

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1956	Date: November 1, 2017
	Change Request 9936

Transmittal 1834, dated April 28, 2017, is being rescinded and replaced by Transmittal 1956, dated November 1, 2017, to revise requirement 9936.3 and add a new BR 9936.2. All other information remains the same.

SUBJECT: Analysis and Design Working Sessions for the Development of a Pre-Payment Common Additional Documentation Request (ADR) Letter

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to schedule working sessions to complete the analysis and design of a prepayment ADR template that will be utilized by the A/B Medicare Administrative Contractors (MACs) and Durable Medical Equipment (DME) MACs.

EFFECTIVE DATE: October 1, 2017

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

IMPLEMENTATION DATE: October 2, 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

Pub. 100-20	Transmittal: 1956	Date: November 1, 2017	Change Request: 9936
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SUBJECT: Analysis and Design Working Sessions for the Development of a Pre-Payment Common Additional Documentation Request (ADR) Letter

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IMPLEMENTATION DATE: October 2, 2017

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) began several initiatives to prevent or identify improper payments before CMS processes a claim, and to identify and recover improper payments after paying a claim. Under the authority of the Social Security Act, CMS employs a variety of contractors to process and review claims in accordance with Medicare rules and regulations.

Under the Medicare claim review programs two types of review may occur, a post-payment or a prepayment. A post-payment review occurs when a reviewer makes a claim determination after the claim has been paid. A post-payment review results in either no change to the initial determination or a “revised determination” indicating that an overpayment or underpayment has occurred. A prepayment review occurs when a reviewer makes a claim determination before claim payment has been made. Prepayment review always results in an “initial determination.”

In certain circumstances, the MACs, the Comprehensive Error Rate Testing Contractors, the Recovery Auditors, the Supplemental Medical Review Contractor, and the Zone Program Integrity Contractors may not be able to make a determination on a claim they have chosen for review based upon the information on the claim, its attachments, or the billing history found in claims processing system (if applicable) or the Common Working File (CWF). In those instances, the reviewer can request documentation from the provider or supplier by issuing an ADR.

This CR will schedule working sessions to complete the analysis and design of a prepayment ADR template that will be utilized by the A/B MACs and DME MACs. During the working sessions, a comparison of the data elements that are commonly used within existing ADR letters will be completed in order to develop the letter template and prepare for customization, if any, with possible additional data elements that can be specific to the Shared Systems.

The data elements finalized as a result of this workgroup will be used to perform gap analysis and expand from the existing Electronic Medical Documentation Request (eMDR) data elements considered for post-pay ADR requests through the Electronic Submission of Medical Documentation system. The exchange of eMDR will provide CMS with the capability to perform two-way communication with providers/Health Insurance Handlers. The functionality will be executed with the goal of maintaining consistent data elements.

The common ADR letter format is designed to replace the initial ADR letter that Review Contractors (RCs) currently submit to request additional documentation. Subsequent letters RCs submit related to the initial ADR letter are not impacted by this change. RCs are free to send additional letters which will not be governed by the unified ADR format. This change only impacts and applies to prepayment ADR Letters.

B. Policy: This CR does not involve any legislative or regulatory policies.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
9936.1	The Shared System Maintainers (SSMs) and Contractors shall have discussions with CMS staff on the requirements for implementing a common ADR (for pre-pay reviews). CMS will lead 10 one-hour weekly conference calls, which will be scheduled after April 5, 2017.	X	X	X	X	X	X	X	X	SMRC , ZPICs
9936.1.1	The SSMs shall document meeting minutes for each call from their perspective, and post in eCHIMP within 3 business days after the call.					X	X	X	X	
9936.1.2	The SSMs and Contractors shall provide the contact names and email addresses for this project to CMS at ADRPREPAY@cms.hhs.gov within 10 business days of issuance of this CR.	X	X	X	X	X	X	X	X	SMRC , ZPICs
9936.2	The SSMs and MACs shall confirm the following information as an outcome of this CR: <ul style="list-style-type: none"> All of the data elements mentioned in the workbook provided by CMS for each SSM is accepted and shall be incorporated in the Pre-Pay ADR letters for medical review. 	X	X	X	X	X	X	X	X	
9936.3	The SSMs shall confirm with the following information as					X	X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FIS	MC	VM	CW	
	<p>an outcome of this CR:</p> <ul style="list-style-type: none"> The data elements that need coding and/or implementation effort shall be marked on the workbook (Column 'C'). <p>The estimated hours/level of effort for any system changes needed to support the data elements shall be provided in conjunction with a future implementation CR.</p>									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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): Melanie Jones, 410-786-5461 or Melanie.Jones@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