

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12447	Date: January 11, 2024
	Change Request 13450

SUBJECT: Modifications to the Automated Duplicate Primary Payer (DPP) Process

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to modify one of the Fiscal Intermediary Shared System (FISS) edits that activates when the shared system attempts to create a DPP adjustment on a claim that was previously adjusted.

EFFECTIVE DATE: July 1, 2024

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

IMPLEMENTATION DATE: July 1, 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

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SUBJECT: Modifications to the Automated Duplicate Primary Payer (DPP) Process

EFFECTIVE DATE: July 1, 2024

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

IMPLEMENTATION DATE: July 1, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to modify an edit in the Fiscal Intermediary Shared System (FISS) that activates when the system attempts to auto-create a DPP adjustment. Currently, FISS activates an edit when it detects that the claim previously adjusted under any circumstances. For DPP situations, the current FISS “claim already adjusted” editing results in DPP claims appearing in an error status on the 5002A Report. Through the changes included in this instruction, FISS will no longer prevent a DPP claim from automatically adjusting if FISS detects that the previous adjustment occurred while Medicare was the primary payer.

Through CR 12687, the Centers for Medicare & Medicaid Services (CMS) implemented the automated DPP process on March 13, 2023. The process ensures that, with limited exceptions, the Benefits Coordination & Recovery Center (BCRC) and Commercial Repayment Center (CRC) will no longer need to mail DPP documentation to individual A/B Medicare Administrative Contractors (MACs) and Durable Medical Equipment MACs (DME MACs) to initiate adjustments to recover Medicare's mistaken primary payment.

B. Policy: No changes to the DPP operational policy as already implemented

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	
13450.1	For situations where FISS's edit for DPP claims being "already adjusted" activates, FISS shall not immediately write the error condition off to the 5002A Report.					X				
13450.1.1	Instead, when FISS is attempting to automatically adjust a claim that Medicare previously paid as primary, FISS shall take the following actions before preventing the claim from completing as a					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	DPP adjustment: <ul style="list-style-type: none"> • Check FISS claim page 4 to determine if the first payer code “Z” (which means Medicare is primary) is present; and • Allow the DPP adjustment to complete if the first payer code on FISS claim page 4 equals “Z.” 									

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: 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