

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11485	Date: July 7, 2022
	Change Request 12733

SUBJECT: Instructions to the Fiscal Intermediary Shared System [FISS] Edit to Expand the Existing MA Bypass Reusable Solution PARMCC78 and Modify the Existing Logic to Read the New PARMs

I. SUMMARY OF CHANGES: Medicare Administrative Contractors (MACs) update a parameter screen (PARM) as the reusable solution to ensure these new benefits, when reported with condition code 78, are paid under Medicare fee-for-service (FFS) for Medicare Advantage (MA) beneficiaries. This solution is called PARMCC78. Currently, this PARM allows up to 20 entries. The number of entries for this screen have been exhausted, and it cannot be expanded due to physical record limitations.

To provide space for additional entries, additional iterations of the PARM are needed. This CR instructs the FISS edit to rename the existing reusable solution PARMCC78 to PRMCC78A, then create two additional PRMCC78B, and PRMCC78C to accommodate up to 60 entries to allow these new benefits that are paid under Medicare FFS for MA beneficiaries. In addition, the FISS shall modify the existing logic to read the new reusable solutions PRMCC78A, PRMCC78B, and PRMCC78C.

EFFECTIVE DATE: January 1, 2023 - Claims received on or after this date.

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

IMPLEMENTATION DATE: January 3, 2023

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: Instructions to the Fiscal Intermediary Shared System [FISS] Edit to Expand the Existing MA Bypass Reusable Solution PARMCC78 and Modify the Existing Logic to Read the New PARMs

EFFECTIVE DATE: January 1, 2023 - Claims received on or after this date.

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IMPLEMENTATION DATE: January 3, 2023

I. GENERAL INFORMATION

A. Background: When a Medicare beneficiary enrolls in a Medicare Advantage (MA) plan, the MA benefits replace traditional Medicare Fee for Service (FFS) claims payment. Section 1852(a)(5) of the Social Security Act and 42 CFR §422.109 provides that if the projected cost of a National Coverage Determination or a legislative change in benefits meets a significant cost threshold, coverage of the new benefit for beneficiaries enrolled in an MA plan will be provided through the Medicare Fee-For-Service (FFS) program until the MA capitation rates take the new significant cost into account. Providers identify services to MA beneficiaries that are allowable under the FFS program by reporting condition code 78 on their claims.

Medicare Administrative Contractors (MACs) update a parameter screen (PARM) as the reusable solution to ensure these new benefits, when reported with condition code 78, are paid under Medicare fee-for-service (FFS) for Medicare Advantage (MA) beneficiaries. This solution is called PARMCC78. Currently, this PARM allows up to 20 entries. The number of entries for this screen have been exhausted, and it cannot be expanded due to physical record limitations.

To provide space for additional entries, additional iterations of the PARM are needed. This CR instructs the FISS edit to rename the existing reusable solution PARMCC78 to PRMCC78A, then create two additional PRMCC78B, and PRMCC78C to accommodate up to 60 entries to allow these new benefits that are paid under Medicare FFS for MA beneficiaries. In addition, the FISS shall modify the existing logic to read the new reusable solutions PRMCC78A, PRMCC78B, and PRMCC78C.

B. Policy: This CR does not implement new policy. This is a system enhancement to allow MACs to enforce existing policy.

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 I S S	M C S	V M S		C W F
12733.1	The contractor shall expand the existing reusable solution PARMCC78 to accommodate up to 60					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	
	entries.									
12733.1.1	The contractor shall rename PARMCC78 to PRMCC78A to accommodate the first 20 entries.					X				
12733.1.2	The contractor shall create two additional PARMs to accommodate up to 20 entries for each PARM.					X				
12733.2	The contractor shall modify the existing logic to read PRMCC78A, PRMCC78B, and PRMCC78C.					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): Will Gehne, wilfried.gehne@cms.hhs.gov , Kajol Balani, Kajol.Balani@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