

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-06 Medicare Financial Management</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 200</b>	<b>Date: November 16, 2011</b>
	<b>Change Request 7458</b>

**Transmittal R193, dated August 26, 2011, is being rescinded and replaced by Transmittal 200 to align reporting requirements with those in CR 7604. Specifically, in the exhibit (Monthly Recovery Auditor Appeals and Reopenings Report) (i) Disposition D: Request dismissed by Recovery Auditor has been omitted; (ii) disposition “M” Dismissed per MAC initiative has been revalued as “D” for consistency in reporting, (iii) this issuance also modifies the definition of “Reason for Reversal” code “G”; and (iv) clarifies that codes “A” through “G” are to be used for appeals, while codes “H” through “O” apply to clerical reopenings and (v) “Provider/Suppliers”. In addition, we are correcting the erroneous omission of the revision number, and effective and implementation dates from the manual revisions. The transmittal number, date issued, and all other information will remain the same.**

**SUBJECT: Recovery Audit Program Tracking Appeals and Reopenings**

**I. SUMMARY OF CHANGES:** This Change Request pertains to the national Recovery Audit Program. It amends 100.9.2, Tracking Appeals, so it is consistent with the current inclusion of reopenings in MAC/Contractor submissions of tracking information. It also removes prior reporting requirements for the QIC, ALJ, DAB, and Judicial Review levels of appeal.

**EFFECTIVE DATE: September 27, 2011**

**IMPLEMENTATION DATE: September 27, 2011**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	4/Table of Contents
R	4/100/100.9.2/Tracking Appeals and Reopenings

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**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**

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

## Attachment – Business Requirements

Pub. 100-06	Transmittal: 200	Date: November 16, 2011	Change Request: 7458
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**SUBJECT: Recovery Audit Program Tracking Appeals and Reopenings**

**Effective Date: September 27, 2011**  
**Implementation Date: September 27, 2011**

**I. GENERAL INFORMATION:**

- A. Background:** This Change Request pertains to the national Recovery Audit Program. It amends 100.9.2, Tracking Appeals, so it is consistent with the current inclusion of reopenings in MAC/Contractor submissions of tracking information. It also removes prior reporting requirements for the QIC, ALJ, DAB, and Judicial Review levels of appeal.
- B. Policy:** Section 302 of the Tax Relief Act and Health Care Act of 2006.

**II. BUSINESS REQUIREMENTS TABLE:**

*Use “Shall” to denote a mandatory requirement*

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B  M A C	D M M A C	F I  I E R	C A R I E R	R H H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7458.1	Appeals (through the redetermination level) and reopenings requests received in response to a Recovery Auditor initiated improper payment shall be tracked.	X	X	X	X	X					
7458.2	The MAC/Contractor shall complete the supplied Excel spreadsheet for reporting monthly appeals and reopenings information.	X	X	X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7458.3	The MAC/Contractor report shall include the prior month's information and be a combined report, sorted by decision, and separated by jurisdiction.	X	X	X	X	X					
7458.4	The MAC/Contractor shall submit a Monthly Recovery Auditor Appeals and Reopenings Report to its Contracting Officer's Technical Representative (COTR) or Contractor Manager by the 15th business day of each month.	X	X	X	X	X					
7458.5	A copy shall be provided to appropriate Recovery Auditor and the COTR for the affected Recovery Audit region.	X	X	X	X	X					

**III. PROVIDER EDUCATION TABLE:**

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

**IV. SUPPORTING INFORMATION:**

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

**Section B: For all other recommendations and supporting information, use this space: N/A**

**V. CONTACTS:**

**Pre-Implementation Contact(s):** Jennifer Elmezzi (410)786-1023 jennifer.elmezzi@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

## **VI. FUNDING:**

### **Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs)*:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

### **Section B: 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.

### **Attachment**

# Medicare Financial Management

## Chapter 4 - Debt Collection

Table of Contents  
*(Rev. 200, 11-16-11)*

### Transmittals Issued for this Chapter

100.9.2 - Tracking Appeals *and Reopenings*

## **100.9.2 - Tracking Appeals *and Reopenings***

***(Rev. 200, Issued: 11-16-2011; Effective/Implementation Date: 09-27-2011)***

*Appeals and reopenings* requests received in response to a *Recovery Auditor* initiated *improper payment* shall be tracked. The status of *any appeals* shall be tracked *through the redetermination level of the* appeal process. The MAC/*Contractor* shall complete the supplied Excel spreadsheet when reporting monthly appeals *and reopenings information*. *The MAC/Contractor shall submit a Monthly Recovery Auditor Appeals and Reopenings Report to its Contracting Officer's Technical Representative (COTR) or Contractor Manager by the 15th business day of each month. The report shall include the prior month's information and a copy shall be provided to the appropriate Recovery Auditor and the COTR for the affected Recovery Audit region.* Once the RAC Data Warehouse is capable of tracking appeals, the MAC/*Contractor* shall update that system instead within 7 calendar days of learning of a new request and/or update.

The MAC/*Contractor* shall include the additional tracking information supplied on the Excel monthly *appeals and reopenings* report. *The MAC/Contractor* shall record on the tracking report the rationale for the reversal. Reasons for Reversal Codes have been created and if one of the given codes is not appropriate, a narrative explanation shall be input.

**MONTHLY RECOVERY AUDITOR  
APPEALS AND REOPENINGS REPORT**

Workload Number \_\_\_\_\_  
 Contractor Name \_\_\_\_\_  
 Month/Year of Report \_\_\_\_\_

Original Claim ID (unadjusted)	Claim Line Number (unadjusted)	Adjustment ID (Claim ID after adjustment by Recovery Auditor)	Legacy Provider/Supplier Number	Receipt Date (Appeal/Reopening Request)	Nature of Request	Disposition	Disposition Date	Readjustment ID	Amount Paid on Readjusted Claim	Reason for Reversal (appeals and reopenings reversal rationale key)
Alpha/Numeric	Numeric	Alpha/Numeric	Alpha/Numeric	Date	R- Redetermination C- Reopening	A- Affirm Recovery Auditor decision P- Partially favorable to provider F- Fully favorable to provider W- Request withdrawn D- Request dismissed per MAC initiative R- Request for reopening accepted at the MAC S-Decision pending; optional value to assist contractors with maintaining visibility of open appeals (will not be saved in the RAC Data Warehouse)	Date	Alpha/Numeric  (blank if Recovery Auditor decision was upheld or request was withdrawn/dismitted)	Currency  (If applicable, this field is the actual amount paid on the readjusted claim -- NOT the difference between the Recovery Auditor's adjustment and the adjustment to implement the appeal/re-opening decision.)	<b>Appeals</b> 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 (brief explanation required)  <b>Clerical Reopenings</b> 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 (brief explanation required)

\*The above represents the requisite data included in the Appeals and Reopenings spreadsheet