

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2351	Date: August 16, 2019
	Change Request 10759

SUBJECT: User Change Request: Fiscal Intermediary Standard System (FISS) - Wage Index for End Stage Renal Disease (ESRD) Providers Incorrect on MAP1C15

I. SUMMARY OF CHANGES: When CMS implemented End Stage Renal Disease (ESRD), Home Health (HH) and Hospice Prospective Payment Systems (PPS), provider reimbursement was calculated using a blended rate during the transition to full PPS payment. The blended rate did not solely use the wage index and therefore did not accurately represent how payment was calculated. Because the wage index information was not valid during the transition period, FISS did not make modifications to the Outpatient Provider Specific file (OPSF) to display the correct wage index information for these PPS providers when the payment systems implemented. The purpose of this change request (CR) is to ensure ESRD providers display the wage index specific for ESRD PPS in FISS. Hospice and Home Health claims are priced using the wage index associated with the site where services are rendered which is billed in claim value codes. There is not a single wage index for Hospice or Home Health PPS providers. This CR will modify the displayed information in the FISS OPSF to only display wage index information that is valid for claims pricing so that MAC provider customer service representatives will have the correct information when reviewing the pricing of these claims.

EFFECTIVE DATE: January 1, 2020

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

IMPLEMENTATION DATE: January 6, 2020

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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SUBJECT: User Change Request: Fiscal Intermediary Standard System (FISS) - Wage Index for End Stage Renal Disease (ESRD) Providers Incorrect on MAP1C15

EFFECTIVE DATE: January 1, 2020

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IMPLEMENTATION DATE: January 6, 2020

I. GENERAL INFORMATION

A. Background: In the Fiscal Intermediary Shared System (FISS), the Outpatient Provider Specific file (OPSF) displays the information that is used to apply provider specific adjustments to Prospective Payment Systems (PPS) reimbursements. This file is referenced by MACs when responding to provider customer service requests to validate payments and to ensure the values applied to calculate provider reimbursement are appropriate. When CMS implemented End Stage Renal Disease (ESRD), Home Health (HH) and Hospice PPS, provider reimbursement was calculated using a blended rate during the transition to full PPS payment. The blended rate did not solely use the wage index and therefore did not accurately represent how payment was calculated. Because the wage index information was not valid during the transition period FISS did not make modifications to the OPSF file to display the correct wage index information for these PPS providers when the payment systems implemented. The FISS system will be updated to ensure ESRD providers display the wage index specific for ESRD PPS in FISS. Home Health and Hospice claims are priced using the wage index associated with the site where services are rendered which is billed in the claim value codes. There is not a single wage index for Hospice PPS providers. While claims are paid correctly, the OPSF displays invalid information for ESRD, Hospice and HH providers in FISS which creates confusion when the file is referenced by the MACs to validate the claim's pricing or to respond to provider customer service calls. This CR will ensure the correct information is displayed on FISS screens for these claims.

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 M V C	M I C S	V M S	C W F		
10759.1	FISS shall modify the Outpatient Provider Specific File to only display valid Core Based Statistical Area (CBSA) and wage index information for ESRD, Home Health and Hospice PPS providers. MAP1C12 and MAP1C15 should only display CBSA and wage index information when it is used to price the provider's PPS claims. ESRD PPS providers should display the wage index and CBSA from the ESRD PPS and not the					X					

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared-System Maintainers				Other
		A	B	H H H		F M V C	I C M W	S S S F		
	Outpatient PPS values.									
10759.1.1	If the provider number is XX2300-XX2999, XX3300-XX3399 or XX3500-XX3799 display the ESRD PPS CBSA and wage index on MAP1C12 and MAP1C15.					X				
10759.1.2	If the provider number is XX1500-XX1799, XX3100-XX3199, XX7000-XX8499 or XX9000-XX9799 suppress MAP1C15 to prevent displaying CBSA and wage index information associated with the provider location.					X				
10759.1.3	FISS shall modify any edits that validate or require entry of a CBSA and wage index on MAP1C12. When a new Outpatient Provider Specific file is created or an existing record is updated for provider numbers XX1500-XX1799, XX3100-XX3199, XX7000-XX8499, XX9000-XX9799 do not require or validate data entered into the CBSA and wage index fields. It is not necessary to update existing OPSF records to remove the wage index and CBSA.					X				
10759.1.4	FISS shall modify any batch processes that create new records or update the OPSF file to bypass moving a value to the wage index and CBSA for provider numbers XX1500-XX1799, XX3100-XX3199, XX7000-XX8499, XX9000-XX9799.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E	C	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Rita Hazlip, 410-786-8208 or rita.hazlip@cms.hhs.gov , 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):

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: 0