# CMS Manual System Pub 100-05 Medicare Secondary Payer

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: MARCH 31, 2006 Change Request 4387

SUBJECT: Request for Claims Detail in Support of Medicare's Debt

**I. SUMMARY OF CHANGES:** This instruction is an interim approach to be enacted upon publication. Due to our current inability to attach claims detail with the HIGLAS generated Payment Summary form, contractors shall print the detail, upon request, from ReMAS.

## NEW/REVISED MATERIAL EFFECTIVE DATE: ASAP but No Later Than May 1, 2006 IMPLEMENTATION DATE: ASAP but No Later Than May 1, 2006

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	

## III. FUNDING:

**Transmittal 48** 

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

## **IV. ATTACHMENTS:**

**One-Time Notification** 

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

## **Attachment – One-Time Notification**

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#### SUBJECT: Request for Claims Detail in Support of Medicare's Debt

#### I. GENERAL INFORMATION

**A. Background:** This instruction is an interim approach to be enacted upon publication. Due to our current inability to attach claims detail with the HIGLAS generated Payment Summary form, contractors shall print the claim specific detail (service level), upon request, from ReMAS.

B. Policy: Demand packages shall contain all necessary documentation to support the debt.

#### **II. BUSINESS REQUIREMENTS**

"Shall" denotes a mandatory requirement "Should" denotes an optional requirement

Requirement	Requirements		Responsibility ("X" indicates the							es the
Number		columns that apply)								
		F	R	C	D	Sha	red S	Syste	m	Other
		Ι	H	a	M	Maintainers				
			H	r	E	F	Μ	V	С	
			I	r	R	I	C	M	W	
				i	С	S	S	S	F	
				e r		S				
4387.1	Contractors having full ReMAS functionality	X	1	X	1					
	(identification of GHP and non-GHP cases)									
	shall provide a ReMAS screen print of the									
	claim level detail (i.e, services performed, etc.,),									
	when requested by the debtor or a party acting									
	as the agent of the debtor.									
4387.2	Contractors not using ReMAS for the	Х	Х	Χ	Х					
	identification of GHP mistaken Medicare									
	primary payments shall continue issuing and									
	sending claim level detail or the claim									
	facsimiles with the demand package.									

#### **III. PROVIDER EDUCATION**

Requirement	Requirements	Responsibility ("X" indicates the									
Number		columns that apply)									
		F	R	С	D	Shared System	Other				
		Ι	Η	а	Μ	Maintainers					
			TT		E						

			F I S S	M C S	V M S	C W F	
None							

#### IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

#### A. Other Instructions:

X-Ref Requirement #	Instructions

## **B.** Design Considerations:

X-Ref Requirement #	<b>Recommendation for Medicare System Requirements</b>

### C. Interfaces: None

## D. Contractor Financial Reporting /Workload Impact: None

E. Dependencies: None

## F. Testing Considerations: None

## V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: ASAP but No Later Than May 1, 2006	No additional funding will be provided by CMS; contractor activities are to be carried out
<b>Implementation Date:</b> ASAP but No Later Than May 1, 2006	within their FY 2006 operating budgets.
<b>Pre-Implementation Contact(s):</b> Tina Merritt and Mary Minnick	
<b>Post-Implementation Contact(s):</b> Tina Merritt and Mary Minnick	

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