

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 755	Date: November 9, 2017
	Change Request 10177

SUBJECT: Tracking Medicare Contractors' Prepayment and Postpayment Reviews

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to revise chapter 3, section 3.5.4, of Pub. 100-08 to include instructions previously issued by CMS in CR 8175, CR 8224 and CR 8225.

EFFECTIVE DATE: December 11, 2017

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

IMPLEMENTATION DATE: December 11, 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
R	3/Table of Contents
R	3/3.5/3.5.4 Tracking Medicare Contractors' Prepayment and Postpayment Reviews

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:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: The CMS previously issued CR 8175, CR 8224 and CR 8225, requiring Medicare Administrative Contractors (MACs) to upload prepayment review activity into the Recovery Audit Data Warehouse. This CR revises chapter 3, section 3.5.4 of Pub. 100-08 which currently includes instruction regarding the uploading of postpayment reviews, to also include the uploading of prepayment reviews.

B. Policy: There are no regulatory, legislative, or statutory requirements related to this CR.

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	
10177.1	The MACs shall track prepayment reviews in accordance with the language provided in chapter 3, section 3.5.4 of Pub. 100-08 and previously instructed via CR8175, CR8224 and CR8225.	X	X	X	X					
10177.2	The MACs shall upload prepayment review activity to the Recovery Audit Data Warehouse by the 15th of the month, including activity from the previous month, using the file format previously provided by CMS in CR 8175, CR 8224 and CR 8225.	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): Heather Wetherson, heather.wetherson@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

Medicare Program Integrity Manual

Chapter 3 - Verifying Potential Errors and Taking Corrective Actions

Table of Contents
(Rev.755, Issued: 11-09-17)

Transmittals for Chapter 3

3.5.4 - Tracking Medicare Contractor's *Prepayment and* Postpayment Reviews

3.5.4 - Tracking Medicare Contractors' *Prepayment and Postpayment* Reviews *(Rev.755; Issued: 11-09-17; Effective: 12-11-17; Implementation: 12-11-17)*

Medicare Administrative Contractors (MACs) shall input all *prepayment and* postpayment complex reviews into the Recovery Audit Data Warehouse. All claims chosen for review by the MAC where an additional documentation request letter was issued to the provider *before or* after payment was made shall be included. MACs shall include all reviews, even those that did not result in an improper payment.

Claims may be manually uploaded into the data warehouse or submitted by flat file. The MACs shall use the file layout *provided by CMS* for claims uploaded to the Recovery Audit Data Warehouse. *Postpayment* claims shall be submitted to the Recovery Audit Data Warehouse by the 20th day of every month for the previous month. *Prepayment claims shall be submitted to the Recovery Audit Data Warehouse by the 15th day of every month for the previous month.*

MAC staff who need access to the Data Warehouse shall contact RAC@cms.hhs.gov.