

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1873	Date: July 28, 2017
	Change Request 10150

SUBJECT: Line Level versus Claim Level Reporting – Analysis Only

I. SUMMARY OF CHANGES: This CR calls for the analysis of line level versus claim level RAC reporting. This discussion is vital to increasing RAC reporting and appeal tracking accuracy.

EFFECTIVE DATE: January 1, 2018

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

IMPLEMENTATION DATE: January 2, 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/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	

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: Line Level versus Claim Level Reporting – Analysis Only

EFFECTIVE DATE: January 1, 2018

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IMPLEMENTATION DATE: January 2, 2018

I. GENERAL INFORMATION

A. Background: This CR calls for the analysis of line level versus claim level RAC reporting. This discussion is vital to increasing RAC reporting and appeal tracking accuracy.

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

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		
10150.1	Contractors shall attend a series of up to 8 weekly one-hour calls to conduct analysis and explore options to implement the enhancements included in BR 10150.5.	X	X	X	X	X	X	X			HIGLAS, MAS, RACs
10150.2	Contractors shall send contact names and email addresses for this project to CMS at Eric.Miller@cms.hhs.gov within 5 business days of issuance of this CR.	X	X	X	X	X	X	X			MAS, RACs
10150.3	Contractors shall take the meeting minutes from their perspective for all conference calls and post them in ECHIMP within 2 business days after each call.					X	X	X			MAS, RACs
10150.4	Contractors shall provide a final analysis paper to CMS, via their respective COR, 30 business days following the final conference call.					X	X	X			MAS, RACs
10150.4.1	Contractor shall include, in the final analysis paper an estimate of the hours needed to implement the requirements outlined.					X	X	X			MAS, RACs
10150.4.2	Contractors shall propose a strategy to implement the requirements over two or more releases if the estimated hours needed to implement the requirements					X	X	X			MAS, RACs

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	
	exceed 1,000 hours.									
10150.5	Contractors shall discuss, during the analysis calls, the capabilities of the MACs to track RAC denials at a line level versus a claim level.	X	X	X	X	X	X	X		HIGLAS

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	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): Eric Miller, 410-786-0060 or eric.miller@cms.hhs.gov (Ashley Ford: 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):

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and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0