
CMS Manual System

Pub. 100-06 Medicare Financial Management

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 55

Date: OCTOBER 8, 2004

CHANGE REQUEST 3448

SUBJECT: Reporting Appeals Redetermination Information On Forms CMS-2591 and 2590

I. SUMMARY OF CHANGES:

Beginning with requests received on October 1, 2004, the first-level appeal of both Part A and Part B claims will be referred to as a "redetermination." Timely processing requirements for the first-level appeal will also change. During the first few months of Fiscal Year 2005, contractors will still process reconsiderations and reviews received before October 1, 2004, using the timeframes referenced under §§1816 and 1842 of the Social Security Act. At this time, Forms CMS-2591 and 2590 do not capture information for redeterminations. The purpose of this instruction is to inform contractors where to report information on redeterminations on Forms CMS-2591 and 2590, since the current report formats will not be modified.

Beginning with Forms CMS-2591 and 2590 for October 2004, which are due on November 15, 2004, intermediaries and carriers shall now enter data on requests for redetermination received on the same lines and in the appropriate columns as reconsiderations and reviews. All data shall be entered into Forms CMS-2591 and 2590 in the same manner as in previous years, even though the CMS is now using the term "redetermination" in place of "reconsideration" and "review."

NEW/REVISED MATERIAL - EFFECTIVE DATE*: October 1, 2004

IMPLEMENTATION DATE: November 15, 2004

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

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

Attachment – One-Time Notification

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SUBJECT: Reporting Appeals Redetermination Information on Forms CMS-2591 and 2590

I. GENERAL INFORMATION

A. Background:

In accordance with Section 1816(f)(2)(A)(i) of the Social Security Act (SSA), intermediaries are currently required to process 75 percent of reconsiderations within 60 days and 90 percent of reconsiderations within 90 days. Likewise, Section 1842 (b)(2)(B)(i) requires intermediaries as well as carriers to complete 95 percent of reviews within 45 days. Workload figures for reconsiderations and reviews are captured on the Contractor Reporting of Operational and Workload Data (CROWD) Forms CMS-2591 and 2590, as appropriate. Beginning with appeal requests received on or after October 1, 2004, the first-level appeal of both Part A and Part B claims will be referred to as “redeterminations;” timely processing requirements for the first-level appeal will also change. Intermediaries and carriers will be required to process all redeterminations within 60 days of receipt. During the first few months of Fiscal Year 2005, contractors will still process reconsiderations and reviews received before October 1, 2004, using the timeframes referenced above under §§1816 and 1842 of the Act. At this time, Forms CMS-2591 and 2590 do not capture information for redeterminations. The purpose of this instruction is to inform contractors where to report information on redeterminations on Forms CMS-2591 and 2590, since the current report formats will not be modified.

B. Policy:

As part of the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000 and the Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003, the first-level of appeal in the Medicare fee-for-service process will be a “redetermination”. Intermediaries and carriers will be required to process all redeterminations within 60 days. The CMS has determined that the new timeframes for completing first-level appeals will apply to requests received on and after October 1, 2004. Contractors will still be required to process all pending reconsiderations and reviews received before October 1, 2004, using the timeframes and instructions for reconsiderations and reviews, as appropriate.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

Claims Processing Requirements

Currently, Forms CMS-2591 and 2590 capture a variety of data elements related to reconsideration and review workloads processed by intermediaries and carriers, as applicable. The current CMS forms contain separate columns of information for reconsiderations and reviews data; here there is no change. For first-level appeal requests received on October 1, 2004, and later, intermediaries and carriers shall now enter data on requests for redetermination received on the same lines and in the appropriate columns as reconsiderations and reviews. Beginning with Forms CMS-2590 and 2591 for October 2004, which are due on November 15, 2004, all data shall be entered into the CROWD reports in the same manner as in

previous years, even though the CMS is now using the term “redetermination” in place of “reconsideration” and “review”.

The CMS recognizes the limitations associated with this approach, particularly since Forms CMS-2591 and 2590 do not capture some of the data needed for the implementation of the BIPA and the MMA and is currently working to develop a new report and reporting format designed to capture information needed for BIPA and MMA implementation. Until such time as the report is finalized and implemented, contractors shall continue to capture all appeals related data on Forms CMS-2591 and 2590 reports.

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D E R I C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3448.1	The intermediary shall enter data on requests for reconsideration and review received prior to October 1, 2004, on Form CMS - 2591 in the same lines and columns as is required under current manual instructions.	X	X							
3448.2	The carrier shall enter data on requests for review received prior to October 1, 2004, in Form CMS 2590 in the same lines and columns as is required under current manual instructions.			X	X					
3448.3	The intermediary shall enter data on requests for redetermination received after October 1, 2004, in the same lines and columns on Form CMS - 2591 as the reconsideration and review data, using the reconsideration column to report on Part A redeterminations and the review column to report on Part B redeterminations.	X	X							
3448.4	The carrier shall enter data on requests for redetermination received after October 1, 2004 in the same lines and columns on Form CMS 2590 as the review data.			X	X					
3448.5	All contractors shall track all requests for appeal internally, so as to ensure that requests are processed within statutory timeframes.	X	X	X	X					

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. **Other Instructions:** N/A

B. **Design Considerations:** N/A

C. **Interfaces:** Data entered into CROWD interfaces with the Contractor Administrative Budget and Financial Management (CAFM) system. CAFM is designed to pull claims data from specific fields in CROWD to populate the claims information needed for financial and budgetary purposes.

D. **Contractor Financial Reporting /Workload Impact:** Contractors shall be required to enter data on redeterminations received on or after October 1, 2004 in the same manner, and in the same lines on Forms CMS-2591 and 2590 as applicable, as reconsiderations and reviews received before October 1, 2004.

Because Forms CMS-2591 and 2590 will not provide for the differentiation of receipt and processing timeframes between reconsiderations, reviews and redeterminations, contractors must track the information internally, to ensure that appeals are processed timely, and the appellant's right to due process is not compromised. In addition, the tracking mechanisms must also be available to the CMS staff upon request, as such information is one tool used to evaluate timeliness.

E. **Dependencies:** N/A

F. **Testing Considerations:** N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: October 1, 2004 Implementation Date: November 15, 2004 Pre-Implementation Contact(s): Kristie McCarthy 410-786-7139. Post-Implementation Contact(s): Kristie McCarthy 410-786-7139.	Medicare contractors shall implement these instructions within their current operating budgets.
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