

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1962	Date: November 3, 2017
	Change Request 10294

SUBJECT: Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports - Phase 1

I. SUMMARY OF CHANGES: The FISS maintainer shall remove obsolete core reports that were confirmed under Change Request 10252.

EFFECTIVE DATE: April 1, 2018

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

IMPLEMENTATION DATE: April 2, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services' (CMS) goal is to identify and remove any shared system produced obsolete core reports (i.e., reports that no longer meet the needs of the business owner). The removal of obsolete reports: 1) reduces system complexity and makes future maintenance easier and more efficient, 2) reduces processing and storage costs at the Virtual Data Centers, and 3) reduces processing and storage costs and the Medicare Administrative Contractors (MACs) by discontinuing the need to warehouse these reports at their local data centers.

B. Policy: There is no policy change associated with this Change Request (CR). This CR is subsequent to CR10252.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10294.1	The contractor shall archive the identified obsolete Core reports in the attachment from the FISS system.					X					
10294.2	If the estimate/level of effort exceeds 1,000 hours, the contractor shall propose a strategy to implement the requirements over two or more quarterly releases.					X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information: N/A
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Kathy Campion, 410-786-4706 or kathy.campion@cms.hhs.gov , Richard Kociszewski, 443-870-3351 or richard.kociszewski@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

PHASE I

Business Functional Area	Report Number	SSM Short Title	Job Name	Concur (Yes) or Non Concur (No)	Comments Required for Non-Concur
Core	839	MSP Accounts Receivable Contractor Recommendation For Reclassification As CNC	FSSB9419		
Core	839-B	MSP Recommended For Termination Of Collection Activity	FSSB9419		
Core	FSSBMEDRR01	MEDP Reason Code Status on Reason Code File	FSSBMEDR		
Core	5610A	COB Claims Not Crossed Over because the Sequence Number Exceeded 99.	FSSJ0054		
Core	5628	COB Final Crossover Control Totals for EMC Version 6.0	FSSJ0054		
Core	5631A	COB Gap Filling	FSSJ0054		
Core	FSSB5631	COB Final Crossover Control Total for EMC Version 401	FSSJ0054		
Core	FSSB5632	COB Final Crossover Control Totals COBA Final Crossover Control Totals	FSSJ0054		
Core	FSSB5632A	COB Gap Filling	FSSJ0054		
Core	FSSB5632C	Count of the Different Record Types and DUPS Dropped	FSSJ0054		
Core	534	COB Changes To ANSI Standard Codes	FSSJ0054 FSSJ054E		
Core	005	EMC Records received by Provider version 5010	FSSJ0075		
Core	1954-1955	NOTICE OF MEDICARE CLAIM DETERMINATION (HCFA)	FSSJ0075 FSSJ0080 FSSJ0085 FSSJ0095		
Core	321	MSP MANUAL/AVOIDANCE (PAGE 1) AND MSP SAVINGS STATISTICS (PAGE 2)	FSSJ0075 FSSJ0080 FSSJ0085 FSSJ0095		
Core	343	MSP FIRST CLAIM DEVELOPMENT COST AVOIDANCE	FSSJ0075 FSSJ0080 FSSJ0085 FSSJ0095		
Core	039	EMC RECORDS RECEIVED BY PROVIDER VERSION 6.0	FSSJ0101		
Core	039-A	EMC RECORDS RECEIVED BY PROVIDER REPORT VERSION 4010	FSSJ0101		
Core	039-B	EMC RECORDS RECEIVED BY PROVIDER REPORT VERSION 4010A1	FSSJ0101		
Core	6403	No EDI Enrollment Form or Invalid EMC Version	FSSJ0101		
Core	6403-2	Version 4010A1/5010 Required	FSSJ0101		
Core	6407	No EDI Enrollment Form	FSSJ0101		
Core	6498	Invalid/Missing Receipt Date	FSSJ0101		
Core	FSSB6430-C	EMC Error	FSSJ0101		
Core	FSSB6440-A	Processing Totals Version 4010A1	FSSJ0101		
Core	FSSB6440-B	Count Of The Different Record Types Version 4010A1	FSSJ0101		
Core	FSSB6440-C	EMC Error Report Version 4010A1	FSSJ0101		
Core	040	EMC RECORD COUNT VARIANCE	FSSJ0101 FSSJ0104 FSSJ0106		
Core	6405	Implementation Guide Error	FSSJ0102		
Core	6494	Invalid/Missing Receipt Date Corrected	FSSJ0103		
Core	6496	Corrected Receipt Dates	FSSJ0108		
Core	041	EMC OUT-OF-SEQUENCE ERROR	FSSJ0141		
Core	956	PRO Adjustment Tape Transmittal Letter	FSSJ0142		
Core	958	PRO Adjustment Request Accept / Reject	FSSJ0142		
Core	960	Revisions to Monthly PRO Adjustment Bill	FSSJ0142		
Core	974	Revisions to Monthly PRO Adjustment Bill	FSSJ0143		
Core	315	PRO ADJUSTMENT BILL	FSSJ0143		
Core	628	Truncation-Claims with Reimbursement over \$9.9 Million	FSSJ0150		
Core	FSSB0277	Provider Responses Not Assigned Either Intermediary	FSSJ0277		
Core	5613-A	837 4010-A1 Flat File Out Of Balance Report	FSSJ054C		

Core	FSSW0802	Batch Header Record - Batch Numbers with Overactivated DCNs	FSSJ0802		
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