

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 388	Date: October 24, 2008
	Change Request 6246

SUBJECT: Analysis of Systems Changes Needed to Change Type of Bill (TOB) for Federally Qualified Health Centers (FQHCs) from 73x to 77x

I. SUMMARY OF CHANGES: On August 5, 2008, the National Uniform Billing Committee (NUBC) voted to change the TOB that is used to identify FQHCs from 73x to 77x. The NUBC created the new TOB for FQHCs because TOB 73x, which has historically been used for FQHCs, is technically designed to apply to free-standing clinics of any kind. Most Medicare fee-for-service payer and provider systems will need to change in order to accommodate this change of bill type in the Health Insurance Portability and Accountability Act (HIPAA)-approved institutional code set. The national change is effective for the healthcare industry April 1, 2010.

This is step one of a two step process. The object of this Change Request (CR) is to identify all affected systems, determine impact/costs, and to summarize needed changes and issues in order to plan for a timely and effective implementation. In the second step, another CR will be created to fully implement the TOB change by April 2010.

New / Revised Material

Effective Date: April 1, 2009(Analysis Only)

Implementation Date: July 6, 2009 (NOTE: Contractors shall begin analysis during the April Release time frame with final delivery on July 6, 2009)

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:

SECTION A: For Fiscal Intermediaries and Carriers:

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

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: Analysis of Systems Changes Needed to Change Type of Bill (TOB) for Federally Qualified Health Centers (FQHCs) from 73x to 77x

Effective Date: April 1, 2009 (Analysis Only)

Implementation Date: July 6, 2009 (**NOTE:** Contractors shall begin analysis during the April Release time frame with final delivery on July 6, 2009)

I. GENERAL INFORMATION

A. Background: On August 5, 2008, the National Uniform Billing Committee (NUBC) voted to change the TOB that is used to identify FQHCs from 73x to 77x. The NUBC created the new TOB for FQHCs because TOB 73x, which has historically been used for FQHCs, is technically designed to apply to free-standing clinics of any kind. An FQHC TOB distinct from the TOB used by free-standing clinics, will allow all payers to identify FQHCs separately from free standing clinics allowing for consistent and appropriate adjudication. Most Medicare fee-for-service payer and provider systems will need to change in order to accommodate this change of bill type in the Health Insurance Portability and Accountability Act (HIPAA)-approved institutional code set. The national change is effective for the healthcare industry April 1, 2010.

This is step one of a two step process. The object of this Change Request (CR) is to identify all affected systems, determine impact/costs, and to summarize needed changes and issues in order to plan for a timely and effective implementation. In the second step, another CR will be created to fully implement the TOB change by April 2010.

B. Policy: To prepare for this NUBC mandated change, CMS is requesting that all Medicare fee-for-service system owners and users (FIs, A/B MACs, shared system maintainers along with all downstream systems) perform an analysis to determine what system changes will be necessary to implement the change in TOB for FQHCs from 73x to 77x. We are asking that each system/contractor submit:

1. A summary of edit/programming changes needed;
2. A list of documentation changes needed;
3. A list of affected downstream systems, if applicable;
4. An estimate of effort (high, medium, low)/cost; and
5. A list of any issues or questions that need to be addressed before changes can be made.

We are also asking staff working with contractors to determine if implementing the TOB change is outside of the scope of their contractor's Medicare contract(s). If it is, provide an estimate of any additional funding needed to implement this change by the effective date of this CR. The information being requested in this CR is for planning purposes only and is not to be considered a request for additional systems hours, funding, or anything else.

It is important that all affected downstream systems be identified. All system owners must identify all systems downstream of their system that could be affected by this TOB change. To help ensure the smooth and timely implementation of this project, we ask that all system owners submit, as soon as possible, the names of any systems not included in the Business Requirements below that they believe could be affected by this type of bill change. Please submit this information to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov).

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

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 I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F		
6246.1	Contractors shall perform analysis in order to determine the extent of changes needed to implement the TOB change for FQHCs from 73x to 77x. The analysis must contain: (a) A summary of edit/programming changes needed; (b) A list of documentation changes needed; (c) A list of affected downstream systems, if applicable; (d) An estimate of effort (high, medium, low)/cost; and, (e) A list of any issues or questions that need to be addressed before changes can be made.	X		X				X			X	All down stream systems
6246.1.1	The Fiscal Intermediary Standard System (FISS) maintainer shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.							X				
6246.1.1.1	FISS shall include in estimates, changes to the National Provider Identifier 1 to many combination with Online Survey Certification and Reporting System (OSCAR) logic changes.							X				
6246.1.1.2	FISS shall perform analysis on what is needed to update all files that contain TOBs to add 77x when 73x exist.							X				
6246.1.1.3	FISS shall also perform a separate analysis allowing for the following requirements during the period 04/01/10 through 06/30/10: 1) Convert all TOBs 73x received to 77x; and 2) Send claims adjustment reason code 5 to each							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 I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>provider submitting a TOB 73x.</p> <p>This analysis shall contain all the information required in BR #6246.1 and be submitted to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) by 07/06/09.</p>										
6246.1.2	<p>The Common Working File (CWF) system maintainer shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09. This information must contain all changes necessary for reporting this new TOB on all affected records transmitted to the National Claims History (NCH).</p>										X
6246.1.3	<p>Fiscal Intermediaries (FIs) and A/B Medicare Administrative Contractors (MACs) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.</p>	X		X							
6246.1.4	<p>The National Claims History (NCH) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09. The NCH staff must work with the CWF system maintainer to ensure all coordination issues between CWF and NCH are identified.</p>										NCH
6246.1.5	<p>Medicare Quality Assurance (MQA) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.</p>										MQA
6246.1.6	<p>Integrated Outpatient Code Editor (IOCE) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.</p>										IOCE
6246.1.7	<p>The Healthcare Integrated General Ledger Accounting System (HIGLAS) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required</p>										HIGLAS

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 I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	information by 07/06/09.										
6246.1.8	The Provider Statistical & Reimbursement (PS&R) system shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.										PS&R
6246.1.9	The System Tracking for Audit & Reimbursement (STAR) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.										STAR
6246.1.10	Coordination of Benefits Contractor (COBC) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.										COBC
6246.1.11	Next Generation Desktop (NGD) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.										NGD
6246.1.12	Medicare Beneficiary Database (MBD) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.										MBD
6246.1.13	Risk Adjustment System/Risk Adjustment Processing System (RAS/RAPS) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.										RAS/RAPS
6246.1.14	Automated Reporting and Tracking System (ARTS) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.										ARTS
6246.1.15	Medicare Provider Analysis & Review System (MEDPAR) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.										MEDPAR

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 I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F		
6246.1.16	Medicare Integrated Data Repository (IDR) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.											IDR
6246.1.17	Regional Data Exchange System (RDES) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.											RDES
6246.1.18	National Medicare Utilization Data Base (NMUD) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.											NMUD
6246.1.19	Data Extract System (DESY) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.											DESY
6246.1.20	Quality Improvement Organization (QIO) systems shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.											QIO
6246.1.21	Multi-Carrier System (MCS) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.							X				
6246.1.22	Medicare Coverage Database (MCD) shall submit to Gertrude Saunders (Gertrude.Saunders@cms.hhs.gov) all required information by 07/06/09.											MCD

III. PROVIDER EDUCATION TABLE

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

