Attachment - Business Requirements

Pub. 100-06	Transmittal: 64	Date: February 11, 2005	Change Request 3641

SUBJECT: For Fiscal Intermediaries (FIs), a new Provider Type 80, Status Code CH, and Method of Recoupment codes. For Carriers and Durable Medical Equipment Regional Carriers (DMERCs) Status Code 2

I.   GENERAL INFORMATION

A.   Background: The CMS has implemented several changes in both the Provider Overpayment Reporting System (PORS) and Physician/Supplier Overpayment Reporting system (PSOR). As a result there are new and revised requirements for FIs, Carriers, and DMERCs when updating and entering information in the POR and PSOR system, respectively.

B.   Policy: N/A

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)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3641.1	Ch.3 Sec. 180.1.3 - POR System User Manual (4. Provider Type) Intermediaries shall input Provider Type Code 80 for all <u>new</u> certified Home Health Agencies (HHA) being entered in the POR system. Intermediaries shall no longer use Provider Type Code 10 to enter HHAs into the POR system. Provider Type 80: Home Health Agency ONLY	X	X							

Requirement Number	Requirements	FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3641.2	Ch.3 Sec. 180.1.3 - POR System User Manual (23. Field 29 - Method) Intermediaries shall assign the new Method of Recoupment codes to new debts entered in the POR system to best capture the actual method by which the overpayment will be covered. 01 Lump Sum Payment - All Cash 02 Current Interim Payments - Withholdings 04 Periodic Lump Sum Installments - Extended Repayment Plans 08 Offset - Offsetting one year against another; one unit against another in the case of multi-facility providers, or similar types of offset 15 Combination of 01, 02, 04, and 08 - Cash, Withholdings, Extended Repayment Plan and Offset 16 Bankruptcy 17 Combination of 15 and 16 - Cash, Withholdings, Extended Repayment Plan, Offset and Bankruptcy* 18 GME Aggregation Only * This Method Recoupment Code shall be used when recoupment of the debts have more than one situation occurring simultaneously.	X	X							
3641.3.1	Ch.3 Sec.180.1.4 - List of Status Codes (under Other) The new status code CH identifies debts that have been closed in PORS due to the intermediaries' provider debts transition to HIGLAS. This status code shall require a "closed date" so the debt will drop off the master file and the Case Control Listings at the end of the quarter. The closed date is the effective date of provider debts that have been transferred into the Healthcare Integrated General Ledger Accounting System (HIGLAS). **CMS Central Office** (CO) shall close all active provider debts transferred into HIGLAS in the	X	X								CMS - Central Office

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	
	POR Master File using the newly created Status Code CH and their respective closed dates. The **Regional Office (RO) shall** inform CO of the <u>effective date</u> their intermediary is going to transition to HIGLAS. After being notified, CO shall run the program for that particular intermediary. There will be a program set in place that will close all provider debts in the POR system associated with the intermediary transitioning to HIGLAS. Within a week the program will run a second time to catch any debts that were missed the first time. If by chance an intermediary is made aware of a previously transferred debt that is open in the POR system as well as in HIGLAS, the intermediary shall notify their Regional Office (RO). The RO shall then inform Central Office, and then CO shall close the debt in the POR system. Status Code CH: Closed/HIGLAS* *valid closed date required									
3641.3.2	Post HIGLAS Transition - Reopening Provider Debts in the POR System Medicare intermediaries that have transitioned to HIGLAS shall continue to send written request to CMS CO to reopen closed provider debts in the POR system where applicable. Upon written request by the FI, CMS CO shall reopen a closed debt in the POR. Upon notification that the debt has been reopened, the FI shall determine whether the debt needs be	X	X							

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	
	manually keyed and transferred into HIGLAS or whether the debt only requires an immediate update within the POR. If the reopened provider debt will require ongoing maintenance and activity, the FI shall key the debt into HIGLAS within 5 business days of the reopening notification from CMS CO. Upon entering this debt into HIGLAS, the FI shall immediately close the debt within the POR using Status Code CH (closed due to HIGLAS) and the date the record is closed. If the reopened provider debt does not require the debt to remain open for future maintenance and activity, the FI shall update the POR and close the debt within 1 business day of reopening notification from CMS CO using the appropriate Closed Status Code (other than CH) and the date the record is closed.									
3641.4.1	Ch.3 Sec.180.2.2 - PSOR User Manual Field 22 - Status Code (under Closed) The new status code 2 identifies physician/supplier debts that have been closed in the PSOR system due to their transition to HIGLAS. This status code shall require a "closed date" so the debt will drop off the master file and the Case Control Listings at the end of the quarter. The closed date is the effective date of the physician/supplier debts that have been transferred into HIGLAS. **CMS Central Office** (CO) shall close all active physician/supplier debts transferred into HIGLAS in the PSOR Master File using the newly created Status Code 2 and their respective closed dates.			X	X					CMS - Central Office

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	The **Regional Office (RO) shall** inform CO of the <u>effective date</u> their Carrier/DMERC is going to transition to HIGLAS. After being notified, CO shall run the program for that particular Carrier/DMERC. There will be a program set in place that will close all physician/supplier debts in the PSOR system associated with the Carrier/DMERC transitioning to HIGLAS. Within a week the program will run a second time to catch any debts that were missed the first time. If by chance a Carrier/DMERC is made aware of a previously transferred debt that is open in the PSOR system as well as in HIGLAS, the Carrier/DMERC shall notify their Regional Office (RO). The RO shall then inform Central Office, and then CO shall close the debt in the PSOR system. Status Code 2: Closed/HIGLAS* *valid closed date required									
3641.4.2	Post HIGLAS Transition - Reopening Provider Debts in the PSOR System Medicare carriers/DMERCs that have transitioned to HIGLAS shall continue to send written request to CMS CO to reopen closed provider debts in the PSOR system where applicable. Upon written request by the carrier/DMERC, CMS CO shall reopen a closed debt in the PSOR. Upon notification that the debt has been reopened, the carrier/DMERC shall determine whether the debt needs be manually keyed and transferred into HIGLAS or whether the debt			X	X					

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	only requires an immediate update within the PSOR. If the reopened provider debt will require ongoing maintenance and activity, the carrier/DMERC shall key the debt into HIGLAS within 5 business days of the reopening notification from CMS CO. Upon entering this debt into HIGLAS, the carrier/DMERC shall immediately close the debt within the PSOR using Status Code 2 (closed due to HIGLAS) and the date the record is closed. If the reopened provider debt does not require the debt to remain open for future maintenance and activity, the carrier/DMERC shall update the PSOR and close the debt within 1 business day of reopening notification from CMS CO using the appropriate Closed Status Code (other than 2) and the date the record is closed.									

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

Effective Date*: March 14, 2005 **Implementation Date: March 14, 2005** **Pre-Implementation Contact(s):** Stacey Stinson, (410) 786-9513, SStinson2@cms.hhs.gov, and Mable Gordon, (410) 786-7507, MGordon@cms.hhs.gov **Post-Implementation Contact(s):** Stacey Stinson, (410) 786-9513, SStinson2@cms.hhs.gov, and Danielle Barbour, (410) 786-6468, DBarbour@cms.hhs.gov	**Medicare contractors shall implement these instructions within their current operating budgets.**

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

Medicare Financial Management Manual
Chapter 3 - Overpayments

180.1.3 - POR System User Manual
(Rev.64, Issued: 02-11-05, Effective: 03-14-05, Implementation: 03-14-05)

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 User Id and Password. If you do not have a User Id or Password contact your servicing regional office to obtain instructions for access.
4. After entering your user id 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 # xxxxx  BSI xxxx

  PROVIDER # xxxxxx                        PROV TYPE xx

  COST REPORT DATE MMDDYYYY      DETERMINATION DATE MMDDYYYY  O/P TYPE x




  FUNCTION:   I = ADD NEW OVERPAYMENT RECORD
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```
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
80 = Home Health Agency*

*NOTE: Provider Type Code 80 has been added to the POR system to only identify all new certified Home Health Agencies that are entered in the POR system. Provider Type Code 10 shall no longer be used to identify HHAs.

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 l0.

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 = l0) or any of the *seven* sub units described above (Provider Type = 20, 30, 40, 50, 60*,* 70 *or 80*).

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 l0 will be used.

Examples

a. If an overpayment has been determined for a hospital rehabilitation unit with a provider number of 05T0l2. This would be entered as:

0500l2 = Provider Number
30 = Provider Type

b.   An overpayment has been determined for a general hospital with a provider number of 0500l2. This would be entered as:

0500l2 = Provider Number
 l0 = 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 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

COST RPT DTE xxxxxxxx DETERM DTE xxxxxxxx    O/P TYPE x  O/P $ xxxxxxxx

 RECOUPED T/D  OPEN BAL    RECOUPED T/Q   ADJUST T/Q       END BAL
$ xxxxxxxxx        $ xxxxxxxxx    $ xxxxxxxxx        $ xxxxxxxxx       $ xxxxxxxxx

01 CAUSES x $ xxxxxxxxx         $ xxxxxxxxx        $ xxxxxxxxx      $ xxxxxxxxx        $
xxxxxxxxx
 (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 xxxxxxxxx

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

1.   Field numbers 1 through 7 are the key fields which 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 which 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 <u>KEYABLE</u>.

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 <u>no</u> <u>amount</u> on the Transaction Line and initialize to zeros, the corresponding amount field on the screen and in the Master Record <u>but will maintain the Cause Code in both places.</u>

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

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 and ADD <u>and</u> 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. <u>Field 19 - OWNER CHANGE</u>

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. <u>If there was no change, the field should be left blank;</u> if there was one (1) change the value should be an "A" and so on.

This field, on an ADD <u>and</u> 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. <u>Field 20 - OWNER TYPE</u>

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

For an ADD <u>and</u> 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 <u>and</u> UPDATE, is displayed with data received from the Provider Extract File.
THIS FIELD MAY BE KEYED.

This field can also be updated by the User 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 <u>and</u> 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.)

This field shall be updated by the User 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 l0/0l/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 covered.

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 - *All Cash*
02   Current Interim Payments - *Withholdings*
04   Periodic Lump Sum Installments - *Extended Repayment Plans*
08   Offset - *Offsetting one year against another; one unit against another in the case of multi-facility providers, or similar types of offset*
15   Combination of 01, 02, 04, and 08 - *Cash, Withholdings, Extended Repayment Plan and Offset*
16   *Bankruptcy*
17   *Combination of 15 and 16 - Cash, Withholdings, Extended Repayment Plan, Offset and Bankruptcy**
18   *GME Aggregation Only*

* Method of Recoupment Code 17 shall be used when recoupment of the debts have more than one situation occurring simultaneously.

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, this field may be changed by the User 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 work station 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
INT# = 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

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 <u>and</u> 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 <u>Keyable</u> and for an ADD <u>or</u> 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 <u>must</u> supply a closed date.
2.   If the outstanding balance is not equal to zero <u>AND</u> the location (field 32) is equal to 'INT' you <u>cannot</u> enter a closed date.
3.   If the outstanding balance is not equal to zero you may enter a valid closed date <u>ONLY</u> if any of the following combinations of the location (field 32) and status (field 31) are true.

Location = ROA <u>AND</u> Status = DT
Location = COA <u>AND</u> Status = GK
Location = GAA <u>AND</u> Status = LF or LG
Location = DJA <u>AND</u> Status = PI or PJ
Location = ICC <u>AND</u> 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 <u>Transaction Line</u>.

The primary Users have developed a group of two position transaction codes,, which they feel, will accommodate all possible <u>FINANCIAL</u> 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 which 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) <u>must</u> 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 <u>or</u> 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 - <u>For Any Reason</u> - simply TAP the F3 key and the program will return you to the PORS REQUEST SCREEN.

<u>NOTE</u>: 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 <u>SUM</u> 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 <u>logically</u> 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 <u>Logically</u> 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 <u>will not be</u> 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 performs the following:

(a)   The program issues an applicable warning message asking the User if they are <u>absolutely sure</u> 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 <u>TAPPED.</u>
(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 <u>and writes</u> 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)   <u>NOTE</u>:
The User can still back out of the entire full delete procedure by <u>TAPPING the F3 key</u>. This action will abort all updates that have just been discussed and return control to the <u>REQUEST SCREEN</u>.
(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 it 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 <u>and</u> 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 <u>OR</u> negative values. To make the field negative, the operator must key in the 'dash/hyphen' <u>after</u> 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 <u>TAP</u> 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 <u>'GENERATED ONLY'</u> by their corresponding <u>'OVERPAYMENT FULL DELETE'</u> transaction - 'OE', 'OF', 'OG', 'OH' and 'OI'.
c. The Recoupment - Full Delete transactions <u>ARE NOT KEYABLE BY THE USER</u>.
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. <u>Field 37 - CNC Date</u>

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. <u>Field 38 – CNC Code</u>

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.

<u>TRANSACTION HISTORY BROWSE SCREEN</u>

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 <u>REQUEST</u> and PORS <u>ADD/UPDATE</u> 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 <u>specific</u> 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.

<u>EXAMPLES</u>:
1.   A regional office User <u>may</u> 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 <u>ALL</u> 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.

<u>HELP SCREEN</u>

 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 <u>online</u> 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.

    2.   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.64, Issued: 02-11-05, Effective: 03-14-05, Implementation: 03-14-05)
POR SYSTEM STATUS CODES- INTERMEDIARY LEVEL

Category	Status	Description/When to Use

Codes

Accelerated	CA	Accelerated Payment (Less than 90 days old)
Payments	CB	Accelerated Payment (Over 90 days old)

Advanced	AP	Advanced Payment
Payments	CP	Advance Payment (Claims processing problem has not been corrected)

Demand	AL	First Demand Letter
Letters	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/	AB	Intermediary Appeal Pending
Hearing	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/	BN	RO Approved delay in Recovering Overpayments
DOJ Involved	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	AQ	Pending Referral to Cross Servicing/TOP
Referral	CM	Debt returned from DCC (waiting further action by INT)

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 and 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.

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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

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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 |

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| Medicaid | AS | Title XIX Suspension in Effect |

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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

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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
	CH	*Closed/HIGLAS**

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.

180.2.2- PSOR User Manual
(Rev.64, Issued: 02-11-05, Effective: 03-14-05, Implementation: 03-14-05)

A.   System Description.--There is a history file and a master file in the PSOR system. All verifiably accurate data from the above files have been taken to create the following:

1.   PSOR Online Master File.--This is the center of the new system. It contains one contiguous record for each overpayment consisting of all source, cause, financial and demographic information. It is accessible, online, to add, update and inquire into, for any open overpayment. When an overpayment is closed, it is removed from the PSOR Online Master File, after the end of each quarter, and placed on a history file. This is done for two reasons; one to reclaim valuable storage resources and two, to limit the file to a manageable size which helps to improve the transaction through-put and overall online response time.
2.   PSOR History Master File.--This contains the same data elements as the online master file except that only closed overpayment cases appear.

3.   PSOR Online Transaction File.--This functions as a financial journal file to the PSOR Online Master. During the Add and Update process, every financial transaction that affects the master file is written to this file along with security identifying information. The operator's user identification code and date the transaction was generated are logged. It also assists us in reconstructing the PSOR Online Master with all pertinent financial information in case there is a problem with the Online Master.

Additionally, the PSOR Online Transaction File is read by the online browse program to display all financial transactions for an overpayment along with a 'running balance' after each transaction. The visual display is governed by the three (3) levels of system security. The browse function may be used directly from the main request screen or from the Add/Update screen if assistance is needed in reviewing the details of an overpayment.

4.   PSOR History Transaction File.--This has the same format and file content as the online transaction file but is for closed overpayments. It is updated with newly closed overpayment transactions at the end of each quarter.

B.   System Security.--The system contains a three-level system which safeguards the individual user's data. The complete functionality of the security system follows:

•   There is a security file built into the system and maintained by the CO Project Officer. It contains the User Identification Code, RO number, carrier number and security level code of every PSOR user. If a new user is added, or any changes made to this file, only the project officer may make changes.

•   There are five record identification key fields. The three highest level fields are region number, carrier number and physician/supplier number. In addition, the claim number and the date the claim was paid make each overpayment unique.

- All access into the PSOR system is controlled by User Identification and security level codes. This is for Master File Add, Update and inquiry as well as for the online Transaction File browse.

- The three levels of User security, from major to minor, are:

1. CO Personnel - Security Level 1.--CMS CO overpayment analysts have the authority to access all records in the online files. They may add/update/browse any physician/supplier's overpayment record.

2. RO Personnel - Security Level 2.--CMS RO overpayment analysts have the authority to access overpayment records for any physician/supplier within their region. They may not access an overpayment record for another region.

3. Carrier Personnel - Security Level 3.--Contractor personnel have the authority to access overpayment records for any physician/supplier within their responsible area. They may not access a physician/supplier overpayment record for another carrier.

SYSTEM OPERATING PROCEDURES

This contains the instructions to accomplish various system operating procedures.

A. Establish Connection with the CMS Mainframe Computer and Gain Entry into the PSOR System

- The HCFA Data Center "HDC" screen, shown in FIGURE 1, will be displayed.

- Press ENTER and the "Application Menu", shown in FIGURE 2, will be displayed.

- Select application menu number 3 "CICS 41", press the enter key and the "USERID" and "PASSWORD" screen, shown in FIGURE 3, will be displayed.

- KEY in-your "USERID" and "PASSWORD", then press the ENTER key, and the overpayment "PRODUCTION CICS ENVIRONMENT" screen, shown in FIGURE 4, will be displayed.

- Select "OPTION" number 2, and the "PSOR SYSTEMS BROADCAST SCREEN", shown in FIGURE 5, will be displayed.

- Press ENTER and the "CMS-PART B-ADVANCE/OVERPAYMENT INITIAL SCREEN", shown in FIGURE 6, will be displayed.

- Type your "USERID" and select "PORB", press the ENTER key, and the "PSOR REQUEST SCREEN", shown in FIGURE 7, will be displayed. All entry into the PSOR System is through this screen

- Type in the PHYS/SUP #, CLAIM #, CLAIM PAID DATE, and the applicable function letter, press the ENTER key, and the CMS "MASTER SCREEN", as shown in FIGURE 8, will be displayed.

- Press "F4" to display the "TRANSACTION HISTORY" screen as shown in FIGURE 9, will be displayed.

B. General Instructions for Entering Data into the Physician/Supplier Overpayment Reporting System

REQUEST SCREEN

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 (see FIGURE 7).

1.CMS CO Personnel - Security Level One (1).--The cursor is positioned at the Region Number field. There will be a default Region Number, Region Name, Carrier Number and Carrier Name in the appropriate fields. CMS can key in all characters of the record key, starting with the default region number field.

2.RO Personnel - Security Level Two (2).--The cursor is positioned at the Carrier Number field. There will be a default Carrier 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. RO personnel may key in any valid carrier WITHIN their region and continue with the rest of the key fields.

3.Carrier Personnel - Security Level Three (3).--The cursor is positioned at the Physician-Supplier Number field. The Region Number, Region Name, Carrier Number and Carrier Name fields are filled in with the appropriate data and are locked to the user. However, carriers who have multiple-state carrier numbers will have access to the carrier number field. Carriers may key in any valid physician/supplier number WITHIN your area of responsibility and continue with the rest of the key fields.

Field by Field Instructions:

1.   REGION NUMBER

Only CMS can key in this field. If it is keyed, the value MUST BE 01 through 11.

The Region Name is supplied to the screen by the System Tables File.

2.   CARRIER NUMBER

Only CO and RO personnel may key in the five position numeric field. If it is keyed, it is numeric, must be a valid Carrier Number and must be valid for the Region Number associated with it on this screen.

The Carrier Name is supplied from the System Tables File.

3.   PHYSICIAN-SUPPLIER NUMBER

This field is a 9 position alphanumeric field.
The Physician-Supplier Number field is keyed by all Users.

4.   CLAIM NUMBER/CARRIER INTERNAL CONTROL NUMBER

The claim number is a 15-position numeric field that is keyed by all Users. All positions must be filled in with either a number or a zero. The carrier may enter the internal control number generated by its accounting system instead of the claim number. However, the carrier must be able to trace the control number back to the specific claim(s) number if needed. Otherwise, the carrier should enter the claim number. If there are multiple claims, the carrier must enter the oldest claim number related to the overpayment.

5.   CLAIM PAID DATE

This 8-position numeric date is part of the overpayment record key. It is entered in the format of MMDDYYYY.

The Claim Paid Date can never be later than the Current or Closed Date. If the overpayment is a combination of more than one claim, the claim paid date used shall be the date the oldest claim was paid.

6.   FUNCTION CODE

This is a 1-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

• General Information

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

through 5 in FIGURE 8).

If the Function Code is "I" or "U", the entire 39-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 a 'generic key' and is usually executed to display related groups of data; i.e., Regional, Carrier, Physician/Supplier, etc.
There are two points to remember about the 'generic keys.' One, you still have your security defaults in the fields and two, the requested key (from major field to minor) must be contiguous - No Blanks. You cannot complete fields, 1, 2 and 3, skip 4 and complete 5. In this instance, 4 must be completed.

2.   If the Function Code of "I" or "U" is keyed, the MASTER SCREEN shown as FIGURE 8 will be displayed - after the Enter key is TAPPED, assuming the information on the request screen passed the edits.

3.   If the Function Code of "B" is keyed in, the TRANSACTIONS HISTORY SCREEN shown as FIGURE 9 will be displayed - after the Enter key is TAPPED.

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

1.   Field numbers 1 through 5 are the key fields which were keyed into the Request Screen and carried forward automatically.

2.   Field 25 (top right-hand corner) will display the word 'ADD' if an 'I' was the Function Code selected on the Request Screen. The word 'UPDATE' will appear if the 'U' Function Code was selected.

3.   In most cases, when looking at FIGURE 8 the fields with 'underlines' are those that have had data moved to them from various files. These fields are not keyable by the operator initially, but some may be overridden manually by later actions. Fields on FIGURE 8 that are exhibited with dots (periods) are directly keyable.

4.   Fields 6 through 10 are filled in initially by accessing the computer if the physician-supplier information is already on file.

5.   All other fields will be blank for new overpayments to be added.

•   Field-by-field instructions for the MASTER SCREEN.

1.   Fields 1 through 5 are key fields passed from the Request Screen. These fields are not keyable on this screen.

Immediately after this screen is displayed, for an ADD or UPDATE, review the key fields carefully. If the key is incorrect:

TAP the F3 key to return to the Request Screen

2.   Field 6 - REGION NAME

This field will automatically be displayed.

IT IS NOT KEYABLE.

3.   Field 7 - CARRIER NAME

This field will be displayed automatically.

IT IS NOT KEYABLE.

4.   Field 8 - PHYSICIAN-SUPPLIER NAME

This field will contain name unknown for a new physician-supplier being added to the system, otherwise, it will automatically be filled in.
This field may be keyed for an ADD only.

5.   Field 9 - SPECIALTY CODE (SPCLTY CODE)

This field will contain the specialty code shown in the following table if the physician-supplier is on file, otherwise, it will be blank.

The field is keyable for an ADD only.

SPECIALTY CODES

Code	Physician Specialty
01	General Practice
02	General Surgery
03	Allergy/Immunology
04	Otolaryngology
05	Anesthesiology
06	Cardiology
07	Dermatology
08	Family Practice
09	Interventional Pain Management
10	Gastroenterology
11	Internal Medicine
12	Osteopathic Manipulative Therapy
13	Neurology
14	Neurosurgery
15	Unassigned
16	Obstetrics/Gynecology
17	Unassigned
18	Ophthalmology
19	Oral Surgery (dentists only)
20	Orthopedic Surgery
21	Unassigned
22	Pathology
23	Unassigned
24	Plastic and Reconstructive Surgery
25	Physical Medicine and Rehabilitation
26	Psychiatry
27	Unassigned
28	Colorectal Surgery (formerly proctology)
29	Pulmonary Disease
30	Diagnostic Radiology
31	Unassigned
33	Thoracic Surgery
34	Urology
35	Chiropractic

36	Nuclear Medicine
37	Pediatric Medicine
38	Geriatric Medicine
39	Nephrology
40	Hand Surgery
41	Optometry
44	Infectious Disease
46	Endocrinology
48	Podiatry
66	Rheumatology
70	Multi-specialty Clinic or Group Practice
72	Pain Management
76	Peripheral Vascular Disease
77	Vascular Surgery
78	Cardiac Surgery
79	Addiction Medicine
81	Critical Care (Intensivists)
82	Hematology
83	Hematology/Oncology
84	Preventive Medicine
85	Maxillofacial Surgery
86	Neuropsychiatry
90	Medical Oncology
91	Surgical Oncology
92	Radiation Oncology
93	Emergency Medicine
94	Interventional Radiology
98	Gynecological/Oncology
99	Unknown Physician Specialty

Code	Type of Supplier/Provider
32	Anesthesiologist Assistant
42	Certified Nurse Midwife (effective July 1, 1988)
43	Certified Registered Nurse Anesthetist (CRNA)
45	Mammography Screening Center
47	Independent Diagnostic Testing Facility (IDTF)
49	Ambulatory Surgical Center
50	Nurse Practitioner
51	Medical supply company with orthotic personnel certified by an accrediting organization
52	Medical supply company with prosthetic personnel certified by an accrediting organization
53	Medical supply company with prosthetic/orthotic personnel certified by an accrediting organization
54	Medical supply company not included in 5l, 52, or 53
55	Individual orthotic personnel certified by an accrediting organization

56	Individual prosthetic personnel certified by an accrediting organization
57	Individual prosthetic/orthotic personnel certified by an accrediting organization
58	Medical Supply Company with registered pharmacist
59	Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)
60	Public Health or Welfare Agencies (Federal, State, and local)
61	Voluntary Health or Charitable Agencies (e.g., National Cancer Society, National Heart Association, Catholic Charities)
62	Psychologist (Billing Independently)
63	Portable X-Ray Supplier (Billing Independently)
64	Audiologist (Billing Independently)
65	Physical Therapist in Private Practice
67	Occupational Therapist in Private Practice
68	Clinical Psychologist
69	Clinical Laboratory (Billing Independently)
71	Registered Dietician/Nutrition Professional
73	Immunization Roster Billers (Mass Immunizers have to roster bill assigned claims and can only bill for immunizations)
74	Radiation Therapy Centers
75	Slide Preparation Facilities
80	Clinical Social Worker
87	All other suppliers, e.g., Drug Stores
88	Unknown Supplier/Provider
89	Clinical Nurse Specialist
95	Unassigned
96	Optician
97	Physician Assistant
A0	Hospital
A1	Skilled Nursing Facility
A2	Intermediate Care Nursing Facility
A3	Nursing Facility, Other
A4	Home Health Agency
A5	Pharmacy
A6	Medical Supply Company with Respiratory Therapist
A7	Department Store
A8	Grocery Store

6. Field 10 - STATE

This field will contain the State in which the physician-supplier is located, if the physician-supplier is on file, otherwise, it will be blank.

This field is keyable for an ADD only.

7. Field 11 - OVERPAYMENT DETERMINATION DATE (O/P DETERMINE DATE)

For an ADD, this field will be blank. For an UPDATE, it will contain the date that was previously entered in MMDDYYYY format.

This field is keyable for an ADD only.

8. Field 12 - OVERPAYMENT SOURCE CODE (O/P SOURCE)

For an ADD - the Field initially is blank and requires one of the source codes from the source table.

For an UPDATE - This field contains the code that was entered initially when the overpayment was put into the system.

SOURCE CODES

B --   Medical Review

C --   Utilization Review

D --   End of Line Review

E --   Special Review

F --   MSP Review

G --   CMS Review

H --   Central Office Review

I --   Inspector General (IG) Review

J --   GAO Review

K --   Beneficiary

L --   Physician/Supplier

M --

N --

O --   Other

P –

Q –

R –

S –

T –

U –
V –

W—

X –   Advance Payments

Y—

Z--

9. Field 13 - OVERPAYMENT CAUSE (O/P CAUSE)

For an ADD - This field is blank and requires one of the codes from the cause table.

For an UPDATE - This field contains the cause code that was initially entered into the system.

CAUSE CODES

A --   Duplicate Payment/Duplicate Claim - Carrier Error

B --   Wrong Payee - Carrier

C --   Service Not Rendered

D --   Service Not Necessary

E --   Payment Exceeded Allowable Limit

F --   Payment Exceeded Psy/PT Limit

G --   Service Not Covered

H --   Duplicate Pmt/Clm - Physician/Supplier

I --   Medicare Secondary Payer

J --   Coding/Billing - Errors

K --   Wrong Payee - Physician/Supplier Error

L --

M --

N --   Unallowable Concurrent Service

O --   Other

P –

Q—

R—

S –

T –

U—

V –

W –

X—   Advance Payments

Y—

Z –

0 --   Reactivate – Other (Includes Deceased Debtor)

10. Field 14 - ORIGINAL OVERPAYMENT AMOUNT (ORIGINAL)

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.

11. Field 15 - INTEREST RECOUPED TO DATE (INT REC)

For the life of the overpayment, the field reflects the total of all interest collected.

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 PSOR Master File. If interest collected transaction is entered on the Transaction Line (see fields 20 and 21), this field is changed instantly.

12. Field 16 - OPENING BALANCE (for the current quarter) (OPEN BAL)

This field assists in quarter to quarter comparisons. It is calculated by a batch quarter end program and is not changed until the end of the quarter.

IT 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.

13. Field 17 - TOTAL RECOUPED TO DATE AMOUNT (RECOUPED)

For the life of the overpayment, the field reflects 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 PSOR Master File. If a recoupment transaction is entered on the Transaction Line (see fields 20 and 21), this field is changed instantly.

14. Field 18 - RECOUPMENT ADJUSTMENT AMOUNT ENTERED TO DATE (REC. ADJ.)

This field will contain the total of all recoupment adjustment transactions entered for the overpayment.

IT 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 CUR/BAL field (field 19) are updated instantly to reflect the change.

15.   Field 19 - ENDING BALANCE (CUR BAL)

This field reflects the underline current balance of the overpayment. It is recalculated after every financial transaction is entered.

IT IS NOT KEYABLE.

The calculation required to arrive at this figure is the ORIGINAL-OVERPAYMENT-AMOUNT (Field 14) minus RECOUPMENT-TO-DATE (Field 17) minus RECOUPMENT-ADJUSTMENT-TO-DATE (Field 18).

16.   Fields 20 and 21 - TRANSACTION CODES AND TRANSACTION AMOUNTS

These fields, four transaction code fields and four transaction amount fields, are the heart of the MASTER SCREEN. They are contained on the Transaction Line, which will accommodate all possible FINANCIAL information to be entered.

The 11 transaction codes are located and maintained in the System Table File.

TRANSACTION CODES

AA --   Add Overpayment Amount
AO --   Adjust Overpayment Amount or Record
BB --   Add Recouped Amount
BR --   Change Recouped Amount
CC --   Interest Collected
CI --   Change Interest Collected
CN --   Closed - No Collection
CP --   Closed - Partial Collection
DE --   Delete - Error
DH --   Delete - Hearing Decision
RO --   Reopen Closed Case

17.   Field 22 - STATUS CODE (STATUS)

This field represents the status of the overpayment case as it proceeds through the recovery process. See following codes.

STATUS CODES

Category	Status Code	Description/When to Use
Demand	I	Initial Entry (first demand letter)
Letter	V	Follow-up Letter Sent (second demand letter)
	Q	DCIA Intent Letter Sent/Pending Referral to DCC
Recoupment	U	Offset Initiated
	Z	Partial Payment and/or Interest Received (overpayment not yet paid in full)

		(temporary- status code should be changed after use)
ERS	R	Repayment Being Negotiated
	S	Repayment Schedule Approved
Appeal	A	Case is pending Appeal (Review, Hear, ALJ Hearing)
	H	Hearing Reversal (Overpayment negated) Delete
Bankruptcy	B	Physician/Supplier has filed for Bankruptcy
Fraud	K	Active Fraud and Abuse Investigation- on suspension by Contractor Fraud Dept, RO, CO, or OIG
Compromise	C	Case Compromised and/or pending compromise (by OGC, ARA for DFM, or CFO in CO)
Error	E	O/P in Error (Only used with DE) (Deletes overpayment from master file)
Close	F	Fully Recovered, Close
	N	Write off closed with a balance (Only used with CN) (Must receive approval from ARA for DFM, OGC, or CFO in CO)
	P	Close with a balance due to bankruptcy (Only used with CP) (Authority to close must be received from Lead RO)
	Y	Closed w/Balance - DCC Fee
	2	*Closed/HIGLAS (valid closed date required)*
Litigation	L	In Litigation (any litigation circumstance)
Debt Referral	G	Debt returned from DCC (waiting further action by Carrier so debt can be referred again)
	X	Referred to PSC Cross Servicing (DCIA letter sent)
CNC	1	Currently Not Collectible (CNC)

3	CNC - DCIA letter sent	
4	Reactivate - Bankruptcy	
5	Reactivate - Payment received	
6	Reactivate - Appeal/Litigation/Fraud & Abuse Invest.	
7	Reactivate - Compromise	
8	Reactivate - Extended Repayment Agreement	
9	CNC Debt - Written-off/Closed (w/valid closed date)	
0	Reactivate - Other (includes Debtor Deceased)	

Effective 10/01/03 the CNC Status Codes should be used in the CNC Code field and 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 not be used until written approval for CNC Classification is received from the Regional Office.

_____

Referred	W	Case Referred (To RO, To CO)

_____

Other	M	Amend/Change Record- Only for Summary Entries
	D	Debtor Deceased - In Probate

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

Bankruptcy supersedes all other status codes
Appeal supersedes all other status codes except for bankruptcy and litigation
Litigation supersedes all other status codes except for bankruptcy
ERP supersedes all other status codes except bankruptcy, appeal, active fraud investigation, and litigation
Debt Referral supersedes all other status codes except bankruptcy, appeal, active fraud investigation, and litigation

18. Field 23 - LOCATION
This field identifies the current location of the overpayment case.

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

For an UPDATE, the user may change the location field by keying directly over the field. There are fourteen valid location codes which can be used. They are:

LOCATION CODES

CAR --   Carrier

ROA --   Regional Office

COA --   Central Office Claims Collection Officer

OIG --   Office of the Inspector General

GAO --   General Accounting Office

GCR --   Office of the General Counsel - RO

GCC --   Office of the General Counsel - CO

DJD --   Department of Justice - DC

DJR --   Department of Justice - RO

DJB --   Department of Justice Bankruptcy

COL --   Collection Agency

DCM --   Central Office – Debts at DCC

CDC --   Carrier - Debts at DCC

DC# --   (DC1, DC2, DC3, DC4, DC5, DC6, DC7, DC8, DC9, DC0)
          Regional Office – Debts at DCC

19. Field 24 - CLOSED DATE

This field is a 8-position date in MMDDYYYY format. It identifies the date on which the overpayment was recovered or the case closed as unrecoverable.

This field is fully Keyable for an ADD or UPDATE function. The date must be a valid 8-position date in MMDDYYYY format and must pass the following interrelationship edits.

If the outstanding balance (field 19) is zero, a closed date must be entered.

If the outstanding balance is not zero, the status code must be E, H, N, or P.

20. Field 25 - SCREEN FUNCTION

This field displays the word 'ADD' if an 'I' was the Function Code that was selected on the Request Screen. It will be 'UPDATE' if the 'U' Function Code was selected.

IT IS NOT KEYABLE.

21. Field 26 – STATUTE DATE

The system will automatically compute the statute date 6 years from the determination date.

22. Field 27 – Bankruptcy Y/N?

If a bankruptcy was filed enter "Y" for yes, if not, enter "N".

23. Field 28 – BANKRUPTCY TYPE

Enter the type of provider bankruptcy: Chapter 7, 9, 11, and 13.

Chapter 7

Debtors file Chapter 7 bankruptcies to obtain discharge of their debts. Companies that file under Chapter 7

generally close.

Chapter 9

Chapter 9 bankruptcies involve municipalities such as a hospital district. Chapter provides for reorganization, much like Chapter 11.

Chapter 11

Debtor files Chapter 11 to reorganize the debtor individual or business. To emerge from Chapter 11, the debtor in possession submits a Plan of Reorganization ("Plan").

Chapter 13

Chapter 13 bankruptcies adjust the debts of individuals (including sole proprietorships) with a regular income. Generally, debtors must file a debt adjustment plan within 15 days after filing.

24. Field 29 – BANKRUPTCY DATE

This field is an 8-position date in MMDDYYYY format. Enter the date of the bankruptcy filing.

25. Field 30 – 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.

26. Field 31 – CNC CODE

This field is a 2-position code. Enter the appropriate CNC Status Code from the Status Code Listing under number 17 (Field 22) within 10 days of receiving written approval for CNC Classification from the Regional Office.

Transactions Processing

• When considering the overall process, there are some general comments and/or instructions.

All four sets of fields can be used for any transaction, in any order. There is no rule about starting in the left most set.

Except for the Overpayment Full Delete and Closed Case transactions, these sets must be used in pairs, transaction code and transaction amount.

The AA transaction (the original overpayment) must be the first transaction entered on an ADD.

When entering multiple transactions, enter one and TAP the ENTER key or use all four sets of fields and amounts before you TAP the ENTER key.

The error message line is the last line on the screen. 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 corrected.

If you have displayed the MASTER SCREEN for either an ADD or UPDATE function and you do not wish to continue - For Any Reason - TAP the F3 key and the program will return you to the 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, add the overpayment case again starting with the request screen.

If you are keying in a transaction code and you need assistance with what code to use, or what codes are available, TAP the F1 key for HELP. This action will display the HELP SCREEN (see FIGURE 10) which allows the user to select the codes available with their descriptions.

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

If you are working with the ADD/UPDATE screen and you wish to view the detail transactions for this overpayment case, TAP the F4 key. The program will display the TRANSACTIONS HISTORY SCREEN (see FIGURE 9). This screen shows you every financial transaction that was entered for the case.

When you have finished reviewing the TRANSACTIONS HISTORY SCREEN, TAP the F3 key to return to the MASTER SCREEN.

All financial transactions entered into the PSOR System can be divided into three major categories: OVERPAYMENTS, INTEREST and RECOUPMENTS. Following are specific instructions for entering each transaction into the PSOR System using the Transaction Line.

NOTE: See "ENTERING SUMMARY DATA ON OVERPAYMENTS OF LESS THAN $600" for instructions on entering summary information for overpayments of less that $600.

- OVERPAYMENT TRANSACTIONS

This includes three types of overpayment transactions; ORIGINAL OVERPAYMENT, OVERPAYMENT ADJUSTMENT AND OVERPAYMENT FULL DELETES.

ORIGINAL OVERPAYMENT

The only valid transaction code for use in the ADD function is 'AA'.

Must be the first financial transaction entered when adding an overpayment.

The amount field must be numeric.

The amount will be moved to field fourteen (14) on the MASTER SCREEN and into the appropriate master record field when the ADD function is complete.

Enter only one (1) 'AA' transaction for an ADD.

An original overpayment transaction (AA) is invalid for an update.

When the ADD function is complete, the transaction code and amount are written to the Open Transaction File and Open Master File.

OVERPAYMENT ADJUSTMENTS

The only valid transaction code is 'A0'.

It adjusts the original overpayment amount.

The adjustment adds to, or subtracts from, the original overpayment amount in the master file the amount on the overpayment adjustment transaction.

The original amount (AA transaction) is still on the transaction file and cannot be deleted.

This amount, positive or negative will be written to the transaction file along with the transaction code.

All overpayment adjustment amounts must be numeric.

Overpayment adjustments are invalid during the ADD process.

OVERPAYMENT FULL DELETES

These are powerful tools which must be handled with care. There are two codes which functionally are identical, that will logically zero balance an overpayment case and allow that case to be closed.

Valid Codes are 'DE and DH'.

These codes are exactly the same.

A Closed Date is Mandatory and the case will officially be closed.

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.

Process an OVERPAYMENT FULL DELETE as follows:

Enter a valid overpayment full delete transaction code in any of four transaction code fields on the transaction line.

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

TAP the ENTER key.

The PSOR program performs the following:

(1)   The program issues an applicable warning message asking the User if he is absolutely sure he wants to process a full delete.

(2)   If you want the full delete to take place, re-enter an overpayment full delete transaction code, and TAP the ENTER key.

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

(4)   The full delete transaction is processed and the case is closed.

- INTEREST TRANSACTIONS

This includes two types of interest transactions: interest collected and change interest collected.

Interest Collected

Valid transaction code is 'CC'.

The amount must be numeric and positive.

The transaction code 'CC' and the amount may be keyed into one of the "sets" on the transaction line.

When the ENTER key is TAPPED, the transaction, after being thoroughly edited, is added to the Interest Recouped to Date field (field 15) on the screen and to the appropriate Master File fields.

A record including the transaction code is written to the transaction file.

Change Interest Collected

Valid transaction code is 'CI'.

These transactions adjust previously applied 'Regular Recoupment' dollars. To maintain fiscal integrity, previously applied dollars stay on the Master and Transaction Files. CMS uses the appropriate 'Recoupment Adjustment Transaction' to effect the required monetary change.

To be as flexible as possible, these transactions may be entered as positive OR negative values. To make the field negative, key in the 'dash/hyphen' <u>after</u> the amount.

After keying in the appropriate Recoupment Adjustment Transaction Code and amount, TAP the ENTER key.

The amount, after thorough editing, is added to the 'INT REC' field (field 15) on the screen and to the same field in the Master File.

After the Master File is updated, a record is written to the transaction file with the transaction code.

- RECOUPMENT TRANSACTIONS

This includes two types of recoupment transactions: REGULAR RECOUPMENT and RECOUPMENT ADJUSTMENTS.

Regular Recoupment

Valid transaction code is 'BB' only.

Must be the first 'recoupment' transaction entered for an overpayment case.

The amount must be numeric <u>and</u> positive.

The transaction code of 'BB' and the amount may be keyed into one of the 'sets' on the transaction line.

When the ENTER key is TAPPED, the transaction, after being thoroughly edited, is added to the RECOUPED-TO-DATE (field 17) field on the screen and to the appropriate Master File fields.
A record including the transaction code and amount is written to the transaction file.

Recoupment Adjustments

Valid transaction code is 'BR'.

These transactions adjust previously applied 'Regular Recoupment' dollars. To maintain fiscal integrity, previously applied dollars stay on the Master and Transaction Files. CMS uses the appropriate 'Recoupment Adjustment Transaction' to effect the required monetary change.

To be as flexible as possible, these transactions may be entered as positive OR negative values. To make the field negative, key in the 'dash/hyphen' <u>after</u> the amount.

After keying in the appropriate Recoupment Adjustment Transaction Code and amount, TAP the ENTER key.

The amount, after thorough editing, is added to the 'REC.ADJ.' field (field 18) on the screen and to the same field in the Master File.

After the Master File is updated, a record is written to the transaction file with the recoupment adjustment transaction code.

Closed Cases

There are 2 transaction codes used for closing cases: CN, and CP.

When any of these codes are entered, the overpayment is closed on the day the code is entered, unless a closed date is also entered.

When an overpayment is closed and there has not been any collection against it, enter code 'CN'.

When an overpayment is closed while there is still an outstanding balance and collections have been made, enter code 'CP'.

Reopening Closed Cases (Central Office Only)

Use the transaction code 'RO' to open a case that had been closed in the current quarter.

ENTERING SUMMARY DATA ON OVERPAYMENTS OF LESS THAN $600

The following instructions apply only for entering summary information on cases of less than $600:

Enter the new and updated summary records each month using the 25th day of the current month as the claim paid date and the determination date. Enter the information no later than the last working day of the current month:

- Physician overpayments from $10 to $599, along with any recoupments, adjustments, and/or interest collected.

1.   PHYS/SUP #: Enter 099999999

2.   CLAIM #: Enter the total number of claims being summarized, preceded by zeros.

3.   CLM PAID DATE: Enter the month, the 25th day, and the year for which data is being summarized.
4.   FUNCTION: Enter an I, then TAP ENTER to go to the next screen.

5.   O/P DETERMINE DATE: Enter the month, 25th day, and the year for which the data is being summarized.

6.   O/P SOURCE: Enter the letter 0.

7.   O/P CAUSE: Enter the letter 0.

8.   TRANSACTIONS: Enter AA followed by the aggregate dollar amount of the new overpaid claims being summarized. Enter BB followed by the total dollar amount of all recoupments. Enter CC followed by the total amount of interest collected, if any.   The above entries of BB and CC apply to new overpayments determined during the month as well as any updates for prior months' summary data records.

9.   OPEN CLAIMS: Enter the number of claims being summarized, preceded by zeros. Update this field by overwriting the original number of cases to reflect the number of outstanding cases. If the average overpayment cost per claim is less than $10 or more than $599, a "Fails Edit" prompt will appear on the screen. In order to reenter the record, type PORB and tap the Enter key.

10. STATUS: Enter status code "I". Tap the enter key to record the above. When the record is updated enter status code M.

11. Final Disposition of Record   The summary record will remain open on the PSOR system until all the cases are either collected and/or terminated. Only the RO can authorize the termination of outstanding cases. In order to terminate cases under $25 from the PSOR system, the carrier will send a list of cases to the RO requesting authorization to terminate.   At a minimum, the list will identify the name of the physician an/or supplier, the current principal amount of the overpayment, the current interest amount of the overpayment, the original amount of the overpayment, whether any other overpayments exist for the physician/supplier, the claim paid date, and the determination date. The RO has the option to request additional information.

The list of cases forwarded to the RO for authorization to terminate must meet the following conditions:

a. The summary cases were entered on the PSOR system over 180 days ago

b. The cases had no collection activity within the 180 days.

c. The original amount of each case is under $25.

The carriers have 30 calendar days, after the 180 calendar days, to forward a list of cases to the RO that meets the above conditions for termination. The carriers should update changes to the summary record in accordance with item 8 TRANSACTIONS.

12. Close Partial Collection   If the RO has authorized the termination of the outstanding cases, the carriers should close the summary record. Move the cursor to the TRANSACTION field and enter CN. Move the cursor down to STATUS and enter N. Move the cursor to CLOSED DATE field and enter the date closed. Tap the ENTER key. Type CP on the transaction field again and tap the ENTER key to update the record.

- Supplier overpayments from $10 to $599, along with any recoupments adjustments, and/or interest collected.

1. PHYS/SUP #: Enter 088888888
2. CLAIM #: Enter the total number of claims being summarized, preceded by zeros.

3. CLM PAID DATE: Enter the month, the 25th day, and the year for which data is being summarized.

4. FUNCTION: Enter an I, then TAP ENTER to go to the next screen.

5. O/P DETERMINE DATE: Enter the month, the 25th day, and the year of the month.

6. O/P SOURCE: Enter the letter 0.

7. O/P CAUSE: Enter the letter 0.

8. TRANSACTIONS: Enter AA followed by the aggregate dollar amount of the new overpaid claims being summarized. Enter BB followed by the total dollar amount of all recoupments. Enter a CC followed by the total amount of interest collected, if any.   The above entries of BB and CC apply to new overpayments determined during the month as well as any updates for prior months' summary data records.

9. OPEN CLAIMS: enter the number of claims being summarized, preceded by zeros. Update this field by overwriting the original number of cases to reflect the number of outstanding cases. If the average overpayment cost per claim is less than $10 or more than $599, a "Fails Edit" prompt will appear on the screen. In order to reenter the record, type PORB and tap the Enter key.

10. STATUS: Enter status code "I". Tap the enter key to record the above. When the record is updated enter status code M.

11. Final Disposition of Record: The summary record will remain open on the PSOR system until all the cases are either collected and/or terminated. Only the RO can authorize the termination of outstanding cases.   In order to terminate cases under $25 from the PSOR system, the carrier will send a list of cases to the RO requesting authorization to terminate. At a minimum, the list will identify the name of the physician an/or supplier, the current principal amount of the overpayment, the current interest amount of the overpayment, the original amount of the overpayment, whether any other overpayments exist for the physician/supplier, the claim paid date, and the determination date. The RO has the option to request additional information.

The list of cases forwarded to the RO for authorization to terminate must meet the following conditions:

a. The summary cases were entered on the PSOR system over 180 days ago.

b. The cases had no collection activity within the 180 days.

c. The original amount of each case is under $25.

The carriers have 30 calendar days, after the 180 calendar days, to forward a list of cases to the RO that meets the above conditions for termination. The carriers should update changes to the summary record in accordance with item 8 TRANSACTIONS.

12. Close Partial Collection   If the RO has authorized the termination of the outstanding cases, the carriers should close the summary record. Move the cursor to the TRANSACTION field and enter CN. Move the cursor down to STATUS and enter N. Move the cursor to CLOSED DATE field and enter the date closed. Tap the ENTER key. Type CP on the transaction field again and tap the ENTER key to update the record.

- Physician and Supplier overpayments of less than $10, along with any recoupments.

1. PHYS/SUP #: Enter 077777777

2. CLAIM #: Enter the total number of claims being summarized, preceded by zeros.

3. CLM PAID DATE: Enter the month, 25th day, and the year for which data is being summarized.

4. FUNCTION: Enter an I, then tap ENTER to go to the next screen.

5. O/P DETERMINE DATE: Enter the month, 25th day, and the year for which the data is being summarized.

6. O/P SOURCE: Enter the letter 0.

7. O/P CAUSE: Enter the letter 0.

8.   TRANSACTIONS: Enter AA followed by the aggregate dollar amount of the new overpaid claims being summarized. Enter BB followed by the total dollar amount of all recoupments. Enter CC followed by the total amount of interest collected, if any.   The above entries of BB and CC apply to new overpayments determined during the month as well as any updates for prior months' summary data records

9.   OPEN CLAIMS: Enter the number of claims being summarized, preceded by zeros. Update this field by OPEN overwriting the original number of cases to reflect the number of outstanding cases. If the average overpayment cost per claim is less than $1 or more than $9, a "Fails Edit" prompt will appear on the screen. In order to reenter the record, type PORB and tap the Enter key.

10. STATUS: Enter status code "I".   Tap the enter key to record the above. When the record is updated enter status code M.

11. Final Disposition of Record: The summary record will remain open on the PSOR system until all the cases are either collected and/or terminated. Only the RO can authorize the termination of outstanding cases. In order to terminate cases under $10 from the PSOR system, the carrier will send a list of cases to the RO requesting authorization to terminate. At a minimum, the list will identify the name of the physician an/or supplier, the current principal amount of the overpayment, the current interest amount of the overpayment, the original amount of the overpayment, whether any other overpayments exist for the physician/supplier, the claim paid date, and the determination date. The RO has the option to request additional information.

The list of cases forwarded to the RO for authorization to terminate must meet the following conditions:

a. The summary cases were entered on the PSOR system over 180 days ago.

b. The cases had no collection activity within the 180 days.

c. The original amount of each case is under $10.

The carriers have 30 calendar days, after the 180 calendar days, to forward a list of cases to the RO that meets the above conditions for termination. The carriers should update changes to the summary record in accordance with item 8 TRANSACTIONS.

12. <u>Close Partial Collection</u>   If the RO has authorized the termination of the outstanding cases, the carriers should close the summary record. Move the cursor to the TRANSACTION field and enter CN. Move the cursor down to STATUS and enter N. Move the cursor to CLOSED DATE field and enter the date closed. Tap the ENTER key. Type CP on the transaction field again and tap the ENTER key to update the record.

<u>INSTRUCTIONS FOR PROCESSING THE CMS</u>
<u>PHYSICIAN/SUPPLIER OVERPAYMENT REPORTING SYSTEM</u>

<u>TRANSACTIONS HISTORY SCREEN</u>

<u>General Information Concerning This Screen (FIGURE 9)</u>

Use this screen for inquiry purposes only.

This screen may be displayed only from the REQUEST and MASTER Screens.

The information on this screen is governed by the same security hierarchy as for the Request Screen.

There are two primary objectives:

a. To provide an audit trail of all financial transactions that were entered for the list of an active, open case. The audit trail provides the users with instant information about a specific case or groups of cases. It identifies which User entered the data, when it was entered and how that action affected the balance.

b. The second objective is to have the physical protection of the Transaction File in case something should happen to the Master File. CMS could use the Transaction File to 'rebuild' the financial portion of the online Master File.

The screen is divided into the screen header line and the screen body.

The header line is represented by the line of dashes on the second line from the top of the screen.

It contains the entire record key that was requested for the screen to display.

If this screen display was 'requested' from the ADD/UPDATE processing, this header line 'record key' will be a <u>specific</u> 37 position key.

If this screen was requested from the REQUEST SCREEN using the 'B' function, the header line 'record key' may have from 2 to 39 positions filled in. This is the generic key search.

<u>NOTE:</u> An RO User <u>may</u> key in just the region number and 'B' function on the REQUEST SCREEN and TAP the ENTER key. This will display the Transaction History Browse Screen showing ALL open overpayment cases for that region. Carriers may do the same function, but, because of the security table, carriers must also key in their carrier number on the REQUEST SCREEN.

The screen body consists of sixteen (16) detail lines showing the 11 individual fields on each line.

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

<u>Specific Information Concerning the Fields Displayed</u>.

Fields 1 through 5 (Region No. through Claim Paid Date).
These constitute the overpayment record key. They will be printed.

Field 6 - OPERATOR ID (OP/ID)-This is a primary security code.

Field 7 - TRANSACTION ENTRY DATE (Entry Date)

Field 8 - TRANSACTION CODE (TR CD)

Field 9 - STATUS CODE (ST)-This shows the associated status code.

Field 10 - TRANSACTION AMOUNT ($ Amount of Trans) - This field displays the edited dollar amount which was keyed by the User on the MASTER SCREEN.

Field 11 - BALANCE (Balance Remaining) - This is a 'Running Balance' for the overpayment. It is recalculated after each successful financial update to the PSOR Master File. It provides a display of the current balance.

INSTRUCTIONS FOR PROCESSING THE CMS
PHYSICIAN/SUPPLIER OVERPAYMENT REPORTING SYSTEM

HELP SCREEN

General Information Concerning the Screen (FIGURE 10)

The screen contains all current, valid codes in the system along with their descriptions. The HELP screen is only available from the ADD/UPDATE Master Screen.

It provides the terminal User with online assistance at data entry. This happens during code selection and entry on the MASTER SCREEN.

If you forget the code to use or do not remember which ones are available:

TAP the F1 key for HELP

This will display the HELP SCREEN shown in FIGURE 10. When you finish reviewing the HELP SCREEN:

TAP the F3 key to return to the same position on the MASTER SCREEN.