CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1968	**Date: November 9, 2017**
	Change Request 10288

SUBJECT: Tracking Status of Claims Adjustments

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the A/B Medicare Administrative Contractors (MACs) and Durable Medical Equipment (DME) MACs with a mechanism to track claims adjustment statuses when adjustments or mass adjustments are initiated.

EFFECTIVE DATE: April 1, 2018 - MCS and VMS; July 1, 2018 - FISS
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 2, 2018 - For MCS and VMS; July 2, 2018 - For FISS - April 2, 2018 - Analysis, design and begin coding; July 2, 2018 - Complete coding, testing and implementation

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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I.   GENERAL INFORMATION

A.   Background: The CMS has been issuing numerous Technical Direction Letters (TDLs) to the MACs requesting claims be mass adjusted for various reasons and requesting the MACs to complete the adjustments and track adjudication by a designated time frame. However, the current systems are not able to provide the MACs with the ability to track and monitor these claims by TDL request, CR or contract change as the adjustment claims and first pass claims are combined in workload numbers as well as status locations when suspended claims are being reviewed. The claims are not identifiable. Thus, this CR will give the MACs the ability to monitor adjustments mostly by TDL or any other instruction from CMS. The intent is to standardize the way all MACs track and report on TDL requests for mass adjustments and ensuring the claims are adjudicated to completion. There are no current reports or a system look up to get an accurate status at any point in time. CMS is requiring MACs to report on adjusted claims ensuring they are being monitored to completion.

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	HHH		FISS	MCS	VMS	CWF	
10288.1	The Shared System Maintainers (SSMs) shall provide a 10 character alphanumeric field to house a unique identifier for the MACs when performing mass adjustments and shall be visible on the claim file.					X	X	X		
10288.1.1	The unique identifier shall be on screens appropriate for each system including but not limited to Expert Claims Processing System and Express Adjustments.					X	X	X		
10288.1.2	MACs shall be able to utilize online screens to look up	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	claims by the unique identifier.									
10288.1.2.1	The unique identifier shall not be passed to the providers via Direct Data Entry.					X				
10288.2	The unique tracking number shall be on the claims screen and added to the claim file that is transmitted to the Integrated Data Repository (IDR).					X	X	X		IDR
10288.3	The SSMs shall provide a daily report of all MASS adjustments performed by the MACs by the unique identifier created in requirement 10288.1 effective with the implementation date of this CR and not service dates. Finalized mass adjustments shall remain on the daily report until the last reporting day of the month. The report will include a total of all adjustments by CMS ID and details of any pending mass adjustments.					X	X	X		
10288.3.1	Totals shall include at a minimum the following data elements: • Unique Identifier Number, • Total Claims Adjusted, • Total Pending/Suspended, • Total Finalized/Adjudicated					X	X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
10288.3.2	The "All Adjustments by CMS ID" shall include at a minimum the following data elements: • Adjustment Create Date or Age of Adjustment • Unique Identifier Number, • Total Number of Claims Adjusted, • Total Finalized/Adjudicated, • Date Claim Finalized • Total Pended/Suspended Totals shall be provided for each status/location.					X	X	X		
10288.3.3	The "Detailed/Pending" report shall include at a minimum the following data elements: • Unique Tracking Number, • Adjustment Create Date (Date of Adjustment), • Status/Location, • Days in Status/Location, • CCN/DCN/ICN, • HIC/MBI Number,					X	X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	• Date of Service (From and Through), • Highest Level Edit, • Total Counts for Each Status Location **NOTE**: MCS will not have the highest level edit on the report.									
10288.4	Claims that are in a Return To Provider status/location shall be considered a final location and shall be counted as a finalized claim. The claim shall not be tracked any further if the provider returns the claim to the MAC with changes or additional information for completion.	X				X				
10288.5	All MACs shall test all requirements from this CR.	X	X	X	X					

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): Rose Salloum, 443-204-4701 or rose.salloum@cms.hhs.gov , Stacey Shagena, 410-786-8208 or stacey.shagena@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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