CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 4102	**Date: August 3, 2018**
	Change Request 10858

SUBJECT: Updates to the Medicare Claims Processing Manual, Chapter 24, ASCA Waiver Review Form of Letters, Exhibits A-H

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the ASCA Waiver review Exhibits of Form Letters (A-H) language. This update will give clear direction to the Medicare claim submission provider to contact their Medicare Administrative Contractors (MACs) for inquiries related to ASCA waiver review Form Letter notifications.

EFFECTIVE DATE: January 1, 2019
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 7, 2019

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
R	24/Exhibits of Form Letters
R	24/Exhibit A - Response to a non- “unusual circumstance” waiver request.
R	24/Exhibit B - Denial of an “unusual circumstance” waiver request.
R	24/Exhibit C - Request for Documentation from Provider Selected for Review to Establish Entitlement to Submit Claims on Paper.
R	24/Exhibit D - Notice that paper claims will be denied effective with the 91st calendar day after the original letter as result of non-response to that letter.
R	24/Exhibit E - Notice that paper claims will be denied effective with the 91st calendar day after the original letter as result of determination that the provider is not eligible to submit paper claims.
R	24/Exhibit F - Notice that determination reached that the provider is eligible to submit paper claims.
R	24/Exhibit G - Notice from the Railroad Retirement Board Specialty Medicare Administrative Contractor (RRB SMAC) to a Provider that Has Just Begun to Submit Claims that Paper Claims Submitted by that Provider Will be Denied.
R	24/Exhibit H - Notice from the Railroad Retirement Board Specialty MAC to a Provider with a Pre-Established Record in PES that Paper Claims Will Be Denied as Result of the Requirement that a Provider Submit Claims to One or More Other Medicare Contractors Electronically.

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:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 4102	Date: August 3, 2018	Change Request: 10858

SUBJECT: Updates to the Medicare Claims Processing Manual, Chapter 24, ASCA Waiver Review Form of Letters, Exhibits A-H

EFFECTIVE DATE: January 1, 2019
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 7, 2019

I. GENERAL INFORMATION

A. Background: The Claims Processing Manual, Internet-Only-Manuals (IOM 100-04, Chapter 24), Subsection 90.5.3 discusses Contractor Roles related to Administrative Simplification and Compliance Act (ASCA) Waiver Reviews. Based on discussions with the Medicare Administrative Contractors (MACs) to streamline the process, making minor modifications to the ASCA waiver review letters will enhance communications and reduce burden between the MACs and Medicare providers. Therefore, we recommend adding contact information to Exhibit letters A-H.

B. Policy: The Administrative Simplification Compliance Act (ASCA, Section 3 of Pub. L. 107-105, 42 CFR 424.32) requires that all initial claims for reimbursement under Medicare, except from small providers, be submitted electronically as of October 16, 2003, with limited exceptions. Medicare is prohibited from paying claims submitted in a non-electronic manner that do not meet the limited exception criteria. The issuance of waivers under this limited exception criteria to providers has been delegated to the MACs by CMS, Office of Information Technology, Applications Management Group, Division of Transactions, Applications, and Standards (DTAS), under Chapter 24, of the IOM.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
10858.1	The Medicare Administrative Contractors (MACs) shall be aware of the changes and updates to Exhibit letters A through H.	X	X	X	X					RRB-SMAC, SMRC
10858.2	The contractors shall update the changed information into their systems for Exhibit Letters A through H template.	X	X	X	X					CEDI, RRB-SMAC, SMRC
10858.3	Based on this CR instruction, the MACs shall test their correspondence system function to verify that MAC's systems are able to request to release new updated		X		X					CEDI, RRB-SMAC, SMRC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	template Form Letters A through H during their ASCA review.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
10858.4	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X	X	X	X

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): Mohammad Ullah, 410-786-4143 or Mohammad.Ullah@cms.hhs.gov , Charlene Parks, 410-786-8684 or Charlene.parks@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

Medicare Claims Processing Manual

Chapter 24 – General EDI and EDI Support Requirements, Electronic Claims, and Mandatory Electronic Filing of Medicare Claims

Exhibits of Form Letters (A-H)

Exhibits Of Form Letters

(Rev.4102, Issued: 08-03-18, Effective: 01-01-19, Implementation: 01-07-19)

Exhibit A - Response to a non- "unusual circumstance" waiver request

(Rev.4102, Issued: 08-03-18, Effective: 01-01-19, Implementation: 01-07-19)

Date:

From: MAC (Name and address may appear on masthead)

To: Organizational Name of Provider and Mailing Address

Subject: Electronic Claim Submission Waiver Request

You recently submitted a request for waiver of the Administrative Simplification and Compliance Act (ASCA) requirement that claims be submitted electronically to be considered for Medicare payment. Providers are to self-assess to determine if they meet the criteria to qualify for a waiver. A request for waiver is to be submitted to a Medicare contractor only when an "unusual circumstance," as indicated in b, c or d below applies. Medicare will not issue a written waiver determination unless b, c or d applies.

ASCA prohibits payment of service and supply claims submitted to Medicare on paper, except in limited situations that apply either to all of a provider's claims, only to specify types of claims or for a limited period as indicated below:

1. Claims submitted by small providers-To qualify, a provider required to use a CMS-1450 form when submitting claims on paper shall have fewer than 25 full time equivalent employees (FTEs).A physician, practitioner, or supplier required to use a CMS-1500 form in a current version when submitting claims on paper shall have fewer than 10 FTEs. A small provider can elect to submit all, some or none of their claims electronically;

2. Dental Claims;

3. Claims submitted by participants in a Medicare demonstration project for services or items covered under that demonstration project when paper claim filing is required as result of the inability of the HIPAA claim implementation guide to handle data essential for that demonstration;

4. Roster claims for mass immunizations, such as flu or pneumonia injections--Paper roster bills cover multiple beneficiaries on the same claim. This exception applies to providers who do not have an agreement in place with a Medicare contractor that commits them to electronic submission of mass immunization claims;

5. Claims sent to Medicare when more than one other insurer was liable for payment prior to Medicare;

6. Claims submitted by providers that rarely treat Medicare patients and that submit fewer than 10 claims a month to Medicare in total (total of all claims sent to all Medicare Administrative Contractors (MACs) including the RRB Specialty Medicare Administrative Contractor.);

7. Claims submitted by beneficiaries;

8. Claims from providers that only furnish services outside of the United States;

9. Claims from providers experiencing a disruption in their electricity or communication connection that is outside of their control and is expected to last longer than two days. This exception applies only while electricity or electronic communication is disrupted; and

10. Providers that can establish that some other "unusual circumstance" exists that precludes submission of claims electronically.

The Centers for Medicare & Medicaid Services (CMS) interprets an "unusual circumstance" to be a temporary or long-term situation outside of a provider's control that precludes submission of claims electronically and as result, it would be against equity and good conscience for CMS to require claims affected by the circumstance to be submitted electronically. Examples of "unusual circumstances" include:

a. Periods when a MAC's claim system might temporarily reject a particular type of electronically submitted claim, pending system modifications (individual MACs notify their providers of these situations if they apply);

b. Documented disability of each employee of a provider prevents use of a computer to enable electronic submission of claims;

c. Entities that can demonstrate that information necessary for adjudication of a type of Medicare claim that does not involve a medical record or other claim attachment cannot be submitted electronically using the claim formats adopted under the Health Insurance Portability and Accountability Act (HIPAA); and

d. Other circumstances documented by a provider, generally in rare cases, where a provider can establish that, due to conditions outside of the provider's control, it would be against equity and good conscience for CMS to enforce the electronic claim submission requirement.

The request you submitted did not include information to establish that situation b, c or d applies. You are expected to self-assess to determine if one of the other exceptions or unusual circumstances applies. If your self-assessment indicates that you do meet one of those situations, you are automatically waived from the electronic claim submission requirement while the circumstance is in effect. Your MAC will monitor your compliance with this ASCA requirement on a post-payment basis.

If your self-assessment does not indicate that exception or waiver criteria apply as listed above, you shall submit your claims to Medicare electronically. This applies to every MAC to which you submit claims, including the contractor responsible for processing of Railroad Medicare claims. The Common Electronic Data Interchange (CEDI) contractor can supply you with free billing software for submission of Medicare DME claims. Visit the CEDI Web site at www.ngscedi.com for further information on enrollment for use of EDI, use of free billing software, and other DME EDI information. There are also commercial billing

software, and billing agent and clearinghouse services available on the open market that can be used to bill Medicare as well as other payers and may better meet your needs. Please visit the CEDI Website (www.ngscedi.com) to see a list of HIPAA-compliant vendor services available to you.

If you have questions, please contact your MAC Customer Service.

Sincerely

Contractor Name

Exhibit B - Denial of an "unusual circumstance" waiver request

(Rev.4102, Issued: 08-03-18, Effective: 01-01-19, Implementation: 01-07-19)

Date:

From: MAC (Name and address may appear on masthead)

To: Organizational Name of Provider and Mailing Address

Subject: Request for Waiver of Electronic Claim Filing Requirement Decision

Your request for waiver of the requirement that Medicare claims be submitted electronically has been denied. The Administrative Simplification Compliance Act (ASCA) prohibits Medicare coverage of claims submitted to Medicare on paper, except in limited situations. Those situations are:

1. Claims submitted by small providers-To qualify, a provider required to use a CMS 1450 form when submitting paper claims shall have fewer than 25 full-time equivalent employees (FTEs), and a physician, practitioner, or supplier required to use the CMS-1500 form in a current version when submitting claims on paper shall have fewer than 10 FTEs. A small provider can elect to submit all, some or none of their claims electronically;

2. Dental Claims;

3. Claims submitted by participants in a Medicare demonstration project for services or items covered under that demonstration project, when paper claim filing is required as result of the inability of the HIPAA claim implementation guide to handle data essential for that demonstration;

4. Roster claims for mass immunizations, such as flu or pneumonia injections--Paper roster bills cover multiple beneficiaries on the same claim. This exception applies to providers who do not have an agreement in place with a Medicare contractor that commits them to electronic submission of mass immunization claims;

5. Claims sent to Medicare when more than one other insurer was liable for payment prior to Medicare;

6. Claims submitted by providers that rarely treat Medicare patients and that submit fewer than 10 claims a month to Medicare in total (total of all claims sent to all MACs including the RRB Specialty Medicare Administrative Contractor);

7. Claims submitted by beneficiaries;

8. Claims from providers that only furnish services outside of the United States;
9. Claims from providers experiencing a disruption in their electricity or communication connection that is outside of their control and is expected to last longer than two days. This exception applies only while electricity or electronic communication is disrupted; and

10. Providers that can establish that some other "unusual circumstance" exists that precludes submission of claims electronically.

The Centers for Medicare & Medicaid Services (CMS) interprets an "unusual ``````````circumstance" to be a temporary or long-term situation outside of a provider's control that precludes submission of claims electronically and as result, it would be against equity and good conscience for CMS to require claims affected by the circumstance to be submitted electronically. Examples of "unusual circumstances" include:

a. Periods when a MAC's claim system might temporarily reject a particular type of electronically submitted claim, pending system modifications (individual MACs notify their providers of these situations if they apply);

b. Documented disability of each employee of a provider prevents use of a computer to enable electronic submission of claims;

c. Entities that can demonstrate that information necessary for adjudication of a type of Medicare claim that does not involve a medical record or other claim attachment cannot be submitted electronically using the claim formats adopted under the Health Insurance Portability and Accountability Act (HIPAA); and

d. Other circumstances documented by a provider, generally in rare cases, where a

provider can establish that, due to conditions outside of the provider's control, it would be against equity and good conscience for CMS to enforce the electronic claim submission requirement.

We have determined that you do not meet any of these criteria for waiver of the ASCA requirement for electronic submission of Medicare claims. ASCA did not establish an appeal process for waiver denials, but you can re-apply for an "unusual circumstance" waiver if your situation changes. This decision applies to paper claims you may submit to any MAC in the United States, including the RRB Specialty Medicare Administrative Contractor. As you do not qualify for a waiver of the ASCA electronic claim submission requirement, Medicare will begin to deny paper claims you may submit beginning on the 91st day after the date of this letter.

Waiver applications are only to be submitted to request a waiver if an "unusual circumstance" apply under b, c or d above. The information submitted with your waiver request did not indicate that circumstance b, c or d any other exception or waiver criteria apply in your case. If your self-assessment indicates that an exception condition, other than b, c or d is met, you are automatically waived from the electronic claim submission requirement and no request should be submitted to a MAC. MACs will monitor compliance with the ASCA electronic billing requirements on a post-payment basis.

Paper claims submitted to Medicare that do not meet the exception or unusual circumstance criteria do not qualify for Medicare payment. The Common Electronic Data Interchange (CEDI) contractor can supply you with free billing software for submission of Medicare DME claims. Visit the CEDI Web site at www.ngscedi.com for further information on enrollment for use of EDI, use of free billing software, and other DME EDI information. There are also commercial billing software, and billing agent and clearinghouse services available on the open market that can be used to bill Medicare as well as other payers and may better meet your needs. Please visit the CEDI Website (www.ngscedi.com) to see a list of HIPAA-compliant vendor services available to you.

If you have questions, please contact your MAC Customer Service.

Sincerely,

Contractor Name

Exhibit C - Request for Documentation from Provider Selected for Review to Establish Entitlement to Submit Claims on Paper

(Rev.4102, Issued: 08-03-18, Effective: 01-01-19, Implementation: 01-07-19)

Date:

From: MAC (Name and address may appear on masthead)

To: Organizational Name of Provider and Mailing Address

Subject: Review of Paper Claims Submission Practices

A large number of paper claims were submitted under your provider number(s) during the last calendar quarter. Section 3 of the Administrative Simplification Compliance Act, P.L. 107-105 (ASCA), and the implementing regulation at 42 CFR 424.32, require that all initial claims for reimbursement from Medicare be submitted electronically with limited exceptions. The ASCA amendment to § 1862(a) of the Social Security Act prescribes that "no payment may be made under Part A or Part B of the Medicare Program for any expenses incurred for items or services" for which a claim is submitted in a non-electronic form. This also applies to payments made for beneficiaries who qualify for Medicare based upon their employment in the railroad industry.

ASCA prohibits submission of paper claims except in limited situations that may apply to all of a provider's claims, only to specified types of claims or for a limited period as indicated below:

1. Claims submitted by small providers-- To qualify, a provider required to use the Form CMS 1450 when submitting claims on paper shall have fewer than 25 full-time equivalent employees (FTEs). A physician, practitioner, or supplier required to use a CMS-1500 form in a current version when submitting claims on paper shall have fewer than 10 FTEs. A small provider can elect to submit all, some or none of their claims electronically;

2. Dental claims;

3. Claims submitted by participants in a Medicare demonstration project for services or items covered under that demonstration project when paper claim filing is required as result of the inability of the HIPAA claim implementation guide to handle data essential for that demonstration;

4. Roster claims for mass immunizations, such as flu or pneumonia injections--Paper roster bills cover multiple beneficiaries on the same claim. This exception applies to providers who do not have an agreement in place with a Medicare contractor that Commits them to electronic submission of mass immunization claims;

5. Claims sent to Medicare when more than one other insurer was liable for payment prior to Medicare;

6. Claims submitted by providers that rarely treat Medicare patients and that submit fewer than 10 claims a month to Medicare in total (total of all claims sent to all Medicare contractors including the RRB Specialty Medicare Administrative Contractor;

7. Claims submitted by beneficiaries;

8. Claims from providers that only furnish services outside of the United States;

9. Claims from providers experiencing a disruption in their electricity or communication connection that is outside of their control and is expected to last longer than two days. This exception applies only while electricity or electronic communication is disrupted; and

10. Providers that can establish that some other "unusual circumstance" exists that precludes submission of claims electronically.

The Centers for Medicare & Medicaid Services (CMS) interprets an "unusual circumstance" to be a temporary or long-term situation outside of a provider's control that precludes submission of claims electronically and as result, it would be against equity and good conscience for CMS to require claims affected by the circumstance to be submitted electronically. Examples of "unusual circumstances" include:

a. Periods when a MAC's claim system might temporarily reject a particular type of electronically submitted claim, pending system modifications (individual MACs notify their providers of these situations if they apply);

b. Documented disability of each employee of a provider prevents use of a computer to enable electronic submission of claims;

c. Entities that can demonstrate that information necessary for adjudication of a type of Medicare claim that does not involve a medical record or other claim attachment cannot be submitted electronically using the claim formats adopted under the Health Insurance Portability and Accountability Act (HIPAA); and

d. Other circumstances documented by a provider, generally in rare cases, where a provider can establish that, due to conditions outside of the provider's control, it would be against equity and good conscience for CMS to enforce the electronic claim submission requirement.

If you intend to continue to submit paper claims, please respond within 30 calendar days of the date of this letter to indicate which of the above situations is your basis for continuing submission of paper claims to Medicare. Include with your response, evidence to establish that you qualify for waiver of the electronic filing requirement under that situation. For instance, if you are a small provider, evidence might consist of copies of payroll records for all of your employees for (specify the start and end dates of the calendar quarter for which the review is being conducted) that list the number of hours each worked during that quarter. If you are a dentist, evidence might be a copy of your license.

If you are in a Medicare demonstration project, evidence might be a copy of your notification of acceptance into that demonstration. If you are a mass immunizer, evidence might be a schedule of immunization locations that indicates the types of immunizations furnished. If you experienced an extended disruption in communication or electrical services, evidence might consist of a copy of a newspaper clipping addressing the outage. If the paper claims were submitted because this office notified you of a system problem preventing submission of these claims electronically, please note that in your response.

If your continuing submission of paper claims were the result of medical restrictions that prevent your staff from submitting electronic claims, evidence would consist of documentation from providers other than yourself to substantiate the medical conditions. If you obtained an unusual circumstance waiver, evidence would be a copy of your notification to that effect from this office or the Centers for Medicare & Medicaid Services.

Providers that received waivers for a specific claim type are still required to submit other claims electronically unless they meet another criterion, e.g., small provider, all staff have a disabling condition that prevents any electronic filing, claims are for dental services, or if they otherwise qualify for a waiver under a situation that applies to all of their claims.

If you cannot provide acceptable evidence to substantiate that you are eligible under the law to continue to submit paper claims to Medicare, we will begin to deny all paper claims you submit to us effective with the 91st calendar day after the date of this notice.
ASCA did not establish an appeal process for denial of paper claims in this situation, but you may qualify for a waiver later if your situation changes. Please contact this office if your situation changes. This decision applies to paper claims you may submit to any MAC in the United States, including the Railroad Retirement Board Specialty
Medicare Administrative Contractor.

If in retrospect, you realize that you do not qualify for continued submission of paper claims, you have a number of alternatives to consider for electronic submission of your claims to Medicare. The Common Electronic Data Interchange (CEDI) contractor can
Supply you with free billing software for submission of Medicare DME claims. Visit the CEDI Web site at www.ngscedi.com for further information on enrollment for use of EDI, use of free billing software, and other DME EDI information. There are also commercial billing software, and billing agent and clearinghouse services available on the open market that can be used to bill Medicare as well as other payers and may better meet your needs. Please visit the CEDI Website (www.ngscedi.com) to see a list of HIPAA-compliant vendor services available to you.

If you have questions, please contact your MAC Customer Service.

Sincerely,

Contractor

Exhibit D - Notice that paper claims will be denied effective with the 91st calendar day after the original letter as result of non-response to that letter

(Rev.4102, Issued: 08-03-18, Effective: 01-01-19, Implementation: 01-07-19)

Date:

From: MAC (Name and address may appear on masthead)

To: Organizational Name of Provider and Mailing Address

Subject: Review of Paper Claims Submission Practices

Section 3 of the Administrative Simplification Compliance Act (ASCA), Pub.L. 107-105 and the implementing regulation at 42 CFR 424.32, require that all initial claims for reimbursement from Medicare be submitted electronically, with limited exceptions. The

ASCA amendment to § 1862(a) of the Social Security Act prescribes that "no payment may be made under Part A or Part B of the Medicare Program for any expenses incurred for items or services" for which a claim is submitted in a non-electronic form.

Our records indicate that you are submitting paper claims to Medicare and did not respond to our initial letter requesting evidence to establish that you qualify for submission of paper claims to Medicare. Nor do we have information available to us that would substantiate that you meet any of the limited exceptions that would permit you to legally submit paper claims to Medicare.

Consequently, as noted in the initial letter as well as in information issued providers when this ASCA requirement was put into effect, any Medicare paper claims you submit more than 90 calendar days from the date of the initial letter requesting evidence to
substantiate your right to submit Medicare will deny paper claims. ASCA did not establish an appeal process for denial of paper claims in this situation, but you may
Qualify for a waiver later if your situation changes. Please contact this office if your situation changes. This decision applies to paper claims you may submit to any Medicare contractor in the United States, including the RRB Specialty Medicare Administrative Contractor.

If you did not respond because you realized that you do not qualify for continued submission of paper claims, you have a number of alternatives to consider for electronic submission of your claims to Medicare. The Common Electronic Data Interchange (CEDI) contractor can supply you with free billing software for submission of Medicare DME claims. Visit the CEDI Web site at www.ngscedi.com for further information on enrollment for use of EDI, use of free billing software, and other DME EDI information. There are also commercial billing software, and billing agent and clearinghouse services available on the open market that can be used to bill Medicare as well as other payers and may better meet your needs. Please visit the CEDI Website (www.ngscedi.com) to see a list of HIPAA-compliant vendor services available to you.

If you have questions, please contact your MAC Customer Service.

Sincerely,

Contractor Name

Exhibit E - Notice that paper claims will be denied effective with the 91st calendar day after the original letter as result of determination that the provider is not eligible to submit paper claims.

(Rev.4102, Issued: 08-03-18, Effective: 01-01-19, Implementation: 01-07-19)

Date:

From: MAC (Name and address may appear on masthead)

To: Organizational Name of Provider and Mailing Address

Subject: Review of Paper Claims Submission Practices

Section 3 of the Administrative Simplification Compliance Act, Pub.L.107-105 (ASCA), and the implementing regulation at 42 CFR 424.32, require that all initial claims for

reimbursement from Medicare be submitted electronically, with limited exceptions. The ASCA amendment to § 1862(a) of the Social Security Act prescribes that "no payment may be made under Part A or Part B of the Medicare Program for any expenses incurred for items or services" for which a claim is submitted in a non-electronic form.

We have reviewed your response to our letter requesting that you submit evidence to substantiate that you qualify for submission of paper claims under one of the exception criteria listed in that letter. Upon review, we determined that you do not meet the paper claims waiver/exception criteria as stated in our prior letter. ASCA did not establish an appeal process for denial of paper claims in this situation, but you may qualify for a
Waiver at a later date if your situation changes. Please contact this office if such a change in your situation occurs. This decision applies to paper claims you may submit to any Medicare contractor in the United States, including the RRB Specialty Medicare Administrative Contractor.

Consequently, any Medicare paper claims you submit on or after the 91st calendar day from the date of the letter requesting evidence of your eligibility to continue to submit paper claims will be denied by Medicare.

You have a number of alternatives to consider for electronic submission of your claims to Medicare. The Common Electronic Data Interchange (CEDI) contractor can supply you with free billing software for submission of Medicare DME claims. Visit the CEDI Website
at www.ngscedi.com for further information on enrollment for use of EDI, use of free billing software, and other DME EDI information. There are also commercial billing software, and billing agent and clearinghouse services available on the open market that
can be used to bill Medicare as well as other payers and may better meet your needs.
Please visit the CEDI Website (www.ngscedi.com) to see a list of HIPAA-compliant vendor services available to you.

If you have questions, please contact your MAC Customer Service.

Sincerely,

Contractor Name

Exhibit F - Notice that determination reached that the provider is eligible to submit paper claims.

(Rev.4102, Issued: 08-03-18, Effective: 01-01-19, Implementation: 01-07-19)

Date:

From: MAC (Name and address may appear on masthead)

To: Organizational Name of Provider and Mailing Address

Subject: Review of Paper Claim Submission Practices

Thank you for your response to our previous letter regarding the prohibition against the submission of paper

claims to Medicare. Based on the information you supplied, we agree that you meet one or more exception criteria to the requirements in §3 of the Administrative Simplification Compliance Act (ASCA), Pub.L.107-105, and the implementing regulation at 42 CFR 424.32, that require that all initial claims for reimbursement from Medicare be submitted electronically, with limited exceptions.

If your situation changes to the point where you no longer meet at least one of the criteria, you will be required to begin submission of your claims electronically by the 91st calendar day after that change in your status.

Although you are not required to submit claims electronically now, you are encouraged to do so. The Common Electronic Data Interchange (CEDI) contractor can supply you with free billing software for submission of Medicare DME claims. Visit the CEDI Web site at www.ngscedi.com for further information on enrollment for use of EDI, use of free billing software, and other DME EDI information. There are also commercial billing software, and billing agent and clearinghouse services available on the open market that can be used to bill

Medicare as well as other payers and may better meet your needs. Please visit the CEDI Website (www.ngscedi.com) to see a list of HIPAA-compliant vendor services available to you.

If you have questions, please contact your MAC Customer Service.

Sincerely,

Contractor Name

Exhibit G - Notice from the Railroad Retirement Board Specialty Medicare Administrative Contractor (RRB SMAC) to a Provider that Has Just Begun to Submit Claims that Paper Claims Submitted by that Provider Will be denied

(Rev.4102, Issued: 08-03-18, Effective: 01-01-19, Implementation: 01-07-19)

Date:

From: MAC (Name and address may appear on masthead)

To: Organizational Name of Provider and Mailing *Address*

Subject: Denial of Paper Claim Submission Practices

You recently began to treat one or more Railroad Medicare beneficiaries and began to submit claims to us for the first time. In the process of establishing a record in our files to indicate that you are eligible to submit Medicare claims, we obtained a copy of your non-RR Medicare enrollment information. That record indicates that you are required to submit your Medicare claims electronically to at least one other Medicare Administrative Contractor and does not indicate that you were issued a waiver to permit submission of paper Medicare claims. Section 3 of the Administrative Simplification Compliance Act (ASCA), Pub.L.107-105, and the implementing regulation at 42 CFR 424.32, require that all initial claims for reimbursement from Medicare be submitted electronically, with limited exceptions. The ASCA amendment to § 1862(a) of the Act prescribes that "no payment may be made under Part A or Part B of the Medicare Program for any expenses incurred for items or services" for which a claim is submitted in a non-electronic form.

ASCA did not differentiate among Medicare contractors or between Railroad and non- Railroad Medicare

for application of the electronic claim submission requirement or exceptions to that requirement. As result, we will begin to deny any paper claims you submit to us for Railroad Medicare beneficiaries unless you are able to establish that you meet one or more of the following exceptions to this ASCA requirement:

1. Claims submitted by small providers-- To qualify, a physician, practitioner, or supplier required to use a CMS-1500 form in a current version when submitting claims on paper shall have fewer than 10 full-time equivalent employees (FTEs).
   A small provider can elect to submit all, some or none of their claims electronically;

2. Dental claims;

3. Claims submitted by participants in a Medicare demonstration project for services or items covered under that demonstration project when paper claim filing is required as result of the inability of the HIPAA claim implementation guide to handle data essential for that demonstration;

4. Roster claims for mass immunizations, such as flu or pneumonia injections-- Paper roster bills cover multiple beneficiaries on the same claim. This exception applies to providers who do not have an agreement in place with a Medicare contractor that commits them to electronic submission of mass immunization claims;

5. Claims sent to Medicare when more than one other insurer was liable for payment prior to Medicare;

6. Claims submitted by providers that rarely treat Medicare patients and that submit fewer than 10 claims a month to Medicare in total (total of all claims sent to all Medicare contractors including the RRB Specialty Medicare Administrative Contractor);

7. Claims submitted by beneficiaries;

8. Claims from providers that only furnish services outside of the United States;

9. Claims from providers experiencing a disruption in their electricity or communication connection that is outside of their control and is expected to last longer than two days. This exception applies only while electricity or electronic communication is disrupted; and

10. Providers that can establish that some other "unusual circumstance" exists that precludes submission of claims electronically.

The Centers for Medicare & Medicaid Services (CMS) interprets an "unusual circumstance" to be a temporary or long-term situation outside of a provider's control that precludes submission of claims electronically and as result, it would be against equity and good conscience for CMS to require claims affected by the circumstance to be submitted electronically. Examples of "unusual circumstances" include:

a. Periods when a Medicare contractor's claim system might temporarily reject a particular type of electronically submitted claim, pending system modifications (individual l Medicare claims processing contractors notify their providers of these situations if they apply);

b. Documented disability of each employee of a provider prevents use of a computer to enable electronic submission of claims;

c. Entities that can demonstrate that information necessary for adjudication of a type of Medicare claim that does not involve a medical record or other claim attachment cannot be submitted electronically using the claim formats adopted under the Health Insurance Portability and Accountability Act (HIPAA); and

d. Other circumstances documented by a provider, generally in rare cases, where a provider can establish that, due to conditions outside of the provider's control, it would be against equity and good conscience for CMS to enforce the electronic claim submission requirement.

If you intend to continue to submit paper claims, please respond within 30 calendar days of the date of this letter to indicate which of the above situations is your basis for continuing submission of paper claims to us. Include with your response, evidence to establish that you qualify for waiver of the electronic filing requirement under that situation. For instance, if you
are a small provider, evidence might consist of copies of payroll records for all of your employees for (specify the start and end dates of the calendar quarter for which the review is being conducted) that list the number of hours each worked during that quarter. If you are a dentist, evidence might be a copy of your license.

If you are in a Medicare demonstration project, evidence might be a copy of your notification of acceptance into that demonstration. If you are a mass immunizer, evidence might be a schedule of immunization locations that indicates the types of immunizations furnished. If you experienced an extended disruption in communication or electrical services, evidence might consist of a copy of a newspaper clipping addressing the outage. If the paper claims were submitted because this office notified you of a system problem preventing submission of these claims electronically, please note that in your response.

If your continuing submission of paper claims were the result of medical restrictions that prevent your staff from submitting electronic claims, evidence would consist of documentation from providers other than yourself to substantiate the medical conditions. If you obtained an unusual circumstance waiver, evidence would be a copy of your notification to that effect from this office or the Centers for Medicare & Medicaid Services.

Providers that received waivers for a specific claim type are still required to submit other claims electronically unless they meet another criterion, e.g., small provider, all staff have a disabling condition that prevents any electronic filing, claims are for dental services, or if they otherwise qualify for a waiver under a situation that applies to all of their claims.

If you cannot provide acceptable evidence to substantiate that you are eligible under the law to continue to submit paper claims to us, we will begin to deny all paper claims you submit to us effective with the 91st calendar day after the date of this notice. ASCA did not establish an appeal process for denial of paper claims in this situation, but you may qualify for a waiver later if your situation changes. Please contact this office if your situation changes.

You have a number of alternatives to consider for electronic submission of your claims to Medicare. Commercial software and billing agent and clearinghouse services are available on the open market that can be used to bill us as well as other payers. Please visit (contractor shall insert the URL for vendor information) to see a list of HIPAA- compliant vendor services
available in your state. Some providers have reported that their software vendor or clearinghouse charges a substantial additional amount to allow a provider to submit Railroad Medicare claims electronically. Please contact this office if this situation also applies in your case. This office can supply you with free billing software for submission of Medicare claims. See (contractor shall insert the URL where information is located on their free billing software, the amount of any handling charge for issuance, how to obtain further information, and the EDI Enrollment Agreement which will need to be completed for further information on enrollment for use of EDI, use of free billing software or other EDI information.

If you have questions, please contact your MAC Customer Service.

Sincerely,

Contractor Name

Exhibit H - Notice from the Railroad Retirement Board Specialty MAC to a Provider with a Pre-Established Record in PES that Paper Claims Will Be Denied as Result of the Requirement that a Provider Submit Claims to One or More Other Medicare Contractors Electronically

(Rev.4102, Issued: 08-03-18, Effective: 01-01-19, Implementation: 01-07-19)

Date:

From: MAC (Name and address may appear on masthead**)**

To: Organizational Name of Provider and Mailing Address

Subject: Review of Paper Claim Submission Practices

Section 3 of the Administrative Simplification Compliance Act (ASCA), Pub.L.107-105, and the implementing regulation at 42 CFR 424.32, require that all initial claims for Reimbursement from Medicare be submitted electronically, with limited exceptions. The ASCA amendment to § 1862(a) of the Act prescribes that "no payment may be made under Part A or Part B of the Medicare Program for any expenses incurred for items or services" for which a claim is submitted in a non-electronic form. Paper claims will be denied if submitted by entities determined to be in violation of the statute or this rule. ASCA did not differentiate among Medicare Administrative Contractors (MACs) or between Railroad and non-Railroad Medicare for application of the electronic claim submission requirement or exceptions to that requirement.

We recently discovered that you have been submitting more than 10 Medicare claims per month on average to one or more other MACs and/or submitting claims to another MAC electronically. Unless you have been issued a letter by one or more MACs granting you a

waiver of more than 90 days from the ASCA requirement for electronic submission of your claims, or are now able to establish that you do meet one or more of the criteria for waiver of this ASCA requirement, you are also required to submit your claims to us for Railroad beneficiaries electronically. If you have such a letter, or evidence that you do now qualify for a waiver of this ASCA requirement, please forward a copy of that letter or evidence to this office to enable us to update our records and permit you to continue to submit claims to us on paper if you choose.

ASCA prohibits submission of paper claims except in limited situations that may apply to all of a provider's claims, only to specified types of claims or for a limited period as indicated below:

1. Claims submitted by small providers--To qualify, a provider required to use the Form CMS-1450 when submitting claims on paper shall have fewer than 25 full- time equivalent employees (FTEs). A physician, practitioner, or supplier required to use a CMS-1500 form in a current version when submitting claims on paper shall have fewer than 10 FTEs. A small provider can elect to submit all, some or none of their claims electronically;

2. Dental claims;

3. Claims submitted by participants in a Medicare demonstration project for services or items covered under that demonstration project when paper claim filing is required as result of the inability of the HIPAA claim implementation guide to handle data essential for that demonstration;
4. Roster claims for mass immunizations, such as flu or pneumonia injections--Paper roster bills cover multiple beneficiaries on the same claim. This exception applies to providers who do not have an agreement in place with a MAC that commits them to electronic submission of mass immunization claims;

5. Claims sent to Medicare when more than one other insurer was liable for payment prior to Medicare;

6. Claims submitted by providers that rarely treat Medicare patients and that submit fewer than 10 claims a month to Medicare in total (total of all claims sent to all MACS including the Railroad Board Specialty Administrative Contractor);

7. Claims submitted by beneficiaries;

8. Claims from providers that only furnish services outside of the United States;

9. Claims from providers experiencing a disruption in their electricity or communication connection that is outside of their control and is expected to last longer than two days. This exception applies only while electricity or electronic communication is disrupted; and

10. Providers that can establish that some other "unusual circumstance" exists that precludes submission of claims electronically.

The Centers for Medicare & Medicaid Services (CMS) interprets an "unusual circumstance" to be a temporary or long-term situation outside of a provider's control that precludes submission of claims electronically and as result, it would be against equity and good conscience for CMS to require claims affected by the circumstance to be submitted electronically. Examples of "unusual circumstances" include:

a. Periods when a MAC's claim system might temporarily reject a particular type of electronically submitted claim, pending system modifications (individual Medicare claims processing contractors notify their providers of these situations if they apply);

b. Documented disability of each employee of a provider prevents use of a computer to enable electronic submission of claims;

c. Entities that can demonstrate that information necessary for adjudication of a type of Medicare claim that does not involve a medical record or other claim attachment cannot be submitted electronically using the claim formats adopted under the Health Insurance Portability and Accountability Act (HIPAA); and

d. Other circumstances documented by a provider, generally in rare cases, where a provider can establish that, due to conditions outside of the provider's control, it would be against equity and good conscience for CMS to enforce the electronic claim submission requirement.

It is possible that you may previously have contacted this office or had an ASCA Enforcement Review conducted by this office and were informed that you are eligible to continue submitting paper claims to this office since you submit fewer than 10 Medicare claims to us per month. Until recently, we did not have access to ASCA review information from other MACs that could be used to determine whether you should be submitting your claims to us electronically. As we do now have access to this type of information from other MACs, we are required to apply that information to you and to other providers that submit paper claims to this office.

As you may not have been notified that an ASCA electronic claim submission requirement that applies to another MAC also affects your submission of paper claims for Railroad Medicare beneficiaries, we will not begin to deny your paper claims until the 91st day after the date of this letter. This will allow you time to make changes as needed so you can begin to submit your claims to us electronically by the 91st day.

In the event your situation changes and you feel that you do meet one or more of the criteria for an exception from the ASCA electronic claim submission requirement, you should *contact* us and any other MAC that made a determination that you do not currently qualify for an exception. If determined that you do in fact qualify for an exception at that point, you would have the option to again begin to submit some or all of your Medicare claims on paper. The type of exception criteria you meet will determine if the exception applies to only certain types of your claims, all of your claims or applies only for a temporary period. That would be addressed in the decision notice you would be sent.

Some providers have reported that their software vendor or clearinghouse charges a substantial amount to submit Railroad Medicare claims electronically. Please contact this office if this situation also applies in your case. This office can supply you with free billing software for submission of Medicare claims. See (contractor shall insert the URL where information is located on their free billing software, the amount of any handling charge for issuance, how to obtain further information, and the EDI Enrollment Agreement which will need to be completed for further information on enrollment for use of EDI, use of free billing software or other EDI information.

If you have questions, please contact your MAC Customer Service.

Sincerely,

Contractor Name