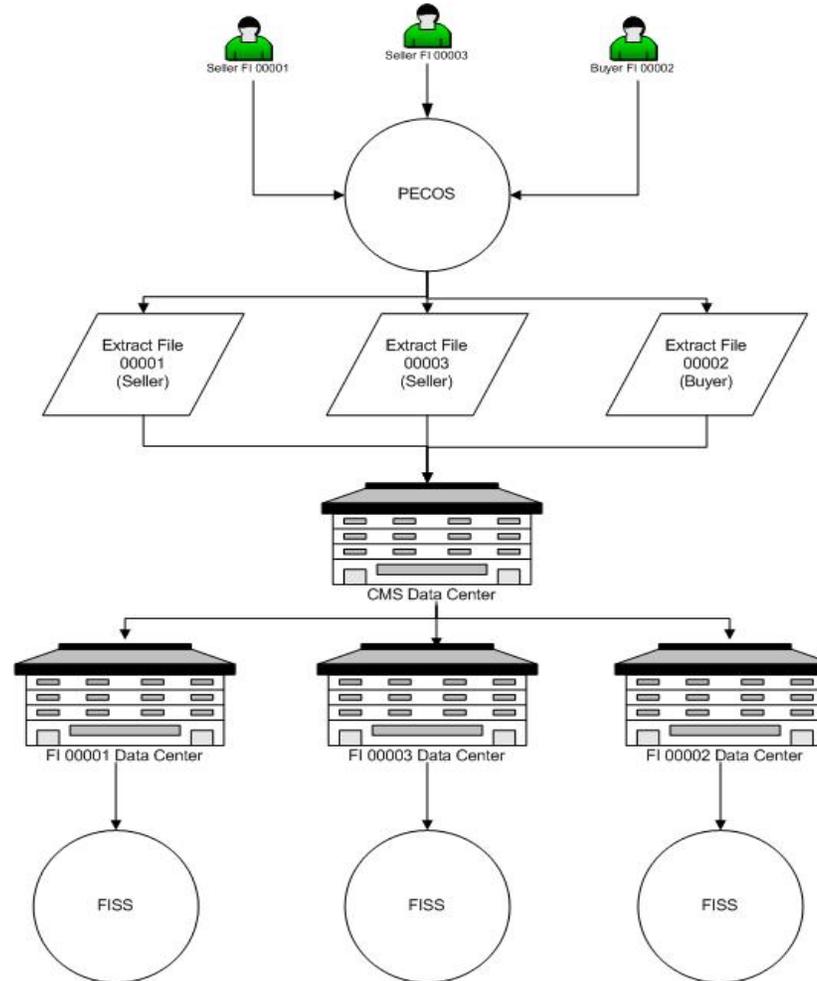
Role	ER ID	PAC	LBN	Work Performed in PECOS	Base Record	Child Records (Representative ²⁵)	Currently, how the FIs process in FISS	Upon receipt of the FISS Extract file FISS will	Notes/Questions
New Org	C - New	999	CCC	A new enrollment C is created in PECOS under the TIN 456 for OSCAR 123C.	under TIN 456	<p>02-Medicare ID: OSCAR 123C</p> <p>03-Enrollment Status: A status of Approved</p> <p>04-Practice Location: See Company Information table</p> <p>05-Special Payments: See Company Information table</p> <p>06-L&T Submit: A reason of Initial Enrollment</p> <p>07-CHOW/Consolidation/Merger: OSCAR 123A with an end date</p> <p>07-CHOW/Consolidation/Merger: OSCAR 123B with an end date</p>	A new record is created in the Master Provider file with OSCAR 123C for LBN: CCC and TIN: 456.	Create a new record in the Master Provider file based on the information from the FISS Extract file.	<p>FISS will receive the newly created enrollment (C) from PECOS.</p> <p>The new organization's FISS Extract file will also contain the both terminated OSCAR 123A and 123B of the former organizations, so that FISS can apply the termination date.</p>

7.6 Special Consolidation Scenarios

A consolidation may occur between two different FIs in two different jurisdictions or the organization could be linked to a chain, for this reason the seller FIs will need to be notified to terminate the OSCAR number. The buyer's information will always be entered into PECOS either through the existing enrollment or a new enrollment.

The diagram below is a visual presentation of the way this type of consolidation will be handled. The seller FIs are 00001 and 00003. The buyer's FI is 00002 all must go into PECOS. PECOS creates an FISS Extract file for all FIs which are then moved to the CMS data center. The FIs pick up the corresponding FISS Extract file and submit them into their own FISS applications.

Exhibit 7-33 Consolidation Occurring Between Three Different FIs



8 Special Provider Cases

This chapter provides details on special provider cases that may occur on the Medicare Part A side. In addition, this chapter associates the outcomes in PECOS and FISS. Each outlined scenario presents a snapshot of how the provider enrollment and claim information exists before and after updates are committed by an FI. The updates made in PECOS are reflected in FISS after the FI triggers the enrollment record to be written to the FISS Extract file. See Chapter 6 for more information on extract inclusion triggers and conditional child records.

The following high level scenarios are discussed in this chapter:

- Change in Preferred FI – An enrolled Medicare provider requests a change in FI.
- RHHI – For specific provider types, an audit FI is required to certify all provider data exported from PECOS before it can be submitted to the Part A claims system (FISS) where payments are managed by the RHHI FI.
- Emergency Claims Payment – A non-Medicare provider requests reimbursement for services rendered to a Medicare beneficiary.

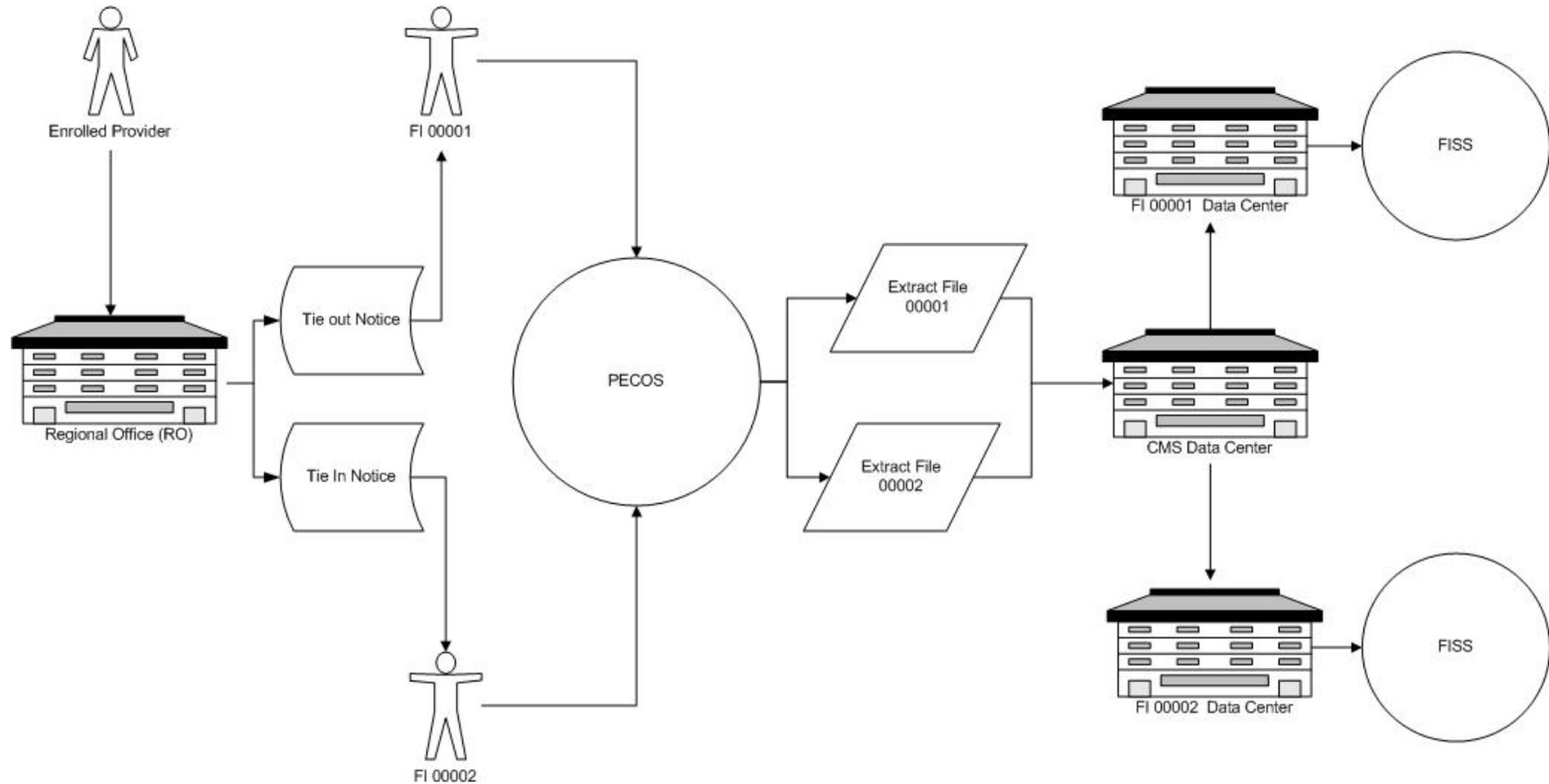
Note: Not all provider enrollment records specific to each scenario or provider type are discussed in this chapter.

8.1 Change in Preferred FI

Enrolled providers have the ability to request a change in the preferred FI. Upon approval of the request by the CMS Regional Office, ownership of the PECOS enrollment record and responsibility for future enrollment changes and claims payments are transferred from the original FI to the newly selected FI. The diagram details the events that will occur when a provider requests a change in FI when the provider is already in the PECOS application.

The following exhibit presents an example case where the Region Office (RO) sends a Tie-Out Notice to the current FI (00001) and a Tie-In Notice to the new FI (00002). Each FI performs the necessary processing steps in PECOS and a FISS Extract file is generated for each FI.

Exhibit 8-1 Extract Route for a Change in Preferred FI



8.2 RHHI

A provider-based RHHI provider type has a Medicare relationship with two FIs, an RHHI FI and an audit FI. The RHHI is responsible for processing claims payments while the audit FI is responsible for entering/managing provider data in PECOS. For a provider-based RHHI provider type, the RHHI and audit FI are the same FI. RHHI provider types include:

- Home Health Agency (HHA)
- HHA (Subunit)
- Hospice

The RHHI usually depends on the regional area; however, there are exceptions. There are currently five RHHIs within the continental US, they are as follows:

- Blue Cross Blue Shield of South Carolina (Palmetto)
 - Contractor ID: 00380
- Blue Cross Blue Shield of Alabama (Cahaba)
 - Contractor ID: 00011
- Anthem Health Plan of Maine
 - Contractor ID: 00180
- United Government Services (UGS)
 - Contractor ID:00452
 - Contractor ID: 00454

The following table presents each RHHI and the covered states.

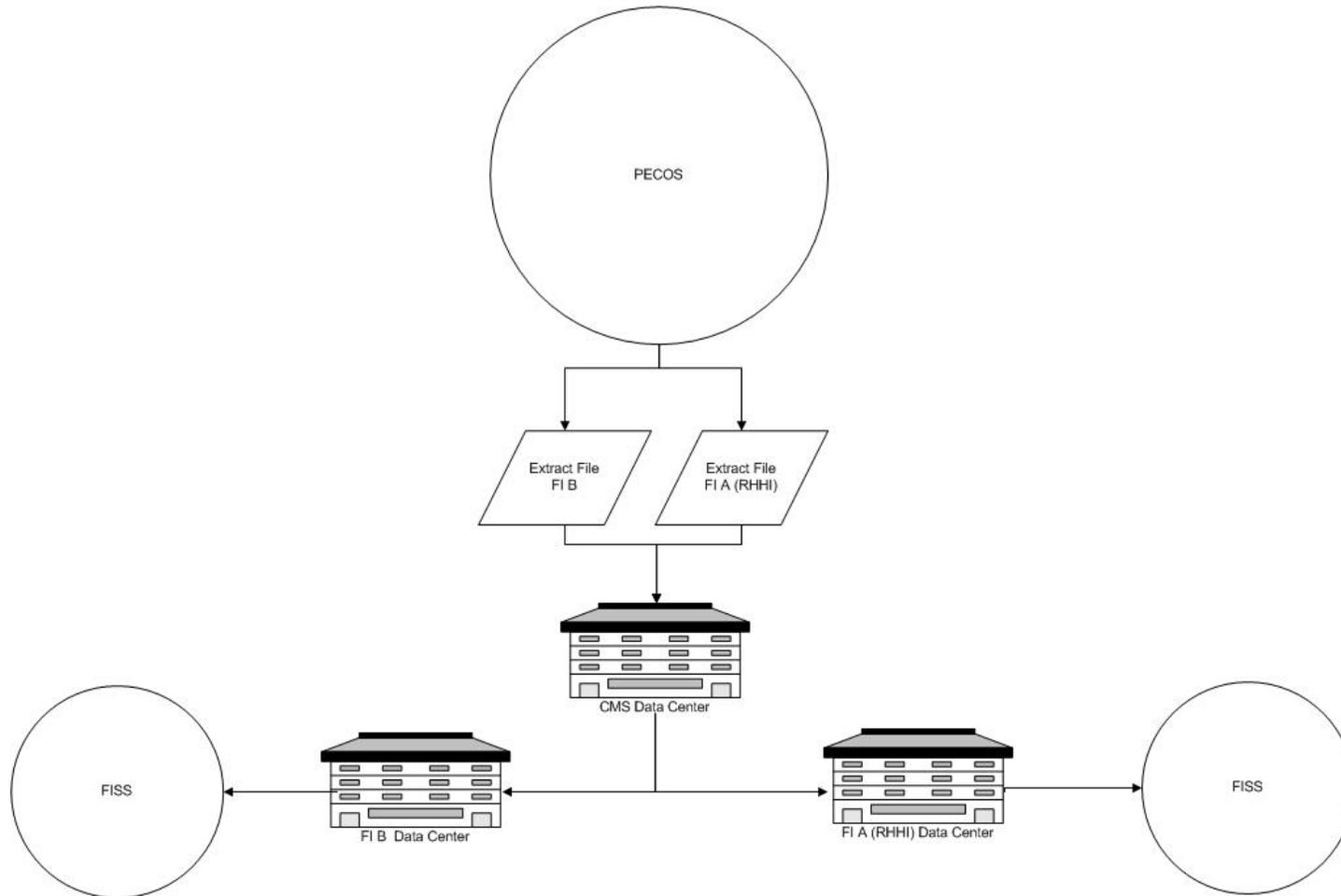
Table 8-1 Current List of RHHIs

RHHIs:	Blue Cross Blue Shield of South Carolina (Palmetto) Contractor ID: 00380	Blue Cross Blue Shield of Alabama (Cahaba) Contractor ID: 00011	Anthem Health Plan of Maine Contractor ID: 00180	United Government Services (UGS) Contractor ID: 00452
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RHHIs:	Blue Cross Blue Shield of South Carolina (Palmetto) Contractor ID: 00380	Blue Cross Blue Shield of Alabama (Cahaba) Contractor ID: 00011	Anthem Health Plan of Maine Contractor ID: 00180	United Government Services (UGS) Contractor ID: 00452
States covered:	Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Michigan, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Texas	Colorado, Delaware, District of Columbia, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, North Dakota, Pennsylvania, South Dakota, Utah, Virginia, West Virginia, Wyoming	Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Connecticut	Alaska, American Samoa, Arizona, California, Connecticut, Guam, Hawaii, Idaho, Michigan, Minnesota, Nevada, New Jersey, New York, Northern Marianna Islands, Oregon, Puerto Rico, US Virgin Islands, Washington, Wisconsin

The diagram below depicts the route of an FISS Extract file for an enrollment record that is required to go to an RHHI. The audit FI (FI B) enters the provider enrollment information in PECOS. Through the enrollment record, the RHHI FI is identified. Once the audit FI sets the enrollment record to a final status, it is exported that night to the CMS data center. The RHHI and the audit FI will then pick up the FISS Extract file(s) from the CMS data center. The information is then imported into FISS by the claims paying FI (RHHI). The audit FI is responsible for any updates to the provider enrollment data. The audit FI will also import the FISS Extract file information into their FISS application for reporting purposes, but will not process the claim.

Exhibit 8-2 Extract Route for Provider Types that go to an RHHI



8.3 Emergency Claims Payments

An emergency claim is submitted when a healthcare provider that is not currently enrolled in the Medicare Part A program, rendered Medicare services. For this type of submission, the FI will follow the current enrollment process in PECOS. The PECOS enrollment record information is then exported to FISS once it reaches an Approved status.