

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1884	Date: July 27, 2017
	Change Request 10127

SUBJECT: Analysis Only- Medicare Reporting on the Return of Self-Identified Overpayments

I. SUMMARY OF CHANGES: CMS has been working with the Office of Inspector General (OIG) on the tracking and reporting on the return of self-identified overpayments.

EFFECTIVE DATE: January 2, 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	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: Analysis Only- Medicare Reporting on the Return of Self-Identified Overpayments

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IMPLEMENTATION DATE: January 2, 2018

I. GENERAL INFORMATION

A. Background: CMS has been working with the Office of Inspector General (OIG) on the tracking and reporting on the return of self-identified overpayments.

Regulation 42 CFR 401.305 states that when a government agency informs a provider or supplier of a potential overpayment, the provider or supplier has an obligation to accept the finding or make a reasonable inquiry to determine whether an overpayment exists. The provider or supplier must then report and return any self-identified overpayments received within the last six years (from paid claim date) as required by Section 1128J(d) of the Act (Section 6402 of the Affordable Care Act).

There are a number of methods that the regulation provides for persons to return any self-identified overpayments ranging from provider-initiated claims adjustments, to sending a check and/or claim listing, to negotiating an extended repayment plan. Depending on which method of return is chosen, CMS' systems may not be able to associate the self-identified overpayment to the specific audit itself. As a result, CMS cannot currently associate the recovery of the overpayment with a specific OIG audit.

B. Policy: CMS is requesting analysis to evaluate methods to track and report on the return of self-identified overpayments in CMS' claim processing systems.

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	
10127.1	Approximately two weeks after the effective/implementation date of this analysis Change Request, contractors shall actively participate in up to 8 weekly conference calls set up by CMS, lasting no more than 60 minutes each.	X	X	X	X	X	X	X		HIGLAS
10127.2	Contractors shall send contact names and email addresses for this project to CMS at MedicareOverpayments@cms.hhs.gov within 5 days of issuance of this CR. The contractors shall input "CR	X	X	X	X	X	X	X		HIGLAS

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

V. CONTACTS

Pre-Implementation Contact(s): Donna Sanders, 410-786-0289 or Donna.Sanders@cms.hhs.gov , Jay Blake, 410-786-9371 or Jay.Blake@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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ATTACHMENTS: 0