

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12158	Date: July 27, 2023
	Change Request 13097

SUBJECT: Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Enhancement to the Duplicate Payment Process (DPP)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to modify FISS to bypass medical policy edits for automated adjustments created to recoup duplicate Medicare primary payments.

EFFECTIVE DATE: January 1, 2024

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

IMPLEMENTATION DATE: January 2, 2024

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

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

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

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:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 12158	Date: July 27, 2023	Change Request: 13097
-------------	--------------------	---------------------	-----------------------

SUBJECT: Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Enhancement to the Duplicate Payment Process (DPP)

EFFECTIVE DATE: January 1, 2024

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

IMPLEMENTATION DATE: January 2, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to modify the automated DPP process to bypass medical policy. When another payer and Medicare have both paid the claim as primary, a Duplicate Primary Payment (DPP) is created. CR 12687 created the systematic and operational design for an automated DPP process to recoup the Medicare overpayment. These automated adjustments aren't subject to medical policy editing. A user action code of 'Q' should be applied to the automated adjustment when the original claim is reimaged.

Currently, the MACs have to manually update the DPP adjustments if they hit any medical policy edits. This change will reduce manual effort and prevent delays in processing the DPP adjustments.

B. Policy: This is a user enhancement. There is no policy impact.

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	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
13097.1	FISS shall update the User Action Code (UAC) on claim page 6 (MAP1036) with value 'Q' for automated DPP adjustments. DPP automated adjustments are identified by OPER ID = FDPPADJ-M or SDPPADJ-M in the claim audit trail.					X					

III. PROVIDER EDUCATION TABLE

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

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

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