

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1703	Date: August 5, 2016
	Change Request 9587

SUBJECT: Recovery Auditor Mass Adjustment and Reporting Process Enhancements - Analysis Only

I. SUMMARY OF CHANGES: This Change Request shall begin the analysis of a variety of utility and usability enhancements that have been identified since the mass adjustment process was introduced. These enhancements shall include an increase in billable units at a line-item level for Part A claims and the inclusion of Recovery Auditor Intentions Notes on Part A, Part B and DME claims. These enhancements are vital to increasing Recovery Auditor claim processing efficiencies.

EFFECTIVE DATE: January 1, 2017

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

IMPLEMENTATION DATE: January 3, 2017

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

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SUBJECT: Recovery Auditor Mass Adjustment and Reporting Process Enhancements - Analysis Only

EFFECTIVE DATE: January 1, 2017

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IMPLEMENTATION DATE: January 3, 2017

I. GENERAL INFORMATION

A. Background: CMS directed implementation of a file-based Recovery Audit mass adjustment/reporting process addressed in previous instruction including: CR7601 for Part A claims, CR7602 for Part B claims, and CR7603 for DME claims. This Change Request calls for the analysis of a variety of utility and usability enhancements that have been identified since that process was introduced. These enhancements include an increased billable units at a line-item level for Part A claims, and the inclusion of Recovery Auditor Intentions Notes on Part A, Part B and DME claims. These enhancements are vital to increasing Recovery Auditor claim processing efficiencies.

B. Policy: Section 302 of the Tax Relief Act and Health Care Act of 2006. However, this Change Request contains no new policy. It explores options for improved implementation of existing policies.

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		
9587.1	FISS shall analyze granting the ability to change the number of billable units at a line-item level for Part A Recovery Auditor claims.					X					
9587.2	FISS shall analyze granting the capability of adjusting Part A claims with line items that are greater than 225 lines for Recovery Auditor claims.					X					
9587.2.1	FISS shall provide a recommendation for what the maximum line items shall be.					X					
9587.3	FISS shall provide a proposed revised layout to include the additional line items, once the length is determined.					X					
9587.4	FISS shall analyze the ability to include a Recovery Auditor Intentions Notes, which places adjustment					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		
	processing instructions to the MAC into plain terms.										
9587.5	FISS shall determine what indicator is needed to suspend Recovery Auditor adjustments so that Intention Notes can be read.					X					
9587.6	FISS shall analyze the ability to include the following fields in the input file: occurrence span code and dates, occurrence code and date, and condition codes.					X					
9587.7	FISS shall evaluate the feasibility of creating a special indicator which would identify closures/cancellations and suspend with a particular reason code, allowing the MAC to address the adjustment manually.					X					
9587.8	MCS shall analyze the ability to include, on the MCS Comment/F6 screen, a Recovery Auditor Intentions Notes which places adjustments processing instructions to the MAC into plain terms.						X				
9587.9	VMS shall analyze that ability to include, on the Notes page, a Recovery Auditor Intentions notes which places adjustment processing instructions to the MAC into plain terms.							X			
9587.10	Contractors shall participate in scheduled calls with CMS to explore the implementation requirements for the enhancements mentioned in this CR.	X	X	X	X	X	X	X			VDCs
9587.10.1	Contractors shall participate in 16 one hour calls to be scheduled twice per week.	X	X	X	X	X	X	X			VDCs
9587.10.2	MCS, VMS, FISS shall document meeting minutes for each call and develop and maintain an Issues Log to document outstanding issues and post in eCHIMP within 2 business days after the call. MCS, VMS, and FISS shall rotate the responsibility and posting of the meeting minutes. The rotation order shall be: MCS, VMS, and FISS.					X	X	X			
9587.10.3	Contractors shall be notified of calls via an appointment sent by CMS. Contact information for such appointments shall be sent to Ashley.Ford@cms.hhs.gov.	X	X	X	X	X	X	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): Ashley Ford, 410-786-0828 or Ashley.Ford@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