

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



The Centers for Medicare & Medicaid Services (CMS) has posted 18 new FAQs about HIPAA version 5010 implementation, and one PDF document containing 27 Q&As specific to the Wednesday, March 30, CMS-hosted 5010 national provider teleconference on provider testing and readiness. To review these FAQs, visit the CMS FAQ database at <http://questions.CMS.hhs.gov> and search for “5010.” For more information, you can also go to [http://www.cms.gov/Versions5010andD0/downloads/033011\\_National\\_Call\\_Resource\\_Mailbox\\_Qs\\_and\\_As.pdf](http://www.cms.gov/Versions5010andD0/downloads/033011_National_Call_Resource_Mailbox_Qs_and_As.pdf) on the CMS website.

MLN Matters® Number: MM7420

Related Change Request (CR) #: CR 7420

Related CR Release Date: June 17, 2011

Effective Date: October 1, 2011

Related CR Transmittal #: R2241CP

Implementation Date: October 3, 2011

### **Guidelines to Allow Contractors to Develop and Utilize Procedures for Accepting and Processing Reopenings via a Secure Internet Portal/Application**

**Note:** This article was revised on September 18, 2014, to add a link to MLN Matters® article MM8581 available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8581.pdf> on the CMS website. This article provides information about changes that allow providers to request reopenings of claims electronically. All other information is unchanged.

### **Provider Types Affected**

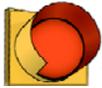
Physicians, suppliers, and other providers who bill Medicare Fiscal Intermediaries (FIs), carriers, Medicare Administrative Contractors (A/B MACs), Regional Home Health Intermediaries (RHHIs), or Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for services provided to Medicare beneficiaries are affected.

#### **Disclaimer**

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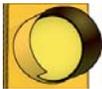
## Provider Action Needed

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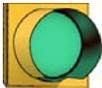
### STOP – Impact to You

Effective October 1, 2011, you may have (depending on your contractor) an alternative, electronic method to submit your requests for Medicare Fee-For-Service (FFS) claim reopenings.



### CAUTION – What You Need to Know

CR7420, from which this article is taken (effective October 1, 2011,) allows Medicare contractors to use a secure Internet portal/application to accept and process your requests for reopening Medicare FFS claims.



### GO – What You Need to Do

You should make sure that your billing staffs are aware of this change.

## Background

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In response to requests from Medicare contractors, CR7420 (from which this article is taken) updates the current instructions in the “Medicare Claims Processing Manual” Chapter 34 (Reopening and Revision of Claim Determinations and Decisions), to allow them to accept claimant initiated reopening requests via a secure Internet portal/application – effective October 1, 2011. (You can find this manual at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c34.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.)

**Note:** Medicare contractors may not require you to file a reopening via a secure Internet portal/application. Also, contractors are not required to offer this electronic capability.

Medicare will have a number of requirements for Medicare contractors utilizing a secure Internet portal/application for reopening. Specifically, to provide this access, contractors will:

- Incorporate a formal registration process that contains validation of the electronic signature on the reopening request, which will include, at a minimum, the use of restricted user identifiers (IDs) and passwords, and a method for authenticating that the party has completed the portal registration process and has been properly identified by the system as an appropriate user.
- Include, in the appeals case file, an indication and/or description of the validation methodology; should a redetermination and/or higher level of appeal be submitted following an adverse reopening decision.

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- Ensure that secure Internet portal/applications developed for reopening activities adhere to the security standards in the Health Insurance and Portability and Accountability Act (HIPAA); and comply with all CMS security requirements regarding protected health information prior to implementation.
- Issue a reopening decision or refusal to reopen via a secure Internet portal/application only if the party has submitted the request for reopening through that application.
- Provide adequate education to participating parties:
  - Regarding system capabilities/limitations prior to implementation and utilization of the secure portal; and
  - Reminding them that participation/enrollment in the secure portal/application is at their discretion and that they bear the responsibility for the authenticity of the information being attested to in the request.
- Include a date, timestamp, and statement regarding the responsibility and authorship related to the electronic, digital, and/or digitized signature within the record. At a minimum, this will include a statement indicating that the document was, “electronically signed by” or “verified/approved by,” etc.
- Ensure that appropriate procedures are in place, via the secure Internet/portal, to provide parties to the reopening with receipt confirmation of the reopening request, and instructions not to submit additional reopening requests for the same item/service via different venue (i.e., telephone, in writing, etc.).
- Consider decisions processed via a CMS approved secure Internet portal/application complete on the date the electronic reopening decision notice is transmitted to the party through the secure Internet portal/application.
- Ensure that there is a process in place by which a party can submit, via the secure application/portal; additional documentation/materials concurrent with the reopening request (i.e. ensure that the portal/application has the capability to accept additional documentation and/or other materials to support the reopening request.)
- Include a mechanism that tracks and marks the date/time of the notification so the submitting party is adequately informed about the timeframes required to ensure timely submission of future appeal requests for the item/service at issue, if applicable; and ensure that parties may save and print the refusal to reopen notice and the adverse revised determination/decision notice.
- Ensure that refusal to reopen and adverse revised determination notices transmitted via a secure Internet portal/application comply with the timeliness and content requirements as outlined in the “Medicare Claims Processing Manual,” Chapter 34.
- Provide hard copy adverse revised determination/decision notices to parties to the reopening who do not have access to the secure Internet portal/application; and ensure

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that these notices are mailed and/or otherwise transmitted on the same day the notice is transmitted via the secure portal/application.)

- Include the adverse revised determination/decision notice and any other related materials in the appeals case file if a valid appeal on the item/service is later requested.

Contractors will not issue a refusal to reopen notice if they begin processing a valid and timely request for redetermination as a reopening (clerical error or otherwise) and later determine that a reopening cannot be performed, or the determination cannot be changed. Rather, they will process the request as a valid/timely redetermination (as originally requested by the party) in accordance with the “Medicare Claims Processing Manual,” Chapter 29 (Appeals of Claims Decisions), which you can find at

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c29.pdf> on the CMS website.

## Additional Information

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You can find the official instruction, CR7420, issued to your FI or A/B MAC by visiting <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2241CP.pdf> on the Centers for Medicare & Medicaid (CMS) website.

You will find the updated “Medicare Claims Processing Manual,” Chapter 34 (Reopening and Revision of Claim Determinations and Decisions), Sections 34.10 (Reopenings and Revisions of Claims Determinations and Decisions-General), 34.10.1 (Authority to Conduct a Reopening), 34.10.6.4 (Timeframes When a Party Requests an Adjudicator Reopen Their Decisions), 34.10.7 (Timeframes to Complete a Reopening Requested by a Party), 34.10.8 (Notice of a Revised Determination or Decision), and 34.10.13 (System and Processing Requirements for Use of Secure Internet Portal/Application to Support Reopening Activities) as an attachment to that CR.

If you have any questions, please contact your FI, carrier, A/B MAC, RHHI, or DME MAC at their toll-free ay be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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