



Health Plan Benefits Group/CBC

DATE: September 22, 2003

TO: Medicare Cost Plans
Health Care Prepayment Plans

FROM: Jean LeMasurier /s/
Acting Director

SUBJECT: Special Medicare Program Requirements - Full Reimbursement for Duplicate Claims Detection

The Medicare Cost Contractors Alliance wrote CMS on behalf of twelve Medicare cost plans. On behalf of its members, the Alliance requested 100 percent CMS reimbursement for costs associated with Medicare duplicate claims detection.

After due consideration and in reliance on 42 CFR 417.550(b)(3), CMS will consider requests for full reimbursement from **all qualified** Medicare cost plans and Health Care Prepayment Plans (the Plans) for the reasonable costs incurred for Medicare duplicate claims detection. The attached document provides detailed requirements and documentation that plans will need to provide to CMS to qualify for consideration for full reimbursement related to Medicare duplicate claims detection. Medicare Plans will be notified by CMS after requests have been evaluated as to whether or not a specific Plan qualifies for full reimbursement for this activity. Among other things, CMS will evaluate the reasonableness of the claimed costs and Plan efficiency (including automation) in conducting this activity.

Please note that Plans have only until December 1, 2003, to submit a request and appropriate documentation to request full reimbursement for duplicate claims detection for contract years 2003 and 2004. After December 1, 2003, Plans that want to first request full reimbursement for activities under 42 CFR 417.550(b) will need to follow the normal prior approval requirements in 42 CFR 417.550(c). These normal prior approval requirements include the fact that such requests are sent to CMS prior to or at the time the budget and enrollment forecast described in 42 CFR 417.572(a)(1) is submitted. It should be noted that projected costs for this cost reporting period (and any future cost reporting periods) are subject to further examination and/or audit by CMS and its designees.

Please submit requests and appropriate documentation in hard copy or electronically to both:

Hard Copy: Peter Castellano, Acting Director
Division of Cost Plans, Health Plan Benefit Group
CMS, Mail Stop C3-15-24
7500 Security Blvd.
Baltimore, Maryland 21244-1850

Electronic: pcastellano@cms.hhs.gov

Hard Copy: Frank Szefflinski, Health Insurance Specialist
 CMS
 1600 Broadway, Suite 700
 Denver, Colorado 80202

Electronic: fszefflinski@cms.hhs.gov

If you have any questions regarding this letter, please contact Peter Castellano (410) 786-0669, or Frank Szefflinski (303) 844-7119.

Attachment