CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1093	**Date: May 23, 2012**
	Change Request 7604

Transmittal 1050, dated February 29, 2012, is being rescinded and replaced by Transmittal 1093, dated May 23, 2012 to delete Business Requirement 7604.2.4 ,amend the header length and to clarify the report delivery process. All other information remains the same.

SUBJECT: Automated Tracking and Reporting of Recovery Audit-Associated Reopenings and Appeals

I. SUMMARY OF CHANGES: The CMS currently track reopenings and appeals of adjustments initiated by Recovery Auditors via monthly contractor-supplied spreadsheets; this CR directs implementation of the automated tracking/reporting solutions developed as a result of the conference calls held under CR 7469 (Conference Calls and Research Hours to Identify an Automated Solution for Tracking and Reporting Recovery Auditor Reopenings and Appeals throughout the Medicare Appeals Process, Transmittal 944).

EFFECTIVE DATE: April 1, 2012 FISS and MCS (Analysis and Design for VMS- July 1, 2012, coding and implementation for VMS)
IMPLEMENTATION DATE: April 2, 2012 FISS and MCS (Analysis and Design for VMS- July 2, 2012 coding and implementation for VMS)

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 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: 1093	Date: May 23, 2012	Change Request: 7604

Transmittal 1050, dated February 29, 2012, is being rescinded and replaced by Transmittal 1093, dated May 23, 2012 to delete Business Requirement 7604.2.4 ,amend the header length and to clarify the report delivery process. All other information remains the same.

SUBJECT: Automated Tracking and Reporting of Recovery Audit-Associated Reopenings and Appeals

Effective Date: **April 1, 2012 FISS and MCS (Analysis and Design for VMS- July 1, 2012, coding and implementation for VMS)**

Implementation Date: April 2, 2012 FISS and MCS (Analysis and Design for VMS- July 2, 2012 coding and implementation for VMS)

I. GENERAL INFORMATION

A. Background: The CMS currently track reopenings and appeals of adjustments initiated by Recovery Auditors via monthly contractor-supplied spreadsheets; this CR directs implementation of the automated tracking/reporting solutions developed as a result of the conference calls held under CR 7469 (Conference Calls and Research Hours to Identify an Automated Solution for Tracking and Reporting Recovery Auditor Reopenings and Appeals throughout the Medicare Appeals Process, Transmittal 944).

B. Policy: The nationwide Recovery Audit program was mandated under Division B, Title III, Section 302 of the Tax Relief and Healthcare Act of 2006. All references to the mass adjustment process in the business requirements table refer to the file-based process, not the co-existing online process.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7604.1	Contractors shall participate in conference calls to develop requirements for tracking and reporting clerical reopening and redetermination requests for Recovery Auditor-initiated adjustments within the Medicare Appeals System (MAS). The MAS expansion shall initially focus on Part A/Part B of A, although CMS intends to ultimately track Part B	X	X	X	X	X	X	X	X		CMS/Appeals Operations CMS/Recovery Audit Operations Recovery

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	and DME reopenings/redeterminations in MAS as well. MCS and VMS maintainers shall participate in calls but shall not have any deliverables for this requirement in the April 2012 release. CMS anticipates weekly calls beginning in November 2011 and continuing through December 2011; the exact schedule will be communicated to stakeholders well in advance of the first call.										Auditors STC
7604.1.1	The MAS maintainers shall implement solutions to the requirements identified under BR 7604.1.										CMS/Appeals Operations
7604.1.2	CMS currently anticipates training contractors on the new MAS functionality in Spring 2012, with implementation in late Spring or Summer 2012 (details to be provided).	X	X	X	X	X					CMS/Appeals Operations
7604.2	MAS, MCS and VMS shall produce automated reports and flat files listing recovery audit-associated clerical reopening and appeal activity. This reporting will begin once the appeal/correspondence is flagged as a Recovery Auditor appeal and the process will begin again if multiple requests are received.							X	X		CMS/Appeals Operations
7604.2.1	The reports shall be formatted for end-user viewing; the exact layout shall be at maintainer discretion but shall include the fields and code sets on the attached layout.							X	X		
7604.2.2	The files shall be produced in fixed-width text format per the attached layout, using the provided code sets.							X	X		
7604.2.3	The reports/files shall be produced weekly with all relevant activity in the given reporting period. Previously reported reopenings/appeals that remain in a pending status shall be listed on subsequent reports with disposition = “S”.							X	X		
7604.2.4	*This requirement is deleted due to current RAC Data Warehouse limitations.*										
7604.2.5	If the RAC Data Warehouse is unable to directly accept the files by the implementation date, the BDC/EDCs shall send the files to the appropriate contractors for	X	X	X	X	X					BDC/EDCs

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	upload via the Data Warehouse's online interface following already established protocols and guidelines. *The contractors shall share this information with the Recovery Auditors.*										
7604.3	Contractors shall ensure that all Part B/DME reconsideration and/or ALJ activity brought to their attention is recorded in MCS or VMS, as appropriate. Whether and how CMS will continue separately tracking reconsiderations and higher-level appeals in both MCS/VMS and MAS has not yet been determined.	X	X		X						
7604.4	Reporting shall continue until the correspondence has closed and if applicable, the adjustment has finalized.	X	X		X			X	X		

III. PROVIDER EDUCATION TABLE

	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV. SUPPORTING INFORMATION

Section A : For any recommendations and supporting information associated with listed requirements: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jennifer Elmezzi (jennifer.elmezzi@cms.hhs.gov or 410-786-1023).

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: 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.

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

Recovery Audit-Associated Reopenings and Appeals (header)

Field #	Field Name	Start	End	Length	Values/comments
1	File type	1	10	10	“APPEAL”
2	Filler	11	11	1	
3	File format version	12	14	3	“001”
4	Filler	15	15	1	
5	Record count	16	21	6	Number of records in file, not including header; zero fill
6	Filler	22	22	1	
7	Record length	23	28	6	“000383”
8	Filler	29	29	1	
9	File creation date	30	37	8	“YYYYMMDD”
10	Filler	38	38	1	
11	Source ID	39	43	5	Primary workload ID of EDC processing region
12	Filler	44	*383*	*340*	

Note 1: All fields are left justified/space filled unless otherwise indicated.

Note 2: Files shall be space filled to a fixed record length.

Recovery Audit-Associated Reopenings and Appeals (content)

Field #	Field Name	Start	End	Length	Values/comments
1	Workload number	1	5	5	Workload number of the adjustment being appealed
2	Original claim ID	6	28	23	ID of the underlying claim, before adjustment by the recovery auditor (claim ID selected by Recovery Auditor for adjustment)
3	Adjustment ID	*29*	*51*	23	ID of the recovery audit-initiated adjustment being reopened/appealed
4	Legacy provider/supplier ID	*52*	*64*	13	*Billing* provider ID *(MCS users)* *Rendering provider ID (VMS users)*
5	Receipt date	*65*	*72*	8	YYYYMMDD
6	Nature of request / Level of appeal	*73*	*75*	3	C = Clerical reopening, R = Redetermination Q = QIC, J = ALJ, B = DAB, JR = Judicial review
7	Disposition	*76*	*78*	3	A- Affirm recovery auditor decision P- Partially favorable to provider/supplier F- Fully favorable to provider/supplier W- Request withdrawn by provider/supplier E-Error D- Request dismissed by MAC R- Request for reopening accepted at the MAC S- Redetermination decision pending Z- Remand Notes: D is only allowable with Nature of Request = C or R R is only allowable with Nature of Request = C Z is only allowable with Nature of Request = J, B or JR
8	Disposition date	*79*	*86*	8	YYYYMMDD (date of closure of correspondence)

Recovery Audit-Associated Reopenings and Appeals (continued)

Field #	Field Name	Start	End	Length	Values/comments
9	Readjustment ID	*87*	*109*	23	Blank if reopening/appeal request was dismissed, Recovery Auditor's decision was affirmed or decision is still pending. Otherwise, the ID of the adjustment created to effectuate the reopening/appeal decision.
10	Readjustment date	*110*	*117*	8	Finalization date of the readjustment
11	Amount paid on readjusted claim	*118*	*126*	9	DDDDDD.CC (explicit decimal; padded with zeroes)
12	Reason for reversal or accepted clerical reopening (Recovery Auditor error or new information from provider/supplier)	*127*	*127*	1	A- Incorrect interpretation of coding policy B- Incorrect effective date utilized for coding policy C- Utilization of additional/different coding policy D- Code adjusted after 3 year limitation E- Medical record supplied in appeal process F- Wrong policy applied G- Other error by Recovery Auditor H- Provider/supplier added modifier I- Provider/supplier corrected date of service J- Provider/supplier corrected modifier K- Provider/supplier corrected diagnosis L- Provider/supplier corrected procedure code M- Provider/supplier corrected place of service N- Provider/supplier corrected billing number O- Provider/supplier corrected other error Required if Disposition = P, F or R
13	Reversal narrative	*128*	*383*	256	Reviewer comments; required if Reason for Reversal = G or O

Note 1: All fields are left justified/space filled unless otherwise indicated.

Note 2: Files shall be space filled to a fixed record length.

Note 3: Field 2, 3 and 9 will be the same value in VMS since only the last digits of the claim ID are modified when an adjustment occurs.

Note 4: All information is claim level.