

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11756	Date: December 21, 2022
	Change Request 13002

SUBJECT: Deleting Internet Only Manuals (IOM) Pub. 100-05, Chapter 4 and Chapter 8

I. SUMMARY OF CHANGES: Pub. 100-05, Chapter 4 and Chapter 8 are being deleted because they are no longer being used or have been merged with other Pub. 100-05 chapters.

EFFECTIVE DATE: January 23, 2023

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

IMPLEMENTATION DATE: January 23, 2023

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/Table of Contents
D	4/10/Overview and General Responsibilities
D	4/10/10.1/Introduction to the Coordination of Benefits Contractor (COBC)
D	4/10/10.2/Scope of the COBC in Relation to Contractors
D	4/10/10.3/Contractors Claim Referrals to the COBC
D	4/20/CMS IEQ Responsibilities
D	4/30/IRS/SSA/CMS Data Match
D	4/30/30.1/Data Match Activities
D	4/30/30.2/Voluntary Reporting
D	4/30/30.2/30.2.1/Employer (TFTS)
D	4/40/The Coordination of Benefits Contractor (COBC) Discontinues Dissemination of the Right of Recovery Letters
D	4/50/Exception for Small Employers in Multi-Employer Group Health Plans (GHPs)
D	4/50/50.1/Purpose
D	4/50/50.2/Background
D	4/50/50.3/Specific Information
D	8/Table of Contents
D	8/10/Medicare Secondary Payer (MSP) Recovery Audit Contractors (RACs)
D	8/20/Affiliated Contractor (AC) GHP Recovery Processes Due to RAC Interface
D	8/20/20.1/GHP History Search
D	8/20/20.2/Identification of RAC Created GHP Records
D	8/20/20.3/Exclusion of RAC Identified Records from AC Recoveries
D	8/20/20.4/Affiliated Contractor Subsequent Recovery Process
D	8/30/Transfer of RAC identified GHP Duplicate Primary Payment (DPP) to Affiliated Contractors
D	8/30/30.1/GHP DPP Referrals and AC Recovery Process
D	8/30/30.2/AC Reconciliation of Appeal Request
D	8/40/Avoidance of Recovery Overlap
D	8/40/40.1/AC Response to Refund Request from RAC
D	8/40/40.2/AC Response/Role to Subsequent Voluntary Data Sharing Arrangement (VDSA) and Data Match (DM) Records
D	8/40/40.3/AC Response to 42 CFR 411.25 Notification and RAC Involvement

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
D	8/40/40.4/AC Response to Voluntary/Unsolicited Refunds and RAC Involvement
D	8/50/RAC Notification of Affiliated Contractor Savings
D	8/60/Misrouted Inquires Related to RAC Recovery Efforts
D	8/70/Tracking and Reporting RAC Interactions
D	8/70/70.1/RAC Referred DPP Report
D	8/70/70.2/RAC Notice of Refund Report
D	8/70/70.3/Report on Manual Exclusion Efforts Associated with RAC Identified MSP Occurrences
D	8/70/70.4/Report of Requests to Re-Establish Exhaustible Benefits
D	8/80/Administrative Costs Incurred by Affiliated Contractors
D	8/80/Exhibit 1

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. 100-05	Transmittal: 11756	Date: December 21, 2022	Change Request: 13002
-------------	--------------------	-------------------------	-----------------------

SUBJECT: Deleting Internet Only Manuals (IOM) Pub. 100-05, Chapter 4 and Chapter 8

EFFECTIVE DATE: January 23, 2023

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

IMPLEMENTATION DATE: January 23, 2023

I. GENERAL INFORMATION

A. Background: Several chapters in IOM 100-05 are not being used, were merged with other Pub. 100-05 Chapters, and contain information that is now obsolete. CMS has made the decision to delete the content found in Chapter 4 and Chapter 8.

B. Policy: IOM 100-05, Chapter 4 and 8 contains information that is outdated and not being used can be deleted. Current and pertinent Medicare Secondary Payer policy resides in other chapters found in Pub. 100-05.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			DMEPOS	Shared-System Maintainers				Other	
		A	B	HHH		FMS	MCSS	VMS	CWF		
13002.1	All A/B MACs and Durable Medicare Equipment MACs shall be made aware that the Centers for Medicare & Medicaid Services has made the decision to delete the content found in Pub. 100-05, Chapter 4 and Chapter 8.	X	X	X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			DMEPOS	CEDI	
		A	B	HHH			
	None						

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
--------------------------	--

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

V. CONTACTS

Pre-Implementation Contact(s): Richard Mazur, 410-786-1418 or richard.mazur2@cms.hhs.gov , Sheila Alston, 410-786-8334 or Sheila.Alston@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 Secondary Payer (MSP) Manual

Chapter 8 - Affiliated Contractor Interaction with Medicare Secondary Payer (MSP) Recovery Audit Contractors (RACs)

(Rev.11756, Issuance: 12-21-2022)

This chapter is obsolete and is not being used.

Medicare Secondary Payer (MSP) Manual

Chapter 4 - Coordination of Benefits Contractor (COBC) Requirements

(Rev.11756, Issuance:12-21-2022)

The information in this Chapter has been incorporated into Pub.100-05, Chapter 2 and Chapter 5. This chapter is obsolete.