CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 306	Date: DECEMBER 21, 2007
	Change Request 5783

Subject: New Inpatient Spell and Adjustment Process for VA Claims

I. SUMMARY OF CHANGES: Computer Sciences Corporation will implement this new Change Request to streamline and rewrite the inpatient spell and adjustment processing sub-system for the CWF system so that requirements can be implemented. The new inpatient spell and adjustment processing will allow the Veterans Administration to utilize the Medicare CWF system for processing inpatient bills. These changes will continue to process existing Medicare types of bills utilizing existing business rules. In addition, it will also process bills submitted by other agencies, thereby combining Medicare and non-Medicare related benefits and services.

New / Revised Material Effective Date: July 1, 2008

Implementation Date: July 7, 2008

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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

Funding for implementation activities will be provided to contractors through the regular budget process.

SECTION B: For Medicare Administrative Contractors (MACs): N/A

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20 Transmittal:306 Date: December 21, 2007 Change Request: 5783

SUBJECT: New Inpatient Spell and Adjustment Process for VA Claims

Effective Date: July 1, 2008

Implementation Date: July 7, 2008

I. GENERAL INFORMATION:

- **A. Background:** The Veterans Administration (VA) desires to fully implement the processing of Informational Unsolicited Responses (IUR) for VA claims and adjustments to Part A and Part B VA Medicare Advice (MRA) claims in the Common Working File System. The CRs to implement these VA functions into CWF were:
- CR 5077, Transmittal 225 Requirements for System Changes Needed to Generate Unsolicited Responses to the Veterans Administration
- CR 4370, Transmittal 226 Allowing Adjustments for Part A and Part B Veterans Administration Medicare Advice (MRA) Claims

Computer Sciences Corporation (CSC) partially implemented these two CRs in the October 2006 release. During the analysis phase it was discovered that some of the CR requirements for both CRs would not allow CWF to fully implement these changes without extensive modifications to the existing CWF inpatient spell construction and adjustment process. Analysis indicated such development is not feasible using current inpatient claim processing modules and rules.

Due to these technical limitations, CSC will implement this new CR to streamline and rewrite the inpatient spell and adjustment processing sub-system for the CWF system so that requirements can be implemented. The new inpatient spell and adjustment processing will allow the Veterans Administration to utilize the Medicare CWF system for processing inpatient bills. These changes will continue to process existing Medicare types of bills utilizing existing business rules. In addition, it will also process bills submitted by other agencies, thereby combining Medicare and non-Medicare related benefits and services.

This document describes the specific activities necessary to support the implementation of the two CRs mentioned above and the new CR for inpatient spell and adjustment processing as a separate SLIN within the Maintenance CLIN.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
						n	CI	1	G ,		OTHER	
		A D F C R						nared- Maint		OTHER		
		B	M E	1	A R	H H			amers	_		
		ь	E		R	I	F	M	V	C		
		M	М		I.	1	I	C	M	W		
		A	A		E		S	S	S	F		
		C	A C		R		S					
5783.1	CSC shall analyze existing business and technical									X		
	functions for inpatient spell processing and adjustments in											

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A /	D M	F I	C A	R H		nared- Maint	-		OTHER
		В	Е		R R	H	F	M	V	C W	
		M	M		I	1	I S	C S	M S	F F	
		A C	A C		E R		S				
	detail and its impact to other CWF sub-systems.										
5783.2	CSC shall design a revised business function and technical									X	
	flow for CWF that will address both Medicare and non-										
	Medicare claims for all inpatient claim types.										
5783.3	CSC shall develop a new inpatient spell and adjustment									X	
	processing system that will accommodate both Medicare										
	and non-Medicare claims. This system must be able to										
	accept and process VA claims per CMS CR 4370 and 5077.										
5783.3.1	CWF Adjustment and Spell modules must continue to									X	
	address utilization, psychiatric claims, deductibles, SNF,										
	catastrophic, auto-adjust, Auto-cancel, bypassing of spells,										
	edits and other Medicare claims processing criteria.										
5783.3.2	CWF Adjustment and Spell processing must continue to									X	
	maintain existing interfaces for non-inpatient claims along										
	with the new inpatient and VA processing.										
5783.3.3	CWF shall accept process and finalize Adjustments to Part									X	
	A VA claims with dates of service on or after January 1,										
5702.2.4	2004.									X	
5783.3.4	CWF shall allow users to view entire sets of spells for each									Λ	
5783.4	beneficiary that will include both Medicare and VA. CWF shall allow corrections via HICR to both Medicare									X	
3763.4	and VA Spells for a beneficiary.									21	
5783.5	CWF shall generate an unsolicited response beginning July									X	
3703.3	7, 2008 when:									11	
	7, 2000 when.										
	- A Medicare Part A claim for which a deductible										
	and coinsurance amount applied is adjudicated;										
	following a VA Medicare-equivalent no-pay claim.										
	- A VA claim was adjudicated for which a deductible										
	and coinsurance amount was approved for										
	application; and										
	- When both the Medicare Part A and VA claims are										
	for the same beneficiary with dates of service										
	January 1, 2004 and after.										
5783.5.1	CWF shall generate an unsolicited response for each VA									X	
	Part A-equivalent claim affected by the new triggering										
	Medicare claim.										
5783.5.2	It is possible that the same VA claim could be affected by									X	
	successive Medicare claims applying a deductible and										
	coinsurance. In such a case, there shall be a sequence of										
	unsolicited responses for that VA claim. Each response										

Number	Requirement	Responsibility (place an "X" in each applica column)								licable	
		A D F	C	R		hared-	•		OTHER		
		B	M E	I	A R	H H	F	Maint M	uners V	С	
		М	М		R I	I	I	C	M	W	
		A C	A C		E R		S S	S	S	F	
	will contain the same information about the VA claim, but		C		K						
	differing from previous unsolicited responses in the total										
	true Medicare deductible and coinsurance satisfied as a										
	result of the given Medicare claim.										
5783.5.3	The unsolicited response shall show the Part A equivalent									X	
	deductible and coinsurance amount approved for the given										
	VA claim and the total amount of true Medicare deductible										
	and coinsurance satisfied as of the adjudication date of the										
	triggering Medicare claim.										
5783.5.4	Other than the date of service of the Medicare claim, the									X	
	unsolicited response shall not show specific detail about										
	any of the Medicare claims processed.										
5783.6	CWF shall send the unsolicited responses to TrailBlazer.									X	Trail
	The unsolicited responses shall not go to MCS or FISS										Blazer
	(NOTE: TrailBlazer functions as both the fiscal										
	intermediary and carrier for this project).										
5783.7	To send timely unsolicited responses to the VA as of the										Trail
	implementation date of this CR, TrailBlazer shall work										Blazer
	with the VA to reformat the unsolicited responses.										
	TrailBlazer will reformat as necessary to make them more										
	readable and make any needed changes to TrailBlazer										
	systems to accomplish the reformatting.										
5783.7.1	TrailBlazer shall send the unsolicited responses,										Trail Blazer
	reformatted if necessary, to the VA at the central location										Diazer
	specified by the VA.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		Α	D	F	C	R		nared-	•		OTHER
		/	M	I	A	Н]	Maint	ainers		
		В	Е		R	Н	F	M	V	С	
					R	I	I	С	M	W	
		M	M		I		S	S	S	F	
		Α	A		Е		Š	_	~	_	
		C	C		R		_				
	None.										

IV. SUPPORTING INFORMATION

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:

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Antoinette Johnson, 410-786-9326

Post-Implementation Contact(s): Antoinette Johnson, 410-786-9326

VI. A. For *Fiscal Intermediaries and Carriers*, use the following statement:

Funding for implementation activities will be provided to contractors through the regular budget process.

B. For Medicare Administrative Contractors (MACs), use the following statement: N/A