

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 430	Date: January 16, 2009
	Change Request 6324

Subject: Long Term Care Hospital (LTCH) Special Project

I. SUMMARY OF CHANGES: Requirements for the exchange of information and establishment of communication procedures between the sampling contractors, LTCH Review Contractor and Affiliated Contractors.

New / Revised Material

Effective Date: September 30, 2008

Implementation Date: February 17, 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:

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

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.

V. ATTACHMENTS:

One-Time Notification

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

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	
	status based on denials initiated by WPS.										
6324.5	FIs & A/B MACs shall not select any LTCH claims for postpay review until the Sampling Contractor (AdvanceMed) has selected its FY 08 claim universe. The Sampling Contractor (AdvanceMed) shall notify all contractors when the selection process is completed.	X		X						A/B MACs	
6324.6	FIs & A/B MACs shall not select LTCH claims for postpay review for FY 09 and FY 10 until the Sampling Contractor (AdvanceMed) has selected its universe. The Sampling Contractor (AdvanceMed) shall communicate to the FIs & A/B MACs when the universe is completed.	X		X						A/B MACs	
6324.7	LTCH Review Contractor (WPS) shall refer all appeals to the FIs & A/B MACs for processing and monitoring.	X		X						WPS	
6324.8	LTCH Review Contractor (WPS) shall utilize LCDs that fall within the FIs & A/B MACs claims payment jurisdiction.	X		X						WPS	
6324.9	LTCH Review Contractor (WPS) shall report all MR determinations, recommendations, adjustments, overpayments, and related information to the FI & A/B MACs for final adjudication. FIs/AB MACs will communicate the MR determinations to the providers.	X		X						WPS	
6324.10	AdvanceMed shall provide FIs & A/B MACs with a list of claims under review.	X		X						Advance Med	
6324.11	LTCH Review Contractor (WPS) shall refer providers to the FIs & A/B/MACs seeking information regarding the result of a review and/or for education.	X		X						WPS /FIs/A/B MACs	
6324.12	Contractors shall utilize instructions in Change Request 5849 for LTCHs claims review not within the scope of the special project sample.	X		X						A/B MACs/ FIs	
6324.13	LTCH Review Contractor (WPS) shall refer suspected fraud complaints and cases to the FIs & A/B MACs for transfer ZPICs/PSCs..	X		X						A/B MACs/ FIs	
6324.14	LTCH Review Contractor (WPS) shall develop a feedback reporting mechanism to provide a summary report of claims reviewed data to the FIs & A/B MACs and CMS.	X		X						WPS/FIs /A/B MACs	
6324.15	Sampling Contractor (AdvanceMed) shall provide the LTCH Review Contractor (WPS) a list of claims and claims data selected for review as to eliminate duplication of work.	X		X						Advance Med/ WPS	
6324.16	FIs & A/B MACs shall refer cases for fraud complaints or suspected fraud to ZPICs/PSCs and quality of care issues to QIOs with supporting documentation from the LTCH Review contractor.	X		X						FIs/A/B MACs	

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	
6324.17	FIs/& A/B MACs shall review the claim selection list generated by sampling contract to request that claims of providers under fraud watch or development be excluded from the universe.	X		X							FIs/A/B MACs

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	
6324.18	<p>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.</p> <p>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 one week of the availability of the provider education article. In addition, the provider education article shall be included in your 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.</p>	X		X							WPS/ Advance Med

IV. SUPPORTING INFORMATION:

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
None.	

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

V. CONTACTS

Pre-Implementation Contact(s): Nancy Moore, Nancy.Moore@cms.hhs.gov or 410-786-6974

Post-Implementation Contact(s): Regional Offices and Project Officers.

VI. FUNDING

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