

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1228	Date: May 2, 2013
	Change Request 8216

SUBJECT: Debts Referred to Treasury through the Healthcare Integrated General Ledger Accounting System (HIGLAS)

I. SUMMARY OF CHANGES: This CR establishes an enhanced referral process through the Healthcare Integrated General Ledger Accounting System (HIGLAS). All eligible debts will now be transmitted from HIGLAS to the Debt Collection System (DCS) as an aggregated amount based on the Intent to Refer Letter (IRL), the AR Status Codes of the individual transactions included in the IRL, and not individual ARs.

EFFECTIVE DATE: April 1, 2013

IMPLEMENTATION DATE: June3, 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:

Not Applicable

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.*

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	
	the aggregated debt from HIGLAS											
8216.4	DCS shall send the unique identifier to HIGLAS when Treasury collections are received for both the principal and interest aggregated transactions.										DCS	
8216.5	HIGLAS shall no longer transmit separate debts to DCS as individual ARs if the debts were included on an Intent to Refer (IRL) letter with multiple debts.										HIG LAS	
8216.6	HIGLAS shall transmit eligible debts to DCS as an aggregated amount as shown on the IRL letter. Debts that are in bankruptcy, litigation, 935 appeal, etc. included in an IRL letter should not be transmitted to DCS.										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): Jay Blake, 410-786-9371 or jay.blake@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:

Not Applicable

Section B: For Medicare Administrative Contractors (MACs):

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