
Medicare

Renal Dialysis Facility Manual (Non-Hospital Operated)

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

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REFER TO CHANGE REQUEST 1123

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
333 (Cont.) - 333 (Cont.)	3-21 - 3-22 (2 pp.)	3-21 - 3-22 (2 pp.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE: July 1, 2000*

Section 333, Claims Processing Timeliness, is updated to inform you that the prompt payment interest rate is now available on the Treasury Department's new web page address--www.publicdebt.treas.gov/opd/opdprmt2.htm.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

<u>Claims Receipt Date</u>	<u>Waiting Period (Calendar Days)</u>
01-01-93 through 09-30-93	14 for EMC & 26 for paper claims
10-01-93 and later	13 for EMC & 26 for paper claims

NOTE: No payment claims are not subject to the payment floor standards.

C. Interest Payment on Clean Claims Not Paid Timely.--Interest must be paid on clean claims if payment is not made within the applicable number of calendar days after the date of receipt as described in subsection A. For example, a clean claim received on October 1, 1993, must have been paid before the end of business on October 31, 1993. Interest is not paid on:

- o Claims requiring external investigation or development by your intermediary;
- o Claims on which no payment is due; or
- o Full denials.

Interest is paid on a per bill basis at the time of payment.

Interest is paid at the rate used for §3902(a) of title 31, U.S. Code (relating to interest penalties for failure to make prompt payments). The interest rate is determined by the applicable rate on the day of payment.

This rate is determined by the Treasury Department on a 6 month basis effective every January 1st and July 1st. Effective January 1, 2000, you may access the Treasury Department's new web page address--www.publicdebt.treas.gov/opd/opdprmt2.htm semi annually for the new rate. Your intermediary notifies you of any changes to this rate.

Interest is calculated using the following formula:

$$\text{Payment amount} \times \text{rate} \times \text{days} \div 365 \text{ (366 in a leap year)} = \text{interest payment.}$$

The interest period begins on the day after payment is due and ends on the day of payment.

EXAMPLES:	<u>Clean Paper Claims</u>	<u>Clean Electronic Claim</u>
Date Received	November 1, 1993	November 1, 1993
Payment Due	November 28, 1993	November 15, 1993
Payment Made	December 3, 1993	December 2, 1993
Interest Made	December 2, 1993	December 2, 1993
Days for Which Interest Due	2	1
Amount of Payment	\$100	\$100
Interest Rate	5.625%	5.625%

Use the following formula:

- o For the clean paper claim--\$100 X .05625 X 2 divided by 365 = \$.0308 or \$.03 when rounded to the nearest penny.

o For the clean electronic claim-- $\$100 \times .05625 \times 1$ divided by 365 = \$.0154 or \$.02 when rounded to the nearest penny.

When interest payments are applicable, your intermediary indicates for the individual claim the amount of interest on their remittance record to you.

D. Definition of Clean Claim.--A clean claim is one that does not require your intermediary to investigate or develop external to their Medicare operation on a prepayment basis.

Examples of clean claims are those that:

o Pass all edits (intermediary and Common Working File (CWF)) and are processed electronically;

o Do not require external development by your intermediary and are not approved for payment by CWF within 7 days of your intermediary's original claim submittal for reasons beyond your intermediary's or your control;

o Are investigated within your intermediary's claims, medical review, or payment office without the need to contact you, the beneficiary, or other outside source;

o Are subject to medical review but complete medical evidence is attached by you or forwarded simultaneously with EMC records in accordance with your intermediary's instructions. If your intermediary requests medical evidence, see first item under subsection E; or

o Are developed on a postpayment basis.

E. Other Claims.--Claims that do not meet the definition of "clean" claims are "other" claims. "Other" claims require investigation or development external to your intermediary's Medicare operation on a prepayment basis. Other claims are those that are not approved by CWF which your intermediary identifies as requiring outside development. Examples are claims on which your intermediary:

o Requests additional information from you or another external source. This includes routine data omitted from the bill, medical information, or information to resolve discrepancies;

o Requests information or assistance from another contractor. This includes request for charge data from the carrier, or any other request for information from the carrier;

o Develops MSP information;

o Requests information necessary for a coverage determination;

o Performs sequential processing when an earlier claim is in development; and

o Performs outside development as a result of a CWF edit.