
CMS Manual System

Pub. 100-20 One-Time Notification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 75

Date: APRIL 23, 2004

CHANGE REQUEST 3147

I. SUMMARY OF CHANGES: One time instructions for audit intermediary cost reporting processes to accommodate claims processing errors that prevented some supply charges from being reported on home health prospective payment system claims.

NEW/REVISED MATERIAL - EFFECTIVE DATE: Cost reporting periods
ending on or after October 1, 2002
***IMPLEMENTATION DATE:** May 24, 2004

Disclaimer: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. SCHEDULE OF CHANGES (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: *Medicare contractors only:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 75	Date: April 23, 2004	Change Request 3147
-------------	-----------------	----------------------	---------------------

SUBJECT: One time instructions for audit intermediary cost reporting processes to accommodate claims processing error that prevented some supply charges from being reported on home health prospective payment system claims.

I. GENERAL INFORMATION

A. Background:

On January 2, 2004, CMS published Transmittal 37, which provided one-time instructions to Regional Home Health Intermediaries (RHHIs) regarding an error in the Fiscal Intermediary Shared System (FISS) which did not allow certain home health prospective payment system (HH PPS) claims to process if the claims contained service lines reporting supply charges. This error occurred in FISS during the period between October 1, 2002, and June 30, 2003. Claims with both paid dates and service dates within this period were affected.

Transmittal 37 instructed RHHIs affected by the error to provide instructions to HHAs that the HHAs may supplement supply data from their provider statistical and reimbursement (PS&R) system reports with additional information from their records to account for the lost supply charges. It instructed cost reporting staff from these RHHIs not to adjust down supply charge data on HHA cost reports to match PS&R in order to ensure the additional supply data is not lost in the settlement process. The instruction did not require a request for supporting documentation from the provider or any new audit procedures for the information.

Provider-based HHAs billing FISS-user RHHIs were also affected by this error. Transmittal 37 accidentally omitted instructions for audit intermediaries of these provider-based HHAs to take the same cost reporting action as the RHHIs. The requirement below corrects this omission.

B. Policy:

This instruction describes an exceptional process limited in effect to the time period described above. For all other cost reporting periods, existing cost reporting instructions and policies are unchanged.

C. Provider Education:

None. Required education steps have been taken by the RHHIs as directed by Transmittal 37.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3147.1	Intermediaries shall ensure that supply charges reported by provider-based HHAs which are in excess of PS&R totals for periods that include services rendered from October 1, 2002, through June 30, 2003, are not changed to match PS&R data.	All Audit Intermediaries

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
3147.1	The supply charge fields on the hospital-based HHA cost report affected by this instruction are the fields in Worksheet S-4, line 38; and Worksheet H-6, Part I, line 5, columns 6, 7, & 8 (charges), as applicable. The fields affected for the SNF based HHA cost report are worksheet S-4, part III, line 18 and worksheet H-5, part III, line 5, columns 5, 6, & 7, as applicable.

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements
N/A	

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: Cost reporting periods that include services rendered from October 1, 2002, through June 30, 2003.</p> <p>Implementation Date: May 24, 2004</p> <p>Pre-Implementation Contact(s): Wil Gehne, (410) 786-6148, wgehne@cms.hhs.gov Darryl Simms (410) 786-4524, dsimms@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Regional Offices</p>	<p>These instructions shall be implemented within your current operating budget</p>
--	---