CMS Manual System	Department of Health & Human Services (DHHS)					
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)					
Transmittal 1137	Date: November 1, 2012					
	Change Request 8014					

SUBJECT: PWK System Modifications for Processing Days

I. SUMMARY OF CHANGES: In order to accurately account for their claim processing timeliness requirements, contractors need to be credited for the number of PWK (paperwork) processing days needed to research and compile the additional PWK received from trading partners. Contractors will be able to receive credit for up to five calendar days for processing of the PWK documentation.

EFFECTIVE DATE: April 1, 2013

IMPLEMENTATION DATE: April 1, 2013

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 Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers: No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 obliged 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

Pub. 100-20 Transmittal: 1137 Date: November 1, 2012 Change Request: 8014

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EFFECTIVE DATE: April 1, 2013

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I. GENERAL INFORMATION

- **A. Background:** CMS began the work to implement the Paperwork (PWK) in 2003. In order to now complete the implementation, shared system changes are needed which will allow contractors to accurately account for their claims processing timeliness mandates.
- **B. Policy:** The Administrative Simplification provisions of HIPAA require the Secretary of HHS to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility													
		A/B MAC		D M	F I					red- tem		Other			
				Е		R	Н	M	aint	aine	rs				
		P	P			R	I	F	M	V	C				
		a	a	M		I		I	C	M					
		r t	r t	A C		E R		S S	S	S	F				
		A	В												
8014.1	Contractors shall modify the shared system to automatically back out up to five calendar days as "processing days" which are in addition to the "waiting days" which are already backed out per CR7041.							X	X						
8014.1.1	Contractors shall use the existing system PWK framework to ensure that only the necessary number of processing days which are needed are actually credited to contractor's timeliness.							X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Respo	Responsibility						
		A/B	D	F	С	R	Other		
		MAC	M	I	A	Н			
			Е		R	Н			

		P	P		R	I	
		a	a	M	I		
		r	r	A	E		
		t	t	C	R		
		A	В				
	None						

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A *Use "Should" to denote a recommendation.*

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Matthew Klischer, 410-786-7488 or Matthew.Klischer@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 do 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.