
CMS Manual System

Pub. 100-20 One Time Notification

Transmittal Sheet

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 174

Date: AUGUST 19, 2005

CHANGE REQUEST 3970

SUBJECT: Fiscal Intermediary Shared System (FISS) Modification

I. SUMMARY OF CHANGES: At the redetermination level of appeal, the Fiscal Intermediary (FI) is not required to send the appellant a letter acknowledging the receipt of a redetermination request.

The purpose of this Change Request is to add a master record for appeals incorporating the beneficiary HIC number, Document Control Number (DCN), date(s) of service, type of bill, and the Correspondence Control Number (CCN) within FISS so that providers can view reports within the Direct Data Entry (DDE) system to verify that their redetermination request(s) were received.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 01, 2006

IMPLEMENTATION DATE: January 03, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material that was previously published 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 not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
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III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

X	One-Time Notification
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*Unless otherwise specified, the effective date is the date of service.

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 174	Date: August 19, 2005	Change Request: 3970
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SUBJECT: Fiscal Intermediary Shared System (FISS) Modification

I. GENERAL INFORMATION

A. Background: At the redetermination level of appeal, the Fiscal Intermediary (FI) is not required to send the appellant a letter acknowledging the receipt of a redetermination request.

The purpose of this Change Request is to add a master record for appeals incorporating the beneficiary HIC number, Document Control Number (DCN), date(s) of service, type of bill, and the Correspondence Control Number (CCN) within FISS so that providers can view reports within the Direct Data Entry (DDE) system to verify that their redetermination request(s) were received. This will be accomplished by the FI creating an Automated Correspondence System (ACS) master record to input these numbers into the system when they receive a redetermination request. FISS will be able to run a report on the master record and provide that report to providers through the DDE. The entries into the ACS master record will remain for 90 days before they are automatically removed by the FISS system.

B. Policy: N/A

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F	R	C	D	Shared System Maintainers				Other
						F	M	V	C	
I	H	a	M	I	C	M	W			
3970.1	FISS shall incorporate an ACS master record for appeals including the beneficiary HIC number, DCN, date(s) of service, CCN, and type of bill, and translate this information to the DDE through a report.	X	X			X				

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
3970.2	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 1, 2006 Implementation Date: January 3, 2006 Pre-Implementation Contact(s): Aaron Pleines Post-Implementation Contact(s): Aaron Pleines (410)786-2137	No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.
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***Unless otherwise specified, the effective date is the date of service.**