

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1588	Date: December 24, 2015
	Change Request 9217

Transmittal 1583, dated December 11, 2015, is being rescinded and replaced by Transmittal 1588 to change the CMS Overpayment mailbox from MedicareOverpayments@cms.hhs.gov to SCF@cms.hhs.gov. All other information remains the same.

SUBJECT: Settlement Effectuation Instructions for the Department of Health and Human Services' (DHHS) Office of Medicare Hearings and Appeals (OMHA) Settlement Conference Facilitation (SCF) Pilot

I. SUMMARY OF CHANGES: This CR will provide instructions for the effectuation of claims and payments that are associated with the Office of Medicare Hearings and Appeals (OMHA) Settlement Conference Facilitation (SCF) Pilot.

EFFECTIVE DATE: January 13, 2016

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

IMPLEMENTATION DATE: January 13, 2016

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: 1588	Date: December 24, 2015	Change Request: 9217
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SUBJECT: Settlement Effectuation Instructions for the Department of Health and Human Services' (DHHS) Office of Medicare Hearings and Appeals (OMHA) Settlement Conference Facilitation (SCF) Pilot

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I. GENERAL INFORMATION

A. Background: The Office of Medicare Hearings and Appeals (OMHA) is working on various initiatives to address the increasing claims-based appeals workload at the Administrative Law Judge (ALJ) level. One of those initiatives is the OMHA Settlement Conference Facilitation (SCF) Pilot which is an alternative dispute resolution process or mediation process designed to bring the appellant and the Centers for Medicare & Medicaid Services (CMS) together to discuss the potential of a mutually agreeable resolution to the claims appealed to an ALJ hearing. If a resolution is reached, a settlement document is drafted by the facilitator to reflect the agreement and the document is signed by the appellant and CMS at the settlement conference session. When the OMHA SCF process results in a settlement between CMS and the Appellant provider, physician, or supplier, the pending appeals at the ALJ level which are included in the settlement will be dismissed. If CMS and the Appellant provider, physician, or supplier do not agree to a settlement, the associated appeals will proceed through the standard ALJ process.

These effectuation instructions shall apply only to settlements for the Office of Medicare Hearings and Appeals (OMHA) Settlement Conference Facilitation (SCF) Pilot. Each settlement shall be clearly identified as an "OMHA SCF Pilot Settlement". Currently, the OMHA SCF Pilot is limited to Part B (outpatient) appeals. This includes Part B services and/or items furnished by providers, physicians or other suppliers and Part B services' claims that are processed through the FISS system (sometimes referred to as "Part B of A"). The request for an ALJ hearing must have not yet been assigned to a specific ALJ and not involved in any other OMHA initiative.

B. Policy: Detailed information regarding the OMHA SCF Pilot is located on the DHHS website: http://www.hhs.gov/omha/OMHA%20Settlement%20Conference%20Facilitation/settlement_conference_facilitation_pilot.html. This webpage provides information regarding standard terms for any settlements reached by CMS and the Appellant as part of this pilot.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility			
		A/B MAC	D M E	Shared- System Maintainers	Other

		A	B	H H H	M A C	F I S S	M C S	V M S	C W F	
9217.1	The MAC shall receive from CMS the settlement, including a spreadsheet(s) documenting claims (both prepayment denials and/or postpayment denials) for which CMS has settled with the Appellant provider, physician, or supplier. The settlement will explain the basis on which CMS has agreed to settle the underlying claims, and this will be expressed as a percentage or a dollar amount. The settlement will include specific information regarding use of a percentage, where applicable.	X	X	X	X					
9217.2	CMS shall confirm that the settlement agreement is signed by both parties prior to being furnished to the MAC.									CMS
9217.2.1	The MAC shall immediately notify CMS through the CMS Overpayments mailbox (SCF@cms.hhs.gov) if it receives a settlement which has not been signed by both parties.	X	X	X	X					
9217.3	The MAC shall complete the effectuation of claims and payment within the timeframe specified in the settlement agreement. The timeframe begins from the date of the signed agreement.	X	X	X	X					
9217.3.1	The MAC shall follow the timeline on Attachment 5 (OMHA SCF - Timeline for Tasks) as a guide when completing the effectuation of claims and the resulting payments.	X	X	X	X					
9217.4	The MAC shall enter the resulting calculated payment amount (which results after the settlement percentage has been applied) for all prepayment or postpay denials included in the settlement into the Healthcare Integrated General Ledger Accounting System (HIGLAS) or VIPS Medicare System (VMS) within 40 business days of receipt of the settlement.	X	X	X	X					
9217.4.1	CMS shall routinely provide the settlement electronically to the MAC within 5 business days after the date the settlement has been signed by both parties (receipt will be the same day as forwarded as it will be forwarded electronically).									CMS
9217.4.2	The MAC shall determine the gross amount due the Appellant provider, physician, or supplier within 8 business days after the postpay denials AR adjustments are calculated in the HIGLAS or VMS and/or after the prepay denial claims are priced.	X	X	X	X					
9217.4.3	The MAC shall initiate payment to the Appellant	X	X	X	X					

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	provider, physician, or supplier within 2 business days after the gross amount is determined.									
9217.5	The MAC shall apply any amounts due to the Appellant provider's, physician's, or supplier's outstanding overpayments before any payments are disbursed.	X		X	X					
9217.5.1	The MAC shall follow normal debt collection policy and procedures when processing the settlement payment. As such, the final net disbursement amount may not reflect the full settlement amount.	X		X	X					
9217.5.2	The Part B MAC shall process the invoice (payment) as a Pay Alone invoice and the full amount of the invoice will be paid.		X							
9217.6	The MAC shall forward an email as outlined in Attachment 1 (Letter to be Issued for Notification of Tentative Payment) to the Appellant provider, physician, or supplier, and CMS Overpayments mailbox (SCF@cms.hhs.gov) within 2 business days after the calculated settlement payments are initiated in HIGLAS or VMS. The subject line of the email shall read "OMHA SCF Payment processed for PROVIDER NAME - MAC NAME - DATE."	X	X	X	X					
9217.7	The MAC shall use the language in Attachment 1 (Letter to be Issued for Notification of Tentative Payment) and copy the CMS Overpayments mailbox (SCF@cms.hhs.gov) when sending the email to the Appellant provider, physician, or supplier. This mailbox shall be used for effectuating settlements involving prepayment claims denials as well as those involving postpay payments.	X	X	X	X					
9217.8	The MAC shall forward the detailed reconciliation as outlined in Attachment 4 (Reconciliation - OMHA SCF Spreadsheet) to the Appellant provider, physician, or supplier, and CMS Overpayments mailbox (SCF@cms.hhs.gov) within 10 business days after the payment has been initiated in HIGLAS or VMS. The subject line of the email shall read "OMHA SCF Payment processed for PROVIDER NAME - MAC NAME - DATE."	X	X	X	X					
9217.8.1	The MAC shall include the text as outlined in	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	
	Attachment 2 (Instructions for Email that will Accompany Reconciliation) to the email notification when forwarding the detailed reconciliation.									
9217.9	The MAC shall process both prepayment and postpayment claim denials for a particular settlement as one lump sum invoice per PTAN-NPI/CCN-NPI/NSC-NPI combination.	X	X	X	X					
9217.10	The MAC shall follow the assumptions and instructions on Attachment 3 (Instructions for Effectuation OMHA SCF Pilot).	X	X	X	X					
9217.11	The MAC shall refer any questions related to these procedures or any other issues to the CMS Overpayments mailbox (SCF@cms.hhs.gov). The email shall have “OMHA SCF – PROVIDER NAME - MAC NAME - DATE” in the subject line. (The mailbox shall be used for both prepayment denials and postpayment denials included in OMHA SCF Pilot Settlements.)	X	X	X	X					
9217.12	The MAC shall send CMS its points of contact within its organization that will be facilitating the Settlement Effectuation to the CMS Overpayments Mailbox (SCF@cms.hhs.gov) no later than 5 business days after CR 9217 has been issued.	X	X	X	X					
9217.13	CMS shall provide the MAC with a point(s) of contact at the Appellant provider, physician, or supplier.								CMS	
9217.14	The MAC shall contact CMS before finalizing the payable amount under the settlement for the particular claim at issue if it finds information which would have required denial on another basis and believes there is clear evidence of fraud. The settlement contains CMS’ final decision for the affected claims absent fraud by the provider/supplier.	X	X	X	X					
9217.15	The MAC shall price prepayment denied claims that are included in the settlement, according to the terms of the settlement.	X	X	X	X					
9217.15.1	The MAC shall review the claim details in the Shared Systems to determine the associated Medicare approved amount for each prepayment denied claim.	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	
9217.15.2	The MAC shall determine any applicable coinsurance or deductible amounts from the Common Working File (CWF) for each prepayment denied claim and apply the amounts to the applicable Medicare approved amount.	X	X	X						
9217.15.3	The MAC shall process prepayment denied claims without considering MSP edits.	X	X	X	X					
9217.15.4	The MAC shall further reduce the resulting amount(s) based on the percentage or dollar amount identified by CMS for each prepayment denied claim.	X	X	X	X					
9217.15.5	The MAC shall calculate the payment for each prepayment denied claim as if there were a full reversal, with the percentage applied only after the new amount has been calculated and further reduced for any applicable co-insurance or deductible. This applies when the settled claim is one where there has previously been partial payment made by the MAC (perhaps due to down-coding).	X	X	X	X					
9217.15.6	The MAC shall use an alternate method for prepayment pricing such as processing the settlement claims in a User Acceptance Testing (UAT) environment to obtain a payment amount.	X	X	X	X					
9217.16	CMS shall determine if the provider, physician, or other supplier is in bankruptcy status prior to sending the settlement information to the MAC.								CMS	
9217.16.1	The MAC shall confirm that the provider, physician, or other supplier participating in the settlement is not in bankruptcy status upon receipt of the settlement information from CMS.	X	X	X	X					
9217.16.2	The MAC shall send an encrypted email with the Appellant's bankruptcy status to the CMS Overpayments mailbox (SCF@cms.hhs.gov) with the subject line showing "OMHA SCF – PROVIDER NAME - MAC NAME - DATE" if the Appellant is in bankruptcy status.	X	X	X	X					
9217.17	The MAC shall participate in periodic conference calls with CMS regarding the settlement process on an as needed basis.	X	X	X	X				CMS	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
9217.18	The DME MAC shall create Document Control Numbers (DCN) within its system to capture this OMHA SCF workload.				X					
9217.19	The Part A and Part B MACs shall report its OMHA SCF workload and related costs in the Monthly Status Report (MSR), specifically in the Narrative Summary of Section K-1.	X	X	X						
9217.19.1	The DME MAC shall report its OMHA SCF workload and related costs in the Monthly Status Report (MSR), specifically in Section II: Contract Performance Narrative.				X					
9217.20	The MAC shall charge its OMHA SCF workload to Program Management (PM) as an "Appeals Decision Effectuation."	X	X	X	X					
9217.21	The Part A MAC shall not re-process the underlying claim(s) within the Shared Systems to issue payment.	X		X						
9217.21.1	The Part A MAC shall take appropriate actions within the Shared Systems, as directed, for issues such as history only updates or suppressing adjustments.	X		X						
9217.21.2	The Part A MAC shall take the appropriate action to make sure that the history only update does not transmit to CWF, print on remittance advice, print on PS&R, report on MSN, and interface to HIGLAS.	X		X						
9217.21.3	The Part A MAC shall process the adjustments in FISS using a tape-to-tape "Z" indicator.	X		X						
9217.21.4	The Part B MAC shall enter the comment "CR_9217_OMHA_SCF" on the claim using the "CO" page in MCS.		X							
9217.22	The Part A MAC shall update the claims history (and suppress any adjustment) in the Shared Systems for prepayment claims denials that are included in the settlement within 45 business days after the prepay claims are priced.	X		X						
9217.23	The Part A and Part B MACs shall perform a downward adjustment on the principal overpayment transaction(s) for each of the postpayment denied claims listed on the spreadsheet within 40 business	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	days of receipt of the settlement by following the instructions outlined in Attachment 3 (Instructions for Effectuation OMHA SCF Pilot). Receipt is presumed to be within 5 business days of the date the settlement is signed. (HIGLAS systematically recalculates the new interest balance and calculates any payable amounts that may be due to the provider, physician, or other supplier after the adjustment is made.)									
9217.24	The Part A and Part B MACs shall report the payment for settlement of prepayment and postpayment denied claims on the Remittance Advice.	X	X	X						
9217.25	The DME MAC shall manually price the prepayment denied claims outside of VMS.				X					
9217.25.1	The DME MAC shall add comments to the VIPS Bene Medical Notepad System (VNOT 08) that must include the Claim Control Number (CCN), Document Control Number (DCN) and “CR_####_OMHA_SCF.”				X					
9217.26	The DME MAC shall issue a check to the Appellant supplier at the percentage specified by CMS for “all” claims associated with the settlement based on the allowed amounts, once the prepay denial payment has been calculated. (Total Allowed Amount for all claims involved in settlement times Percentage annotated in the agreement).				X					
9217.26.1	The DME MAC shall send a copy of the check and Attachment 4 (Reconciliation - OMHA SCF Spreadsheet) to the CMS Overpayments mailbox (SCF@cms.hhs.gov).				X					
9217.27	The DME MAC shall perform the appropriate adjustments on the principal overpayment transaction(s) in VMS for each of the postpayment denied claims listed on the spreadsheet within 40 business days of receipt of the settlement. Receipt is presumed to be within 5 calendar days of the date the settlement is signed. (VMS systemically recalculates the new interest balance and calculates any payable amounts that may be due to the supplier after the adjustment is made.)				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

Pre-Implementation Contact(s): Jay Blake, 410-786-9371 or jay.blake@cms.hhs.gov , Donna Sanders, 410-786-0289 or donna.sanders@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: 5

Attachment 1 - Letter to be Issued for Notification of Tentative Payment

Subject: OMHA SCF Settlement - ***PROVIDER NAME – DATE***

Dear [XXXXXX]:

This email is to inform you that a final settlement amount of [\$xxx,xxx.xx] will be issued to your facility within 1 week.

Please note that some or all of the final settlement amount may be subject to recoupment/offset against other outstanding overpayments; therefore, the final net disbursement may not reflect the full settlement amount determined and indicated above. You will receive a detailed reconciliation that will show how the final net disbursement was calculated.

Please retain a copy of this notification letter for your records.

If you have any questions regarding these payments, please contact [XXXXXXXX] at (XXX) XXX-XXXX and/or XXXX@email.

Attachment 2 - Instructions for Email that will Accompany Reconciliation

Please include the following in the appropriate areas of the email that will accompany the reconciliation that is performed after the final settlement is calculated:

Subject Line of Email

OMHA SCF – PROVIDER NAME – MAC NAME - DATE

Body of Email

This email is to inform you of the final net disbursement amount and provide you with the detailed reconciliation that was performed to determine your final net disbursement from your settlement. The reconciliation file is attached.

“Attachment 3 - Instructions for Effectuation OMHA SCF Pilot”

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

25-FEB-15

Assumptions:

General

1. The claims that are eligible for the Settlement Conference Facilitation initiative at this time are limited to Medicare Part B appeals (for fee-for-service Part B items or services furnished by providers, physicians, or other suppliers.)
2. The amount of each individual claim must be \$100,000 or less. For the purposes of an extrapolated statistical sample, the extrapolated amount must not exceed \$100,000.
3. The Prepay Denial settlement amount represents the percentage allowed before any coinsurance/deductible.
4. The Contractor shall price Prepay Denial Claims that are included in the settlement.
5. The settlements for SCF Postpay Denials are not entitled to Section 1893(f)(2) of the Social Security Act limitation on recoupment Interest (sometimes referred to as “section 935 interest”). In other words, if CMS collected any portion of the debt, CMS will not pay any additional interest on the principal amount that was recouped.
6. Upon receipt of the settlement agreement from CMS, the Contractor shall determine if the Appellant is in a bankruptcy status before it effectuates the settlement. The Contractor shall send an encrypted email with the Appellant’s bankruptcy status information to SCF@cms.hhs.gov with the subject line showing “OMHA SCF for NPI# _____ if the appellant is in a bankruptcy status.
7. The settlements for Prepay and Postpay denials are not entitled to appeal rights. Settlement agreements/compromises are binding and not subject to appeal. The Provider/Supplier cannot pursue further appeals or reviews of the claims subject to the settlement.
8. The Contractor shall complete **Attachment 4- Spreadsheet/Reconciliation Document** and send it to the Provider, Physician, or other Supplier as a detailed reconciliation of the Prepay and/or Postpay net settlement amounts, including the amounts calculated for individual claims which were prepay denials. Contractors shall send the Attachment to the Provider, Physician or other Supplier, with a copy to the CMS mailbox SCF@cms.hhs.gov, no later than 48 hours from the completion of the reconciliation.

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

Medicare Administrative Contractors (MACs)

Postpay Denials

1. For Postpay Denials, the principal overpayment transaction(s) will be adjusted based on the settlement amount. HIGLAS will systematically recalculate the interest portion when the adjustment is made on the overpayment. If a balance exists after the settlement adjustment is made, the remaining balance on the overpayment/associated AR(s) will continue to flow through the normal debt collection process.
2. Postpay Denials shall be processed in HIGLAS as one lump sum invoice per PTAN-NPI/CCN-NPI/NSC-NPI combination. The Payment for settlement of claims that were denied based on a postpayment review will be reported on the "Refunds" line in the "Summary" section of the remittance advice.

Prepay Denials

1. Prepay Denials shall be processed in HIGLAS as one lump sum invoice per Provider PTAN-NPI /CCN-NPI/NSC-NPI combination. The Payment for settlement of claims that were denied based on a prepayment review shall be reported on the "Settlement Payments" line in the "Summary" section of the remittance advice.

Prepay and Postpay Denials

1. All Prepay and Postpay settlement claim payments, if any, shall initiate in HIGLAS. Note: Contractors shall not initiate settlement payments in the shared system or reprocess individual claims related to the settlement in the shared system. .
2. Contractors shall update the claims history in the shared system for Prepay and Postpay Denial settlements. However, for audit trail purposes, the documentation related to the settlement amount/calculation of any amount due to either party shall be attached to the overpayment record in HIGLAS. If multiple overpayment records exist, attach the documentation to the transaction that has the oldest determination date. MACs shall also attach the documentation to any Prepay or Postpay settlement payment record(s) in HIGLAS. (FISS only)
3. Prepay and Postpay claim denials have different governing rules and policies and may be addressed in a separate section(s) in a settlement agreement or addressed in two different settlement agreements. The settlements may be processed in HIGLAS in different payment batches according to the PTAN-NPI/CCN-NPI/NSC-NPI combination. Please note that FISS commingles all invoices processed on a given day into one payment. MCS creates a separate pay alone transaction for all manual payments.
4. The normal HIGLAS AR/AP Netting process shall be used to recoup any eligible accounts receivable transactions against the Prepay or Postpay Denial accounts payable transactions for FISS Contractors only.
5. The normal HIGLAS AR/AP netting process cannot be used to recoup eligible accounts receivable transactions against the Prepay or Postpay Denial accounts payable transactions for MCS Contractors.
6. MACs shall utilize the HIGLAS manual netting form to offset any eligible receivable transactions against the prepay or postpay denial payable transactions for those receivables that have a future dated netting eligibility date for FISS Contractors only.

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

1. For Postpay Denials, the principal overpayment transaction(s) will be adjusted based on the settlement amount. The associated interest will need to be recalculated based on the new overpayment balance. If a balance exists after the settlement adjustment is made, the remaining balance on the overpayment/associated AR(s) will continue to flow through the normal debt collection process.
2. Prepay Denials shall be processed as one lump sum invoice per Provider PTAN-NPI /CCN-NPI/NSC-NPI Combination.
3. Postpay Denials shall be processed as one lump sum invoice per PTAN-NPI/CCN-NPI/NSC-NPI combination.
4. Prepay and Postpay claim denials have different governing rules and policies and may be addressed in a separate section(s) in a settlement agreement or addressed in two different settlement agreements.
5. The normal recoupment process shall be used to recoup any eligible accounts receivable transactions against the Prepay or Postpay Denial accounts payable transactions

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

HIGLAS Procedures

Scenario 1: Provider has fully repaid

Scenario	AR-Principal	AR-Interest	Calculated Settlement Amount	Revised Original AR Amount	Amount Due Provider
Principal Balance	\$1000	\$100	\$680	\$320	\$680+\$68
Collections	(\$1000)	(\$100)			
Adjustments	(\$0)	(\$0)			
Total	\$0	\$0			\$748

Accounts Receivable Module

1. **Principal**-Refund the Provider settlement amount of the Principal & Interest amount paid/recouped
 - a) On principal invoice - Upward adjust settlement amount \$680 – ‘RECALC ADJ TO PERFORM RECALC’
 - b) On principal invoice - Downward Adjustment settlement amount **(\$680)** –
 - ADJ P WVR OTH - (Original and CNC invoice)
 - c) Insert a comment on the adjustment records “CRXXXXX_OMHA_SCF”

Note:

- The interest recalculation process will automatically adjust the interest and calculate the refund amount.
- The interest recalculation process will create an upward refund adjustment of \$748 (680-Principal +68-Interest) using the adjustment activity ‘RECALC ADJ AMOUNT FOR REFUND’.
- The refund amount is for both principal and interest. The accounting for the refund adjustment is available on the ‘View Multi-Fund Distributions’ from Menu → Actions of the adjustment record.
- In this example the entire refund will be from SMI fund.

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

Accounts Payable Module

- a) Create one manual refund invoice for amount calculated by the Interest recalculation process. (The amount of the refund is the upward refund adjustment with the adjustment activity 'RECALC ADJ AMOUNT FOR REFUND').
- b) Create a lump sum invoice per PTAN-NPI/CCN-NPI/NSC-NPI combination
- c) Use the unique numbering sequence to identify the invoice "CRXXXXXX-MAN-MMM-YYYY PTAN-01"
- d) Use M1_Refund sub invoice category
- e) Select the relevant Distribution Set "SMI-REFUND" for Principal amount. In this scenario, the refund amount is for (\$748) and it has SMI Fund only. So, the distribution set "SMI-REFUND" needs to be selected at the Invoice header level.

Table showing detailed calculations for Scenario 1:

Activity	HIGLAS					Interest recal process							
	Invoice Balance	Amount Collected/Adjusted	Interest Accrued (12%)-30 days	Amount Collected/Adjusted on Interest DM	DM Balance	Invoice Balance	Amount Applied	Interest Accrued (12%)-30 days	Amount Collected/Adjusted on Interest DM	DM Balance	Diff in Collns - Inv	Diff in Collns - DM	Refund Due
	1	2	3	4	5	6	7	8	9	10	(2) - (7)	(4)-(9)	(3) - (8)
Principal	1,000.0					320.00							
AR	0												
Interest Accrued	1,000.0		100.00		100.00	320.00		32.00		32.00			
Collections	1,000.0	(1,000.00)	0.00	(100.00)	0.00	320.00	(320.00)		(32.00)	0.00	(680.00)	(68.00)	748.00
	0.00							0.00					
Adj - RECALC ADJ TO PERFORM RECALC'	0.00	680.00											
Adj - ADJ P WVR OTH -	680.00	(680.00)											
Adj-RECALC INT ADJ CASH - INT			0.00	68.00	68.00								

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

Activity	HIGLAS					Interest recal process							
	Invoice Balance	Amount Collected/Adjusted	Interest Accrued (12%)-30 days	Amount Collected/Adjusted on Interest DM	DM Balance	Invoice Balance	Amount Applied	Interest Accrued (12%)-30 days	Amount Collected/Adjusted on Interest DM	DM Balance	Diff in Collns - Inv	Diff in Collns - DM	Refund Due
Adj-RECALC INT ADJ - INT			0.00	(68.00)	0.00								
Adj - RECALC ADJ AMOUNT FOR REFUND	0.00	748.00											
Adj - RECALC INT ADJ CASH - PRIN HI	748.00	(68.00)											
Adj - RECALC ADJ TO PERFORM RECALC'	680.00	(680.00)											
	0.00												
											(680.00)	(68.00)	748.00

Legend

- Interest Recal automated process
- Italics* Manual adj entries by MAC

Scenario 2: Provider has repaid \$0

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

Scenario	AR-Principal	AR-Interest	Calculated Settlement Amount	Revised Original AR Amount
Principal Balance	\$1000	\$100	\$680	\$320
Collections	\$0	\$0		
Adjustments	(\$680)	(\$68)		
Total	\$320	\$32		

Accounts Receivable Module

1. **Principal** – Downward adjust principal balance by the settlement amount
 - a) Downward Adjust principal balance –
 - ADJ P WVR OTH - (Original and CNC invoice)
 - Insert a comment on the adjustment records “CRXXXXX_OMHA_SCF”

Note: No adjustments are required on the interest debit memos as the interest recalculation process will reduce the proportionate amount.

No Accounts Payable Invoice is created since the original receivable still has balance after adjusting the settlement amount of 68%.

Table showing detailed calculations for Scenario 2:

Activity	HIGLAS					Interest recal process							
	Invoice Balance	Amount Collected/Adjusted	Interest Accrued(12%)- 30 days	Amount Collected/Adjusted on Interest DM	DM Balance	Invoice Balance	Amount Applied	Interest Accrued(12%)- 30 days	Amount Collected/Adjusted on Interest DM	DM Balance	Diff in Collns - Inv	Diff in Collns - DM	Refund Due
	1	2	3	4	5	6	7	8	9	10	(2) - (7)	(4)-(9)	(3) - (8)
Principal AR	1,000.00					320.00							
Interest Accrued	1,000.00		100.00		100.00	320.00		32.00		32.00			
	1,000.00												
Adj - ADJ P WVR OTH -	1,000.00	(680.00)											
	320.00												

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

Activity	HIGLAS					Interest recal process							
	Invoice Balance	Amount Collected/Adjusted	Interest Accrued(12%)- 30 days	Amount Collected/Adjusted on Interest DM	DM Balance	Invoice Balance	Amount Applied	Interest Accrued(12%)- 30 days	Amount Collected/Adjusted on Interest DM	DM Balance	Diff in Collns - Inv	Diff in Collns - DM	Refund Due
Adj- RECALC INT ADJ CASH - INT			0.00	68.00	68.00								
											0.00	0.00	0.00

Legend

- Interest Recal automated process
- Italics* Manual adj entries by MAC

Scenario 3: Provider has partially repaid

I. Collections on Principal and Interest Invoices exceed new calculated Principal Balance- Refund due Provider

Scenario	AR-Principal	AR-Interest	Calculated Settlement Amount	Revised Original AR amount	Amount Due Provider	Refund Amount
Principal Balance (SMI \$100)	\$100	\$10	\$68 + \$ 6.80	\$32	\$32 + \$3.20	\$24.80
Collections	(\$50)	(\$10)			(\$60)	
Adjustments	(\$50)	(\$0)				
Total	\$0	\$0			\$24.80	\$24.80

Accounts Receivable Module

1. **Principal**-Refund the Provider settlement amount of the Principal & Interest amount paid/recouped

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

- a) On principal invoice - Upward adjust for \$18 using 'RECALC ADJ TO PERFORM RECALC' adjustment activity code. The adjustment amount is calculated as (principal settlement amount less balance on the principal AR). In this example \$68-\$50. This is to perform downward adjustment for the settlement amount in the next step.
- b) On principal invoice - Downward Adjustment settlement amount **(\$68)** using the below adjustment activity
 - ADJ P WVR OTH - (Original and CNC invoice)
- c) Insert a comment on the adjustment records "**CRXXXXXXXX SETTLEMENT AGREEMENT**"

Note:

- The interest recalculation process will automatically adjust the interest and calculate the refund amount.
- The interest recal process will create an upward refund adjustment for \$24.80 using the adjustment activity 'RECALC ADJ AMOUNT FOR REFUND'.
- The refund amount is for both principal and interest. The accounting for the refund adjustment is available on the 'View Multi-Fund Distributions' from Menu → Actions of the adjustment record.
- In this example the refund will be from SMI fund \$24.80

Accounts Payable Module

- 1. Create one manual refund invoice for the PTAN-NPI/CCN-NPI/NSC-NPI combination **\$24.80**
 - a) Create a lump sum invoice for the PTAN-NPI/CCN-NPI/NSC-NPI combination
 - b) Use M1_Refund sub invoice category
 - c) Select the relevant Distribution Set "SMI-REFUND for the Principal amount. In this scenario, the refund amount is for \$24.80 and is for SMI Funds. So, select distribution set "SMI-REFUND" at the Invoice header level.

Table showing detailed calculations for Scenario 3 (i):

Activity	HIGLAS					Interest recal process									
	Invoice Balance	Amount Collected/Adjusted	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Invoice Balance	Amount Applied	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Diff Collns Inv	in -	Diff Collns DM	in -	Refund Due
	1	2	3	4	5	6	7	8	9	10	(2) - (7)		(4)-(9)		(3) - (8)
Principal AR	100.00					32.00									
Interest Accrued	100.00		10.00		10.00	32.00		3.20		3.20					

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

Activity	HIGLAS					Interest recal process							
	Invoice Balance	Amount Collected/Adjusted	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Invoice Balance	Amount Applied	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Diff Collns - Inv	Diff Collns - DM	Refund Due
Collections	100.00	(50.00)	0.00	(10.00)	0.00	32.00	(32.00)		(3.20)	0.00	(18.00)	(6.80)	24.80
Adj - RECALC ADJ TO PERFORM RECALC'	50.00												
Adj - ADJ P WVR OTH -	68.00	(68.00)											
Adj- RECALC INT ADJ CASH - INT			0.00	6.80	6.80								
Adj- RECALC INT ADJ - INT			0.00	(6.80)	0.00								
Adj - RECALC ADJ AMOUNT FOR REFUND	0.00	24.80											
Adj - RECALC INT ADJ CASH - PRIN HI	24.80	(6.80)	0.00	68.00	68.00								
Adj - RECALC ADJ TO PERFORM RECALC'	18.00	(18.00)											
	0.00												
											(18.00)	(6.80)	24.80

Legend

- Interest Recal automated process
- Italics* Manual adj entries by MAC

II. **Collections on Principal and Interest Invoices is less than new calculated Principal Balance- Amount due CMS**

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

Scenario	AR-Principal	AR-Interest	Calculated Settlement Amount	Revised Original AR Amount	Due Medicare
Principal Balance	\$1000	\$100	\$680+\$68	\$320	\$320+ \$32
Collections	(\$200)	(\$100)			(\$300)
Adjustments (total)	(\$748)	(\$0)			
Total	\$52	\$0			\$52

Accounts Receivable Module

1. **Principal**- The remaining balance will be adjusted – **\$680**
 - b) Downward Adjust by the principal settlement amount using the adjustment activity –
 - ADJ P WVR OTH - (Original and CNC invoice)
 - Insert a comment on the adjustment records “CRXXXXX_OMHA_SCF”

Note: No adjustments are required on the interest debit memos as the interest recalculation process will reduce the proportionate amount.

Table showing detailed calculations for Scenario 3 (ii):

Activity	HIGLAS					Interest recal process							
	Invoice Balance	Amount Collected/Adjusted	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Invoice Balance	Amount Applied	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Diff in Collns - Inv	Diff in Collns - DM	Refund Due
	1	2	3	4	5	6	7	8	9	10	(2) - (7)	(4)-(9)	(3) - (8)
Principal AR	1,000.00					320.00							
Interest Accrued	1,000.00		100.00		100.00	320.00		32.00		32.00			
Collections	1,000.00	(200.00)	0.00	(100.00)	0.00	320.00	(68.00)		(32.00)	0.00	68.00	(68.00)	
	800.00					252.00	(200.00)						
	52.00												
<i>Adj - ADJ P</i>	800.00	(680.00)											
<i>WVR OTH -</i>	120.00												

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

Activity	HIGLAS					Interest recal process							
	Invoice Balance	Amount Collected/Adjusted	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Invoice Balance	Amount Applied	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Diff in Collns - Inv	Diff in Collns - DM	Refund Due
Adj- RECALC INT ADJ CASH - INT	120.00		0.00	68.00	68.00								
Adj- RECALC INT ADJ - INT	120.00		0.00	(68.00)	0.00								
Adj - RECALC INT ADJ CASH - PRIN HI	120.00	(68.00)											
Adj- RECALC INT ADJ CASH - INT	52.00		0.00	68.00	68.00								
											68.00	(68.00)	0.00

Legend

- Interest Recal automated process
- Italics* Manual adj entries by MAC

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

III. Collections made to Interest only- Amount due CMS

Scenario	AR-Principal	AR-Interest	Calculated Settlement Amount	Revised Original AR Amount	Due Medicare
Principal Balance	\$1000	\$100	\$680+ \$68	\$320	\$320 + \$ 32
Collections	(\$0)	(\$100)			(\$100)
Adjustments	(\$748)	(\$0)			
Total	\$252	\$0			\$252

1. **Principal**- The remaining balance will be adjusted – **\$680**
 - c) Downward Adjust by the principal settlement amount using the adjustment activity –
 - ADJ P WVR OTH - (Original and CNC invoice)
 - Insert a comment on the adjustment records “**CRXXXX SETTLEMENT AGREEMENT**”

Note: No adjustments are required on the interest debit memos as the interest recalculation process will reduce the proportionate amount.

Table showing detailed calculations for Scenario 3 (iii):

Activity	HIGLAS					Interest recal process									
	Invoice Balance	Amount Collected/Adjusted	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Invoice Balance	Amount Applied	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Diff Collns Inv	in -	Diff Collns DM	in -	Refund Due
	1	2	3	4	5	6	7	8	9	10	(2) - (7)		(4)-(9)		(3) - (8)
Principal AR	1,000.00					320.00									
Interest Accrued	1,000.00		100.00		100.00	320.00		32.00		32.00					
Collections	1,000.00	0.00	0.00	(100.00)	0.00	320.00	68.00		(32.00)	0.00	68.00		(68.00)		
	1,000.00					252.00									
Adj - ADJ P WVR OTH -	1,000.00	(680.00)													
	320.00														
Adj- RECALC INT ADJ CASH – INT	320.00		0.00	68.00	68.00										

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

Activity	HIGLAS					Interest recal process									
	Invoice Balance	Amount Collected/Adjusted	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Invoice Balance	Amount Applied	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Diff Collns Inv	in -	Diff Collns DM	in -	Refund Due
Adj- RECALC INT ADJ - INT	320.00		0.00	(68.00)	0.00										
Adj - RECALC INT ADJ CASH - PRIN HI	320.00	(68.00)													
Adj- RECALC INT ADJ CASH - INT	252.00		0.00	68.00	68.00										
											68.00		(68.00)		0.00

Legend

- Interest Recal automated process
- Italics* Manual adj entries by MAC

Scenarios 3 (ii) & (iii) are similar to Scenario 2

Scenario 4: Org Merge and principal AR and Interest Balance moved to new org

- 1. No activity on the principal AR and Interest DM in the old org and the principal AR and Interest DM is closed and moved to new org*

Accounts Receivable Module

1. **In Old org** – verify there is no activity on the principal AR and Interest DMs of that AR, by querying on the transactions form or by running the CMS Receivables Balance Detail Report
2. **In New org** – after verification in Old org, continue with the **Scenario 2: Provider paid \$0** instructions.

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

II. *Principal AR and Interest DM have been fully collected in the old org and the Principal AR and Interest DM does not exist in the new org*

Accounts Receivable Module

1. **In Old org** – verify there is **NO** balance on the principal AR and Interest DMs of that AR, by querying on the transactions form or by running the CMS Receivables Balance Detail Report
2. **In Old org** – Note the accounting on the principal AR and interest DM. To view accounting, click on the ‘Details’ on the ‘Balance Due’ section on the Transactions form. This will open the ‘Balances’ window. In the Balances window click on the Original and click on the ‘View Multi-Fund Distributions’ from Menu → Actions.

In New org – Accounts Payable Module

- a) Manually calculate the settlement amount for the Principal portion and manually recalculate the interest using the steps in scenario 4 (iii).
- b) Create one manual invoice for the PTAN-NPI/CCN-NPI/NSC-NPI combination for the total principal and AR interest DM settlement amount collected
- c) Create a lump sum invoice for the PTAN-NPI/CCN-NPI/NSC-NPI combination
- d) Use ‘Manual’ Invoice type and M4_OTHER sub invoice category
- e) Select the relevant Distribution Set “SMI”.
- f) Unlike in other scenarios, distributions have to be entered separately on the AP invoice for principal and interest. This is due to the fact that principal AR and interest DM are closed in the old org.
- g) Click on the distribution button and change the amount to the SMI Refund Distribution accounting. The total amount of the Invoice defaults for the SMI Refund Distribution and it needs to be changed from the default amount which is the total amount of the Invoice (Principal + Interest) to the principal amount. Change the SGL account segment’s default value from ‘610008’ to ‘610007’.
- h) To enter Interest amount: Click on the next line below the Principal distribution and select the Alias name “CON: AR TRN(GF)” in the CAN value. It defaults some of the segment values like Fund, BAP, and Admin Control. Enter the relevant Budget FY segment value as (XXXX), Organization segment value as ‘XXXXX000000’ and enter the interest amount.

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

III. **Activity exists on the principal AR and Interest DM in the old org and the remaining principal AR and Interest DM is closed and moved to new org**

Accounts Receivable Module

1. **Do not use Interest Recalculation process as documented in Scenarios 1 to 4**
2. **In Old org** – Run the CMS Receivables Balance Detail report for Principal AR and Interest DM
3. **In New org** – Run the CMS Receivables Balance Detail report for Principal AR and Interest DM
4. Using the above reports, manually calculate the refund amounts on the principal AR & Interest DM

Manual calculation example for Scenario 3 (i) where collections in old and new org are more and Refund due to the provider

Table showing manual calculations:

Activity	HIGLAS					Interest recal process								
	Invoice Balance	Amount Collected/Adjusted	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Invoice Balance	Amount Applied	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Diff in Collns – Inv	Diff in Collns - DM	Diff in Interest	Refund Due
	1	2	3	4	5	6	7	8	9	10	(2) - (7)	(4)-(9)	(3)-(8)	(3) - (8)
Old org														
Principal AR	100.00					32.00								
Interest Accrued	100.00		5.00		5.00	32.00		1.60		1.60				
Collections - DM	100.00		0.00	(5.00)	0.00	32.00	(3.40)		(1.60)	0.00	3.40	(3.40)	(3.40)	
Collections - principal	100.00	(10.00)	0.00		0.00	28.60	(10.00)							
	90.00					18.60								
					0.00									
New Org	90.00				0.00	18.60								
Interest Accrued	90.00		9.00		9.00	18.60		1.86		1.86			(7.14)	
Collections - Int	90.00			(9.00)	0.00	18.60	(7.14)		(1.86)	0.00	7.14	(7.14)		
Collections - principal	90.00	(40.00)				11.46	(11.46)			0.00				28.54
	50.00					0.00				0.00				

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

Activity	HIGLAS					Interest recal process								
	Invoice Balance	Amount Collected/Adjusted	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Invoice Balance	Amount Applied	Interest Accrued(12%)- 30 days	Amount applied to Interest DM	DM Balance	Diff in Collns - Inv	Diff in Collns - DM	Diff in Interest	Refund Due
<i>Adj- RECALC INT ADJ CASH - INT</i>			0.00	10.54	10.54									
<i>Adj- RECALC INT ADJ - INT</i>			0.00	(10.54)	0.00									
<i>Adj - RECALC ADJ AMOUNT FOR REFUND</i>	50.00	28.54												
<i>Adj - RECALC INT ADJ CASH - PRIN HI</i>	78.54	(10.54)	0.00	68.00	68.00									
<i>Adj -• ADJ PART AMOUNT +/-</i>	68.00	(68.00)												
	0.00													
											10.54	(10.54)	(10.54)	28.54

Legend

- Manual calculation by MAC
- Italics* Manual adj entries by MAC

Notes:

Accounts Receivable Module

- The above example does not have the dates.
- The interest is accrued monthly and on the balance of the principal on the date of interest accrual. For manual calculations users can use the proportionate amount of interest by using *-(HIGLAS interest accrued/HIGLAS principal balance * Manual principal balance)*
- All the adjustments in italics in the above example have to be manually entered by the users.

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

- On principal invoice - Downward Adjustment settlement amount using the below adjustment activities NOT the 'ADJ P WVR OTH – '(Original and CNC invoice) used in the documented scenarios above for automated interest recalculation process.
 - ADJ PART AMOUNT +/- (Original Invoice)
 - ADJ CNC AMOUNT +/- (CNC Invoice)
- Insert a comment on the adjustment records "CRXXXXX_OMHA_SCF"
- The refund amount is for both principal and interest. The accounting for the refund adjustment is available on the 'View Multi-Fund Distributions' from Menu → Actions of the adjustment record (*RECALC ADJ AMOUNT FOR REFUND*)

Accounts Payable Module

- Create one manual refund invoice for the manually calculated refund amount. In the above example, the amount of the refund is the upward refund adjustment amount of \$28.54 with the adjustment activity 'RECALC ADJ AMOUNT FOR REFUND'.
- Create a lump sum invoice per PTAN-NPI/CCN-NPI/NSC-NPI combination
- Use the unique numbering sequence to identify the invoice "CRXXXXX-MAN-MMM-YYYY PTAN-01"
- Use M1_Refund sub invoice category
- Select the relevant Distribution Set "SMI-REFUND" for the invoice amount. In this scenario, the refund amount is for (\$24.80) and it has SMI Fund only. So, the distribution set "SMI-REFUND" needs to be selected at the Invoice header level.

References: 'CMS Interest Recalculation Process Automation Combined Design Document' for other possible scenarios to manually recalculate interest.

Settlement Effectuation Instructions for the OMHA Settlement Conference Facilitation (SCF) Pilot

Prepay Denials

The Contractor shall price prepayment denied claims that are included in the Settlement. The Contractor shall review the claim details in the shared system to determine the associated Medicare approved amount for each prepayment denied claim. The Contractor shall determine any applicable coinsurance or deductible amounts from the Common Working File (CWF) and apply the amounts to the applicable Medicare approved amount. The Contractor shall also apply any reductions based upon Medicare Secondary Payer status. The Contractor shall further reduce the resulting amount(s) based on the percentage or dollar amount identified by CMS. The Contractor may use an alternate method of prepayment pricing. The Contractor shall contact their CMS Contracting Officer's Representative (COR) and the CMS settlement team for approval on any alternate calculation method used.

HIGLAS Procedures

Once the claims are approved for settlement and the payment amount is agreed upon, a manual invoice will be keyed into HIGLAS.

1. Create one manual invoice for the settlement amount
 - a) Create a lump sum invoice per PTAN-NPI/CCN-NPI/NSC-NPI combination
 - b) Use the unique numbering sequence to identify the invoice "CRXXXX-MAN-MMM-YYYY PTAN-01"
 - c) Use sub invoice category M4_Other for Manual Invoice
 - d) Select HI/SMI distribution set and enter Principal amount

Note: Prepay Denial invoices shall be keyed into HIGLAS as one lump sum invoice according to the PTAN-NPI/CCN-NPI/NSC-NPI combination.

SETTLEMENT CONFERENCE FACILITATION REQUEST SPREADSHEET

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
3	General Information: This spreadsheet requests the data needed by the Centers for Medicare and Medicaid Services to evaluate your claims for settlement conference. Electronic submission of the SCF Spreadsheet via CD is mandatory; however, submitting your entire request package via CD is strongly encouraged. NOTE: The second tab at the bottom of this document contains the Spreadsheet Key.														
4	Provider or Supplier Name:	Provider ABC													
5	Type of Entity:	Outpatient Therapy Services													
6	National Provider Identifier (NPI):	123456789													
7	CMS Certification Number (CCN) or Provider Transaction Number (PTAN):	123456													
8	Percentage Fully or Partially Favorable since July 30, 2012	50%													
9	Completed by Appellant							Completed by OMHA					Amount we should have paid	Original amount of Overpayment	
10	QIC Appeal Number	ALJ Appeal Number (if known)	Truncated HICN (last two numbers and the alpha-numeric suffix, only; one HICN per line)	# of Line Items Denied	Billed Amount Denied	Claim Adjustment Reason Code (CARC)	MIA/MIAO or RARC (if any)	MAS HICN	MAS # of Line Items	MAS Billed Amount Denied	Claim Number	HCPSCS/CPT Code	To/From Date of Service	Pre-Pay Denial Payments Due Provider	Post Pay Denial Original Overpayment Amount
11	1-123456789	1-98765432	01A	78	\$2,897.27		50 MA13	01A	78	2897.27	1234567898765FLA	97124, 97530, 97003, 97001, 97032, 97110, 97140, 97116, 97035, 97532, 97535	3/6/2012 - 3/31/2012		
12	1-234567890	1-09876543	02A	24	\$1,080.66		50 MA13	02A	24	1080.66	2345678909876FLA	97302, 97110, 97116, 97140, 97530	4/2/2012 - 4/18/2012		
13															
14															
15															
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17															
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19															
20															
21															

SETTLEMENT CONFERENCE FACILITATION REQUEST SPREADSHEET

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Truncated HICN (last two numbers and the alpha-numeric suffix, only; one HICN per line)													Pre-Pay Denial Payments Due Provider	Post Pay Denial Original Overpayment Amount
	QIC Appeal Number	ALJ Appeal Number (if known)	# of Line Items Denied	Billed Amount Denied	Claim Adjustment Reason Code (CARC)	MIA/MIAO or RARC (if any)	MAS HICN	MAS # of Line Items	MAS Billed Amount Denied	Claim Number	HCPCS/CPT Code	To/From Date of Service			
10															
22															
23															
24															
25															
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SETTLEMENT CONFERENCE FACILITATION REQUEST SPREADSHEET

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9	Refund of Principal on Overpayment
10	Post Pay Denial Refunds (Principal) after settlement adjustment is made to original AR
11	
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SETTLEMENT CONFERENCE FACILITATION REQUEST SPREADSHEET

	P
	Post Pay Denial Refunds (Principal) after settlement adjustment is made to original AR
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Health Insurance Claim Number (HICN): The number assigned by the Social Security Administration to an individual for the purpose of identifying him/her as a medicare beneficiary. Please only lists the last four digits plus any alpha-numeric suffix (e.g., 123456789A1 should be listed as 6789A1).

Payer Claim Control Number: A number assigned by the payer to identify a claim. The number is usually referred to an Internal control Number (ICN), Claim control Number (CCN), or a Document Control Number (DCN)

Claim Adjustment Reason Code (CARC): Most CARC's will have a Remittance Advice Adjustment Code (RARC), but a few will not. The easiest example would be "119" which is "benefits exhausted" and does not require a further RARC.

RARC or Inpatient Adjudication (MIO)/Outpatient Adjudication:

Most claims will not have this information; however, if it was provided to you by CMS for any claim(s) at issue in this request, please include this code(s) on this spreadsheet.

Attachment 5 - OMHA SCF - Timeline for Task

	Task	
1	Price prepay claim denials and perform the appropriate AR adjustments for the postpay denial claims.	40 business days
2	Determine gross amount due after step #1 is completed.	8 business days
3	Initiate payment for pre/postpayment denials.	2 business days
4	Notify Appellant of payment by sending an email notification as outlined in the Payment Letter in Attachment 1.	2 business days
5	Send final detailed reconciliation as outlined in Attachment 4.	10 business days
6	Perform claim history/suppress only adjustment. (Part A MACs only)	45 business days

sks

Timeline
after receipt of settlement
after pricing prepay claim denials and adjusting postpay denial ARs
after determining gross amount
after initiation of payment
after initiation of payment
after determining gross amount