CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	Centers for Medicare & Medicaid Services (CMS)
Transmittal 326	Date: October 04, 2019
	Change Request 11464

SUBJECT: The Medicare Fee-for-Service Recovery Audit Program

I. SUMMARY OF CHANGES: Instruction regarding the Medicare Fee-for-Service Recovery Audit Program shall be deleted from the Medicare Financial Management Manual and moved to the Medicare Program Integrity Manual. This Change Request deletes the applicable sections from the Medicare Financial Management Manual.

EFFECTIVE DATE: November 5, 2019

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

IMPLEMENTATION DATE: November 5, 2019

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					
D	4/100/ Affiliated Contractor and PSC Interaction with the Non-MSP Recovery Audit Contractors					
D	4/100.1/Recovery Audit Contractors (RACs)					
D	4/100.2/Communication with the RACs					
D	4/100.3/Overview of the RAC Process					
D	4/100.4/Inputting Suppression and Exclusion Cases to the RAC Data Warehouse					
D	4/100.4.1/Providing Suppressed Cases to the RAC Data Warehouse					
D	4/100.5/Adjusting the Claim					
D	4/100.5.1/Error Files					
D	4/100.6/Handling Overpayment and Underpayments Resulting from the RAC Findings					
D	4/100.6.1/Underpayments					
D	4/100.6.2/Setting up an Accounts Receivable					
D	4/100.6.3/Recoupments Received on a RAC initiated overpayment					
D	4/100.6.4/Extended Repayment Schedule (ERS) Requests Received on a RAC Initiated Overpayment					
D	4/100.7/Appeals Resulting from RAC Initiated Denials					
D	4/100.8/Referrals to the Department of Treasury					
D	4/100.9/Tracking Overpayments and Appeals					
D	4/100.9.1/Tracking Overpayments					
D	4/100.10/Reporting Administrative Costs Directly Associated with the RAC Program					
D	4/100.11/Potential Fraud					
D	4/100.12/AC and MAC Requirements Involving RAC Information Dissemination					
D	4/100.13/ Contacting Non-Responders					
D	4/100.14/Voluntary Refunds					
D	4/100.15/Working with RAC Support Contractors					
D	4/100.16/Receivables Initiated by the Recovery Auditor as Independent Audit Accessible Information					
D	4/100.17/Validation of Recovery Audit Program New Issues					

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

Pub. 100-06 Transmittal: 326 Date: October 04, 2019 Change Request: 11464

SUBJECT: The Medicare Fee-for-Service Recovery Audit Program

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I. GENERAL INFORMATION

- **A. Background:** Instruction regarding the Recovery Audit Program located in Publication (Pub.) 100-06, the Medicare Financial Management Manual, shall be moved to Pub. 100-08, the Medicare Program Integrity Manual (PIM). This Change Request removes all applicable instruction from Pub. 100-06.
- **B. Policy:** Section 302 of the Tax Relief Act and Health Care Act of 2006.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility														
		A/B			A/B			A/B I			D	Shared-				Other
		MAC			M	System										
					E	Maintainers										
		A	В	Н		F	M	V	C							
				Н	M	Ι	C	M	W							
				Н	A	S	S	S	F							
					C	S										
11464 -	Contractors shall be aware that Chapter 4, Section 100	X	X	X	X					RAC						
06.1	of Pub. 100-06, the Medicare Financial Management															
	Manual, is being removed.															

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re				
			A/B		D	C
		1	MAC		M	Е
					Е	D
		Α	В	Н		Ι
				Н	M	
				Н	A	
					C	

IV. SUPPORTING INFORMATION

None

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Ashley Badami, 410-786-0828 or Ashley.Badami@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 Financial Management Chapter 4 - Debt Collection Table of Contents

(Rev. 326; Issued: 10-04-19)