CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1904	Date: August 18, 2017
	Change Request 10087

SUBJECT: Multi-Carrier System (MCS), Fiscal Intermediary Shared System (FISS) and VIPS Medicare Shared System (VMS) Automation of Prior Authorization (PA) Requests/Pre-Claim Reviews (PCR) and their Responses with Multiple Services (for programs like Home Health (HH)) via the Electronic Submission of Medical Documentation (esMD) System

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the requirements for the necessary changes with the Shared Systems and/or Review Contractor (RC) in order to implement the automated intake of PA Requests/PCRs with multiple services (specifically for programs like HH) via the esMD system.

EFFECTIVE DATE: April 1, 2018 - The effective date will be the process date.
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 2, 2018 - Requirements, Technical Design & Coding; April 2, 2018 - Test Plan, Unit Testing, Alpha Testing, Documentation & Delivery

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

Pub. 100-20	Transmittal: 1904	Date: August 18, 2017	Change Request: 10087

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I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) is implementing the prior authorization programs with the future possibility of expansion to include additional number of services and more participating states. CMS is testing these models of prior authorization in accordance with section 1115A of the Social Security Act (the Act), which authorizes CMS to test innovative payment and service delivery models to reduce program expenditures under the applicable titles while preserving or enhancing the quality of care furnished to individuals under such titles". CMS recognizes that this will impact the review entities workload.

PA/ PCR requests/responses exchanged between providers and review entities via the esMD system (ASC X12N 278 transactions) shall now accommodate multiple services per PA/PCR request. esMD shall include the updated coversheet with required information to support RC's data entry into their prior authorization screens (including multiple services for programs like HH).

Currently, PA/PCR requests/ responses populate single service detail on the prior authorization screens within the Shared Systems. For programs like HH that include multiple services, it is a non-automated process. This CR will provide the requirements for the necessary changes at the Shared Systems and/or RC end in order to implement the automated intake of PA Requests/PCRs with multiple services (specifically for programs like HH) via the esMD system. The review decisions for the corresponding requests entered into the screens shall also be sent back to esMD. The following process steps as mentioned in CR9535 and CR9528 shall remain the same even with the new changes.

- The Virtual Data Center (VDC) shall continue to receive 2 sets of daily batch files of PA requests sent from esMD system in flat file format. There are minor changes to the header and trailer records (format is same as mentioned in CR9535/9528).

- The VDC shall share an accepted batch file with different workloads.

Notes: It is assumed that any errors related to batch file between VDC and workloads is handled by the Shared Systems.

- The RCs shall continue receiving the bundle (for X12 278 requests via esMD) with PA\PCR supporting documentation, PA\PCR request as an updated coversheet (attached) and a Flat File Rendered translation as listed in CR 9003 and 9163.

- The Shared Systems and esMD shall leverage the existing file transfer mechanism to receive/send batch files, notifications and acknowledgements.

B. Policy: Section 1115A of the Act.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
10087.1	esMD shall send the detail record format of the batch with the 278 request elements defined in the '278 Request' tab of the workbook with the existing Prior Authorization 278 Request File. 1. Each service for a particular PA/PCR request shall be accommodated in individual 2000F loops of X12N 278 transaction. 2. Maximum number of services allowed per PA/PCR request is 40. *Notes* 1. *A sample flat file shall be provided by esMD.* 2. *The service(s) shall be processed sequentially in the 2000F loops until an empty occurrence (marking the end of services in that request) or reaching the 40 service limit.*					X	X	X		STC, VDC, esMD
10087.2	The Shared Systems shall update the respective systems to accept and process PA requests for multiple services.							X		

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
10087.3	The Shared Systems who accept programs with single or multiple services per PA/PCR request shall use the data sent in the 2000F loops of the ASC X12N 278 transaction (exact Positions are defined in the '278 Request' tab of the workbook) to populate the PA screens after the validations (presented in CR 9535/9528). *SSMs shall process the data sequentially in the 2000F loops until an empty occurrence (marking the end of services in that request) or reaching the 40-service limit.* *Notes* 1. *Currently HH is the only program that uses multiple Services per pre-claim review. Existing or upcoming programs in the future may include multiple services.* 2. *A sample flat file shall be provided by esMD.* 3. *Validation and reject responses for the required fields (as per CRs 9535 and 9528) remain the same.* 4. *All the rejects based on invalid/missing required elements for the incoming PA/PCR request (with single service) shall remain the same as mentioned in CRs*					X	X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	9535 and 9528.									
10087.4	The Shared Systems shall create and send the PA/PCR response as daily batch file by workload using the flat file format with the listed data elements in the '278 Response' tab of the attached workbook (with the existing Prior Authorization 278 Response File). Shared Systems shall validate that the number of services sent in the response is the same as the number of services received in the request. 1. Maximum number of services allowed for a PA/PCR response using X12 278 shall be limited to 40. 2. The response for all service(s) listed in the request shall be included sequentially until an empty occurrence (marking the end of services in that response) or reaching the 40 limit.					X	X	X		VDC
10087.5	The Medicare Administrative Contractors (MACs) shall enter the review decision and any accompanying elements (e.g., Program Reason Codes or Review Decision Reason Codes) for each service line received in the request using the Shared System PA screens.	X	X	X	X					
10087.6	The MACs/contractors, if applicable, shall conduct testing during the User Acceptance Testing period.	X	X	X	X					STC, esMD

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
10087.6.1	The CMS shall provide the MACs with a copy of the test file created so they can validate that the file contains correct data before being fed into UAT.									CMS
10087.7	The MACs shall continue to send, via RC Client, administrative reject responses for the PA requests (X12/XDR) using specific reason code(s). The reason for the rejections may be related to the documentation from the list below: 1. Corrupt files/cannot read files 2. Submission sent to incorrect RC 3. Virus Found 4. Other 5. Incomplete File 6. Unsolicited Response 7. Documentation cannot be matched to a case/claim 8. Duplicate	X	X	X	X					
10087.8	The MACs shall continue to send, via RC Client, reject responses for the PA requests (X12/XDR) using specific AAA Reject Reason code(s).	X	X	X	X					
10087.9	The MACs shall update already sent responses that were rejected by esMD (e.g. rejected for invalid codes). The updated response when ready shall be picked up in the next response workload	X	X	X	X	X	X	X		STC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	batch file though there could be no change with the review decision (not necessarily updating CWF).									
10087.10	1. esMD shall provide the Shared Systems with a test file on or about December 3, 2017. (esMD Contacts:Send an email to esMD Support@cms.hhs.gov and address the "DATS Dev Team" in the email message.) 2. esMD shall provide the STC with a test file one or about February 3, 2018. (esMD Contacts:Send an email to esMD Support@cms.hhs.gov and address the "TOSS Test Team" in the email message) 3. esMD shall provide the MACs with a test file on or about March 4, 2018. (esMD Contacts:Send an email to esMD Support@cms.hhs.gov and address the "TOSS Test Team" in the email message) *Notes:* • *To adhere to the dates mentioned above esMD shall need the Shared Systems, STC and MACs to send the provider and beneficiary information by workload. This will*	X	X	X	X	X	X	X		STC, VDCs, esMD

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	assist esMD with preparing the test files. • *esMD shall need the information from each entity (Shared Systems, MACs and STC) at least 10 business days prior to the aforementioned dates to provide the test files.* *SSMs shall send a 278 response (and acknowledgment) to esMD to make sure both formats are received/accepted.*									
10087.11	The CMS shall schedule five one-hour calls with the SSMs and MACs to discuss any questions related to the flat file specifications supporting the multiple services within a request. *Note:* *SSMs shall take turns in capturing minutes for these calls.*	X	X	X	X	X	X	X		CMS, STC
10087.12	The SSMs shall modify the esMD PA Process to protect certain fields from update capability when the PA request is received from esMD (Entry code equal to 'E'). • HCPC • Modifiers • Procedure Codes • Diagnosis Codes					X	X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• Revenue Code _NOTE:_ _The PA screens within VMS do not contain the Procedure Code, Diagnosis Code and Revenue Code fields. Therefore, only the HCPC and Modifier fields are applicable._									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

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): Melanie Jones, 410-786-5461 or Melanie.Jones@cms.hhs.gov , Shelly Ray, 410-786-7884 or Shelly.Ray@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 1