

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.*

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