CMS Guidance Document	**Department of Health & Human Services (DHHS)**
Pub. 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Executive Guidance Number 0026	**Date: August 16, 2007**
Planned Web Site Address http://www.cms.hhs.gov/manuals/	**Release planned: August 30, 2007**

PROGRAM AREA: Timeliness Requirements

SUBJECT: Modification to the Timeliness Requirements for Contractors Forwarding Reconsideration Requests Submitted to the Wrong Contractor

APPLIES TO: Contractors

I. SUMMARY OF DOCUMENT: The purpose of this change request is to modify the timeliness requirements by which the contractors must forward misrouted reconsideration requests to the qualified independent contractors.

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)
STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
R	29/320.1/Filing a Request for a Reconsideration

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Abby Block/(202) 260-1291/Center for Beneficiary Choices-
Agency POC	Kathleen McCracken/(410) 786-7487/CBC/MEAG/DAO

IV. TYPE (Check appropriate boxes for type of guidance)

	Audit Guide
X	**Change Request**
	HPMS
	Joint Signature Memorandum/Technical Director Letter
	Manual Transmittal/Non-Change Request
	State Medicaid Director Letters
	Other

V. STATUTORY OR REGULATORY AUTHORITY: Benefits Improvement and Protection Act of 2000 (BIPA)

Attachment - Business Requirements

Pub. 100-04	Transmittal:	Date:	Change Request: 5602

SUBJECT: Modification to the Timeliness Requirements for Contractors Forwarding Reconsideration Requests Submitted to the Wrong Contractor

EFFECTIVE DATE: **October 1, 2007**
IMPLEMENTATION DATE: October 1, 2007

I. GENERAL INFORMATION

A. Background: The Medicare claims appeal process was amended by the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA). This Change Request (CR) modifies the existing instructions in IOM Pub. 100-4, Chapter 29, §320.1, Filing a Request for a Reconsideration, to change the timeliness requirements by which contractors shall forward misrouted reconsideration requests and the respective case files to the QIC.

B. Policy: IOM Pub. 100-4, Chapter 29, §320.1, Filing a Request for a Reconsideration, currently requires contractors to forward misrouted reconsideration requests to the QIC, along with the appropriate case file(s) within 14 calendar days of receipt in the corporate mailroom. This CR modifies this requirement to allow contractors to forward misrouted reconsideration requests to the QIC, along with the appropriate case file(s) within 30 calendar days from receipt of the request in the corporate mailroom.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5602.1	Contractors shall ensure that misrouted reconsideration requests are sent / transmitted to the QIC, along with the appropriate case file(s), no later than 30 calendar days from the date of receipt in the corporate mailroom.	X	X	X	X	X	X					
5602.2	Contractors shall ensure that the case file is sent either by an electronic means agreed upon in the joint operating agreements (JOAs) or by a courier service so that the case file is received by the QIC on or before the 31st calendar day after receipt in the corporate mailroom.	X	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/	DM	FI	CA	DM	RH	Shared-System Maintainers				OTHER

								FISS	MCS	VMS	CWF	
	None.											

IV. SUPPORTING INFORMATION

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:
N/A	

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

V. CONTACTS

Pre-Implementation Contact(s): Kathleen McCracken, Kathleen.McCracken@cms.hhs.gov.
Post-Implementation Contact(s): Kathleen McCracken, Kathleen.McCracken@cms.hhs.gov.

VI. FUNDING

A. ***For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC)*****:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. ***For Medicare Administrative Contractors (MAC)*****:**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.

320.1 - Filing a Request for a Reconsideration

(Rev.)

The request for a reconsideration made by a beneficiary, provider, supplier, or State and must be filed with the QIC specified in the redetermination notice. A request from a provider, supplier, or State must be made in writing either on a standard CMS Form (CMS-20033), the reconsideration request form included with the redetermination, or must contain the following items:

- The beneficiary's name;
- Medicare health insurance claim number;
- The specific service(s) and item(s) for which the reconsideration is requested and the specific date(s) of service;
- The name and signature of the party or representative of the party; and
- The name of the contractor that made the redetermination.

A request from a beneficiary must be made in writing either on a standard CMS form or another written format indicating dissatisfaction with the redetermination. Requests for reconsideration may be submitted in situations where beneficiaries assume that they will receive a reconsideration by questioning a payment detail of the determination or by sending additional information back with the MSN or MRN, but don't actually say: I want a reconsideration. For example, a written inquiry stating, "Why did you only pay $10.00?" is considered a request for reconsideration. Common examples of phrasing in letters from beneficiaries that constitute requests for reconsideration:

- "Please reconsider my claim."
- "I am not satisfied with the amount paid - please look at it again."
- "My neighbor got paid for the same kind of claim. My claim should be paid too."

Or the request may contain the word appeal or review. There may be instances in which the word review is used but where the clear intent of the request is for a status report. This should be considered an inquiry.

A. Request for Reconsideration (Form CMS-20033)

The CMS provides a form for filing a request for reconsideration for the convenience of appellants, but appellants are not required to use this form.

B. Requests Submitted to the Wrong Contractor

Parties must request a reconsideration at the QIC with jurisdiction. Contractors with multiple states may have multiple QICs handling requests and, therefore, must make certain to refer the appellant to the correct QIC. The jurisdiction for all QIC appeals are dependent upon the state where the service or item was rendered. The jurisdiction for all DME Part B QIC appeals are dependent upon the state where the beneficiary resides. See §320.7 for the specific QIC jurisdictions.

There may be instances where requests for QIC reconsiderations are misrouted to a contractor location. Contractors shall have standard operating procedures to ensure that misrouted requests are sent/transmitted to the QIC, along with the appropriate case file(s), within *30* calendar days of receipt in the corporate mailroom. The case file must be sent either by an electronic means agreed upon in the joint operating agreements (JOAs) or by a courier service so that the case file is received by the QIC before or on the *31st* calendar day after the receipt. There also may be instances where the redetermination decision is issued after May 1, 2005 (for FIs) or January 1, 2006 (for carriers and DMERCs) and the appellant mistakenly requests or misfiles a hearing officer hearing. Contractors shall have standard operating procedures to ensure that these requests are identified and transmitted to the QIC, along with the appropriate case file(s) within *30* calendar days of receipt in the corporate mailroom. Contractors shall track all misfiled and misrouted reconsideration requests to ensure receipt at the proper QIC. The QIC will send the *FI,* carrier*, MAC* or *DME MAC* an acknowledgement of receipt of any misfiled requests. Contractors shall not count such misrouted or misfiled requests as dismissals. The contractor counts the costs associated with misrouted or misfiled requests in the CAFM line designated for preparing/transferring case files to the QIC. To avoid misrouted requests for QIC reconsiderations, contractors shall employ provider education efforts with an emphasis on the dates for transition and filing locations.