CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 204 | **Date: JUNE 14, 2004**

CHANGE REQUEST 3306

I. SUMMARY OF CHANGES: Fiscal intermediaries (FIs) – including regional home health intermediaries (RHHIs) and carriers - including durable medical equipment regional carriers (DMERCs) shall provide data for monthly reports on HIPAA electronic claims compliance. The data shall be broken out by provider type, reported separately for each State served by a FI or carrier and include: total number of electronic claims processed or received, number of electronic claims processed or received that were in other than a HIPAA-compliant format, total number of providers/suppliers submitting electronic claims, and number of providers/suppliers submitting electronic claims that were in other than a HIPAA-compliant format.

As long as CMS understands the methodology for producing the data for these reports, FIs or carriers using the VIPS Medicare System (VMS), including DMERCs, can provide data based on either claims received or claims processed, including or excluding front-end return/rejection claims or return to provider (RTP) claims. So you can generate this data in a cost efficient manner, we are being flexible with either using claims received or claims processed. As long as we understand your methodology, we can account for minor discrepancies between contractors in the data provided.

Blue Cross Blue Shield Arkansas will provide a utility, distributed by Electronic Data Systems to each Medicare data center supporting the Multi Carrier System (MCS) Part B shared system so it can be installed for MCS carriers to extract data based on claims processed. There will be no need for individual MCS carrier programming to produce data for these reports.

This data shall be produced starting with data for the month of July 2004 (data due August 6, 2004) continuing each month through the month of December 2004 (data due January 7, 2005).

NEW/REVISED MATERIAL - EFFECTIVE DATE: August 6, 2004
***IMPLEMENTATION DATE: August 6, 2004**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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:
(R = REVISED, N = NEW, D = DELETED

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

***III. FUNDING:**

These instructions shall be implemented within your current operating budget or a supplemental budget request shall be submitted no later than July 9, 2004 if your current operating budget can't support this activity. Contractors shall report costs associated with this activity under new activity code 14020.

Contractors shall obtain prior CMS approval by contacting Rich Cuchna at 410-786-7239 or rcuchna@cms.hhs.gov if the one time cost, per line of business, for setting up the process to produce this data equals or exceeds $1,000 or the monthly cost, per line of business, for generating this data equals or exceeds $1,000 per month. Per line of business is defined as Part A (including RHHI) or Part B or DMERC.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

Attachment - One-Time Notification

Pub. 100-04	**Transmittal: 204**	**Date: June 14, 2004**	**Change Request 3306**

SUBJECT: Medicare HIPAA Electronic Claims Compliance Report

I. GENERAL INFORMATION

A. Background:

The CMS is considering options to encourage HIPAA electronic claims submission transaction compliance and evaluating when to terminate the Medicare HIPAA contingency plan. When CMS makes the decision to terminate the Medicare HIPAA contingency plan, it is important to understand the impact of termination on individual provider types.

The following additional data is needed by CMS, broken out by provider type, reported separately for each State served by a fiscal intermediary (FI) or carrier: total number of electronic claims processed or received, number of electronic claims processed or received that were in other than a HIPAA-compliant format, total number of providers/suppliers submitting electronic claims, and number of providers/suppliers submitting electronic claims that were in other than a HIPAA-compliant format.

As long as CMS understands the methodology for producing the data for these reports, FIs or carriers using the VIPS Medicare System (VMS) can provide data based on either claims received or claims processed, including or excluding front-end return/rejection claims or return to provider (RTP) claims. So you can generate this data in a cost efficient manner, we are being flexible with either using claims received or claims processed. As long as we understand your methodology, we can account for minor discrepancies between contractors in the data provided.

Blue Cross Blue Shield Arkansas will provide a utility, distributed by Electronic Data Systems to each Medicare data center supporting the Multi Carrier System (MCS) Part B shared system so it can be installed for MCS carriers to extract data based on claims processed. There will be no need for individual MCS carrier programming to produce data for these reports.

Where the term submitted/submitting is used throughout this document, it can mean the claims statistics data is being generated based on either received or processed claims.

B. Policy: Public Law 104-191

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

“Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3306.1	Contractors shall generate data for monthly reports, based on electronic claims either received or processed (see BR 3306.1.5 and 3306.1.6), encompassing data from the first day of the month through the last day of the month. Contractors shall report data separately for each State served. The break out of claims statistics data shall be by provider type identifying the following: • Total number of electronic claims processed or received • Number of electronic claims processed or received that were in other than a HIPAA-compliant format • Total number of providers/suppliers submitting electronic claims • Number of providers/suppliers submitting electronic claims that were in other than a HIPAA-compliant format. Palmetto GBA does not need to report this data for their Railroad Medicare contract.	All FIs - Including Regional Home Health Intermediaries (RHHIs), All Carriers - Including Durable Medical Equipment Regional Carriers (DMERCs)
3306.1.1	Contractors shall consider HIPAA compliant electronic claims, for purposes of this report, as claims that are submitted in the X12N 837 version 4010.A.1 format or Direct Data Entry (DDE) or to DMERCs in the NCPDP Telecommunication 5.1 and Batch 1.1 IG format.	All FIs – Including RHHIs, All Carriers - Including DMERCs
3306.1.2	Contractors shall consider non-HIPAA compliant claims as electronic claims that are submitted in a pre-4010.A.1 version of the 837, in the National Standard Format (NSF), or in the UB-92 flat file.	All FIs – Including RHHIs, All Carriers - Including DMERCs
3306.1.3	Contractors shall consider facsimile, OCR, and keyshop claims as non-electronic claims for this report. These types of claims shall be excluded from this report.	All FIs – Including RHHIs, All Carriers - Including DMERCs

3306.1.4	The billing provider is considered HIPAA compliant if at any time during the reporting period they submitted a claim in a HIPAA compliant format. If a billing provider submits DDE claims as well as electronic claims in another format, only consider the billing provider HIPAA compliant if a claim other than a DDE claim is submitted in a HIPAA compliant format.	All FIs – Including RHHIs, All Carriers - Including DMERCs
3306.1.5	FIs or carriers using the VMS shared system, including DMERCs, shall count claims and providers/suppliers based on either the date claims are received or the date claims are processed, whichever is more cost efficient for generating this data. FIs or carriers using the VMS shared system, including DMERCs, can either include or excluding front-end return/rejection claims or RTP claims, whichever is more cost efficient for generating this data. For the first month of data (July 2004), we understand generating the data for these reports is contingent on the implementation of CR 2981, thus FIs or carriers using the VMS shared system, including DMERCs, may only be able to capture data for claims from July 6, 2004 through July 31, 2004. FIs or carriers using the VMS shared system, including DMERCs, shall send notification to Rich Cuchna at RCuchna@cms.hhs.gov not later than 06/25/04 identifying their methodology (either by received or processed, including or excluding front-end return/rejection claims or RTP claims) for generating the data for these reports.	All FIs – Including RHHIs, All Carriers utilizing the VMS shared system - Including DMERCs
3306.1.6	Carriers on the MCS Part B shared system shall use a utility provided by Blue Cross Blue Shield Arkansas, distributed by Electronic Data Systems to each Medicare data center supporting the MCS Part B shared system so it can be installed for MCS carriers to extract data needed for these reports. There will be no need for individual MCS carrier programming to produce this data. The utility will extract data based on claims processed (paid and denied). Additional information will be	All Carriers utilizing the MCS Part B shared system

	provided when the utility is available for MCS carrier testing no later than July 6, 2004. MCS carriers shall provide their report data per business requirement 3306.4.	
3306.1.7	Contractors shall generate data for reports that is a monthly snapshot. To maintain consistency across Medicare FFS contractors, data for reports shall not be a progressive count over time (multiple months).	All FIs – Including RHHIs, All Carriers - Including DMERCs
3306.1.8	DMERCs shall determine the State report for reporting supplier data based on the physical location of the supplier, not their payee address.	All DMERCs
3306.1.9	Contractors shall be exempt from reporting data for States where all the billing providers submitting electronic claims to them are submitting all electronic claims in a HIPAA compliant format. Contractors will simply check a box on the appropriate State report form indicating all electronic claims are submitted in a HIPAA compliant format.	All FIs – Including RHHIs, All Carriers - Including DMERCs
3306.2	FIs including RHHIs shall identify provider type by looking at the 3rd – 6th digits of the provider number.	All FIs – Including RHHIs
3306.2.1	FIs including RHHIs shall exclude DDE transactions from the non-HIPAA compliant totals. DDE claims are considered HIPAA compliant.	All FIs – Including RHHIs
3306.2.2	FIs including RHHIs shall combine under provider type "Home Health Agencies" the following: • 3100-3199 Home Health Agencies • 7000-8499 Continuation of Home Health Agencies • 9000-9799 Continuation of Home Health Agencies	All FIs – Including RHHIs
3306.2.3	FIs including RHHIs shall combine under provider type "Renal Dialysis Facilities" the following: • 2300-2499 Hospital Based Renal Dialysis Facilities • 2500-2899 Independent Renal Dialysis Facilities	All FIs – Including RHHIs

	• 2900-2999 Independent Special Purpose Renal Dialysis Facility • 3500-3699 Hospital Based Satellite Renal Dialysis Facilities • 3700-3799 Hospital Based Special Purpose Renal Dialysis Facility	
3306.2.4	FIs including RHHIs shall combine under provider type “Rural Health Clinics” the following: • 3800-3974 Rural Health Clinics (Free-Standing) • 8900-8999 Continuation of Rural Health Clinics (Free-Standing) • 3975-3999 Rural Health Clinics (Provider-Based) • 3400-3499 Continuation of Rural Health Clinics (Provider-Based) • 8500-8899 Continuation of Rural Health Clinics (Provider-Based)	All FIs – Including RHHIs
3306.2.5	FIs including RHHIs shall combine under provider type “Rehabilitation Facilities” the following: • 4500-4599 Comprehensive Outpatient Rehabilitation Facilities • 4800-4899 Continuation of Comprehensive Outpatient Rehabilitation Facilities • 3200-3299 Continuation of Comprehensive Outpatient Rehabilitation Facilities • 6500-6989 Outpatient Physical Therapy Services	All FIs – Including RHHIs
3306.2.6	FIs including RHHIs shall combine under provider type “Hospitals” the following: • 0001-0879 Short-Term (General and Specialty) Hospitals • 0900-0999 Multiple Hospital Component in a Medical Complex • 2000-2299 Long-Term Hospitals • 3025-3099 Rehabilitation Hospitals • 3300-3399 Children’s Hospitals	All FIs – Including RHHIs

	• 4000-4499 Psychiatric Hospitals • 0880-0899 Hospitals participating in ORD Demonstration Project Include all distinct part units (including units with ‘S’ or ‘T’ in third position of the provider number) of each of these facilities under the “Hospitals” provider type.	
3306.2.7	FIs including RHHIs shall combine under provider type “Community Mental Health Centers” the following: • 4600-4799 Community Mental Health Centers • 4900-4999 Continuation of Community Mental Health Centers • 1400-1499 Continuation of Community Mental Health Centers	All FIs – Including RHHIs
3306.2.8	FIs including RHHIs shall have a separate category for each of the following provider types: • 1300-1399 Critical Access Hospitals • 1500-1799 Hospices • 1800-1989 Federally Qualified Health Centers • 1990-1999 Religious Non-medical Health Care Institutions • 5000-6499 Skilled Nursing Facilities Include all distinct part units (including units with ‘U’, ‘W’, or ‘Z’ in third position of the provider number) of a facility under each appropriate provider type category for that parent facility.	All FIs – Including RHHIs
3306.2.9	FIs including RHHIs shall include all distinct part units of a facility under each appropriate provider type category for the parent facility. Whereas a provider type has not been identified in this document for a facility submitting claims, combine these under the provider type “Other”.	All FIs – Including RHHIs

3306.3	Carriers including DMERCs shall identify billing provider type by the primary specialty field in the carrier and DMERC provider profile.	All Carriers - Including DMERCs
3306.3.1	Carriers including DMERCs shall combine under provider type "Physician" the following: • 01-General Practice • 02-General Surgery • 03-Allergy/Immunology • 04-Otolaryngology • 05-Anesthesiology • 06-Cardiology • 07-Dermatology • 08-Family Practice • 10-Gastroenterology • 11-Internal Medicine • 13-Neurology • 14-Neurosurgery • 16-Obstetrics/Gynecology • 18-Ophthalmology • 19-Oral Surgery • 20-Orthopedic Surgery • 22-Pathology • 24-Plastic and Reconstructive Surgery • 26-Psychiatry • 28-Colorectal Surgery • 29-Pulmonary Disease • 33-Thoracic Surgery • 34-Urology • 37-Pediatric Medicine • 38-Geriatric Medicine • 39-Nephrology • 40-Hand Surgery • 44-Infectious Disease • 46-Endocrinology • 48-Podiatry • 66-Rheumatology • 70-Single or Multi-specialty Clinic or Group Practice • 76-Peripheral Vascular Disease • 77-Vascular Surgery • 78-Cardiac Surgery • 79-Addiction Medicine	All Carriers - Including DMERCs

	• 81-Critical Care (Intensivists) • 82-Hematology • 83-Hematology/Oncology • 84-Preventive Medicine • 85-Maxillofacial Surgery • 86-Neuropsychiatry • 90-Medical Oncology • 91-Surgical Oncology • 92-Radiation Oncology • 93-Emergency Medicine • 98-Gynecological/Oncology • 99-Unknown Physician Specialty	
3306.3.2	Carriers including DMERCs shall combine under provider type "Therapy" the following: • 09-Interventional Pain Management • 12-Osteopathic Manipulative Therapy • 25-Physical Medicine and Rehabilitation • 65-Physical Therapist in Private Practice • 67-Ocupational Therapist in Private Practice • 72-Pain Management • 74-Radiation Therapy Center	All Carriers - Including DMERCs
3306.3.3	Carriers including DMERCs shall combine under provider type "Diagnostic Test/Lab" the following: • 30-Diagnostic Radiology • 36-Nuclear Medicine • 45-Mammography Screening Center • 47-Independent Diagnostic Testing Facility • 63-Portable X-Ray Supplier (Billing Independently) • 75-Slide Preparation Facilities • 94-Interventional Radiology	All Carriers - Including DMERCs
3306.3.4	Carriers including DMERCs shall combine under provider type "Non-Physician Supplier" the following: • 51-Medical Supply Company/Orthotic • 52-Medical Supply Company/Prosthetic	All Carriers - Including DMERCs

	• 53-Medical Supply Company/Prosthetic/Orthotic • 54-Medical Supply Company • 58-Medical Supply Company with Registered Pharmacist • 87-All Other Suppliers, e.g., Drug Stores • 88-Unknown Supplier/Provider • 96-Optician • A5-Pharmacy • A6-Medical Supply Company with Respiratory Therapist • A7-Department Store • A8-Grocery Store	
3306.3.5	Carriers including DMERCs shall combine under provider type “Limited Licensed Practitioner” the following: • 32-Anesthesiologist Assistants • 35-Chiropractic • 41-Optometry • 42-Certfied Nurse Midwife • 43-Certified Registered Nurse Anesthetist • 50-Nurse Practitioner • 55-Individual Orthotic Personnel • 56-Individual Prosthetic Personnel • 57-Individual Prosthetic/Orthotic Personnel • 60-Public Health or Welfare Agencies • 61-Voluntary Health or Charitable Agencies • 62-Clinical Psychologist (Billing Independently) • 64-Audiologist (Billing Independently) • 68-Clinical Psychologist • 71-Registered Dietician/Nutrition Professional • 73-Mass Immunization Roster Biller • 80-Licensed Clinical Social Worker • 89-Certified Clinical Nurse Specialist • 97-Physician Assistant	All Carriers - Including DMERCs

3306.3.6	Carriers including DMERCs shall combine under provider type "Other" the following: • A0-Hospital • A1-Skilled Nursing Facility • A2-Intermediate Care Nursing Facility • A3-Nursing Facility, Other • A4-Home Health Agency • Whereas a provider type has not been identified in this document for a billing provider submitting claims, combine these under the provider type "Other".	All Carriers - Including DMERCs
3306.3.7	Carriers including DMERCs shall have a separate category for each of the following provider/supplier types: • 49-Ambulatory Surgical Center • 59-Ambulance Service Supplier • 69-Clinical Laboratory	All Carriers - Including DMERCs
3306.4	Contractors shall input their monthly data via the DDISData.INFO Web site on tables established on the web site by CMS for each State the contractor serves. The information contractors shall input by provider type includes: • Total number of electronic claims processed or received • Number of electronic claims processed or received that were other than a HIPAA-compliant format • Total number of providers/suppliers submitting electronic claims • Number of providers/suppliers submitting electronic claims that were in other than a HIPAA-compliant format The following information will be automatically calculated and shall not require calculation and input by the contractors: • Percentage of electronic claims processed or received that were in other than a HIPAA-	All FIs – Including RHHIs, All Carriers - Including DMERCs

	compliant format • Percentage of providers/suppliers submitting electronic claims that were in other than a HIPAA-compliant format • Total line that combines all provider types for each State report. The Web address for submission of your reports is **www.ddisdata.info**. This is the same Web site you currently input your weekly HIPAA testing report data. The individual(s) currently inputting your HIPAA testing report data via this same Web site, when possible, shall be the individual(s) inputting this data. We will setup conference calls with the registered users of this web site prior to July 23rd to answer any questions contractors may have about entering this data.	
3306.4.1	Contractors shall input their data for these reports no later than the fifth business day following the last day of the month by midnight Eastern Standard Time (EST). Refer to the following data reporting schedule: • July 2004 data due August 6, 2004 • August 2004 data due September 8, 2004 • September 2004 data due October 7, 2004 • October 2004 data due November 5, 2004 • November 2004 data due December 7, 2004 • December 2004 data due January 7, 2005 Contractors shall contact Rich Cuchna at 410-786-7239 or RCuchna@cms.hhs.gov if these timeframes can't be met.	All FIs – Including RHHIs, All Carriers - Including DMERCs
3306.5	Contractors shall obtain prior CMS approval by contacting Rich Cuchna at 410-786-7239 or RCuchna@cms.hhs.gov if the one time cost, per line of business, for setting up the process to produce this data equals or exceeds $1,000 or the monthly cost, per line of business, for generating this data equals or exceeds $1,000 per month. Per line of business is defined as Part A (including RHHI) or Part B or DMERC.	All FIs – Including RHHIs, All Carriers - Including DMERCs

3306.5.1	Contractors shall report costs associated with	All FIs – Including

	this activity under activity code 14020. Activity code 14020 is a new activity code.	RHHIs, All Carriers - Including DMERCs

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: None

X-Ref Requirement #	Instructions

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements
1	See attached report format.

C. Interfaces: None

D. Contractor Financial Reporting /Workload Impact: None

E. Dependencies: None

F. Testing Considerations: None

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: August 6, 2004 **Implementation Date:** August 6, 2004 **Pre-Implementation Contact(s):** Rich Cuchna @ (410) 786-7239 Rcuchna@cms.hhs.gov **Post-Implementation Contact(s):** Appropriate Regional Office	**These instructions shall be implemented within your current operating budget or a supplemental budget request shall be submitted no later than July 9, 2004 if your current operating budget can't support this activity.**

Attachment

State of						
MM/YY		Institutional			Part A/RHHI	
Provider Type	Total Electronic Claims Processed/ Received	Number of Electronic Claims in Other Than a HIPAA-Compliant Format	*% Electronic Claims in Other Than A HIPAA Compliant Format	Total Number of Providers Submitting Electronic Claims	Number of Providers Submitting Electronic Claims in Other Than a HIPAA-Compliant Format	*% of Providers Submitting Electronic Claims in Other Than a HIPAA Compliant Format
Community Mental Health Centers						
Critical Access Hospitals						
Federally Qualified Health Centers						
Home Health Agencies						
Hospices						
Hospitals						
Rehabilitation Facilities						
Religious Non-Medical Health Care Institutions						
Renal Dialysis Facilities						
Rural Health Clinics						
Skilled Nursing Facilities						
Other						
*Total for All Provider Types						

*Note that the fourth and seventh columns (percentage columns) will automatically be calculated upon entry of data in the other fields on the spreadsheet. The row "Total for All Provider Types" will also be automatically calculated upon entry of other fields on the spreadsheet. Fiscal intermediary and carrier input of these fields will not be required.

State of						
MM/YY		Professional			Part B/DMERC	
Provider Type	Total Electronic Claims Processed/ Received	Number of Electronic Claims in Other Than a HIPAA-Compliant Format	*% Electronic Claims in Other Than A HIPAA Compliant Format	Total Number of Providers/ Suppliers Submitting Electronic Claims	Number of Providers/ Suppliers Submitting Electronic Claims in Other Than a HIPAA-Compliant Format	*% of Providers/ Suppliers Submitting Electronic Claims in Other Than a HIPAA Compliant Format
Ambulance Service Supplier						
Ambulatory Surgical Center						
Clinical Laboratory						
Diagnostic Test/Lab						
Limited Licensed Practitioner						
Non-Physician Supplier						
Physician						
Therapy						
Other						
*Total for All Provider Types						

*Note that the fourth and seventh columns (percentage columns) will automatically be calculated upon entry of data in the other fields on the spreadsheet. The row "Total for All Provider Types" will also be automatically calculated upon entry of other fields on the spreadsheet. Fiscal intermediary and carrier input of these fields will not be required.