CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 664	**Date: March 26, 2010**
	Change Request 6858

SUBJECT: Implementation of the HIPAA Version 5010 276/277 Claim Status Multi-Carrier System (MCS) Only Transaction Pairing Fix

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to correct the method used by Part B Multi-Carrier System in paring the HIPAA Version 5010 276/277 Claim Status transactions.

EFFECTIVE DATE: July 1, 2010
IMPLEMENTATION DATE: July 6, 2010

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:
N/A

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.

Entities covered: A/B MACs

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 664	Date: March 26, 2010	Change Request: 6858

SUBJECT: Implementation of the HIPAA Version 5010 276/277 Claim Status Multi-Carrier System (MCS) Only Transaction Pairing Fix

Effective Date: July 1, 2010

Implementation Date: July 6, 2010

I. GENERAL INFORMATION

A. Background: This Change Request (CR) is to correct the method used by the Part B Multi-Carrier System in paring the HIPAA Version 5010 276/277 Claim Status transactions.

This CR provides direction to the following stakeholders:

1. Shared System Maintainers (SSM) for:
    a. Multi Carrier System (MCS),
2. The following Part A and Part B (A/B) Medicare Administrative Contractors (MACs) and their subcontractors as appropriate:
    a. Jurisdiction 1 – Palmetto Government Benefits Administrator,
    b. Jurisdiction 3 – Noridian Administrative Services,
    c. Jurisdiction 4 – TrailBlazer Health Enterprise,
    d. Jurisdiction 5 – Wisconsin Physicians Services,
    e. Jurisdiction 9 – First Coast Service Options (FCSO),
    f. Jurisdiction 10 – Cahaba Government Benefit Administrators,
    g. Jurisdiction 12 – Highmark Medicare Services,
    h. Jurisdiction 13 – National Government Services,
    i. Jurisdiction 14 – National Heritage Insurance Corp,

This CR also provides guidance to SSMs related to the following CRs:

1. MCS – CR 6411 – Transmittal 476
2. MCS – CR 6721 – Transmittal 610

Estimates for this CR should include a breakdown as part of the Level of Effort (LOE) response, utilizing the following table to be included in the "Estimate-Specific Comments" portion of the LOE template, to follow the Investment Lifecycle Phases.

Investment Lifecycle Phase	Total Hours	Total Cost
Pre-Implementation/CR Review		
Design & Engineering Phase		
Development Phase		
Testing Phase		
Implementation Phase		

Please note that the Pre-Implementation/CR Review costs will not be funded under the unique funding situation for the 5010/D.0 project, but instead out of the MAC's allotted hours for Pre-Implementation/CR Review.

B. Policy: Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Final Rule as published in the Federal Register on January 16, 2009, by the Department of Health and Human Services, 45 CFR Part 162, Subpart N-Health Care Claim Status.

II. BUSINESS REQUIREMENTS TABLE

Use"Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6858.1	The MCS Maintainer shall change the method used to process the inbound 00510 276 Claim Status and generate the outbound CMS defined 277 Flat File to match transactions (276 & 277) in a one to one manner.							X			
6858.2	The MCS Maintainer shall carry the value from the Control Record (CTR) in field CTR17 with the value from the Local Data Center for all inbound 276 transactions to the outbound Control Record in CTR17 when generating the 277 outbound flat file.							X			
6858.3	The A/B MACs shall perform testing of the MCS based claim status changes.	X									
6858.4	The MCS Maintainer shall modify the logic to ensure that a given claim status code is effective at the time the 277 STC is created.							X			
6858.4.1	The MCS Maintainer shall modify the H99TSTCD spitab edits that require a value in element E (DEFAULT STATUS CODE) under the following conditions: 1. A code end date is added to a claim status code. 2. A future code effective date is entered with a new claim status code.							X			
6858.5	The A/B MACs and the MCS Maintainer shall perform any catch-up maintenance required between the installation of CR 6411 and the July 2010 Release Implementation Date for the Claim Status Category and Claim Status Code sets.	X						X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
None.	

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

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Jason Jackson, (410) 786-6156, jason.jackson3@cms.hhs.gov

VI. FUNDING

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

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 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.

Unique Funding Situation: Entities covered: A/B MACs.