

<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 2368</b>	<b>Date: October 4, 2019</b>
	<b>Change Request 11427</b>

**SUBJECT: Reconciliation Effort Between Shared Systems and Provider Enrollment Chain and Ownership System (PECOS)**

**I. SUMMARY OF CHANGES:** The Centers for Medicare & Medicaid Services (CMS) is creating a process that identifies any discrepancies between the shared systems and PECOS that allows for reconciliation of the provider eligibility data. The MACs shall review the data and provide the appropriate corrections in PECOS.

**EFFECTIVE DATE: November 5, 2019**

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

**IMPLEMENTATION DATE: November 5, 2019**

*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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**SUBJECT: Reconciliation Effort Between Shared Systems and Provider Enrollment Chain and Ownership System (PECOS)**

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## I. GENERAL INFORMATION

**A. Background:** The Risk Management and Financial Oversight Committee indicated that there are no policies, procedures, or instructions in place for monitoring and reconciling changes in provider records and enrollment status. There is no current requirement for the reconciliation of provider records and enrollment status between the Provider Enrollment Chain and Ownership System (PECOS) and the Shared System Maintainer (SSM). Therefore, in order to remediate the findings, and for both the PECOS and the claims systems to contain accurate and equivalent provider eligibility data, the Centers for Medicare & Medicaid Services (CMS) is creating a process that identifies any discrepancies between the systems and allows for reconciliation of the provider eligibility data. The Medicare Administrative Contractors (MACs) shall review and make any appropriate changes in PECOS.

**B. Policy:** This change request does not involve any legislative or regulatory policies and is restricted to clarifications in operational procedures.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
11427.1	The MACs shall review the SSM data (Fiscal Intermediary Shared System (FISS) and Multi-Carrier System (MCS)) that has been compared to PECOS dataset that has been classified into three (3) different subsets:  1. Number of active Provider Transaction Access Numbers (PTANs) in PECOS but not in FISS/MCS	X	X	X							

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	<p>2. Number of active PTANs in FISS/MCS but not in PECOS</p> <p>3. Number of active PTANs in FISS/MCS but end-dated in PECOS</p> <ul style="list-style-type: none"> <li>•</li> </ul>										
11427.2	<p>The MAC shall perform the following steps when a PTAN is active in SSM but is not found (deleted or provider not found in PECOS):</p> <ol style="list-style-type: none"> <li>Check billing and if PTAN is billing then send a revalidation request. <ul style="list-style-type: none"> <li>If revalidation is not received within 90 days, end date the PTAN in SSM or send the list to Center for Program Integrity (CPI).</li> <li>If revalidation received MAC shall create the provider record in PECOS</li> </ul> </li> <li>If PTAN is not billing then end date the PTAN in SSM or send the list to CPI.</li> </ol>	X	X	X							
11427.3	The MAC shall send the PTAN and enrollment information to CGI via CRT to be added in PECOS when the PTAN is active in SSM but the enrollment or the reassigning group is deactivated.		X								
11427.4	The MAC shall identify the PTAN is active in PECOS but does not exist in SSM (Category 2) and retrigger the record to SSM after researching.	X	X	X							
11427.5	The MAC shall identify and note in the spreadsheet the historical PTAN in PECOS when the PTAN exists in PECOS but not SSM (Category 2 & 4).	X	X	X							
11427.6	The MAC shall identify a dummy or a PTAN created in PECOS with an intent to not be in SSM ( Critical Access Hospital (CAH2), Independent Diagnostic Testing Facility (IDTF) supervisor etc) and note in the	X	X	X							

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	spreadsheet.									
11427.7	The Center for Program Integrity shall provide the original and biannual refresh list in Ensemble in May and November and an email will be sent via the BFLs.								CMS	
11427.8	The MAC shall provide biannual reporting in Ensemble by the 15th of the month starting in April 2020 and the next one on October 2020, April 2021, October 2021 and every April and October thereafter.	X	X	X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	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):** Kusum Jha, 4107866738 or Kusum.Jha2@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**