

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	Centers for Medicare & Medicaid Services (CMS)
Transmittal 188	Date: April 22, 2011
	Change Request 7291

NOTE to Contractors: Transmittal 185, dated March 4, 2011, is being rescinded and replaced by Transmittal 188, dated April 22, 2011, to change the effective and implementation dates. All other material remains the same.

SUBJECT: Modify CROWD Form K to allow for the submission of additional Medicare Secondary Payer (MSP) savings information.

I. SUMMARY OF CHANGES: The purpose of this CR is to edit/update the CROWD manual (Pub. 100-06 Chapter 6) to reflect the new MSP savings report protocol for Part B Medicare contractors as detailed in Pub. 100-05 Chapter 5 Section 60 (Reference: CR 7265).

EFFECTIVE DATE: July 1, 2011 for MCS and October 1, 2011 for VMS

IMPLEMENTATION DATE: July 5, 2011 for MCS and October 3, 2011 for VMS

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	6/80.1/General
R	6/440.1/General

III. FUNDING:

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

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

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to

be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

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

Attachment - Business Requirements

Pub. 100-06	Transmittal:188	Date: April 22, 2011	Change Request: 7291
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SUBJECT: Modify CROWD Form K to allow for the submission of additional Medicare Secondary Payer (MSP) savings information

EFFECTIVE DATE: July 1, 2011 for MCS and October 1, 2011 for VMS

IMPLEMENTATION DATE: July 5, 2011 for MCS and October 3, 2011 for VMS

I. GENERAL INFORMATION

A. Background:

The Contractor Reporting of Operational and Workload Data (CROWD) (Pub. 100-06, Chapter 6) is being updated to reflect the new MSP savings report protocol for Part B Medicare contractors as detailed in Pub. 100-05, Chapter 5, Section 60.

B. Policy:

The CROWD system collects and reports on operational and Contractor workload data. The Medicare contractors submit to CROWD, on a monthly, quarterly or annual basis, workload data, such as the number of claims received, number of claims processed, appeals reviewed, inquiry responses, etc. The system contains workload-reporting capabilities that allow the data to be used for estimating budgets, defining operating problems and determining regional and national workload trends. CROWD provides CMS with a way to monitor each Medicare contractor's performance in processing claims and paying bills and metrics that help CMS staff determine how effectively the contractors are administering the program.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I	C A R I E R	R H H I	Shared-System Maintainers				OTHE R
						F I S S	M C S	V M S	C W F		
7291.1	Effective July 1, 2011, for MCS, and October 1, 2011 for VMS, CROWD will be modified to allow for the submission of additional MSP savings as outlined in Publication 100-05, Chapter 5, Section 60.										CRO WD
7291.2	Effective July 1, 2011 for MCS, and October 1, 2011 for VMS, Medicare contractors shall submit CROWD Form K using the format as outlined in Publication 100-05,	X	X		X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHE R
		M A C	M A C				F I S S	M C S	V M S	C W F	
	Chapter 5, Section 60.										

III. PROVIDER EDUCATION TABLE

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

IV. SUPPORTING INFORMATION

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

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

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

V. CONTACTS

Pre-Implementation Contact(s): Ken Frank kenneth.frank@cms.hhs.gov (410.786.5659)

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

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

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

Section B: *For Medicare Administrative Contractors (MACs):*

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

80.1 - General

(Rev.188, Issued: 04-22-11, Effective: 07-01-11, Implementation: 07-05-11)

NOTE: For MSP reporting effective April 2005, refer to the manual instructions located within Publication 100-05, Chapter 5, Section 60 (MSP Reports).

Each month the intermediary electronically transmits to CO a Monthly Intermediary Report on Medicare Secondary Payer Savings (CMS-1563) via the IBM PC. It continues to use existing dialup instructions and the RLINK software sent to it. (See §80.9). Hardcopy reports are not required. It transmits a separate report for each office assigned a separate intermediary number and also, for each State for which it have been designated the servicing intermediary for one or more providers. It is not required to complete an individual State report for those States in which it has had no MSP activity during the month (reports that would show zeros in every category, including pending).

440.1 - General

(Rev. 188, Issued: 04-22-11, Effective: 07-01-11, Implementation: 07-05-11)

NOTE: For MSP reporting effective July 2011 for carriers/Part B MACs and October 2011 for DME MACs, refer to the manual instructions located within Publication 100-05, Chapter 5, Section 60 (MSP Reports).

Each month the carrier electronically transmits to CO a Monthly Report on Medicare Secondary Payer Savings (CMS-1564) via the IBM PC. It continues to use existing dialup instructions and the RLINK software sent to it. (See §440.9). Hard copy reports are not required. It transmits a separate report for each office assigned a separate carrier number. When its service area covers more than one State, however, it transmits a separate report for each State even though it has been assigned only one number. It is not required to complete an individual State report for those States in which it has had no MSP activity during the month (reports that would show zeros in every cell, including pending).