

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 601	Date: November 27, 2009
	Change Request 6612

Transmittal 551, dated September 4, 2009, is being rescinded and replaced with Transmittal 601, dated November 27, 2009. The effective and implementation dates have been changed; Business Requirement 4.1 has been changed to expand claim numbers, and all references to CCN will now read claim control number. All other information remains the same.

SUBJECT: Creation of Receipt Date for Multi-Carrier System (MCS)

I. SUMMARY OF CHANGES: Addition of a separate receipt date field in MCS to track the age of a claim and claims processing timeliness, and facilitate receipt control and balancing of claims.

NEW / REVISED MATERIAL

EFFECTIVE DATE: JANUARY 1, 2010, APRIL 1, 2010, AND JULY 1, 2010

IMPLEMENTATION DATE: JANUARY 4, 2010, APRIL 5, 2010, AND JULY 5, 2010

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

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

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers: N/A

SECTION B: 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

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

Attachment – One-Time Notification

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SUBJECT: Creation of Receipt Date for Multi-Carrier System (MCS)

EFFECTIVE DATE: JANUARY 1, 2010, APRIL 1, 2010, AND JULY 1, 2010

IMPLEMENTATION DATE: JANUARY 4, 2010, APRIL 5, 2010, AND JULY 5, 2010

I. GENERAL INFORMATION

A. Background: Currently, MCS uses the Julian date portion of the claim control number to represent the date of receipt and to age claims. The number of claims that can be assigned a given receipt date is restricted by the constraints associated with the format of MCS’ claim control number. One of those constraints is that the first two positions of the claim control number, known as the region in MCS, is limited, as the region code currently identifies the type of claim/document (electronic claim, paper claim, correspondence, cash received, etc.) and the state in a multi-jurisdiction environment. The effect is that each of the four states assigned to an MCS environment, has only three regions allocated to use for EDI claims, thus limiting the number of claims per date of receipt.

A second constraint is the use of the Julian date, as the receipt date, embedded in the claim control number, which is utilized throughout the MCS system to track the age of a claim and claims processing timeliness (CPT). The result is a limitation on the number of claims that can be processed in a given cycle. By creating a separate receipt date field, this limitation will be removed. Since these positions of the claim number will no longer be synonymous with receipt date, the receipt date must be added throughout the system.

The CMS requires the creation of a receipt date field to facilitate the receipt control and balancing of claims between shared systems and MACs; which is being built as an enhancement to 5010. Thus, the addition of the receipt date field is not a 5010 activity.

B. Policy: To promote consistency of operations across shared systems, CMS had deemed it necessary for receipt date to be an independent field on the claim record, and that the receipt date shall no longer be embedded within the claim control number of the claim.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				Other	
		M A C	M A C				F I S S	M C S	V M S	C W F		
6612.1	MCS shall develop an analysis document providing a							X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
	breakdown of hours by requirement by quarterly release. For example: "Quarter 1 – X hours – for specified requirements" – for each quarter of anticipated work										
6612.2	MCS shall identify or create a unique, separate receipt date field to house and retain the claim receipt date throughout the MCS claim process.							X			
6612.2.1	The claim receipt date shall be protected and inquiry mode only on all screens except for batching of paper claims.							X			
6612.2.2	The receipt date will be reported from the claim field rather than derived from the claim control number Julian date.							X			
6612.3	For claims received on or after the implementation date of this CR, MCS shall utilize the receipt date field as the basis for determining when the claim was received, for all processing including, but not limited to, the following:							X			
6612.3.1	MCS shall use the claim receipt date field in the calculation of CPT interest.							X			
6612.3.2	MCS shall use the claim receipt date field in the release of claims based on the CPT floor and ceiling.							X			
6612.3.3	MCS shall use the claim receipt date field in the calculation of claim age for all CMS and CROWD reporting.							X			
6612.3.4	MCS shall use the claim receipt date field in the calculation of claim age for non-CMS aging, inventory and workload reporting.							X			
6612.3.5	MCS shall use the claim receipt date field in calculating claim age in system editing and auditing, where applicable.							X			
6612.3.6	MCS shall use the claim receipt date field to populate corresponding date claim received elements on all interface files created by MCS including, but not limited to, the following:							X			
6612.3.6.1	MCS shall use the claim receipt date field to populate the 'Date claim Received' element on the HCFA Update B Claim (HUBC) record.							X			
6612.3.6.2	MCS shall use the claim receipt date field to populate the 'Claim Entry Date' element on the Comprehensive Error Rate Testing (CERT) Sampled Claims Resolution File.							X			

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
6612.3.6.3	MCS shall use the claim receipt date field to populate the 'Claim Receipt Date' element to Healthcare Integrated General Ledger Accounting System (HIGLAS) on the outbound 837.							X			
6612.3.6.4	MCS shall use the claim receipt date field to populate the 'Claim Receipt Date' element on the outbound 835 transaction.							X			
6612.4	MCS shall revise the claim numbering assignment process, so that the Julian date may be incremented to the following day, if the number of claim control numbers available is exhausted during the cycle for a given day.							X			
6612.4.1	The range of numbers available for claim numbers shall be expanded from 001 – 366 to 001 – 999 in positions 3 – 5 of the claim control number.							X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	N/A										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: For all other recommendations and supporting information, use this space:

This CR will be implemented over three quarterly releases.

V. CONTACTS

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VI. FUNDING

No additional funding will be provided by CMS, contractor activities are to be carried out within their operating budgets.

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

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

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