CMS Manual System

Pub 100-06 Medicare Financial Management

Transmittal 80

SUBJECT: Medicare Contractors' Monthly Cash Collections

I. SUMMARY OF CHANGES: Beginning in July, and each month thereafter, Medicare contractors will be required to complete the Medicare Contractor Monthly Cash Collections Worksheet, Attachment I, in addition to submitting the monthly Form CMS 1522. The manual instruction provides line by line instructions for completing the collections worksheet. The worksheet must be completed and submitted monthly. The worksheet is due on the 15th day of the following month end. For example, the August 2005 worksheet, which reports the July collections, is due August 15th, 2005. Please send your monthly submissions via email to cashcollection@cms.hhs.gov. Please note the new e-mail address that has been set up to receive cash collections.

NEW/REVISED MATERIAL
EFFECTIVE DATE: July 01, 2005
IMPLEMENTATION DATE: November 21, 2005

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	5/Table of Contents
N	5/80/80.2/Medicare Contractor Monthly Cash Collections Worksheet

III. FUNDING:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

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

Attachment - Business Requirements

Pub. 100-06	Transmittal: 80	Date: October 21, 2005	Change Request 4074

SUBJECT: Medicare Contractors' Monthly Cash Collections

I.   GENERAL INFORMATION

A.   Background: For fiscal year (FY) 2005, the Centers for Medicare & Medicaid Services (CMS) is required to meet the accelerated reporting requirements imposed by the Office of Management and Budget (OMB). In order to meet the accelerated timeframes and to address an audit finding for not meeting a requirement for reporting refunds (collections on outstanding debt), CMS is requesting specific Medicare contractor financial data for the preparation and audit of CMS' annual financial statements for FY 2005.

B.   Policy: This transmittal manualizes the Medicare Contractors' monthly cash collections requirements from CR 4074 for contractors to report monthly cash collections.

II.   BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4074.1	Medicare contractors shall complete the Medicare Contractor Monthly Cash Collections Worksheet, Attachment I, in addition to submitting the monthly Form CMS 1522. The manual instruction provides line by line instructions for completing the collections worksheet.	x		x	x					
4074.2	Chief Financial Officer for Medicare Operations shall certify the Attachment I worksheet.	x		x	x					

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4074.3	Medicare contractors shall complete and submit the worksheet monthly. The worksheet is due on the 15th day of the following month end.	x		x	x					
4074.4	Medicare contractors shall send monthly submissions via email to cashcollection@cms.hhs.gov . Please note the new e-mail address that has been set up to receive cash collections.	x		x	x					

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	None.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements

C.   **Interfaces:** N/A
D.   **Contractor Financial Reporting /Workload Impact: N/A**

E.   **Dependencies:** N/A

F.   **Testing Considerations:** N/A

V.   **SCHEDULE, CONTACTS, AND FUNDING**

Effective Date*: July 1, 2005 **Implementation Date:** November 21, 2005 **Pre-Implementation Contact(s):** Kenneth Wilkins (410) 786-0632 Ron Dea (410) 786-1375 **Post-Implementation Contact(s):** Kenneth Wilkins (410) 786-0632 Ron Dea (410) 786-1375	**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.**

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

Attachment

Centers For Medicare & Medicaid Services
Medicare Contractor Monthly Cash Collections Worksheet
For Month Ending _____

Contractor Name _____ Number _____

A. Total Monthly Principal Deposits

1. Total Deposits (Section D, Line 16B, Forms CMS-1522)   **(Line 1)** $ _____

2. Less: Prior Month Deposits-in-Transit   **(Line 2)**   (-) _____

3. Plus: Current Month Deposits-in-Transit   **(Line 3)**   (+) _____

4. Total Monthly Deposits   **(Line 4)** $ _____

 Monthly Interest (Cash) Collections

 5. Received-Provider Overpayment   **(Line 5)** $ _____
  (Interest: Line 1, p. 4/4, Form CMS - 1522)

 6. Less (-) Interest Offsets   **(Line 6)**   (-) _____
  (Note: Monthly amount included on Interest-Line 1, p. 4/4, Form CMS-1522
  and included in amount reported on Line 4b, Forms CMS - 751)

 7. Monthly Interest (Cash) Collections   **(Line 7)** $ _____

8. Less(-) Line 7 above - Monthly Interest (Cash) Collections   **(Line 8)**   (-) _____

9. Total Monthly Principal Cash Deposits = Line 4 - Line 8   **(Line 9)** $ _____

B. Calculate HI/SMI Percentage Split * **(FI Only) *- 12 Month Rolling Average**:

 Total Cash Collections **(12-Months of most recent CAFM reports, e.g. July, 2004 - June, 2005)**:

 10. Line 4a (Principal Only), Form CMS - 751A   **(Line 10)** $ _____

 11. Line 4a (Principal Only), Form CMS - 751BA   **(Line 11)**   (+) _____

 12. Total Cash Collections   **(Line 12)** $ _____

 13. HI Percentage Split = Line 10 above divide by Line 12   **(Line 13)**   _____ %
 14. SMI Percentage Split = 1.00 minus Line 13   **(Line 14)**   _____ %
  (Note: HI/SMI Percentage Split must equal 100%)

C. HI Cash Deposits = Line 9 above multiplied by Line 13   **(Line C)** $ _____

D. SMI Cash Deposits = Line 9 above multiplied by Line 14   **(Line D)** $ _____
 (Note: HI/SMI Cash Deposits must equal Line 9-Total Principal Cash Deposits)

E. _____ _____
   CFO - Medicare Operations   **Date**

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(Rev. 80, 10-21-05)

80.2 - Medicare Contractor Monthly Cash Collections Worksheet
(Rev.80, Issued: 10-21-05, Effective: 07-01-05, Implementation: 11-21-05)

The Medicare Contractor Monthly Cash Collections Worksheet is to identify cash collections deposited in the Medicare Trust Funds related to Provider Overpayments. The Medicare contractors are to follow the line by line instructions for completing the collections worksheet. The instructions are to provide uniformity throughout all contractors for the calculations of the data used to populate each line item. Medicare contractors are required to maintain supporting documentation for the amounts reported on the Medicare Contractor Monthly Cash Collections Worksheet.

Medicare contractors are required to submit the worksheet via email to cashcollection@cms.hhs.gov on the 15th day of the following month end. For year-end, Medicare contractors may be required to submit the Monthly Cash Collections Worksheet in an accelerated time frame.

A. Total Monthly Principal Deposit (Using Forms CMS-1522, Forms CMS-751)

Line 1 - Enter the total 'Other Deposits' (Line 16b, Form CMS-1522) for the reporting period (e.g. June 30, etc.).

Line 2 - Enter 'Deposits-In-Transit' (Line 20, Form CMS-1522) for the month prior to the reporting period (e.g. May 31, etc.).

Line 3 - Enter 'Deposits-In-Transit' (Line 20, Form CMS-1522) for the reporting period (e.g. June 30, etc.).

Line 4 – Enter the sum of Line 1 minus (-) Line 2 plus (+) Line 3 equal (=) 'Total Monthly Deposits.

Monthly Interest (Cash) Collections

Line 5 – Enter the total 'Received-Provider Overpayment' (Line 1, page 4, Form CMS-1522) for reporting period (e.g. June 30, etc.).

Line 6 – Enter the total 'Interest Offset' for the reporting period. Total 'Interest Offset' must equal the amount of the offset collections included in the amount reported on Line 1, page 4/4, Form CMS-1522 and included in the amount of the offset reported on Line 4b, Form CMS 751 for the quarter ending June 30, 2005.

Line 7 – The sum of Line 5 minus (-) Line 6 equal (=) Monthly Interest Cash Collections.

Line 8 – Monthly Interest Cash Collections = Line 7.

Line 9 – The sum of Line 4 (Total Monthly Deposits) minus (-) Line 8 (Monthly Interest Cash Collections) = Total Monthly Principal Cash Deposits.

B. Calculate HI/SMI Percentage Split (FI Only) – 12 month rolling average

Line 10 – Enter the sum of Line 4a (principal), Form CMS-751A (quarter ending June 30, 2005). For example, Line 4a (principal) for the period ending June 2005 plus (+) [Line 4a (principal), Form CMS-751A (period ending September 2004) minus (-) Line 4a (principal), Form CMS-751A (period ending June 2004)]. The sum of Line 4a (period ending September 2004) minus Line 4a (period ending June 2004) must equal Cash Collections for the period July 2004 – September 2004.

(Note: 12 months of most recent HI principal Cash Collections (e.g., July 2004 - June 2005))

Line 11 - Enter the sum of Line 4a (principal), Form CMS-751BA (quarter ending June 30, 2005). For example, Line 4a (principal) for the period ending June 2005 plus (+) [Line 4a (principal), Form CMS-751BA (period ending September 2004) minus (-) Line 4a (principal), Form CMS-751BA (period ending June 2004)]. The sum of Line 4a (period ending September 2004) minus Line 4a (period ending June 2004) must equal Cash Collections for the period July 2004 – September 2004.

(Note: 12 months of most recent SMI principal Cash Collections (e.g., July 2004 - June 2005))

Line 12 – Enter the sum of Line 10 plus (+) Line 11 = Total HI/SMI collections.

Line 13 – Enter the HI percentage split. The result of Line 10 divided by Line 12.
Line 14 – Enter the SMI percentage split. 1.00 minus the HI percentage split (Line 13).
(Note: Line 14 must equal Line 11 divided by Line 12)

C. HI Monthly Cash Deposit = HI percentage split (Line 13) multiplied by Total Monthly Principal Cash Deposit (Line 9).

D. SMI Monthly Cash Deposit = HI percentage split (Line 13) multiplied by Total Monthly Principal Cash Deposit (Line 9).

E. The Chief Financial Officer (CFO) is required to certify/sign the Medicare contractor Cash Collection Worksheet Attachment I (electronic signature is acceptable if the email is sent by the CFO), as an indication of the correctness/completeness of the data in accordance with applicable instructions.

(Note: The sum of C and D must equal Total Monthly Principal Cash Deposits (Line 9))