

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1225	Date: May 2, 2013
	Change Request 8092

SUBJECT: Reporting of Principal and Interest when returning previously recouped money - Analysis

I. SUMMARY OF CHANGES: This Change Request (CR) instructs the Shared System Maintainers and the Medicare Administrative Contractors (MACs) to complete analysis of all options and decide on the best viable option for Medicare to report the principal and the interest separately and claim by claim, when returning money previously recouped. If a provider appeals and wins, Medicare has to return the amount that was previously recouped with appropriate interest. The CR does not apply to VMS (except MREP update), Common Electronic Data Interchange (CEDI), the DME MACs and the Railroad Board Contractor. Also Manual Payments created outside of HIGLAS are excluded since these payments do not interface from HIGLAS to the Shared System on the 835 Interface File.

EFFECTIVE DATE: October 1, 2013

IMPLEMENTATION DATE: October 7, 2013

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/revised 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	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

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 obliged 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

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

Attachment - One-Time Notification

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SUBJECT: Reporting of Principal and Interest when returning previously recouped money - Analysis

EFFECTIVE DATE: October 1, 2013

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I. GENERAL INFORMATION

A. Background: It has been reported to CMS that currently when money previously recouped is returned because the provider has won the Appeal, or for any other reason, Medicare is reporting as a lump sum amount without identifying the claim as well as the interest calculated on the recoupment amount refunded. This results in confusion and manual intervention and ultimately adds cost on both sides. This Change Request is instructing the Shared Systems (excluding VMS) and the Medicare Administrative Contractors to complete analysis of available options and decide on the most viable option for Medicare to report the principal and interest separately and also identify the claim.

B. Policy: CMS generates Health Insurance Portability and Accountability Act (HIPAA) compliant remittance advice that includes enough information to providers so that manual intervention is not needed on a regular basis.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		D M E	F I	C A R I E R	R H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
8092.1	<p>HIGLAS, FISS, MCS and the A/B Medicare Administrative Contractors and Legacy Contractors shall participate in 2-3 calls (for one and half hour each) to complete the analysis of all options under consideration. The following options are being considered:</p> <p>1. Continue the same reporting on the Remittance Advice (RA) and provide the detailed information in a letter</p> <p>2. When a provider wins the appeal, the reversal of the original reversal is reported at the claim level and offset at the PLB level because no payment is made until after HIGLAS determines if money is actually due. Once HIGLAS determines that money is due, the refund as well as the interest are reported at the PLB</p>	X	X		X	X	X	X	X		HIG LAS	

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
	level with claim specific information for both. 3. When the provider wins the appeal, the RA does not report anything until after HIGLAS determines if refund is due. Once it's determined, the RA reports the refund at the claim level, and the interest at the PLB level as a lump sum and providing the claim specific interest information in the AMT segment at the claim level.											
8092.2	FISS, MCS and the A/B Medicare Administrative Contractors and the Legacy Contractors working closely with CMS shall complete analysis of all issues relevant to the 3 options under consideration, and decide on the best viable option for Medicare.	X	X		X	X	X	X	X			HIG LAS

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Other			
		P a r t A	P a r t B								
	None										

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): sumita sen, sumita.sen@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

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