CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 255	Date: May 2, 2008
	Change Request 5934

SUBJECT: Requirement That The Contractor Appeals Units Forward Reversed Appeal Information From Post Pay Overpayment Cases to Contractor Medial Review (MR) Units and Program Safeguard Contractors (PSCs)

I. SUMMARY OF CHANGES: The CMS has developed a system for the management of cost, savings, and workload data relative to the MR unit. Mainly, PIMR data relates to how contractors resolve billing problems. CMS obtains PIMR information through interfaces with the shared systems. Those interfaces are operated through contractor data centers, i.e., Enterprise Data Center or a local data center, transferring data directly from contractor shared system implementation to central office computer within 15 calendar days following the end of each month.

The PIMR requires that contractors enter reversals of their postpayment decisions into PIMR. Currently, contractor appeals units are not forwarding information on their decisions to MR units on a timely basis. This CR requires contractor appeals units to provide information on appeal decisions regarding MR determinations to the MR unit within 60 days of a decision.

NEW / REVISED MATERIAL
EFFECTIVE DATE: OCTOBER 1, 2008
IMPLEMENTATION DATE: OCTOBER 6, 2008

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

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

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

SECTION B: 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

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

Attachment – One Time Notification

Pub. 100-08	Transmittal: 255	Date: May 2, 2008	Change Request: 5934

SUBJECT: Requirement That The Contractor Appeals Units Forward Reversed Appeal Information From Post Pay Overpayment Cases to Contractor Medial Review (MR) Units and Program Safeguard Contractors (PSCs)

Effective Date: October 1, 2008

Implementation Date: October 6, 2008

I. GENERAL INFORMATION

A. Background: The CMS has developed a system for the management of cost, savings, and workload data relative to the MR unit. Mainly, Program Integrity Management Reporting (PIMR) data relates to how contractors resolve billing problems. CMS obtains PIMR information through interfaces with the shared systems. Those interfaces are operated through contractor data centers, i.e., Enterprise Data Center, or a local data center, transferring data directly from contractor shared system implementation to the central office computer within 15 calendar days following the end of each month.

The PIMR requires that contractors enter reversals of their postpayment decisions into PIMR. To facilitate compliance with that requirement, this CR requires contractor appeals units to provide information on appeals decisions regarding MR or PSC postpayment determinations to the MR unit and/or PSC within 60 days of a decision. The goal of this CR is to insure that the postpay module of PIMR accurately reflects reversals of postpayment MR unit and PSC decisions.

B. Policy: The PIMR system reporting requirements for MR are in Pub. 100-8 (Program Integrity Manual), Chapter 7 (MR and BI Reports), Section 7.2.8.2.5 - Postpayment Report. They require that Medicare contractors that process Medicare claims report savings and workload through the PIMR system monthly.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
5934.1	The contractor appeals units shall make information regarding appeals decisions (at any	X	X	X	X	X					

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
	level of appeals) available to the contractor MR unit and to PSCs within 60 days of a decision.										
5934.1.1	The contractor appeal units shall make the information available either by A. The contractor appeals unit shall enter the results of the decision into the shared system as an adjustment . B. If the contractor appeals unit cannot create an adjustment, the contractor appeals unit shall communicate to the MR unit and/or PSC that the contractor appeals unit has determined that an overpayment resulting from a contractor MR unit or a PSC action shall be paid back.	X	X	X	X	X					
5934.1.1.1	For method B above, the appeals unit and the PSC or MR unit shall agree upon whom at the PSC and/or MR unit should receive the notification.	X	X	X	X	X					
5934.1.1.2	For method B above, if the appeals unit has procedures in place that meet the requirements of method B and the needs of the PSC and MR unit, then those procedures meet requirement 5934.1.1 for method B.	X	X	X	X	X					
5934.1.2	The shared system maintainer shall create a report to indicate a change to an MR or PSC overpayment decision for adjustments of postpayment reviews resulting from appeals decisions and entered into the shared system.						X	X	X		
5394.2.1	The report shall contain the following fields at a minimum: Billing provider number for the line reversed, Rendering provider number for the line reversed, ICN 1 (overpayment adjustment performed by MR postpay), ICN 2 (reversal adjustment performed by Appeals), Detail line number of the line reversed, Procedure code for the line reversed,						X	X	X		

Number	Requirement	A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
	Original allowed/paid amount, Number of dollars reversed. Denial reason code, Dates of Service for the line reversed, Date of reversal, and RV code.										
5934.2.2	The shared system shall produce one report for MR reversals and one report for PSC reversals.						X	X	X		
5934.2.3	For requirement 5934.2 above, if the shared system has an existing report procedures in place that meet the requirements of requirement 5934.2 and the needs of the PSC and MR unit, then that report meets requirement 5934.2.						X	X	X		
5934.3	The MR units shall enter MR unit information concerning appeals results for postpay medical reviews into PIMR within 30 days of receiving the information.	X	X	X	X	X					

III.   PROVIDER EDUCATION TABLE

Number	Requirement	A / B MAC	D M E MAC	F I	C A R R I E R	D M E R C	R H H I	FISS	MCS	VMS	CWF	OTH
	None											

IV.   SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
5934.2.2	The shared system maintainer may create a new indicator to define whether MR or the PSC made the overpayment decision (to pull onto the report) to use when adjusting claims.

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

V. CONTACTS

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Post-Implementation Contact(s):   John Stewart (410) 786-1189, john.stewart@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 operating budgets.

B. *For Medicare Administrative Contractors (MAC)***, use the following statement:**

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 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.