

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1367</b>	<b>Date: April 9, 2014</b>
	<b>Change Request 8629</b>

**Transmittal 1361, dated March 25, 2014, is being rescinded and replaced by Transmittal 1367 to remove the reference to Attachment #1 in Business Requirement 8629.1. All other information remains the same.**

**SUBJECT: Implementation of NACHA Operating Rules for Health Care Electronic Funds Transfers (EFT)**

**I. SUMMARY OF CHANGES:** The purpose of this CR is to implement compliance with NACHA operating rules that took effect on September 20, 2013, specifically those that apply to Originators of health care payments via the ACH payment network.

**EFFECTIVE DATE: July 1, 2014**

**IMPLEMENTATION DATE: July 7, 2014**

*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

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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 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.*



Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared-System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	Record (record type 5 field 3, positions 05-20) shall be populated with a name by which the provider will recognize the Health Plan.  For information on the NACHA Operating Rules that apply to health care payments, particularly with regard to requirements for originators, see <a href="https://healthcare.nacha.org/healthcarerules">https://healthcare.nacha.org/healthcarerules</a> .									
8629.1.1	A prenote shall be in a separate batch that does not use the entry description of HCCLAIMPMT. Prenotes shall use the following values for the Company Entry Description field: MED A PMT, MED B PMT, and DME PMT for Medicare Part A, Part B, and DME prenotes, respectively.	X	X	X	X	X	X	X		EDCs, EDS

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
8629.2	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X	

#### 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):** Matthew Albright, 410-786-2546 or [matthew.albright@cms.hhs.gov](mailto:matthew.albright@cms.hhs.gov), John Evangelist, 410-786-2885 or [john.evangelist@cms.hhs.gov](mailto:john.evangelist@cms.hhs.gov)

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

#### VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

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