

CMS Manual System

Department of Health &
Human Services

Pub 100-20 One-Time Notification

Centers for Medicare &
Medicaid Services

Transmittal 171

Date: AUGUST 4, 2005

Change Request 3956

SUBJECT: Preliminary system updates in preparation for ending the Medicare contingency plan in October 2005

I. SUMMARY OF CHANGES: Shared system maintainers and contractors must begin taking preliminary steps to be able to prevent the acceptance of legacy claim formats for inbound claim transactions and be ready to implement those steps within 30 days notification from CMS.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : October 01, 2005

IMPLEMENTATION DATE : October 03, 2005

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
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III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

One Time Notification

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

Attachment – One Time Notification

Pub. 100-20	Transmittal: 171	Date: August 4, 2005	Change Request 3956
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SUBJECT: Preliminary System Updates in Preparation for Ending the Medicare Contingency Plan in October 2005

I. GENERAL INFORMATION

A. Background: The Health Insurance Portability and Accountability Act (HIPAA) administrative simplification provisions direct the Secretary of Health and Human Services to adopt standards for administrative transactions, code sets, and identifiers.

This is a reminder (per IOM 100-4, chapter 25, section 20.8 - Attachment Data Processing) that FIs must maintain the capability to process certain UB-92 version 6.0 record types (RTs) used to create an attachment to an existing claim. These include RT 01 (envelope record - shows where the records are coming from), RT 10, RT 74, RT 75 series, RT 76 series, RT 77 series, RT 90, RT 95, and RT 99 only (RT 71, RT 72, and RT 73 are excluded because the home health agency data in those records are adequately included in the HIPAA institutional 837).

B. Policy: On October 16, 2003, Medicare implemented a contingency plan that allowed providers, billing services, clearinghouses, and health plans to continue sending legacy and pre-HIPAA (4010) formats. However, that contingency plan was intended to be temporary. CMS has closely monitored the progress of the HIPAA implementation from a contractor and provider specialty perspective. It has always been our intention to end the contingency plan as soon as is feasible.

A joint signature memorandum will be simultaneously issued specifying the operational and educational guidelines for ending the contingency plan.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement
“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
3956.1	You shall take the appropriate action(s) to enable termination of the Medicare HIPAA contingency plan for the inbound claim. You shall be prepared to reject inbound claim transactions not received in HIPAA compliant formats (837 4010A1, NCPDP 1.1 & NCPDP 5.1) as of the implementation of the October 2005 shared system release.	X	X	X	X	X	X	X	

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
3956.2	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn	X	X	X	X				

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.								

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

- A. Other Instructions: N/A**
- B. Design Considerations: N/A**
- C. Interfaces: N/A**
- D. Contractor Financial Reporting /Workload Impact: N/A**
- E. Dependencies: N/A**
- F. Testing Considerations: N/A**

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: October 1, 2005</p> <p>Implementation Date: October 3, 2005</p> <p>Pre-Implementation Contact(s): Brian Reitz brian.reitz@cms.hhs.gov 410-786-5001</p> <p>Post-Implementation Contact(s): Brian Reitz brian.reitz@cms.hhs.gov 410-786-5001</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.</p>
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