

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 979	Date: OCTOBER 28, 2011
	Change Request 7544

SUBJECT: Processing Multiple Home Health Unsolicited Responses

I. SUMMARY OF CHANGES: This Change Request enables Medicare systems to appropriately process multiple unsolicited responses affecting the same claim which are received in the same processing cycle. It also makes a correction to processing of miscellaneous durable medical equipment on home health claims.

EFFECTIVE DATE: April 1, 2012

IMPLEMENTATION DATE: April 2, 2012

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

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

III. FUNDING:

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

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

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: Processing Multiple Home Health Unsolicited Responses

Effective Date: April 1, 2012

Implementation Date: April 2, 2012

I. GENERAL INFORMATION

A. Background:

Unsolicited Response and Informational Unsolicited Response in the Same Processing Cycle

Medicare's Common Working File (CWF) system sends unsolicited responses to Medicare contractors when the processing of a current claim results in the need for action on a previously paid claim. Where CWF typically sends responses to contractors in an immediate reaction to claims the contractor has recently submitted, an unsolicited response is an instruction from CWF to act on a previously paid claim days or even months after the paid claim received its original CWF response. Generally, changes in a beneficiary's entitlement or utilization history information on CWF trigger the unsolicited response. The information used to process the earlier claim is no longer accurate and the claim must be corrected.

CWF produces two types of these responses. In what Medicare contractors refer to simply as an "unsolicited response," CWF cancels or adjusts a claim in CWF history and sends trailers to the FISS system to take a corresponding action. In what contractors refer to as an "informational unsolicited response," CWF takes no action on a claim in CWF history, but sends trailers to the Fiscal Intermediary Shared System (FISS) used by the contractors to trigger an adjustment transaction.

Under the requirements of the current home health claims processing, these responses occur in several cases:

- When earlier dated, later received home health claims are processed which change whether a previously paid claim should have been considered an 'early' or 'later' home health episode for payment purposes (informational unsolicited responses due to episode sequence editing)
- When a later received home health claim overlaps a previously paid episode and requires that the previously paid episode receive a partial episode payment (PEP) adjustment (unsolicited responses due to PEP editing), or
- When a later received claim changes which Medicare Trust Fund should have been used to pay a previously paid claim (unsolicited responses due to A-B shift editing).

Occasionally, information received in the same CWF processing cycle will change two of these conditions and trigger CWF to send a contractor both an unsolicited response and an informational unsolicited response in the same CWF response file which affect the same claim. It is challenging for FISS to process both responses in the same cycle. The requirements below instruct CWF to assign priority to unsolicited responses and never return an informational unsolicited response for the same claim in the same CWF response file.

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Wil Gehne, wilfried.gehne@cms.hhs.gov, 410-786-6148

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

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

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

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