

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-06 Medicare Financial Management</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 115</b>	<b>Date: JANUARY 26, 2007</b>
	<b>Change Request 5451</b>

**SUBJECT: Clarification of the Protocol for Estimating Allowance for Uncollectible Accounts Form CMS-H/M751A/B, Status of Accounts Receivable.**

**I. SUMMARY OF CHANGES:** This instruction updates the point of contact personnel and clarifies existing notes on the options available for the contractor to estimate the interest allowance amount.

**NEW / REVISED MATERIAL**

**EFFECTIVE DATE: \*April 1, 2007**

**IMPLEMENTATION DATE: April 2, 2007**

*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.

<b>R/N/D</b>	<b>Chapter / Section / Subsection / Title</b>
<b>R</b>	5/400.14/Exhibit 14 - Protocol for Estimating Allowance for Uncollectible Accounts Forms CMS-H/M751A/B, Status of Accounts Receivable

**III. FUNDING:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

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



Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B  M A C	D M M A C	F I  M A C	C A R E R	D M R R I	R E H I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F			
5451.5	Contractors shall submit a hard copy of the matrix to OFM/AMG/Director of Division of Financial Reporting and Policy	x	x	x	x	x							Higlas

### III. PROVIDER EDUCATION TABLE

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

### IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	None

B. For all other recommendations and supporting information, use the space below:

### V. CONTACTS

**Pre-Implementation Contact(s):** Aliza Kim 410-786-7576, [Aliza.Kim@cms.hhs.gov](mailto:Aliza.Kim@cms.hhs.gov)  
Floyd Epps 410-786-1952, [Floyd.Epps@cms.hhs.gov](mailto:Floyd.Epps@cms.hhs.gov)

**Post-Implementation Contact(s):** Aliza Kim 410-786-7576, [Aliza.Kim@cms.hhs.gov](mailto:Aliza.Kim@cms.hhs.gov)

## **VI. FUNDING**

### **A. For TITLE XVIII Contractors, use only one of the following statements:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

### **B. For Medicare Administrative Contractors (MAC), use only one of the following statements:**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.

## **400.14 - Exhibit 14 - Protocol for Estimating Allowance for Uncollectible Accounts Forms CMS-H/M751A/B, Status of Accounts Receivable**

*(Rev. 115, Issued: 01-24-07; Effective Date: 04-01-07; Implementation Date: 04-02-07)*

The Federal Accounting Standards Advisory Board (FASAB) recommends through Statement of Federal Financial Accounting Standard Number 1 (Paragraphs 44&45) that losses on receivables should be recognized when it is more likely than not that the receivables will not be totally collected. The phrase "more likely than not" means more than a 50 percent chance of loss occurrence. An allowance for estimated uncollectible amounts should be recognized to reduce the gross amount of receivables to its net realizable value. The allowance for uncollectible amounts should be re-estimated on each annual financial reporting date (at a minimum) and when information indicates that the latest estimate is no longer correct. These losses should be measured through a systematic methodology. The systematic methodology should be based on analysis of both individual accounts and a group of accounts as a whole.

Accounts that represent significant amounts, i.e., greater than \$1 million, should be individually analyzed to determine the loss allowance. Loss estimation for individual accounts should be based on (a) the debtor's ability to pay, (b) the debtor's payment record and willingness to pay, and (c) the probable recovery of amounts from secondary sources, including liens, garnishments, cross collections and other applicable collection tools.

The entire allowance for losses generally cannot be based solely on the results of individual account analysis. In many cases, information may not be available to make a reliable assessment of losses on an individual account basis or the nature of the receivables may not lend itself to individual account analysis. In these cases, potential losses should be assessed on a group basis.

CMS has implemented FASAB's recommendations and has developed this protocol for Medicare contractors to follow for estimating the allowance for uncollectible accounts. The following section outlines this methodology.

### **Protocol for Estimating Allowance for Uncollectible Accounts**

Medicare contractors must recognize on Line 8, Allowance for Uncollectible Accounts, on Forms CMS-H/M751A/B, an estimated amount for uncollectible debt in order to reduce the gross amount of receivables to its net realizable value. Medicare contractors must re-estimate the allowance for uncollectible amounts on March 31 and September 30 of each FY and when information indicates that the latest estimate is no longer correct.

Medicare contractors must measure potential losses due to uncollectible amounts through a systematic method. This systematic method must be based on an analysis. The analysis requires that receivables be further stratified into sub-groups (i.e., Cost Report Settlement Activity, Claims Accounts Receivable, Credit Balances, Group Health Plan (GHP) MSP, Liability MSP and Other Accounts Receivables). The subgroups are somewhat different for Group 1 - Fiscal Intermediaries, as compared to Group 2 - Carriers.

### **Group 1 (Fiscal Intermediaries)**

#### Sub-Group 1

1. Cost Report Settlements Activity (Non MSP)
2. Claims Accounts Receivable, Credit Balances & Other Accounts Receivables (Non-MSP)

#### Sub-Group 2

1. Group Health Plan (Data Match/Non Data Match) MSP
2. Liability MSP

For Group 1, Subgroup 1, fiscal intermediaries must perform the following steps to calculate and validate the allowance for uncollectible accounts.

1. Calculate the allowance based on the historical collection percentage (see detailed instructions below) for Non-MSP as a whole.
2. Individual Account Analyses: For cost report settlement activity only, fiscal intermediaries will identify and total those provider debts that meet certain risk characteristics (i.e., bankruptcy, terminations, poor collection history, no collection activity for 6 months or more). These will be considered risk accounts, and the fiscal intermediary should total all risk accounts identified through this analysis.
3. Compute the total delinquencies exceeding 180 days (Section B of Forms CMS H/M751A/B "Delinquent Receivables").
4. Compare the three estimated amounts calculated in Steps 1, 2 & 3 and identify the amount that ensures that the net receivable is reported at its realizable value.

For Group 1, Subgroup 2, the fiscal intermediary must perform the following steps to calculate and validate the allowance for uncollectible accounts.

1. Calculate the allowance based on the historical collection percentage (see detailed instructions below) for MSP as a whole.
2. Compute the total delinquencies exceeding 180 days (Section B of Forms CMS-H/M751A/B "Delinquent Receivables").

3. Compare the two estimated amounts calculated in Steps 1 & 2 and identify the amount that ensures that the net receivable is reported at its realizable value.

### **Historical Collection Percentage Calculation**

A - Determine Total Receivables Eligible for Collection. (Using Forms CMS H/M751A/B)

***Required Formula:***

Beginning Balance	(Line 1)
Plus: New Receivables	(Line 2a)
Plus/Less: Adjusted Amounts (plus if positive number less if negative number)	(Line 5a)
Plus: Transfers In from other Medicare Contractors	(Line 5b)
Plus: Transfers In from other CMS locations, POR & Not POR	(Lines 5d & 5f)
Plus: Transfers In from CNC	(Lines 6b)
Less: Transfers Out to other Medicare Contractors	(Line 5c)
Less: Transfers Out to other CMS locations, POR & Not POR	(Lines 5e & 5g)
Less: Waivers & Amounts Written Off (Bad Debts)	(Lines 5h & 6a)
Less: Transfers Out to CNC	(Line 6c)
Equals: Total Receivables Available to be Collected	

B - Determine Rate of Collections

Line 4a, Cash/Check Collections plus Line 4b, Offsets Collection plus Line 4c, Collections Deposited At Another Location divided by Total Receivables Available to be Collected (number calculated from Step A) multiplied times 100 determines the rate of collections percentage.

C - Determine the Allowance Rate

1.00 minus the percentage determined from Step B, equals the allowance rate

D - Average the Percentage Calculated in Step C with a 5-year Historical Allowance Rate (if available, if not available, maintain statistical data to develop historical rate, and proceed to Step E).

E - Calculate the Allowance

Multiply the allowance rate from Step C or Step D by the sum of Line 7, Ending Balance less Line 2b, Accrued Receivables.

**Group 2 (Carriers)**

Sub-Group 1

1. Claims Accounts Receivable, Credit Balances & Other Accounts Receivables (Non-MSP)

Sub-Group 2

1. Group Health Plan (Data Match/Non Data Match) MSP
2. Liability MSP

For Group 2, Subgroup 1, the carrier must perform *the* following steps to calculate and validate the allowance for uncollectible accounts.

1. Calculate the allowance based on the historical collection percentage (see detailed instructions below) for Non-MSP as a whole.
2. Compute the total delinquencies exceeding 180 days (Section B of Forms CMS-H/M751B "Delinquent Receivables").
3. Compare the two estimated amounts calculated in Steps 1 & 2 and identify the amount that ensures that the net receivable is reported at its realizable value.

For Group 2, Subgroup 2, the carrier must perform the following steps to calculate and validate the allowance for uncollectible accounts.

1. Calculate the allowance based on the historical collection percentage (see detailed instructions below) for MSP as a whole.

2. Compute the total delinquencies exceeding 180 days (Section B of Forms CMS-H/M751B "Delinquent Receivables").
3. Compare the two estimated amounts calculated in Steps 1 & 2 and identify the amount that ensures that the net receivable is reported at its realizable value.

### **Historical Collection Percentage Calculation**

A. Determine Total Receivables Eligible for Collection. (Using Forms CMS-H/M751B)

#### **Required Formula:**

Beginning Balance	(Line 1)
Plus: New Receivables	(Line 2a)
Plus/Less: Adjusted Amounts (plus if positive number less if negative number)	(Line 5a)
Plus: Transfers In from other Medicare Contractors	(Line 5b)
Plus: Transfers In from other CMS locations, POR & Not POR	(Lines 5d & 5f)
Plus: Transfers In from CNC	(Line 6b)
Less: Transfers Out to other Medicare Contractors	(Line 5c)
Less: Transfers Out to other CMS locations, POR & Not POR	(Line 5e & 5g)
Less: Waivers & Amounts Written Off (Bad Debts)	(Line 5h & 6a)
Less: Transfers Out to CNC	(Line 6c)

Equals: Total Receivables Available to be Collected

## B. Determine Rate of Collections

Line 4a, Cash/Check Collections plus Line 4b, Offsets Collections plus Line 4c, Collections Deposited At Another Location divided by Total Receivables Available to be Collected (number calculated from Step A) multiplied times 100 determines the rate of collections percentage.

## C. Determine the Allowance Rate.

1.00 minus the percentage determined from Step B, equals the allowance rate

D. Average the percentage calculated in Step C with a 5-year historical allowance rate (if available, if not available, maintain statistical data to develop historical rate, and go proceed to Step E).

## E. Calculate the Allowance

Multiply the allowance rate from Step C or Step D (Group 2, Carriers Section) by Line 7, Ending Balance.

Medicare contractors are required to compare the results of the estimated allowance based on the protocol and report on Line 8, Allowance for Uncollectible Accounts, **the amount that ensures that the net receivable is reported at its realizable value.** The Medicare contractors are required to maintain supporting documentation that includes the assumptions used to calculate the allowance amount reported on Forms CMS H/M751A/B. The documentation must be available for review by CMS, OIG, GAO or other parties as required.

**Note:** Medicare contractors *may* apply the same method of results of the principal comparison (Col. D, Example 400.14.3) to estimate the **interest** allowance amount (Col. E, Example 400.14.3) to be reported on Line 8, Allowance for Uncollectible Accounts, of the Forms CMS H/M 751A/B. For example, the method of results for the Non-MSP principal is delinquencies exceeding 180 days. The *Medicare contractor has the option to report* on the allowance matrix for interest (Sub-Group 1, Col. E) *the amount* equal to the delinquencies exceeding 180 days from the interest column on Form CMS 751. The method of results for the MSP principal is the historical collection percentage. The *Medicare contractor has the option to report* on the allowance matrix for interest (Sub-Group 2, Col. E) *the amount* equal to the **same percentage calculated** for MSP principal, multiplied by Line 7, ending balance from the interest column on Form CMS 751. *The method selected by the Medicare contractor used to estimate the interest allowance shall ensure that the net interest receivable is reported at its realizable value.*

Each Medicare contractor must complete the Allowance for Uncollectible Accounts Matrix (Attachment I or Attachment II) for the periods ending March 31 and September 30 of each year. The accounts matrix is to be mailed to CMS CO. The March 31

Allowance for Uncollectible Accounts Matrix is due on April 21 and the September 30 Allowance for Uncollectible Accounts matrix is due on October 21. The Medicare contractor must submit a separate Allowance for Uncollectible Accounts Matrix for each Form CMS 751 (i.e. H751A, H751B of A, H751B and H751B-DMERC).

Please submit your matrix(s) via email to [ALLOWMATRIX@cms.hhs.gov](mailto:ALLOWMATRIX@cms.hhs.gov) as well as a hard copy to the following address:

Centers for Medicare & Medicaid Services  
Division of Financial *Reporting and Policy*  
Attention: *Director of DFRP*  
Mail Stop: N3-11-17  
7500 Security Boulevard  
Baltimore, Maryland 21244

**Status of Accounts Receivable  
Hospital Insurance (HI)  
As of March 31, 2003**

<b>Section A: Outstanding Receivables</b>		H751 Principal	Non-MSP Principal	M751 Principal
1.	Beginning FY Balance	329,345,200	188,945,200	140,400,000
2a.	New Receivables	80,050,600	57,500,600	22,550,000
2b.	Accrued Receivables	40,455,000	40,455,000	0
3.	Interest Earned	-	-	-
4a.	Cash/Check Collections	(218,697,200)	(202,697,200)	(16,000,000)
4b.	Offset Collections	(424,000)	(424,000)	0
4c.	Collections Deposited at another Location	(50,000)	(50,000)	0
5a.	Adjusted Amounts		-	
	Internal Adjustments	(4,409,000)	(2,319,000)	(2,090,000)
	Auditor/Consultant Adjustments	(5,617,400)	(5,617,400)	0
5b.	Transfers In from other Medicare Contractors	10,242,000	10,242,000	0
5c.	Transfers Out to other Medicare Contractors	(160,000)	-	(160,000)
5d.	Transfers In from other CMS Locations, POR	304,000	304,000	0
5e.	Transfers Out to other CMS locations, POR	(247,600)	(247,600)	0
5f.	Transfers In from other CMS Locations, Not POR	126,000	126,000	0
5g.	Transfers Out to other CMS Locations, Not POR	(150,000)	(150,000)	0
5h.	Waivers	(292,000)	-	(292,000)
6a.	Amounts Written-off (Bad Debts)	(536,000)	-	(536,000)
6b.	Transfers In from CNC	-	-	0
6c.	Transfers Out to CNC	(106,420,000)	(2,089,600)	(104,330,400)
7.	<b>Ending Balance</b>	<b>123,519,600</b>	<b>83,978,000</b>	<b>39,541,600</b>
	a. Current	92,639,700	62,983,500	29,656,200
	b. Non-current	30,879,900	20,994,500	9,885,400
8.	<b>Allowance for Uncollectible Accounts</b>	<b>(49,745,910)</b>	<b>(29,327,200)</b>	<b>(20,418,710)</b>
9.	<b>Total Receivables Net of Allowance</b>	<b>73,773,690</b>	<b>54,650,800</b>	<b>19,122,890</b>
10.	Cash/Offsets Received for Receivables at Another Location	-		
<b>Section B: Delinquent Receivables</b>		H751 Principal	Non-MSP Principal	M751 Principal
1.	Total Not Delinquent	239,000	186,000	53,000
2.	Total Delinquent	123,280,600	83,792,000	39,488,600
	(a) 1-30 days	6,150,302	4,182,736	1,967,566
	(b) 31-60 days	20,341,299	13,825,680	6,515,619
	(c) 61-90 days	23,976,069	16,346,304	7,629,765
	(d) 91-180 days	29,511,844	20,110,080	9,401,764
	<b>(e) 181-365 days</b>	<b>12,316,710</b>	<b>8,371,915</b>	<b>3,944,795</b>
	<b>(f) 1-2 years</b>	<b>30,797,413</b>	<b>20,940,700</b>	<b>9,856,713</b>
	<b>(g) 2-6 years</b>	<b>86,850</b>	<b>7,285</b>	<b>79,565</b>
	<b>(h) 6-10 years</b>	<b>15,113</b>	<b>3,200</b>	<b>11,913</b>
	<b>(l) over 10 years</b>	<b>85,000</b>	<b>4,100</b>	<b>80,900</b>

Allowance for Uncollectible Accounts

**Historical Collection Percentage Calculation**

	H751A Principal	Non-MSP Principal	M751A Principal
<b>A. Determine Total Receivable Eligible for Collection</b>			
1. Beginning FY Balance	329,345,200	188,945,200	140,400,000
2a. New Receivables	80,050,600	57,500,600	22,550,000
5a. Adjusted Amounts			
Internal Adjustments	(4,409,000)	(2,319,000)	(2,090,000)
Auditor/Consultant Adjustments	(5,617,400)	(5,617,400)	-
5b. Transfers In from other Medicare Contractors	10,242,000	10,242,000	-
5c. Transfers Out to other Medicare Contractors	(160,000)	-	(160,000)
5d. Transfers In from other HCFA Locations, POR	304,000	304,000	-
5e. Transfers Out to other HCFA locations, POR	(247,600)	(247,600)	-
5f. Transfers In from other HCFA Locations, Not POR	126,000	126,000	-
5g. Transfers Out to other HCFA Locations, Not POR	(150,000)	(150,000)	-
5h. Waivers	(292,000)	-	(292,000)
6a. Amounts Written-off (Bad Debts)	(536,000)	-	(536,000)
6b. Transfers In from CNC	-	-	-
6c. Transfers Out to CNC	(106,420,000)	(2,089,600)	(104,330,400)
<b>Total Receivables Available to be Collected</b>	<b>302,235,800</b>	<b>246,694,200</b>	<b>55,541,600</b>
<b>B. Determine Rate of Collections</b>			
4a. Cash/Check Collections	218,697,200	202,697,200	16,000,000
4b. Offset Collections	424,000	424,000	-
4c. Collections Deposited at another Location	50,000	50,000	-
Total Collections	219,171,200	203,171,200	16,000,000
<b>Rate of Collections (Total Collections divided by Adjusted Total Eligible for Collection)</b> [ 203,171,200 / 246,694,200 = .82 or 82%]	<b>N/A</b>	<b>82%</b>	<b>29%</b>
<b>C. Determine Allowance Rate</b>			
<b>1.00 minus (-) the percentage determined for Step B</b> [1.00 - Rate of Collections (1.00 - 0.82 = 0.18 or 18%)]	<b>N/A</b>	<b>18%</b>	<b>71%</b>
<b>D. 5-year Average (if available)</b>			
<b>(.50+.46+.48+.43+ Allowance Rate from Step C)/5 =</b>	<b>N/A</b>	<b>41%</b>	<b>52%</b>
FY 99 = 50%			
FY 00 = 46%			
FY 01 = 48%			
FY 02 = 43%			
FY 3/03 =			
<b>E. Calculate the Allowance</b>			
Multiply the ending balance less PIP accrual (Line 7 - PIP accrual) by the allowance rate (Step C or Step D)			
7. Ending Balance	123,519,600	83,978,000	39,541,600
2b. (Less) Accrued Receivables-(PIP Accrual Only)	(40,455,000)	(40,455,000)	-
Adjusted Ending Balance	83,064,600	43,523,000	39,541,600
<b>Allowance for Uncollectible Accounts</b>	<b>38,232,020</b>	<b>17,813,310</b>	<b>20,418,710</b>



**Status of Accounts Receivable  
Hospital Insurance (HI)  
As of March 31, 2003**

**Systematic Analysis Comparison**

	<b>H751A</b>	<b>Non-MSP</b>	<b>MSP</b>
<b>Historical Collection %</b>	<u>38,232,020</u>	<u>17,813,310</u>	<u>20,418,710</u>
<b>Individual Account Analysis</b>	<u>15,000,800</u>	<u>15,000,800</u>	<u>-</u>
<b>Delinquencies Exceeding 180 days</b>	<u>43,301,086</u>	<u>29,327,200</u>	<u>13,973,886</u>

**400.14 - Exhibit 14 - Protocol for Estimating Allowance for Uncollectible Accounts**

**Attachment I - Fiscal Intermediary**

**Allowance for Uncollectible Accounts Matrix**

<b>Group 1</b>	<b>Col. A</b>	<b>Col. B</b>	<b>Col. C</b>	<b>Col. D</b>	<b>Col. E</b>	
	Historical Collection % Total	Individual Account Analysis Total	Delinquencies Exceeding 180 Days Total	Estimated Allowance for Uncollectible A/R	Estimated Allowance for Uncollectible A/R <b>(Interest Only)</b>	Justification for amount reported on Line 8
<b>Sub-Group 1 (Non-MSP)</b> Cost Report Settlements, Claims A/R, Credit Balance & Other Accounts Receivables	17,813,310	15,000,800	29,327,200	29,327,200	4,768,143	See Attached Workpapers
<b>Sub-Group 2 (MSP)</b> Group Health Plan (Data-Match & Non-Data Match), Liability	20,418,710		13,973,886	20,418,710	3,319,762	See Attached Workpapers <b>(Amount reported on M751A/B)</b>
<b>Total</b>	<u>38,232,020</u>	<u>15,000,800</u>	<u>43,301,086</u>	<u>49,745,910</u>	<u>8,087,905</u>	<b>Amount Reported on H751A</b>

Each Medicare contractor will be required to complete the allowance for uncollectible account matrix on **March 31** and **September 30** of each year. In addition, this matrix is to be mailed to CMS CO. Supporting documentation must include assumptions used to calculate the allowance for uncollectible accounts and should be available for review by CMS, OIG, GAO or other parties as required. The matrix must be submitted to the following address/email (provided above) on **April 21** and **October 21**. If these dates occur on a holiday or weekend, the matrix is due the following Federal workday.

**400.14 - Exhibit 14 - Protocol for Estimating Allowance for Uncollectible Accounts**

**Attachment I - Fiscal Intermediary**

**Allowance for Uncollectible Accounts Matrix**

<b>Group 1</b>	<b>Col. A</b>	<b>Col. B</b>	<b>Col. C</b>	<b>Col. D</b>	<b>Col. E</b>	
	Historical Collection % Total	Individual Account Analysis Total	Delinquencies Exceeding 180 Days Total	Estimated Allowance for Uncollectible A/R	Estimated Allowance for Uncollectible A/R <b>(Interest Only)</b>	Justification for amount reported on Line 8
<b>Sub-Group 1 (Non-MSP)</b> Cost Report Settlements, Claims A/R, Credit Balance & Other Accounts Receivables						See Attached Workpapers
<b>Sub-Group 2 (MSP)</b> Group Health Plan (Data-Match & Non-Data Match), Liability						See Attached Workpapers <b>(Amount reported on M751A/B)</b>

**Total**

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**Amount Reported on H751A/B**

Each Medicare contractor will be required to complete the allowance for uncollectible account matrix on **March 31** and **September 30** of each year. In addition, this matrix is to be mailed to CMS CO. Supporting documentation must include assumptions used to calculate the allowance for uncollectible accounts and should be available for review by CMS, OIG, GAO or other parties as required. The matrix must be submitted to the following address/email (provided above) on **April 21** and **October 21**. If these dates occur on a holiday or weekend, the matrix is due the following Federal workday.

400.14 - Exhibit 14 - Protocol for Estimating Allowance for Uncollectible Accounts

Attachment II - Carrier

**Allowance for Uncollectible Accounts Matrix**

<b>Group 2</b>	<b>Col. A</b>	<b>Col. B</b>	<b>Col. C</b>	<b>Col. D</b>	<b>Col. E</b>	
	Historical Collection % Total	Individual Account Analysis Total	Delinquencies Exceeding 180 Days Total	Estimated Allowance for Uncollectible A/R	Estimated Allowance for Uncollectible A/R <b>(Interest Only)</b>	Justification for amount reported on Line 8
<b>Sub-Group 1 (Non-MSP)</b> Claims A/R, Credit Balance & Other Accounts Receivables						See Attached Workpapers
<b>Sub-Group 2 (MSP)</b> Group Health Plan (Data-Match & Non-Data Match), Liability						See Attached Workpapers <b>(Amount reported on M751A/B)</b>

**Total** \_\_\_\_\_ **Amount Reported on H751B**

Each Medicare contractor will be required to complete the allowance for uncollectible account matrix on **March 31** and **September 30** of each year. In addition, this matrix is to be mailed to CMS CO. Supporting documentation must include assumptions used to calculate the allowance for uncollectible accounts and should be available for review by CMS, OIG, GAO or other parties as required. The matrix must be submitted to the following address/email (provided above) on **April 21** and **October 21**. If these dates occur on a holiday or weekend, the matrix is due the following Federal workday.