

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10990	Date: September 10, 2021
	Change Request 11588

SUBJECT: User CR: MCS - Enhance Health Professional Shortage Area (HPSA) Reports

I. SUMMARY OF CHANGES: Currently, certain Multi-Carrier System (MCS) HPSA reports display facility name, address, city, state & zip of where the service(s) was rendered if there is a Service Facility Location provided in the 2310C loop of the 5010A1 837 claim. If there is not a 2310C loop submitted on the claim, nothing is displayed on the report for the location of services rendered. The MACs must manually research claims that do not display the address to obtain the information. The information is used for CMS compliance monitoring to determine if the location where service was rendered is located in a HPSA designated area and entitled to the bonus payment. Per the 5010A1 implementation guide, segment detail for NM1-Service Facility Location Loops are situational and only required when the location of health care service is different than that carried in Loop ID-2010AA (Billing Provider). In instances when the 2420C or 2310C Facility Loops are not present, the billing provider address information should be used on the MCS reports. The MCS reports currently do not address information for split claims.

The purpose of this Change Request (CR) is to update the reports to display the address information for split claims in the same manner as the original (mother) claim. The information for the split claim can be found in the MCS Electronic Data Interchange (EDI) claim repository under the original claim.

For claims submitted with a place of service code of home ('12') or any other place of service considered a home setting by the MAC, the address information displayed on the report should be pulled from the 2010BA if Loops 2420C or 2310C loops are not present on the claim.

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	

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

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SUBJECT: User CR: MCS - Enhance Health Professional Shortage Area (HPSA) Reports

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: The purpose of this Change Request (CR) is to update the reports to display the address information for split claims in the same manner as the original (mother) claim. The information for the split claim can be found in the MCS Electronic Data Interchange (EDI) claim repository under the original claim.

Currently, certain Multi-Carrier System (MCS) HPSA reports display facility name, address, city, state & zip of where the service(s) was rendered if there is a Service Facility Location provided in the 2310C loop of the 5010A1 837 claim. If there is not a 2310C loop submitted on the claim, nothing is displayed on the report for the location of services rendered. The MACs must manually research claims that do not display the address to obtain the information. The information is used for CMS compliance monitoring to determine if the location where service was rendered is located in a HPSA designated area and entitled to the bonus payment. Per the 5010A1 implementation guide, segment detail for NM1-Service Facility Location Loops are situational and only required when the location of health care service is different than that carried in Loop ID-2010AA (Billing Provider). In instances when the 2420C or 2310C Facility Loops are not present, the billing provider address information should be used on the MCS reports. The MCS reports currently do not address information for split claims.

For claims submitted with a place of service code of home ('12') or any other place of service considered a home setting by the MAC, the address information displayed on the report should be pulled from the 2010BA if Loops 2420C or 2310C loops are not present on the claim.

B. Policy: This change is not related to any policy or regulation.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11588.1	MCS shall update the HPSA Subsample Detail Report (H99RDH86) and the HPSA Violator Detail Report (H99RDH87) to display the Service Facility Location Name and Address information provided in either Loop ID-2420C Service Facility Location Name or Address Loop ID-2010AA (Billing Provider) when						X			

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	<p>there is no 2310C Service Facility Location Name Loop present on the claim.</p> <p>The reports shall be updated to display the address information in the following order of precedence:</p> <ol style="list-style-type: none"> 2420C when present 2310C if no 2420C present 2010AA if no 2420C or 2310C present and POS is not equal to 12 (or any other place of service considered a home setting by the MAC) 2010BA if no 2420C or 2310C present and POS is equal to 12 (or any other place of service considered a home setting by the MAC) 										
11588.2	MCS shall create a new SPITAB table for MACs to enter place of service codes considered to be home and utilize that table when determining if the 2010AA or 2010BA should be displayed on the reports.						X				
11588.2.1	MACs shall update the new table with the Places of Service considered to be Home.		X								
11588.3	MCS shall update the HPSA reports (H99RDH86 and H99RDH87) to display the address information for split claims in the same manner as the original (mother) claim. The information for the split claim can be found in the MCS EDI claim repository under the original claim.						X				
11588.4	MCS shall add the Rendering Provider Specialty to the HPSA reports (H99RDH86 and H99RDH87).						X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
	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): Stacey Ndelle, 410-786-8208 or Stacey.Ndelle@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