

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2068	Date: April 27, 2018
	Change Request 10495

SUBJECT: Common Working File (CWF) Split Medicare Part A Claims to Carry 50 Lines per Segment Rather than 100 Lines per Segment

I. SUMMARY OF CHANGES: This change request is for Medicare Part A claims processing systems to split the claims to carry 50 lines per segment rather than the current 100 lines per segment.

EFFECTIVE DATE: October 1, 2018 - Analysis and Design; January 1, 2019 - Development and Implementation

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

IMPLEMENTATION DATE: October 1, 2018 - Analysis and Design; January 7, 2019 - Development and Implementation

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

Pub. 100-20	Transmittal: 2068	Date: April 27, 2018	Change Request: 10495
-------------	-------------------	----------------------	-----------------------

SUBJECT: Common Working File (CWF) Split Medicare Part A Claims to Carry 50 Lines per Segment Rather than 100 Lines per Segment

EFFECTIVE DATE: October 1, 2018 - Analysis and Design; January 1, 2019 - Development and Implementation

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

IMPLEMENTATION DATE: October 1, 2018 - Analysis and Design; January 7, 2019 - Development and Implementation

I. GENERAL INFORMATION

A. Background: Current Medicare Part A CWF claims layouts are at the IBM maximum limit of 32 K with no additional space to add additional fields to the layouts in the future, if necessary. To accommodate future requests for adding additional fields, the current segments carrying 100 lines per segment should be changed to carry 50 lines per segment and additional FILLER areas must be added, as applicable.

The Centers for Medicare & Medicaid Services is instructing CWF, Fiscal Intermediary Standard System (FISS), and other impacted systems (as noted below in the business requirements) to modify claims layouts to 50 lines per segment and make system modifications to process based on revised layouts.

B. Policy: N/A

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		F	M	V	C	
				H H H	M A C	F I S S	M C S	V M S	C W F	
10495.1	<p>The contractor shall modify the Medicare Part A claims (HUIP, HUOP, HUHC, and HUHH) layouts to reduce the maximum number of line items on the overflow segments from 100 to 50, and add additional FILLER for future use.</p> <p>NOTE: The maximum number of line items allowed to be billed on Medicare Part A claims are 450. Current Medicare Part A claims layouts can have 1 header record with first 100 lines and up to 4 additional segments for lines 101 through 450. With the revised layouts, there will be 1 header record with first 50 lines and up to 8 additional segments for lines 51 through 450.</p>								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	
10495.3	The contractor shall identify the changes needed to be made to the system based on the revised layouts to be received from CWF.					X				BDS, FPS, IDR, NCH
10495.3.1	The contractor shall receive, review and conduct analysis and design for the system based on the draft layouts to be provided by CWF.					X				BDS, FPS, IDR, NCH
10495.3.2	The contractor shall receive, review and finalize the changes needed for the system based on the final layouts to be provided by CWF.					X				BDS, FPS, IDR, NCH
10495.4	The contractor shall make all necessary system modifications to accept and process Medicare Part A claims based on the CWF changes.					X				BDS, FPS, IDR, NCH
10495.5	The contractor shall attend up to 3 one-hour calls, to be scheduled by CMS, to: <ul style="list-style-type: none"> 1. Discuss system changes/issues 2. Review progress of October 2018 release tasks 3. Coordinate testing for January 2019 release. 					X		X		BDS, CMS, FPS, IDR, NCH

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): Vinay Vuyyuru, 41-786-9111 or Vinay.Vuyyuru@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