

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	Centers for Medicare & Medicaid Services (CMS)
Transmittal 206	Date: March 9, 2012
	Change Request 7724

SUBJECT: Processing of Recovery Audit Program Error Files

I. SUMMARY OF CHANGES: Update to IOM 100-06 Chapter 4 section 100.5 to address Recovery Auditor submitted claims that are submitted to the EDC but do not adjust due to an error.

EFFECTIVE DATE: April 9, 2012

IMPLEMENTATION DATE: April 9, 2012

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
R	4/Table of Contents
N	4/100/100.5.1/Error Files

III. FUNDING:

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

No additional funding will be provided by CMS; Contractor activities are to be carried out within 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 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:

Business Requirements

Manual Instruction

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

III. PROVIDER EDUCATION TABLE:

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H H I S S	Shared-System Maintainers				OTHER
		F	M	V	C	W	C	M	S	S	F
	None.										

IV. SUPPORTING INFORMATION:

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS:

Pre-Implementation Contact(s):

Patricia Fenton 410-786-1170, (Patricia.Fenton@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), Carriers, and Regional Home Health Intermediaries (RHHIs):

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: 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.

Medicare Financial Management

Chapter 4 - Debt Collection

Table of Contents
(Rev.206, Issued: 03-09-12)

Transmittals Issued for this Chapter

100.5.1 – Error Files

100.5.1 – Error Files

(Rev.206, Issued: 03-09-12, Effective: 04-09-12, Implementation: 04-09-12)

CMS updates the Recovery Auditor workload limits on an annual basis. The workload limit identifies the maximum number of claim adjustments the Recovery Auditor may send to the AC or MAC in a calendar month. It is assumed that the majority of adjustments will be processed through the mass adjustment system. In some cases, claims submitted through the mass adjustment system cannot be processed due to a submission error and are identified on an error report. The Recovery Auditor reviews the report, makes the necessary changes, and resubmits the claim. In these situations, the contractor shall not count the resubmission of the claim against the monthly workload limit twice. Recovery Auditors shall not exceed the monthly workload limits without prior approval from CMS.