

<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 13342</b>	<b>Date: July 31, 2025</b>
	<b>Change Request 14187</b>

**SUBJECT: Addressing Potential Underpayment Issues For Critical Access Hospitals With Part A Rates That Exceeds Fiscal Intermediary Shared System (FISS) Field Size Limitation**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to correct the potential underpayment issues for Critical Access Hospital providers by increasing the monetary amount field size on the MAP1102, Provider Inpatient/Skilled Nursing Facility/Home Health screen within the Fiscal Intermediary Shared System (FISS).

**EFFECTIVE DATE: January 1, 2026**

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

**IMPLEMENTATION DATE: January 5, 2026**

*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: 13342	Date: July 31, 2025	Change Request: 14187
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## II. GENERAL INFORMATION

**A. Background:** This change requires an increase to the monetary amount field limitation to effectively pay and display the Part A rates for providers up to and including \$99,999,999.99.

**B. Policy:** There are no policy changes for this update.

## III. 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		
14187.1	Contractors shall modify the Provider Inpatient/SNF/Home Health Screen (MAP1102) monetary amount fields to accommodate 10-digit dollar amounts.					X					
14187.2	Contractors shall modify the Provider Reimbursement Rate field (Claim Page 10, MAP103A) to accommodate 10-digit dollar amounts.					X					

## IV. PROVIDER EDUCATION

None

**Impacted Contractors:** None

## V. 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:
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**Section B: All other recommendations and supporting information:** N/A

## VI. CONTACTS

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## VII. FUNDING

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