

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1989	Date: December 20, 2017
	Change Request 10304

Transmittal 1939, dated October 27, 2017, is being rescinded and replaced by Transmittal 1989, dated, December 20, 2017 to update business requirement BR 10304.2 reversing the greater than and less than signs of the Underpayment and Overpayment report sections and to add status locations RB9997 and DB9997. All other information remains the same.

SUBJECT: Fiscal Intermediary Shared Systems (FISS) Enhancements to the Mass Adjustment of Process Recovery Audit Contractor (RAC) Claims

I. SUMMARY OF CHANGES: This Change Request (CR) will support enhancements to the mass adjustment of Part A, Recovery Audit Contractor (RAC) claims processed by FISS. The first enhancement is the creation of a system edit that, unless certain claim criteria are met, will prevent an accounts receivable or accounts payable from going to HIGLAS and prevent an incorrect payment calculation for a period interim payment (PIP) provider. The second enhancement will add additional detail to the established FISS Report 107 as requested by the Medicare Administrative Contractors (MACs) to ensure efficient processing of RAC claims. This CR also updates the name of this report more appropriately to, RAC Non-MSP Adjustments to Payments Reports.

EFFECTIVE DATE: April 1, 2018

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

IMPLEMENTATION DATE: April 2, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revise information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1989	Date: December 20, 2017	Change Request: 10304
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SUBJECT: Fiscal Intermediary Shared Systems (FISS) Enhancements to the Mass Adjustment of Process Recovery Audit Contractor (RAC) Claims

EFFECTIVE DATE: April 1, 2018

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

IMPLEMENTATION DATE: April 2, 2018

I. GENERAL INFORMATION

A. Background: As a result of Change Request (CR) 10119 contractors met to discuss the following enhancements: creation of a system edit that, unless certain claim criteria are met, will prevent an accounts receivable or accounts payable from going to HIGLAS and prevent an incorrect payment calculation for a period interim payment (PIP) provider and enhancements to the FISS 107 RAC report. This CR will support these enhancements to the mass adjustment of Part A, Recovery Audit Contractor (RAC) claims processed by FISS. FISS will create a system edit that, unless certain claim criteria are met, as identified in this CR, will prevent an accounts receivable or accounts payable from going to HIGLAS and prevent an incorrect payment calculation for a period interim payment (PIP) provider. The second enhancement will add additional detail to the established FISS Report 107 as requested by the Medicare Administrative Contractors (MACs) to ensure efficient processing of RAC claims. This CR also updates the name of this report more appropriately to, RAC Non-MSP Adjustments to Payments Reports.

B. Policy: Section 302 of the Tax Relief Act and Health Care Act of 2006.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers				Other
		A	B		H H H	M A C	F I S S	M C S	
10304.1	FISS shall assign a new reason code when all of the following conditions are met: 1. Adjustment reason code = 'RI', AND 2. PIP flag = Y, AND 3. T/T flag not equal to A, AND 4. TOB frequency = 'I'.					X			

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10304.1.1	FISS shall allow the reason code created in BR 10304.1 to be overridden by the user.					X					
10304.1.2	MAC shall set the reason code assigned in BR 10304.1 to suspend the claim, allowing for the claim to either be fixed or inactivated by the MAC.	X									
10304.2	<p>FISS shall update Report 107 as follows:</p> <p>1. Add the type of bill (TOB) to page 1 of the report (detail).</p> <p>2. Add the Total RAC No Change Payment Adjustments.Count the finalized adjustment if the difference between the original and adjusted amount = 0. Count only if the status/location is P/B9997.</p> <p>3. Add the Total RAC Underpayment Adjustments. Count the finalized adjustment if the original – adjusted amount < 0.Count only if the status/location is P/B9997.</p> <p>4. Add the Total RAC Overpayment Adjustments. Count the finalized adjustment if the original – adjusted amount > 0.Count only if the status/location is P/B9997, R/B9997 or D/B9997.</p> <p>NOTE: See Attachment A for format of Page 1 and Attachment B for format of Page 2 of Report 107.</p>					X					
10304.2.1	FISS shall create a weekly and a monthly version of the updated Report 107, in addition to current daily reports.					X					
10304.2.2	FISS shall update the title of Report 107 to RAC Non-MSP Adjustments to Payments Report.					X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			D M E M A C	C E D I		
		A	B	H H H				
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Ashley Ford, 410-786-0828 or Ashley.Ford@cms.hhs.gov.

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 2

REPORT: 107
CYCLE DATE: 9/29/16

MEDICARE PART A - 00000
RAC NON-MSP ADJUSTMENTS TO PAYMENTS REPORT

PAGE: 2
FREQUENCY: DAILY

ADJUSTMENTS PENDING TOTALS:
TOTAL CLAIM COUNT: 19
ORIGINAL OVERPAYMENT AMOUNT: 155,275.19
INTEREST AMOUNT ASSESSED: 0.00
PRINCIPAL AMOUNT RECOUPED: 0.00
INTEREST AMOUNT RECOUPED: 0.00

ADJUSTMENTS FINALIZED TOTALS:
TOTAL CLAIM COUNT: 1
TOTAL OF CLAIMS IN P/B9997: 1
TOTAL OF CLAIMS IN R/B9997: 0
TOTAL OF CLAIMS IN D/B9997: 0

TOTAL NO CHANGE PAYMENT ADJ 0
TOTAL UNDERPAYMENT ADJ 0
TOTAL OVERPAYMENT ADJ 0

ORIGINAL OVERPAYMENT AMOUNT: 173.38
INTEREST AMOUNT ASSESSED: 0.00
PRINCIPAL AMOUNT RECOUPED: 0.00
INTEREST AMOUNT RECOUPED: 0.00

