CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 696	**Date: May 5, 2010**
	Change Request 6821

SUBJECT: Requirements for Hospital Attestation and Billing of Fiscal Year 2007 and 2008 Informational Only Inpatient Claims for Medicare Advantage Beneficiaries

I. SUMMARY OF CHANGES: CMS is requiring non teaching hospitals to submit informational only bills for the Medicare Advantage beneficiaries they treated in FY 2007 and FY 2008 on or before August 31, 2010. In addition, hospitals will be required to submit an attestation to their contractor on or before September 15, 2010.

EFFECTIVE DATE: June 7, 2010
IMPLEMENTATION DATE: June 7, 2010

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

Pub. 100-20	Transmittal: 696	Date: May 5, 2010	Change Request: 6821

SUBJECT: Requirements for Hospital Attestation and Billing of Fiscal Year 2007 and 2008 Informational Only Inpatient Claims for Medicare Advantage Beneficiaries

Effective Date: June 7, 2010

Implementation Date: June 7, 2010

I. GENERAL INFORMATION

A. Background: Change Request (CR) 5647, Transmittal1311, dated July 20, 2007, required all hospitals paid under the inpatient prospective payment system (IPPS), inpatient rehabilitation facility prospective payment system (IRF PPS), and long term care hospital prospective payment system (LTCH PPS) to submit informational only Medicare Advantage claims. The inpatient days reported on the informational only claims are needed for the Supplemental Security Income (SSI) ratio for fiscal years 2007 and beyond to accurately determine Medicare disproportionate share (DSH) payments for IPPS hospitals and low income patient (LIP) payments for IRF PPS hospitals. CMS published the FY 2007 SSI ratios on the CMS Web site on June 24, 2009. These ratios are currently being used in the claims processing system for interim IPPS DSH payments and interim IRF PPS LIP payments. In addition, this data is used for other purposes such as determining LTCH short stay outlier payments and evaluating the greater than 25 day average length-of-stay requirement of Medicare patients for LTCHs.

B. Policy:

In reviewing the data used to compute the FY 2007 SSI ratios, CMS determined that many hospitals have not reported any Medicare Advantage days. Therefore, effective with this CR, applicable IPPS, IRF PPS and LTC hospitals will be given one final opportunity to comply with the requirement to submit FY 2007 informational only claims. In addition, these hospitals shall attest in writing to their Medicare contractor that they have either submitted all of their Medicare Advantage claims for FY 2007 or that they have no Medicare Advantage claims for that fiscal year. CMS will recalculate and repost the FY 2007 SSI ratios once the informational-only claims have been processed. If a provider believes that it has already submitted all of its Medicare Advantage claims or it does not have any Medicare Advantage claims for FY 2007 based on the currently posted FY 2007 SSI ratios, the provider must submit a signed attestation (see attachment) that it has submitted all of its Medicare Advantage claims or that it does not have any Medicare Advantage claims.

Although the FY 2008 SSI ratios have not yet been published, CMS believes that a significant number of hospitals have not submitted informational only Medicare Advantage claims to be included in their FY 2008 SSI ratios. Therefore, effective with this CR, applicable IPPS, IRF and LTC hospitals will be given a final opportunity to submit FY 2008 Medicare Advantage informational only claims. In addition, these hospitals shall attest to their Medicare contractors that they have either submitted all of their Medicare Advantage claims for FY 2008 or that they have no Medicare Advantage claims. CMS will calculate and post the FY 2008 SSI ratios once the informational-only claims have been processed.

If a provider does not submit all of its informational only Medicare Advantage claims for FY 2007 and FY 2008 and attestations that all of its Medicare Advantage claims for FY 2007 and FY 2008 have been submitted or that it does not have any Medicare Advantage claims for these years, the provider will not be in compliance with the instructions in this CR and the Medicare contractor will not have the information necessary to assure proper payment. CMS may instruct the contractor to use an SSI ratio of 0 percent to calculate Medicare DSH payments or to take other action that may affect payments for the non-compliant providers.

Applicable IPPS Hospitals

This CR applies only to "non-teaching" IPPS hospitals that include an operating and/or capital DSH payment amount on their Medicare hospital cost report that uses the FY 2007 or FY 2008 SSI ratio. For purposes of this CR only, "non-teaching IPPS hospitals" are defined as hospitals that do not train residents in approved medical residency training programs or that do not operate nursing and allied health (N&AH) education programs, and therefore, do not qualify to receive Indirect Medical Education (IME) payments, Direct Graduate Medical Education (DGME) payments, or N&AH payments.

The applicable hospitals shall submit all or additional informational-only claims for their Medicare Advantage patients for FY 2007 and FY 2008 on or before August 31, 2010. In addition, applicable hospitals shall submit an attestation to their Medicare contractor that they have submitted all of their Medicare Advantage claims or that they do not have any Medicare Advantage claims for FY 2007 and FY 2008. Attestations must be received by the Medicare contractor on or before September 15, 2010.

Non-teaching hospitals that do not include an operating and/or capital DSH payment amount on their Medicare hospital cost report are exempt from the instructions in this CR unless the hospital believes it would qualify for such a payment by submitting Medicare Advantage claims. A non-teaching hospital that has not previously included an operating and/or capital DSH payment amount on its cost report that uses the FY 2007 or FY 2008 SSI ratio should notify its Medicare contractor if it believes it would qualify for such a payment amount and shall submit all of its Medicare Advantage claims on or before August 31, 2010. In addition, an attestation that it has submitted all of its Medicare Advantage claims for FY 2007 and FY 2008 must be received by the Medicare contractor on or before September 15, 2010.

Applicable IRFs

This CR applies to all IRFs that were not required to submit any Medicare Advantage claims in accordance with the Medicare Processing Manual, Publication 100-04, Chapter 3, Section 20.8, for the purpose of receiving DGME or N&AH payments. The applicable IRFs shall submit all or any additional Medicare Advantage claims on or before August 31, 2010.

In addition, the applicable IRFs shall submit an attestation to their Medicare contractor that they have submitted all of their Medicare Advantage claims or that they do not have any Medicare Advantage claims. Attestations must be received by the Medicare contractor on or before September 15, 2010.

IRFs that do not claim LIP on their Medicare cost report are exempt from the instructions in this CR unless the provider believes it would qualify for such a payment by submitting Medicare Advantage claims. An IRF that has not previously included a LIP payment amount on its cost report that uses the FY 2007 or FY 2008 SSI ratio should notify its Medicare contractor if it believes it would qualify for such a payment amount and shall submit all of its Medicare Advantage claims on or before August 31, 2010. Attestations that the IRF has submitted all of its Medicare Advantage claims must be received by the Medicare contractor on or before September 15, 2010.

Applicable LTCHs

This CR applies to all LTC hospitals that were not required to submit any Medicare Advantage claims in accordance with the Medicare Processing Manual, Publication 100-04, Chapter 3, Section 20.8 for the purpose of receiving DGME or N&AH payments.

Applicable LTC hospitals shall submit all or any additional Medicare Advantage claims on or before August 31, 2010. Applicable LTC hospitals shall submit an attestation to their Medicare contractor that they have submitted all of their Medicare Advantage claims or that they do not have any Medicare Advantage claims. Attestations must be received by the Medicare contractor on or before September 15, 2010.

Posting of the SSI Ratios

The IPPS SSI ratios are located at the following Web site:
http://www.cms.hhs.gov/AcuteInpatientPPS/05_dsh.asp#TopOfPage

The IRF SSI ratios are located at the following Web site:
http://www.cms.hhs.gov/InpatientRehabFacPPS/05_SSIData.asp#TopOfPage

The LTCH SSI ratios are located at the following Web site:
http://www.cms.hhs.gov/LongTermCareHospitalPPS/08_download.asp#TopOfPage

CMS expects to post revised FY 2007 SSI ratios and FY 2008 SSI ratios by the first quarter of 2011.

Billing

Applicable non-teaching IPPS hospitals, IRFs and LTC hospitals have until August 31, 2010, to submit FY 2007 and FY 2008 Medicare Advantage informational only claims (111 Bill Type with Condition Code 04). Medicare Fiscal Intermediaries and Administrative Contractors are instructed to override timely filing only for non-teaching hospitals and only for claims submitted in accordance with this CR.

Attestation

Applicable non-teaching IPPS hospitals, IRFs and LTC hospitals shall submit a written attestation to their Medicare contractor attesting that they have submitted all of their Medicare Advantage claims for FYs 2007 and/or 2008 on or before August 31, 2010. The attestation is included with these instructions and shall be printed on hospital letterhead and signed by a Senior Hospital Officer or Administrator, and must be received by the Medicare contractor on or before September 15, 2010. If an applicable provider also has applicable distinct part units, the provider may list all of its provider numbers on one attestation for FY 2007 and FY 2008. For example, if a non-teaching IPPS hospital that receives a DSH payment also has a distinct-part IRF that receives a LIP adjustment, the provider may submit one attestation for FY 2007 and another attestation for FY 2008 that states the IPPS hospital and the IRF have submitted all of their Medicare Advantage claims for FY 2007 and FY 2008. If the provider submits one attestation for FY 2007 and another for FY 2008, the provider number associated with both the IPPS hospital and the IRF shall be listed on each attestation.

Medicare contractors shall retain the attestations and submit to CMS a list of their applicable non-teaching IPPS, IRFs and LTC hospitals indicating whether or not an attestation was submitted for FY 2007 and/or FY 2008. The list shall also include attestations received from those non-teaching IPPS hospitals and IRFs that did not claim a DSH/LIP adjustment on their cost report but believe they will qualify for such an adjustment by submitting Medicare Advantage claims. The list shall display all the provider numbers, provider names and whether or not the providers submitted a timely attestation for FY 2007 and/or FY 2008. Medicare contractors shall send these lists to dorothy.braunsar@cms.hhs.gov on or before October 1, 2010.

Cost Report Settlement

Instructions for settlement of cost reports will be issued separately to the Medicare contractors.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
							FISS	MCS	VMS	CWF	
6821.1	Contractors shall override all timely filing edits (without justification in remarks) for non-teaching LTCH PPS claims with discharges during fiscal years 2007 and 2008 that only include Condition Code 04 until August 31, 2010.	X		X							
6821.1.1	Contractors shall educate providers that they shall not submit remarks for justification for timely filing.	X		X							Providers
6821.1.2	Contractors shall not override timely filing for "teaching" hospitals or hospitals that submit claims with Condition Codes 04 and 69.	X		X							
6821.1.3	Contractors shall educate hospitals to use Condition Code 04 only on claims for beneficiaries they treat in a Risk Medicare Advantage plan. The HMO option code indicator which can be seen on the HIQA or ELGA screen = A, B, or C.	X		X							Providers
6821.2	Contractors shall educate providers to submit an attestation to their Fiscal Intermediary or Medicare Administrative Contractor attesting that they have submitted all of their Medicare Advantage claims for FYs 2007 and 2008 by August 31, 2010. The attestation is included with these instructions and shall be printed on hospital letterhead and signed by a Senior Hospital Officer or Administrator. Attestations must be received by the Medicare contractor by September 15, 2010.	X		X							Providers
6821.2.1	Contractors shall retain the attestations and submit to CMS a list of their applicable non-teaching IPPS, IRFs and LTC hospitals indicating whether or not an attestation was submitted for FY 2007 and/or FY 2008. The list shall also include attestations received from those non-teaching IPPS hospitals and IRFs that did not claim a DSH/LIP adjustment on their cost report but believe they will qualify for such an adjustment by submitting Medicare Advantage claims. The list shall display all the provider numbers, provider names and whether or not the providers submitted an attestation for FY 2007 and/or FY 2008. Medicare contractors shall send these lists to dorothy.braunsar@cms.hhs.gov on or before October 1, 2010.	X		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
							FISS	MCS	VMS	CWF	
6821.3	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X							

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
6821.1	Note that FISS already has the capability to automatically override non-teaching IPPS and IRF PPS claims as this was done with CR 6329.

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

V. CONTACTS

Pre-Implementation Contact(s): Policy: Nisha Bhat at Nisha.Bhat@cms.hhs.gov
Claims Processing: Sarah Shirey-Losso at Sarah.Shirey-Losso@cms.hhs.gov

Post-Implementation Contact(s): Appropriate CMS Regional Office

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs):*

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),*:

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.

ATTACHMENT**: ATTESTATION STATEMENT FOR HOSPITAL SUBMISSION OF MEDICARE ADVANTAGE CLAIMS**

ATTESTATION STATEMENT FOR HOSPITAL SUBMISSION OF MEDICARE ADVANTAGE CLAIMS

I hereby certify that I am familiar with the requirements of Medicare Change Request (CR) 5647 issued in July 2007 and CR 6821 issued in May 2010. _____(insert hospital name and Medicare provider numbers) has fully complied with the requirements of these CRs for the federal fiscal year (FFY) ending September 30, _____ (please identify if this certification statement is for FFY 2007 or 2008). The hospital identified above (please check one of the following):

____submitted claims for all the Medicare Advantage (MA) patients served on an inpatient basis during the FFY indicated above to its Medicare contractor as required by CRs 5647 and 6821 by August 31, 2010.

____did not serve any Medicare Advantage (MA) inpatients during the FFY indicated above and therefore has no claims to submit to its Medicare contractor as required by Medicare CRs 5647 and 6821.

____ prior to the release of this CR 6821, submitted all claims for Medicare Advantage (MA) patients served on an inpatient basis during the FFY indicated above to its Medicare contractor as required by CR 5647.

Attention: Read the following provisions of Federal law carefully before signing:

> Intentional misrepresentation or falsification of any information contained herein may be punishable by fine and/or imprisonment under Federal law. Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be subject to fines and/or imprisonment. (18 U.S.C. §1001).

To the best of my knowledge, all information provided herein is true, correct and complete.

Signed: _____
(Signature of Senior Officer or Administrator of Provider)

Printed Name: _____

Title: _____

Phone Number: _____

Date: _____

Note: Original ink signature shall be received by the Audit and Reimbursement Department of your Medicare contractor no later than September 15, 2010.