

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2131	Date: August 17, 2018
	Change Request 10523

SUBJECT: Ensuring Home Health Standardized Amounts Are Reflected in the National Claims History

I. SUMMARY OF CHANGES: This Change Request (CR) corrects an oversight in CR 10167 that prevented Home Health (HH) standardized amounts from flowing to the National Claims History (NCH) database.

EFFECTIVE DATE: January 1, 2018 - Claim statement "Through" dates on or after this date.

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 7, 2019

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

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I. GENERAL INFORMATION

A. Background: In January 2018, CMS implemented CR 10167, which initiated the calculation of standardized payment amounts for HH claims. The requirements of that CR used an existing field to capture the standardized amount, on the assumption that this field flowed through all existing systems. Currently, the data is only transmitted to NCH on inpatient claims. Additional changes are needed for the Fiscal Intermediary Shared System (FISS) and the Common Working File (CWF) to send the field to the NCH appropriately on HH claims. The requirements below correct this oversight.

B. Policy: This CR contains no new policy.

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		
10523.1	The contractor shall send the HH standardized payment amount stored in the PPS-STNDRD-VALUE field to CWF on all claims with Type of Bill 032x.					X					
10523.2	The contractor shall add the PPS-STNDRD-VALUE field to the data transmitted to the National Claims History on all claims with Type of Bill 032x.									X	FPS, NCH

III. PROVIDER EDUCATION TABLE

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

		A	B	H H H	M A C	I
	None					

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:
.2	Currently, this field is only transmitted to NCH on inpatient hospital claims. The field is header level and will have the same attributes as the field on the inpatient claim. The corresponding NCH data field is CLM-PPS-STD-VAL-PMT-AMT.
.1	Since standardized amounts do not impact provider payment, claims adjustments are not required for the retroactive period. The requirement is effective back to January 1, 2018 to ensure that the greatest number of claims processed after January 1, 2019 reflect the data in NCH.

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

V. CONTACTS

Pre-Implementation Contact(s): Wil Gehne, wilfried.gehne@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: 0