
Program Memorandum

Intermediaries/Carriers

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

Transmittal AB-00-48

Date: JUNE 2000

This Program Memorandum re-issues Program Memorandum AB-99-100, Change Request 1090 dated December 1999. The only change is the discard date; all other material remains the same.

CHANGE REQUEST 1090

SUBJECT: Model Acknowledgment Letters for Valid and Invalid Written Statements of Intent to Claim Medicare Benefits (As Referenced In PM Transmittal AB-99-88)

This Program Memorandum (PM) transmits model acknowledgment letters and attachments which **may** be used in acknowledging receipt of, both, valid and invalid written statements of intent (SOIs) to file Medicare claims, as required by PM Transmittal AB-99-88 (Change Request #1054). While use of these model letters and attachments is optional, acknowledgment of valid and invalid SOIs **is** required in all cases by PM Transmittal AB-99-88 (CR #1054). You are also advised that a single acknowledgment letter may be used to acknowledge multiple SOIs. For example, if a claimant submits 3,000 SOIs, the contractor may acknowledge receipt with one acknowledgment letter.

We are also clarifying the applicability of PM Transmittal AB-99-88 for SOIs that you may have received on or prior to the effective date of PM AB-99-88 (i.e., December 6, 1999). To the extent that any SOI is not in accordance with the PM (e.g., it includes a range of service dates encompassing an entire year, such as October 1, 1997 through September 30, 1998), and your past practice has been to accept them, you may continue to do so (although they must be acknowledged as required by PM AB-99-88). However, all SOIs received **after** the effective date of PM AB-99-88, must meet the requirements of that PM, in order to be valid. That is, a range of service dates spanning an entire year is unacceptable. The SOI must include specified services furnished to a specified beneficiary, as well as the specific dates of those services.

As stated in PM AB-99-88, in no case are you to use an SOI to develop a claim, whether the SOI was received before or after the effective date of PM AB-99-88.

The *effective date* for this Program Memorandum (PM) is December 6, 1999.

The *implementation date* for this PM is December 23, 1999.

These instructions should be implemented within your current operating budget.

This PM may be discarded after December 31, 2000.

If you have any questions, contact David Walczak (410-786-4475) for questions on policy, and either Jim Bossenmeyer (410-786-9317) or Lou Polise (410-786-5752) for questions on contractor operations.

Attachments (2)

HCFA Pub. 60A/B

Attachment A

Model Acknowledgment Letter for a Valid Written Statement of Intent to Claim Medicare Benefits

<Date>

<Name of Submitter/Claimant>

<Address of Submitter/Claimant>

Dear <Name of Submitter/Claimant>:

This letter serves to acknowledge receipt of your valid written statement/s of intent to claim Medicare benefits for services furnished during the period of October 1, 1997 through September 30, 1998. The information provided meets the requirements of Medicare regulation 42 CFR 424.45. Attachment 1 provides a list of valid written statements of intent to claim Medicare benefits.

Per Program Memorandum AB-99-88, you are responsible for ensuring that a timely and proper claim is submitted within six months following the month of this acknowledgment letter. Unless a timely and proper claim is submitted by <date>, Medicare's timely filing period will expire.

Any questions regarding this process should be directed to the appropriate Medicare contractor <name, address and telephone number of the Medicare contractor> or to the appropriate HCFA Regional Office <Regional Office address and name and telephone number of the contact person>.

Sincerely yours,

<Name of contact person acknowledging receipt of a valid statement of intent>

Attachment 1

A list of the valid written statement/s of intent to claim Medicare benefits:

Beneficiary Name **HIC Number** **Date of Service** **Applicable Service**

Attachment B

Model Acknowledgment Letter for an Invalid Written Statement of Intent to Claim Medicare Benefits

<Date>

<Name of Submitter/Claimant>

<Address of Submitter/Claimant>

Dear <Name of Submitter/Claimant>:

This letter serves to acknowledge receipt of your written statement of intent to claim Medicare benefits for services furnished during the period of October 1, 1997 through September 30, 1998. Your statement of intent is invalid, because it does not meet the requirements of Medicare regulation 42 CFR 424.45. Invalid written statements of intent to claim Medicare benefits are listed in Attachment 1 by beneficiary name, beneficiary HIC number, date of service and applicable service.

A valid statement of intent to claim Medicare benefits must be submitted by the timely filing period <date>. Otherwise, it will be considered untimely.

Any questions regarding this process should be directed to the appropriate Medicare contractor <name, address, and telephone number of the Medicare contractor> or to the appropriate HCFA Regional Office <Regional Office address and name and telephone number of the contact person>.

Sincerely yours,

<Name of contact person acknowledging receipt of the invalid written statement of intent>

Attachment 1

A list of the invalid written statements of intent to claim Medicare benefits:

Beneficiary Name **HIC Number** **Date of Service** **Applicable Service**