
CMS Manual System

Pub. 100-06 Medicare Financial Management

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 61

Date: DECEMBER 10, 2004

CHANGE REQUEST 3563

SUBJECT: New Location Code ICC, Status Code AR and Modified Intent Letter for Unfiled Cost Reports Only

I. SUMMARY OF CHANGES: This change request requires intermediaries to use the new Location Code ICC and Status Code AR. Location code ICC has been added to allow intermediaries to transfer debts back from the Debt Collection Center (DCC) to the intermediary location. Intermediaries will have access to this location for updating provider debts on the Provider Overpayment Reporting System (PORS). Intermediaries shall also continue to input Unfiled Cost Reports on the POR system.

Intermediaries shall continue to send the providers 1st and 2nd demand letters. However, the modified “Intent Letter” for unfiled cost reports shall replace the 3rd demand letter for Unfiled Cost Reports only. Intermediaries shall enter in the POR system the new Status Code AR, which will identify these debts as exempt from referral to Treasury. Status code AR shall replace the current status code AQ (Pending Cross Servicing/TOP). Intermediaries shall continue to update the provider records with the appropriate status code(s). The modified “Intent Letter” can be found in Exhibit 7 of the Medicare Financial Management Manual, Chapter 4, Section 20.2.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 10, 2005**

IMPLEMENTATION DATE: January 10, 2005**

**Contractors who are active in HIGLAS shall implement these changes April 4, 2005.

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	3/80.4/Recovery of Overpayment Due to Overdue Cost Report
R	3/180.1.3/POR System User Manual
R	3/180.1.4/List of Status Codes
R	4/Table of Contents
R	4/20.2/Content of Demand Letters-FI Serviced Providers
R	4/20.2/Exhibit 7/Modified Intent Letter for Unfiled Cost Reports Only

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

Attachment - Business Requirements

Pub. 100-06	Transmittal: 61	Date: December 10, 2004	Change Request 3563
-------------	-----------------	-------------------------	---------------------

SUBJECT: New Location Code ICC, Status Code AR and Modified Intent Letter for Unfiled Cost Reports Only

I. GENERAL INFORMATION

A. Background: This change request is to inform intermediaries that the Centers for Medicare and Medicaid Services (CMS) has implemented a new location code (ICC); a new status code (AR) and a modified Intent Letter for unfiled cost reports only.

B. Policy:

New Location Code: ICC (Field 32)

The new Location Code ICC (Intermediary/Carrier Location/Cross Servicing) has been added to the Provider Overpayment Reporting System (PORS) to allow intermediaries to transfer provider debts back from the Debt Collection Center (DCC), to their location (intermediary). Intermediaries will also have access to this location to update all provider debts.

New Status Code: AR for Unfiled Cost Report Debts Only (Field 31)

The new status Code AR has been added to the POR system and intermediaries shall use this new code instead of the existing code AQ (Pending Cross-Servicing/TOP). The status code AR indicates that the unfiled cost report debt is exempt from referral to treasury, and a modified intent letter has been sent to the provider. Intermediaries **shall** send the providers a modified version of the **“Intent Letter”** for outstanding overpayment balance(s) involving an Unfiled Cost Report. Since Unfiled Cost Reports are no longer being routinely transferred to Treasury, it is important that intermediaries enter the appropriate status code(s).

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3563.1	<p>Ch. 3 Section 80.4 - Recovery of Overpayment Due to Overdue Cost Report (D - Third Demand Letter)</p> <p>The FI shall issue a "modified Intent Letter for Unfiled Cost Reports," in lieu of the third demand letter, if the provider has not filed the cost report and the overpayment balance has not been paid. (See Chapter 4 § 20.2 Exhibit 7 for a sample intent letter)</p>	X								
3563.2	<p>Ch. 3 Section 180.1.3 - POR System User Manual (26. Field 32 - LOCATION)</p> <p>CMS has implemented a change in the POR system, to accommodate the tracking of provider debts that have been returned back to the intermediaries' location from the Debt Collection Center (DCC), and to monitor and update Unfiled Cost Reports.</p> <p>Location Code ICC Intermediaries shall input the new location code ICC into the POR system for debts that have been returned back to the intermediaries' location from DCC. (Intermediary/Carrier Location/Cross Servicing) is a three-alpha character on the POR system.</p> <p>Intermediaries shall review their PR-120 Monthly POR Report, and change the status code if a cost report has been received, and update when the status of the debt changes such as bankruptcy, fraud/abuse investigation or any other litigation.</p>	X								

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3563.3	<p>Ch. 3 Section 180.1.4 - List of Status Codes (Debt Referral)</p> <p>CMS has implemented a new Status Code: AR. Intermediaries shall use status code AR when inputting new Unfiled Cost Reports into the POR system. While Unfiled Cost Reports shall no longer be routinely sent to Treasury, intermediaries shall continue to send the providers a modified version of the “Intent Letter.”</p> <p>Intermediaries shall continue to update all existing Unfiled Cost Reports maintained on the POR system.</p>	X								
3563.4	<p>Ch. 4 Section 20.2 - Content of Demand Letters - FI Serviced Providers (Exhibit 7 - Modified Intent Letter for Unfiled Cost Reports Only)</p> <p>The FI shall issue a “modified Intent Letter for Unfiled Cost Reports,” in lieu of the third demand letter, if the provider has not filed the cost report and the overpayment balance has not been paid.</p>	X								

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

- C. Interfaces: N/A
- D. Contractor Financial Reporting /Workload Impact: N/A
- E. Dependencies: N/A
- F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 10, 2005**</p> <p>Implementation Date: January 10, 2005** ** Contractors who are active in HIGLAS¹ shall implement these changes April 4, 2005.</p> <p>Pre-Implementation Contact(s): Mable Gordon, MGordon@cms.hhs.gov, (410) 786 - 7507, Stacey Stinson, SStinson2@cms.hhs.gov, (410) 786 - 9513</p> <p>Post-Implementation Contact(s): Mable Gordon, MGordon@cms.hhs.gov, (410) 786 - 7507, Stacey Stinson, SStinson2@cms.hhs.gov, (410) 786 - 9513</p>	<p>Medicare Contractors shall implement these instructions within their current operating budgets.</p>
--	---

***Unless otherwise specified, the effective date is the date of service.**

¹ Healthcare Integrated General Ledger Accounting System (HIGLAS)

80.4 - Recovery of Overpayment Due to Overdue Cost Report

(Rev. 61, Issued: 12-10-04, Effective: 01-10-05, Implementation: 01-10-05)

Where CMS approves a change of FI, the change is effective on the first day following the close of the fiscal year in which the provider gave timely notice. (See Pub 100-04, Medicare Claims Processing Manual, Chapter 1, General Billing Requirements.)

A - Reminder Letter

The outgoing FI is responsible for effecting final settlement for the cost report periods during which it serviced the provider. It issues the reminder letter required under §80.1 to ensure the timely receipt of the cost report.

B - First Demand Letter

If no cost report has been filed by the first day after the due date of the cost report (including extensions), the outgoing FI sends the first demand letter in Chapter 4, Debt Collection, §10, Exhibit 1, Column B. It sends copies of the reminder letter and the first demand letter to the RO and incoming FI. Upon receipt of its copy of the letter, the incoming FI suspends the interim payment.

C - Second Demand Letter

If the provider does not respond within 15 days, the outgoing FI sends the second demand letter notifying the provider that interim payments are further suspended. It sends copies of the letter to the RO and the incoming FI. Upon receipt of its copy of the letter, the incoming FI suspends interim payments.

D - Third Demand Letter

The outgoing FI is responsible for personal contact with the provider, issuing the third demand letter, and notifying the RO if appropriate. *The FI shall issue a “modified Intent Letter for Unfiled Cost Reports,” if the provider has not filed the cost report and the overpayment balance has not been paid. (See Chapter 4 § 20.2 Exhibit 7 for a sample intent letter)*

E - Receipt of Delinquent Cost Report

If the delinquent cost report is sent to the incoming FI, it sends the cost report to the outgoing FI to make the final settlement.

After the outgoing FI has completed its review of the delinquent cost report, it notifies the incoming FI whether the cost report is acceptable, and the final settlement. The incoming FI, in accordance with §40.1 and §80.1C, disposes of funds withheld during the suspension of interim payments.

180.1.3 - POR System User Manual

(Rev. 61, Issued: 12-10-04, Effective: 01-10-05, Implementation: 01-10-05)

SIGNING ONTO THE POR SYSTEM

This User Manual begins upon entry into the CMS Data Center. The following instructions for access onto the system are very brief. Any questions concerning access should be directed to your servicing regional office for assistance.

1. Upon entering the CMS Data Center press enter. You will then be taken to an Application Menu.
2. At the Application Menu enter #3 for the CICS41 System.
3. You will then be prompted to enter your Userid and Password. If you do not have a UserId or Password contact your servicing regional office to obtain instructions for access.
4. After entering your userid and password you will be required to choose the system you wish to enter.
5. Choose #1 for Provider Overpayment Recovery; Then hit Enter.
6. You should now be at the Request Screen.
- 7. A new Business Segment Identifier (BSI) field has been added to the POR Master Screen.**

THE REQUEST SCREEN

Below is an example of what the request screen will look like upon entering into the POR System. Following the example, detailed instructions are given as to what to input in each field.

HCFA - PROVIDER OVERPAYMENT REPORTING SYSTEM - REQUEST SCREEN	
REGION # xx	INTERMEDIARY # xxxxxx BSI xxxx
PROVIDER # xxxxxx	PROV TYPE xx
COST REPORT DATE MMDDYYYY O/P TYPE x	DETERMINATION DATE MMDDYYYY
FUNCTION: I = ADD NEW OVERPAYMENT RECORD	
U = UPDATE AN EXISTING OVERPAYMENT RECORD	
B = BROWSE OVERPAYMENT TRANSACTIONS	
PRESS F3 TO END SESSION...	
PRESS ENTER KEY TO CONTINUE	

A. Positioning of the Cursor

Where the cursor is initially positioned when this screen is displayed depends upon the level of security found in the system security table for the User-identification code entered.

1. CMS Central Office Personnel - Security Level One (1)

The cursor is positioned at the Region Number field. There will be a default Region Number, Region Name, Intermediary Number and Intermediary Name placed in the appropriate fields by the security program. CMS Central Office personnel can key in all characters of the record key, starting with the default region number field if they wish.

2. Regional Office Personnel - Security Level Two (2)

For this level of security, the cursor is positioned at the Intermediary Number field. There will be a default Intermediary Number and Name displayed. The Region Number and Name fields, however, will be filled in with the appropriate values and are locked to the User. The Regional Office personnel may key in any valid intermediary WITHIN their region and then continue with the rest of the key fields.

3. Intermediary Personnel - Security Level Three (3)

For this level of security, the cursor is positioned at the Provider Number field. The Region Number, Region Name, Intermediary Number and Intermediary Name fields are filled in with the appropriate data and are locked to the User. The Intermediary personnel may key in any valid provider number WITHIN their area of responsibility and then continue with the rest of the key fields.

B. The following are field by field instructions for the Request Screen.

1. REGION NUMBER

Again, only CMS CO personnel can key in this field. If it is keyed, the value MUST BE 01 through 10. The Region Name is supplied to the screen by the System Tables File.

2. INTERMEDIARY NUMBER

Only CO and RO personnel may key in the five position numeric field. If it is keyed, it must be numeric, it must be a valid Intermediary Number and it must be valid for the Region Number associated with it on this screen. The Intermediary Name is supplied from the System Tables File.

Intermediaries are required to input the new Business Segment Identifier (BSI) effective October 1, 2004, for all new provider overpayments that are entered on the POR system. This BSI will be a four alpha field. Once the BSI has been input, then it will appear automatically on the POR Master Screen. (See CR 3023 for a complete list of the intermediaries' BSI.)

3. PROVIDER NUMBER

The Provider Number field must be keyed by all Users, must be numeric and must be contained on a Provider Extract File which was created especially for the PORS system. Additionally, when the Provider Extract File is checked for validity, the "servicing intermediary number" contained in that record is compared to the intermediary number on the screen. If they do not match, a security violation has occurred and the User is notified of that fact on the screen.

Note: The current six-digit provider number provides useful information to CMS. The first two digits identify the state in which the provider is located. The last four digits identify the type of facility. For a detailed listing see §2779 in the State Operations Manual.

4. PROVIDER TYPE

This two position numeric field is a key field. It must be entered, must be numeric and must be one of the following:

- 10 = Primary Hospital Number
- 20 = Psychiatric Unit S
- 30 = Hospital Rehabilitation Unit T
- 40 = Swing Bed U
- 50 = Alcohol/Drug Unit V
- 60 = Organ Procurement
- 70 = HIST Laboratory

If the third digit of the Provider Number is not = to zero (i.e., the provider is not a general hospital), the Provider Type field MUST BE A 10.

If the provider is a general hospital (i.e., the third digit of the provider number is equal to zero) the provider may have an overpayment determined for the primary facility (Provider Type = 10) or any of the six sub units described above (Provider Type = 20, 30, 40, 50, 60 or 70).

For the sub units above, the third position of the provider number has been replaced with the letters S, T, U, or V. These are shown above next to their corresponding Provider Types.

For purposes of the PORS system, an overpayment determined for one of the general hospital sub units described above, will be entered into the system using the provider's primary provider number (i.e., zero in the third position) and the applicable Provider Type (20, 30, 40, or 50). If the overpayment is for the primary facility, a Provider Type of 10 will be used.

Examples

- a. If an overpayment has been determined for a hospital rehabilitation unit with a provider number of 05T012. This would be entered as:

050012 = Provider Number
30 = Provider Type

- b. An overpayment has been determined for a general hospital with a provider number of 050012. This would be entered as:

050012 = Provider Number

10 = Provider Type

5. COST REPORT DATE

This eight position numeric date is part of the overpayment record key and must be entered in the format of MMDDYYYY.

The Cost Report Date can never be later than the Recoupment Initiated Date, Recoupment Completed Date or Closed Date.

EXCEPT

If the overpayment type is equal to "D" or "J." In this case, the Cost Report Date may be later than any or all of the above dates.

6. DETERMINATION DATE

This eight position numeric date is also part of the record key and must be entered in the MMDDYYYY format. As explained in 5. above, the Determination Date may be equal to or later than the Cost Report Date but it never can be later than the Recoupment Initiated, Recoupment Completed or Closed Dates.

7. OVERPAYMENT TYPE (O/P TYPE)

The Overpayment Type is a one (1) position alphabetic field which must be entered since it is part of the record key. The values for this field, which are maintained in the System's Table File, are:

A = Audited Cost Report

B = Desk Review (Tentative Settlement)

C = Current Financing

D = Accelerated Payment

E = Cost Report Overpayment

F = Cost Report Reopening

G = Desk Review (Final Settlement)

H = Technically Recoverable Amounts - Unfiled Cost Reports

I = Others - Not Included Above

J = Interim Rate Adjustment

K = Hospice

L = Currently Not in Use

M = Unfiled Cost Report- Balance Recouped

X = Interest

8. FUNCTION CODE

This is a one position alphabetic code field which allows the User to select which system function is to be performed. It must be present and must be I, U or B.

I = Add a new overpayment record

U = Update an existing overpayment record or INQUIRE only

B = Browse the Online Transactions File

C. General information about the PORS Request Screen.

1. Explanation of the inter-relationship between the Function Code field and the Record Key fields

If the Function Code is "I" or "U", the entire 28 position key must be present and correct.

If the Function Code is "B" any number of key fields may be requested (after the Region Number). This is referred to as a 'generic key' and is usually executed to display related groups of data.

There are two points to remember about the "generic keys". One, you will still have your security defaults in the fields and two, the requested key (from major field to minor) must be contiguous - No Blanks.

2. If the Function Code of "I" or "U" was keyed in, the Provider Overpayment Reporting System Master Screen will be displayed - after the enter key is TAPPED.

3. If the Function Code of "B" was keyed in, the Provider Overpayment Reporting System Transaction History Screen will be displayed - after the enter key is TAPPED.

4. Fields 10 through 14 will contain all underlines initially but will contain the actual dollar values after that information has been supplied to the system.

ADD/UPDATE MASTER SCREEN

Below is an example of what the Add/Update Screen looks like in the Provider Overpayment Reporting System. Following this example are detailed instructions for entering the appropriate data into each section.

HCFA - PROVIDER OVERPAYMENT REPORTING SYSTEM - MASTER SCREEN UPDATE				
REGION # xx	INTERMEDIARY # xxxxx	BSI # xxxx		
PROVIDER # xxxxxx	PROV TYPE xx	PROV NAME	xx	
COST RPT DTE xxxxxxxx	DETERM DTE xxxxxxxx	O/P TYPE x	O/P \$	xxxxxxx
RECOUPED T/D \$ xxxxxxxx	OPEN BAL \$ xxxxxxxx	RECOUPED T/Q \$ xxxxxxxx	ADJUST T/Q \$ xxxxxxxx	END BAL \$ xxxxxxxx
xxxxxxx				
01 CAUSES x \$ xxxxxxxx	xxxxxxx	\$ xxxxxxxx	\$ xxxxxxxx	\$ xxxxxxxx
xxxxxxx	\$ xxxxxxxx			

```

(F7=ROLL)
INTERMED CHANGE(Y/N) x  OWNER CHANGE  OWNER TYPE x  ORG
CHAIN(Y/N) x
TERMINATED(Y/N) x  PIP(Y/N) x  HHA/PPS x  PPS DATE xxxxxxxx
NUMBER BEDS xxxx

INIT RECOUP DATE xxxxxxxx  COMP RECOUP DATE xxxxxxxx  METH xx
TOT REIM xxxxxxxx

STATUS CODE xx  LOCATION  xxx  STATUTE DATE xxxxxxxx
CLOSED DATE xxxxxxxx
CNC DATE xxxxxxxx  STATUS CHG DATE .....
TRANSACTIONS .. $ ..... ..  $ ..... ..  $ ..... ..  $ .....
PRESS ENTER KEY TO APPLY TRANSACTIONS, PRESS F3 KEY TO RETURN TO
REQUEST SCREEN
PRESS F1 KEY FOR HELP;  PRESS F4 KEY FOR TRANSACTIONS BROWSE

```

A. General Information Concerning the Screen - For both the ADD and UPDATE Functions.

1. Field numbers 1 through 7 are the key fields that were keyed into the Request Screen and carried forward to this screen automatically. In addition to field number 2 (intermediary number), you will have to key the Business Segment Identifier (BSI) field UU into the Request Screen.
2. Field 37 (top right hand corner) will display the word 'ADD' if an 'I' was the Function Code selected on the Request Screen or the word 'UPDATE' will appear if the 'U' Function Code was selected.
3. Field 8, fields 18 through 23 and field 26 are filled in initially by accessing the Provider Extract File created for the PORS system.

B. The following are field-by-field instructions for the ADD/UPDATE Master Screen.

1. Fields 1 through 7, again are key fields passed from the Request Screen. These fields are not keyable on the screen.

Immediately after this screen is displayed to the operator, for an ADD or UPDATE, review the key fields very carefully.

If the key is incorrect: TAP the F3 key to return to the Request Screen

2. Field 8 - PROVIDER NAME

This field will be displayed from the Provider Extract File.

IT IS NOT KEYABLE.

3. Field 9 - OVERPAYMENT AMOUNT (O/P \$)

This field will contain the total overpayment amount.

For an ADD - This field will initially contain the underlines

For an UPDATE - This field will display the total overpayment amount.

IT IS NOT KEYABLE.

4. Field 10 - TOTAL RECOUPED TO DATE AMOUNT (RECOUPED T/D)

For the life of the overpayment, the field will reflect the current total of all recouped monies.

IT IS NOT KEYABLE.

For an ADD - This field will initially contain the underlines.

For an UPDATE - This field will display the total from the PORS Master File. If a regular recoupment transaction is entered on the Transaction Line (see fields 35 and 36), this field and the RECOUPED T/Q (Recouped T/D = Recouped-to-quarter) field (field 12) are changed instantly.

5. Field 11 - OPENING BALANCE (for the current quarter) (OPEN BAL)

This field was added to the screen and to the master file to assist in quarter to quarter comparisons. This field is calculated by a batch quarter end program and is not changed for the duration of the quarter.

THIS FIELD IS NOT KEYABLE.

For an ADD - This field contains the underlines.

For an UPDATE - This field is not affected. The value that is displayed is the last quarter end calculated amount.

6. Field 12 - RECOUPED THIS QUARTER AMOUNT (RECOUPED T/Q)

This field will contain the total of all regular recoupment monies entered this quarter (i.e., transaction code RO). At the end of each quarter a batch program moves zeros to this field to begin the next quarter.

THIS FIELD IS NOT KEYABLE.

For an ADD - This field initially displays underlines.

For an UPDATE - This field will initially display the amount from the master file. If the appropriate transaction code is entered with an amount, this field and the RECOUPED T/D field (field 10) are updated instantly to reflect the change.

7. Field 13 - RECOUPMENT ADJUSTMENT AMOUNT ENTERED THIS QUARTER (ADJUST T/Q)

This field will contain the total of all recoupment adjustment transactions entered within the current quarter. This field is also initialized to zeros at the end of each quarter by a batch program.

The current recoupment adjustment transactions are 'RA', 'RB', 'RC', 'RD', 'RI' and 'RZ'. THIS FIELD IS NOT KEYABLE.

For an ADD - This field initially contains the underlines.

For an UPDATE - This field will initially contain the data value from the Master File. If a recoupment adjustment transaction is entered, this field and the RECOUPED T/D field (field 10) are updated instantly to reflect the change.

8. Field 14 - ENDING BALANCE (END BAL)

This field reflects the current balance of the overpayment case. It is recalculated after every financial transaction is added to the case.

The calculation required to arrive at this figure is the ORIGINAL-OVERPAYMENT-AMOUNT (Field 9) minus RECOUPMENT-TO-DATE (Field 10) minus ADJUSTMENT-TO-DATE (this field is on the master file but was not requested for the screen display). THIS FIELD IS NOT KEYABLE.

For an ADD - This field initially contains the underlines.

For an UPDATE - This field is recalculated and redisplayed after each financial transaction has been entered into the system and the enter key TAPPED.

9. Field 15 - TOTAL NUMBER OF CAUSES (CAUSES)

This field will display the current number of causes that have been added to the Master File for this overpayment. Its primary purpose is to alert the User to what the total is, especially if that figure is more than five (5). If there are more than five causes, the User can use the 'F7=Roll' feature to display the Cause Code and Cause Amount of each of the causes. THIS FIELD IS NOT KEYABLE.

For an ADD - This field contains the underlines.

For an UPDATE - This field will contain the number of causes that have been added to the master file.

ROLLING THE CAUSE LINE

During the ADD and UPDATE functions, when the Master Screen is initially displayed, you will be viewing the last five (5) cause codes and amounts that were entered.

Each time you TAP the F7 key, five more sets of codes and amounts will be displayed - until you reach the first cause entered.

If you wish to view all of the sets again, you must first TAP the Enter Key. (This will reset the screen display back to the last five causes entered.) Then you may TAP the F7 key as many times as necessary to 'Roll' the causes.

10. Field 16 - CAUSE CODE (There are 5 occurrences of this field)

Each of these five fields will contain a valid cause code that has been added to the file. There may be up to 26 cause codes used for one overpayment master record. The screen will show the User five of these at a time, and by using the 'F7=Roll' feature, may review all 26 if necessary.

THIS FIELD IS NOT KEYABLE.

For an ADD - These fields contain the underlines.

For an UPDATE - As many of these fields that are required will contain a one position valid cause code. As with all other transactions, the causes were entered on the transaction line as a two position 'TRANSACTION CODE', of which the rightmost position of the transaction code is the actual Cause Code. This rightmost position is moved to the five (5) field 16's.

- A. Initial Retroactive Adjustment
- B. *Non Allowable Excessive Provider Expense***
- C. Chain Home Office Expense
- D. Cost to Related Organization
- E. Cost Finding
- F. Return on Equity Capital
- G. Reimbursement Statistics
- H. Excessive Interim Rate
- I. Excessive Cost Estimates
- J. Excessive Census Days/Visits and/or Charges
- K. Excess Cost Limit
- L. Excessive Estimates of DRG Discharge
- M. Erroneous DRG Designations
- N.
- O.
- P.
- Q.
- R.

- S.
- T.
- U.
- V. Accelerated Payment (Type D)
- W. Interim Rate Adjustment (Type J)
- X. Unfiled Cost Report (Type H)
- Y. Interest (Type X)
- Z. Other

NOTE: Cause Codes N through U are reserved for future use.

NOTE: Cause Code CN shall be used with the M overpayment type M. When CN is used a closed date is required.

11. Field 17 - CAUSE AMOUNTS (There are 5 occurrences of this field.)

These five amount fields correspond directly to the five cause code fields explained in 9 above. Again, there may be up to 26 cause codes and amounts of which the User can see five (5) at a time.

THESE FIELDS ARE NOT KEYABLE.

For an ADD - These fields contain the underlines.

For an UPDATE - Each of these fields may contain an amount that corresponds to a specific cause code (up to 26 of them).

If the Master Record exists, the codes and amounts are displayed from the Master File initially on an update. New cause codes and amounts may be added or existing ones modified by using the Transaction Line (see fields 35 and 36). The User currently may key in a cause code with no amount on the Transaction Line and initialize to zeros, the corresponding amount field on the screen and in the Master Record but will maintain the Cause Code in both places.

12. Field 18 - INTERMEDIARY CHANGE (Y/N)

This field indicates whether there was a change in intermediaries by the provider during the cost report year in which the overpayment occurred.

This field, on an ADD and UPDATE, will display a "Y" or "N". This data value came from the Provider Extract File.

THIS FIELD, HOWEVER, MAY BE CHANGED.

If the User wishes to change the value of this field, the cursor should be positioned properly, the new data value entered (Y=Yes, N=No) and the enter key TAPPED.

13. Field 19 - OWNER CHANGE

The data values for this field are 'A through F' and blank, and indicate the number of times during the cost report year of the overpayment, the provider changed ownership. If there was no change, the field should be left blank; if there was one (1) change the value should be an "A" and so on.

This field, on an ADD and UPDATE , will display a blank or 'A' through 'F' which came from the Provider Extract File.

THIS FIELD MAY BE KEYED.

The User may update this field with a valid ownership change code. The update will be edited, as defined above.

14. Field 20 - OWNER TYPE

This field most closely describes the provider's ownership situation.

For an ADD and UPDATE, this field will be displayed with a valid Owner type which came from the Provider Extract File.

THIS FIELD MAY BE KEYED.

The User may update this field with a valid TYPE OF OWNER CODE. The valid list is as follows:

Hospitals and SNFs

- 1 = Church
- 2 = Other Non-Profit
- 3 = Proprietary
- 4 = State
- 5 = County
- 6 = City
- 7 = City - County
- 8 = Hospital District
- 9 = Other (SNFs Only)

HHAs

- 1 = Non-Profit other than Church
- 2 = Non-Profit Church
- 3 = State Health Department
- 4 = State Welfare Department
- 5 = Other State Departments
- 6 = City or County Health Department
- 7 = City or County Welfare Department
- 8 = Other City or County Departments
- 9 = Combination Government or Voluntary

15. Field 21 - ORGANIZATION CHAIN (Y/N)

This field indicates whether the provider, during the cost report year for which the overpayment is being reported, was part of a chain organization.

The valid data values are 'Y' and 'N'.

This field, for an ADD and UPDATE, is displayed with data received from the Provider Extract File.

THIS FIELD MAY BE KEYED.

The User can also update this field by keying directly over the existing data.

16. Field 22 - TERMINATED (Y/N)

This field indicates whether the provider, for which the overpayment is being reported, has left the Medicare program.

The valid data values are 'Y' and 'N'.

This field for an Add and UPDATE is displayed with data received from the Provider Extract File.

FI'S SHALL UPDATE THIS FIELD WITHIN 10 CALENDAR DAYS OF LEARNING OF THE TERMINATION FROM THE MEDICARE PROGRAM. (Notification should come from CMS RO/CO. If the FI learns of a termination from the Medicare Program from another source, the FI should contact the appropriate RO to determine further collection efforts.)

The User shall update this field by keying directly over the existing data.

17. Field 23 - PIP (Y/N)

This field indicates whether the provider was participating in the PIP program during the cost report year for which the overpayment is being reported.

For an ADD function, this field is Mandatory.

For an UPDATE function, the User may change the value by keying directly over the existing data.

The valid data values are 'Y' and 'N'.

18. Field 24 - HHA/PPS

This one position, alphabetic code has a double purpose in the PORS system.

For an ADD function, this field is mandatory.

For an UPDATE function, the User may change the value by keying directly over the existing data.

For an ADD or UPDATE, the data values must be 'C,' 'D,' or 'X' where:

C = HHA which has Medicare utilization of no less than 85 percent

D = Indicates a PPS Provider

X = If neither of the above codes applies

Additionally, if the data value entered is equal to 'D,' the following edit checks are also performed.

The PPS DATE (field 25) MUST BE entered and MUST BE equal to or later than 10/01/83. If the data value entered is equal to 'C,' the following comparison is also made.

The third digit of the PROVIDER NUMBER (field 3) MUST BE equal to a '7'.

For an UPDATE function, this field is optional.

19. Field 25 - PPS DATE

This field is a six position date in the format of MMDDYY. The data value entered corresponds to the date the provider began PPS (Prospective Payment System). This date cannot be earlier than 10/01/83.

For an ADD this field is optional, but if entered, it must be a valid date.

For an UPDATE, the User will key the modification directly over the existing data. Again, the system will check this for validity.

20. Field 26 - NUMBER BEDS

This field displays the number of beds maintained by the provider during the Cost Report Year for which the overpayment is being reported. The data displayed on the screen has been received from the Provider Extract File. THIS FIELD IS OPTIONAL.

If entered, or modified in either an ADD or UPDATE function, the data values entered must be numeric or the program will issue an appropriate error message. When making these updates, the User keys directly over the existing data.

21. Field 27 - INIT RECOUP DATE

This field is an eight position date in the format of MMDDYYYY. This represents the date the intermediary first took positive action to recover the overpayment.

For an ADD, this field is optional until there is a recoupment transaction entered.

When there is recoupment to the overpayment, this field becomes MANDATORY.

For an UPDATE, the User may change the date by keying directly over the existing date.

The following edits are performed on this date.

Must be a valid date

Cannot be earlier than the Determination Date.

Cannot be later than the Recoupment Completed or Closed Dates.

Cannot be earlier than the Cost Report Data EXCEPT if the overpayment type is equal to a 'D' or 'J'.

22. Field 28 - COMP RECOUP DATE

This field is also an eight position date in the format of MMDDYYYY. This represents the date the intermediary EXPECTS the overpayment to be completely recovered.

For an ADD, this field is OPTIONAL.

For an UPDATE, the User may key the modifications directly over the existing data.

For both functions, the following edits are in effect.

The Completed Recoupment Date cannot be earlier than the Determination or Recoupment Initiated Dates.

It also may not be earlier than the Cost Report Data EXCEPT if the overpayment type is equal to 'D' or 'J'.

23. Field 29 - METHOD

The two position numeric field represents which best explains the actual method by which the overpayment will be recovered.

For an ADD, this field is MANDATORY.

For an UPDATE, the User may key directly over the existing data.

For either function, the data which is entered will be verified against the following table which has been included in the System Tables File.

- 01 Lump Sum Payment
- 02 Current Interim Payments
- 03 Combination of 01 and 02
- 04 Periodic Lump Sum Installments
- 05 Combination of 01 and 04

- 06 Combination of 02 and 04
- 07 Combination of 01, 02 and 04
- 08 Offset
- 09 Combination of 01 and 08
- 10 Combination of 02 and 08
- 11 Combination of 01, 02 and 08
- 12 Combination of 04 and 08
- 13 Combination of 01, 04 and 08
- 14 Combination of 02, 04 and 08
- 15 Combination of 01, 02, 04 and 08

24. Field 30 - TOTAL REIMBURSEMENT

This field represents the total reimbursement amount (benefits paid) to a given provider for the Cost Report Year for which the overpayment is being reported.

For an ADD and the Overpayment Type (field 7) is equal to 'D', 'J' or 'X', this field is OPTIONAL.

If supplied, however, the amount field must be numeric and must be greater than the Overpayment Amount (field 9).

For an ADD and the Overpayment Type is not equal to 'D', 'J' or 'X', this field is MANDATORY AND the amount must be greater than the Overpayment Amount (field 9). The only exception is an unfiled cost report. The amount of the overpayment and the total reimbursement will normally be equal for an unfiled cost report.

For an UPDATE, the User may change this field by keying directly over the existing data.

25. Field 31 - STATUS CODE

This field represents the current status of the overpayment. The status shall change as the overpayment record proceeds through the recovery process.

This field is mandatory for an ADD function and shall be updated when a status change occurs.

The data values are two position alphabetic codes or spaces. These codes are supplied for your review in §180.1.4.

26. Field 32 - LOCATION

This field identifies the current workstation of the overpayment case.

For an ADD, this field is mandatory and must be equal to the value 'INT'.

For an UPDATE, the User may change the location field by keying directly over the field. The valid location codes that shall be used are as follows:

INT = Intermediary

IDC = Intermediary- Referred to Treasury

IN# = Intermediary- Bankruptcy; the number represents the number of the lead regional office (example IN1 would mean that Region 1 is the lead regional office on the bankruptcy case)

ROA = Regional Office

COA = Central Office

DCC = Central Office- Referred to Treasury

DC# = Regional Office- Referred to Treasury (example DC1, DC2...DC0)

GAA = General Accounting Office

DJA = Department of Justice

*ICC = Intermediary/Carrier Location, Cross Servicing***

***The new Location Code ICC indicates that CMS Central Office is transferring the debt(s) to the intermediaries/carriers from the Debt Collection Center.*

For an ADD function, the online program will automatically move 'INT' into the location field.

27. Field 33 - STATUTE DATE

This field is an eight-position date in the format of MMDDYYYY. It is used to identify the date on which the 'statute of limitations' expires on this overpayment case. It is generally six years from the Determination Date.

For an ADD, this field is MANDATORY but the computer program will calculate a date of six years from the Determination Date and move that result to the screen and to the Master File.

For an UPDATE, the User may modify this field by keying directly over the existing data. Any update value must be a valid, six position date in the format MMDDYY.

28. Field 34 - CLOSED DATE

This field is an eight-position date in the format of MMDDYYYY. It is used to identify the date on which the overpayment was completely recovered.

This field is fully Keyable and for an ADD or UPDATE function, the date must be a valid six position date in MMDDYY format and must also pass the following inter-relationship edits.

1. If the outstanding balance (field 14) is equal to zero, you must supply a closed date.
2. If the outstanding balance is not equal to zero AND the location (field 32) is equal to 'INT' you cannot enter a closed date.
3. If the outstanding balance is not equal to zero you may enter a valid closed date ONLY if any of the following combinations of the location (field 32) and status (field 31) are true.

Location = ROA AND Status = DT
Location = COA AND Status = GK
Location = GAA AND Status = LF or LG
Location = DJA AND Status = PI or PJ
Location = ICC AND Status = UJ

29. Fields 35 and 36 - TRANSACTION CODES AND TRANSACTION AMOUNTS

These eight fields, four transaction code fields and four transaction amount fields, are the heart of the ADD/UPDATE MASTER SCREEN and will be discussed together. They are contained on the Transaction Line.

The primary Users have developed a group of two position transaction codes,, which they feel, will accommodate all possible FINANCIAL information to be entered into the system.

These forty codes, of which 26 are for CAUSE information, are located in and maintained by the System Table File.

- A. When considering the functionality of the overall process, there are some general comments and/or instructions that should be conveyed first.
1. All four sets of fields can be used for any transaction, in any order. There is no expressed rule about starting in the left most set. Some users prefer to right align all transaction amounts to prevent the possibility of the system/user creating an error by adding additional zeros to the end of the transaction amount.
 2. Except for the Overpayment Full Delete transactions, these sets of fields must be used in pairs, transaction code and transaction amount.
 3. The 'OO' transaction (the original overpayment) must always be the first transaction entered on an ADD.
 4. The total of all cause amounts must equal the overpayment amount at all times. If either total changes, the other must change accordingly.
 5. When entering multiple transactions, you may enter one and TAP the enter key or you may use all four sets of fields and amounts before you TAP the enter key.
 6. The error message line is the last line on the screen. Currently, only one error message at a time is displayed (in bright characters) and the cursor is positioned at the field in error. If you have more than one error, the second and subsequent ones will be displayed as their predecessors are being corrected.
 7. If you have displayed the ADD/UPDATE Master Screen for either function, and you do not wish to continue - For Any Reason - simply TAP the F3 key and the program will return you to the PORS REQUEST SCREEN.

NOTE: IN DOING THIS YOU WILL LOSE CHANGES YOU HAVE MADE TO THE ADD/UPDATE SCREEN. IF YOU WERE IN AN ADD FUNCTION, THAT OVERPAYMENT CASE MUST BE ADDED ONCE AGAIN STARTING WITH THE REQUEST SCREEN.

8. If you are keying in a transaction code and you need assistance with what code should be used, or what codes are available, simply TAP the F1 key for HELP. This action will display the HELP SCREEN which shows all transaction codes available for use with their twenty two character descriptions.

After you have found the necessary information on the HELP screen, simply TAP the F3 key and the program will return you to the ADD/UPDATE Screen.

9. If you are working with the ADD/UPDATE screen and, for any reason, you wish to view the detail transactions for this overpayment case, simply TAP the F4 key. The program will then display the TRANSACTION HISTORY BROWSE SCREEN. This screen will show you every financial transaction that was entered for the case since it was added to the file.

When you are finished reviewing the transaction History Screen, you can TAP the F3 key to return to the ADD/UPDATE Screen.

ENTERING TRANSACTIONS

All financial transactions entered into the PORS System by the terminal USERS can be divided into three major categories; OVERPAYMENTS, CAUSES and RECOUPMENTS. The following are specific instructions for entering each kind of transaction into the PORS System using the Transaction Line.

A. OVERPAYMENT TRANSACTIONS

This category includes three types of overpayment transactions: ORIGINAL OVERPAYMENT, OVERPAYMENT ADJUSTMENT and OVERPAYMENT FULL DELETES.

1. ORIGINAL OVERPAYMENT

- a. Valid transaction code is 'OO' only.
- b. Must be the first financial transaction entered when adding a new overpayment.
- c. The amount field must be numeric.
- d. The amount field must be less than the TOTAL REIMBURSEMENT FIELD unless the overpayment type is an unfiled cost report (field 30).
- e. This code, 'OO' is the only valid Overpayment transaction code for use in the ADD function.
- f. The amount will be moved to field nine (9) on the ADD/UPDATE Screen and into the appropriate master record field when the ADD function is complete.

- g. Only one (1) 'OO' transaction may be entered for an ADD.
- h. An original overpayment transaction (OO) is invalid for an update.
- i. When the ADD function is complete, the transaction code and amount are written to the Open Transaction History File.

2. OVERPAYMENT ADJUSTMENTS

- a. Valid transaction codes are 'OA' through 'OD', 'OI' and 'OZ'.
- b. The functionality of all of the above codes is exactly the same. There are multiple codes for recording and reporting purposes.
- c. The function of these transactions is to adjust the original overpayment amount.
- d. The adjustment is accomplished by overlaying (replacing) the original overpayment amount in the master file with the amount on the overpayment adjustment transaction.
- e. Although the adjustment amount is 'moved' to the Master File, the following must take place for the Transaction

File update:

- 1. The original amount (OO transaction) is still on the transaction file and can't be deleted.
- 2. To maintain fiscal integrity, the program will subtract the original overpayment amount in the master file from the overpayment adjustment amount.
- 3. This amount, positive or negative will be written to the transaction file along with the transaction code.
- f. All overpayment adjustment amounts must be numeric.
- g. Overpayment adjustments are invalid during the ADD process.
- h. If the overpayment adjustment transaction code is equal to 'OI' the overpayment type must be a 'J'.

REMINDER:

When an overpayment adjustment is used to 'adjust' the original overpayment amount this action will probably establish an out of balance condition between the original overpayment amount and the SUM of the Causes. This condition must be resolved before the update will be accepted. You will have to update the Cause information that currently exists for this overpayment.

3. OVERPAYMENT FULL DELETES

These transaction codes are extremely powerful tools within the PORS System which must be handled with care. There are four codes which, functionally are identical, that will logically zero balance an overpayment case and allow that case to be closed.

- a. Valid codes are 'OE', 'OF', 'OG', 'OH', and 'OI'.

b. The functionality of the codes above is exactly the same. There are multiple codes for recording and reporting purposes.

c. The major function of these transactions is to Logically zero balance the case. In doing so, a Closed Date will be Mandatory and the case will be officially closed.

d. All 'FULL DELETED' cases will be bypassed by all quarter and batch reporting programs, therefore the dollar amounts on all fully deleted cases will not be reflected in any report.

e. An OVERPAYMENT FULL DELETE is processed as follows:

1. A valid overpayment full delete transaction code is entered in any one of four transaction code fields on the transaction line.

2. NO AMOUNT IS REQUIRED IN THE TRANSACTION AMOUNT FIELD FOR A FULL DELETE TO PROCESS.

3. The User TAPS the enter key.

4. The PORS program then perform the following:

(a) The program issues an applicable warning message asking the User if they are absolutely sure they want to process a full delete.

(b) If the User wants the full delete to take place, an overpayment full delete transaction code must be re-entered and the enter key TAPPED.

(c) Calculates the current balance of the overpayment case.

(d) Writes a record to the transaction file using the overpayment full delete transaction code and an amount field equal to zeros.

(e) Generates and writes a Recoupment Adjustment record to the transaction file. This record will contain an amount equal to the ending balance calculated in (3) above. The transaction code will have an 'R' in the leftmost position and the rightmost position will correspond to the rightmost position of the overpayment full delete transaction code.

(f) At this time, the outstanding balance is zero and the program is looking for a valid close date by issuing another warning message and positioning the CURSOR at the CLOSED DATE FIELD.

(g) NOTE:

The User can still back out of the entire full delete procedure by TAPPING the F3 key. This action will abort all updates that have just been discussed and return control to the REQUEST SCREEN.

- (h) The User should key in the proper closed date and TAP the enter key.
- (i) If the above Close Date is valid, another warning message is issued to the User, stating the case is about to be closed.
- (j) If the User is absolutely sure the full delete is correct, the enter key should be TAPPED.
- (k) At this point, the full delete transaction has been processed and the case is closed.

B. CAUSE CODE TRANSACTIONS

1. For each determined overpayment case, the CAUSES(s) for that overpayment will be identified and entered into the system using the transaction line on the ADD/UPDATE SCREEN.
2. There are twenty six (26) CAUSE TRANSACTION CODES defined in the PORS System of which 18 are currently active. These codes, ranging from CA through CZ were explained earlier in the instructions for FIELD 16 (five of them).
3. Cause transactions are entered on the transaction line (fields 35 and 36), and after verification, are moved to fields 16 and 17.
4. As an enhancement, we have designed the Master File so we may retain all 26 Cause Codes and Cause Amounts for a given overpayment case.
5. Another enhancement we feel will help maintain the system's integrity, is to balance the sum of all entered Cause Amounts with the Overpayment Amount (field 9). This balancing MUST TAKE PLACE before a case is ADDED to the Master File. We understand that some overpayment cases will be very difficult to 'BALANCE' because of missing information. To allow this kind of overpayment into the system for tracking and recoupment efforts, we have added a Suspense Cause Transaction Code of 'CZ' to the list of valid cause codes.

This suspense cause code is intended for specialized, limited use, and its use will be monitored. The total amount that may be entered using this Cause Code is \$10,000.

Note: If the original overpayment amount is adjusted, the appropriate cause codes should also be adjusted so that the original overpayment amount and the cause code amounts are the same.

6. Out of the possible 26 codes, only four Causes have special edit criteria.
 - a. CAUSE CODE V (Accelerated Payment) must only be used with TYPE D overpayments.

- b. CAUSE CODE W (Interim Rate Adjustment) is only valid with TYPE J overpayments.
- c. CAUSE CODE X (Unfiled Cost Report) must only be used with TYPE H overpayments.
- d. CAUSE CODE Y (Interest) is only valid with TYPE X overpayments.

7. *The two position Cause Code and Amount are keyed into the transaction line. Again, you may use any one of the four sets or all four at the same time.*

8. When the enter key is TAPPED, the program moves the rightmost character of the Cause Transaction Code (which is the actual cause code) and the Cause Amount to an available set of fields on the 'Cause Line' (fields 16 and 17). It also moves the number of causes entered into the Cause Count Field (field 15). It then adds up all Cause Amounts and compares that SUM to the Overpayment Amount.

9. If the case is in balance, and no more input is required, the case is added to the Master File.

10. If the case is out of balance, the User will see an appropriate message in the message area. The User must balance the case either by keying in an Overpayment Adjustment or by modifying the just entered Cause Transactions.

C. RECOUPMENT TRANSACTIONS

This category includes three types of recoupment transactions; REGULAR RECOUPMENT, RECOUPMENT ADJUSTMENTS AND RECOUPMENT -FULL DELETES.

1. Regular Recoupment

- a. Valid transaction code is 'RO' only.
- b. Must be the first 'recoupment' transaction entered for an overpayment case.
- c. The amount must be numeric and positive.
- d. The transaction code of 'RO' and the amount may be keyed into any one of the 'sets' on the transaction line.
- e. When the enter key is TAPPED, the transaction, after being thoroughly edited, is added to the RECOUPED-TO-DATE (field 10) and the RECOUPED-TO-QUARTER (field 12) fields on the screen and also to the appropriate Master File fields.

f. A record including the transaction code and amount is also written to the transaction file.

2. Recoupment Adjustments

a. Valid transaction codes are 'RA' through 'RD', 'RI' and 'RZ'.

b. All of the above codes have the exact same functionality. There are multiple codes for reporting purposes.

c. The function of these transactions is to adjust previously applied 'Regular Recoupment' dollars. To maintain fiscal integrity, previously applied dollars will stay on the Master and Transaction Files, but we will use the appropriate 'Recoupment Adjustment Transaction' to affect the required monetary change.

d. To be as flexible as possible, these transactions may be entered as positive OR negative values. To make the field negative, the operator must key in the 'dash/hyphen' after the amount. For a positive value, there is no additional effort involved.

e. The User, after keying in the appropriate Recoupment Adjustment Transaction Code and amount, should TAP the enter key.

f. The amount, after thorough editing, is added to the 'ADJUST-T/Q' field (field 13) on the screen and to the same field in the Master File. It is also to the 'ADJUSTMENT TO DATE' field in the Master File.

g. After the Master File is updated, a record is written to the transaction file with the recoupment adjustment transaction code and amount fields included.

3. Recoupment - Full Deletes

a. Valid codes are 'RE', 'RF' 'RG' and 'RH' and 'RI'.

b. These four transaction codes are 'GENERATED ONLY' by their corresponding 'OVERPAYMENT FULL DELETE' transaction - 'OE', 'OF', 'OG', 'OH' and 'OI'.

c. The Recoupment - Full Delete transactions ARE NOT KEYABLE BY THE USER.

d. They are generated with appropriate amount fields and written to the transaction file to maintain fiscal integrity.

e. The amounts are also added to the Master File recoupment fields but, as explained earlier, these Master Records are bypassed for all PORS reporting.

30. Field 37 - CNC Date

This field is an 8-position date in MMDDYYYY format. Enter the Currently Not Collectible date within 10 days of receiving written approval for CNC Classification from the Regional Office.

31. Field 38 – CNC Code

This field is a 2- position code. Enter the appropriate CNC Status Code from the Status Code Listing in 180.1.4 within 10 days of receiving written approval for CNC Classification from the Regional Office.

TRANSACTION HISTORY BROWSE SCREEN

A. General information concerning this Screen.

1. This Screen will be used for inquiry purposes only.
2. This Screen may be displayed only from the PORS REQUEST and PORS ADD/UPDATE Screens.
3. The displaying of information on this screen is governed by the same security hierarchy explained for the Request Screen.
4. There are two primary objectives of this Screen.
 - a. To provide an audit trail of all financial transactions that were entered for the life of an active, open case. This audit trail will provide the various levels of responsible Users with instant information about a specific case or groups of cases. It will identify which User entered the data, when it was entered and how that action affected the balance of that case.
 - b. The second objective is to have the physical protection of the Transaction File in case something should ever happen to the Master File. We could use the Transaction File to 'rebuild' the financial portion of our online PORS Master File.
5. The screen is divided into two distinct parts; the screen header line and the screen body.
 - a. The header line is represented by the line of dashes on the second line from the top of the screen.

This line will contain the entire record key that was requested for the screen to be displayed.

 1. If this screen display was 'requested' from the ADD/UPDATE processing, this header line 'record key' will be a specific 28 position key.
 2. If, however, this screen was requested from the PORS REQUEST SCREEN using the 'B' function, the header line 'record key' may have from 2 to 28 positions filled in. This is the generic key search that was described earlier in these instructions.

EXAMPLES:

1. A regional office User may key in just the region number and 'B' function on the PORS REQUEST SCREEN and TAP the enter key. This action will display the Transaction History Browse Screen showing the User ALL open overpayment cases for that region.
2. A contractor User may do the same function, but, because of the security table, they must also key in their own intermediary number on the PORS REQUEST SCREEN.
 - b. The screen body consists of sixteen (16) detail lines showing the 13 individual fields on each line.

If there are more than 16 lines of detail to be displayed, the User may TAP the F8 key to page forward or F7 to page backward.

B. Specific information concerning the fields displayed on the screen.

1. Field 1 through 7

These fields constitute the overpayment record key. They will be printed according to the instructions contained in A.5 above.

2. Field 8 - SEQUENCE NUMBER

This field was added to ensure uniqueness when writing records to the transaction file.

3. Field 9 - OPERATOR ID

This is primary security code used throughout the system. It is shown on the Browse Screen for obvious reasons.

4. Field 10 - TRANSACTION ENTRY DATE

This is the date, in MMDDYYYY format; the User entered this particular transaction.

5. Field 11 - TRANSACTION CODE (TR CD)

This is one of the forty (40) valid codes used to enter financial information into the system.

6. Field 12 - TRANSACTION AMOUNT

This field displays the edited dollar amount which was keyed by the User on the ADD/UPDATE MASTER SCREEN.

7. Field 13 - BALANCE

This is a 'Running Balance' for the overpayment case. It is re-calculated after each successful financial update to the PORS Master File. It will provide the User with a display of the current balance of the case.

HELP SCREEN

A. General information concerning the Screen.

1. The screen contains all of the current, valid transaction codes in the system along with their descriptions.
2. The design function for this screen is to provide the terminal User with online assistance at the time of data entry. This will happen during transaction code selection and entry on the ADD/UPDATE MASTER SCREEN.
3. If the User forgets the transaction code to use or does not remember which ones are even available merely:

TAP the F3 key for HELP

This will display the HELP SCREEN. When the User finishes reviewing the HELP SCREEN, simply:

TAP the F3 key to return to the same position on the ADD/UPDATE SCREEN.

B. Specific information concerning the HELP SCREEN.

1. There are three columns displaying eighteen transaction codes each.

If there should be more than 54 transaction codes in the future, the User may TAP the ENTER KEY to view the remaining codes.

180.1.4 List of Status Codes

(Rev. 61, Issued: 12-10-04, Effective: 01-10-05, Implementation: 01-10-05)

POR SYSTEM STATUS CODES- INTERMEDIARY LEVEL

Category	Status Codes	Description/When to Use
Accelerated Payments	CA	Accelerated Payment (Less than 90 days old)
	CB	Accelerated Payment (Over 90 days old)
Advanced Payments	AP	Advanced Payment
	CP	Advance Payment (Claims processing problem has not been corrected)
Demand Letters	AL	First Demand Letter
	BL	Second Demand Letter
	CL	Third Demand Letter
Recoupment	AC	Interim Payments Suspended
	BV	Congressional Intervention- repayment delayed
ERS	AE	Negotiating Repayment Schedule
	AF	Established Repayment Schedule (up to 12 months)
	AG	Defaulted Repayment Schedule
	BG	Established Repayment Schedule (over 12 months)
	BJ	Court Established Repayment Schedule
Appeals/ Hearing	AB	Intermediary Appeal Pending
	BP	PRRB Hearing
Fraud	BA	Active Fraud and Abuse Investigation- on Suspension by contractor Fraud department, RO, CO, or OIG
Bankruptcy	BH	Provider Filed Bankruptcy Petition
Litigation/ DOJ Involved	BN	RO Approved delay in Recovering Overpayments
	AW	Collections stopped by Court Decision- Litigation
	BE	DJA Case Returned to Intermediary for further Collection action
	BQ	Returned to INT for preparation of CCLR and Referral to DJ
Debt Referral	AQ	Pending Referral to Cross Servicing/TOP
	CM	Debt returned from DCC (waiting further action by INT)

AR Intent letter sent, Unfiled Cost Report debt exempt from referral to Treasury.

CNC	01	Reclass to CNC
	03	CNC- DCIA Letter Sent
	04	Reactivate CNC- Bankruptcy
	05	Reactivate CNC- Payment Received
	06	Reactivate CNC- Appeal/Litigation/Fraud
	07	Reactivate CNC- Compromise
	08	Reactivate CNC- Extended Repayment Plan Approved
	09	CNC Debt Written Off Closed
	00	Reactivate CNC- Other (Deceased, etc)

Effective 10/01/03 the CNC Status Codes should be used in the CNC Code field not in the Status Code Field. When inputting a CNC Status Code a CNC Date should also be entered. The existing status code shall remain and shall be accurate as to the status of the debt. (For example bankruptcy, debt referral, appeal, fraud) The CNC Status Code field and the CNC Date field should only be used after written approval for CNC Classification is received from the Regional Office. Refer to the Financial Management Manual, Chapter 5, §400.20 for additional information concerning CNC Classification.

Write-off	BY	Pending Write-Off Authority
	CC	Closed- compromise negotiation by OGC/DOJ, Balance written off
	CD	Closed with a balance- CMS CFO approved compromise
	CE	Closed with a balance due to bankruptcy (Authority to close must be received from lead RO)
	CF	Closed with a balance- ARA DFM approved

Liability	AH	New Owner Assumed Liability
	AI	Assumption of Liability in Question
	AU	New Owner did not Assume Liability

Referred to RO	AK	Referred to Regional Office
----------------	----	-----------------------------

Medicaid	AS	Title XIX Suspension in Effect
----------	----	--------------------------------

Cost Reports	AA	Cost Report Filed but Subsequently found to be Unacceptable
	AD	Final Settlement pending current or subsequent cost reports
	AM	Cost Report Filed- Overpayment Recouped
	AY	Cost Report Filed- Pending Acceptance

	BX	Cost Report not Filed- Provider Paid back all interim payments
Other	AN	Medicare Adjustment Bills
	AV	Waiver agreement obtained for Statute of Limitations
	AX	Terminated Provider re-entered Medicare program with New provider number
	BF	Financial Record of Provider in Hands of State- Exact Amount of OP Undetermined or Unknown
	BI	Incoming Intermediary recovering overpayment for Outgoing intermediary
	BW	Waiver State of Demonstration Project
	BZ	Outpatient Non-Physician Services

When determining the most accurate status code intermediaries must remember that certain status codes/categories take precedence over others:

Bankruptcy supercedes all other status codes

Appeal supercedes all other status codes except for bankruptcy and litigation

Litigation supercedes all other status codes except for bankruptcy

ERP supercedes all other status codes except bankruptcy, appeal, active fraud investigation, and litigation

Debt Referral supercedes all other status codes except bankruptcy, appeal, active fraud investigation, and litigation.

If you are not sure of the appropriate status code the servicing regional office should be contacted.

Medicare Financial Management

Chapter 4 - Debt Collection

Table of Contents
(Rev. 61, 12-10-04)

Exhibit 7 – Modified Intent Letter for Unfiled Cost Reports Only—Third Request

20.2 - Content of Demand Letters – FI Serviced Providers

Rev. 61, Issued: 12-10-04, Effective: 01-10-05, Implementation: 01-10-05)

Exhibit I contains a detailed list of the requirements (this Exhibit is not all inclusive) for each of the three basic demand letters for use in various overpayment situations. Certain items may be combined; for example, the Notice of Program Reimbursement may be attached to the first demand letter. Since some cases may become very complex, some sample letters have been included.

Exhibit 1: Contents of a Demand Letter

Exhibit 2: Sample Overpayment Demand Letter – Cost Report Filed -First Request

Exhibit 3: Sample Overpayment Demand Letter – Cost Report Filed - Second Request (30 days after the date of the first demand letter)

Exhibit 4: Sample Overpayment Demand Letter – Cost Report Filed - Third Request (30 days after the date of the second demand letter)

Exhibit 5: Sample Overpayment Demand Letter--Unfiled Cost Report- First Request

Exhibit 6: Sample Overpayment Demand Letter--Unfiled Cost Report- Second Request

Exhibit 7: Sample Modified Intent Letter for Unfiled Cost Reports Only-Third Request

**Exhibit 7- MODIFIED INTENT LETTER FOR UNFILED COST REPORTS ONLY -
THIRD REQUEST**

(Rev. 61, Issued: 12-10-04, Effective: 01-10-05, Implementation: 01-10-05)

Subject in Bold: Notice of Intent to Refer Unfiled Cost Report Debts to the Department of Treasury's Debt Collection Center for Cross Servicing and Offset of Federal Payments

Insert contractor opening paragraphs concerning the reason for the overpayment, date of determination and amount due. Refer to previous demand letters or other forms of contact regarding the debt.

*Your **unfiled cost report debt** to the Medicare Program is delinquent and, by this letter, we are providing notice that your debt **may** be referred to the Department of Treasury's **Debt Collection Center (DCC) for Cross Servicing and Offset of Federal Payments**. Your debt **may** be referred under the provisions of Federal law, title 31 of the United States Code, Section 3720A and the authority of the Debt Collection Improvement Act of 1996.*

The Debt Collection Improvement Act of 1996 (DCIA) requires Federal agencies to refer delinquent debt to the Department of Treasury and/or a designated Debt Collection Center (DCC) for collection through cross servicing and/or the Treasury Offset Program. Under the offset program, delinquent Federal debt is collected through offset of other Federal agency payments you may be entitled to, including the offset of your income tax return through the Internal Revenue Service (IRS).

*The Debt Collection Center may use various tools to collect the debt, including offset, demand letters, phone calls, referral to a private collection agency and referral to the Department of Justice for litigation. Other collection tools available, which may be used, include Federal salary offset and administrative wage garnishment. If the debt is discharged, it **may** be reported to the IRS as potential taxable income.*

For Individual Debtors Filing a Joint Federal Income Tax Return

*The Treasury Offset Program automatically refers debt to the IRS for offset. Your Federal income tax refund is subject to offset under this program. If you file a joint income tax return, you should contact the IRS before filing your tax return to determine the steps to be taken to protect the share of the refund which **may** be payable to the non-debtor spouse.*

Federal Salary Offset

*If the facility ownership is either a sole proprietorship or partnership, your individual salary(s) **may** be offset if you are or become a federal employee.*

Medicaid Offset

*As authorized in 42 CFR 447.30, (Subsection 1885 of the Social Security Act), CMS **may** instruct the State Medicaid Agency to offset the Federal share of any Medicaid payments due to you, your agency and/or related facilities. At that time, the offset **shall** remain in effect until the Medicare overpayment is paid in full.*

Please read the following instructions carefully to determine what action you should take to avoid referral for cross servicing/offset.

Due Process

*You have the right to request an opportunity to inspect and copy records relating to the **unfiled cost report debt**. This request must be submitted in writing to the address listed below. You have the right to present evidence that all or part of your debt is not past due or legally enforceable. In order to exercise this right, this office must receive a copy of the evidence to support your position, along with a copy of this letter. You must submit any evidence that the debt is not owed or legally enforceable within **60 calendar** days of the date of this letter. If, after sixty calendar days from the date of this letter, we have not received such evidence, your debt, if it is still outstanding and eligible for referral, **may** be referred to the Department of Treasury or its designated Debt Collection Center for cross servicing/offset. **NOTE: Unfiled Cost Report debts (including new ones) may be transferred to Treasury for cross servicing/offset, upon approval from CMS Central/Regional Offices.***

Repayment

Your unfiled cost report debt(s) shall not be referred to the Department of Treasury if you submit the cost report or make the payment in full; otherwise you will remain legally responsible for any amount not satisfied through the collection efforts.

Your check or money order for the amount due should be made payable to:

*Medicare
Contractor Address
000 Street
Anywhere USA 00000-0000.*

Include a copy of this letter with your payment.

*If you cannot make the payment in full, you **may** be allowed to enter into an **extended repayment agreement**. If you are interested in an extended repayment agreement, please contact this office.*

Bankruptcy

If you have filed for bankruptcy and an automatic stay is in effect, you are not subject to offset while the automatic stay is in effect. Documentation supporting your bankruptcy status, along with a copy of this notice, must be forwarded to this office at the above address.

If you have any questions concerning this debt, please contact _____ at _____.

Sincerely,

*Signature of Certifying Official
Official Position*