

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2308	Date: May 15, 2019
	Change Request 10813

Transmittal 2211, dated December 13, 2018, is being rescinded and replaced by Transmittal 2308, May 15, 2019 to add BR 10813.7 and revise BR 10813.2. All other information remains the same.

SUBJECT: New CWF Edit for Part A Outpatient Medicare Advantage (MA), Health Maintenance Organization (HMO)

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services (CMS), in an effort to mitigate the potential for Part A Outpatient Medicare Advantage (MA) and Health Maintenance Organization (HMO) claims to pay in error, is requesting a Common Working File (CWF) edit to be established to prevent payment.

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
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

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	HHH		FISS	MCSS	VMSS	CWF		
	not formally instructed by the CMS to pay.										
10813.3	<p>The A/B MAC Part A and the A/B MAC Part HHH shall set up the new CWF claim level consistency edit on the FISS Reason Code File with a Claim Adjustment Group Code (CAGC) value of CO for Contractual Obligation, Claim Adjustment Reason Code (CARC) value of 24 and Medicare Summary Notice (MSN) message, MSN 11.3.</p> <p>CO – Contractual Obligations (patient may not be billed for these services).</p> <p>CARC 24 - Charges are covered under a capitation agreement/managed care plan.</p> <p>MSN 11.3 - Our records show that you are enrolled in a health maintenance organization. Your provider must bill this service to them.</p>	X		X							
10813.4	The A/B MAC Part A and the A/B MAC Part HHH shall test the changes made to the FISS Reason Code File to ensure the new CWF claim level consistency edit rejects the claim and the appropriate messages are applied to the remittance advice and MSN.	X		X							
10813.4.1	The A/B MAC Part A and the A/B MAC Part HHH shall set up the existing U5233 on the reason code file in their testing environment to recycle the claim back to CWF, by placing the claim in the FISS SB0100 location.	X		X							
10813.4.2	The A/B MAC Part A and the A/B MAC Part HHH shall enter a Part A Outpatient Medicare Advantage (MA), Health Maintenance Organization (HMO) claim meeting the CWF set logic for U5233.	X		X							
10813.4.3	The A/B MAC Part A and the A/B MAC Part HHH shall verify the test claim has received the existing U5233 CWF edit, and the claim is recycled back to CWF with the FISS HMO pay indicator of 1.	X		X							
10813.4.3.1	The A/B MAC Part A and the A/B MAC Part HHH shall verify the new CWF claim level consistency edit is received and the FISS Reason Code File applies the rejection to the claim.	X		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	
10813.4.3 .2	The A/B MAC Part A and the A/B MAC Part HHH shall verify the appropriate messages are applied to the remittance advice and the MSN.	X		X						
10813.5	The A/B MAC Part A and the A/B MAC Part HHH shall set up the existing U5233 reason code file in their testing environment to not recycle the claim back to CWF, by restoring the reason code file back to its original state prior to the testing set up.	X		X						
10813.6	The FISS shall distribute the new CWF Claim Level FISS Reason Code (RC) E0430 narrative that corresponds to the CWF error Code 0430.					X				
10813.7	The claim(s) that have suspended for E0430 as a result of the MAC receiving formal instruction to override the U5233, shall require the MAC to utilize the existing "File Fix" utility available within their systems processing region and select the "HMOP" option and change the FISS HMO PAID IND from a "1" to a ZERO. The U5233 override needs to be applied on page 11 of the FISS Claims Screen before retransmitting the claim back to the CWF.	X		X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C W F	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cathleen Gurreri, 443-934-2913 or Cathleen.Gurreri@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0