CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1001	Date: November 18, 2011
	Change Request 7589

SUBJECT: Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems

I. SUMMARY OF CHANGES: This CR requires ongoing research hours and bi-weekly conference calls with the maintainers, MACs, and EDCs as well as other requirements from the MACs and maintainers. These requirements are necessary to the successful completion of the project.

EFFECTIVE DATE: April 1, 2012
IMPLEMENTATION DATE: April 2, 2012

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 Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 1001	Date: November 18, 2011	Change Request: 7589

SUBJECT: Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems

Effective Date: April 1, 2012

Implementation Date: April 2, 2012

I.   **GENERAL INFORMATION**

A.   Background: The IDR Shared Systems (IDRSS) will receive feeds from the three shared systems – the FISS, MCS and VMS. Specifically, the Enterprise Data Centers (EDCs) will send files for each shared system that are based on the copybooks the shared systems maintainers currently provide to the IDR Shared Systems Team. Once files are received, the Centers for Medicare & Medicaid Services (CMS) requires the IDRSS to perform a file consistency validation on each file sent by the shared systems prior to accepting the file and to retain the files at the Baltimore Data Center (BDC). In addition to the daily feeds, the IDR will also receive history extracts containing historical data starting with October 2005.

This CR requires ongoing research hours and bi-weekly conference calls with the maintainers, Medicare Administrative Contractors (MACs), and EDCs. These conference calls are necessary to the coordination and successful completion of the project. We recommend 10 hours for each MAC, EDC, and Shared Systems Maintainer (SSM).

Additionally, this CR requires FISS, MCS, and VMS to include the remittance advice number and for FISS to include the claim line number on all IDR extracts. Business users identified these data elements as necessary during harmonization. This CR also requires FISS and VMS to send Phase III claims to IDR with updated check numbers and check dates whenever the check number changes. Finally, the CR calls for the SSMs to submit certain SSM-controlled and MAC-controlled codesets on a monthly basis, and to standardize their copybook information.

FISS and VMS work for BRs 7589.2 through 7589.6.2 shall be implemented in the July 2012 release.

B.   Policy: The Medicare Program Integrity Group has determined that it will use the Shared Systems claims data for fraud, waste and abuse detection.

II.   **BUSINESS REQUIREMENTS TABLE**

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
		Responsibility (place an "X" in each applicable column)					Shared-System Maintainers				
7589.1	All parties shall continue ongoing research and participation in scheduled conference calls.	X	X	X	X	X	X	X	X		CMS EDC
7589.1.1	The conference calls shall be one hour in length.	X	X	X	X	X	X	X	X		CMS EDC
7589.1.2	The conference calls shall occur at least every other week.	X	X	X	X	X	X	X	X		CMS EDC
7589.1.3	The conference calls shall continue at least until the shared IDR systems modules for the shared systems are implemented at the EDC.	X	X	X	X	X	X	X	X		CMS EDC
7589.2	The Shared Systems Maintainer(s) shall include the remittance advice number on daily extracts.										
7589.3	The Shared Systems Maintainer(s) shall include the claim line number on daily extracts.										
7589.4	The Shared Systems Maintainer(s) shall send Phase III claims to the IDR with updated check numbers and check dates whenever the check number on a claim is changed.										
7589.5	The Shared Systems Maintainers shall create base jobs to generate the extract reference files for each code set, including Shared System-controlled and MAC-controlled codesets, on a monthly basis as follows:							X			EDC
7589.5.1	For each codeset, the Shared System Maintainers shall generate reference extract files containing MAC Number, Code, Code Description, Effective Date, Obsolete Date, and any other information related to the code.							X			EDC
7589.5.2	The Shared System Maintainers shall submit the above information for the following codesets: • Claim Type A - Edit Disposition Code • Claim Type A - Nonpayment Reason Code • Claim Type A - Payment Denial Code • Claim Type B - Audit Codes • Claim Type B - EOMB (non-payment reason codes) • Claim Type B - Place of Service Code • Claim Type B - Type of Service Code							X			EDC
7589.5.3	The Shared System Maintainers shall submit the above requested information via the EFT process as output from the month-end processing cycles.							X			EDC

7589.6	The Shared System Maintainers shall submit quarterly release changes to the IDRSS record layouts in a standardized format. The required format is found in the attached Excel spreadsheet. The spreadsheet will have 6 tabs. Tab 1 is an Introduction & Description of the release changes. Tab 2 is the Claim Header record layout. Tab 3 is the Claim Line record layout. Tab 4 is the File Header layout. Tab 5 is the File Trailer layout. Tab 6 lists all the Quarterly Changes done to the copybook for the latest release.							X			
7589.6.1	The Shared System Maintainers shall submit the release changes via email to the IDR mailbox: CMS - IDR_Sources@cms.hhs.gov							X			
7589.6.2	The Shared System Maintainers shall send updated copybook spreadsheets as soon as possible after adding any changes.							X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	D ME MAC	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	None.

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s):
Anthony Hodge at 410-786-6645 or Anthony.Hodge3@cms.hhs.gov

John Stewart at 410-786-1189 or John.Stewart@cms.hhs.gov
Patte Appling at 410-786-1814 or Patricia.Appling@cms.hhs.gov

Post-Implementation Contact(s):
Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* **and/or** *Carriers***:**

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Section B: *For Medicare Administrative Contractors (MACs)***:**

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EXAMPLE FROM FISS:

The (FISS/MCS/VMS name here) copy book contains the description of (FISS/MCS/VMS file or claims record names here) and (FISS/MCS/VMS file or claims record names here) record layouts, which are defined in separate sheets within this document:

Claim Header Name - This record contains the claim level information. The trailer sequence number is 00

Claim Detail Name - This record contains the detail line information that can have a trailer sequence number of 00; for the detail information on the base claim header record and 01 thru 17 for the detail line items on the detail records on FSSCIDRR.

File Header Name - File Header Record.
File Trailer Name - File Trailer Record.

The Quarterly Changes tab will list the changes made during the quarter.

All three files are created in the same record format. Files will be created into 6 workloads and one exception file.

START	END	Field Name	Type	LENGTH	Description

START	END	Field Name	Type	LENGTH	Description

START	END	Field Name	Type	LENGTH	PHASE

Description

START	END	Field Name	Type	LENGTH	PHASE

Description

Record Type	START	END	Field Name	Type	LENGTH
Values for Record Type					
CH - Claim Header					
CL - Claim Line					
FH - File Header					
FT - File Trailer					
FISS Example Follows					
	1126	1138	FSSCIDRR-LOW-VOLUME	9(9).99-	13

PHASE	Description	Comment on the change
2	This field will not be populated until the January 2012 release. It is a field returned by the ESRD pricer. The ESRD PPS implemented on January 1, 2011 provides for payment adjustments to low volume facilities. The low volume adjustment is included in the per treatment PPS reimbursement amount that is sent from the PRICER program to the Fiscal Intermediary Shared System (FISS). This instruction allows for receiving the per treatment low volume adjustment payment after any applicable transitional blend is applied in a separate field. The per treatment low volume adjustment amount will be totaled for the claim and sent to the Common Working File (CWF) for future data analysis needs.	Added for CR7388