

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 80	Date: March 18, 2011
	Change Request 7265

SUBJECT: Updating the Medicare Secondary Payer (MSP) Part B Savings Report to include Additional Savings Information and Additional Special Project Numbers

I. SUMMARY OF CHANGES: This CR instructs Part B contractors, the Part B shared systems and Durable Medical Equipment (DME) contractors and shared system to implement the new MSP savings report protocol as outlined in Pub. 100-05, Medicare Secondary Payer Manual, chapter5, section 60.

Effective Date: July 1, 2011 for MCS and October 1, 2011 for VMS

IMPLEMENTATION DATE: July 5, 2011 – Implementation for MCS; Analysis and Design for VMS and October 3, 2011 - Implementation 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-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/60.1/Monthly Part A Report (Form CMS-1563) and Monthly Part B Report (Form CMS-1564) on Medicare Secondary Payer Savings
R	5/60.1.1/Overview of Report
R	5/60.1.3/Recording Savings
R	5/60.1.3.1/Source of Savings
R	5/60.1.3.2/Type of Savings
R	5/60.1.3.2.1/Pre-payment Savings Cost Avoided (Unpaid MSP Claims)
R	5/60.1.3.2.2/Pre-payment Savings Full Recoveries
R	5/60.1.3.2.3/Pre-payment Savings Partial Recoveries
R	5/60.1.3.3/Electronic Submission
R	5/60.1.3.3.2/System Calculations for Forms CMS-1563 and CMS-1564
R	5/60.1.3.4/Exhibit 1 Medicare Secondary Payer (MSP) Savings Report

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. 100-05	Transmittal: 80	Date: March 18, 2011	Change Request: 7265
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SUBJECT: Updating the Medicare Secondary Payer (MSP) Part B Savings Report to include Additional Savings Information and Additional Special Project Numbers

Effective Date: July 1, 2011 for MCS and October 1, 2011 for VMS

Implementation Date: July 5, 2011 – Implementation for MCS; Analysis and Design for VMS and October 3, 2011- Implementation for VMS

I. GENERAL INFORMATION

A. Background: Change Request (CR) 3181, (Transmittal 20), was issued on October 2004 identifying changes to the MSP Savings report for the April 2005 release. This redesign was implemented by the Part A contractors; however, the Part B contractors were instructed not to implement the CR until another instruction is issued. This CR instructs Part B contractors, the Part B shared systems and Durable Medical Equipment (DME) contractors and shared system to implement the new MSP savings report protocol as outlined in the Pub.100-05, Medicare Secondary Payer Manual, chapter 5, section 60.

Each month Part B contractors submit a report of MSP savings to CMS. Part B contractors submit this information on the Form CMS-1564 report. The reports are due to CMS as soon as possible after the end of the month being reported, but no later than the 15th of the following month. Currently, the existing Part B savings report format does not clearly identify each section of the savings reports, nor does the format accurately distinguish between pre-payment savings and post-payment savings. In an effort to remedy these problems, CMS deemed it necessary to make formatting changes to the existing Form CMS-1564 reports. (See Exhibit 1 in the Pub.100-05, Medicare Secondary Payer Manual, chapter 5, section 60, for the layout of the Form CMS-1564 reports.)

The identification labels of each special project section of the reports shall include (1) the title of the special project; and (2) the special project number for that particular special project. Pre-payment savings will be clearly separated from post-payment savings. The shared systems will automatically total all of the individual system savings reports into one total savings report. All savings related to the recovery of MSP debts are to be obtained from HIGLAS and manually added to the report before the contractor submits the report to CMS. Exhibit 2 is being provided for additional information. Exhibit 2 is a comprehensive table of all special projects, including reserved special project numbers, and their associated codes. Several project numbers are being added to Exhibit 2 that were not available in 2005. Pre-payment savings occur in situations where Medicare does not make a payment since there is evidence of another primary payer. Post payment savings occur in situations where Medicare has made a payment and later discovers evidence of another primary payer, subsequently resulting in recovery efforts to recoup monies paid in error. There are three categories of savings shown on the reports: (1) cost avoided (CA) savings, (2) full recovery (FR) savings, and (3) partial recovery (PR) savings. The layout for the Form CMS-1564 report segments each savings category by the following MSP types: workers' compensation (including black lung)(codes 15 & 41), working aged (code 12), end stage renal disease (code 13), auto medical/no-fault (code 14), disabled (code 43), liability (including FTCA) (code 47), and other federal (codes 16). "Other federal" means that another Federal program is primary to Medicare. The liability column includes, in addition to regular liability savings, savings attributable to Federal Tort Claims Act (FTCA) cases. The CA savings are counted when claims are returned without payment because strong evidence exists that another insurer is the primary payer, and there is no indication that payment has been requested from that payer. The CA savings are always classified as prepayment savings. The FR savings are

either pre-payment or post-payment in nature. A prepayment FR occurs when a primary payer makes full payment up to the Medicare allowed amount before Medicare makes any payment. A post-payment FR occurs when a primary payer makes full payment on the Medicare allowed amount after Medicare has made payment, resulting in an overpayment situation. The PR savings are counted when a primary payer makes a payment that covers only a portion of the Medicare allowed amount, leaving Medicare with a balance to pay or recoup. PR savings are either pre-payment or post-payment in nature. A pre-payment PR occurs when Medicare makes a secondary payment and the savings are calculated as the difference between the Medicare allowed amount if primary and the amount Medicare paid as secondary. A post-payment PR occurs when Medicare has made a primary payment on a claim that should have otherwise been paid by another payer, and, subsequently, Medicare only recoups the portion of the claim that should have been paid by the other payer. These savings are calculated as the difference between the Medicare allowed amount if primary and the amount Medicare paid as secondary.

B. Policy: In order to clearly identify each section of the savings reports, to accurately distinguish between pre-payment savings and post-payment savings, and to relieve Part B and DME contractors who may manually calculate total savings from numerous individual system savings reports, CMS is requesting the Part B and DME contractors and shared systems to implement the Form CMS-1564 MSP savings report as identified in Exhibit 1 in Pub. 100-05, Medicare Secondary Payer Manual, chapter 5, section 60.1.3.4. This CR updates the Part B savings report to (1) clearly identifying each section of the savings reports by using appropriate labels, (2) separating all pre-payment and post-payment reporting within each section of the savings reports, (3) creating separate savings columns for “Workers’ Compensation (including black lung)” and “VA and Other Federal,” (4) adding “FTCA” savings to the liability column of the reports, (5) making shared system changes to automatically calculate total savings from the various individual system savings reports with the exception of MSP debt recoveries which will be added manually, and (6) making CROWD changes to accept and display the totals report, generated by the Part B and DME shared systems, and submitted by the Part B and DME contractors.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7265.1	The Medicare Part B contractors, the DME contractors and respective shared systems shall implement Pub.100-05, Medicare Secondary Payer Manual, chapter 5, section 60.	X	X		X			X	X		
7265.2	The Part B shared system and DME shared system shall automatically total all of its individual system savings reports into one total savings report with the exception of recoveries of MSP debt reported through HIGLAS. This report shall model the format shown in Exhibit 1.						X	X			
7265.3	Part B contractors and DME contractors shall submit the new total savings report to CMS by the end of the month being reported, but no later than the 15 th of the following month.	X	X		X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7265.4	Part B contractors and DME contractors shall report all pre-payment and post payment savings, including manual savings on MSP claims when necessary, in the appropriate individual systems savings report.	X	X		X						
7265.5	CMS's CROWD system shall accept the new format of the savings reports from each contractor and display the Form CMS-1564 using the format shown in Exhibit 1. [NOTE: The CROWD system is being instructed to use the same format that the shared systems are being instructed to use, the format in Exhibit 1.]									CRO WD	
7265.6	CMS's CROWD system shall display the Form CMS-1564 so that the entire report can be viewed and/or printed as shown in the format in Exhibit 1.									CRO WD	
7265.7	Part B contractors and DME contractors shall report all cost-avoided savings under the pre-payment savings section of the Form CMS-1564 report.	X	X		X						
7265.8	Part B contractors and DME contractors shall report pre-payment partial recovery savings under the pre-payment section of the Form CMS-1564 report.	X	X		X						
7265.9	Part B contractors and DME contractors shall report post-payment partial recovery savings under the post-payment section of the Form CMS-1564 report. [NOTE: Partial recoveries are those savings realized when a primary payer makes a payment which covers only a part of Medicare's payment for the services at issue. This includes situations where Medicare compromises its recovery claim or waives recovery of part of its claim. All savings related to the recovery of MSP debts are to be reported by the lead contractor, the MSPRC, manually, that is, other than through a claims adjustment.]	X	X		X						
7265.10	Part B contractors and DME contractors shall report pre-payment full recovery savings under the pre-payment section of the Form CMS-1564 report.	X	X		X						
7265.11	Part B contractors and DME contractors shall report post-payment full recovery savings under the post-payment section of the Form CMS-1564 report. [Post-payment full recoveries are recorded when Medicare recovers the full amount minus any adjustments. Savings are sometimes recorded manually without a claims adjustment.]	X	X		X						
7265.12	Part B contractors and DME contractors shall report all activities that are defined as Special Projects (i.e., IRS/SSA/CMS Data Match, Initial Enrollment Questionnaire, Litigation Settlement, Employer Voluntary Reporting, etc.) Under the appropriate pre-payment or post-payment section of the Form CMS-1564	X	X		X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	report.										
7265.13	Part B contractors and DME contractors shall report all other MSP activities and their respective savings, which are not defined as special projects, under the new section titled "Part A/Part B Contractor Savings."	X	X		X						
7265.14	Part B contractors and DME contractors shall report savings for "FTCA" in the Liability column.	X	X		X						
7265.15	FTCA shall be reported under code 47.	X	X		X						
7265.16	CMS shall implement a Special Project Savings Total on the Savings Report to include totals from all Special Projects.									CMS CRO WD	
7265.17	All Contractors shall total each respective Special Project Savings and place these totals in the Special Project Savings Total in the CROWD Savings Report.	X	X		X			X	X	CRO WD	
7265.18	CMS shall update the Pub. 100-05, Medicare Secondary Payer Manual, chapter 5, section 60. To include special project numbers that were implemented under previous releases and update Fiscal Intermediary and Carrier terminology to read as Part A and Part B Contractors.									CMS	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							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:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
7265.3	The Part B and DME shared system should test to ensure that the individual system savings reports correctly total. The only manual effort should be for post-pay recoveries obtained from HIGLAS. The CROWD system must test to ensure that the "total savings report" is accepted from each contractor and displayed in the CROWD system in the format provided in Exhibit 1.
7265.18	Contractors already submit savings for project numbers 7019, 7021, 7022, 7027, 7041, 7043

X-Ref Requirement Number	Recommendations or other supporting information:
	and 9000. This CR is updating the IOM to reflect these numbers

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

V. CONTACTS

Pre-Implementation Contact(s): Richard Mazur, (410) 786-1418, Richard.Mazur2@cms.hhs.gov

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)*, include the following statement:

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.

Medicare Secondary Payer (MSP) Manual
Chapter 5 - Contractor Prepayment Processing
Requirements
Table of Contents
(Rev.80, 03-18-11)

60.1 – Monthly *Part A Report (Form CMS-1563) and Monthly Part B Report (Form CMS-1564)* on Medicare Secondary Payer Savings

60.1 - Monthly *Part A* Report (Form CMS-1563) and Monthly *Part B* Report (Form CMS-1564) on Medicare Secondary Payer Savings
(Rev.80, Issued: 03-18-11, Effective: 07-01-11 MCS/10-01-11 VMS, Implementation: 07-05-11 MCS, Analysis and Design VMS/10-03-11 VMS)

Each month contractors must electronically transmit to CMS central office a monthly *Part A* report (Form CMS-1563) and a monthly *Part B* report (Form CMS-1564) on Medicare Secondary Payer Savings via the IBM PC. To submit forms K and L, the Contractors must connect to the CMS Data Center (CDC). (See §60.1.3.3.) Hard-copy reports are not required. Contractors transmit a separate report for each office assigned a separate contractor number.

60.1.1 - Overview of Report

(Rev.80, Issued: 03-18-11, Effective: 07-01-11 MCS/10-01-11 VMS, Implementation: 07-05-11 MCS, Analysis and Design VMS/10-03-11 VMS)

A. Purpose and Scope

The Monthly *Part A* Report and Monthly *Part B* Report on Medicare Secondary Payer Savings supplies CMS with current data on MSP savings and MSP pending workloads.

B. Due Date

Form CMS-1563 or Form CMS-1564 is due in CO as soon as possible after the end of the month being reported, but not later than the 15th of the following month. Non-receipt of the report by the 15th will result in a telephone contact to the contractor to obtain required information.

C. Form Heading

Each contractor enters its name, assigned number, and the State in which the provider is located. In the space labeled "Reporting Period", it enters the numeric designation for month and year for which the report is being prepared, e.g., it shows "01/01" for January 2001.

60.1.3 - Recording Savings

(Rev.80, Issued: 03-18-11, Effective: 07-01-11 MCS/10-01-11 VMS, Implementation: 07-05-11 MCS, Analysis and Design VMS/10-03-11 VMS)

The *Contractors control* all claims from which MSP savings are extracted and verifies all amounts recorded on the Forms CMS-1563 or CMS-1564 when requested.

A. MSP Savings File

The *Contractors* retain specific key identifying information on each claim counted as savings on the Forms CMS-1563 or CMS-1564. At a minimum, it records the

beneficiary's name, HICN, type and dates of service, claim control number, billed charges and savings amounts reported.

B. Savings Data From Non-Medicare Sources

If savings are recorded from data obtained from the contractor's "corporate side" records or any other "outside" source, the *Contractors extract* the same claims specific information noted above, i.e., verifies that Medicare covered services are involved and that it is able to calculate "what Medicare would have paid." In addition, *contractors* must compare this data with the data contained in the MSP savings file to ensure that savings have not previously been recorded for the same claims. If savings have not previously been taken for the claim, the *Contractors count* them as savings on the Forms CMS-1563 or CMS-1564 and enters them into the contractor MSP savings file.

C. Total Savings for Special Projects

All Contractors shall total each respective Special Project Savings and place these totals under their respective special project columns in the Special Project Savings Total in the CROWD Savings Report.

60.1.3.1 - Source of Savings

(Rev.80, Issued: 03-18-11, Effective: 07-01-11 MCS/10-01-11 VMS, Implementation: 07-05-11 MCS, Analysis and Design VMS/10-03-11 VMS)

(The *Contractor* reports data by total and by source as shown below:

Total Column

All MSP savings regardless of source

Workers' compensation (WC) column (including black lung (BL)) (codes 15 & 41)

The *Contractors* include data related to all MSP savings resulting from medical benefits provided by the WC Plans of the 50 States, the District of Columbia, Guam and Puerto Rico. In addition, it includes Federal WC provided under the Federal Employee's Compensation Act, the U. S. Longshoremen's and Harbor Workers' Compensation Act and its extensions, and the Federal Coal Mine Health and Safety Act of 1969 as amended (the Federal BL Program). It keeps separate records for each distinct category (WC and BL).

NOTE: VA savings are now counted under the column titled "VA/Other Federal."

Working Aged Column (code 12)

The *Contractors* include data related to all MSP savings resulting from benefits payable under a GHP for beneficiaries aged 65 and older that are covered by reason of their own

employment or the employment of a spouse of any age. Under section 1862(b) of Title XVIII of the Social Security Act, Medicare is the secondary payer for individuals age 65 or over who are covered under a GHP by virtue of current employment status of the individual or the individual's spouse. The individual, or spouse, who is covered under the GHP must be employed by an employer that has 20 or more employees. Section 1862(b)(1)(A)(ii) of the Social Security Act permits small employer GHPs an exclusion from the MSP provisions, if the employer employs less than 20 employees and the employer makes the exclusion.

End Stage Renal Disease (ESRD) Column (code 13)

The *Contractor* includes data related to all MSP savings resulting from benefits payable under a GHP for individuals who are entitled to Medicare benefits on the basis of ESRD during a period of up to 30 months. The period during which Medicare pays secondary benefits is defined in Chapter 2, §20.2.

Auto Medical/No-Fault Column (code 14)

The *Contractors* include data related to all MSP savings resulting from:

Automobile Medical/ No-Fault Insurance – Include data related to all MSP savings resulting from insurance coverage (including a self-insured plan) that pays for medical expenses for injuries sustained on the property or premises of the insured, or in the use, occupancy or operation of an automobile, regardless of who may have been responsible for causing the accident. This insurance includes, but is not limited to automobile, homeowners, and commercial plans. It is sometimes called “medical payments coverage,” “personal injury protection,” or “medical expense coverage.”

NOTE: Auto medical/ no-fault is captured under this column. auto liability is captured under the Liability column.

Disabled Column (code 43)

The *Contractors* include data related to all MSP savings resulting from situations where Medicare is the secondary payer for disabled beneficiaries under age 65 (except ESRD beneficiaries) who elect to be covered by a large group health plan (LGHP) based on their current employment or a family member's current employment. An LGHP is any health plan that covers employees of at least one employer who normally employs 100 or more employees.

Liability Column (code 47)

The *Contractors* include data related to all MSP savings resulting from liability insurance --insurance (including a self-insured plan) that provides payment based on legal liability for injury, illness, or damage to property. It includes, but is not limited to, automobile liability insurance, uninsured motorist insurance, homeowners' liability insurance,

malpractice insurance, product liability insurance, and general casualty insurance. (**Note:** Where the beneficiary receives medical payment under his or her own homeowners' insurance, it should be reported under auto medical/ no fault).

Medicare *contractors* shall report the savings for Federal Tort Claim Act (FTCA) cases in the Liability column. The FTCA shall be reported under code 47. FTCA cases arise when a person is injured on Federal property, in or by a Federal vehicle, via medical malpractice at a Veterans Administration (VA) hospital or at any government sponsored hospital setting and Medicare pays conditionally. In an FTCA case, the other Federal agency has the responsibility to refund Medicare as any other third party payer refunds Medicare. FTCA cases are classified as a self-insured entity. These recoveries are liability recoveries. The responsibility of a lead contractor for FTCA cases shall be to identify Medicare's recovery claim amount and to coordinate/facilitate communications with other **Contractors**, as required by the Centers for Medicare & Medicaid Services (CMS) central office. For FTCA cases, the lead contractor shall be the same as the lead contractor would be for a liability or no-fault case. However, although a lead contractor is being designated for FTCA cases, these recoveries will continue to be under the specific direction of CMS staff.

Veterans Administration (VA)/Other Federal Column (codes 42 & 16)

The *Contractors* include data related to all MSP savings resulting from situations where the VA pays for fee-for-service medical care received by Medicare beneficiaries. "Other Federal" means another Federal program is primary to Medicare. The *Contractors include* data related to all MSP savings resulting from situations where another Federal program pays for fee-for-service medical care received by Medicare beneficiaries.

NOTE: Workers' compensation cases are reported under the column titled "Workers' Compensation column."

60.1.3.2 - Type of Savings

(Rev.80, Issued: 03-18-11, Effective: 07-01-11 MCS/10-01-11 VMS, Implementation: 07-05-11 MCS, Analysis and Design VMS/10-03-11 VMS)

The *Contractors* include data by type of savings as shown below. There are two categories of savings on the savings reports, one for pre-payment savings and one for post-payment savings. There are three types of savings shown on the reports: (1) cost avoided savings, (2) full recovery savings, and (3) partial recovery savings.

60.1.3.2.1 – Pre-payment Savings – Cost Avoided (Unpaid MSP Claims)

(Rev.80, Issued: 03-18-11, Effective: 07-01-11 MCS/10-01-11 VMS, Implementation: 07-05-11 MCS, Analysis and Design VMS/10-03-11 VMS)

A. Cost Avoidance Savings

Cost avoided (unpaid MSP claims) savings, reported in lines 1 and 2, are those that the contractor has returned without payment because there is strong evidence that another insurer is the primary payer and there is no indication that payment has been requested from that payer. Cost avoided savings are always classified as pre-payment savings. The information indicating MSP involvement may be contained in *Contractor* files, on the CWF Auxiliary file, or on the claim itself. In addition, any information obtained from a non-Medicare source and used as the basis for claiming cost avoidance savings must meet the criteria in §60.1.3.B.

Information considered adequate for claiming cost avoidance savings includes statements on the claim noting "automobile accident," "collision," or the name of the automobile insurer. Another example would be previous information obtained that shows that GHP coverage exists. The *Contractor* does not count claims it develops as "possible" MSP situations based on routine edits as cost avoidance savings unless there is previous information that another payer has primary responsibility. For example, "trauma code" edits are not, by themselves, considered strong evidence that Medicare is the secondary payer.

Line	Description	Instruction
Line 1	Cost Avoid (# of claims)	The number of cost avoided claims from which savings is recorded on the report.
Line 2	Cost Avoid (\$)	The dollar value of the potential Medicare payments calculated for the claims on Line 1 that will be saved if the primary payer makes a payment that relieves Medicare of all payment liability.

The amount of cost avoided is **what Medicare would have paid**. The *Contractor* must not count total charges as cost avoided savings.

For intermediaries the cost avoided amount is the "Medicare payment rate" or the "current Medicare interim reimbursement amount" less any coinsurance amount applicable. It reduces Part B services subject to coinsurance for the coinsurance amount or uses a "coinsurance reduction factor" of 19 percent to calculate coinsurance charges for all Part B services. It may assume that the deductible has been met.

Part B Contractors reduce the cost avoided amount based upon reasonable charge and coinsurance calculations:

- Reasonable Charge Reductions** - The reasonable charge amount may be calculated through the actual reasonable charge methodology or through a "reasonable charge reduction factor" which is the percentage derived from the most current Forms CMS-1565A by dividing line 3 (Total Amount of reduction) by Line 1 (Total Covered Charges for All Claims). (See the Medicare Financial Management Manual, Chapter 6, §240.2.)

- **Coinsurance** - The *Part A and B Contractors* reduce line items subject to the Part B coinsurance by that amount or apply a "coinsurance reduction factor" of 19 percent to all charges.

B. Tracking/Adjusting Cost Avoidance Savings

Cost avoidance savings may not duplicate savings reported as full or partial recoveries and may not be shown where Medicare ultimately makes primary payment. To prevent duplicate counting, the *Contractor* suspends all claims returned unpaid. It sets up a control on the claim when it is returned for development. It maintains this control for 75 days, unless further information is received before that time which allows processing the claim. If no further information on the claim is received, the claim may be denied after 75 days. Contractors are required to continue tracking the claim, but retain the key identifying information on the claim, as described in §60.1.3.A.

The CMS prefers cost avoidance savings only after 75 days have elapsed. However, contractors do have the option of counting the savings when the claim is initially suspended or at any time during the suspension period. If the latter alternative is selected, the *Contractor* adjusts cost avoidance savings if the claim is resubmitted during the suspension period with information showing it is not a legitimate cost avoidance.

NOTE: The *Part B contractor* may not return a non-assigned claim to a beneficiary, but must control it as described above when the claim is being developed for MSP involvement and counted as cost avoidance savings.

The following situations require special consideration if cost avoidance savings are counted before the 75 day suspense period has ended:

- A claim returned (and counted as cost avoided) is paid in part by another payer and the provider resubmits it for secondary payment.
- A claim returned (and counted as cost avoided) is denied by the other payer and the provider resubmits it for primary payment.
- A claim returned (and counted as cost avoided) is paid in full by the other payer and the provider submits a no-payment bill. The *Contractor* shows "pre-payment full recovery" savings and not cost avoidance.

In these situations, the *Contractor* adjusts the cost avoidance savings figures by deducting or "backing out" the applicable amounts. It makes the adjustments in the reporting month in which a final determination is rendered. The following chart outlines the correct reporting of savings in each situation.

ADJUSTMENTS TO REPORTED MSP COST AVOIDANCE SAVINGS

CLAIMS PROCESSING ACTIONS	MSP SAVINGS REPORTED		
	Cost Avoidance	Pre-payment Partial Recoveries	Pre-payment Full Recoveries
I. Pre-payment Partial Recovery Adjustment – <i>Part A Contractor</i>			
<ul style="list-style-type: none"> MSP situation indicated. <i>The Part A Contractor</i> calculated the Medicare payment to be \$1200 if Medicare was primary payer. Claim is returned to submitter. 	\$1,200		
<ul style="list-style-type: none"> Provider resubmits the claim to the <i>Part A Contractor</i> showing \$900 paid by the other insurer. Medicare secondary payment of \$300 is made. 	\$(1,200)*	\$900	
II. Pre-payment Partial Recovery Adjustment – <i>Part B Contractor</i>			
<ul style="list-style-type: none"> MSP situation indicated. <i>Part B Contractor</i> calculated the Medicare payment to be \$50 if Medicare was primary payer. Claim is returned to submitter. 	\$50		
<ul style="list-style-type: none"> Claim is resubmitted to the <i>Part B Contractor</i> showing \$30 paid by the other insurer. Medicare secondary payment of \$20 is made. 	\$(50)*	\$30	
III. "Other Payer Denial" Adjustment – <i>Part A Contractor</i>			
<ul style="list-style-type: none"> MSP situation indicated; Medicare "primary" payment by the <i>Part A Contractor</i> is, \$2,000. Claim is returned to providers. 	\$2,000		
<ul style="list-style-type: none"> Other payer denies claim. Medicare found to be primary and Medicare payment of \$2,000 is made. 	\$ (2,000) *		
IV. "Other Payer Denial" Adjustment – <i>Part</i>			

CLAIMS PROCESSING ACTIONS	MSP SAVINGS REPORTED		
	Cost Avoidance	Pre-payment Partial Recoveries	Pre-payment Full Recoveries
<i>B Contractor</i>			
<ul style="list-style-type: none"> MSP situation indicated; Medicare's "primary" payment by the <i>Part B contractor</i> is calculated to be \$75. Claim is returned to submitter. 	\$75		
<ul style="list-style-type: none"> Other payer denies claim; Medicare found to be primary and Medicare payment of \$75 is made. 	\$ (75)*		
V. Full Recovery Adjustment - <i>Part A Contractor</i>			
<ul style="list-style-type: none"> MSP situation indicated - Medicare "primary" payment, \$900. Claim is returned to provider. 	\$ 900		
<ul style="list-style-type: none"> Provider submits a "no-payment" bill showing full payment by the other payer. 	\$ (900) *		\$ 900
VI. Full Recovery Adjustment – <i>Part B contractor</i>			
<ul style="list-style-type: none"> MSP situation indicated: Medicare's "primary" payment calculated to be \$80. Claim is returned to submitter. 	\$ 80		
<ul style="list-style-type: none"> Submitter or other source informs <i>the Part B contractor</i> that full payment was made by the other payer. 	\$ (80)*		\$ 80

*Amounts "backed out" of cost avoidance savings figures.

60.1.3.2.2 – Pre-payment Savings – Full Recoveries

(Rev.80, Issued: 03-18-11, Effective: 07-01-11 MCS/10-01-11 VMS, Implementation: 07-05-11 MCS, Analysis and Design VMS/10-03-11 VMS)

Pre-payment full recoveries occur when a primary payer makes full payment up to the Medicare allowed amount before Medicare makes any payment, relieving Medicare of all payment liability.

Line	Description	Instruction
Line 3	Full Recovery (# of claims)	Report the number of full recoveries made during the month.
Line 4	Full Recovery (\$)	Report the dollar value of full recoveries made during the month.

Part A Pre-payment Full Recoveries

Part A pre-payment full recoveries is defined by the type of bill submitted. If a claim submitted to a *Part A Contractor* has a bill type code with a third digit of 0,1,2,3,4 or 5, the *Part A Contractor* shall classify this claim as pre-payment savings.

***Part A Contractor* Example**

A hospital identifies a GHP as the primary payer, submits its charge to that insurer, and the GHP pays the hospital’s full cost. The *Part A Contractor* subsequently receives a “no pay” bill. It determines what Medicare would have paid if the GHP had not made payment and records that total as a pre-payment full recovery savings.

Part B Pre-payment Full Recoveries

Part B pre-payment full recoveries include those claims that are processed as MSP-involved and occur when the standard system determines that another insurer’s paid amount exceeds Medicare’s allowed amount.

***Part B Contractor* Example**

A physician identifies a GHP as the primary payer, submits the bill to that insurer, and the GHP pays the charges in full. The beneficiary informs the *Part B contractor* of this and submits a copy of the GHP explanation of benefits. The *Part B contractor* determines what would have been paid if the GHP had not made payment and records that total as full recovery savings.

60.1.3.2.3 – Pre-payment Savings – Partial Recoveries

(Rev.80, Issued: 03-18-11, Effective: 07-01-11 MCS/10-01-11 VMS, Implementation: 07-05-11 MCS, Analysis and Design VMS/10-03-11 VMS)

Pre-payment partial recoveries occur when Medicare makes a secondary payment and the savings are calculated as the difference between the Medicare allowed amount if primary and the amount Medicare paid as secondary.

Part A Contractor Example:

A hospital identifies a GHP as the primary payer, submits its charge to that insurer, and the GHP makes primary payment, but it does not cover the full cost. The *Part A Contractor* calculates the difference between what Medicare would have paid, if primary, and the amount Medicare paid as secondary. This amount is recorded as a prepayment partial recovery.

Part B contractor Example:

A physician identifies a GHP as the primary payer, submits the bill to that insurer, and the GHP makes primary payment, but it does not cover the full cost. The beneficiary informs the *Part B contractor* of this and submits a copy of the GHP explanation of benefits. The *contractor* calculates the difference between what Medicare would have paid, if primary, and the amount Medicare paid as secondary. This amount is recorded as a prepayment partial recovery.

Line	Description	Instruction
Line 5	Partial Recovery (# of claims)	Report the number of pre-payment partial recoveries made during the month.
Line 6	Partial Recovery (\$)	Report the dollar value of pre-payment partial recoveries made during the month.

Part A pre-payment partial recoveries are defined by the type of bill submitted. If a claim submitted to a *Part A Contractor* has a bill type code with a third digit of 0,1,2,3,4 or 5, the *Part A Contractor* shall classify this claim as pre-payment savings.

Part B pre-payment partial recovery savings occur when the other insurer's payment is less than the Medicare allowed amount, causing a Medicare secondary payment. The *Part B contractor* shall calculate these savings by determining the difference between the Medicare allowed amount if primary and the amount Medicare paid as secondary.

Line 7 is the sum of lines 1, 3 and 5. It represents total pre-payment savings (# of claims). Line 8 is the sum of lines 2, 4 and 6. It represents total pre-payment savings (\$). Lines 7 and 8 are automatically calculated.

60.1.3.3 - Electronic Submission

(Rev.80, Issued: 03-18-11, Effective: 07-01-11 MCS/10-01-11 VMS, Implementation: 07-05-11 MCS, Analysis and Design VMS/10-03-11 VMS)

To submit forms K and L, the *Contractor* must connect to the CMS Data Center (CDC). The preferred method is to use the IBM Host On-Demand software that is issued to every registered CDC user. While the *Contractor* can connect to the CDC using software of

their own choosing, CMS will not provide support for any problems or issues that arise from the employment of this software.

60.1.3.3.2 – System Calculations for Forms CMS-1563 and CMS-1564
(Rev.80, Issued: 03-18-11, Effective: 07-01-11 MCS/10-01-11 VMS, Implementation: 07-05-11 MCS, Analysis and Design VMS/10-03-11 VMS)

The following system calculations are performed on the Forms CMS-1563 and CMS 1564;

- A valid 5-digit *Part A contractor* number is required on the Form CMS-1563 or;
- A valid 5-digit *Part B contractor* number is required on the Form CMS-1564; and;
- The default value for areas not keyed is zero;
- Appropriate reporting period (MMYYYY) is required;
- Enter the 2-position alpha State code;
- Line 7 must equal the sum of lines 1 + 3 + 5 for all columns;
- Line 8 must equal the sum of lines 2 + 4 + 6 for all columns;
- Line 13 must equal the sum of lines 9 + 11 for all columns;
- Line 14 must equal the sum of lines 10 + 12 for all columns;
- Line 15 equals line 1 for all columns;
- Line 16 equals line 2 for all columns;
- Line 17 equals the sum of lines 3 + 9 for all columns;
- Line 18 equals the sum of lines 4 + 10 for all columns;
- Line 19 equals the sum of lines 5 + 11 for all columns;
- Line 20 equals the sum of lines 6 + 12 for all columns;
- Line 21 equals the sum of lines 15 + 17 + 19 for all columns;
- Line 22 equals the sum of lines 16 + 18 + 20 for all columns.

Total Savings (\$):

22

0

0

0

0

0

0

0

0

Postpay Savings:

Full Recovery (# of claims) 9 0 0 0 0 0 0 0 0 0

Full Recovery (\$) 10 0 0 0 0 0 0 0 0 0

Partial Recovery (# of claims) 11 0 0 0 0 0 0 0 0 0

Partial Recovery (\$) 12 0 0 0 0 0 0 0 0 0

Total Postpay Savings(# of claims): 13 0 0 0 0 0 0 0 0 0

Total Postpay Savings(\$): 14 0 0 0 0 0 0 0 0 0

Total Cost Avoid Savings(# of claims) 15 0 0 0 0 0 0 0 0 0

Total Cost Avoid Savings (\$) 16 0 0 0 0 0 0 0 0 0

Total Full Recovery Savings(# of claims) 17 0 0 0 0 0 0 0 0 0

Total Full Recovery Savings(\$) 18 0 0 0 0 0 0 0 0 0

Total Partial Recovery Savings(# of claims) 19 0 0 0 0 0 0 0 0 0

Total Partial Recovery Savings(\$) 20 0 0 0 0 0 0 0 0 0

Total Savings (# of claims): 21 0 0 0 0 0 0 0 0 0

Total Savings (\$): 22 0 0 0 0 0 0 0 0 0

Postpay Savings:

0

Full Recovery (# of claims)

9

0

0

0

0

0

0

0

Full Recovery (\$)

10

0

0

0

0

0

0

0

Partial Recovery (# of claims)

11

0

0

0

0

0

0

0

Partial Recovery (\$)

12

0

0

0

0

0

0

0

Total Postpay Savings(# of claims):

13

0

0

0

0

0

0

0

Total Postpay Savings(\$):

14

0

0

0

0

0

0

0

Total Cost Avoid Savings(# of claims)

15

0

0

0

0

0

0

0

Total Cost Avoid Savings (\$)

16

0

0

0

0

0

0

0

Total Full Recovery Savings(# of claims)

17

0

0

0

0

0

0

0

Total Full Recovery Savings(\$)

18

0

0

0

0

0

0

0

Total Partial Recovery Savings(# of claims)

19

0

0

0

0

0

0

0

Total Partial Recovery Savings(\$)

20

0

0

0

0

0

0

0

Total Savings (# of claims):

21

0

0

0

0

0

0

0

Total Savings (\$):

22

0

0

0

0

0

0

0

NATIONAL TOTAL

SPECIAL PROJ: WC INSURER VOLUNTARY DATA SHARING AGREEMENTS
(WC VDSA) /(7015)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)	WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)	
Prepay Savings:										
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0	0

Postpay Savings:

Postpay Savings:

Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

Postpay Savings:

Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: PHARMACY BENEFIT MANAGER DATA (7018)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)	WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)	
Prepay Savings:										
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0	0

Postpay Savings:

Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL SPECIAL PROJ: WORKERS COMPENSATION MEDICARE SET ASIDE (7019)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)	WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code 14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)	
Prepay Savings:										
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0	0

Postpay Savings:

<i>Full Recovery (# of claims)</i>	9	0	0	0	0	0	0	0	0
<i>Full Recovery (\$)</i>	10	0	0	0	0	0	0	0	0
<i>Partial Recovery (# of claims)</i>	11	0	0	0	0	0	0	0	0
<i>Partial Recovery (\$)</i>	12	0	0	0	0	0	0	0	0
<i>Total Postpay Savings(# of claims):</i>	13	0	0	0	0	0	0	0	0
<i>Total Postpay Savings(\$):</i>	14	0	0	0	0	0	0	0	0
<i>Total Cost Avoid Savings(# of claims)</i>	15	0	0	0	0	0	0	0	0
<i>Total Cost Avoid Savings (\$)</i>	16	0	0	0	0	0	0	0	0
<i>Total Full Recovery Savings(# of claims)</i>	17	0	0	0	0	0	0	0	0
<i>Total Full Recovery Savings(\$)</i>	18	0	0	0	0	0	0	0	0
<i>Total Partial Recovery Savings(# of claims)</i>	19	0	0	0	0	0	0	0	0
<i>Total Partial Recovery Savings(\$)</i>	20	0	0	0	0	0	0	0	0
<i>Total Savings (# of claims):</i>	21	0	0	0	0	0	0	0	0
<i>Total Savings (\$):</i>	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL

SPECIAL PROJ: MANDATORY INSURER GROUP HEALTH PLAN (7021)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes	WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
			15 & 41)						
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0

Postpay Savings:

<i>Full Recovery (# of claims)</i>	9	0	0	0	0	0	0	0	0
<i>Full Recovery (\$)</i>	10	0	0	0	0	0	0	0	0
<i>Partial Recovery (# of claims)</i>	11	0	0	0	0	0	0	0	0
<i>Partial Recovery (\$)</i>	12	0	0	0	0	0	0	0	0
<i>Total Postpay Savings(# of claims):</i>	13	0	0	0	0	0	0	0	0
<i>Total Postpay Savings(\$):</i>	14	0	0	0	0	0	0	0	0
<i>Total Cost Avoid Savings(# of claims)</i>	15	0	0	0	0	0	0	0	0
<i>Total Cost Avoid Savings (\$)</i>	16	0	0	0	0	0	0	0	0
<i>Total Full Recovery Savings(# of claims)</i>	17	0	0	0	0	0	0	0	0
<i>Total Full Recovery Savings(\$)</i>	18	0	0	0	0	0	0	0	0
<i>Total Partial Recovery Savings(# of claims)</i>	19	0	0	0	0	0	0	0	0
<i>Total Partial Recovery Savings(\$)</i>	20	0	0	0	0	0	0	0	0
<i>Total Savings (# of claims):</i>	21	0	0	0	0	0	0	0	0
<i>Total Savings (\$):</i>	22	0	0	0	0	0	0	0	0

NATIONAL TOTAL SPECIAL PROJ: MANDATORY INSURER NON-GROUP HEALTH PLAN (7022)

DESCRIPTION	LINE NUMBER	TOTAL	WORKERS' COMP (including BL) (codes 15 & 41)	WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)
Prepay Savings:									
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0

Postpay Savings:

<i>Full Recovery (# of claims)</i>	9	0	0	0	0	0	0	0	0
<i>Full Recovery (\$)</i>	10	0	0	0	0	0	0	0	0
<i>Partial Recovery (# of claims)</i>	11	0	0	0	0	0	0	0	0
<i>Partial Recovery (\$)</i>	12	0	0	0	0	0	0	0	0
<i>Total Postpay Savings(# of claims):</i>	13	0	0	0	0	0	0	0	0
<i>Total Postpay Savings(\$):</i>	14	0	0	0	0	0	0	0	0
<i>Total Cost Avoid Savings(# of claims)</i>	15	0	0	0	0	0	0	0	0
<i>Total Cost Avoid Savings (\$)</i>	16	0	0	0	0	0	0	0	0
<i>Total Full Recovery Savings(# of claims)</i>	17	0	0	0	0	0	0	0	0
<i>Total Full Recovery Savings(\$)</i>	18	0	0	0	0	0	0	0	0
<i>Total Partial Recovery Savings(# of claims)</i>	19	0	0	0	0	0	0	0	0
<i>Total Partial Recovery Savings(\$)</i>	20	0	0	0	0	0	0	0	0
<i>Total Savings (# of claims):</i>	21	0	0	0	0	0	0	0	0
<i>Total Savings (\$):</i>	22	0	0	0	0	0	0	0	0

Postpay Savings:

Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0
Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

Postpay Savings:

Full Recovery (# of claims)	9	0	0	0	0	0	0	0	0
Full Recovery (\$)	10	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	11	0	0	0	0	0	0	0	0
Partial Recovery (\$)	12	0	0	0	0	0	0	0	0
Total Postpay Savings(# of claims):	13	0	0	0	0	0	0	0	0
Total Postpay Savings(\$):	14	0	0	0	0	0	0	0	0

Total Cost Avoid Savings(# of claims)	15	0	0	0	0	0	0	0	0
Total Cost Avoid Savings (\$)	16	0	0	0	0	0	0	0	0
Total Full Recovery Savings(# of claims)	17	0	0	0	0	0	0	0	0
Total Full Recovery Savings(\$)	18	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(# of claims)	19	0	0	0	0	0	0	0	0
Total Partial Recovery Savings(\$)	20	0	0	0	0	0	0	0	0
Total Savings (# of claims):	21	0	0	0	0	0	0	0	0
Total Savings (\$):	22	0	0	0	0	0	0	0	0

DESCRIPTION	LINE NUMBER	TOTAL	NATIONAL TOTAL			Medicare Part C/Medicare Advantage Plans (7043)				
			WORKERS' COMP (including BL) (codes 15 & 41)	WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)	
Prepay Savings:										
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0	0
Postpay Savings:			0							

DESCRIPTION	LINE NUMBER	TOTAL	NATIONAL TOTAL			SPEC PROJ: CENTRAL OFFICE SAVINGS (9000)				
			WORKERS' COMP (including BL) (codes 15 & 41)	WORKING AGED (code 12)	ESRD (code 13)	AUTO MEDICAL / NO FAULT (code14)	DISABLED (code 43)	Liability (including FTCA) (code 47)	VA/OTHER FEDERAL (codes 42 & 16)	
Prepay Savings:										
Cost Avoid (# of claims)	1	0	0	0	0	0	0	0	0	0
Cost Avoid (\$)	2	0	0	0	0	0	0	0	0	0
Full Recovery (# of claims)	3	0	0	0	0	0	0	0	0	0
Full Recovery (\$)	4	0	0	0	0	0	0	0	0	0
Partial Recovery (# of claims)	5	0	0	0	0	0	0	0	0	0
Partial Recovery (\$)	6	0	0	0	0	0	0	0	0	0
Total Prepay Savings(# of claims):	7	0	0	0	0	0	0	0	0	0
Total Prepay Savings(\$):	8	0	0	0	0	0	0	0	0	0
Postpay Savings:			0							

