

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 796	Date: May 11, 2018
	Change Request 9855

SUBJECT: Intent to Reopen

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to provide instructions for contractors to: provide notification of the reopening process and to notify the provider or supplier of their intent to reopen a specific claim when requested documentation is received after a denial of the claim has been made.

EFFECTIVE DATE: August 13, 2018

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

IMPLEMENTATION DATE: August 13, 2018

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/revise 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
R	3/3.2/3.2.3.9/Reopening Claims with Additional Information or Denied Due to Late or No Submission of Requested Information

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

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I. GENERAL INFORMATION

A. Background: When contractors receive late documentation from providers/suppliers, they have the discretion to reopen the claim. Contractors shall provide notification of the reopening process to providers/suppliers. This notification may be completed through general notification of reopening procedures on websites, on Additional Documentation Request (ADR) letters, or information may be included in the remittance advice notices. This notification shall include a description of the situations in which the contractor routinely accepts reopens and the method(s) the provider will be notified of the contractor's decision to reopen.

When contractors choose to reopen a specific claim, they shall notify the provider/supplier of their intent to reopen that claim. This notification may be completed through Interactive Voice Response (IVR), website portal, telephone contact, or by letters. If a contractor accepts medical record submissions via a website portal and that portal provides acknowledgement of the receipt of that medical record, notification of intent to reopen is not necessary when the general notification of the reopening process is such that a provider could reasonably be expected to know that the submission will result in a reopening.

B. Policy: This CR does not involve any legislative or regulatory policies.

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	
9855.1	Contractors shall provide general notification of reopening process through one of the following mechanisms: general notification of reopening procedures on their website, on ADR letters, or information may be included in the remittance advice notices.	X	X	X	X					
9855.2	Contractors shall provide notification of their intent to reopen a specific claim through one of the following mechanisms: IVR, website portal, telephone contact, by letter, fax, email or secure	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	messaging within 3 business days of identification of the request to reopen or receipt of medical record documentation.									
9855.2.1	The Contractor shall not be required to send an additional notification, if a Contractor provides acknowledgement of receipt of medical record submission via a provider portal and the Contractor's general notification of reopening processes as described in BR 9855.1 provides explanation such that a provider could reasonably be expected to know that the submission will result in a reopening.	X	X	X	X					
9855.2.2	If the provider submits a request to reopen for an ENTIRE sample probe, then the contractor shall send notification by probe case. However, if the request received is only one or a few claims within a sample probe, then the contractor shall need to make the notification individually by claim level.	X	X	X	X					
9855.3	If a contractor identifies another mechanism, they shall discuss it with their Contracting Officer's Representative.	X	X	X	X					

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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Debbie Skinner, 410-786-7480 or debbie.skinner@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

3.2.3.9 - Reopening Claims with Additional Information or Denied due to Late or No Submission of Requested Information

(Rev.796, Issued: 05-11-18, Effective: 08-13-18, Implementation: 08-13-18)

Contractors shall make available general reopening process information via their website, in their ADR letters, or through remittance advice notices.

If the MACs receive the requested information from a provider or supplier after a denial has been issued but within a reasonable number of days (generally 15 calendar days after the denial date), they have the discretion to reopen the claim. MACs who choose to reopen *a specific claim* shall notify the provider or supplier of their intent to reopen *that claim*. *Notification to the provider/supplier of the intent to reopen a specific claim shall be completed through any of the following mechanisms: Interactive Voice Response (IVR), contractor website portal, telephone contact, by letter, fax, email or secure messaging within 3 business days of identification of the request to reopen or receipt of medical record documentation. MR will make an MR determination on the lines previously denied due to failure to submit requested documentation, and do one of the following, within 60 calendar days of receiving documentation in the mailroom:*

- For claims originally selected for postpayment review, the reviewer shall issue a new letter containing the revised denial reason and the information required by PIM chapter 3 §3.6.4;
- For claims originally selected for prepayment review, the MAC shall enter the revised MR determination into the shared system, generating a new Medicare Summary Notice (MSN) and remittance advice with the new denial reason and appeals information;
- The workload, costs, and savings associated with this activity shall be allocated to the appropriate MR activity (e.g., *MR reopenings*);

In cases where the MAC or ZPIC/UPIC denied a claim and the denial is appealed, the appeals entity will send the claim to the contractor's MR department for reopening in accordance with CMS Pub. IOM 100-04, chapter 34, § 10.3. The claim sent back to the contractor's MR department must have been denied using Group Code: CO - Contractual Obligation and Claim Adjustment Reason Code (CARC) 50 - these are non-covered services because this is not deemed a "medical necessity" by the payer and Remittance Advice Remark Code (RARC) M127 - Missing patient medical record for this service. The MR department of the contractor (AC, MAC, PSC, or ZPIC/UPIC) who initiated the prepayment edit shall be responsible for conducting the reopening.

- The MACs who choose not to reopen claims when documentation is received past the deadline shall retain the information (hardcopy or electronic) in a location where it can be easily accessed.

If the RAC receives requested documentation from a supplier after a denial has been issued they shall not reopen the claim.

- If a RAC receives documentation after the submission deadline, but before they have issued a demand letter, the RAC shall review and consider the late documentation when making a claim determination;
- If the RAC receives a late response to a documentation request after they have issued a demand letter, the RAC shall retain the documentation so that it is available for review during the appeal process.

For information on how CERT handles late documentation, please refer to Chapter 12, Section 12.3.9.