

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	Centers for Medicare & Medicaid Services (CMS)
Transmittal 330	Date: November 6, 2019
	Change Request 11464

Transmittal 326, dated October 4, 2019, is being rescinded and replaced by Transmittal 330, dated, November 6, 2019 to update the PIM language to be consistent with process changes that have already been implemented, this correction only updates publication 100-08. All other information remains the same.

SUBJECT: The Medicare Fee-for-Service Recovery Audit Program

I. SUMMARY OF CHANGES: Instruction regarding the Medicare Fee-for-Service Recovery Audit Program shall be deleted from the Medicare Financial Management Manual and moved to the Medicare Program Integrity Manual. This CR deletes the applicable sections from the Medicare Financial Management Manual.

EFFECTIVE DATE: November 4, 2019

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

IMPLEMENTATION DATE: November 4, 2019

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
D	4/100/ Affiliated Contractor and PSC Interaction with the Non-MSP Recovery Audit Contractors
D	4/100.1/Recovery Audit Contractors (RACs)
D	4/100.2/Communication with the RACs
D	4/100.3/Overview of the RAC Process
D	4/100.4/Inputting Suppression and Exclusion Cases to the RAC Data Warehouse
D	4/100.4.1/Providing Suppressed Cases to the RAC Data Warehouse
D	4/100.5/Adjusting the Claim
D	4/100.5.1/Error Files
D	4/100.6/Handling Overpayment and Underpayments Resulting from the RAC Findings
D	4/100.6.1/Underpayments
D	4/100.6.2/Setting up an Accounts Receivable
D	4/100.6.3/Recoupments Received on a RAC initiated overpayment
D	4/100.6.4/Extended Repayment Schedule (ERS) Requests Received on a RAC Initiated Overpayment
D	4/100.7/Appeals Resulting from RAC Initiated Denials
D	4/100.8/Referrals to the Department of Treasury
D	4/100.9/Tracking Overpayments and Appeals
D	4/100.9.1/Tracking Overpayments
D	4/100.10/Reporting Administrative Costs Directly Associated with the RAC Program
D	4/100.11/Potential Fraud
D	4/100.12/AC and MAC Requirements Involving RAC Information Dissemination
D	4/100.13/ Contacting Non-Responders
D	4/100.14/Voluntary Refunds
D	4/100.15/Working with RAC Support Contractors
D	4/100.16/Receivables Initiated by the Recovery Auditor as Independent Audit Accessible Information
D	4/100.17/Validation of Recovery Audit Program New Issues

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: 330	Date: November 6, 2019	Change Request: 11464
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SUBJECT: The Medicare Fee-for-Service Recovery Audit Program

EFFECTIVE DATE: November 4, 2019

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IMPLEMENTATION DATE: November 4, 2019

I. GENERAL INFORMATION

A. Background: Instruction regarding the Recovery Audit Program located in Publication (Pub.) 100-06, the Medicare Financial Management Manual, shall be moved to Pub. 100-08, the Medicare Program Integrity Manual (PIM). This CR removes all applicable instruction from Pub. 100-06.

B. Policy: Section 302 of the Tax Relief Act and Health Care Act of 2006.

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		
11464 - 06.1	Contractors shall be aware that Chapter 4, Section 100 of Pub. 100-06, the Medicare Financial Management Manual, is being removed.	X	X	X	X						RAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Ashley Badami, 410-786-0828 or Ashley.Badami@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: 0

Medicare Financial Management

Chapter 4 - Debt Collection

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