CMS Manual System	Department of Health & Human Services (DHHS)					
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)					
Transmittal 11178	Date: January 5, 2022					
	Change Request 12457					

Transmittal 11060, dated October 22, 2021, is being rescinded and replaced by Transmittal 11178, dated, January 5, 2022 to revise the effective and implementation dates moving this CR to the January 2022 release. All other information remains the same.

SUBJECT: Skilled Nursing Facility (SNF) Claims Processing Update to Fiscal Year End (FYE) Edits

I. SUMMARY OF CHANGES: This instruction provides updates to current SNF claim processing edits related to overlapping the (FYE).

EFFECTIVE DATE: January 1, 2022

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: January 3, 2022

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	N/A

III. FUNDING:

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

Attachment - One-Time Notification

P	Pub. 100-20	Transmittal: 11178	Date: January 5, 2022	Change Request: 12457

Transmittal 11060, dated October 22, 2021, is being rescinded and replaced by Transmittal 11178, dated, January 5, 2022 to revise the effective and implementation dates moving this CR to the January 2022 release. All other information remains the same.

SUBJECT: Skilled Nursing Facility (SNF) Claims Processing Update to Fiscal Year End (FYE) Edits

EFFECTIVE DATE: January 1, 2022

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: January 3, 2022

I. GENERAL INFORMATION

A. Background: This Change Request (CR) implements changes to correct claims processing edits. This CR is applicable to the Fiscal Intermediary Shared System (FISS) SNFs billing on Type of Bill (TOB) 21X, and Swing Bed TOB 18X will be subject to these requirements. This CR will modify claims processing to adhere to current policy.

B. Policy: No policy changes exist with this CR.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility								
		A/B MAC		A/B MAC DME		Share	Other			
		Α	В	HHH		FISS	MCS	VMS	CWF	
					MAC					
12457.1	Contractors shall modify current edit to set when: Type of Bill (TOB) is 21X or 18X PPS (excluding CAH)					Х				
	and the thru date equals 10/1 and									
	Patient status equals 30									
	OR									
	From date is prior to 10/1 and									
	Thru date is greater than 10/1 with any patient status effective for DOS Oct 1, 2016.									
12457.1.1	Contractors shall Return to Provider (RTP) claims	X								

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC		DME	DME Shared-System Maintainers			tainers	Other	
		Α	A B HHH			FISS	MCS	VMS	CWF	
					MAC					
	receiving FYE edits.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spo	nsibility	7	
			A/ M/		DME MAC	CEDI
		A	В	HHH		
12457.2	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	Х				

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
1	Edit-32148

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

V. CONTACTS

Pre-Implementation Contact(s): Valeri Ritter, 410-786-8652 or valeri.ritter@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0