

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 307	Date: DECEMBER 21, 2007
	Change Request 5654

Subject: National Provider Identifier Accounts Receivable Netting Process

I. SUMMARY OF CHANGES: This instruction is related to processing and reporting the account receivables (ARs) and account payables (APs) netting process that occurs in the Shared Systems under Stage 3 National Provider Identifier (NPI) Implementation.

New / Revised Material

Effective Date: VMS IS EFFECTIVE JANUARY 1, 2008. FISS AND MCS WILL BE EFFECTIVE ON APRIL 7, 2008

Implementation Date: VMS WILL BE IMPLEMENTED ON JANUARY 7, 2008. FISS AND MCS WILL BE IMPLEMENTED ON APRIL 7, 2008.

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:

SECTION A: For Fiscal Intermediaries and Carriers:

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.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 307	Date: December 21, 2007	Change Request: 5654
--------------------	-------------------------	--------------------------------	-----------------------------

SUBJECT: National Provider Identifier Accounts Receivable Netting Process

Effective Date: VMS is effective January 1, 2008. FISS and MCS are effective April 1, 2008

Implementation Date: VMS will be implemented on January 7, 2008. FISS and MCS will be implemented on April 7, 2008.

I. GENERAL INFORMATION

A. Background: This change request instructs the Shared System Maintainers (SSM) and HIGLAS about changes needed to be made in the shared systems and HIGLAS for the AR netting process. It also instructs the A/B Medicare Administrative Contractors (A/B MAC), Carriers, Durable Medical Equipment Medicare Administrative Contractors (DME MACs) Fiscal Intermediaries (FIs), and Regional Home Health Intermediaries (RHHIs) about processing and reporting the ARs netting process under different scenarios. The crosswalk may result in the following:

Scenario I: Single NPI	cross walked to	Single Medicare legacy number
Scenario II: Multiple NPIs	cross walked to	Single Medicare legacy number
Scenario III: Single NPI	cross walked to	Multiple Medicare legacy numbers

B. Policy: If a physician/practitioner/supplier is associated with a professional corporation, make no attempt to recover an overpayment which accrued while that individual was furnished services as a member of that professional corporation and for which the individual was paid directly from payments for services due to the corporation. If there is an overpayment generated by an individual physician/practitioner/supplier (billing separately from a professional corporation), we will seek repayment from that individual physician/practitioner/supplier. Conversely, if the professional corporation owes funds to Medicare for services paid to the corporation, that overpayment may not be recovered from payments owed to an individual associated with the corporation while that individual is practicing outside of the corporation.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A	D	F	C	D	R	Shared-System Maintainers				OTHER
		B	E	I	A	M	H	F	M	V	C	
		M	M		R	R	I	I	C	M	W	
		A	A		E			S	S	S	F	
		C	C		R			S				

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D M R C	R E H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5654.1	<p>When one Medicare legacy number identifier cross walks to only one NPI, this creates a one-to-one legacy/NPI pair.</p> <p>The SSM shall recoup overpayments arising from Part A or Part B demand letters and adjustment claims associated with or created by the legacy number from payment for claims submitted by either the legacy number or legacy/NPI pair.</p>							X	X	X		HIGLAS
5654.1.1	<p>When one legacy number identifier cross walks to more than one NPI, this creates multiple legacy/NPI pairs.</p> <p>The SSM financial module shall recoup overpayments arising from Part A or Part B demand letters and adjustment claims associated with or created by this legacy identifier from payments for claims submitted under that legacy identifier number or any legacy/NPI pair that contains that legacy identifier number in the cross walk.</p>							X	X	X		HIGLAS
5654.1.2	<p>When more than one legacy identifier number cross walks to one NPI, this creates multiple legacy/NPI pairs.</p> <p>The SSM financial module shall recoup overpayments arising from Part A or Part B demand letters and adjustment claims associated with or created by the legacy identifier number from payments claims submitted by either the legacy identifier or legacy/NPI pair.</p>							X	X	X		HIGLAS

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D M R C	R E H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5654.2	Once an accelerated or advance payment is delinquent and the outstanding balance becomes an overpayment, the SSM financial module shall recoup accelerated or advance payment overpayments from payments due as identified in these business requirements in 5654.1, 5654.1.1, 5654.1.2.							X	X	X		HIGLAS
5654.3	In the case that one NPI cross walks to one legacy number, the contractor shall apply the voluntary refund to identified accounts receivable recorded for the legacy or legacy/NPI pair.	X	X	X	X		X					
5654.3.1	If more than one NPI cross walks to one legacy, the contractor shall apply the voluntary refund to identified accounts receivable recorded for the legacy or any of the Legacy/NPI pair following the same rules already established for the application of claim payments to an AR.	X	X	X	X		X					
5654.3.2	If one NPI cross walks to more than one legacy, the contractor shall apply the voluntary refund to an identified account receivable recorded for the legacy or legacy/NPI pair following the same rules already established for the application of claims payment to an AR.	X	X	X	X		X					
5654.4	The contractor shall change the financial/transaction level reporting to reflect the new legacy/NPI pair, if one NPI cross walks to one legacy.	X	X	X	X		X	X	X			HIGLAS
5654.4.1	The contractor shall change the financial/transaction level reporting to reflect the new legacy/NPI pair, if more than one NPI cross walks to one legacy.	X	X	X	X		X	X	X			HIGLAS

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D M R C	R E H R I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5654.4.2	The contractor shall change the financial/transaction level reporting to reflect the new legacy/NPI pair, if one NPI cross walks to more than one legacy number	X	X	X	X		X	X	X			HIGLAS
5654.5	The contractor shall be required to enter the legacy identifier number/NPI pair on the demand letters until May 23, 2008 when an NPI has been associated with the legacy identifier number. After May 23, 2008 only the NPI will be entered on the demand letter. The demands arising from interim rates, cost settlements interim or final shall include both the NPI legacy pair.	X	X	X	X		X	X	X	X		HIGLAS
5654.6	The shared system maintainers shall include the NPI field on the data entry screen on the Debt Collection System (DCS) or in a file that is sent to the DCS. This is an additional field on the screen. The Taxpayer Identification Number (TIN) will continue to be used for Treasury offset purposes.	X	X	X	X		X					HIGLAS
5654.7	When one NPI cross walks to one legacy number, the contractor shall reconcile the Medicare contractor accounting by the legacy or legacy/NPI pair.	X	X	X	X		X					HIGLAS
5654.7.1	In the case that more than one NPI cross walks to one legacy, the contractor shall reconcile the Medicare contractor accounting by the legacy or any of the legacy/NPI pair.	X	X	X	X		X					HIGLAS
5654.7.2	If one NPI cross walks to more than one legacy, the contractor shall reconcile the Medicare contractor accounting against the legacy or legacy/NPI pair.	X	X	X	X		X					HIGLAS

III. PROVIDER EDUCATION TABLE

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

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

V. CONTACTS

Pre-Implementation Contact(s):

Name: Marvin Dunkleberger, (410) 786-7519, marvin.dunkleberger@cms.hhs.gov

Post-Implementation Contact(s):

Name: Marvin Dunkleberger, (410) 786-7519, marvin.dunkleberger@cms.hhs.gov

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC), use only one of the following statements:

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

B. For Medicare Administrative Contractors (MAC), use the following statement:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.