

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1192	Date: February 15, 2013
	Change Request 8089

SUBJECT: The Inclusion of Veterans Administration (VA) Skilled Nursing Facility (SNF) claims to the VA Medicare Remittance Advice (eMRA) Process- Implementation

I. SUMMARY OF CHANGES: Skilled Nursing Facility (SNF) claims were initially excluded from the MRA project in 2003. VA bills professional services of physicians providing care to patients in skilled nursing facilities/nursing home settings via the eMRA process, however institutional charges for Medicare-eligible patients are submitted directly to the secondary payer with a request to estimate the amount due.

VA currently bills third-party payers for institutional SNF claims using a 211 bill type and submits a SNF bill with revenue code 100 covering room and board plus ancillary charges.

Medicare requires providers to submit SNF bills with occurrence code 70, revenue code 0022 and a resource utilization group (RUGs) code. The resident assessment indicator (RAI) determines the three-digit RUG code. This three digit RUG code, coupled with the two-digit AI code makes up the HIPPS code, which determines the payment rate under SNF PPS.

This CR is being developed to implement the technical requirements needed to include SNF claims to the VA eMRA process. The SNF Bill types to be included are as follows: 21X, 22X and 23X. The default HIPPS code to be used should be AAA00.

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.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

Funding or implementation activities will be provided to contractors through the regular budget process

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: The Inclusion of Veterans Administration (VA) Skilled Nursing Facility (SNF) claims to the VA Medicare Remittance Advice (eMRA) Process- Implementation

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

I. GENERAL INFORMATION

A. Background: Skilled Nursing Facility (SNF) claims were initially excluded from the MRA project in 2003. VA bills professional services of physicians providing care to patients in skilled nursing facilities/nursing home settings via the eMRA process, however institutional charges for Medicare-eligible patients are submitted directly to the secondary payer with a request to estimate the amount due.

VA currently bills third-party payers for institutional SNF claims using a 211 bill type and submits a SNF bill with revenue code 100 covering room and board plus ancillary charges.

Medicare requires providers to submit SNF bills with occurrence code 70, revenue code 0022 and a Health Insurance Prospective Payment System (HIPPS) code. The HIPPS rate code consists of the three-character resource utilization group (RUG) code that is obtained from the "Grouper" software program followed by a 2-digit Assessment indicator (AI) that specifies the type of assessment associated with the RUG code obtained from the Grouper. The Grouper translates the data in the Long Term Care Resident Instrument into a case-mix group and assigns the correct RUG code. The RUG code determines the payment rate under SNF PPS.

This CR is being developed to implement the technical requirements needed to include SNF claims to the VA eMRA process. The SNF Bill types to be included are as follows: 21X, 22X and 23X. The default HIPPS code to be used should be AAA00. (TOB 18x is not used)

B. Policy: Public Law 101-508

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 I E R	R H I	Shared-System Maintainers				Other
		P a r t A	P a r t B					M A C	F I S S	M C S	V M S	
8089.1	Contractors shall allow type of bills (TOB) 21X, 22X, 23X, 24X and 28X on VA MRA claims. (Demo 31)							X			X	
8089.1.1	Contractor shall validate the presence of the letter "V" in the fifth position of the provider number and Demo code 31.							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		
8089.2	Contractors shall ensure the default HIPPS code , AAA00 is included on 21X claims from institutional SNF providers.								X				
8089.2.1	Contractor shall ensure revenue code 0022 is present on the claim line item with default HIPPS code AAA00.								X				
8089.2.2	Contractor shall ensure a valid qualifying stay is present on the VA SNF claim.								X				
8089.3	Contractors shall apply all current SNF benefit application rules as they apply to days utilized, the order utilized and the coinsurance rate appropriate for calendar and covered charges.	X			X				X				
8089.4	Contractors shall ensure existing SNF outpatient calculations will continue to apply. NOTE: Therapy services equal to fee schedule and when not available then apply the previous method of under cost.	X			X				X				
8089.5	FISS shall update their system to ensure the MAC contractor and SNF VA provider can perform claim adjustments on these SNF VA claims.	X			X				X				
8089.6	The Common Working File shall maintain a history of SNF VA Demo claims.								X			X	
8089.7	CWF shall update the 'VADE' (Veteran's Affairs Demo) screen for VA SNF claim.											X	
8089.8	CWF must generate unsolicited responses when veterans go outside of VA facilities for services.												X
8089.9	Contractors shall update all existing special reports based on VA demo (code 31) claims, if necessary.	X			X				X				
8089.10	Contractors shall properly populate the data on the FISS Provider-Specific screens.	X			X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC	D M E	F I	C A R R I E R	R H H I	Other
		P a r t A	P a r t B	M A C			
8089.11	MLN Article: A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X			X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	Please reference Analysis CRs 7503 and CR 7047.

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Yvonne Young, 410-786-1886 or Yvonne.Young@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):

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Section B: For Medicare Administrative Contractors (MACs):

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