

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 831	Date: January 6, 2011
	Change Request 7047

NOTE: Transmittal 743, dated July 30, 2010 is being rescinded and replaced by Transmittal 831, dated January 6, 2011, because the FISS and FI responsibility has been removed from the Business Requirements. All other material remains the same.

SUBJECT: Analysis CR - The Inclusion of Veterans Administration (VA) Skilled Nursing Facility (SNF) claims to the VA Medicare Remittance Advice (eMRA) Process

I. SUMMARY OF CHANGES: This analysis CR is being developed to determine what technical implementation requirements would be needed to include SNF claims to the VA MRA process in the near future. We anticipate that including these claim types to the MRA process will require various system enhancements and additional Medicare Administrative Contractor changes with the assumption that current SNF payment policies will be followed. The SNF Bill types to be included are as follows: 21X, 22X, and 23X

EFFECTIVE DATE: January 1, 2011

IMPLEMENTATION DATE: January 3, 2011

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
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: Analysis Change Request - The Inclusion of Veterans Administration (VA) Skilled Nursing Facility (SNF) Claims to the VA Medicare Remittance Advice (e-MRA) Process

Effective Date: January 1, 2011

Implementation Date: January 3, 2011

I. GENERAL INFORMATION

A. Background: Public Law 101-508 expanded VA authority to include recovery from third party payers for the cost of medical care provided to veterans treated for non-service connected conditions. Court rulings have determined that Medigap insurance carriers are subject to these public laws and must reimburse the VA as if the care had been furnished in the private sector. In order to accomplish this, CMS and the VA entered into an interagency agreement whereby CMS adjudicates VA claims on a ‘no-pay’ basis and generates Medicare-equivalent remittance advices.

The VA established a process with the Medicare Administrative Contractor (*currently TrailBlazer Health Enterprises*) to provide the VA with remittance advices reflecting the deductible and coinsurance amounts due from secondary payers. Medicare secondary payers use the MRA data generated by TrailBlazer to reimburse VA for health care services provided to veterans for their non-service-connected treatment. While most services provided by the VA for Medicare-eligible veterans are submitted to TrailBlazer, certain services are excluded from the initial implementation of the e-MRA process.

B. Policy: SNF claims are one of the several claim types currently excluded from the VA e-MRA process. This analysis CR is being developed to determine what technical implementation requirements would be needed to include SNF claims to the VA MRA process in the near future. We anticipate that including these claim types to the MRA process will require various system enhancements and additional Medicare Administrative Contractor changes with the assumption that current SNF payment policies will be followed. The SNF bill types to be included are as follows: 21X, 22X, and 23X.

C. Assumptions: The following assumptions have been identified and must be taken into consideration with the analysis of the inclusion of the SNF bill types:

- a. New SNF Provider numbers will be issued to all VA facilities by Trailblazer
- b. (PTAN = Range “XX5000 Through XX6499”) denotes SNF claims
- c. Existing SNF Inpatient calculations apply (20 days = payable in full, 80 days payable @ coinsurance rate)
- d. Existing SNF Outpatient and Ancillary Calculations apply (Therapy Services = Fee schedule / Cost = Cost Report)
- e. Default RUG code needed to be include on 21X claim by SNF provider
- f. TOBs 21X, 22X and 23X to be allowed on VA claims

- g. Claim Determinations and Logic changes on VA SNF claims
- h. Unsolicited Responses needed when veterans go outside of VA facilities for services
- i. Tracking mechanisms need to be develop /Updating of Screen 'VADE'(Veteran's Affairs Demo)
- j. Analysis needed on all existing special reports (i.e., claims processing timeliness, # of remittance generated, # of claims, monthly workload reports)
- k. FISS changes to allow Trailblazer to perform claim adjustments
- l. Hospital qualifying stays should be considered
- m. Consolidated billing/services under arrangements should be considered

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

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			
7047.1	Contractor shall review provided CMS Assumptions to determine level of effort needed to include SNF services to the eMRA process.	X									X
7047.2	Contractor shall provide additional Assumptions and rationale, if any, to determine level of effort needed to include SNF services to the eMRA process.	X									X
7047.3	Contractors shall provide hours (shared system maintainers) and level of effort (local Medicare contractor) according to their normal processes for doing so in the development of an analysis CR.	X									X

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			
	None.										

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:
N/A	

Section B: For all other recommendations and supporting information, use this space: None

V. CONTACTS

Pre-Implementation Contact(s): Antoinette S. Johnson at antoinette.johnson@cms.hhs.gov

Post-Implementation Contact(s): Regional Office.

VI. FUNDING

Section A: 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

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.