

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 565	Date: December 31, 2014
	Change Request 9012

SUBJECT: Update to CMS Publication 100-08, Chapter 3, Section 3.2.3.2 (Time Frames for Submission)

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to update Chapter 3, Section 3.2.3.2 (Time Frames for Submission) of the Program Integrity Manual. The specific name of the system used was the only thing that was changed in this section.

EFFECTIVE DATE: February 2, 2015

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

IMPLEMENTATION DATE: February 2, 2015

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	3/3.2.3.2/Time Frames for Submission

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 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:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-08	Transmittal: 565	Date: December 31, 2014	Change Request: 9012
--------------------	-------------------------	--------------------------------	-----------------------------

SUBJECT: Update to CMS Publication 100-08, Chapter 3, Section 3.2.3.2 (Time Frames for Submission)

EFFECTIVE DATE: February 2, 2015

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

IMPLEMENTATION DATE: February 2, 2015

I. GENERAL INFORMATION

A. Background: As a follow-up to CR 8583 "New Timeframe for Response to Additional Documentation Requests", the purpose of this CR 9012 is to update the name of the system listed in section C "For esMD submissions". The name of the system used was changed from "Content Transport Services" to "Enterprise File Transfer" (EFT) system. The primary business goal of EFT is to facilitate the secure exchange of data between the Centers for Medicare & Medicaid Services (CMS) and its partners as well as between partners (as a pass-through) consistent with current CMS Acceptable Risk Safeguards requirements.

B. Policy: The guidance and policies related to this change request are stated in the CMS "Technical Reference Architecture Enterprise File Transfer Supplement". That document reflects the CMS agreed-upon industry and government best practices to support the most viable approach for CMS that meets the current CMS Acceptable Risk Safeguards and legislatively mandated security and privacy requirements as well as current technical standards and specifications. EFT, as defined at CMS, includes all file transfers between CMS data centers (so-called inter-data center file transfers) as well as those between CMS data centers and external partners.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9012.1	Contractors shall be aware of the update to CMS Pub. 100-08, Chapter 3, Section 3.2.3.2 - Time Frames for Submission	X	X	X	X					CERT, CERT, RA, RA, RACs, RACs, ZPICs, ZPICs

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	DME MAC	CEDI

		A	B	HHH		
	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:

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

V. CONTACTS

Pre-Implementation Contact(s): Melanie Edwards, 410-786-4736 or melanie.edwards@cms.hhs.gov , Oladimeji Ibraheem, 410-786-5560 or Oladimeji.Ibraheem@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: 0

3.2.3.2 – Time Frames for Submission

(Rev. 565, Issued: 12-31-14, Effective: 02-02-15, Implementation: 02-02-15)

This section applies to MACs, RACs, CERT, and ZPICs, as indicated.

A. Prepayment Review Time Frames

When requesting documentation for prepayment review, the MAC and ZPIC shall notify providers that the requested documentation is to be submitted within 45 calendar days of the request. The reviewer should not grant extensions to providers who need more time to comply with the request. Reviewers shall deny claims for which the requested documentation was not received by day 46.

B. Postpayment Review Time Frames

When requesting documentation for postpayment review, the MAC, CERT and RAC shall notify providers that the requested documents are to be submitted within 45 calendar days of the request. ZPICS shall notify providers that requested documents are to be submitted within 30 calendar days of the request. Because there are no statutory provisions requiring that postpayment review of the documentation be completed within a certain timeframe, MACs, CERT, and ZPICs have the discretion to grant extensions to providers who need more time to comply with the request. The number of submission extensions and the number of days for each extension is solely within the discretion of the MACs, CERT and ZPICs. RACs shall follow the time requirements outlined in their SOW.

C. For esMD submissions

The esMD review contractor shall use the *Enterprise File Transfer (EFT) system* receipt date as the date the documentation was received. If the *EFT* receipt date is outside of the contractors normal business hours, the following business day shall be used as the receipt date. If unforeseeable circumstances occur, in which contractors are not technically capable of retrieving documentation due to issues outside of their control, contractors can use the date documentation was available to be retrieved once issues have been resolved in *the EFT system*.