CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 301	Date: NOVEMBER 2, 2007
	Change Request 5782

Subject: Automate Adjustments to Home Health Agency (HHA) and Managed Care (MC) Common Working File (CWF) Informational Unsolicited Responses (IURs)

I. SUMMARY OF CHANGES: Automate adjustments to HHA and MC CWF IURs.

New / Revised Material Effective Date: April 1, 2008 Implementation Date: April 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:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

SECTION B: 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

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

Attachment – One-Time Notification

Pub. 100-20Transmittal: 301Date: November 2, 2007Change Request: 5782

SUBJECT: Automate Adjustments to Home Health Agency (HHA) and Managed Care (MC) Common Working File (CWF) Informational Unsolicited Responses (IURs)

Effective Date: April 1, 2008

Implementation Date: April 7, 2008

I. GENERAL INFORMATION

A. Background: As the result of the issues identified with some MC and HHA IURs that were generated by CWF during the week of December 17, 2006, because of erroneous Managed Care enrollment data that was applied to some of the CWF eligibility files claims, claims were rejected incorrectly and recovery is necessary. Presently, adjusting HHA and MC CWF IURs is manual. There is a need for this process to be automated by the shared system maintainer opposed to the manual effort of the DME MACs.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	M E M	F I	C A R I E R	D M E R C	R H H I		l-Syster ttainers V M S		OTHER
5782.1	The VMS system shall be modified to automate the adjustment process for HHA and MC IURs.		Х						X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
-		Α	D	F	С	D	R	SI	hared	-	OTHER
		/	Μ	Ι	Α	Μ	Η	S	ysten	1	
		В	E		R	Е	Н	Maintainers		ers	
					R	R	Ι	F	М	V	C
		Μ	Μ		Ι	С		I	C	M	Ŵ
		Α	Α		Е			S	S	S	F
		С	С		R			S			
	None										

IV. SUPPORTING INFORMATION

None.

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): Creighton Gales at (214) 767-6450 or Herrick Lord at (215) 861-4755

Post-Implementation Contact(s): Creighton Gales at (214) 767-6450 or Herrick Lord at (215) 861-4755

VI. FUNDING:

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC), use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC), use the following statement:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts alloted 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.