

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1167</b>	<b>Date: January 31, 2013</b>
	<b>Change Request 8139</b>

**SUBJECT: Correction to Common Working File (CWF) A/B Crossover Edit 7272 for Transfer to Home for Home Health Services**

**I. SUMMARY OF CHANGES:** This CR updates existing CWF edit 7272 to correct the number of days counted for the transfer to home under a written plan of care for Home Health care services from a home health agency.

**EFFECTIVE DATE: July 1, 2013**

**IMPLEMENTATION DATE: July 1, 2013**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

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

**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 obliged 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

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**SUBJECT: Correction to Common Working File (CWF) A/B Crossover Edit 7272 for Transfer to Home for Home Health Services**

**EFFECTIVE DATE: July 1, 2013**  
**IMPLEMENTATION DATE: July 1, 2013**

## I. GENERAL INFORMATION

**A. Background:** During an Office of Inspector General (OIG) inquiry, CMS discovered that the number of days used to edit inpatient claims for post acute transfers to home for home health services was incorrect. Under 42 CFR 412.4, the post-acute transfer policy applies to discharges that occur prior to the Geometric Mean Length of Stay (GMLOS) for “qualified” Diagnoses Related Groups (DRG) that meet specific criteria (a complete list of the qualified DRGs are published annually in Table 5 of the IPPS final rule) CMS will make a reduced, per diem payment when a patient is discharged to:

- A hospital or distinct part hospital unit that is excluded from the IPPS
- Skilled Nursing Facilities
- Home (under a written plan of care) for the provision of home health services from a home health agency (HHA) and those services begin within three (3) days after the date of discharge.

**B. Policy:** This CR does not contain new policy. It updates an existing CWF edit to correct the number of days counted for the transfer from an IPPS hospital to home under a written plan of care for Home Health care services from a home health agency.

## II. BUSINESS REQUIREMENTS TABLE

*Use "Shall" to denote a mandatory requirement.*

Number	Requirement	Responsibility										
		A/B MAC		D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				Other
		P a r t  A	P a r t  B					F I S S	M C S	V M S	C W F	
8139.1	CWF shall modify existing A/B Crossover edit 7272 to set if the hospitals discharge date equals the Home Health Agency (HHA) Admit Date or is within 3 days prior to the HHA Admit Date in history.	X			X						X	
8139.2	Common Working File (CWF) shall modify the Informational Unsolicited Response (IUR) process for A/B Crossover edit 7272 if the incoming HHA admit date is equal to or within 3 days after the hospital discharge date.	X			X						X	
8139.3	Contractors shall adjust hospital claims when brought	X			X							

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				Other
		P a r t  A	P a r t  B					F I S S	M C S	V M S	C W F	
	to their attention, that were not paid the transfer rate when a HHA claim's admit date equals or is within 3 days after the hospital discharge date.											

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Other
		P a r t  A	P a r t  B					
	None							

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**  
 Use "Should" to denote 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):** Cami DiGiacomo, cami.digiacom@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

### VI. FUNDING

**Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:**

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**Section B: For Medicare Administrative Contractors (MACs):**

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