

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 877	Date: April 22, 2011
	Change Request 7365

SUBJECT: Modify the Common Working File (CWF) Application to Allow the Medicare Secondary Payer (MSP) Effective and Termination dates for all MSP Occurrences to be Equal.

I. SUMMARY OF CHANGES: Modify the CWF to allow the MSP effective and termination dates for MSP occurrences to be equal and for the CWF not to issue the SP32 error for non-group health plans (non-GHP) and for GHP records.

EFFECTIVE DATE: *October 1, 2011

IMPLEMENTATION DATE: October 3, 2011

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; Contractor activities are to be carried out within 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 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

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

Attachment – One-Time Notification

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SUBJECT: Modify the Common Working File (CWF) Application to Allow the Medicare Secondary Payer (MSP) Effective and Termination dates for all MSP Occurrences to be Equal.

EFFECTIVE DATE: October 1, 2011

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I. GENERAL INFORMATION

A. Background: The MSP effective and termination dates identify periods of coverage where another insurer pays before Medicare. Edits are established in CWF that restrict certain MSP records from applying or terminating inappropriately. SP32 indicates an invalid MSP termination date. Previously termination dates were restricted to dates at least 30 days greater than the effective date. A recent change to the CWF removed this limitation, but retained an edit that the termination date must be greater than the effective date. For example, an MSP occurrence with an effective date of 01/01/2011 with a termination date of 01/01/2011, would receive a SP32 error. Some non-group health plans (non-GHPs) indicated there are certain situations (no-fault most often) where all fiscal responsibilities end on the same day of the occurrence. The purpose of this change request is to modify the CWF to allow GHP and non-GHP effective and termination dates for MSP occurrences to equal and for the CWF not to issue the SP32.

B. Policy: It was previous policy not to allow the MSP effective and termination date to equal and for Medicare not to make MSP payments where the one day MSP period contained a validity indicator of “Y”. Due to changes in CWF, as described in the background above, CWF shall allow and recognize the “Y” validity indicator as a valid one day open MSP record when the MSP effective date and MSP termination date on MSP occurrences are equal.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A D B M A C	D M E M A C	F I I E R	C A R I E R	R H H I	Shared-System Maintainers				OTHE R
						F I S S	M C S	V M S	C W F		
7365.1	CWF shall allow for the MSP termination date to be equal to or greater than the MSP effective date and recognize this as a valid MSP record.									X	
7365.2	CWF shall allow and recognize the “Y” validity indicator as a valid one day open MSP record when the MSP effective date and MSP termination date on MSP occurrences are equal.									X	
7365.3	Contractors and the shared systems shall make a	X	X	X	X	X	X		X	X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHE R
							F I S S	M C S	V M S	C W F	
	secondary payment, as necessary, if the claim date of service is equal to the effective date or between the effective and termination or equal to the termination date.										
7365.4	CWF shall update SP32 to allow for the MSP effective and termination dates to be equal.										X
7365.5	Contractors and shared systems shall update their systems to recognize and allow for these MSP changes.	X	X	X	X	X	X		X		COBC
7365.6	This updated policy shall not apply to "W" (Workers' Compensation Set Aside) records found on CWF.										X

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: NA

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: NA

V. CONTACTS

Pre-Implementation Contact(s): Richard Mazur, (410) 786-1418, Richard.Mazur2@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) 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; contractor activities are to be carried out within their operating budgets.

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

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