CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1985	**Date: December 13, 2017**
	Change Request 10127

Transmittal 1884, dated July 27, 2017, is being rescinded and replaced by Transmittal 1985, dated, December 13, 2017, to add a new business requirement (10127.1), to change the effective and implementation dates from January to July 2018, and to revise requirements 10127.3-10127.4. All other information remains the same.

SUBJECT: Analysis Only- Medicare Reporting on the Return of Self-Identified Overpayments

I. SUMMARY OF CHANGES: CMS has been working with the Office of Inspector General (OIG) on the tracking and reporting on the return of self-identified overpayments.

EFFECTIVE DATE: July 2, 2018
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 2, 2018

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	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: 1985	Date: December 13, 2017	Change Request: 10127

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SUBJECT: Analysis Only- Medicare Reporting on the Return of Self-Identified Overpayments

EFFECTIVE DATE: July 2, 2018
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IMPLEMENTATION DATE: July 2, 2018

I. GENERAL INFORMATION

A. Background: CMS has been working with the Office of Inspector General (OIG) on the tracking and reporting on the return of self-identified overpayments.

Regulation 42 CFR 401.305 states that when a government agency informs a provider or supplier of a potential overpayment, the provider or supplier has an obligation to accept the finding or make a reasonable inquiry to determine whether an overpayment exists. The provider or supplier must then report and return any self-identified overpayments received within the last six years (from paid claim date) as required by Section 1128J(d) of the Act (Section 6402 of the Affordable Care Act).

There are a number of methods that the regulation provides for persons to return any self-identified overpayments ranging from provider-initiated claims adjustments, to sending a check and/or claim listing, to negotiating an extended repayment plan. Depending on which method of return is chosen, CMS' systems may not be able to associate the self-identified overpayment to the specific audit itself. As a result, CMS cannot currently associate the recovery of the overpayment with a specific OIG audit.

B. Policy: CMS is requesting analysis to evaluate methods to track and report on the return of self-identified overpayments in CMS' claim processing systems.

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	
10127.1	In mid-January 2018, CMS shall send the contractors an appointment for up to 8 weekly conference calls.									CMS
10127.1.1	Starting mid February 2018, the contractors shall actively participate in up to 8 weekly conference calls,	X	X	X	X	X	X	X		HIGLAS

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	lasting no more than 60 minutes each.									
10127.2	Contractors shall send contact names and email addresses for this project to CMS at MedicareOverpayments@cms.hhs.gov within 5 days of issuance of this CR. The contractors shall input "CR 10127" in the subject line of the email.	X	X	X	X	X	X	X		HIGLAS
10127.3	Contractors shall perform analysis to determine how to make system changes to track and report the return of self-identified overpayments from providers/physicians/suppliers.					X	X	X		HIGLAS
10127.3.1	Contractors shall perform analysis and estimate the level of effort to implement changes to track the return of self-identified overpayments.					X	X	X		HIGLAS
10127.4	Upon completion of the analyses described in business requirements 10127.3 and 10127.3.1, the contractors shall submit an analysis paper, which will be due 30 calendar days after the last conference call.					X	X	X		HIGLAS
10127.4.1	Contractors shall send their completed analysis papers to CMS at MedicareOverpayments@cms.hhs.gov.					X	X	X		HIGLAS
10127.5	Contractors shall identify issues (including additional assumptions and unknowns).	X	X	X	X	X	X	X		HIGLAS
10127.6	Contractors shall take meeting minutes from their own system perspective and upload the minutes into the 'Post Issued' tab in ECHIMP within 3 business days of the conference call.					X	X	X		HIGLAS

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	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: N/A

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

V. CONTACTS

Pre-Implementation Contact(s): Donna Sanders, 410-786-0289 or Donna.Sanders@cms.hhs.gov , Jay Blake, 410-786-9371 or Jay.Blake@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: