

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2318	Date: July 2, 2019
	Change Request 11257

Transmittal 2311, dated May 24, 2019, is being rescinded and replaced by Transmittal 2318, dated July 2, 2019, to revise business requirements 11257.1 and 11257.4. All other information remains the same.

SUBJECT: New Bills Pending Reports to Assist Medicare Administrative Contractors (MACs) with Monthly Status Report (MSR)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to produce new Bills Pending reports in each system. Currently, the MACs are required to report bills pending (claims pending) in the MSR by specific time periods of days pending. These buckets are not the same as the buckets produced by current shared system reports. The benefit of this CR is that MACs will no longer need to manipulate data files to calculate this metric and to ensure standard calculations across all MACs.

EFFECTIVE DATE: October 1, 2019

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

IMPLEMENTATION DATE: October 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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SUBJECT: New Bills Pending Reports to Assist Medicare Administrative Contractors (MACs) with Monthly Status Report (MSR)

EFFECTIVE DATE: October 1, 2019

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IMPLEMENTATION DATE: October 7, 2019

I. GENERAL INFORMATION

A. Background: Currently, the MACs are required to report bills pending (claims pending) in the MSR by specific time periods of days pending. These buckets are not the same as the buckets produced by current shared system reports. This CR will produce new reports in each system so that MACs do not need to manipulate data files to calculate this metric and ensure standard calculations across all MACs.

B. Policy: There are no legislative or regulatory policies associated with this CR.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11257.1	The contractors shall create a new monthly summary report to show the "Total Number of Bills Pending" (also known as claims pending), for each of the following timeframes (in days pending): 1-30 Days 31-45 Days 46-60 Days 61-100 Days 101-180 Days 181-260 Days					X	X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	261-365 Days 366-500 Days 501-998 Days 999 days or greater									
11257.2	The contractors shall also create a new monthly detail report, which lists the claims in each of the timeframes listed on the summary report produced in Business Requirement 11257.1.					X	X	X		
11257.2.1	Contractors shall include the following fields on the detail report: <ul style="list-style-type: none"> • Claim number (CCN, DCN, or ICN) • Health Insurance Claim Number (HICN) • Date of Receipt (DOR) of the claim • Age of the claim in days • Claim Status and Location • Type of Bill (TOB) (FISS only) • Reason code on claim (FISS only) 					X	X	X		
11257.2.1.1	Contractors shall create a subtotal of the number of claims, by category, on the detail report.					X	X	X		
11257.3	Contractors shall create new summary and detail reports by contractor number.					X	X	X		
11257.4	The FISS maintainer shall obtain this report data from the volume found in line 13 of the FISS 308 report.					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11257.5	The Multi-Carrier System (MCS) maintainer shall obtain this report data from the volume found in line 17 of the MCS HBCRB053 report.						X			
11257.6	The VMS maintainer shall obtain this report data from the volume found in line 17 of the VMS 144 report.							X		
11257.7	MACs shall begin using the new reports to report Total Number of Bills Pending to CMS no later than the November 2019 workload report, which is due in December 2019.	X	X	X	X					

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:
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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):

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ATTACHMENTS: 0