

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	Centers for Medicare & Medicaid Services (CMS)
Transmittal 189	Date: May 6, 2011
	Change Request 7403

SUBJECT: Recovery Audit Program Tracking Overpayments Instruction Alteration

I. SUMMARY OF CHANGES: This Change Request pertains to the national Recovery Audit Program. It updates information in Chapter 4 Debt Collection, section 100.9.1, tracking overpayments information through MAC/Contractor communications.

EFFECTIVE DATE: June 6, 2011

IMPLEMENTATION DATE: June 6, 2011

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
R	4/100/100.9.1/Tracking Overpayments

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

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

Attachment – Business Requirements

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SUBJECT: Recovery Audit Program Tracking Overpayments Instruction Alteration

Effective Date: June 6, 2011

Implementation Date: June 6, 2011

I. GENERAL INFORMATION:

A. Background: This Change Request pertains to the national Recovery Audit Program. It updates information in Chapter 4 Debt Collection, section 100.9.1, tracking overpayments information through MAC/Contractor communications.

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

II. BUSINESS REQUIREMENTS TABLE:

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I M A C	C A R I E R	R H I E R	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
7403.1	The MAC/Contractor shall upload all applicable FISS, MCS, VMS, and HIGLAS adjustment outcome files into the RAC Data Warehouse on a daily (business day) basis.	X	X	X	X	X					
7403.2	The MAC/Contractor shall upload all applicable FISS, MCS, VMS, and HIGLAS transaction files on a weekly basis (or more frequently at contractor discretion).	X	X	X	X	X					
7403.3	The MAC/Contractor shall send or arrange for the Enterprise Data Center to send outcome/transaction files to the Recovery Auditor, as so mandated per JOA or alternate agreement.	X	X	X	X	X					EDC

III. PROVIDER EDUCATION TABLE:

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
	None.										

IV. SUPPORTING INFORMATION:

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS:

Pre-Implementation Contact(s): Jennifer Elmezzi (410)786-1023 jennifer.elmezzi@cms.hhs.gov

Post-Implementation Contact(s): Jennifer Elmezzi (410)786-1023 jennifer.elmezzi@cms.hhs.gov
Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING:

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs)*:

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.

100.9.1 - Tracking Overpayments

(Rev.189, Issued: 05-06-11, Effective: 06-06-11, Implementation: 06-06-11)

The MAC/Contractor shall upload all applicable FISS, MCS, VMS, and HIGLAS adjustment outcome files into the RAC Data Warehouse on a daily(business day) basis; transaction files shall be uploaded on a weekly basis (or more frequently at contractor discretion). The MAC/Contractor shall also send or arrange for the Enterprise Data Center to send outcome/transaction files directly to the Recovery Auditor, as so mandated per JOA or alternate agreement. Any MACs/Contractors unable to meet such requirements in a timely fashion shall communicate with the CMS regarding the surrounding circumstance and the potential for alternate instruction.