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|---|---|
| <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 1731</b>                 | <b>Date: October 26, 2016</b>                             |
|   | <b>Change Request 9555</b>                                |

**Transmittal 1695, dated August 5, 2016, is being rescinded and replaced by Transmittal 1731, dated, October 26, 2016 to revise BR 9555.2.3 and Attachment A. All other information remains the same.**

**SUBJECT: Fiscal Intermediary Shared System (FISS) Health Information Technology for Economic and Clinical Health (HITECH) Quarterly Report**

**I. SUMMARY OF CHANGES:** There have been situations where the FISS and HITECH Act records are out of sync. Both National Level Repository (NLR) and FISS are running reports as directed by The Centers for Medicare & Medicaid Services (CMS) in an effort to help resolve the discrepancies. As a result, it was decided that a report should be run quarterly for FISS and NLR and compared to identify the discrepancies earlier in the process. This CR is directing FISS to create a standard quarterly report for this compare process.

**EFFECTIVE DATE: January 1, 2017**

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

**IMPLEMENTATION DATE: January 3, 2017**

*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

|             |                   |                        |                      |
|-------------|-------------------|------------------------|----------------------|
| Pub. 100-20 | Transmittal: 1731 | Date: October 26, 2016 | Change Request: 9555 |
|-------------|-------------------|------------------------|----------------------|

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**SUBJECT: Fiscal Intermediary Shared System (FISS) Heath Information Technology for Economic and Clinical Health (HITECH) Quarterly Report**

**EFFECTIVE DATE: January 1, 2017**

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

**IMPLEMENTATION DATE: January 3, 2017**

## I. GENERAL INFORMATION

**A. Background:** In an effort to ensure the Fiscal Intermediary Shared System (FISS) and National Level Repository (NLR) Health Information Technology for Economic and Clinical Health (HITECH) data reflects the same information, we are implementing a quarterly report that will be used to compare the data so that any discrepancies can be addressed early in the process.

**B. Policy:** N/A

## II. BUSINESS REQUIREMENTS TABLE

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

| Number   | Requirement   | Responsibility |   |                            |                                  |                  |             |             |           |
|----------|---|----------------|---|----------------------------|----------------------------------|------------------|-------------|-------------|-----------|
|          |   | A/B<br>MAC     |   | D<br>M<br>E<br>M<br>A<br>C | Shared-<br>System<br>Maintainers |                  |             |             | Other     |
|          |   | A              | B |                            | F<br>I<br>S<br>S                 | M<br>I<br>C<br>S | V<br>M<br>S | C<br>W<br>F |           |
| 9555.1   | Virtual Data Centers (VDCs) shall receive a file from the NLR on the first business day of each quarter. VDCs shall use this file for one of the inputs for requirement 9555.1.1. VDCs shall retain all generations using their standard retention time.  |                |   |                            |                                  |                  |             |             | NLR, VDCs |
| 9555.1.1 | On the first business day of the quarter, for the previous quarter, the VDCs shall run the job created in BR 9555.2 to produce the discrepancy report. As directed by CMS/NLR, the VDCs will also run the job on an ad hoc basis.   |                |   |                            |                                  |                  |             |             | VDCs      |
| 9555.2   | FISS shall create a job that will produce a report to identify discrepancies between the FISS Electronic Health Records Incentive Payment (EHR) records for each workload and the NLR records transmitted. The job should have the capability of being run both quarterly and on an ad hoc basis. |                |   |                            |                                  | X                |             |             |           |
| 9555.2.1 | The report shall be in the format illustrated in attachment A.  |                |   |                            |                                  | X                |             |             |           |

| 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 |       |      |
| 9555.2.2 | The job that is created shall also be able to run on request to confirm discrepancies that have been corrected.  |                |   |       |       |                           | X     |       |       |       |      |
| 9555.2.3 | FISS shall match on workload, CMS certification number (CCN), payment year, payment category, payment calculated amount and header record date range to identify whether a discrepancy exists.   |                |   |       |       |                           | X     |       |       |       |      |
| 9555.3   | VDC shall transmit the quarterly discrepancy reports to the NLR contact and CMS contacts no later than the 10th business day of the month following the quarter. Ad Hoc reports shall be transmitted no later than the 10th business day once requested. CMS will be reviewing the reports and setting up meetings as necessary.<br><br>fed_fiss@cms.hhs.gov |                |   |       |       |                           |       |       |       |       | VDCs |

**III. PROVIDER EDUCATION TABLE**

| Number | Requirement | Responsibility |   |       |       |         |       |  |
|--------|-------------|----------------|---|-------|-------|---------|-------|--|
|        |             | A/B MAC        |   |       | D M E | C E D I |       |  |
|        |             | A              | B | H H H |       |         | M A C |  |
|        | 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):** Lee Ann Paxton, 410-786-2491 or Leeann.Paxton@cms.hhs.gov, Bonnie Hockaday, 410-786-4122 or Bonnie.Hockaday@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**

| WORKLOAD ID | CONTRACTOR ID | NPI | CCN | COST REPORT START DATE | COST REPORT END DATE | PROVIDER_TIN |
|-------------|---------------|-----|-----|------------------------|----------------------|--------------|
|-------------|---------------|-----|-----|------------------------|----------------------|--------------|

| PAYMENT YEAR NUMBER | PAYMENT CATEGORY | SEQUESTRATION REDUCTION PERCENTAGE | CALCULATED PAYMENT AMOUNT |
|---------------------|------------------|------------------------------------|---------------------------|
|---------------------|------------------|------------------------------------|---------------------------|

SEQUESTRATION PAYMENT REDUCTION AMOUNT

PRE-REDUCTION PAYMENT AMOUNT

PGM\_YR\_NUM

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