CMS Manual System

Pub 100-06 Medicare Financial Management

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Transmittal 93

Date: APRIL 4, 2006

Change Request 4248

NOTE: Transmittal 92, dated March 10, 2006 is rescinded and replaced with Transmittal 93, dated April 4, 2006. The effective and implementation dates changed from April 10, 2006 to June 1, 2006 and the excel spreadsheet was updated because there was a minor formula error. All other information remains the same.

SUBJECT: Clarification of the Form CMS-1522 Monthly Contractor Financial Report

I. SUMMARY OF CHANGES: This instruction clarifies the current procedures for the Reconciliation of Total Funds Expended for Fiscal Intermediary Shared System (FISS) Medicare Contractors Used in the Preparation of Form CMS-1522 Monthly Contractor Financial Report. These are existing instructions that are being clarified from the original CR2794. No new sections are being added.

NEW/REVISED MATERIAL
EFFECTIVE DATE: June 1, 2006
IMPLEMENTATION DATE: June 1, 2006

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	5/500/Procedures for the Reconciliation of Total Funds Expended for Fiscal Intermediary Shared System (FISS) Medicare Contractors Used in the Preparation of Form CMS-1522 Monthly Contractor Financial Report.
R	5/500.1/Identification and Summarization of Detailed Claims Data Records For Used in the Financial Reconciliation of Total Funds Expended to Fiscal Intermediary Shared System

	Reports.
R	5/500.2/Using the Electronic Spreadsheet to Complete the Reconciliation of the Detailed Claims Data File to Fiscal Intermediary Shared System Reports.
R	5/500.3/Electronic Spreadsheet Input Schedule.
R	5/500.4/Total Funds Expended (Net Disbursements and Adjustments to Net Disbursements).
R	5/500.5/Reconciliation of Detailed cliams data file to FISS system reports.
R	5/500.6/Reconciliation of Non-PIP Payments on FISS system reports.
R	5/500.7/Reconciliation of Interest Received and Paid on FISS system reports.
R	5/500.8/Categorization of Total Funds Expended by Category.

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

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

Attachment - Business Requirements

Pub. 100-06	Transmittal: 93	Date: April 4, 2006	Change Request 4248

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SUBJECT: Clarification of the Form CMS-1522 Monthly Contractor Financial Report.

I.   GENERAL INFORMATION

This instruction clarifies the current procedures for the reconciliation of total funds expended for Fiscal Intermediary Shared System (FISS) Medicare contractors used in the preparation of Form CMS-1522 Monthly Contractor Financial Report. These are existing instructions that are being clarified from the original CR2794. No new sections are being added.

A.   Background: NA

B.   Policy: This is a required monthly report of Form CMS-1522 Monthly Contractor Financial Report as instructed in Chapter 5, section 500-500.8, IOM.

II.   BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4248.1	At the top of the Reconciliation Page, the Contractors shall enter the estimated HI allocation percentage in cell J2.	X								
4248.2	Contractor shall identify and summarize the adjudicated claims for each claims payment cycle.	X								

Requirement Number	Requirements	FI	RHHI	Carrier	DMERC	FISS	MCS	VMS	CWF	Other
						Shared System Maintainers				**Other**
4248.2.1	Contractor shall obtain the detailed claims data file and summary report (FISS Report #7859R06) from the FISS system maintainer detailed claims data file for each claims payment cycle.	X								
4248.2.2	Contractor shall enter the detailed claims data file totals for each payment cycle onto reference lines 1-1 through 1-4 of the electronic spreadsheet (section 500.3).	X								
4248.2.3	Contractor shall obtain FISS Report #7859R01, Create Claim File Control Report, and enter selected data onto reference lines 2-1 through 2-8 of the electronic spreadsheet (section 500.3).	X								
4248.2.4	Contractor shall review and research the Tape Reconciliation Check lines on reference lines 3-1 through 3-4. No entries should be made to these reference lines. These reference lines verify the agreement of the 7859R06 and 7859R01 reports. The amounts on those reference lines must be ZERO; research any differences that are identified and make corrections to any of the amounts entered on reference lines 1-1 through 2-8 and correct as appropriate.	X								
4248.3	Contractor shall obtain copies of the primary financial FISS system reports that are used in the financial reconciliation process.	X								
4248.3.1	Contractor shall enter selected financial information from FISS system reports into the electronic spreadsheet (section 500.3) on reference lines 4-1 through 18-1.	X								

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4248.3.2	Contractor shall take the allocation for all amounts entered on reference lines 1-1 through 18-1 as either Part A (HI) or Part B (SMI) are determined based on the allocation identified on FISS system reports or by financial personnel who enter information from non-FISS system reports, except for the following reference lines with a red background.	X								
4248.3.3	Contractor shall obtain FISS Report #8074R01, Claim Payment Update Report – Inpatient, and FISS Report #8074R02, Claim Payment Update Report – Outpatient.	X								
4248.3.3.1	Contractor shall enter selected totals from those reports onto reference lines 4-1 through 4-6 and 5-1 through 5-2 of the electronic spreadsheet.	X								
4248.3.4	Contractor shall obtain FISS Report #8014R01, Financial Summary Report and enter selected amounts from the report onto reference lines 6-1 through 6-23. Contractors should identify the amount that is Part B and maintain a subsidiary record of those items that are reported on reference line 6-3. Ensure that the total of reference line 6-2 and 6-3 equals the total reported on FISS report #8014R01.	X								
4248.3.4.1	Contractors should identify the amount that is Part B and maintain a subsidiary record of those items that are reported on reference line 6-3.	X								
4248.3.4.2	Contractor shall ensure that the total of reference line 6-2 and 6-3 equals the total reported on FISS report #8014R01.	X								

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	FISS	MCS	VMS	CWF	Other
4248.3.5	Contractors shall reference line 6-24 which shows the total disbursements amount that should appear on FISS Report #8014R01.	X								
4248.3.5.1	Contractor shall recheck the entries on reference lines 6-1 through 6-23 and correct as necessary if the amount on reference line 6-24 differs from the report total amount.	X								
4248.3.6	Allocating Amounts from the #8014R01 Report. While the electronic spreadsheet automatically identifies the total for each expenditure amount to the appropriate funding classification – Part A, hospital insurance (HI) or Part B, supplemental medical insurance (SMI), the allocation for four reference lines from the 8014R01 report cannot be determined from FISS system reports. Consequently, if the contractor **cannot** accurately break out Part A from the total amounts, contractor shall utilize the spreadsheet and it will automatically allocate the amounts for four reference lines using the HI percentage that is entered in cell J2 of the Reconciliation page of the worksheet.	X								
4248.3.6.1	If a contractor **can** identify the actual allocation between HI and SMI, then the actual amounts for Part A for the four reference lines shall be entered on reference lines 7-1 through 7-4, as appropriate. The contractor shall enter the amounts for those reference lines that are known, not necessarily all four reference lines but the contractor shall identify those lines that are entered by placing a lower case 'a' in the highlighted space preceding the description on reference lines 7-1 through 7-4.	X								

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4248.3.7	Contractor shall obtain FISS Reports #8015R01, Part A - Penalty Withholding Report, and #8015R02, Part B – Penalty Withholding Report and enter selected amounts on reference lines 8-1 thru 8-4, respectively.	X								
4248.3.8	Contractor shall obtain FISS Reports #8015R05, Part A - Accelerated Payment Withholding Report, and #8015R06, Part B – Accelerated Payment Withholding Report and enter selected amounts on appropriate reference lines in series 9 and 10.	X								
4248.3.8.1	Contractor shall enter the beginning and ending balances from the FISS reports onto the spreadsheet reference lines 9-1, 9-3, 10-1, and 10-3 as positive numbers.	X								
4248.3.8.2	Contractor shall enter the amount withheld today on reference lines 9-2 and 10-2 as negative numbers. The accelerated payments for Part A and Part B will be calculated on reference lines 9-4 and 10-4, respectively.	X								
4248.3.9	Contractor shall obtain FISS Reports #8019R01, Disbursement Control Account, #8021R05, HPSA Check Payment Register, and #8021R06, HPSA EFT Payment Register.	X								
4248.3.9.1	Contractor shall use the above reports for Checks and Electronic Funds Transactions that are made for regular payments whose transaction was processed in FISS and other payments for Health Professional Shortage Area (HPSA) payments.	X								
4248.3.9.2	Contractor shall enter the regular payment amounts on reference lines 11-1 (system checks) and 11-2 (system EFTs).	X								

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	FISS	MCS	VMS	CWF	Other
4248.3.9.3	Contractor shall enter the quarterly HPSA payments on reference lines 11-4 (HPSA checks) and 11-5 (HPSA EFTs).	X								
4248.3.9.4	Contractor shall take those amounts and add them together with any adjustments entered on the series 12 reference lines to determine the total net disbursements amount after adjustment for stripped checks and EFTs.	X								
4248.3.10	Contractor shall enter the total dollar value of the CA or CB amounts processed in FISS (checks and EFTs) on reference lines 12-1 and 12-2, respectively if the financial personnel identifies system checks and EFTs that were written for the wrong amount and those errors are identified before the check or EFT is sent to the provider.	X								
4248.3.10.1	Contractor shall enter the total dollar value of the amounts processed in FISS (checks and EFTs) on reference lines 12-5 or 12-6, respectively if a replacement payment is processed as a CA or CB Transaction	X								
4248.3.10.2	Contractor shall enter the **actual** amounts of the CA or CB reversal adjustments that relate to Part A on reference line 12-3 and to Part B on reference line 12-4.	X								
4248.3.10.3	Contractor shall enter the **actual** amounts of the CA or CB replacement adjustments that relate to Part A on reference line 12-7 and to Part B on reference line 12-8.	X								
4248.3.11	Contractor shall obtain FISS Reports #8037R01 and #8037R02, Monthly Benefits Reconciliation Update reports and enter selected amounts on reference lines 13-1	X								

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	through 14-2.									
4248.3.12	Contractor shall obtain FISS Report #8042R01, Form CMS-1522 Update Report and enter selected interest and retroactive adjustment amounts on reference lines 15-1 through 15-24.	X								
4248.3.13	Contractor shall obtain information from the list of deposits processed into FISS each cycle and input the information for reference lines 16-1 through 16-15. The Total Depository Items is on reference line 16-16.	X								
4248.3.13.1	Contractor shall obtain the information for reference lines 17-1 through 17-18 from various sources, including the bank statements, the manual check listing, the voided and stale-dated check listing, and other manually maintained listings or the identified FISS system reports that identify correcting financial transactions for the month.	X								
4248.4	Contractor shall obtain FISS Report #8047R02, and enter the amount of Total IBPR payments on line 18-1.	X								
4248.5	Contractor shall finalize the standard reconciliation report.	X								
4248.5.1	Contractor shall print the supporting schedules (sections 500.5 through 500.8),	X								

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4248.5.2	Contractor shall submit the consolidated monthly report to CMS as part of the monthly contractor financial reports (section 500.4).	X								
4248.5.2.1	After entering all of the financial information in reference lines 1-1 through 18-1, the contractor shall verify that the amount allocated by HI and SMI have been properly completed.	X								
4248.5.2.2	If the contractor has overridden any of the HI and SMI allocation formulas, the contractor shall make extra effort to ensure that the allocation amounts equal the total amount for those categories.	X								

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	None.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: NA

X-Ref Requirement #	Instructions

B. **Design Considerations: NA**

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. **Interfaces: NA**

D. **Contractor Financial Reporting /Workload Impact: NA**

E. **Dependencies: NA**

F. **Testing Considerations: NA**

V. **SCHEDULE, CONTACTS, AND FUNDING**

Effective Date*: June 1, 2006 **Implementation Date:** June 1, 2006 **Pre-Implementation Contact(s):** Aliza Kim 410-786-7576 Aliza.Kim@cms.hhs.gov **Post-Implementation Contact(s):** Aliza Kim 410-786-7576 Aliza.Kim@cms.hhs.gov	**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.**

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

500 - Procedures for the Reconciliation of Total Funds Expended for Fiscal Intermediary Shared System (FISS) Medicare Contractors Used in the Preparation of Form CMS-1522¸ Monthly Contractor Financial Report

(Rev. 93, Issued: 04-04-06, Effective: 06-01-06, Implementation: 06-01-06)

The Centers for Medicare & Medicaid Services (CMS) continues to have a material internal control weakness for the reconciliation of total funds expended on Form CMS-1522 resulting from the Chief Financial Officers Audit. The reconciliation of total funds expended to adjudicated claims and standard system reports is an important control that ensures that the amounts reported by Medicare contractors are accurate, supported, complete, and properly classified.

The CMS requires that Medicare contractors provide a reconciliation of total funds expended reported on the monthly Form CMS-1522 report by the 15th day of the following month. Form CMS-1522 is a cash-based document and is prepared primarily from FISS system reports, bank statements, and other internal reports. The financial reconciliation includes adjudicated claims processed, other non-claims based payments, overpayment recoveries, and other financial adjustment transactions.

Total funds expended represent payments made for claim and non-claim transactions during each claims payment cycle (i.e., the total of all checks issued, electronic funds transfers (EFT) payments, voided checks, overpayment recoveries, and other financial adjustments). The claims payment cycle varies at each contractor and can be daily, multi-weekly, or weekly.

Claims data files maintained by the fiscal intermediary, produced from FISS Job #XXXX0054X, include all claims received and processed during a payment cycle – adjudicated claims and non-adjudicated claims. Adjudicated claims represent those claims that were processed for payment and included on the remittance advice report. Non-adjudicated claims do not appear on the remittance advice and include demonstration claims, claims returned to the quality improvement organization (QIO) or provider, and other exception claims. The FISS Systems Maintainer will generate a detailed claims data file that includes only the adjudicated claims records processed each payment cycle in order for financial reporting personnel to complete the financial reconciliation. Also, the FISS Systems Maintainer will generate a report that summarizes the number and dollar value of adjudicated claims on the detailed claims data file.

Although the enclosed reconciliation format has been tested and proven adequate for most situations, there may be unique situations at selected contractors that result in an "unreconciled" reconciliation. When those situations occur, the contractor should investigate those differences and identify the source of the difference. The standard format can be adjusted to accommodate those differences so that the reconciliation and Form CMS-1522 can be completed. Contractors should report those differences to CMS for further review and adjustment of the standard format.

The lead reconciliation schedule (section 500.4) must be submitted electronically to the CMS. FISS system reports, bank statements, and other internal reports used to create the lead reconciliation schedule must be maintained and made available upon request for audit and review by CMS financial personnel and other external auditors.

Methodology

Contractors are required to complete the financial reconciliation schedules for each claims processing cycle, and provide a copy of the cumulative monthly totals in the format established in Section 500.4. The reconciliation should be completed at the end of each claims payment cycle to identify any differences as they occur and provide sufficient time to resolve those differences before the next cycle ends. View Exhibit I by clicking on this link to access the electronic spreadsheet in Microsoft® Excel format to complete the following steps.

To complete the reconciliation for each claims payment cycle, FISS contractors must:

1. *At the top of the Reconciliation Page, enter the estimated HI allocation percentage in cell J2. The SMI allocation will be automatically calculated and entered into cell J3. These allocation percentages are used in the calculation of line 6-6, Settlement Payments (including interest); line 6-10, Refund Provider Payments; line 6-11, Refund Other Payee Payments; and line 6-18, Settlement Withholdings (including interest) if the FISS contractor does not know the exact amounts for HI and SMI. Although the percentage is an estimate, the previous method for calculating these lines using the inpatient/outpatient ratio created problems in Schedule E of the worksheet because the HI/SMI ratio would change after each cycle was entered into the spreadsheet. Using this fixed HI percentage resolves those differences.*

2. *The FISS system maintainer will identify and summarize the adjudicated claims for each claims payment cycle. The FISS system maintainer will create a detailed claims data file and summary report that must be retained for review and audit purpose (section 500.1).*

   a. *Obtain the detailed claims data file and summary report (FISS Report #7859R06) from the FISS system maintainer detailed claims data file for each claims payment cycle.*

   b. *Enter the detailed claims data file totals for each payment cycle onto reference lines 1-1 through 1-4 of the electronic spreadsheet (section 500.3). Separate reference lines for inpatient and outpatient have been added to the input schedule.*

   c. *Obtain FISS Report #7859R01, Create Claim File Control Report, and enter selected data onto reference lines 2-1 through 2-8 of the electronic spreadsheet (section 500.3). The Error Records Out/Paid lines were removed because they are no longer populated with data.*

   d. *Review the Tape Reconciliation Check lines on reference lines 3-1 through 3-4. No entries should be made to these reference lines. These reference lines verify the agreement of the 7859R06 and 7859R01 reports. The amounts on those reference lines must be ZERO; research any differences that are identified and make corrections to any of the amounts entered on reference lines 1-1 through 2-8 and correct as appropriate.*

3. *Obtain copies of the primary financial FISS system reports that are used in the financial reconciliation process. A list of those report numbers and report descriptions is included in section 500.2. Instructions for selected line entries are included below, either to explain why the entry is necessary or how to enter the information properly.*

   a. *Enter selected financial information from FISS system reports into the electronic spreadsheet (section 500.3) on reference lines 4-1 through 18-1. Information should only be entered into cells with a light blue background. All other cells on the spreadsheet are **locked** to prevent overwriting of the formulas used to complete the reconciliation.*

   b. *The allocation for all amounts entered on reference lines 1-1 through 18-1 as either Part A (HI) or Part B (SMI) are determined based on the allocation identified on FISS system reports or by financial personnel who enter information from non-FISS system reports, except for the following reference lines with a red background.*

      Line 6-6 – Settlement Payments (including interest)
      Line 6-10 – Refund Provider Payments
      Line 6-11 – Refund Other Payee Payments
      Line 6-19 – Settlement Withholdings (including interest)

      The spreadsheet has been changed to allow for entering exact amounts for Part A and Part B or for entering a fixed HI/SMI percentage for these reference lines. See 'f.' below for a discussion on the allocation or actual methodology to allocate the total amounts for these reference lines

   c. *Obtain FISS Report #8074R01, Claim Payment Update Report – Inpatient, and FISS Report #8074R02, Claim Payment Update Report – Outpatient. Enter selected totals from those reports onto reference lines 4-1 through 4-6 and 5-1 through 5-2 of the electronic spreadsheet.*

   d. *Obtain FISS Report #8014R01, Financial Summary Report and enter selected amounts from the report onto reference lines 6-1 through 6-23. Reference line 6-3 was added for Pass Thru Payments at 100% (Part B). Some contractors indicated that they break out Pass Thru Payments by Part A and Part B but there is no FISS system report that identifies those amounts. Contractors should identify the amount that is Part B and maintain a subsidiary record of those items that are reported on reference line 6-3. Ensure that the total of reference line 6-2 and 6-3 equals the total reported on FISS report #8014R01.*

   e. *Reference line 6-24 shows the total disbursements amount that should appear on FISS Report #8014R01. If the amount on reference line 6-24 differs from the report total amount, recheck the entries on reference lines 6-1 through 6-23 and correct as necessary.*

f. <u>*Allocating Amounts from the #8014R01 Report*</u>*. While the electronic spreadsheet automatically identifies the total for each expenditure amount to the appropriate funding classification – Part A, hospital insurance (HI) or Part B, supplemental medical insurance (SMI), the allocation for four reference lines from the 8014R01 report cannot be determined from FISS system reports. Consequently, the allocation for those reference lines must be determined by the contractor using one of the following methodologies.*

    *i. If the contractor **cannot** accurately break out Part A from the total amounts, the spreadsheet will automatically allocate the amounts for four reference lines using the HI percentage that is entered in cell J2 of the Reconciliation page of the worksheet.*

    *ii. If a contractor **can** identify the actual allocation between HI and SMI, then the actual amounts for Part A for the four reference lines should be entered on reference lines 7-1 through 7-4, as appropriate. The contractor only has to enter the amounts for those reference lines that are know, not necessarily all four reference lines but the contractor must identify those lines that are entered by placing a lower case 'a' in the highlighted space preceding the description on reference lines 7-1 through 7-4.*

    The spreadsheet will determine the Part B amounts for the lines that are used by the contractor and a checkmark ' ✔ ' will show which lines they are. Although the spreadsheet will calculate both the allocated amounts and the actual amount for Part A and Part B for each of the five reference lines, only one of the amounts (allocated or actual) will be used in the schedules. The spreadsheet uses the checkmark ' ✔ ' to determine which amounts to use and places them in reference lines 19-1 through 19-8.

g. *Obtain FISS Reports #8015R01, Part A - Penalty Withholding Report, and #8015R02, Part B – Penalty Withholding Report and enter selected amounts on reference lines 8-1 thru 8-4, respectively. **Please note that this section has been changed. Only use the Penalty Withholding Withheld Today and Penalty Medicare Recouped Today amounts from these reports. Do not use the Penalty Withholding Released Amount from those reports – those amounts are not accurate.***

h. *Obtain FISS Reports #8015R05, Part A - Accelerated Payment Withholding Report, and #8015R06, Part B – Accelerated Payment Withholding Report and enter selected amounts on appropriate reference lines in series 9 and 10. Although accelerated payments are not directly provided on these reports, there is sufficient information on those reports to determine the dollar amount of accelerated payments made each cycle. Enter the beginning and ending balances from the FISS reports onto the spreadsheet reference lines 9-1, 9-3, 10-1, and 10-3 as positive numbers. Enter the amount withheld today on*

reference lines 9-2 and 10-2 as negative numbers. The accelerated payments for Part A and Part B will be calculated on reference lines 9-4 and 10-4, respectively.

NOTE: Sometimes the beginning balance for one cycle does NOT equal the ending balance for the prior period. This occurs when an accelerated payment is not processed by FISS in the usual sequence and the FISS reports don't reflect the proper balances. To account for those differences, add any "missing" amounts on reference lines 9-5 and 10-5 as appropriate.

i. *Obtain FISS Reports #8019R01, Disbursement Control Account, #8021R05, HPSA Check Payment Register, and #8021R06, HPSA EFT Payment Register. Checks and Electronic Funds Transactions are made for regular payments whose transaction was processed in FISS and other payments for Health Professional Shortage Area (HPSA) payments. Enter the regular payment amounts on reference lines 11-1 (system checks) and 11-2 (system EFTs). Enter the quarterly HPSA payments on reference lines 11-4 (HPSA checks) and 11-5 (HPSA EFTs). Those amounts will be added together with any adjustments entered on the series 12 reference lines (see j. below) to determine the total net disbursements amount after adjustment for stripped checks and EFTs.*

j. *Occasionally, financial personnel identify system checks and EFTs that were written for the wrong amount and those errors are identified before the check or EFT is sent to the provider. Additionally, other CA and CB transactions are processed that need to be accounted for on these reference lines. To account for those adjusting transactions, financial personnel "strip" the payment before it is issued by processing either a complete Part A (CA) or a complete Part B (CB) payment reversal transaction. Because those reversal transactions can only reverse the payment amount as either a complete Part A reversal (CA) or as a complete Part B reversal (CB), that ultimately causes an imbalance in the benefit payment amounts identified in Schedule E (section 500.8).*

   i. *To correct for that incorrect allocation of Part A and Part B benefits, the Series 12 reference lines were added. Enter the total dollar value of the CA or CB amounts processed in FISS (checks and EFTs) on reference lines 12-1 and 12-2, respectively. Likewise, when a replacement payment is processed as a CA or CB transaction, enter the total dollar value of the amounts processed in FISS (checks and EFTs) on reference lines 12-5 or 12-6, respectively. Because those transaction amounts are included in the FISS Report #8037R01 amounts entered on reference lines 13-1 and 13-2, but not included in the amounts reported on FISS Reports #8014R01 and #8042R01 adjustments to various FISS report totals are made using the amounts identified on the series 12 reference lines.*

ii. Enter the **actual** amounts of the CA or CB reversal adjustments that relate to Part A on reference line 12-3 and to Part B on reference line 12-4, and the **actual** amounts of the CA or CB replacement adjustments that relate to Part A on reference line 12-7 and to Part B on reference line 12-8. The amounts entered on those lines will be used to correct the "misallocation" of those transactions resulting from processing a CA and CB transaction. As noted above, the reconciliation of total payments in Section 500.4 and the non-PIP reimbursements in Section 500.6 will be adjusted to reflect the correct Part A and Part B allocations.

k. Obtain FISS Reports #8037R01 and #8037R02, Monthly Benefits Reconciliation Update reports and enter selected amounts on reference lines 13-1 through 14-2. Please note that the Suspended Payment Withheld Amounts (Part A and Part B) are no longer used because they include the total amount of the Penalty Withholding Withheld Today and Penalty Medicare Recouped Today.

l. Obtain FISS Report #8042R01, Form CMS-1522 Update Report and enter selected interest and retroactive adjustment amounts on reference lines 15-1 through 15-24.

m. The remaining financial information needed to complete the spreadsheet is not available on FISS system reports. The contractor should obtain that information from available sources, fully document the totals for each entry, and enter those amounts onto reference lines 16-1 through 18-1 of the electronic spreadsheet (section 500.3).

   i. The information for reference lines 16-1 through 16-15 should be obtained from the list of deposits processed into FISS each cycle. The Total Depository Items is on reference line 16-16.

   Reference lines 16-1 and 16-2 should represent the portion of retroactive adjustments that is included in the amounts reported on FISS Report #8042R01. These amounts are needed here to account for the deposits but these amounts are not added to the amounts reported in Section 500.8 to avoid duplicate counting of those amounts.

   Reference lines 16-3 through 16-15 should represent all other non-retroactive adjustment deposits that are not included in any of the 8042R01 amounts used in the spreadsheet. The information on these lines should also be obtained from the list of deposits made to the bank account.

   The seven categories listed, identify the most common used by Medicare contractors. The amount reported as a PIP repayment,

reference line 16-9, is included in the PIP Payments total calculated for the CMS Form 1522 in Schedule E. The other lines are included in the "Aged" category of Total Benefits Paid for Part A and Part B, as appropriate on Section 500-8.

NOTE: When a deposit is returned by the bank, that reversal should also be identified on reference lines 16-1 through 16-15 as a positive number to ensure that Retroactive Adjustment, PIP Payments, and Total Benefits Paid for Part A and Part B are accurately calculated and reported in Schedule E (section 500-8).

ii. *The information for reference lines 17-1 through 17-18 is determined from various sources, including the bank statements, the manual check listing, the voided and stale-dated check listing, and other manually maintained listings or the identified FISS system reports that identify correcting financial transactions for the month. Lines for each type of transaction are available for both Part A and Part B cycle totals.*

1. *The information for reference lines 17-1 through 17-8 are available for situations that do not occur on a routine basis, generally related to bank problems with processing a payment and deposit items or for other correcting transactions processed by the bank.*

2. *The information for reference lines 17-9 through 17-12 relate to the issuance of manual checks. The amount entered on reference line 17-9 and 17-10 includes all manual checks that are **not established using a CA or CB transaction** and checks written for transfers between the disbursement and time accounts. As stated above, CA and CB transactions should be posted on reference lines 12-5 through 12-8. The check amount for transfers to the time account is entered on reference line 17-11. Because the transferred amount does not impact total funds expended, the amount is also entered automatically on reference line 17-12 as a negative number.*

3. *The information for reference lines 17-13 through 17-18 relate to stop payment checks, voided checks, and stale-dated checks canceled during the month that are identified on FISS reports #8010R01 or #8072R03, or other manually maintained documentation that may be more accurate. These lines should only be used for transactions that are processed by a transaction type other than a CA or CB transactions. Otherwise, the transaction should be included on the Series 12 reference lines.*

4. *Obtain FISS Report #8047R02, and enter the amount of Total IBPR payments on line 18-1. That amount will be compared to other financial report amounts to ensure that there is an agreement for the IBPR reconciliation. Lines E-59 through E-69 in section 500.8 were added to perform the IBPR reconciliation. Because FISS Report #8047R02 represents totals in whole dollars, there will always be minor differences to account for the rounding. Line E-68 represents the rounding amount and generally should never be a significant amount in excess of $10.*

5. *Finalize the standard reconciliation report, print the supporting schedules (sections 500.5 through 500.8), and submit the consolidated monthly report to CMS as part of the monthly contractor financial reports (section 500.4).*

After completing the process outlined in 1. and 2. above, all of the financial information needed to identify total funds expended has been entered into the standard report format. That information is transferred into five standard reports that are used to document the financial information entered onto Form CMS-1522. Those reports are illustrated in sections 500.4 through 500.8 of this instruction.

a. *After entering all of the financial information in reference lines 1-1 through 18-1 the value of total funds expended has been determined. The next step is to verify that the amount allocated by HI and SMI have been properly completed. As noted above, the standard report format performs most of that process automatically. To identify any potential error, review Column J on the electronic spreadsheet and research any entry on the schedule reference line A-1 through E-58 that is not ZERO. For the schedules to be reconciled, all entries in Column J must be ZERO.*

b. *If the contractor has overridden any of the HI and SMI allocation formulas, extra effort should be made to ensure that the allocation amounts equal the total amount for those categories. Again, the formula in Column J should produce a value of ZERO if the line is in balance.*

The standard report format in section 500.8 calculates the amounts that are reported on the end of the Form CMS-1522 (i.e. the categorization of total funds expended by payment categories).

Overall Summary

The methodology used to identify the number and dollar value of adjudicated claims on the detailed claims data file provided in section 500.1, the FISS systems reports identified in section 500.2, the electronic spreadsheet input schedule in Section 500.3, and the standard report formats provided in sections 500.4 through 500.8 are a systematic approach to reconcile financial activity for each claims payment cycle at Medicare FISS contractors.

The information contained on the schedules provides a standard methodology to validate financial information contained on FISS system reports to the source claims information contained in the detailed claims data file. The methodology outlined above and the information

contained on the standard report formats document a standardized approach to calculate and validate the total funds expended at Medicare contractors.

Also, the standard report formats assist in the preparation of a significant portion of the Form CMS-1522. The methodology does not provide information relating to the Funds Drawn from the Treasury presented on lines 1 through 6 of Form CMS-1522, or for the bank reconciliation information presented on Form CMS-1522, Page 2 and 3, Lines 15 through 23.

Due Date

*A copy of the schedule illustrated in section 500.4, Total Funds Expended (Net Disbursements and Adjustments to Net Disbursements), must be provided electronically to the appropriate CMS regional office's Associate Regional Administrator for the Division of Medicare Financial Management, by the 15th day of the following month, concurrent with the submission of other Contractor Financial Reports and submitted electronically to **1522recon@cms.hhs.gov**. All of the schedules illustrated in sections 500.4 through 500.8 should be retained to support the information submitted to the appropriate CMS regional office.*

500.1 – Identification and summarization of Detailed Claims Data Records for Use in the Financial Reconciliation of Total Funds Expended to Fiscal Intermediary Shared System Reports

(Rev. 93, Issued: 04-04-06, Effective: 06-01-06, Implementation: 06-01-06)

The FISS Systems Maintainer will generate a detailed claims data file for each FISS contractor's payment cycle, produced from FISS Job #XXXX0054X. During claims processing, the FISS system maintains a record of all claims processed during the payment cycle, including both adjudicated and non-adjudicated claims. Adjudicated claims include all PIP and non-PIP reimbursement claims, and rejected and denied claims that can be processed by FISS. The non-adjudicated claims include demonstration claims, claims that could not be processed and must be returned to either the provider or the Quality Improvement Organization (QIO), and other exception claims.

The FISS Systems Maintainer will identify only those adjudicated claims that appear on remittance advices and that are identified on FISS Report #7859R01, and will record those claims records onto a detailed claims data file.

The FISS Systems Maintainer will provide an independent report that shows the total number of records on the electronic file and the total dollar value for each of the following fields from FISS Report #7859R01:

Claims Records Out/Paid - Inpatient

Claims Records Out/Paid - Outpatient

Claims Records Out/Modified - Inpatient

Claims Records Out/Modified - Outpatient

The fiscal intermediary will obtain the detailed claims data file and the summary report *(FISS Report #7859R06)* from the system maintainer for use in the financial reconciliation of total funds expended that is reported on Form CMS-1522 each month. The fiscal intermediary will retain the detailed data file and the summary report for each payment cycle in order to document the information entered onto the standard electronic spreadsheet and, when required, for use and review by CMS and other audit personnel.

500.2 – Using the Electronic Spreadsheet to Complete the Reconciliation of the Detailed Claims Data File to Fiscal Intermediary Shared System Reports.

(Rev. 93, Issued: 04-04-06, Effective: 06-01-06, Implementation: 06-01-06)
This section describes the methodology to use the electronic spreadsheet (Section 500.3) and identifies the primary FISS system reports needed to complete the financial reconciliation.

The electronic spreadsheet (Exhibit 1) consists of two pages – PrintMenu and Reconciliation. Each of those pages is protected to ensure that the user cannot write over any formulas or linked areas of the spreadsheet. The electronic spreadsheet was created in Microsoft® Excel 2000 and macros must be enabled. When the spreadsheet is loaded, you should receive a message concerning macros. You must 'Enable Macros' for the automatic printing capability to work properly. Following are some general rules to follow when using the electronic spreadsheet.

Protection

As noted above, the spreadsheet pages should be protected during use to avoid overwriting any formulas. Press the "Tab" key to determine whether the page is protected or not. If the page is protected, the tab key will move the cursor to the next unprotected cell. If the cursor lands on a cell that should be protected – a description, total or non-blue cell – then the page is probably not protected.

To protect the page, press 'Tools' on the menu bar, select 'Protection', and then select 'Protect Sheet'. When prompted for a password, DO NOT enter a password, just press 'OK'. If it becomes necessary to unprotect the page (rare, if ever), perform the same process – Tools, Protection, Unprotect Sheet.

Print Menu

This page contains two basic functions: (1) identifying and filling in the cycle dates, and (2) printing the cycle and monthly reports.

1. *Cycle Dates. Generally, payment cycle dates are consistent throughout the year (i.e., they occur on the same calendar day(s) each week). Consequently, the actual dates can be determined automatically. At the top of the 'PrintMenu' enter the calendar year as a 4-digit number in block 'J4' and enter the month as a 1- or 2-digit number in block 'J5'. In blocks 'J2' through 'R2' enter an 'X' for each payment cycle day during the week. The monthly cycles and the cycle payment dates will automatically be identified on the left side of the screen in blocks 'A1' thru 'D32', including leap years. Those cycle dates will also be entered onto the top of the cycle columns and the Month and Year will be entered on the top of the Part A and Part B columns on the 'Reconciliation' spreadsheet. When business is not conducted on a regularly scheduled business day, primarily for holidays, delete the 'X' in blocks 'B2' through 'B32' next to the appropriate dates. This will prevent a blank column being allocated on the spreadsheet for those non-work days.*

2. *Printing Reports. The standard format reconciliation reports should be printed after each cycle to document the cycle information and the reconciliation process. Pressing the left mouse button when the cursor is positioned over one of the buttons on the 'PrintMenu' screen and the cursor appears as a pointing hand can print the reports. There are three types of buttons for printing the reports.*

    a. *Input Schedules - **#X (Orange text on Grey background)**. There are 31 buttons on the left center of the screen that will print the input schedules for each cycle. The report will include the reference line number, source and description, the total amount to date, and the cycle amount entered.*

    b. *Cycle Report Schedules - **Cycle XX (Sea Green text on Grey background)**. There are 31 buttons in the right center of the screen that will print the five reports for each cycle. The spreadsheet will accommodate up to 31 daily cycles for each month. When selected, the report will print the information in Columns A thru G plus the data in the column for the selected cycle. Each report will provide the 'Total Amount to Date' plus the selected Cycle columns. Because there is only one 'Total Amount to Date' column, it will change after the data for each cycle is entered.*

    c. *Monthly Reports - **(Red/Blue text on Gray background)** – There are six buttons on the right side of the screen that will print either all five of the monthly reports (Red text button) or each of the reports separately (Blue text buttons). The monthly reports will print the information in Columns A thru J that include the total amounts for the month, the allocation by HI and SMI, and the Zero Check field.*

Reconciliation

The reconciliation spreadsheet is the where most of the data is entered to complete the financial reconciliation of the Form CMS-1522. As noted at the top of the page, only enter data in designated cells and avoid entering data in selected unprotected cells unless you are sure you want to overwrite the standard formulas. All cells with formulas or transferred data are locked to prevent overwriting, except those with a red background. Those cells contain formulas but if the contractor has more accurate information, those formulas can be overwritten.

To complete the reconciliation, information from standard FISS system reports is entered into a common data input area of the Reconciliation spreadsheet (see section 500.3). The data input area is located on lines 9 thru 202 the electronic spreadsheet in columns L through AP. The information for individual reports is grouped together for easy input and is identified by references line numbers (found in Column A of the electronic spreadsheet) that begin with a number (for example, FISS Report #7859R01 information is found on reference line numbers 2-1 thru 2-12). The standard FISS reports or other source documents used in the financial reconciliation, including the reference line numbers, are identified in the following table.

Reference Lines	FISS Report Number and Report Description
1-1 thru 1-4	FISS #7859R06 – Detailed Claims Data Records Summary Report
2-1 thru 2-8	FISS #7859R01 – Claim File Control Report
3-1 thru 3-4	Tape Reconciliation Check Lines (NO ENTRY REQUIRED)
4-1 thru 4-6	FISS #8074R01 – Claim Payment Update Report - Inpatient
5-1 thru 5-2	FISS #8074R02 – Claim Payment Update Report - Outpatient
6-1 thru 6-24	FISS #8014R01 – Financial Summary Report
7-1 thru 7-8	Actual amounts for 4 selected lines from the #8014R01 report
8-1 thru 8-2	FISS #8015R01 – Part A – Penalty Withholding Report
8-3 thru 8-4	FISS #8015R02 – Part B – Penalty Withholding Report
9-1 thru 9-5	FISS #8015R05 – Part A – Accelerated Payment Withholding Report
10-1 thru 10-6	FISS #8015R06 – Part B – Accelerated Payment Withholding Report
11-1 thru 11-3	FISS #8019R01 – Disbursement Control Account
11-4	FISS #8021R05 – HPSA Disbursement Register
11-5	FISS #8021R06 – HPSA EFT Register
12-1 thru 12-8	CA and CB Transaction Amounts – EFTs and Checks
13-1 thru 13-5	FISS #8037R01 – Monthly Benefits Reconciliation Update
14-1 thru 14-2	FISS #8037R02 – Monthly Benefits Reconciliation Update
15-1 thru 15-24	FISS #8042R01 – Form CMS-1522 Update Report
16-1 thru 16-15	List of Daily Deposits for the Month or Other Contractor Prepared Schedules
17-1 thru 17-18	Bank Statements – Time Account, Disbursement Account, Concentration Account
	List of Manual Checks Issued During the Month, Bank Reconciliation (non-CA/CB)
	List of Stale-Dated, Stop Payment and Voided Checks (non-CA/CB)
	List of Other Financial Adjustment Transactions Occurring During the Month
18-1	FISS #8047R02 – Monthly Intermediary Benefit Payment Report

Following are some general rules for using the electronic spreadsheet (Exhibit 1).

1. *Entering Data. All data must be entered into a "data entry area" that has reference line numbers in Column A that are all numeric (reference lines 1-1 thru 18-1). Those amounts are transferred directly into the reconciliation reports (reference lines A-1 thru E-58). Consequently, you must enter data into each cell directly. Do not copy and paste the amounts to different cells, doing so will transfer the link to the reconciliation reports and invalidate the process. If you make an error in a cell, edit it using the F2 function key, delete the entry, or re-enter the correct amount directly.*

2. *Source FISS System Reports. Column B identifies the source FISS system report for the data to be entered on each line of the "data entry area" on reference lines 1-1 thru 18-1. Column B identifies the primary source FISS system report and alternate sources for the same data on each line of the reconciliation reports on reference lines A1 thru E-69.*

3. *BLUE Background Cells. Enter financial data only in spreadsheet cells that have a BLUE background. Cycles 1 thru 31 are in Columns L thru AP, respectively. Those lines will have references in Column A that are all numeric (1-1 thru 18-1).*

4. *GRAY Background Cells. Do not enter financial data in spreadsheet cells that have a GRAY background. Those cells transfer data from other cells and the formulas in those cells cannot be changed without affecting the reconciliation process.*

5. *RED Background Cells. Data in spreadsheet cells with a RED background contain formulas that allocate total amounts by HI and SMI using the ratio of Inpatient to Outpatient claims paid to date for the month. Unlike the formulas in spreadsheet cells with GRAY backgrounds that are locked, the formulas in the spreadsheet cells with RED backgrounds are underlined and can be overwritten. Only write over those formulas in those cells if you have more accurate HI/SMI amounts that differ significantly from the amounts calculated by the spreadsheet formulas and only during the end of month processing. See the detailed instructions in Section 500, Paragraph 2.j.*

6. *GREEN Background Cells. Spreadsheet cells with a GREEN background are check fields to ensure that the data entered from one FISS system report reconciles with data entered from other FISS system reports into the data entry section. In all cases, the amount must be zero or the financial reconciliation will be unreconciled.*

    a. *Spreadsheet lines 24 thru 27 (3-1 thru 3-4) verify the accuracy of the claims processing tape file reconciliation. Any amounts other than zero indicate that either a wrong amount was entered or there is an imbalance between the tape and the FISS system report.*

    b. *Spreadsheet reference line 10-6 checks to see if there is an imbalance in the calculated amount of Accelerated Payments for Part A and Part B. Any amount in that line indicates that either a wrong amount was entered in reference lines 9-1 thru 9-3 or 10-1 thru 10-3, or that a problem occurred*

with the FISS processing. Whatever the reason for the difference, correcting entries need to be made on reference lines 9-5 or 10-5.

c. *Spreadsheet reference line A-43 in Section 500.4 verifies that system payments agree with system report disbursements.*

d. *Spreadsheet reference lines B-23 thru B-25 in Section 500.5 verifies the agreement of various Inpatient and Outpatient totals between several system reports. Reference line B-36 verifies the accuracy of the number of inpatient and outpatient claims identified from various system reports.*

e. *Reference lines C-16 thru C-18 on the reconciliation report verify the accuracy of the Non-PIP payment amounts used in the financial reconciliation. The amounts on those lines should be zero because the detailed line items supporting those amounts are adjusted for any CA/CB transaction adjustments for electronic funds transfers and checks removed on reference lines 12-1 through 12-8.*

f. *Reference lines D-26 thru D-31 on the reconciliation report verifies the accuracy of the interest amounts paid, received, and reported on various FISS system reports. There **may be minor difference** identified on those lines that compare the amount on the 8037R02 report. Since the implementation of CELIP, the interest amounts on that report are not always accurate.*

7. <u>*YELLOW Background Cells*</u>. *Data in spreadsheet cells with a YELLOW background contain either totals for cells directly above it or data transferred from one of the other reconciliation worksheets. Those cells are protected and cannot be changed.*

500.3 - Electronic Spreadsheet Input Schedule

(Rev. 93, Issued: 04-04-06, Effective: 06-01-06, Implementation: 06-01-06)

This section is an illustration of the electronic spreadsheet (Exhibit 1) that will be used to input selected financial information from the claims processed file and FISS reports.

	FISS Report #		Cycle Date	Total	May 2005 HI	May 2005 SMI	Cycle 1 05/02/05
1-1	7859R06	+	Number - Inpatient Claims	386,977	386,977		17,157
1-2	7859R06	+	Reimbursement - Inpatient Claims	2,299,707,237.37	2,299,707,237.37		94,458,706.14
1-3	7859R06	+	Number - Outpatient Claims	1,782,159		1,782,159	83,506
1-4	7859R06	+	Reimbursement - Outpatient Claims	326,866,250.14		326,866,250.14	16,190,914.50
2-1	7859R01	+	Claims Recs Out/Paid - Inpatient - Number				17,157
2-2	7859R01	+	Claims Recs Out/Paid - Inpatient - Reimbursement				94,458,706.14
2-3	7859R01	+	Claims Recs Out/Paid - Outpatient - Number				83,506
2-4	7859R01	+	Claims Recs Out/Paid - Outpatient - Reimbursement				16,190,914.50
2-5	7859R01	+	Claims Recs Out/Modified - Inpatient - Number				
2-6	7859R01	+	Claims Recs Out/Modified - Inpatient - Reimbursement				
2-7	7859R01	+	Claims Recs Out/Modified - Outpatient - Number				
2-8	7859R01	+	Claims Recs Out/Modified - Outpatient - Reimbursement				

Tape Reconciliation Check — Dollar Value of Claims (Tape and System Reports)

3-1	Check 7859R01 vs R06	✓	Number - Inpatient Claims				-
3-2	Check 7859R01 vs R06	✓	Reimbursement - Inpatient Claims				-
3-3	Check 7859R01 vs R06	✓	Number - Outpatient Claims				-
3-4	Check 7859R01 vs R06	✓	Reimbursement - Outpatient Claims				-
4-1	8074R01	+	Part A - IME / Outlier	20,603,764.82	20,603,764.82		238,873.79
4-2	8074R01	+	Part A - Hemophilia (memo entry)	1,240,649.38	1,240,649.38		
4-3	8074R01	+	Part A - New Technology (memo entry)	120,515.01	120,515.01		4,555
4-4	8074R01	+	Part A - Interest	5,337.72	5,337.72		492.28
4-5	8074R01	+	Part A - PIP Reimbursement	425,326,426.95	425,326,426.95		4,465,453.47
4-6	8074R01	+	Part A - Non-PIP Reimbursement	1,896,345,739.63	1,896,345,739.63		90,236,681.29
5-1	8074R02	+	Part B - Interest	(2.48)		(2.48)	1.16
5-2	8074R02	+	Part B - Non-PIP Reimbursement	326,866,250.14		326,866,250.14	16,190,914.50
6-1	8014R01	+	PIP Payments at 100%				
6-2	8014R01	+	Pass Thru Payments at 100% (Part A)	56,606,500.00	56,606,500.00		
6-3	Contractor Determined	+	Pass Thru Payments at 100% (Part B) - if known	-		-	
6-4	8014R01	+	Claim Payments at 100%	2,223,222,526.42			106,427,721.99
6-5	8014R01	+	Release of Penalty	14,211,893.49			40,755.74
6-6	8014R01	+	Settlement Payment (including interest)	51,514,863.43	45,104,050.90	6,410,812.53	418,294.00
6-7	8014R01	+	Claims Accounts Receivable - HI				123,701.57
6-8	8014R01	+	Claims Accounts Receivable - SMI				78,749.70
6-9	8014R01	+	Accelerated Payments				
6-10	8014R01	+	Refund Provider Payments	1,261,905.70	1,261,905.70	-	-
6-11	8014R01	+	Refund Other Payee Payments	6,639,997.09	6,639,997.09	-	190,347.42
6-12	8014R01	+	Claim Interest Payments				493.44
6-13	8014R01	+	Other Payee Payments	12,319.65		12,319.65	1,292.46
6-14	8014R01	-	PIP Payment Discount				
6-15	8014R01	-	Pass Thru Payment Discount				
6-16	8014R01	-	Claims Payment Discount	-			
6-17	8014R01	-	Penalty Withholdings	(8,269,707.79)			(239,313.46)
6-18	8014R01	-	Settlement Withholdings (including interest)	(8,340,804.85)	(7,302,826.05)	(1,037,978.80)	(81,152.94)
6-19	8014R01	-	Claims Accounts Receivable Withholdings - HI				(107,811.59)
6-20	8014R01	-	Claims Accounts Receivable Withholdings - SMI				(73,335.27)
6-21	8014R01	-	Accelerated Payment Withholdings				
6-22	8014R01	-	ESRD Network Reduction				(126.20)
6-23	8014R01	-	Penalty Recoupment	(1,534,650.88)			(23,219.31)
6-24	Calculated		Grand Total Disbursements - PROOF TOTAL	2,621,903,644.92			106,756,397.55

If you can accurately identify the Part A and Part B amounts for these 5 categories complete the Part A amounts only. Part B calculates automatically. Otherwise leave blank.

7-1	Enter an 'a' --->		+ Settlement Payment (including interest) - Part A	-			-
7-2	if you are entering the	✓	+ Refund Provider Payments - Part A	1,261,905.70			-
7-3	actual amounts for each	✓	+ Refund Other Payee Payments - Part A	6,639,997.09			190,347.42
7-4	of these 4 Part A lines		- Settlement Withholdings (including interest) - Part A	-			-
7-5			+ Settlement Payment (including interest) - Part B	-			-
7-6		✓	= Refund Provider Payments - Part B	-			-
7-7		✓	+ Refund Other Payee Payments - Part B	-			-
7-8			- Settlement Withholdings (including interest) - Part B	-			-
8-1	8015R01	-	Part A - Penalty Withholding Withheld Today		(7,332,274.33)		(217,580.43)
8-2	8015R01	-	Part A - Penalty Medicare Recoupment Today		(1,534,550.88)		(23,219.31)
8-3	8015R02	-	Part B - Penalty Withholding Withheld Today			(937,433.46)	(21,733.03)
8-4	8015R02	-	Part B - Penalty Medicare Recoupment Today			(100.00)	
9-1	8015R05	+	Part A - Accelerated Payments - Beginning Balance				-
9-2	8015R05	-	Part A - Accelerated Payment Withheld Today				-
9-3	8015R05	+	Part A - Accelerated Payments - Ending Balance				-
9-4	Calculated	+	Part A - Accelerated Payments				-
9-5	As Determined	+/-	Part A - Accelerated Payments (Adjustment - as needed)				-
10-1	8015R06	+	Part B - Accelerated Payments - Beginning Balance				-
10-2	8015R06	-	Part B - Accelerated Payment Withheld Today				-
10-3	8015R06	+	Part B - Accelerated Payments - Ending Balance				-
10-4	Calculated	+	Part B - Accelerated Payments				-
10-5	As Determined	+/-	Part B - Accelerated Payments (Adjustment - as needed)				-

Accelerated Payments Check Line (MUST be ZERO)

10-6	If not zero check 9-1 to 10-4, OR enter adjustment on lines 9-5 and/or 10-5 =>	-

System & HPSA Checks and EFTs

11-1	8019R01	+	System Checks Amount	178,987,401.08			5,789,741.95
11-2	8019R01	+	System EFT Transactions Amount	2,442,916,243.84			100,966,655.60
11-3	Calculated		Total FISS Disbursements	2,621,903,644.92			106,756,397.55
11-4	8021R05	+	HPSA Checks Amount	15,307.00			
11-5	8021R06	+	HPSA EFT Amount				-

CA/CB Adjustment Transactions - Stripped, Voided, and Replacement EFT/Check

12-1	Stripped/Void - CA	-	EFT/Check Stripped/Voided - Part A	-	-		-
12-2	Stripped/Void - CB	-	EFT/Check Stripped/Voided - Part B	-	-	-	-
12-3		-	Actual Stripped/Voided - Part A Portion	-	-		-
12-4		-	Actual Stripped/Voided - Part B Portion	-	-	-	-
12-5		-	Actual Stripped/Voided - Part A Interest Portion	-	-		-
12-6		-	Actual Stripped/Voided - Part B Interest Portion	-	-	-	-
12-7	Replacement - CA	+	EFT/Check Replacement Payment- Part A	-	-		-
12-8	Replacement - CB	+	EFT/Check Replacement Payment- Part B	-	-	-	-
12-9		+	Actual Replacement - Part A Portion	-	-		-
12-10		+	Actual Replacement - Part B Portion	-	-	-	-
12-11		+	Actual Replacement - Part A Interest Portion	-	-		-
12-12		+	Actual Replacement - Part B Interest Portion	-	-	-	-

	FISS Report #		Cycle Date	Total	HI	SMI	05/02/05
13-1	8037R01	+	Total Part A Claims	2,321,672,166.58	2,321,672,166.58		94,702,134.76
13-2	8037R01	+	Total Part B Claims	326,878,569.79		326,878,569.79	16,192,206.96
13-3	8037R01	+	Part A Suspended Payment Released	12,498,639.47	12,498,639.47		38,257.20
13-4	8037R01	+	Part B Suspended Payment Released	1,713,254.02		1,713,254.02	2,496.54
13-5	8037R01	+	PIP Claims	425,326,426.95	425,326,426.95		4,465,453.47
14-1	8037R02	+	Interest Paid (Claims Timeliness) - Total				635.59
14-2	8037R02	-	Interest Received (Claims Timeliness) - Total				(142.15)
			Source of Benefit - Retroactive Adjustments (As Reported by FISS)				
15-1	8042R01	+/-	Credit Adjustments - Part A (HI)	(32,064,405.91)			(276,525.52)
15-2	8042R01	+/-	Supplemental Payments - Part A (HI)	51,421,389.36			405,764.00
15-3	8042R01	+/-	Credit Adjustments - Part B (SMI)	(12,119,743.95)			(36,956.42)
15-4	8042R01	+/-	Supplemental Payments - Part B (SMI)	11,755,614.10			25,007.00
15-5	8042R01	-	Overpayment Interest Recovered - Part A				-
15-6	8042R01	+	Overpayment Interest Paid - Part A				-
15-7	8042R01	-	Claims Timeliness Interest Recovered - Part A				(140.74)
15-8	8042R01	+	Claims Timeliness Interest Paid - Part A				633.02
15-9	8042R01	-	Overpayment Interest Recovered - Part B			(26,889.64)	-
15-10	8042R01	+	Overpayment Interest Paid - Part B			(656.88)	
15-11	8042R01	-	Claims Timeliness Interest Recovered - Part B			(8,700.72)	(1.41)
15-12	8042R01	+	Claims Timeliness Interest Paid - Part B			8,698.38	2.57
15-13	8042R01	+	Benefits Paid - Part A - Disabled				13,902,038.79
15-14	8042R01	+	Benefits Paid - Part A - Chronic Renal Disease				1,316,012.65
15-15	8042R01	+	Benefits Paid - Part A - Premium Paying Enrollees				111,266.23
15-16	8042R01	+	Benefits Paid - Part B - Disabled				3,132,948.07
15-17	8042R01	+	Benefits Paid - Part B - Chronic Renal Disease				204,674.37
15-18	8042R01	+	Benefits Paid - Part B - Premium Paying Enrollees				226,266.01
			Itemization of Retroactive Adjustments (As Reported by FISS)				
15-19	8042R01	+/-	Lump Sum Interim Rate Payments - Part A	2,432,317.37			(121,914.03)
15-20	8042R01	+/-	Tentative Settlements - Part A	227,128.35			(16,160.00)
15-21	8042R01	+/-	Post Audit Settlement - Part A	16,697,537.73			287,332.51
15-22	8042R01	+/-	Lump Sum Interim Rate Payments - Part B			2,174,523.45	(16,500.00)
15-23	8042R01	+/-	Tentative Settlements - Part B			(2,977,254.31)	(6,637.00)
15-24	8042R01	+/-	Post Audit Settlement - Part B			438,601.01	11,165.58
			Receipts Providers & Beneficiaries (Depository Items)				
16-1		**Deposits - Retroactive** -	Retroactive Adjustment (In 8042R01 amounts) - Part A	(19,384,072.07)	(19,384,072.07)		(213,217.00)
16-2		**Adjustments** -	Retroactive Adjustment (In 8042R01 amounts) - Part B	(4,920,829.47)		(4,920,829.47)	(6,637.00)
16-3		-	Medicare Secondary Payer (MSP) - Part A	(5,033,313.84)	(5,033,313.84)		(159,443.46)
16-4		-	Credit Balance - Part A				-
16-5		**Deposit Items -** -	Voluntary Checks - Part A	(111,599.80)	(111,599.80)		-
16-6		**NonRetroactive Adjustment** -	Fraud & Abuse - Part A	-	-		-
16-7		**Part A** -	Claims Accounts Receivable - Part A	-			-
16-8		-	Miscellaneous non-Retroactive Adjustments - Part A	(4,651,184.81)	(4,651,184.81)		(841,324.82)
16-9		-	PIP Repayments - Part A	-	-		-
16-10		-	Medicare Secondary Payer (MSP) - Part B	-		-	-
16-11		**Deposit Items -** -	Credit Balance - Part B	-		-	-
16-12		**NonRetroactive Adjustment -** -	Voluntary Checks - Part B	-		-	-
16-13		**Part B** -	Fraud & Abuse - Part B	-		-	-
16-14		-	Claims Accounts Receivable - Part B	-		-	-
16-15		-	Miscellaneous non-Retroactive Adjustments - Part B	-		-	-
16-16			**TOTAL DEPOSITORY ITEMS -->**	(34,100,999.99)	(29,180,170.52)	(4,920,829.47)	(1,220,622.28)
17-1	Bank or Schedule	-	Returned EFTs - Voided - Part A		-		-
17-2	Bank or Schedule	-	Returned EFTs - Voided - Part B			-	-
17-3	Bank or Schedule	+/-	Other Miscellaneous Debits/Credits - Part A		-		-
17-4	Bank or Schedule	+/-	Other Miscellaneous Debits/Credits - Part B			-	-
17-5	Bank or Schedule	+/-	Other Financial Adjustments - Part A		-		-
17-6	Bank or Schedule	+/-	Other Financial Adjustments - Part B			-	-
17-7	Bank or Schedule	+/-	Correction for Prior Month Error - Part A		-		-
17-8	Bank or Schedule	+/-	Correction for Prior Month Error - Part B			-	-
17-9	8010R01	+	Manual Checks & Wires - Part A - non-CA/CB		-		-
17-10	8010R01	+	Manual Checks & Wires - Part B - non-CA/CB			-	-
17-11	8010R01	+	Manual Check - Transfer to Time Account		-		-
17-12	8010R01	-	Manual Check - Receipt into Time Account				-
17-13	8010R01	-	Stop Payment Checks - Part A - non-CA/CB		(390,663.18)		-
17-14	8010R01	-	Stop Payment Checks - Part B - non-CA/CB			-	-
17-15	8010R01	-	Voided Checks - Part A - non-CA/CB		(4,852,569.57)		-
17-16	8010R01	-	Voided Checks - Part B - non-CA/CB			-	-
17-17	8072R03	-	Stale Dated Checks - Part A - non-CA/CB		(46,654.74)		(421.93)
17-18	8072R03	-	Stale Dated Checks - Part B - non-CA/CB			-	-
				(5,289,887.49)	(5,289,887.49)	-	(2,441,666.49)
	IBPR Reconciliation						
18-1	8047R02		Total IBPR Payments	2,597,614,051.00			106,536,544

500.4 – Total Funds Expended (Net Disbursements and Adjustments to Net Disbursements)

(Rev. 93, Issued: 04-04-06; Effective: 06-01-06, Implementation: 06-01-06)

This section calculates the total system and non-system payments that equate to the Total Funds Expended amount report on the Form CMS-1522. It also documents the source FISS system report used in determining the amounts to report. This standard reconciliation format is the only document required to be submitted to CMS, in addition to monthly financial reports (Form CMS-1522).

	FISS Report #	Cycle Date	Total	May 2005 HI	May 2005 SMI	Cycle 1 05/02/05
		Section 500.4 - Total Funds Expended (Net Disbursements and Adjustments to Net Disbursements)				
A-1	8019R01	Total FISS EFTs (before adjustment)	2,442,916,243.84			100,966,655.60
A-2	8019R01	Total FISS Checks (before adjustment)	178,987,401.08			5,789,741.95
A-3	A-1 + A-2	Total System Payments (before adjustments)	2,621,903,644.92	2,288,977,708.08	332,925,936.84	106,756,397.55
A-4	8021R05 + 8021R06	Total HPSA Checks + EFTs (before adjustment)	15,307.00		15,307.00	
A-5	A-3 + A-4	Total System & HPSA Payments	2,621,918,951.92	2,288,977,708.08	332,941,243.84	106,756,397.55
A-6	CA/CB Adjustments	Total Payment Adjustments (CA & CB)	-	-	-	-
A-7	A-5 + A-6	Total System & HPSA Checks and EFTs (Adjusted)	2,621,918,951.92	2,288,977,708.08	332,941,243.84	106,756,397.55
A-8	8074R01	**Total Reimbursements**	2,626,573,487.51	2,299,707,237.37	326,866,250.14	110,649,620.64
A-9	8074R01	Outlier Payments	20,603,764.82	20,603,764.82		238,873.79
A-10	8074R01	Hemophilia & New Technology	1,361,164.39	1,361,164.39		4,554.83
A-11	A-8 + A-9 + A-10	Total Reimbursements Plus Outliers	2,648,538,416.72	2,321,672,166.58	326,866,250.14	110,893,049.26
A-12	8074R01 (-)	PIP Claims Processed	(425,326,426.95)	(425,326,426.95)		(4,465,453.47)
A-13	A-11 + A-12	Non-PIP Payments (before adjustments)	2,223,211,989.77	1,896,345,739.63	326,866,250.14	106,427,595.79
		Remittance Advice Debits & Credits				
A-14	8042R01	Claim Interest Recovered	(12,382.50)	(3,681.78)	(8,700.72)	(142.16)
A-15	8042R01	Claim Interest Paid	17,717.82	9,019.44	8,698.38	635.59
A-16	CA/CB Adjustments	Claim Interest Paid (adjustments from CA/CB)				
A-17	A-18 - A-14 - A-15 - A-16	Adjustment Interest (8014R01 - 8042R01)	0.06	0.06	-	-
A-18	8014R01 + CA/CB Adjustments	**Net Claim Interest Payments**	5,335.38	5,337.72	(2.34)	493.44
A-19	A-13 + A-18	**Total Claims Debits & Credits**	2,223,217,325.15	1,896,351,077.35	326,866,247.80	106,428,089.23
A-20	8014R01	PIP Payments at 100%	283,789,800.00	283,789,800.00		-
A-21	8014R01	PIP Payment Discount	-	-		-
A-22	8014R01 + Contractor Determined	Pass Thru Payments at 100%	56,606,500.00	56,606,500.00	-	
A-23	8014R01	Pass Thru Payment Discount	-			
A-24	8014R01	Settlement Payment (including Interest)	51,514,863.43	45,104,050.90	6,410,812.53	418,294.00
A-25	8014R01	Settlement Withholdings (including Interest)	(8,340,804.85)	(7,302,826.05)	(1,037,978.80)	(81,152.94)
A-26	8014R01	Accelerated Payments	-	-	-	
A-27	8014R01	Accelerated Payment Withholdings	-	-	-	
A-28	8014R01	Claims Accounts Receivable - HI	10,857,697.96	10,857,697.96		123,701.57
A-29	8014R01	Claims Accounts Receivable Withholdings - HI	(7,962,309.13)	(7,962,309.13)		(107,811.59)
A-30	8014R01	Claims Accounts Receivable SMI	3,261,281.73		3,261,281.73	78,749.70
A-31	8014R01	Claims Accounts Receivable Withholdings - SMI	(3,362,466.63)		(3,362,466.63)	(73,335.27)
A-32	8014R01	Release of Penalty	14,211,893.49	12,498,639.47	1,713,254.02	40,755.74
A-33	8014R01	Penalty Withholdings	(8,269,707.79)	(7,332,274.33)	(937,433.46)	(239,313.46)
A-34	8014R01	Penalty Recoupment	(1,534,650.88)	(1,534,550.88)	(100.00)	(23,219.31)
A-35	8014R01	Refund Provider Payments	1,261,905.70	1,261,905.70	-	
A-36	8014R01	Refund Other Payee Payments	6,639,997.09	6,639,997.09		190,347.42
A-37	8014R01	Other Payee Payments	12,319.65		12,319.65	1,292.46
A-38	A-20 thru A-37	**Total non-Claims Debits & Credits**	398,686,319.77	392,626,630.73	6,059,689.04	328,308.32
A-39	A-19 + A-38	**Net Disbursements (per FISS Reports)**	2,621,903,644.92	2,288,977,708.08	332,925,936.84	106,756,397.55
A-40	8021R05 + 8021R06	HPSA Payments (Check + EFT)	15,307.00		15,307.00	-
A-41	CA/CB Adjustments	Principle Adjustments (from CA/CB)	-	-	-	-
A-42	A-39 + A-40 + A-41	**Net Disbursements (after adjustments)**	2,621,918,951.92	2,288,977,708.08	332,941,243.84	106,756,397.55
A-43		Check Line- Total Payments = Net Disbursements (per FISS adjusted)	-			

	FISS Report #		Cycle Date	Total	May 2005		Cycle 1
					HI	SMI	05/02/05

Section 500.4 - Total Funds Expended (Net Disbursements and Adjustments to Net Disbursements)

	FISS Report #		Description	Total	HI	SMI	05/02/05
A-44	A-42		*Net Disbursements (after adjustments)*	2,621,918,951.92	2,288,977,708.08	332,941,243.84	106,756,397.55
	Receipts Providers & Beneficiaries						
Deposits - Retroactive Adjustments							
A-45	Contractor Deposits	-	Retroactive Adjustment (In 8042R01 amounts) - Part A	(19,384,072.07)	(19,384,072.07)		(213,217.00)
A-46	Contractor Deposits	-	Retroactive Adjustment (In 8042R01 amounts) - Part B	(4,920,829.47)		(4,920,829.47)	(6,637.00)
Part A - NonRetroactive Adjustment Deposit Items							
A-47	Contractor Deposits	-	Medicare Secondary Payer (MSP) - Part A	(5,033,313.84)	(5,033,313.84)		(159,443.46)
A-48	Contractor Deposits	-	Credit Balance - Part A	-	-		
A-49	Contractor Deposits	-	Voluntary Checks - Part A	(111,599.80)	(111,599.80)		-
A-50	Contractor Deposits	-	Fraud & Abuse - Part A	-	-		-
A-51	Contractor Deposits	-	Claims Accounts Receivable - Part A	-	-		-
A-52	Contractor Deposits	-	Miscellaneous non-Retroactive Adjustments - Part A	(4,651,184.81)	(4,651,184.81)		(841,324.82)
A-53	Contractor Deposits	-	PIP Repayments - Part A	-	-		-
Part B - NonRetroactive Adjustment Deposit Items							
A-54	Contractor Deposits	-	Medicare Secondary Payer (MSP) - Part B	-		-	-
A-55	Contractor Deposits	-	Credit Balance - Part B	-		-	-
A-56	Contractor Deposits	-	Voluntary Checks - Part B	-		-	-
A-57	Contractor Deposits	-	Fraud & Abuse - Part B	-		-	-
A-58	Contractor Deposits	-	Claims Accounts Receivable - Part B	-		-	-
A-59	Contractor Deposits	-	Miscellaneous non-Retroactive Adjustments - Part B	-		-	-
A-60	A-45 thru A-59		*Total Deposits*	(34,100,999.99)	(29,180,170.52)	(4,920,829.47)	(1,220,622.28)
	Other Bank and Check Related Adjustments						
A-61	Bank or Schedule	-	Returned EFTs - Voided - Part A	-	-		-
A-62	Bank or Schedule	-	Returned EFTs - Voided - Part B	-		-	-
A-63	Bank or Schedule	+/-	Other Miscellaneous Debits/Credits - Part A	-	-		-
A-64	Bank or Schedule	+/-	Other Miscellaneous Debits/Credits - Part B	-		-	-
A-65	Bank or Schedule	+/-	Other Financial Adjustments - Part A	-	-		-
A-66	Bank or Schedule	+/-	Other Financial Adjustments - Part B	-		-	-
A-67	Bank or Schedule	+/-	Correction for Prior Month Error - Part A	-	-		-
A-68	Bank or Schedule	+/-	Correction for Prior Month Error - Part B	-		-	-
A-69	8010R01	+	Manual Checks & Wires - Part A	-	-		-
A-70	8010R01	+	Manual Checks & Wires - Part B	-		-	-
A-71	8010R01	+	Manual Check - Transfer to Time Account	-	-	-	-
A-72	8010R01	-	Manual Check - Receipt into Time Account	-	-	-	-
A-73	8010R01	-	Stop Payment Checks - Part A	(390,663.18)	(390,663.18)		-
A-74	8010R01	-	Stop Payment Checks - Part B	-		-	-
A-75	8010R01	-	Voided Checks - Part A	(4,852,569.57)	(4,852,569.57)		-
A-76	8010R01	-	Voided Checks - Part B	-		-	-
A-77	8072R03	-	Stale Dated Checks - Part A	(46,654.74)	(46,654.74)		(421.93)
A-78	8072R03	-	Stale Dated Checks - Part B	-		-	-
A-79	A-61 thru A-78		*Total Other Adjustments*	(5,289,887.49)	(5,289,887.49)	-	(421.93)
A-80	A-60 + A-79		*Total Adjustments to Net Disbursements*	(39,390,887.48)	(34,470,058.01)	(4,920,829.47)	(1,221,044.21)
A-81	A-44 + A-80		*Total Funds Expended*	2,582,528,064.44	2,254,507,650.07	328,020,414.37	105,535,353.34

500.5 -- Reconciliation of Detailed Claims Data File to FISS System Reports

(Rev. 93, Issued: 04-04-06, Effective: 06-01-06, Implementation: 06-01-06)
This section shows the reconciliation of the claims process tape file to the FISS system reports and identifies the transactions used in reconciling those two amounts.

	FISS Report #	Cycle Date	Total	May 2005 HI	May 2005 SMI	Cycle 1 05/02/05
		Section 500.5 - Reconciliation of Claims Processed Tape File to FISS System Reports				
		Paid Claims Tape Summary (Value of Claims)				
B-1	7859R06	Reimbursement - Inpatient Claims	2,299,707,237.37			94,458,706.14
B-2	7859R06	Reimbursement - Outpatient Claims	326,866,250.14			16,190,914.50
B-3	B-1 + B-2	*Net Total Paid Claims*	2,626,573,487.51	2,299,707,237.37	326,866,250.14	110,649,620.64
		FISS Report #MAFD7859R01 - Create Claim File Control Report				
		Claims Records Out/Paid				
B-4	7859R01	Inpatient	2,299,707,237.37	2,299,707,237.37		94,458,706.14
B-5	7859R01	Outpatient	326,866,250.14		326,866,250.14	16,190,914.50
		Claims Records Out/Modified				
B-6	7859R01	Inpatient	-	-		
B-7	7859R01	Outpatient	-		-	
B-8	B-4 + B-6	*Total Inpatient*	2,299,707,237.37	2,299,707,237.37		94,458,706.14
B-9	B-5 + B-7	*Total Outpatient*	326,866,250.14		326,866,250.14	16,190,914.50
B-10	B-8 + B-9	*Total Create Claim File Control Report*	2,626,573,487.51	2,299,707,237.37	326,866,250.14	110,649,620.64
	Basis of HI/SMI Split					
		FISS Report #MAFD8074R01/-2 - Claim Payment Update Report - Inpatient/Outpatient				
		Inpatient				
B-11	8074R01	PIP Reimbursements	425,326,426.95	425,326,426.95		4,465,453.47
B-12	8074R01	Non-PIP Reimbursements (unadjusted/not reallocated)	1,896,345,739.63	1,896,345,739.63		90,236,681.29
B-13	B-11 + B-12	*Total Inpatient*	2,321,672,166.58	2,321,672,166.58		94,702,134.76
		Outpatient				
B-14	8074R02	Non-PIP Reimbursements (unadjusted/not reallocated)	326,866,250.14		326,866,250.14	16,190,914.50
B-15	B-14	*Total Outpatient*	326,866,250.14		326,866,250.14	16,190,914.50
		Subtotals				
B-16	B-11	PIP Reimbursements	425,326,426.95	425,326,426.95		4,465,453.47
B-17	B-12 + B-14	Non-PIP Reimbursements (unadjusted/not reallocated)	2,223,211,989.77	1,896,345,739.63	326,866,250.14	106,427,595.79
B-18	B-16 + B-17	*Subtotal - Before Exclusions*	2,648,538,416.72	2,321,672,166.58	326,866,250.14	110,893,049.26
B-19	8074R01	- Total IME / Outliers (Part A)	(20,603,764.82)	(20,603,764.82)		(238,873.79)
B-20	8074R01	- Total Hemophilia (Part A)	(1,240,649.38)	(1,240,649.38)		-
B-21	8074R01	- Total New Technology (Part A)	(120,515.01)	(120,515.01)		(4,654.83)
B-22	B-18 thru B-21	*Adjusted Total Claim Payment Report*	2,626,573,487.51	2,299,707,237.37	326,866,250.14	110,649,620.64
		Calculated Differences				
B-23	B-3 - B-10					
B-24	B-3 - B-22					
B-25	B-10 - B-22					
		Paid Claims Tape Summary (Number of Claims)				
B-26	7859R06	Number - Inpatient Claims	386,977	386,977		17,157
B-27	7859R06	Number - Outpatient Claims	1,782,159		1,782,159	83,506
B-28	B-26 + B-27	*Net Total Paid Claims*	2,169,136	386,977	1,782,159	100,663
		FISS Report #MAFD7859R01 - Create Claim File Control Report				
		Claims Records Out/Paid				
B-29	7859R01	Inpatient	386,977	386,977		17,157
B-30	7859R01	Outpatient	1,782,158		1,782,158	83,506
		Claims Records Out/Modified				
B-31	7859R01	Inpatient	-	-		
B-32	7859R01	Outpatient	1		1	
B-33	B-29 + B-31	*Total Inpatient*	386,977	386,977		17,157
B-34	B-30 + B-32	*Total Outpatient*	1,782,159		1,782,159	83,506
B-35	B-33 + B-34	*Total Create Claim File Control Report*	2,169,136	386,977	1,782,159	100,663
B-36	B-28 - B-35	**Calculated Difference**	-			

500.6 - Reconciliation of Non-PIP Payments on FISS System Reports

The non-PIP payments are identified on various FISS system reports and this section reconciles those amounts to ensure that the amounts are equal and consistent among those reports. The non-PIP payment amounts are a key amount used in the calculation for Total Funds Expended identified in Section 500.4 above.

	FISS Report #	Cycle Date	Total	May 2005 HI	May 2005 SMI	Cycle 1 05/02/05
		Section 500.6 - Reconciliation of Non-PIP Payments on FISS System Reports				
C-1	B-13 - CA/CB Adjustments	Reimbursements - Inpatient (adjusted)	2,321,672,166.58	2,321,672,166.58		94,702,134.76
C-2	8074R01	- PIP Reimbursements - Inpatient	(425,326,426.95)	(425,326,426.95)		(4,465,453.47)
C-3	8037R01 - 8074R01	- PIP Reimbursements - Reconciling Amount	-	-		-
C-4	C-1 + C-2 + C-3	Non-PIP Reimbursements - Inpatient	1,896,345,739.63	1,896,345,739.63		90,236,681.29
C-5	8074R02 - CA/CB Adjustments	Non-PIP Reimbursements - Outpatient (adjusted)	326,866,250.14		326,866,250.14	16,190,914.50
C-6	C-4 + C-5	**Total Non-PIP Payments (reallocated)**	2,223,211,989.77	1,896,345,739.63	326,866,250.14	106,427,595.79
C-7	8014R01 - CA/CB Adjustments	Claim Payments at 100% (adjusted)	2,223,222,526.42	1,896,345,739.63	326,876,786.79	106,427,721.99
C-8	8014R01	- ESRD Network Reduction	(10,536.65)		(10,536.65)	(126.20)
C-9	8014R01	- Claims Payment Discount	-	-	-	-
C-10	C-7 thru C-9	**Total Non-PIP Payments (reallocated)**	2,223,211,989.77	1,896,345,739.63	326,866,250.14	106,427,595.79
C-11	8037R01 - CA/CB Adjustments	Hospital Insurance (adjusted)	2,321,672,166.58	2,321,672,166.58		94,702,134.76
C-12	8037R01 - CA/CB Adjustments	Supplemental Medical Insurance (adjusted)	326,878,569.79		326,878,569.79	16,192,206.96
C-13	8037R01	- PIP Claims	(425,326,426.95)	(425,326,426.95)		(4,465,453.47)
C-14	8014R01	- Other Payee Payments	(12,319.65)		(12,319.65)	(1,292.46)
C-15	C-11 thru C-14	**Total Non-PIP Payments (reallocated)**	2,223,211,989.77	1,896,345,739.63	326,866,250.14	106,427,595.79
	Differences in non-PIP Payments					
C-16	C-7 less C-11					
C-17	C-7 less C-16					
C-18	C-11 less C-16					

500.7 - Reconciliation of Interest Received and Paid on FISS System Reports

(Rev. 93, Issued: 04-04-06, Effective: 06-01-06, Implementation: 06-01-06)
The interest amount paid or received for overpayment interest or claims timeliness are identified on various FISS system reports and this section reconciles those amounts to identify any differences. Differences in the interest amounts reported on those FISS system reports have been identified since the implementation of CELIP but those differences should be minor. The financial reconciliation uses the most reliable interest amounts from those different reports. Major differences should be researched and corrective action should be taken if those amounts are not minor.

	FISS Report #	Cycle Date	Total	May 2005 HI	May 2005 SMI	Cycle 1 05/02/05
		Section 500.7 - Reconciliation of Interest Received and Paid on FISS System Reports				
		Part A				
D-1	8042R01	Overpayment Interest Recovered	(100,787.80)	(100,787.80)		-
D-2	8042R01	Overpayment Interest Paid	9,198.02	9,198.02		
D-3	D-1 + D-2	Net Overpayment Interest - Part A	(91,589.78)	(91,589.78)		-
D-4	8042R01	Claims Timeliness Interest Recovered (adjusted)	(3,681.78)	(3,681.78)		(140.74)
D-5	8042R01 - CA/CB Adjustments	Claims Timeliness Interest Paid (adjusted)	9,019.44	9,019.44		633.02
D-6	D-4 + D-5	Net Claims Timeliness Interest - Part A	5,337.66	5,337.66		492.28
		Part B				
D-7	8042R01	Overpayment Interest Recovered	(26,889.64)		(26,889.64)	-
D-8	8042R01	Overpayment Interest Paid	(656.86)		(656.86)	-
D-9	D-7 + D-8	Net Overpayment Interest - Part B	(27,546.50)		(27,546.50)	-
D-10	8042R01	Claims Timeliness Interest Recovered (adjusted)	(8,700.72)		(8,700.72)	(1.41)
D-11	8042R01 - CA/CB Adjustments	Claims Timeliness Interest Paid (adjusted)	8,698.38		8,698.38	2.57
D-12	D-10 + D-11	Net Claims Timeliness Interest - Part B	(2.34)		(2.34)	1.16
		Total				
D-13	D-1 + D-7	Overpayment Interest Recovered	(127,677.44)	(100,787.80)	(26,889.64)	-
D-14	D-2 + D-8	Overpayment Interest Paid	8,541.16	9,198.02	(656.86)	-
D-15	D-13 + D-14	Net Overpayment Interest - Total	(119,136.28)	(91,589.78)	(27,546.50)	-
D-16	D-4 + D-10	Claims Timeliness Interest Recovered (adjusted)	(12,382.50)	(3,681.78)	(8,700.72)	(142.15)
D-17	D-5 + D-11	Claims Timeliness Interest Paid (adjusted)	17,717.82	9,019.44	8,698.38	635.59
D-18	D-16 + D-17	Net Claims Timeliness Interest - Total	5,335.32	5,337.66	(2.34)	493.44
		Interest - Claim Payment Update Reports				
D-19	8074R01 - CA/CB Adjustments	Inpatient (adjusted)	5,337.72	5,337.72		492.28
D-20	8074R02 - CA/CB Adjustments	Outpatient (adjusted)	(2.48)		(2.48)	1.16
D-21	D-19 + D-20	Total Claims Timeliness Interest	5,335.24	5,337.72	(2.48)	493.44
D-22	8014R01 - CA/CB Adjustments	Total Claims Timeliness Interest (adjusted)	5,335.38	5,337.72	(2.34)	493.44
		Monthly Benefits Reconciliation Interest				
D-23	8037R02	Interest Received (adjusted)	(12,382.50)	(3,681.78)	(8,700.72)	(142.15)
D-24	8037R02 - CA/CB Adjustments	Interest Paid (adjusted)	17,717.82	9,019.44	8,698.38	635.59
D-25	D-23 + D-24	Total Claims Timeliness Interest	5,335.32	5,337.66	(2.34)	493.44
		Unreconciled Differences Between FISS Reports Due to CELIP Programming Errors				
D-26	D-18 - D-21	Claims Timeliness Interest	0.08	(0.06)	0.14	
D-27	D-18 - D-22	Claims Timeliness Interest	(0.06)	(0.06)	-	
D-28	D-18 - D-25	Claims Timeliness Interest	-	-	-	
D-29	D-21 - D-22	Claims Timeliness Interest	(0.14)	-	(0.14)	
D-30	D-21 - D-25	Claims Timeliness Interest	(0.08)	0.06	(0.14)	
D-31	D-22 - D-25	Claims Timeliness Interest	0.06	0.06	-	

500.8 - Categorization of Total Funds Expended by Category

(Rev. 93, Issued: 04-04-06, Effective: 06-01-06, Implementation: 06-01-06)

This section takes the financial information that was input by the user and allocates those amounts to the various descriptive categories identified on the Form CMS-1522 report. The amounts can generally be used to complete the Form CMS-1522 with little additional effort.

	FISS Report #	Cycle Date	Total	May 2005 HI	May 2005 SMI	Cycle 1 05/02/05
Section 500.8 - Categorization of Total Funds Expended by Category						
E-1	8074R01	PIP Reimbursements (Memo Entry Only)	425,326,426.95	425,326,426.95	-	4,465,453.47
		PIP Payments				
E-2	8014R01	PIP Payments @ 100%	283,789,800.00	283,789,800.00		-
E-3	8014R01	PIP Payment Discount	-	-		-
E-4	Contractor Deposits	PIP Repayments	-	-		-
E-5	E-2 + E-3 + E-4	*Net PIP Payments*	283,789,800.00	283,789,800.00		-
		Released or Suspended Payments				
E-6	8015R01 + 8015R02	Payments Suspended During the Month	(8,269,707.79)	(7,332,274.33)	(937,433.46)	(239,313.46)
E-7	8037R01	Payments Released During the Month	14,211,893.49	12,498,639.47	1,713,254.02	40,755.74
		Retroactive Adjustments				
E-8	8042R01	Part A - Hospital Insurance	19,356,983.45	19,356,983.45		129,238.48
E-9	8042R01	Part B - Supplemental Medical Insurance	(364,129.85)		(364,129.85)	(11,951.42)
E-10	E-8 + E-9	Total Retroactive Adjustments	18,992,853.60	19,356,983.45	(364,129.85)	117,287.06
		Interest Payments				
E-11	8042R01	Net Overpayment Interest	(119,136.28)	(91,589.78)	(27,546.50)	-
E-12	8042R01 - CA/CB Adjustments	Net Claims Timeliness Interest	5,335.38	5,337.72	(2.34)	493.44
		Accelerated Payment				
E-13	8014R01	Payments Made	-	-	-	-
E-14	8014R01	Payments Withholdings	-	-	-	-
		Total Benefits Paid				
E-15	E-19 - E-5 - E-6 - E-7 - E-10 - E-11 - E-12 - E-13 - E-14 - E-16 - E-17	non-PIP Reimbursments	2,217,310,526.04	1,890,533,141.15	326,777,384.89	105,616,130.56
E-16	8014R01	plus: Pass Thru Payments	56,606,500.00	56,606,500.00	-	-
E-17	8014R01	less: Pass Thru Payment Discounts	-	-	-	-
E-18	E-15 + E-16 + E-17	*Total Benefits Paid*	2,273,917,026.04	1,947,139,641.15	326,777,384.89	105,616,130.56
E-19	A-81	**Totals Funds Expended**	2,582,528,064.44	2,254,507,650.07	328,020,414.37	105,535,353.34
		Total Benefits Paid - Part A				
E-20	8042R01	Disabled	282,587,779.52	282,587,779.52		13,902,038.79
E-21	8042R01	Chronic Renal Disease	24,753,777.96	24,753,777.96		1,316,012.85
E-22	8042R01	Premium Paying Enrollees	2,565,139.52	2,565,139.52		111,288.23
E-23	E-24 - E-22 - E-21 - E-20	Aged	1,637,232,944.15	1,637,232,944.15		74,089,169.30
E-24	E-34 - E-29	*Total Benefits Paid*	1,947,139,641.15	1,947,139,641.15		89,418,509.17
		Total Benefits Paid - Part B				
E-25	8042R01	Disabled	60,074,798.66		60,074,798.66	3,132,948.07
E-26	8042R01	Chronic Renal Disease	4,898,967.55		4,898,967.55	204,674.37
E-27	8042R01	Premium Paying Enrollees	4,494,621.71		4,494,621.71	228,268.01
E-28	E-29 - E-27 - E-26 - E-25	Aged	257,308,996.97		257,308,996.97	12,631,730.94
E-29	8014R01 + Contractor Deposits + Bank or Schedules + 8010R01 + 8072R03 + Contractor Determinations	*Total Benefits Paid*	326,777,384.89		326,777,384.89	16,197,621.39
		Total Benefits Paid				
E-30	E-20 + E-25	Disabled	342,662,578.18	282,587,779.52	60,074,798.66	17,034,986.86
E-31	E-21 + E-26	Chronic Renal Disease	29,652,745.51	24,753,777.96	4,898,967.55	1,520,687.22
E-32	E-22 + E-27	Premium Paying Enrollees	7,059,761.23	2,565,139.52	4,494,621.71	339,556.24
E-33	E-34 - E-32 - E-31 - E-30	Aged	1,894,541,941.12	1,637,232,944.15	257,308,996.97	86,720,900.24
E-34	E-18	*Total Benefits Paid*	2,273,917,026.04	1,947,139,641.15	326,777,384.89	105,616,130.56

Section 500.8 - Categorization of Total Funds Expended by Category

	FISS Report #	Cycle Date	Total	HI	SMI	05/02/05
		Itemization of Retroactive Adjustments - Part A				
E-35	8042R01	Lump Sum Interim Payments	2,432,317.37	2,432,317.37		(121,914.03)
E-36	8042R01	Tentative Settlements	227,128.35	227,128.35		(16,180.00)
E-37	8042R01	Post Audit Settlement	16,697,537.73	16,697,537.73		267,332.51
E-38	E-35 + E-36 + E-37	*Total*	19,356,983.45	19,356,983.45		129,238.48
		Itemization of Retroactive Adjustments - Part B				
E-39	8042R01	Lump Sum Interim Payments	2,174,523.45		2,174,523.45	(16,500.00)
E-40	8042R01	Tentative Settlements	(2,977,254.31)		(2,977,254.31)	(6,637.00)
E-41	8042R01	Post Audit Settlement	438,601.01		438,601.01	11,185.58
E-42	E-39 + E-40 + E-41	*Total*	(364,129.85)		(364,129.85)	(11,951.42)
		Itemization of Retroactive Adjustments - Total				
E-43	E-35 + E-39	Lump Sum Interim Payments	4,606,840.82	2,432,317.37	2,174,523.45	(138,414.03)
E-44	E-36 + E-40	Tentative Settlements	(2,750,125.96)	227,128.35	(2,977,254.31)	(22,817.00)
E-45	E-37 + E-41	Post Audit Settlement	17,136,138.74	16,697,537.73	438,601.01	278,518.09
E-46	E-43 thru E-45	*Total*	18,992,853.60	19,356,983.45	(364,129.85)	117,287.06
	Source of Benefit	**Retroactive Adjustments - Part A**				
E-47	8042R01	Credit Adjustments	(32,064,405.91)	(32,064,405.91)		(276,525.52)
E-48	8042R01	Supplemental Payments	51,421,389.36	51,421,389.36		405,764.00
E-49	E-47 + E-48	*Total*	19,356,983.45	19,356,983.45		129,238.48
		Retroactive Adjustments - Part B				
E-50	8042R01	Credit Adjustments	(12,119,743.95)		(12,119,743.95)	(36,958.42)
E-51	8042R01	Supplemental Payments	11,755,614.10		11,755,614.10	25,007.00
E-52	E-50 + E-51	*Total*	(364,129.85)		(364,129.85)	(11,951.42)
		Retroactive Adjustments - Total				
E-53	E-47 + E-50	Credit Adjustments	(44,184,149.86)	(32,064,405.91)	(12,119,743.95)	(313,483.94)
E-54	E-48 + E-51	Supplemental Payments	63,177,003.46	51,421,389.36	11,755,614.10	430,771.00
E-55	E-53 + E-54	*Total*	18,992,853.60	19,356,983.45	(364,129.85)	117,287.06
E-56	E-10 - E-46	*Differences*		-		
E-57	E-10 - E-55	*Differences*		-	(0.00)	
E-58	E-46 - E-55	*Differences*		-	(0.00)	
	Reconciliation of Total Fund Expended to IBPR					
E-59	18-1	Total IBPR Payments	2,597,614,051.00	2,269,593,636.55	328,020,414.45	106,536,544.00
E-60	16-3 + 16-10	Medicare Secondary Payer Cash Recoveries	(5,033,313.84)	(5,033,313.84)	-	(159,443.46)
		Other Recoveries, Indentify:				
E-61	16-4 + 16-11	Credit Balance	-	-	-	-
E-62	16-5 + 16-12	Voluntary Checks	(111,599.80)	(111,599.80)	-	-
E-63	16-6 + 16-13	Fraud & Abuse	-	-	-	-
E-64	16-7 + 16-14	Claims Accounts Receivable	-	-	-	-
		Other Items, Identify:				
E-64	6-11	Manual Payments	-	-	-	
E-65	17-13 to 17-18	Stop Payment, Voided, or Stale Dated Checks	(5,289,887.49)	(5,289,887.49)	-	(421.93)
E-66	16-8 + 16-15	Miscellaneous Refunds	(4,651,184.81)	(4,651,184.81)	-	(841,324.82)
E-67	E-59 thru E-66	*Total Adjusted IBPR Payments*	2,582,528,065.06	2,254,507,650.61	328,020,414.45	105,535,353.79
E-68	E-69 - E-67	*Rounding*	(0.62)	(0.54)	(0.08)	(0.45)
E-69	A-81	*Total Funds Expended - CMS Form 1522*	2,582,528,064.44	2,254,507,650.07	328,020,414.37	105,535,353.34