

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification Transmittal Sheet	Centers for Medicare & Medicaid Services (CMS)
Transmittal 262	Date: JANUARY 26, 2007
	Change Request 5507

Subject: Invalid Managed Care Informational Unsolicited Responses (MCIURs) from CWF

I. SUMMARY OF CHANGES: CMS has identified an issue with some MCIURs that were generated by CWF during the week of December 17, 2006 because of erroneous Managed Care enrollment data that was applied to some of the CWF eligibility files. This erroneous data subsequently caused a large number of claims to reject incorrectly and recovery is necessary. CMS is diligently working with the CWF maintainer to identify all invalid IURs and will be providing reports to all of the contractors listing the Health Insurance Claim (HIC) numbers, claim control numbers, contractor number, date of service, and type of bill. These reports shall be saved for audits that may occur in the future..

New / Revised Material

Effective Date: January 26, 2007

Implementation Date: April 26, 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.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

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:

One-Time Notification

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

Attachment – One-Time Notification

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SUBJECT: Invalid Managed Care Informational Unsolicited Responses (MCIURs) from CWF

Effective Date: January 26, 2007

Implementation Date: April 26, 2007

I. GENERAL INFORMATION

A. Background: CMS has identified an issue with some MCIURs that were generated by CWF during the week of December 17, 2006 because of erroneous Managed Care enrollment data that was applied to some of the CWF eligibility files. This erroneous data subsequently caused a large number of claims to reject incorrectly and recovery is necessary. CMS is diligently working with the CWF maintainer to identify all invalid IURs and will be providing reports to all of the contractors listing the Health Insurance Claim (HIC) numbers, claim control numbers, contractor number, date of service, and type of bill. These reports shall be saved for audits that may occur in the future..

B. Policy: The purpose of this One-Time Notification is to notify Medicare contractors to stop recovery of invalid MCIURs when possible and to re-issue payments where a recovery has been completed.

II. BUSINESS REQUIREMENTS TABLE

“Shall” denotes a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M M A C	F I I E R	C A R E R	D M R C	R E H I	Shared-System Maintainers			
							F I S	M C S	V M S	C W F	
5507.1	CWF shall search claims history, identify all the impacted claims, and create a report listing all impacted claims.										X
5507.2	CWF shall forward an electronic version of the report to each contractor.										X
5507.3	Contractors immediately upon receipt of the CWF report shall compare the report claim information to claim history to determine the status of the impacted claim.	X	X	X	X	X	X				
5507.3.1	Contractors on HIGLAS shall provide this information to HIGLAS for analysis.			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	D M R C	R E R I C	Shared-System Maintainers			
		M A C	M A C		I E R		F I S	M C S	V M S	C W F	
5507.4	Contractors shall not initiate the MCIUR adjustment if the impacted claim has not been adjusted.	X	X		X	X					
5507.5	Contractors shall adjust the claim to reissue payment to providers if the impacted payment has been recovered.	X	X	X	X	X	X				
5507.5.1	Prior to adjusting these claims, Contractors on HIGLAS shall work with HIGLAS to ensure that the claim payments are processed correctly.										HIGLAS
5507.6	Contractors shall stop the recoupment process and delete the adjustment if the adjustment is pending in a suspense location.	X	X	X	X	X	X				
5507.7	Contractors shall discontinue the recovery, if the adjustment has been completed, but the recovery is not finalized.	X			X						
5507.7.1	MCS Contractors may wait to adjust the MCIUR adjustment to re-post the claim at CWF in April when CMS CR5424 is implemented.	X			X						
5507.8	Contractors shall waive any interest accrued in error due to the invalid information and timing of a solution.	X	X	X	X	X	X				
5507.9	Contractors shall retain the CWF reports to serve as an audit trail in the event of an audit.	X	X	X	X	X	X				

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	D M R C	R E R I C	Shared-System Maintainers			
		M A C	M A C		I E R		F I S	M C S	V M S	C W F	
5507.10	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.	X	X	X	X	X	X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I I E R	C A R R E R	D M R R I C	R E H I	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
	Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.										

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): For Part A contact Kelly Dehne, 410-786-7401, for Part B contact Linda Shanabrough, 410-786-1137, for HIGLAS contact Donna Sanders, 410-786-0289.

Post-Implementation Contact(s): For Part A contact Kelly Dehne, 410-786-7401, for Part B contact Linda Shanabrough, 410-786-1137, for HIGLAS contact Donna Sanders, 410-786-0289.

VI. FUNDING

A. 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):

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.