

<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 11124</b>	<b>Date: November 18, 2021</b>
	<b>Change Request 12518</b>

**SUBJECT: Updates to Medicare Financial Management Manual Chapter 3, Section 140.1 Bankruptcy Forms**

**I. SUMMARY OF CHANGES:** This Change Request (CR) clarifies and updates the bankruptcy referral checklist Tier I and II instructions (Under the Federal Claims Collection) of the Financial Management Manual, previously issued in CR 11386, Transmittal 335, dated January 31, 2020.

**EFFECTIVE DATE: December 21 2021**

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

**IMPLEMENTATION DATE: December 21 2021**

*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>
R	3/140.1/Bankruptcy Forms

**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

Pub. 100-06	Transmittal: 11124	Date: November 18, 2021	Change Request: 12518
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**SUBJECT: Updates to Medicare Financial Management Manual Chapter 3, Section 140.1 Bankruptcy Forms**

**EFFECTIVE DATE: December 21 2021**

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

**IMPLEMENTATION DATE: December 21 2021**

**I. GENERAL INFORMATION**

**A. Background:** Bankruptcy is a form of litigation. Under the Federal Claims Collection Act of 1966, as amended, each agency of the Federal Government (pursuant to regulations jointly promulgated by the Attorney General and the Comptroller General of the U.S.) must attempt collection of Federal Government claims for money arising out of activities of the agency.

Upon receipt of a new bankruptcy notification, contractors shall consult closely with the Regional Office before taking any actions regarding a bankrupt provider, supplier or beneficiary. Time is of the essence when a provider, supplier or beneficiary files for bankruptcy. Thus, timely notification will help protect the Medicare Trust Fund and will ensure proper handling of the Medicare financial obligations in accordance with the applicable bankruptcy regulations.

The purpose of a bankruptcy referral checklist is to provide applicable provider, supplier or beneficiary information and all outstanding overpayments eligible for repayment. Every overpayment, regardless of the cause of the overpayment or the status of the provider, supplier or beneficiary, shall meet the requirements for referral.

**B. Policy:** This CR does not affect legislation or policy.

**II. BUSINESS REQUIREMENTS TABLE**

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

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C S	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12518.1	Contractors shall take necessary actions to implement the attached instructions, primarily by ensuring that the bankruptcy referral checklist conforms to this change.	X	X	X	X					
12518.2	Contractors shall use the Healthcare Integrated General Ledger Accounting System (HIGLAS), System Tracking for Audit and Reimbursement (STAR), ViPS Medicare System (VMS), Fiscal Intermediary Shared System (FISS), Multi-Carrier	X	X	X	X					

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	System (MCS), Provider Enrollment, Chain, and Ownership System, and internal systems to complete the bankruptcy referral checklist.										
12518.3	Upon receipt of a new bankruptcy notice, contractors shall immediately notify the appropriate CMS Regional Office (RO) of the bankruptcy and begin the process of collecting the required information on the Bankruptcy Referral Checklist.	X	X	X	X						
12518.4	The contractor shall email its fraud check request spreadsheet along with a completed CPI data request form to CPIFraudcheck-OFMDebt@cms.hhs.gov.	X	X	X	X						
12518.5	The contractor shall include a copy of the fraud check report for the National Provider Identifiers (NPIs) that are included in the Bankruptcy Tier II section on the checklist spreadsheet that is sent to the RO.	X	X	X	X						
12518.6	Upon receipt of instructions from the RO to place a provider/supplier in bankruptcy status, the contractor shall update the provider/supplier to BNK status at the Customer Level in HIGLAS and the Part A Provider Audit STAR system, Provider Profile, "if applicable".	X	X	X	X						
12518.7	The contractor shall submit a screen print of the HIGLAS Customer Status History showing the BNK code in the Customer Status.	X	X	X	X						
12518.8	Upon receipt of instructions from the RO to remove a provider/supplier from bankruptcy status, the contractor shall update the provider/supplier to INIT status at the Customer Level in HIGLAS and the Part A Provider Audit STAR system, Provider Profile, "if applicable".	X	X	X	X						
12518.9	The contractor shall submit a screen print of the HIGLAS Customer Status History showing the INIT code in the Customer Status.	X	X	X	X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	None					

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Hugh Vance, 206-615-2329 or [hugh.vance@cms.hhs.gov](mailto:hugh.vance@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: 3**

# Medicare Financial Management

## Chapter 3 – Overpayments

### 140.1 –Bankruptcy Forms

*(Rev.11124 Issued:11-18-21 , Effective: 12-21-21, Implementation:12-21-21 )*

*Upon receipt of a new bankruptcy notice, contractors shall immediately notify the appropriate CMS Regional Office (RO) of the bankruptcy and begin the process of collecting the required information on the Bankruptcy Referral Checklist. The Bankruptcy Referral Checklist is divided into three tiers, each designed to gather the appropriate bankruptcy information within a reasonable timeframe. Tier I information is being updated to clarify the Debts Recalled from Treasury N/A option. Tier II information is being updated to include clarification on the Fraud check and including HIGLAS Customer Level screen to be submitted to the RO within ten business days of receipt of the bankruptcy notification. The submission time frames for Tier II are extended by 5 business days, to account for the Fraud Check Request.*

#### **Tier I**

##### **Debts Recalled from Treasury (Y/N or N/A)?**

*If debt(s) have been recalled from Treasury due to the bankruptcy case list Y. If debt(s) are currently at Treasury list N. If debt(s) are currently not referred to Treasury list N/A.*

#### **Tier II**

##### **Fraud Check Report Request Instructions**

- 1. The contractor shall email its fraud check request spreadsheet along with a completed CPI data request form (Attachment #1) to [CPIFraudcheck-OFMDebt@cms.hhs.gov](mailto:CPIFraudcheck-OFMDebt@cms.hhs.gov) with the subject line “Contractor/Jurisdiction Fraud Check Request” (example – ABC/J2 Fraud Check Request).*
- 2. The contractor should expect to receive the fraud check report from CPI within one week of sending the fraud check request to CPI. The contractor shall use the fraud check report to determine if the provider/supplier has an open fraud case. Please see Attachment #2 for a sample UCM fraud check report and note the following:*
  - The NPI is listed in column A (PRVDR\_NPI\_NUM).*
  - Column B (UCM\_FRAUD\_CHECK) will indicate a “Y” if the NPI was found in UCM. An “N” in column B will indicate that there are no records listed for the NPI. Therefore, all other fields will be blank.*
  - If there is a “Y” in column B, proceed to column P (RFRL\_OPEN\_IND) to determine if the case is open or closed. If there is a “Y”, the case is open. An “N” indicates that the provider’s fraud case is closed.*
  - If there are more than one open and/or closed fraud cases for a given provider/supplier, filter column P with the “Ys” only to get those with open fraud cases. If all entries for a given NPI have an “N” in columns B or P, then the provider/supplier has no open fraud cases. However, if one or more of a given provider/supplier NPI’s entries has a “Y” in column P, the provider/supplier has an open fraud case.*

The contractor shall include a copy of the fraud check report for the NPIs that are included on the Bankruptcy on the checklist spreadsheet Tier II that is sent to the RO.

*\*Note: The CPI Fraud check applies to bankrupt providers/suppliers with NPI's. Bankrupt providers/suppliers with no NPI's should follow the current process of checking for fraud.*

**HIGLAS Customer Status Instructions**

1. Upon receipt of instructions from the RO to place a provider/supplier in bankruptcy status, the contractor shall update the provider/supplier to BNK status at the Customer level in HIGLAS and the Part A Provider Audit STAR system, Provider Profile, “if applicable”.
2. The contractor shall submit a screen print of the HIGLAS Customer Status History showing the BNK code in the Customer Status.
3. Upon receipt of instructions from the RO to remove a provider/supplier from bankruptcy status, the contractor shall update the provider/supplier to INIT status at the Customer level in HIGLAS and the Part A Provider Audit STAR system, Provider Profile, “if applicable”.
4. The contractor shall submit a screen print of the HIGLAS Customer Status History showing the INIT code in the Customer Status.

Below is a list of the requirements for a basic bankruptcy referral to use when the contractor first receives notice of a new bankruptcy (it is not all-inclusive).

**EXHIBIT 1**

**Bankruptcy Referral Checklist Tier II**

(Submit to the RO as an Excel file, via email, within ten business days from receipt of the bankruptcy notification. Please note that Excel file contains a tab with instructions on what is expected.)

**BANKRUPTCY NOTIFICATIONS**

Tier II: Due 10 Business Days upon receipt of bankruptcy notice. Example: Received July 9, XXXX. Due July 19,

	<u>MAC Response</u>	<u>MAC Comments</u>
Any Open Claims (Y/N)?		
Amounts of Claims on Payment Floor?		
Any open cost reports (Y/N or N/A)? (Part A Only)		
Year & Status of Open Cost Reports? (Part A Only)		
Cost Reporting Years in Appeal (Part A Only)		
Pending Cost Report Re-openings(Y/N)? (Part A Only)		
Any claims under appeal (Y/N)?		

<i>Any Overpayments in Appeals Status (Y/N)?</i>		
<i>Any Fraud Overpayments or Investigations (Y/N)?</i>		
<i>Date of fraud cases, if applicable</i>		
<i>Evidence of a Recent or Pending CHOW (Y/N)?</i>		<i>Recent = Within a year of the Petition Date</i>
<i>HIGLAS Customer Status Screen</i>		

*Referral Checklist Instructions:*

<b>Category</b>	<b>Data Element</b>	<b>Instruction</b>	<b>Example</b>
Tier I	Bankruptcy Case #	Prescribed format for this field is Court Abbreviation + BNK Case Number	TNMBKE-19-12345
Tier I	Bankruptcy Court	Court State and Region (if applicable)	Tennessee Middle
Tier I	Petition Date	Date Petition Filed in US Bankruptcy Court	01/01/2019
Tier I	Provider Name		
Tier I	Provider Number(s)	DME PTAN(s) or HIGLAS Supplier Number(s)	<b>VMS -</b> 1234560000, <b>HIGLAS -</b> CONTRACTOR WKLOAD- PROV NUMBER-NPI
Tier I	Provider Tax ID		12-34567890
Tier I	Open Overpayment Amount	Will automatically populate from Receivables Summary tab	
Tier I	List of open debts attached (Y/N)?		
Tier I	Provider Detail Screen Attached (Y/N)?	Attach screen print from FISS, MCS, or VMS APPL	FISS - Financial Master - Administrative Screen 2, MCS - Provider Eligibility Screen (PE), VMS - APPL H1
Tier I	Still billing Medicare (Y/N)?	Has provider submitted claims in the last 6 months	
Tier I	Medicare Termination Date	If multiple, list most current	
Tier I	Last Payment Date	Date of last claim payment made to provider	
Tier I	Is there an active Surety Bond policy (Y/N)?	DME Only	

Tier I	Debts Recalled from Treasury (Y/N or N/A)?	If debt(s) have been recalled from Treasury due to the bankruptcy case list Y. If debt(s) are currently at Treasury list N. If debt(s) are currently not referred to Treasury list N/A	
Tier I	Debts Placed in Bankruptcy Status (Y/N)?	Are the provider's overpayments in a Bankruptcy AR Status	
Tier I	Active ERS (Y/N)?	Does provider have an active Extended Repayment Schedule	If in default, list as No and add comment
Tier I	Money Held (Y/N)? If yes, Amount & Hold Type	See example	Yes; \$1,000.00, Administrative Freeze
Tier I	PIP & Pass Through Payment Amounts Due Provider (Y/N)?	If yes, provide amount	
Tier I	Any Open Claims (Y/N)?	Does the provider have any open claims in the system that are unpaid	
Tier I	Amounts of Claims on Payment Floor?	Amounts of approved claims scheduled to be paid	
Tier II	Any open cost reports (Y/N or N/A)?	If not Part A workload, list N/A	Yes
Tier II	Year & Status of Open Cost Reports?	If not Part A workload, list N/A	2016, Unfiled
Tier II	Cost Reporting Years in Appeal	If not Part A workload, list N/A	
Tier II	Pending Cost Report Re-openings (Y/N)?	If not Part A workload, list N/A	
Tier II	Any claims under appeal (Y/N)?		
Tier II	Any Overpayments in Appeals Status (Y/N)?	If Yes, provide stage of Appeal (Ex: Reconsideration)	
Tier II	Any Fraud Overpayments or Investigations (Y/N)?	CPI Fraud Check Request	
Tier II	Date of fraud cases, if applicable	CPI Fraud Check Request	
Tier II	Evidence of a Recent or Pending CHOW (Y/N)?	Recent = within 1 year of Petition Date	
Tier II	HIGLAS Customer Status Screen	Place provider/supplier in BNK or INIT status based on RO instructions	
Tier I	Receivables Summary	Required fields - Provider Name and Number, AR or DCN #, Seq # (DME only), AR Status, Letter Date, Overpayment Amount, Current Principal Balance, Current Interest Balance, Pre and Post-Petition Interest, Reason / Discovery Codes, Dates of Service	MAC can manually calculate and enter pre and post-petition interest amounts if they experience problems with



			the formulas. The most current RBD report should be the data source for all HIGLAS workloads
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# Data Request Form

To request a fraud check report from CPI Unified Case Management (UCM) system, please complete and submit this form **one week before the desired delivery date** to [CPIFraudcheck-OFMDebt@cms.hhs.gov](mailto:CPIFraudcheck-OFMDebt@cms.hhs.gov).



Requestor Information			
Requester:		Component/Contractor	
Phone Number:		Date:	
Email Address:		Desired Date:	
Frequency :	<i>One time request</i>		

Data Request Information	
Summary	<b>Contractor is requesting fraud checks for the National Provider Identifiers that are included on the attached spreadsheet(s).</b>
Description	<b>Fraud checks are required for providers/suppliers who have Medicare debts that are associated with a bankruptcy case. If it is determined that the provider/supplier has an open fraud case, its debts will not be eligible for termination of collection.</b>
Business Need	<b>See description.</b>
Comments	

Column Name	Report Column Descriptions
PRVDR_NPI_NUM	NPI Number of the Provider
UCM_FRAUD_CHECK	NPI found in UCM the indicator will be 'Y', else 'N'. If 'N', all other columns other than NPI are blank.
MSTR_PRVDR_NAME	The self designated legal name of the entity. The first name, Last Name or given name of the individual being enumerated.
UCM_PRVDR_NAME	The self designated legal name of the entity. The first name, Last Name or given name of the individual being enumerated.
UCM_CASE_REC_ID	Unique identifier assigned to each Case by Unified Case Management system for case record type
INVSTGTN_STRT_DT	The date when an investigation is stated. If no data then blank
INVSTGTN_CLSD_DT	The date when an investigation is closed. If no data then blank
LE_CASE_NUM	The case number of case referred to law enforcement. If no data then blank
AGNCY_TYPE_CD	A code representing a Contractor or Agency
AGNCY_TYPE_NAME	The name of Contractor or Agency
UCM_RFRL_REC_ID	Unique identifier assigned to each Referral by Unified Case Management system (UCM)
RFRD_DT	The date when the referral for a case is referred to law enforcement. If no data then blank
ACPTD_DT	The date referral was accepted. If no data then blank
RTRND_DT	The date referral was returned. If no data then blank
CLSD_DT	The date the referral was closed. If no data then blank
RFRL_OPEN_IND	Indicator of 'Y' if the referral open or 'N' if closed



Please find the UCM Fraud Check Report you requested on 8/2/2019 attached to this email.  
The CPI contractor QSSI completed the report per my request using agreed upon data elements from UCM on 8/16/2019.  
The standard Fraud Check Report password is used. Let me know if you have any questions or concerns.

**Wendy Alexander, PhD.**

*Centers for Medicare and Medicaid Services (CMS)*

*Center for Program Integrity (CPI)*

*Data, Analytics and Systems Group (DASG)*

*Division of Modeling and Analytics (DMA)*

*Location: 7210 Ambassador Rd., Mailstop AR-18-50*

*Office: 410-786-5245*

*Cell: 443-615-1261*

**BANKRUPTCY NOTIFICATIONS - LEAN PROCESS**

Implementation Plan - Develop Form to Notify CMS RO

Tier I (0 - 2 Business Days)\*

MAC Response

MAC Comments

Bankruptcy Case #

Bankruptcy Court

Petition Date

Provider Name

Provider Number(s)

Provider Tax ID

Open Overpayment Amount

List of open debts attached

Provider Detail Screen Attached (Y/N)?

Still billing Medicare (Y/N)?

Medicare Termination Date

Last Payment Date

Is there an active Surety Bond policy (Y/N)?

Debts Recalled from Treasury (Y/N or N/A)?

Debts Placed in Bankruptcy Status (Y/N)?

Active ERS (Y/N)?

Money Held (Y/N)? If yes, Amount & Hold Type

PIP & Pass Through Payment Amounts Due Provider (Y/N)?

\* If paper document received by MAC, deadline extended to 5 business days

**BANKRUPTCY NOTIFICATIONS - LEAN PROCESS**  
**Implementation Plan - Develop Form to Notify CMS RO**  
**Tier II (10 Business Days)**

	<u>MAC Response</u>	<u>MAC Comments</u>
<b>Any Open Claims (Y/N)?</b>		
<b>Amount of Claims on Payment Floor?</b>	\$	-
<b>Any open cost reports (Y/N or N/A)?</b>	Part A Only	
<b>Year &amp; Status of Open Cost Reports?</b>	Part A Only	
<b>Cost Reporting Years in Appeal</b>	Part A Only	
<b>Pending Cost Report Reopenings (Y/N)?</b>	Part A Only	
<b>Any claims under appeal (Y/N)?</b>		
<b>Any Overpayments in Appeals Status (Y/N)?</b>		
<b>Any Fraud Overpayments or Investigations (Y/N)?</b>		
<b>Date of fraud cases, if applicable</b>		
<b>Evidence of a Recent or Pending CHOW (Y/N)?</b>		Recent = Within a year of the Petition Date
<b>HIGLAS Customer Status Screen</b>		

**BANKRUPTCY NOTIFICATIONS - LEAN PROCESS**  
**Implementation Plan - Develop Form to Notify CMS RO**  
**Tier III (Provided only upon request by CMS)**

Potential Examples:

Provider Participating in Medicaid program?

Provide copies of Demand Letters

Claims paid in last 12 months?

Other

Other

Other

Other

Other

Other







## Data Request Form

To request a fraud check

[to CPIFraudcheck-OFMDebt](#)

Requestor Information
Requester:
Phone Number:
Email Address:
Frequency :

Data Request Information
Summary
Description
Business Need
Comments

report from CPI Unified Case Management (UCM) system, please complete and submit this form **one week before the desired delivery date**

[@cms.hhs.gov](mailto:cms.hhs.gov).

	Component/Contractor	
	Date:	
	Desired Date:	
<i>One time request</i>		

<b>Contractor is requesting fraud checks for the National Provider Identifiers that are included on the attached spreadsheet(s).</b>
<b>Fraud checks are required for providers/suppliers who have Medicare debts that are being reviewed for potential termination of collection. If it is determined that the provider/supplier has an open fraud case, its debts will not be eligible for termination of collection.</b>
<b>See description.</b>

PROVIDE SCREEN PRINT FROM ONE OF THE FOLLOWING:

APPL / H1 HEADER SCREEN - VMS

FISS - Financial Master - Administrative Screen 2

MCS - Provider Eligibility Screen (PE)

Category	Data Element
Tier I	Bankruptcy Case #
Tier I	Bankruptcy Court
Tier I	Petition Date
Tier I	Provider Name
Tier I	Provider Number(s)
Tier I	Provider Tax ID
Tier I	Open Overpayment Amount
Tier I	List of open debts attached (Y/N)?
Tier I	Provider Detail Screen Attached (Y/N)?
Tier I	Still billing Medicare (Y/N)?
Tier I	Medicare Termination Date
Tier I	Last Payment Date
Tier I	Is there an active Surety Bond policy (Y/N)?
Tier I	Debts Recalled from Treasury (Y/N or N/A)?
Tier I	Debts Placed in Bankruptcy Status (Y/N)?
Tier I	Active ERS (Y/N)?
Tier I	Money Held (Y/N)? If yes, Amount & Hold Type
Tier I	PIP & Pass Through Payment Amounts Due Provider (Y/N)?
Tier I	Any Open Claims (Y/N)?
Tier I	Amount of Claims on Payment Floor?
Tier II	Any open cost reports (Y/N or N/A)?
Tier II	Year & Status of Open Cost Reports?
Tier II	Cost Reporting Years in Appeal
Tier II	Pending Cost Report Reopenings (Y/N)?
Tier II	Any claims under appeal (Y/N)?
Tier II	Any Overpayments in Appeals Status (Y/N)?
Tier II	Any Fraud Overpayments or Investigations (Y/N)?
Tier II	Date of fraud cases, if applicable
Tier II	Evidence of a Recent or Pending CHOW (Y/N)?
Tier II	HIGLAS Customer Status Screen
Tier I	Receivables Summary

Instruction	Example
Prescribed format for this field is Court Abbreviation + BNK Case Number	TNMBKE-19-12345
Court State and Region (if applicable)	Tennessee Middle
Date Petition Filed in US Bankruptcy Court	01/01/2019
DME PTAN(s) or HIGLAS Supplier Number(s)	VMS - 1234560001 , HIGLAS - CONTRACTOR WKLOAD-PROV NUMBER-NPI 12-34567890
Will automatically populate from Receivables Summary tab	
Attach screen print from FISS, MCS, or VMS APPL	FISS - Financial Master - Administrative Screen 2, MCS - Provider Eligibility Screen (PE), VMS - APPL H1
Has provider submitted claims in the last 6 months	
If multiple, list most current	
Date of last claim payment made to provider	
DME Only	
If debt(s) have been recalled from Treasury due to the bankruptcy case list Y. If debt(s) are currently at Treasury list N. If debt(s) are currently not referred to Treasury list N/A	
Are the provider's overpayments in a Bankruptcy AR Status	
Does provider have an active Extended Repayment Schedule	If in default, list as No and add comment
See example	Yes; \$1,000.00, Administrative Freeze
If yes, provide amount	
Does the provider have any open claims in the system that are unpaid	
Amount of approved claims scheduled to be paid	
If not Part A workload, list N/A	Yes
If not Part A workload, list N/A	2016, Unfiled
If not Part A workload, list N/A	
If not Part A workload, list N/A	
If Yes, provide stage of Appeal (Ex: Reconsideration)	
CPI Fraud Check Request	
CPI Fraud Check Request	
Recent = within 1 year of Petition Date	
Place provider/supplier in BNK or INIT status based on RO instructions	
Required fields - Provider Name and Number, AR or DCN #, Seq # (DME only), AR Status, Letter Date, Overpayment Amount, Current Principal Balance, Current Interest Balance, Pre and Post Petition Interest, Reason / Discovery Codes, Dates of Service	MAC can manually calculate and enter pre and post petition interest amounts if they experience problems with the formulas. The most current RBD report should be the datasource for all HIGLAS workloads