CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 2042	**Date: March 16, 2018**
	Change Request 10494

SUBJECT: Adjustments to Qualified Medicare Beneficiary (QMB) Claims Processed Under CR 9911

I. SUMMARY OF CHANGES: This CR will direct MACs to mass adjust QMB claims impacted by CR 9911.

EFFECTIVE DATE: September 20, 2018 for FISS and VMS users; December 20, 2018 for MCS users
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: September 20, 2018 for FISS and VMS users; December 20, 2018 for MCS users

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

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I. GENERAL INFORMATION

A. Background: CR 9911 incorporated Qualified Medicare Beneficiary (QMB) notifications in the Medicare Remittance Advice (RA) for claims processed on or after October 2, 2017. However, the RA changes caused unforeseen issues affecting the processing of QMB cost-sharing claims directly submitted by providers to states and other payers secondary to Medicare. Providers use RAs to bill State Medicaid Agencies and other secondary payers outside the Medicare claims crossover process, but CR 9911 RAs lack the formatting and specificity of information that states require to process QMB cost-sharing claims.

To address these issues, on December 8, 2017, CMS suspended the CR 9911 system changes, causing the claims processing systems to suspend the RA changes. See https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MM9911Update112017.pdf.

Through CR 10433 (July 2018), CMS will reintroduce QMB information in the RA without disrupting claims processing by secondary payers.

B. Policy: CMS directs the Medicare Administrative Contractors (MACs) to initiate non-monetary mass adjustments for claims impacted by the CR 9911 QMB RA changes. The mass adjustment action will enable MACs to generate "replacement" RAs without the CR 9911 changes, in order to facilitate re-processing of QMB cost-sharing claims by secondary payers.

Note that although mass-adjusted claims may not cross over, this solution targets affected providers. Affected providers attempted to bill supplemental payers directly using CR 9911 QMB RAs because their QMB cost-sharing claims either did not cross over, or crossed over to supplemental payer but failed to process. The goal is to produce “replacement” Medicare RAs that providers can submit to supplemental payers to coordinate benefits as necessary.

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	
10494.1	The contractor shall search their online history and initiate adjustments for QMB claims with a date of receipt prior to 12/8/2017 that have the QMB indicator set on the claim by the implementation date of this CR.	X								
10494.2	The contractor shall initiate adjustments for QMB that have a From Date of Service less than or equal to 12/07/2017 and a QMB indicator set on the claim line by the implementation date of this CR. MCS will be providing a list of ICNs, via P61208, that fall within this criteria that the MACs can use in adjusting the claims.		X							RRB-SMAC
10494.3	The contractor shall initiate adjustments for QMB claims with a date of receipt prior to 12/8/2017 that have the QMB indicator set on the claim line by the implementation date of this CR.				X					
10494.4	The contractors send the reprocessed claims to CWF with the "O" (other-mass adjustment) indicator included in the header of their claims, as per the direction provided in CMS change request 5472.	X	X		X					RRB-SMAC
10494.5	MACs shall track the number of adjustments initiated, and email Kim Glaun (Kim.Glaun@cms.hhs.gov) and their COR every two weeks with the following information, by workload number, until all adjustments are initiated: • Total number of claims to be adjusted • Number of claims adjustments initiated • Percent of adjustments initiated	X	X		X					RRB-SMAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
10494.6	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/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 sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's 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	X	X	

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): Diana Motsiopoulis, 410-786-3379 or Diana.Motsiopoulis@cms.hhs.gov , Kim Glaun, 410-786-3849 or Kim.Glaun@cms.hhs.gov , Brian Pabst, 410-786-2487 or Brian.Pabst@cms.hhs.gov , Wilfried Gehne, 410-786-6148 or Wilfried.gehne@cms.hhs.gov , Bridgette Davis-Hawkins, 410-786-4573 or Bridgette.Davis-Hawkins@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