

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



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- [“Medicare Overpayment Collection Process”](#) Fact Sheet, ICN 006379, downloadable

MLN Matters® Number: MM8710

Related Change Request (CR) #: CR 8710

Related CR Release Date: August 1, 2014

Effective Date: January 1, 2015

Related CR Transmittal #: R3010CP

Implementation Date: January 5, 2015

Preventing Payment on Requests for Anticipated Payment (RAPs) When Home Health Beneficiaries are Enrolled in Medicare Advantage (MA) Plans

Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Home Health & Hospice Medicare Administrative Contractors (HH&H MACs) for services to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8710 which informs HH&H MACs about the changes to Original Medicare systems to ensure Requests for Anticipated Payments (RAPs) are not paid when the final claim for a home health episode will not be payable due to a Medicare Advantage (MA) enrollment. Make sure that your billing staffs are aware of these changes.

Background

Original Medicare claims for home health services are not payable when the home health episode dates fall entirely within a Medicare Advantage enrollment period. Current Medicare systems edits prevent claims for such episodes from receiving payment. However,

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RAPs for such episodes are currently being paid. Since these RAP payments will be recovered in full when the final claim is received and rejected or when no final claim is received after 120 days, the RAP payments create an avoidable 'pay and chase' situation.

The requirements of CR8710 revise Original Medicare systems to ensure that RAPs with "From" dates falling within Medicare Advantage enrollment periods are processed but are paid at zero percent. This will allow the final claim to be received and rejected appropriately, but will prevent any program vulnerability. Additionally, the requirements add remittance advice coding to distinguish between Medicare Advantage related zero-paid RAPs and zero-paid RAPs processed in Medicare Secondary Payer (MSP) situations.

RAPs will be rejected when:

- The RAP contains a payment amount greater than zero, and
- The RAP "From" date falls on or after the start date of a MA enrollment period, and
- The RAP "From" date falls before the end date of that MA enrollment period.

The following remittance advice coding will apply when processing zero-paid RAPs due to MSP involvement:

- Remittance Advice Remarks Code N360 - Alert: Coordination of benefits has not been calculated when estimating benefits for this pre-determination. Submit payment information from the primary payer with the secondary claim.

Additional Information

The official instruction, CR 8710 issued to your MAC regarding this change is available at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3010CP.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number, which is available 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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