

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2288</b>	<b>Date: May 3, 2019</b>
	<b>Change Request 10534</b>

**SUBJECT: User CR: FISS - Develop Enhanced Claims Search Reporting in FISS - Phase 2**

**I. SUMMARY OF CHANGES:** This Change Request (CR) is phase two of a three phase implementation project to improve claim search capability in FISS. This User CR is a follow up to CR 10364, which was an analysis to develop the business requirements for each of these phases.

**EFFECTIVE DATE: October 1, 2019 - Requirements, Test Plan and Coding; January 1, 2020 - Alpha Testing, Implementation, and Documentation**

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

**IMPLEMENTATION DATE: October 7, 2019 - Requirements, Test Plan and Coding; January 6, 2020 - Alpha Testing, Implementation, and Documentation**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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 Fiscal Intermediary Shared System (FISS) will make system modifications to provide enhanced search capabilities for the Medicare Administrative Contractors (MACs). This will give MACs the ability to more quickly identify and obtain a count of claims meeting detailed search criteria.

**B. Policy:** N/A

**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			
10534.1	FISS shall modify the Claims Summary screen to improve claim filtering functionality by adding new search fields, and enhancing search capabilities of some of the currently existing fields.					X						
10534.1.1	FISS shall modify the Claims Summary screen to allow users to specify whether claims display in either ascending or descending order by DCN.					X						
10534.1.2	FISS shall add the following new selection fields to the Claims Summary screen: <ul style="list-style-type: none"> <li>• Receipt Date From/Thru</li> <li>• Processed/Last Transaction Date From/Thru</li> <li>• Include/Exclude Adjustments/Cancel</li> </ul>					X						
10534.1.3	FISS shall predefine standard searches that MAC users can execute to identify specific claims with combinations of filter data. Standard searches will include combinations of different filter fields. Existing					X						

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers				Other
		A	B		H H H	M A C	F I S S	M C S	
	searches that work using a single field or combinations of fields will not be impacted.								

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	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:

**Section B: All other recommendations and supporting information: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** Stacey Shagena, 410-786-8208 or Stacey.Shagena@cms.hhs.gov

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

### VI. FUNDING

#### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**