

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-01 Medicare General Information, Eligibility, and Entitlement	Centers for Medicare & Medicaid Services (CMS)
Transmittal 57	Date: February 20, 2009
	Change Request 6379

SUBJECT: Implementing Validated Workarounds for Shared System Claims Processing by Medicare Administrative Contractors (A/B MACs), Durable Medical Equipment Medicare Administrative Contractors (DMEMACs), Carriers, Regional Home Health Intermediaries (RHHIs) and Fiscal Intermediaries (FIs)

I. SUMMARY OF CHANGES: This instruction provides Medicare contractors formal direction to implement workarounds within the shared systems for problems when formally defined as a Priority 3 or Priority 4 without obtaining written permission from a Project Officer or Regional Office.

NEW / REVISED MATERIAL

EFFECTIVE DATE: *January 1, 2009

IMPLEMENTATION DATE: March 20, 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/revise 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
R	7/Table of Contents
N	7/40.2.1/Implementing Validated Workarounds for Shared System Claims Processing by All Medicare Contractors

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:

Business Requirements

Manual Instruction

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

Attachment – Business Requirements

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SUBJECT: Implementing Validated Workarounds for Shared System Claims Processing by Medicare Administrative Contractors (A/B MACs), Durable Medical Equipment Medicare Administrative Contractors (DMEMACs), Carriers, Regional Home Health Intermediaries (RHHIs) and Fiscal Intermediaries (FIs)

EFFECTIVE DATE: January 1, 2009

IMPLEMENTATION DATE: March 20, 2009

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) has identified the need to provide Medicare contractors formal direction to implement workarounds, developed by the contractor, within the shared systems for problems when formally defined as a Priority 3 or Priority 4 without obtaining written permission from a Project Officer or Regional Office.

Shared system problems that are formally defined as a Priority 3 or a Priority 4 have acceptable workarounds which provide temporarily alternative solutions. In order for a Medicare contractor to implement a workaround, the shared system maintainer must first validate the problem, confirm that the workaround exists, is systematically viable and does not cause adverse affects. The implementation of such workarounds will eliminate delay in adjudication of Medicare claims and the payment to providers. Utilizing a Priority 3 or Priority 4 workaround shall not diminish the integrity of the shared systems and shall not include such actions as deactivating standard edits. The shared system’s priorities are formally defined within Chapter 7, Section 40.2.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

“Shall” denotes a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A	D	F	C	R	Shared-System Maintainers				Other
		/	M	I	A	H	F	M	V	C	
		B	E		R	I	I	C	M	W	
		M	M		I		S	S	S	F	
		A	A		E		S	S	S	F	
		C	C		R		S				
6379.1	Medicare contractors shall create and implement acceptable workarounds once the shared system maintainer has validated and documented the Priority 3	X	X	X	X	X					

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
							F I S S	M C S	V M S	C W F	
	and Priority 4 issue within InfoMan.										
6379.1.1	Medicare contractors shall ensure these workarounds are implemented within 2 weeks of identification and validation by the shared system maintainer which will be outlined within InfoMan.	X	X	X	X	X					
6379.1.2	Medicare contractors shall hold claims, only if necessary, during the 2 week implementation time frame.	X	X	X	X	X					
6379.2	Medicare contractors shall remove applicable workarounds upon implementation of associated system's corrections.	X	X	X	X	X					
6379.3	Medicare contractors shall retain documentation of workarounds that are utilized as outlined Chapter 7, Section 30.30 for tracking and auditing purposes.	X	X	X	X	X					

III. PROVIDER EDUCATION 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
							F I S S	M C S	V M S	C W F	
	None.	X	X	X	X	X					

IV. SUPPORTING INFORMATION

Should" denotes a recommendation.

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

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Kelly Dehne; Kelly.Dehne@cms.hhs.gov or Jason Kerr; Jason.Kerr@cms.hhs.gov

Post-Implementation Contact(s): Kelly Dehne; Kelly.Dehne@cms.hhs.gov

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHs)*:

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.

General Information, Eligibility, and Entitlement Manual

Chapter 7 - Contract Administrative Requirements

Table of Contents (Rev. 57, 02-20-09)

40.2.1 - Implementing Validated Workarounds for Shared System Claims Processing by All Medicare Contractors

40.2.1 - Implementing Validated Workarounds for Shared System Claims Processing by All Medicare Contractors (Rev.57, Issued: 02-20-09, Effective: 01-01-09, Implementation: 03-20-09)

Medicare contractors shall implement workarounds within the shared systems for problems when formally defined as a Priority 3 or Priority 4 without obtaining written permission from a Project Officer or Regional Office.

Shared system problems that are formally defined as a Priority 3 or a Priority 4 have acceptable workarounds which provide temporarily alternative solutions. In order for a Medicare contractor to implement a workaround, the shared system maintainer must first validate the problem, confirm that the workaround exists, is systematically viable and does not cause adverse affects. The implementation of such workarounds will eliminate delay in adjudication of Medicare claims and the payment to providers. Utilizing a Priority 3 or Priority 4 workaround shall not diminish the integrity of the shared systems and shall not include such actions as deactivating standard edits. The shared system's priorities are formally defined at Section 40.2 of this chapter.