

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 617	Date: October 9, 2015
	Change Request 9303

SUBJECT: Update to Chapter 3 of Pub. 100-08

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to clarify reporting requirements for Medicare Administrative Contractors (MACs) for corrective actions based on the Office of Inspector General (OIG), Recovery Audit Contractor, Comprehensive Error Rate Testing, or other contractor improper payment findings.

EFFECTIVE DATE: November 10, 2015 *Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: November 10, 2015

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N	3/3.7.5 - Corrective Action Reporting Requirements
R	Exhibit 18 - Corrective Action Reporting Formats

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not 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**

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: The changes update chapter 3, Pub. 100-08, in order to address corrective action reporting requirements for the Centers for Medicare & Medicaid Services (CMS). These requirements include instructions on reporting interim and final corrective actions and action dates for issues identified by CMS, how to include these corrective actions in the proper format (see Exhibit 18), and whom to send the completed file to.

B. Policy: Section 1893 of the Social Security Act.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9303.1	The MACs shall be aware that CMS will provide information to the MACs regarding CMS Recovery Auditor, and OIG-identified issues via Technical Direction Letters (TDLs).	X	X	X	X					
9303.1.1	The MACs shall be aware that the TDLs will be sent to the MACs on a quarterly basis.	X	X	X	X					
9303.1.2	Each MAC shall report corrective actions by the dates stated in the TDLs.	X	X	X	X					
9303.2	The CMS will provide MACs with a list of issues on an Excel spreadsheet template (Corrective Actions Taken on CMS and OIG-Identified Issues). These issues may be uncovered by the Recovery Audit program, OIG audits, internal CMS analysis, or other means. The MACs shall review the spreadsheet, type precise responses on the template (see interim and final reportable	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	action statement samples below), and email the Excel file back to CMS.									
9303.3	For each of the issues, MACs shall report interim actions, final actions, and action dates (see interim and final reportable action statement examples below). The common factor between all reportable actions is quantifiability. The distinguishing factor between the two types of reportable actions is intervention implementation. Interim reportable actions generally indicate in-progress reviews of issues prior to the initiation of final actions. Final reportable actions indicate specific interventions completed to prevent future improper payments.	X	X	X	X					
9303.4	In the additional comments section of the TDL template, MACs shall provide brief supplementary rationales for the reported actions. For example, rationales may state that analysis produced no significant findings due to low volume, claims paid, lower risk and lower priority ranking when compared with other issues.	X	X	X	X					
9303.5	The MACs shall use the format (Corrective Actions Taken on CMS and OIG-Identified Issues) located in Exhibit 18, section A for reporting purposes.	X	X	X	X					
9303.6	The MACs have the discretion to readjust the format for use in	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Excel, but all fields shall be completed.									
9303.7	The Excel file and email shall be named with the TDL number, jurisdiction number or letter, jurisdiction name, and response due date (e.g., TDL 12345 JX, Contractor Inc. due 05302014).	X	X	X	X					
9303.8	The MACs shall email the Excel file to the CMS contact indicated in the TDL, their Contracting Officer's Representative (COR) or Contractor Manager, Business Function Lead (BFL), and Technical Monitor (TM).	X	X	X	X					
9303.9	The MACs shall attach the Excel file and submit their responses via email to CMS by the date specified in the TDL. If the due dates fall on a weekend or a federal holiday, the MAC shall submit the report on the closest business day after the weekend or holiday.	X	X	X	X					
9303.10	The MACs shall keep CMS informed of any updates or changes to interim or final reportable actions on top issues from past TDL responses.	X	X	X	X					
9303.11	The MACs shall include all required update information in a single cell for each updated reportable action.	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	DME MAC	CEDI

		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
9303.4	<p>If readily available, please provide edit effectiveness as defined in section 3.7.3.1 – Evaluation of Prepayment Edits of Pub. 100-08.</p> <p>The MACs have the discretion to also utilize the additional comments section to briefly explain pertinent background information regarding the MACs processes for specific issues. The MACs may also utilize the space to communicate suggestions for CMS to consider regarding possible future actions.</p>

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

V. CONTACTS

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

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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

ATTACHMENTS: 0

3.7.5 - Corrective Action Reporting Requirements

(Rev.617, Issued: 10-09-15, Effective: 11-10-15, Implementation : 11-10-15.)

A. General

This section applies to MACs.

The CMS will provide information to the MACs regarding CMS Recovery Auditor, and OIG-identified issues via Technical Direction Letters (TDLs). The TDLs will be sent to the MACs on a quarterly basis. Each MAC shall report corrective actions by the dates stated in the TDLs.

B. Corrective Action Reporting on CMS and OIG-Identified *Issues*

The CMS will provide MACs with a list of issues on an Excel spreadsheet template (Corrective Actions Taken on CMS and OIG-Identified Issues). These issues may be uncovered by the Recovery Audit program, OIG audits, internal CMS analysis, or other means. The MACs shall review the spreadsheet, type precise responses on the template (see interim and final reportable action statement samples below), and email the Excel file back to CMS.

*For each of the issues, MACs shall report interim actions, final actions, and action dates (see interim and final reportable action statement examples below). The common factor between all reportable actions is **quantifiability**. The distinguishing factor between the two types of reportable actions is intervention implementation. Interim reportable actions generally indicate in-progress reviews of issues prior to the initiation of final actions. Final reportable actions indicate specific interventions completed to prevent future improper payments.*

Examples of interim reportable action statements:

- *MAC is planning a 50% post-payment review (to be performed between 08/01/2014 – 08/31/2014) of 200 claims (with dates of service between 01/01/2012 – 12/31/2012).*
- *MAC performed a 100% pre-payment review for DRG numbers ### – ### on 02/14/2014 (with dates of service between 01/01/2012 – 12/31/2012).*
- *MAC performed a pre-payment widespread review using a 100 claim probe on 03/26/2014 (with dates of service between 01/01/2012 – 12/31/2012).*
- *MAC performed a provider-specific pre-payment review on 04/17/2014 (with dates of service between 01/01/2012 – 12/31/2012).*
- *Due to resource limitations, not yet able to fully research issue (with dates of service between 01/01/2012 – 12/31/2012).*

Examples of final reportable action statements:

- *MAC held a provider seminar for 500 chiropractors regarding documentation requirements on 11/12/2013.*
- *MAC published an article regarding billing for nebulizer drugs on 02/27/2014 that explained the coverage policy for nebulizer drugs.*
- *MAC installed an automated edit and validated functionality on 03/19/2014 for codes ### – ###.*
 - *If readily available, please provide edit effectiveness as defined in PIM section 3.7.3.1 – Evaluation of Prepayment Edits. <Please insert cost savings and number or percentage of claims denied.>*
- *MAC performed a provider -specific review resulting in a provider education activity. <Comparative Billing Report, letter, one-on-one telephone explanation,...>...on 05/19/2014.*
- *Based on analysis, this is not an issue within jurisdiction X.*

Interim and final reportable action statement rationales:

- *In the additional comments section of the TDL template, MACs shall provide brief supplementary rationales for the reported actions.*
 - *For example, rationales may state that analysis produced no significant findings due to low volume, claims paid, lower risk and lower priority ranking when compared with other issues.*
- *The MACs have the discretion to also utilize the additional comments section to briefly explain pertinent background information regarding the MACs processes for specific issues. The MACs may also utilize the space to communicate suggestions for CMS to consider regarding possible future actions.*

The MACs shall use the format (Corrective Actions Taken on CMS and OIG-Identified Issues) located in Exhibit 18, section A for reporting purposes. The MACs have the discretion to readjust the format for use in Excel, but all fields shall be completed. The Excel file and email shall be named with the TDL number, jurisdiction number or letter, jurisdiction name, and response due date (e.g., TDL 12345 JX, Contractor Inc. due 05302014). The MACs shall email the Excel file to the CMS contact indicated in the TDL, their Contracting Officer's Representative (COR) or Contractor Manager, Business Function Lead (BFL), and Technical Monitor (TM).

The MACs shall attach the Excel file and submit their responses via email to CMS by the date specified in the TDL. If the due dates fall on a weekend or a federal holiday, the MAC shall submit the report on the closest business day after the weekend or holiday. A TDL may occasionally provide an exception to the submission criteria described in the PIM and the exception will be stated within the text of the memorandum.

Updates to previous reportable actions

The MACs shall keep CMS informed of any updates or changes to interim or final reportable actions on top issues from past TDL responses. The format located in Exhibit 18, Section A will include a column titled 'Updated Responses.' The MACs shall enter the following information, in a single cell, for each update:

- *The New Issue number being updated*
- *The Issue Label*
- *The fiscal year and quarter that the responses was first provided*
- *The type of response originally provided [Interim or Final]*
- *The type of response being provided in the update [Interim or Final]*
- *The response statement in the format described above*

The MACs should leave this section blank if they have no updates for the quarter.

C. Overpayment Recovery Reporting

The CMS will provide the MACs with specific claims information from Office of the Inspector General (OIG) audits on a quarterly basis via **TDLs**. These specific claims have not been reviewed by the OIG and overpayments have not yet been identified. The MACs have the discretion to review these specific OIG-identified claims. The MACs shall report overpayment recoveries pertaining to the specific OIG-identified claims to the CMS on a quarterly basis. If the MAC does not plan on conducting review or cannot conduct review on the specific OIG-identified claims, the MAC shall indicate that no medical review will be conducted and shall also indicate the reason why no medical review and/or overpayment recovery will be conducted on the particular claims set. The reporting shall include the Medicare contractor number, the OIG audit number (e.g. A- 01-08-00528, OEI-01-04-0060) and the cumulative amount collected on the overpayments resulting from the specific set of OIG-identified claims. The cumulative amount shall include appeals. The CMS will indicate the "final reporting date" in the reporting document when the recovery process has been completed for a specific set of OIG-identified claims. CMS will indicate when the report shall be closed. The MACs have the discretion to report on overpayments that have been referred or are uncollectable at this time resulting from the specific set of OIG-identified claims.

The MACs shall submit their response to CMS on or before March 1, June 1, September 1, and December 1. If the due dates fall on a weekend or a federal holiday, the MACs shall submit the report on the closest business day after the weekend or holiday. The MACs shall submit their response in Excel via email to the CMS contact indicated in the most recent *TDL* from CMS which includes the claim information and report number. The MACs shall use the format titled “Overpayment Recovery on OIG Claims Format” located in Exhibit 18 for reporting purposes. The MAC has the discretion to readjust the format for use in Excel. The MAC shall complete all fields in the format except for the one optional column. The MACs have the discretion to complete the column titled “Overpayments referred or uncollectable (in dollars).”

