

<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 1516</b>	<b>Date: July 2, 2015</b>
	<b>Change Request 9096</b>

**Transmittal 1489, dated May 1, 2015, is being rescinded and replaced by Transmittal 1516 in order to split the CR deliverables between the October 2015 (for CWF) and January 2016 (for MCS and VMS) releases. Business Requirement (BR) 9096.3 is also being modified to direct contractors to submit their analysis and design deliverable by the specified implementation dates instead of indicating a date in the BR. All other information remains the same.**

**SUBJECT: Analysis and Design for Part B Detail Line Expansion**

**I. SUMMARY OF CHANGES:** CMS is requesting an analysis and design estimate from the Part B and DME shared system maintainers and the Common Working File maintainer for an expansion in the number of detail lines of service which can be brought into the claims adjudication system and stored in downstream systems.

**EFFECTIVE DATE: October 1, 2015 for the CWF Maintainer and January 1, 2016 for the MCS and VMS Maintainers**

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

**IMPLEMENTATION DATE: October 5, 2015 for the CWF Maintainer and January 4, 2016 for the MCS and VMS Maintainers**

*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.*

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

Pub. 100-20	Transmittal: 1516	Date: July 2, 2015	Change Request: 9096
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## I. GENERAL INFORMATION

**A. Background:** In an effort to ensure that beneficiaries are receiving the best possible care from Medicare providers, Congress has directed the Centers for Medicare & Medicaid Services (CMS) to implement several different quality measure/functional reporting programs over the last six years. These programs each require the submission of quality measure data, in the form of non-payable procedure codes, on detail lines of the claim. With a downstream system limitation of thirteen details lines of service on Professional claims, it is becoming increasingly more difficult to continue to support both current and future quality measure/functional reporting initiatives without negatively impacting our provider's fee-for-service claims adjudication.

The CMS wants to assess the feasibility of increasing the number of detail lines which can be submitted to the claims processing systems, as well as, the downstream systems. The current maximum number of detail lines allowed by the ASC X12 837 Professional (837P) claim transaction is 50. At a minimum, CMS believes that there is a need to expand the downstream systems to allow for 50 detail lines. However, in order to accommodate future quality measure/functional reporting initiatives, CMS would like to also assess an expansion to 100 detail lines.

Therefore, CMS is requesting an analysis and design estimate from the Part B and DME shared system maintainer for an expansion to 100 detail lines and from the Common Working File maintainer for both an expansion to 50 detail lines as well as 100 detail lines. The maintainers shall include all system requirements necessary for the expansion as well as any additional suggestions related to the expansion. In addition, they should provide us with any concerns and/or issues, as they see it, along with their proposed solution(s).

**B. Policy:** The 2006 Tax Relief and Health Care Act (TRHCA) (P.L. 109-432) required the establishment of a physician quality reporting system, including an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility
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		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	
9096.1	Contractor shall perform a detailed analysis and design to accommodate 50 service lines, as well as, 100 service lines in claims history.								X	
9096.2	Contractor shall perform a detailed analysis and design to accommodate 100 service lines in the claims processing system.						X	X		
9096.3	Contractors shall provide their analysis and design document in Microsoft Word format and deliver via email to the CMS contacts listed on this Change Request by the implementation dates shown.						X	X	X	
9096.3.1	Contractors shall post their analysis and design document (minus the LOE) to eChimp.						X	X	X	
9096.4	Contractors shall attend up to 6 conference calls, lasting no longer than 1 hour, regarding the expansion of the detail lines. At this time, the call frequency is undetermined.		X		X		X	X	X	BDS, FPS, HIGLAS, IDR, NCH
9096.4.1	Contractor shall capture, produce, and distribute meeting minutes for each conference call.						X			
9096.4.1.1	Once approved, contractor shall post meeting minutes to eChimp.						X			

### 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				
	None					

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information: N/A</b>
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**Section B: All other recommendations and supporting information: N/A**

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Dennis Savedge, 410-786-0140 or dennis.savedge@cms.hhs.gov, Whitney Korangkool, 410-786-0551 or whitney.korangkool@cms.hhs.gov, Brian Reitz, 410-786-5001 or brian.reitz@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**