CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2136	**Date: September 5, 2018**
	Change Request 10369

Transmittal 2093, dated June 7, 2018, is being rescinded and replaced by Transmittal 2136, dated, September 5, 2018 to add a file layout attachment. All other information remains the same.

SUBJECT: Standardization of Case File Transmittal and Provider Information Processes, Bankruptcy, Payment Hold, and Cancellation Reporting Between the Medicare Administrative Contractors (MAC) and the Recovery Audit Contractor (RAC)

I. SUMMARY OF CHANGES: Provides instructions for standardization in the case file request/transfer/naming convention processes, the Recovery Audit Contractor (RAC) reporting process, and the appeals process.

EFFECTIVE DATE: October 1, 2018 - MCS, VMS, and MAS changes effective with implementation date.; October 1, 2018; October 1, 2018 - *Effective date is the receipt date of the appeal.
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 1, 2018; October 1, 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

Pub. 100-20	Transmittal: 2136	Date: September 5, 2018	Change Request: 10369

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IMPLEMENTATION DATE: October 1, 2018; October 1, 2018

I. GENERAL INFORMATION

A. Background: A national Medicare Administrative Contractors (MAC) and Recover Audit Contractor (RAC) consistency workgroup collaborated to standardize the case file request/transfer/naming convention process. This change request provides the means to enhance and standardize these processes to benefit both the MACs and the RACs.

B. Policy: N/A

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	
10369.1	A/B MACs Part A and RACs shall follow the Medicare Appeals System (MAS) case file documentation request process.	X								RAC
10369.1.1	A/B MACs Part A shall request case files through MAS and ensure that the RAC appeals and clerical re-openings are identified correctly, so that requests for case files go to the appropriate RAC.	X								
10369.1.2	RACs shall generate the Pending RAC Case File Report daily.									RAC
10369.1.3	RACs shall review the Pending RAC Case File Report daily and transmit documentation for any pending RAC appeals and clerical re-openings to MAS within the Joint Operating Agreement									RAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	(JOA) timeframes.									
10369.2	The MAS maintainer shall provide RACs access to upload appeal case file documentation directly into MAS.									MAS
10369.3	The MAS maintainer shall create a standard Pending RAC Case File Report. Report shall include: 1. Medicare Number (Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)) 2. MAS Appeal Number 3. Adjusted Document Control Number (DCN) 4. Original DCN 5. Number of days on hold 6. Contractor/workload ID 7. From and to dates 8. Case File Request Date (date of initial case file request)									MAS
10369.4	The MAS maintainer shall automatically place Part A RAC appeals on RAC Hold in MAS.									MAS
10369.4.1	The MAS maintainer shall design the system to remove the RAC Hold when the RACs upload case file documentation to RAC appeals in MAS.									MAS
10369.4.2	The MAS maintainer shall only allow the following processes to remove the RAC Hold in MAS. • RACs upload Case File documentation to the appeal. • A/B MACs Part A manually remove the hold.									MAS
10369.5	MAS shall ensure that appeals that have RAC documentation uploaded shall automatically drop off the new Pending RAC Case File Report (refer to BR 10369.3) the following day.									MAS

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10369.6	RACs shall develop Case File packages using .pdf files.									RAC
10369.6.1	Each .pdf file shall contain case files for only one claim. There can be multiple .pdfs for a single claim. This allows for separation of the different case file types.									RAC
10369.6.2	Naming of the .pdf shall be the Claim Number followed by Document Description field in MAS.									RAC
10369.6.2.1	Naming of case file documentation within the Document Description field shall correspond to names listed in the required documentation listing found in business requirement 10369.19.									RAC
10369.7	A/B MACs Part B shall request Case Files using the new daily report defined in requirement 10369.8.		X							
10369.8	The Multi-Carrier System (MCS) shall create a daily version of the existing weekly H99RAARA report. The new report shall keep the same format and fields and be identified with a new report number.						X			
10369.8.1	The new daily report shall include all pending appeals as well as those added to MCS since the last population of the daily file.						X			
10369.8.2	The new daily report shall include all Clerical Reopenings and Redetermination Appeals.						X			
10369.8.3	Contractors shall transmit the new daily report to the RACs utilizing the data centers.									VDC
10369.9	Contractors shall ensure the weekly H99RAARA report file continues to be accessible to upload to the RACDW.									VDC
10369.10	RACs shall send the Part B MACs the case files within the agreed upon JOA timeframes.									RAC
10369.11	RACs shall send case file packages to Part B MACs in .zip files.									RAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10369.11.1	The case file shall be .pdf files									RAC
10369.11.2	Each .pdf file shall contain case files for only one claim. There can be multiple .pdfs for a single claim. This allows for separation of the different case file types.									RAC
10369.11.3	Naming of the .pdf shall be the claim number. If there is a need to further denote the .pdf file, the claim number shall be added first followed by a dash (-) and the name of the document from the required documents list in 10369.19.									RAC
10369.11.4	A .txt file shall be included in the case file package .zip file. For any claim case file that is included in the .zip file, the corresponding claim's lines from the new daily report defined in 10369.8 shall be included in this .txt file.									RAC
10369.12	RACs shall send Error Files to the Part B MACs if the RAC identifies any errors with the MAC's case file request. This shall be separate from case file returns.									RAC
10369.12.1	RACs shall append any error information to the end of the new daily report defined in 10369.8. The error file layout that shall be used is attached.									RAC
10369.12.2	Errors shall be located on the same line as the matching claim information on the new daily report defined in 10369.8.									RAC
10369.12.3	The following error information shall be supplied: 1. Duplicate Appeal (duplicate appeals are those with the same claim number and a different receipt date) 2. No Claim Matches 3. No Account Receivable set up for this claim 4. Claim has been closed									RAC
10369.12.4	RACs shall send this error report daily. Errors that have already been reported shall not be resent after the initial transmittal. If there are no errors,									RAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	then the report shall not be sent.									
10369.12.5	RACs shall ensure that errors that have already been reported are not resent after the initial transmittal.									RAC
10369.13	DME MACs shall request Case Files daily utilizing the new report defined in business requirement 10369.14.				X					
10369.14	ViPS Medicare System (VMS) shall create a daily version of the existing weekly IC4301 report. The new report shall keep the same format and fields and be identified with a new report number.							X		
10369.14.1	The new daily report shall include all pending appeals as well as those added to VMS since the last population of the daily file.							X		
10369.14.2	The new daily report shall include all Clerical Reopenings and Redetermination Appeals.							X		
10369.14.3	Contractors shall transmit the new daily report to the RACs utilizing the data centers.									VDC
10369.15	Contractors shall ensure the weekly IC4301 report file continues to be accessible to upload to the RACDW.									VDC
10369.16	RACs shall send the DME MACs the case files within the agreed upon JOA timeframes.									RAC
10369.17	RACs shall send case file packages to DME MACs in .zip files.									RAC
10369.17.1	The case file shall be .pdf files.									RAC
10369.17.2	Each .pdf file shall contain case files for only one claim. There can be multiple .pdfs for a single claim. This shall allow for separation of the different case file types.									RAC
10369.17.3	Naming of the .pdf shall be the claim number. If there is a need to further denote the .pdf file, the claim number shall be added first followed by a dash (-) and the name of the document from the									RAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	required documents list in 10369.19.									
10369.17.4	A .txt file shall be included in the case file package .zip file. For any claim case file that is included in the .zip file, the corresponding claim's lines from the new daily report defined in 10369.14 shall be included in this .txt file.									RAC
10369.18	RACs shall send Error Files to the DME MACs if the RAC identifies any errors with the DME MAC's case file request. This shall be separate from case file returns.									RAC
10369.18.1	RACs shall append any error information to the end of the new daily report defined in 10369.14.									RAC
10369.18.2	Errors shall be located on the same line as the matching claim information on the new daily report defined in 10369.14.									RAC
10369.18.3	The following error information shall be supplied: 1. Duplicate Appeal (duplicate appeals are those with the same claim number and a different receipt date) 2. No Claim Matches 3. No Account Receivable set up for this claim 4. Claim has been closed									RAC
10369.18.4	RACs shall send the error report daily. If there are no errors, then the report shall not be sent.									RAC
10369.18.5	RACs shall ensure that errors that have already been reported are not resent after the initial transmittal.									RAC
10369.19	RACs shall send all required case file documentation to the Part A, Part B, and DME MACs. Required documentation is as follows: <u>Automated reviews</u>: 1. Initial finding letter 2. Discussion request from provider 3. Discussion Period uphold letter									RAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	4. Underpayment notification letter 5. Edit Parameter Documentation <u>Complex Reviews</u>: 1. Additional Documentation Request letter 2. Medical records 3. Additional Medical records 4. Review Results letter 5. Discussion request from provider 6. Discussion Period uphold letter 7. Underpayment notification letter (note that overpayment/demand letter is sent by MAC. RACs shall not have copy of this demand letter) 8. Edit Parameter/Review Guidelines, Appendices and Code									
10369.20	A/B MACs Part A shall send FISS Provider File extracts to the applicable RACs utilizing the Data Centers.	X								VDC
10369.20.1	Contractors shall send a quarterly transmittal. This transmittal shall replace the last quarterly transmittal.	X		X						VDC
10369.20.2	Contractors shall send a monthly transmittal. This transmittal shall replace the last monthly transmittal.	X		X						VDC
10369.20.3	Contractors shall use October 1, 2007 as the look back date when generating the FISS Provider file.	X								
10369.21	A/B MACs Part B shall send the MCS Provider File extracts to the applicable RACs utilizing the Data Centers.		X							VDC
10369.21.1	Contractors shall send a semi-annual transmittal. This transmittal shall replace the last semi-annual transmittal.		X	X						VDC
10369.21.2	Contractors shall send a monthly transmittal. This transmittal shall contain only that information that has changed since the last transmittal.		X	X						VDC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10369.22	A/B MACs Part A and A/B MACs Part B shall transmit the HIGLAS Centers for Medicare & Medicaid Services (CMS) Suppliers on Hold Report to the applicable RACs weekly. This shall be a manual process.	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): Ashley Ford, 410-786-0828 or 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):
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: 1

Recovery Audit-Associated Reopenings and Appeals (header)

Field #	Field Name	Start	End	Length Values	Comments
1	File Type	1	10	10	"Appeal"
2	Filler	11	11	1	
3	File Format Version	12	14	3	"001"
4	Filler	15	15	1	
5	Record Count	16	21	6	Number of records in file, not including header; zero fill
6	Filler	22	22	1	
7	Record Length	23	28	6	"000496"
9	File creation date	30	37	8	"YYYYMMDD"
10	Filler	38	38	1	
11	Source ID	39	43	5	Primary workload ID of EDC processing region
12	Filler	44	496	452	

Note 1: All fields are left justified/space filled unless otherwise indicated.
Note 2: Files shall be space filled to a fixed record length.

Recovery Audit-Associated Reopenings and Appeals (content)

Field #	Field Name	Start	End	Length Values/comments	
1	Workload number	1	5	5	Workload number of the adjustment being appealed
2	Original claim ID	6	28	23	ID of the underlying claim, before adjustment by the recovery auditor (claim ID selected by Recovery Auditor for adjustment)
3	Adjustment ID	29	51	23	ID of the recovery audit-initiated adjustment being reopened/appealed
4	Legacy provider/supplier ID	*52*	64	13	*Billing* provider ID *(MCS users)* *Supplier ID (VMS users)*
5	Receipt date	*65*	72	8	YYYYMMDD
6	Nature of request / Level of appeal	*73*	*75*	3	C = Clerical reopening, R = Redetermination Q = QIC, J = ALJ, B = DAB, JR = Judicial review
7	Disposition	*76*	*78*	3	A- Affirm recovery auditor decision P- Partially favorable to provider/supplier F- Fully favorable to provider/supplier W- Request withdrawn by provider/supplier E-Error D- Request dismissed by MAC R- Request for reopening accepted at the MAC S- Redetermination decision pending Z- Remand Notes: D is only allowable with Nature of Request = C or R R is only allowable with Nature of Request = C Z is only allowable with Nature of Request = J, B or JR
8	Disposition date	*79*	*86*	8	YYYYMMDD (date of closure of correspondence)
9	Readjustment ID	*87*	*109*	23	Blank if reopening/appeal request was dismissed, Recovery Auditor's decision was affirmed or decision is still pending. Otherwise, the ID of the adjustment created to effectuate the reopening/appeal decision.
10	Readjustment date	*110*	117	8	Finalization date of the readjustment
11	Amount paid on readjusted claim	*118*	126	9	DDDDDD.CC (explicit decimal; padded with zeroes)
12	Reason for reversal or accepted clerical reopening (Recovery Auditor error or new information from provider/supplier)	*127*	*127*	*1*	A- Incorrect interpretation of coding policy B- Incorrect effective date utilized for coding policy C- Utilization of additional/different coding policy D- Code adjusted after 3 year limitation E- Medical record supplied in appeal process F- Wrong policy applied G- Other error by Recovery Auditor H- Provider/supplier added modifier I- Provider/supplier corrected date of service J- Provider/supplier corrected modifier K- Provider/supplier corrected diagnosis L- Provider/supplier corrected procedure code M- Provider/supplier corrected place of service N- Provider/supplier corrected billing number

					O- Provider/supplier corrected other error Required if Disposition = P, F or R
13	Reversal narrative	*128*	*383*	256	Reviewer comments; required if Reason for Reversal = G or O
14	Filler	*384*	*384*	1	
15	RAC Error Code	*385*	*395*	*10*	Field is populated by RAC when an error in an incoming file has been identified. Valid Values 1, 2, 3, 4
16	RAC Error Description	*396*	*496*	*100*	1. Duplicate Appeal 2. No Claim Matches 3. No Accounts Receivable set up for this claim 4. Claim has been closed
			496		