

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 766	Date: September 3, 2010
	Change Request 7033

SUBJECT: Enhancements to the Healthcare Integrated General Ledger Accounting System (HIGLAS) System to Eliminate Unnecessary Demand Letters

I. SUMMARY OF CHANGES: The HIGLAS system needs to be updated with changes to accommodate the increase in account receivable debts. This transmittal will not change or disrupt the existing instructions from Publication 100-06, Medicare Financial Management Manual, Overpayments, Chapter 3 and 4 as it relates to Recoupment for Providers, Physicians or other Suppliers Overpayments as it relates to Non-MSP claims overpayments.

EFFECTIVE DATE: October 1, 2010
IMPLEMENTATION DATE: October 4, 2010

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:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
Not Applicable.

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

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

Attachment - Business Requirements

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SUBJECT: Enhancements to the Healthcare Integrated General Ledger Accounting System (HIGLAS) System to Eliminate Unnecessary Demand Letters

Effective Date: October 1, 2010

Implementation Date: October 4, 2010

I. GENERAL INFORMATION

A. Background: When accounts receivable (AR) transactions are in a request for write off or request for waiver AR status code, demand letters should no longer be generated and transactions are ineligible for referral to treasury. This enhancement relates to the following AR status codes:

HIGLAS AR Status Code	HIGLAS AR Status Code Description
REQ-WRO-CO	WRITE-OFF REQUESTED - AT CENTRAL OFFICE FOR APPROVAL
REQ-WRO-DJ	WRITE-OFF REQUESTED - AT DEPT OF JUSTICE FOR APPROVAL
REQ-WRO-RO	WRITE-OFF REQUESTED - AT REGIONAL OFFICE FOR APPROVAL
REQ-WVR	WAIVER REQUESTED

B Policy: This CR does not constitute policy for Publication 100-06, Medicare Financial Management Manual, Overpayments, Chapter 3 and 4. It is one of a series of CRs that are being designed on system enhancements related to overpayments.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/ B	D ME	F I	CARR IER	RH HI	Shared-System Maintainers				OTHE R	
							M AC	M AC	FI SS	M CS		V MS
7033.1	HIGLAS shall change the setup to stop AR overpayments from generating demand letters if any of the AR Status codes listed below have been assigned to the AR invoice: (REQ-WRO-CO, REQ-WRO-DJ, REQ-WRO-											HIGL AS

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/ B M AC	D ME M AC	F I	CARR IER	RH HI	Shared-System Maintainers				OTHE R
							FI SS	M CS	V MS	C W F	
	RO, REQ-WVR)										
7033.2	HIGLAS shall change the setup to stop AR overpayments from appearing on the DCIA report if any of the AR Status codes listed below have been assigned to the AR invoice: (REQ-WRO-CO, REQ-WRO-DJ, REQ-WRO-RO, REQ-WVR)										HIGL AS

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MA C	DM E MA C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							FI 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:

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

V. CONTACTS

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VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediary (RHHIs)*:
Not Applicable.

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.