CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 10429	**Date: October 30, 2020**
	Change Request 12021

SUBJECT: Processing of Multiple Unsolicited Responses on the Same Home Health Claims

I. SUMMARY OF CHANGES: This change request updates the Original Medicare systems to apply multiple unsolicited responses on the same home health claim. Under the Patient-Driven Groupings Model (PDGM), this scenario can now occur in rare cases.

EFFECTIVE DATE: January 1, 2020
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 5, 2021

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 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: 10429	Date: October 30, 2020	Change Request: 12021

SUBJECT: Processing of Multiple Unsolicited Responses on the Same Home Health Claims

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I. GENERAL INFORMATION

A. Background: Original Medicare systems have no process to apply two unsolicited responses to the same Home Health (HH) claim in the same processing cycle. Prior to the implementation of the HH Patient-Driven Groupings Model (PDGM), no such process was needed. An inpatient hospital claim could only trigger an Unsolicited Response (UR) to a previously paid HH claim to update the claim's A-B shift information. All other URs and Informational Unsolicited Responses (IURs) that affect an HH claim were triggered by other HH claims. URs and IURs differ in Common Working File (CWF) processing in that with a UR CWF cancels the claim in history while with an IUR it does not.

With the implementation of the HH PDGM, effective for claims with From-dates on or after January 1, 2020, Medicare created a new IUR that can be triggered by an inpatient claim against a paid HH claim. This IUR (727D) identifies a paid HH claim for adjustment when the first position of the Health Insurance Prospective Payment System (HIPPS) code indicates a community admission source, but an inpatient claim is received in the Common Working File (CWF) within the 14 days before the HH claim From-date. The same inpatient claim that triggers this new IUR could also cause a change to the HH claim's A-B shift information. While this is expected to occur infrequently, it would result in the HH claim receiving the A-B shift UR and the prior inpatient stay IUR in the same processing cycle.

When this occurs, the prior inpatient stay IUR (727D) should be applied to the HH claim first, followed by the A-B shift (trailer 15). This is to ensure that Medicare systems update the HIPPS code on the HH claim and arrive at the correct payment amount first, before apportioning that payment to the Part A and Part B value codes. The requirements below create this new process.

B. Policy: This change request contains no new policy. It corrects the implementation of existing Original Medicare payment policies.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12021.1	The contractor shall create a process to apply more than one IUR or a combination of a UR and an IUR to the same home health claim (Type of Bill 032x other than 0322 or 0320) when the two responses are					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	received in the same processing cycle.									
12021.1.1	The contractor shall design the process to be easily adaptable/reusable in the future if additional multiple unsolicited response scenarios are identified. Note: The process may apply the responses in separate processing cycles (i.e., two responses received in one batch from CWF may be applied in two processing cycles).					X				
12021.2	If a home health claim is identified for adjustment by an inpatient stay IUR and an A-B shift UR in the same processing cycle, the contractor shall apply the inpatient stay IUR first to correct the HIPPS code and then apply the A-B shift to correctly apply the adjustment payment to value codes 64 and 65.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wil Gehne, wilfried.gehne@cms.hhs.gov , Carla Douglas, carla.douglas@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