Transmittal B-00-64   Date: NOVEMBER 16, 2000

CHANGE REQUEST 1397

SUBJECT: **Program Integrity Sampling Module for Part B and DME Carriers**

The Program Integrity Module for Part B and DME (PIMB) is a system that provides a Medicare Part B and DME claim postpayment sampling tool for use by carriers and program safeguard contractors. The PIMB system has a batch component, which pulls a random sample of claims from a universe extract file based on a user-designated factor and can also selectively sample claims based on specific types of medical services or billing providers.   In addition, there is a Customer Information Control System (CICS) online component to the system to allow the user to view, add and update the random selection factors, and the codes that designate categories of medical services.

Standard systems are required to install programs required to operate this system. Contractors may use the module to meet requirements for random medical review in the FY 2001 Budget and Performance Requirements.

Attached are a users manual (Attachment 1) that describes how users interface with the system, an operations guide (Attachment 2) that describes how to install and maintain the PIMB, and a list of files at the HCFA Data Center that may be downloaded and installed (Attachment 3).

The *effective date* for this Program Memorandum (PM) is April 1, 2001, for all Part B standard systems, except Verizon.

The *implementation date* for this PM is April 1, 2001, for all Part B standard systems, except Verizon.   Contractors may implement needed changes any time before the implementation date.

These instructions should be implemented within your current operating budget.

This PM may be discarded November 1, 2001.

If you have any questions, contact John Stewart via e-mail: jstewart@hcfa.gov.

3 Attachments

ATTACHMENT 1

Program Integrity Component for Part B and DME Carriers

Skip Factor & Benefit Category Entry System User Guide

FINAL

Contract Number: 500-98-0278

July 26, 2000

VIPS, Inc.
1 West Pennsylvania Ave.
Towson, Maryland 21204
(410) 832-8300

TABLE OF CONTENTS

About this Guide

This guide was written to help you understand the Program Integrity Module for Part B and DME (PIMB) system and its user interface. The guide is divided into three chapters and three appendices to help you quickly and easily find the information you need.

Chapter 1 is the *Introduction.* The section you are reading now. It contains information about how to use the guide. It also includes basic information about the PIMB system.

Chapter 2 is the *Task Reference*. It contains step-by-step instructions for performing PIMB tasks.

Chapter 3 is the *Screen Reference*. It contains an example of each PIMB screen with a complete description of the fields. It also includes information about how to access and exit the screens.

Appendix A is a glossary.

Appendix B is error messages.

Appendix C is information about the PIMB batch processing report.

User Guide Conventions

This section explains how information appears in the guide. Understanding the conventions helps you to better understand the tasks and screen explanations.

Information that you enter on the computer screen appears in *italics*. For example, you may read this instruction: Key *PIMB* on a blank screen. *PIMB* is in italics because you are supposed to enter those letters.

System messages appear in CAPITAL LETTERS. For example, you may read this phrase: The system displays the message: UPDATE SUCCESSFUL.

Function and computer key names appear within [brackets]. For example, you may read this instruction: Press [Enter]. You may also read: Press [PF9].

Computer screen examples are representative of the screens that you see on your computer. The actual information may not be the same, unless otherwise noted in the guide.

What Is the Program Integrity Module for Part B and DME?

The Program Integrity Module for Part B and DME (PIMB) is a system developed jointly by VIPS, Inc., and The Lewin Group under the direction of the HCFA Office of Financial Management, Program Integrity Group. The purpose of the system is to provide a Medicare Part B and DME claim postpayment sampling tool for use by carriers and program safeguard contractors. The PIMB system has a batch component, which pulls a random sample of claims from a universe extract file based on a user-designated factor, and can also selectively sample claims based on specific types of medical services or billing providers.   There is also a Customer Information Control System (CICS) online component to the system to allow the user to view, add and update the random selection factors, and the codes that designate categories of medical services. The sections below walk you through this CICS user interface.

What is a Benefit Category?

HCFA has provided a method of classifying and grouping related HCPCS procedure codes into broad categories called Benefit Categories. The batch sampling component of the PIMB system classifies every line on each claim in the universe extract file into its appropriate Benefit Category by comparing the HCPCS code on the line to the range of codes that make up each Benefit Category. The PIMB user can designate special factors, to allow more or less frequent sampling of claims with specific Benefit Categories by using the overall, or default, random sampling factor. When the PIMB system is first installed at your computer operations center, the Benefit Categories file will be pre-loaded with the HCFA designated Benefit Category ranges for Part B and DME services. The PIMB user interface allows you to view and modify these designations as needed.

What is a Skip Factor?

When you use the PIMB system at your operational site, you will want to control the number of claims that are randomly selected from the universe extract file that is input to the batch-sampling component of the system. The system has the ability to do simple random sampling based on what we call a Default Skip Factor. For example, if your universe consists of 10,000 claims and you want to randomly select 2000 claims, the Default Skip Factor would be 500. One in every 500 claims will be selected for the sample. The PIMB system can also do more or less frequent sampling of claims in particular benefit categories or claims submitted by specific providers. The Category and Provider Skip Factors control this. For example, you might want to sample one in every 50 claims with Anesthesia services, or one in every 10 claims for Dr. Jones. You can enter a

Category Skip Factor of 50 for Benefit Category B001, or a Provider Skip Factor of 10 for Dr. Jones, and the PIMB batch sampling process will select claims with these characteristics more frequently than from the general claim population. Every time a sampling process is run, you must specify at least a Default Skip Factor. You may also specify any combination of Category and Provider Skip Factors to the process. We strongly recommend that you specify no more than 5 to 10 different Skip Factors for any sampling process. If you use more, that batch-sampling program may run for an excessively long time. There is an absolute limit of 200 separate Skip Factors per sampling process built into the PIMB system.

How to Access PIMB

Your computer operations center has installed the PIMB user interface in your existing system environment. Contact your operations support group to find out how to access the PIMB user interface transaction. When you enter *PIMB* or select an option designating the PIMB system from your existing environment the system displays the PIMB Main Menu screen as shown in the example below.

```
_____                              PROGRAM INTEGRITY MODULE
                 PIMBM01
                                   MAIN MENU


                                   OPTION _



                                   1 - SKIP FACTORS
                                   2 - BENEFIT CATEGORIES
```

This section is a task reference that gives you step-by-step instructions for performing specific tasks in the Program Integrity Module for Part B/DME (PIMB) system. If you are a new user, this reference can help you to use the system as you learn it. If you are an experienced user, you can use the section as a quick reference when you are performing a task that you do infrequently.
Use the chart below or the Table of Contents to locate the tasks in the section.

Viewing Skip Factors

Step 1:   Access the PIMB transaction. The system displays the PIMB Main Menu as shown below, and places the cursor in the option field.

```
_____           PROGRAM INTEGRITY MODULE                    PIMBM01
                          MAIN MENU


                   OPTION _



                   1 - SKIP FACTORS
                   2 - BENEFIT CATEGORIES

```

Step 2:   Key *1* (SKIP FACTORS) in the OPTION field and press [Enter]. The system displays the PIMB Skip Factors Menu, as shown below, and places the cursor in the MODE field.

```
_____           PROGRAM INTEGRITY MODULE                    PIMBM02
                      SKIP FACTORS MENU



                 MODE: _      (A- ADD, U- UPDATE, I-INQUIRE)
             CONTRACTOR: _____
             CLAIM TYPE:_




             PF3 PREV      PF12 MAIN

```

Step 3:   Key *I* in the MODE field. The system moves the cursor to the CONTRACTOR field.

Step 4:   Key the five-position *Contractor ID* of the Medicare contractor whose Skip Factors you wish to view in the CONTRACTOR field. The system moves the cursor to the TYPE field.

Step 5:   Type *B* if the Skip Factors you wish to view apply to Part B claims, or *D*, if the Skip Factors apply to DME claims.

Step 6:   Press [Enter]. The system displays the Skip Factors screen for the requested contractor and claim type, as shown below. From here, you can view any existing Skip Factors that will affect sampling for this contractor when processing claims of this claim type.

```
_____          PROGRAM INTEGRITY MODULE                    PIMBM21
                        SKIP FACTORS
                            FOR


              CONTRACTOR: XXXXX        CLAIM TYPE: X


           CATEGORY TYPE        CATEGORY              SKIP FACTOR
       _       C               B001                        75
       _       D               DFLT                       250
       _       P               123456789A                  50
       _       _               _____         _____
       _       _               _____         _____


       PF3 PREVIOUS    PF7 BACK    PF8 FORWARD            PF12 MAIN
```

Adding New Skip Factors

Step 1: Access the PIMB transaction. The system displays the PIMB Main Menu as shown below, and places the cursor in the OPTION field.

```
_____          PROGRAM INTEGRITY MODULE                  PIMBM01
                          MAIN MENU


                     OPTION _



                     1 - SKIP FACTORS
                     2 - BENEFIT CATEGORIES

```

Step 2: Key *1* (SKIP FACTORS) in the OPTION field and press [Enter]. The system displays the PIMB Skip Factors Menu, as shown below, and places the cursor in the MODE field.

```
_____          PROGRAM INTEGRITY MODULE                  PIMBM02
                       SKIP FACTORS MENU



                 MODE: _     (A- ADD, U- UPDATE, I-INQUIRE)
              CONTRACTOR: _____
              CLAIM TYPE:     _



          PF3 PREV     PF12 MAIN
```

Step 3: Key *A* in the MODE field. The system moves the cursor to the CONTRACTOR field.

Step 4: Key the five-position *Contractor ID* of the Medicare contractor whose Skip Factors you wish to view in the CONTRACTOR field. The system moves the cursor to the TYPE field.

Step 5: Type *B* if the Skip Factors you wish to view apply to Part B claims, or *D*, if the Skip Factors apply to DME claims.

Step 6: Press [Enter]. The system displays the existing Skip Factors screen for the requested contractor and claim type, followed by blank lines for new Skip Factors, as shown below.

```
 _____            PROGRAM INTEGRITY MODULE                     PIMBM21
                        SKIP FACTORS
                            FOR

          CONTRACTOR: XXXXX        CLAIM TYPE: X

     CATEGORY TYPE         CATEGORY                   SKIP FACTOR
   _     C                 B001                            75
   _     D                 DFLT                           250
   _     P                 123456789A                      50
   _     _              _____            _____
   _     _              _____            _____


  PF3 PREVIOUS    PF7 BACK    PF8 FORWARD    PF9 UPDATE    PF12 MAIN
```

Step 7: Type *A* in the ACTION INDICATOR field of the first blank line. (The ACTION INDICATOR field is the untitled field prior to the CATEGORY TYPE field). The cursor moves to the CATEGORY TYPE field.

Step 8: Are you adding a Skip Factor to be used as the Default for randomly sampling all types of claims?

If you…	Then…
Are	Key a *D* in the CATEGORY TYPE field. The system moves the cursor to the CATEGORY field.
Are not	Go to step 10.

Step 9: Key *DFLT* in the CATEGORY field.

Step 10: Are you adding a Skip Factor to be used as to randomly sample claims with a particular Benefit Category?

If you…	Then…
Are	Key a *C* in the CATEGORY TYPE field. The system moves the cursor to the CATEGORY field.
Are not	Go to step 12.

Step 11: Key a valid *Benefit Category Code* from the Benefit Categories file, in the CATEGORY field. Go to step 14.

Step 12: Are you adding a Skip Factor to be used as to randomly sample claims submitted or billed by a particular provider?

If you…	Then…
Are	Key a P in the CATEGORY TYPE field. The system moves the cursor to the CATEGORY field.
Are not	Go to step 16.

Step 13:   Key a valid *Provider Number* from your internal provider file, in the CATEGORY field. The system moves the cursor to the SKIP FACTOR field.

Step 14:   [Tab] to the SKIP FACTOR field. Key the number of claims for the category that you want the sampling program to skip before selecting the next claim for the random sample. The cursor moves to the ACTION INDICATOR field on the next blank line.

Step 15:   If you want to key more Skip Factors, follow steps 8 through 14. When you are finished, review your additions. If there are errors, use [Ctrl][Tab] to move the cursor to the error. Correct the error. Press [PF9] when everything is correct.

Step 16:   To exit PIMB, press [Clear]. To return to the PIMB Skip Factor menu, press [PF3]; to return to the PIMB main menu, press [PF12].

Updating and Deleting Skip Factors

Step 1: Access the PIMB transaction. The system displays the PIMB Main Menu as shown below, and places the cursor in the OPTION field.

```
_____            PROGRAM INTEGRITY MODULE                    PIMBM01
                          MAIN MENU


                          OPTION _



                          1 - SKIP FACTORS
                          2 - BENEFIT CATEGORIES


```

Step 2: Key *1* (SKIP FACTORS) in the OPTION field and press [Enter]. The system displays the PIMB Skip Factors Menu, as shown below, and places the cursor in the MODE field.

```
 _____            PROGRAM INTEGRITY MODULE                    PIMBM02
                          SKIP FACTORS MENU



                      MODE: _      (A- ADD, U- UPDATE, I-INQUIRE)
                   CONTRACTOR: _____
                   CLAIM TYPE:      _




          PF3 PREV     PF12 MAIN
```

Step 3: Key *U* in the MODE field. The system moves the cursor to the CONTRACTOR field.

Step 4: Key the five-position *Contractor ID* of the Medicare contractor whose Skip Factors you wish to view in the CONTRACTOR field. The system moves the cursor to the CLAIM TYPE field.

Step 5: Type *B* if the Skip Factors you wish to view apply to Part B claims, or *D*, if the Skip Factors apply to DME claims.

Step 6: Press [Enter]. The system displays the existing Skip Factors screen for the requested contractor and claim type.

```
 _____        PROGRAM INTEGRITY MODULE                         PIMBM21
                        SKIP FACTORS
                           FOR

         CONTRACTOR: XXXXX        CLAIM TYPE: X

     CATEGORY TYPE         CATEGORY                SKIP FACTOR
   _      C               B001                          75
   _      D               DFLT                         250
   _      P               123456789A                    50
   _      _               _____           _____
   _      _               _____           _____


```

Step 7: Move the cursor to the ACTION INDICATOR field of the first Skip Factor that you want to update or delete. (The ACTION INDICATOR field is the untitled field prior to the CATEGORY TYPE field).

Step 8: Are you updating the Skip Factor for the DFLT category, a particular Benefit Category or billing or submitting provider?

If you…	Then…
Are	Key a *U* in the ACTION INDICATOR field. The system moves the cursor to the SKIP FACTOR field.
Are not	Go to step 11.

Step 9: Key the change to the number of claims in the category that you want the sampling program to skip before selecting the next claim for the random sample. The cursor moves to the ACTION INDICATOR field on the next line

Step 10: If you want to update more Skip Factors, follow steps 7 through 9. When you are finished, review your changes. If there are errors, use [Ctrl][Tab] to move the cursor to the error. Correct the error. Press [PF9] when everything is correct. Go to step 13.

Step 11: Do you want to delete a Skip Factor for a particular Benefit Category or billing or submitting provider?

If you…	Then…

If you…	Then…
Do	Key a *D* in the ACTION INDICATOR field. If you are sure you want to delete the Skip Factor, press [PF9].
Do not	Go to step 13.

Step 12:   If you want to delete more Skip Factors, Key a *D* in the ACTION INDICATOR field of all the Skip Factors you need to delete. When you are finished, review your changes. If there are errors, use [Ctrl][Tab] to move the cursor back to the incorrect ACTION INDICATOR and space it out. Press [PF9] when everything is correct.

Step 13:   To exit PIMB, press [Clear]. To return to the PIMB Skip Factor menu, press [PF3]; to return to the PIMB main menu, press [PF12].

NOTE: You cannot delete the DFLT skip factor category; you can only update the SKIP FACTOR.

Viewing Benefit Categories

Step 1: Access the PIMB transaction. The system displays the PIMB Main Menu as shown below, and places the cursor in the option field.

```
_____             PROGRAM INTEGRITY MODULE                    PIMBM01
                           MAIN MENU


                     OPTION _


                     1 - SKIP FACTORS
                     2 - BENEFIT CATEGORIES



```

Step 2: Key *2* (BENEFIT CATEGORIES) in the OPTION field and press [Enter]. The system displays the PIMB Skip Factors Menu, as shown below, and places the cursor in the MODE field.

```
_____             PROGRAM INTEGRITY MODULE                    PIMBM03
                     BENEFIT CATEGORIES MENU



                        MODE:_  (A- ADD, U- UPDATE, I- INQUIRE)
                 BENEFIT TYPE:_  (B- PART B, D- DME)




        PF3 PREV       PF12 MAIN


```

Step 3: Key *I* in the MODE field. The system moves the cursor to the BENEFIT TYPE field.

Step 4: Type *B* if you wish to view the Part B Benefit Categories, or *D*, if you want to see the DME Benefit Categories.

Step 5: Press [Enter]. The system displays the Benefit Categories screen for the requested claim type, as shown below. From here, you can view the existing benefit categories pertaining to this claim type.

```
 _____               PROGRAM INTEGRITY MODULE            PIMBM31
                           BENEFIT CATEGORIES
                               PART B


   CAT        HCPCS RANGE DESCRIPTION
 _ B001        01000 01999 ANESTHESIA
 _ B002        99201 99499 EVALUATION & MANAGEMENT
 _ B003        90700 99199 MEDICINE
 _ B004        80902 89399 PATHOLOGY & LABORATORY
 _ B004        P0000 P9999 PATHOLOGY & LABORATORY

 _ ____        _____ _____ _____
 _ ____        _____ _____ _____
 _ ____        _____ _____ _____
 _ ____        _____ _____ _____
```

Step 6: If you wish to search for a specific benefit category, type /xxxx on the command line, where xxxx is a category. Press [Enter].The system will display the list beginning with the specified benefit category. If the specified category is not found, the list will be displayed beginning with the next highest category code.

Adding New Benefit Categories

Step 1:　Access the PIMB transaction. The system displays the PIMB Main Menu as shown below, and places the cursor in the OPTION field.

```
_____            PROGRAM INTEGRITY MODULE            PIMBM01
                         MAIN MENU

                    OPTION _


                    1 - SKIP FACTORS
                    2 - BENEFIT CATEGORIES

```

Step 2:　Key *2* (BENEFIT CATEGORIES) in the OPTION field and press [Enter]. The system displays the PIMB Benefit Categories Menu, as shown below, and places the cursor in the MODE field.

```
_____            PROGRAM INTEGRITY MODULE            PIMBM03
                   BENEFIT CATEGORIES MENU



                    MODE: _   (A- ADD, U- UPDATE, I- INQUIRE)
          BENEFIT TYPE:  _   (B- PART B, D- DME)



          PF3 PREV      PF12 MAIN
```

Step 3:　Key *A* in the MODE field. The system moves the cursor to the BENEFIT TYPE field.

Step 4:　Type *B* if you wish to add Part B Benefit Categories, or *D*, if you want add DME Benefit Categories.

Step 5:　Press [Enter]. The system displays the last Benefit Category entry for the requested claim type followed by blank lines for new Benefit Categories, as shown below.

```
 _____             PROGRAM INTEGRITY MODULE          PIMBM31
                      BENEFIT CATEGORIES
                            PART B


   CAT        HCPCS RANGE DESCRIPTION
 _ B004       P0000 P9999 PATHOLOGY & LABORATORY

 _ ____       _____ _____ _____
 _ ____       _____ _____ _____
 _ ____       _____ _____ _____
 _ ____       _____ _____ _____
 _ ____       _____ _____ _____
 _ ____       _____ _____ _____
 _ ____       _____ _____ _____
 _ ____       _____ _____ _____


 PF3 PREVIOUS    PF7 BACK    PF8 FORWARD    PF9 UPDATE    PF12 MAIN
```

Step 6: Type *A* in the ACTION INDICATOR field of the first blank line. (The ACTION INDICATOR field is the untitled field prior to the CAT field). The cursor moves to the CAT field.

Step 7: Key a new Category Code in the CAT field. If you are keying a Part B category, use a B for the first position of the code, and use a three-position number which is the next available sequential number for the rest of the code. If you are keying a DME category, use a D for the first position of the code. The cursor moves to the first HCPCS RANGE field.

Step 8: Key the beginning of the range of HCPCS codes that you want to define as part of this new Benefit Category. The cursor will move to the second HCPCS RANGE field.

Step 9: Key the ending of the range of HCPCS codes that you want to define as part of this new Benefit Category. The cursor will move to the DESCRIPTION field.

Step 10: The sampling program will compare the HCPCS claim lines on the universe file to this HCPCS RANGE. If the line HCPCS code is equal to, or greater than the beginning of the range and equal than or less than the end of the range, the line will be categorized in this Benefit Category. Be sure that the HCPCS codes you are using do not overlap with HCPCS codes in another Benefit Category. If this happens, claim lines will be categorized in the first category they fit.

Step 11: Key a phrase that describes the new Benefit Category in "user-friendly" terms.

Step 12: If you want to key more Benefit Categories, follow steps 8 through 12. When you are finished, review your additions. If there are errors, use [Ctrl][Tab] to move the cursor to the error. Correct the error. Press [PF9] when everything is correct.

Step 13: To exit PIMB, press [Clear]. To return to the PIMB Benefit Category menu, press [PF3]; to return to the PIMB main menu, press [PF12].

Updating and Deleting Benefit Categories

Step 1: Access the PIMB transaction. The system displays the PIMB Main Menu as shown below, and places the cursor in the OPTION field.

```
_____           PROGRAM INTEGRITY MODULE                     PIMBM01
                        MAIN MENU


                  OPTION _



                  1 - SKIP FACTORS
                  2 - BENEFIT CATEGORIES


```

Step 2: Key *2* (BENEFIT CATEGORIES) in the OPTION field and press [Enter]. The system displays the PIMB Benefit Categories Menu, as shown below, and places the cursor in the MODE field.

```
_____           PROGRAM INTEGRITY MODULE                     PIMBM03
                  BENEFIT CATEGORIES MENU



                        MODE:_  (A- ADD, U- UPDATE, I- INQUIRE)
                  BENEFIT TYPE:_  (B- PART B, D- DME)




                  PF3 PREV       PF12 MAIN
```

Step 3: Key *U* in the MODE field. The system moves the cursor to the BENEFIT TYPE field.

Step 4: Type *B* if you wish to update Part B Benefit Categories, or *D*, if you want update DME Benefit Categories.

Step 5: Press [Enter]. The system displays the existing Benefit Categories screen for the requested claim type.

Step 6: If you wish to search for a specific benefit category, type /xxxx on the command line, where xxxx is a category. Press [Enter].The system will display the list beginning with the specified benefit category. If the specified category is not found, the list will be displayed beginning with the next highest category code.

```
_____                  PROGRAM INTEGRITY MODULE              PIMBM31
                             BENEFIT CATEGORIES
                                  PART B


   CAT        HCPCS RANGE DESCRIPTION
 _ B001        01000 01999 ANESTHESIA
 _ B002        99201 99499 EVALUATION & MANAGEMENT
 _ B003        90700 99199 MEDICINE
 _ B004        80902 89399 PATHOLOGY & LABORATORY
 _ B004        P0000 P9999 PATHOLOGY & LABORATORY

 _ ____        _____ _____ _____
 _ ____        _____ _____ _____
 _ ____        _____ _____ _____
 _ ____        _____ _____ _____

```

Step 7: Move the cursor to the ACTION INDICATOR field of the first Benefit Category that you want to update or delete. (The ACTION INDICATOR field is the untitled field prior to the CAT field).

Step 8: Are you updating the Description of the selected Benefit Category?

If you…	Then…
Are	Key a *U* in the ACTION INDICATOR field. The system moves the cursor to the DESCRIPTION field.
Are not	Go to step 12.

Step 9: Key the change to description of the Benefit Category. The cursor moves to the ACTION INDICATOR field on the next line.

Step 10: If you want to update more Benefit Category descriptions, follow steps 7 and 8. When you are finished, review your changes. If there are errors, use [Ctrl][Tab] to move the cursor to the error. Correct the error. Press [PF9] when everything is correct. Go to step 13.

Step 11: Do you want to delete a particular Benefit Category?

If you…	Then…
Do	Key a *D* in the ACTION INDICATOR field. If you are sure you want to delete the Benefit Category, press [PF9].

If you…	Then…
Do not	Go to step 13.

Step 12:   If you want to delete more Benefit Categories, Key a *D* in the ACTION INDICATOR field of all the Categories you need to delete. When you are finished, review your changes. If there are errors, use [Ctrl][Tab] to move the cursor back to the incorrect ACTION INDICATOR and space it out. Press [PF9] when everything is correct.

Step 13:   To exit PIMB, press [Clear]. To return to the PIMB Benefit Categories menu, press [PF3]; to return to the PIMB main menu, press [PF12].

Changing the HCPCS Range for a Benefit Category

Because the HCPCS code ranges that define a Benefit Category are part of the key to the file, you cannot change a HCPCS range for a Benefit Category that is already on the file. Instead, you need to delete the Benefit Category line with the invalid HCPCS range, and add a new Benefit Category line for the same Benefit Category code, with the valid HCPCS range.

Step 1: Access the PIMB transaction. The system displays the PIMB Main Menu as shown below, and places the cursor in the OPTION field.

```
_____            PROGRAM INTEGRITY MODULE                      PIMBM01
                        MAIN MENU


                   OPTION _



                   1 - SKIP FACTORS
                   2 - BENEFIT CATEGORIES


```

Step 2: Key *2* (BENEFIT CATEGORIES) in the OPTION field and press [Enter]. The system displays the PIMB Benefit Categories Menu, as shown below, and places the cursor in the MODE field.

```
_____                  PROGRAM INTEGRITY MODULE              PIMBM03
                         BENEFIT CATEGORIES MENU



                   MODE: _   (A- ADD, U- UPDATE, I- INQUIRE)
            BENEFIT TYPE:  _  (B- PART B, D- DME)




              DE2 DDEV       DE12 MAIN
```

Step 3: Key *U* in the MODE field. The system moves the cursor to the BENEFIT TYPE field.

Step 4: Type *B* if you wish to update Part B Benefit Categories, or *D*, if you want update DME Benefit Categories.

Step 5: Press [Enter]. The system displays the existing Benefit Categories screen for the requested claim type.

Step 6: If you wish to search for a specific benefit category, type /xxxx on the command line, where xxxx is a category. Press [Enter]. The system will display the list beginning with the specified benefit category. If the specified category is not found, the list will be displayed beginning with the next highest category code.

```
   _____                    PROGRAM INTEGRITY MODULE                PIMBM31
                                 BENEFIT CATEGORIES
                                      PART B


     CAT        HCPCS RANGE DESCRIPTION
   _ B001        01000 01999 ANESTHESIA
   _ B002        99201 99499 EVALUATION & MANAGEMENT
   _ B003        90700 99199 MEDICINE
   _ B004        80902 89399 PATHOLOGY & LABORATORY
   _ B004        P0000 P9999 PATHOLOGY & LABORATORY

   _ ____        _____ _____ _____
   _ ____        _____ _____ _____
   _ ____        _____ _____ _____
   _ ____        _____ _____ _____
```

Step 7: Move the cursor to the ACTION INDICATOR field of the first Benefit Category that you want to update with a new HCPCS code range. (The ACTION INDICATOR field is the untitled field prior to the CAT field).

Step 8: Key a *D* in the ACTION INDICATOR field of the Category to delete it. Review your change. If there are errors use [Ctrl][Tab] to move the cursor back to the incorrect ACTION INDICATOR and space it out. Press [PF9] when everything is correct.

Step 9: Press [PF3] to return to the PIMB Benefit Category menu.

Step 10: Key *A* in the MODE field. The system moves the cursor to the BENEFIT TYPE field.

Step 11: Type *B* if you are working with Part B Benefit Categories, or *D*, if you are working with DME Benefit Categories.

Step 12: Press [Enter]. The system displays the existing Benefit Categories screen for the requested claim type followed by blank lines for new Benefit Categories, as shown below.

```
   _____                    PROGRAM INTEGRITY MODULE                PIMBM31
                                 BENEFIT CATEGORIES
                                      PART B


     CAT        HCPCS RANGE DESCRIPTION
   _ ____        _____ _____ _____
   _ ____        _____ _____ _____
   _ ____        _____ _____ _____
   _ ____        _____ _____ _____
   _ ____        _____ _____ _____
   _ ____        _____ _____ _____
```

Step 13: Type *A* in the ACTION INDICATOR field of the first blank line. (The ACTION INDICATOR   field is the untitled field prior to the CAT field). The cursor moves to the CAT field.

Step 14: Key the Category Code that you deleted in step 7, in the CAT field. The cursor moves to the first HCPCS RANGE field.

Step 15: Key the beginning of the new range of HCPCS codes that you want to define as part of this Benefit Category. The cursor will move to the second HCPCS RANGE field.

Step 16: Key the ending of the new range of HCPCS codes that you want to define as part of this Benefit Category. The cursor will move to the DESCRIPTION field.

Step 17: Key a phrase that describes the new Benefit Category in "user-friendly" terms.

Step 18: When you are finished, review your new Benefit Category definition. If there are errors, use [Ctrl][Tab] to move the cursor to the error. Correct the error. Press [PF9] when everything is correct.

Step 19: To exit PIMB, press [Clear]. To return to the PIMB Benefit Category menu,   press [PF3]; to return to the PIMB main menu, press [PF12].

This section is a screen reference that gives you examples and explanations of the screens in the Program Integrity for Part B/DME (PIMB) system. The reference includes field descriptions and explanations of how to access and exit the screen.

If you are a new user, this reference can help you to determine what information is in each field or what you should enter in a field. It can also help you to navigate throughout the system if you are "lost." If you are an experienced user, you can use the section as a quick reference for a screen that you use.
The screens in this section are representative of the actual screens that you see on your computer. The data will not be the same; the screen layout will be very similar, if not exact.

Use the chart below or the Table of Contents to locate the screens in the section.

If you want to see information about this screen…	See this page of the Screen Reference…
PIMB Main Menu	25
Skip Factors Menu	27
Skip Factors	29
Benefit Categories Menu	32
Benefit Categories	34

PIMB Main Menu

```
_____              PROGRAM INTEGRITY MODULE                 PIMBM01
                            MAIN MENU


                      OPTION _



                      1 - SKIP FACTORS
                      2 - BENEFIT CATEGORIES

```

Explanation

You use Program Integrity Module for Part B/DME (PIMB) Main Menu to access the features of PIMB. From this menu you can view or update the Skip Factors and Benefit Categories files.

Access

Enter *PIMB* or select an option designating the PIMB system from your existing environment as instructed by your computer operations support department.

Exit

Press [Clear]. The system displays a blank CICS screen, or your CICS applications menu screen, depending on how your computer operations support department has configured PIMB.

Transportation

PIMB Main Menu	
If you want to…	**Do this…**
Exit PIMB	Press [Clear].
Move through the fields on the screen	Press [Tab].

Field Descriptions

PIMB Main Menu			
Name	**Update**	**Length**	**Explanation**
_____	Yes	8	Command line.
OPTION	Yes	1	Use to access the basic functions of PIMB. Values are: 1 Skip Factors 2 Benefit Categories

Skip Factors Menu

```
_____            PROGRAM INTEGRITY MODULE              PIMBM02
                        SKIP FACTORS MENU


              MODE:_      (A- ADD, U- UPDATE, I-INQUIRE)
        CONTRACTOR: _____
        CLAIM TYPE:_



        PF3 PREVIOUS                    PF12 MAIN
```

Explanation

The Skip Factors Menu provides access to the Skip Factors for the contractor and claim type that you select.

Access

Type *1* in the OPTION field of the PIMB Main Menu and press [Enter].

Exit

Press [PF3] or [PF12] to return to the PIMB Main Menu.

Transportation

Skip Factors Menu	
If you want to…	Do this…
Display the PIMB Main Menu screen	Press [PF3] or [PF12].
Exit PIMB	Press [Clear].
Move through the fields on the screen.	Press [Tab].

Field Descriptions

Skip Factors Menu			
Name	**Update**	**Length**	**Explanation**
_____	Yes	8	Command line. Key *PF3* or *PF12* to return to the PIMB Main Menu.
MODE	Yes	1	Use to specify the type of access to the Skip Factors that you require. Values are: A Add new skip factors U Update skip factors I Inquire on skip factors
CONTRACTOR	Yes	5	Five-position contractor ID of contractor whose skip factors you need to view or update.
CLAIM TYPE	Yes	1	Type of claim universe that you want to view or update skip factors for. Values are: B Part B D DME

Skip Factors

```
_____              PROGRAM INTEGRITY MODULE                PIMBM21
                         SKIP FACTORS
                             FOR

        CONTRACTOR: XXXXX      CLAIM TYPE: X

     CATEGORY TYPE        CATEGORY               SKIP FACTOR
  _        C                B001                         75
  _        D                DFLT                        250
  _        B                B008                         50
  _    _          _____         _____
  _    _          _____         _____


  PF3 PREVIOUS    PF7 BACK    PF8 FORWARD    PF9 UPDATE    PF12 MAIN
```

Explanation

The Skip Factors screen lists all of the skip factors for the contractor and claim type you selected on the Skip Factors Menu. The skip factors display in Skip Factor CATEGORY TYPE and Skip Factor CATEGORY order.

Access

Type *1* in the OPTION field of the PIMB Main Menu and press [Enter]. The Skip Factors Menu screen displays. Key the MODE, CONTRACTOR and CLAIM TYPE and press [Enter].

Exit

Press [PF3] to return to the Skip Factors Menu. Press [PF12] to return to the PIMB Main Menu.

Transportation

Skip Factors	
If you want to…	**Do this…**
Display the PIMB Main Menu screen	Press [PF12].
Display the previous screen	Press [PF3].
Display the next page of skip factors	Press [PF8].
Display the previous page of skip factors	Press [PF7].

Skip Factors	
If you want to…	**Do this…**
Process your update to a skip factor	Press [PF9].
Exit PIMB	Press [Clear].
Move through the fields on the screen.	Press [Tab].

Field Descriptions

Skip Factors			
Name	Update	Length	Explanation
_____	Yes	8	Command line. Key *PF3* to return to the previous screen, *PF12* to return to the PIMB Main Menu, *PF7* to page back, *PF8* to page forward or *PF9* to apply updates.
__ (1st column)	Yes*	1	Action Indicator. Use when in Add or Update mode to indicate action to be taken on the line. A Add a new skip factor D Delete a skip factor U Update a skip factor
CATEGORY TYPE	Yes†	1	Type of claim element that the skip factor is using to select claims randomly. Values are: C Benefit Category D Default P Billing or submitting provider
CATEGORY	Yes†	15	Value in the claim element that the skip factor is using to select claims randomly. Values are: If TYPE=D, 'DFLT' If TYPE=C, a valid Benefit Category for the claim type If TYPE=P, a valid provider number from your claim processing system.

---

* Add and Update Mode only

† Add Mode only

Skip Factors			
Name	Update	Length	Explanation
SKIP FACTOR	Yes	5	The number of claims to skip in the category before selecting another claim. Values are: A number between 1 and 99999

Benefit Categories Menu

```
_____              PROGRAM INTEGRITY MODULE              PIMBM03
                     BENEFIT CATEGORIES MENU


           MODE: _   (A- ADD, U- UPDATE, I- INQUIRE)
   BENEFIT TYPE:  _   (B- PART B, D- DME)




     PF3 PREV      PF12 MAIN
```

Explanation

The Benefit Categories Menu provides access to the Benefit Categories for the claim type that you select.

Access

Type *2* in the OPTION field of the PIMB Main Menu and press [Enter].

Exit

Press [PF3] or [PF12] to return to the PIMB Main Menu.

Transportation

Benefit Categories Menu	
If you want to…	Do this…
Display the PIMB Main Menu screen	Press [PF3] or [PF12].
Exit PIMB	Press [Clear].
Move through the fields on the screen.	Press [Tab].

Field Descriptions

Benefit Categories Menu			
Name	Update	Length	Explanation
_____	Yes	8	Command line. Key *PF3* or *PF12* to return to the PIMB Main Menu.
MODE	Yes	1	Use to specify the type of access to the Benefit Categories that you require. Values are: A Add new benefit categories U Update benefit categories I Inquire on benefit categories
BENEFIT TYPE	Yes	1	Type of Benefit Categories that you want to view or update. Values are: B Part B D DME

Benefit Categories

```
_____              PROGRAM INTEGRITY MODULE                  PIMBM31
                      BENEFIT CATEGORIES
                           PART B


    CAT        HCPCS RANGE  DESCRIPTION
 _  B001       01000 01999  ANESTHESIA
 _  B002       99201 99499  EVALUATION & MANAGEMENT
 _  B003       90700 99199  MEDICINE
 _  B004       80902 89399  PATHOLOGY & LABORATORY
 _  B004       P0000 P9999  PATHOLOGY & LABORATORY

 _  ____       _____ _____  _____

 _  ____       _____ _____  _____

 _  ____       _____ _____  _____

 _  ____       _____ _____  _____


 PF3 PREVIOUS    PF7 BACK    PF8 FORWARD    PF9 UPDATE    PF12 MAIN
```

Access

Type *2* in the OPTION field of the PIMB Main Menu and press [Enter]. The Benefit Categories Menu screen displays. Key the MODE and BENEFIT TYPE and press [Enter].

Exit

Press [PF3] to return to the Benefit Categories Menu. Press [PF12] to return to the PIMB Main Menu.

Transportation

Benefit Categories	
If you want to…	**Do this…**
Display the PIMB Main Menu screen	Press [PF12].
Display the previous screen	Press [PF3].
Display the next page of benefit categories	Press [PF8].
Display the previous page of benefit categories	Press [PF7].

Benefit Categories	
If you want to…	**Do this…**
Process your update to a benefit category	Press [PF9].
Exit PIMB	Press [Clear].
Move through the fields on the screen.	Press [Tab].

Field Descriptions

Benefit Categories			
Name	Update	Length	Explanation
_____	Yes	8	Command line. Key *PF3* to return to the previous screen, *PF12* to return to the PIMB Main Menu, *PF7* to page back, *PF8* to page forward or *PF9* to apply updates. Use to search for a specific benefit category. Type /xxxx, where xxxx is a benefit category. The system will display the list beginning with the specified benefit category. If the specified category is not found, the list will be displayed beginning with the next highest category code.
__ (1st column)	Yes*	1	Action Indicator. Use when in Add or Update mode to indicate action to be taken on the line. A Add a new benefit category D Delete a benefit category U Update a benefit category

---

* Add and Update Mode only

Benefit Categories			
Name	Update	Length	Explanation
CAT	Yes†	4	Code specifying a category of benefits provided by Medicare. By convention, if the benefit type is Part B, the first position of this code should be a "B". If the benefit type is DME, the first position should be "D". The last three positions are a sequential number.
HCPCS RANGE	Yes†	5 + 5	The beginning and ending HCPCS code that designate the range of HCPCS codes that make up this benefit category.
DESCRIPTION	Yes	25	A text field providing a "user friendly" description of the benefit category.

---

† Add Mode only

Notes:

APPENDIX A – GLOSSARY

This section contains some of the words and terms unique to the Medicare program and PIMB. The words and terms are listed in alphabetical order.

Term	Description/Definition
Benefit Category	A grouping that classifies similar medical services or equipment through the HCPCS code of a claim line.
CICS	Customer Information Control System. CICS is a platform for interactive user applications.
DME	Durable Medical Equipment. This is a type of Medicare claim processed by DME regional carriers.
HCFA	Health Care Financing Administration
HCPCS	HCFA Common Procedure Coding System. This is a system designating medical services for billing.
HICN	Health Insurance Claim Number – a number that uniquely identifies a Medicare Beneficiary.
PIMB	Program Integrity Modules for Part B and DME.
Skip Factor	Number of claims to skip in selecting a random sample from the universe.

APPENDIX B – ERROR AND SYSTEM MESSAGES

This section includes all of the error and system messages that you can receive in PIMB. The chart below shows the message number and the explanation for the error. It lists errors that can be received in both the online PIMB user interface and in the batch sampling process. The *Program Integrity Module for Part B/DME Program Operations Manual* contains more details on how to resolve the errors that can occur in the batch sampling process.

Message	Explanation
Errors from the PIMB User Interface	
001	Invalid option.
002	Invalid PFkey.
003	Mode missing or invalid.
004	Contractor ID missing or invalid.
005	Claim type missing or invalid.
006	No skip factors for contractor/claim type specified.
007	Add skip factors for contractor/claim type specified.
008	Press PF9 Key to add/update.
009	Operation missing or invalid (A=add, U=update).
010	Category type missing or invalid.
011	Category missing or invalid.
012	Default skip factor required.
013	Provider number required for category type P.
014	Skip factor missing or invalid.
015	No more entries.
016	HCPCS code missing
017	Description missing
018	Duplicate entry
Fatal Batch Errors	

Message	Explanation
001	Cannot process – principal input file is empty
002	No header record present on universe file.
003	Invalid header contractor ID.
004	Invalid trailer contractor ID.
005	Invalid contractor type on universe header.
006	Invalid universe date.
007	No trailer record present on universe file.
008	Number of claims on trailer does not match universe.
009	Default skip factor is missing.
010	Category file is empty.
011	No categories for claim type.
012	Less claims in universe than default skip factor.
013	Error opening category file.
014	Error opening skip factor file.
Non-Fatal Batch Claim Edit Errors	
101	Invalid or missing record type.
102	Invalid or missing claim contractor ID.
103	Missing claim control number.
104	Missing beneficiary HICN.
105	Missing or invalid line count.
106	Invalid HCPCS code.

APPENDIX C – PIMB REPORTING

PIMB produces one report, which shows what skip factors were used, how many claims were in the universe and how many claims were selected by the batch sampling process. That report is the Program Integrity Processing Report, PIMB100-01. This Appendix includes an example and a definition of this report.

Program Integrity Processing Report

Report Number:	PIMB100-01
Purpose:	Provides information on skip factors used, errors encountered, and claim statistics for Program Integrity Module for Part B/DME batch sampling run.
Program:	PIMB100
Report Size:	One to multi-page.
Frequency:	Produced when PIMB sampling process is run, on request.
Form Size/Orientation:	8 ½ x 11, landscape
Date Elements:	See following pages.
Example:	See following pages.

Data Elements:

PIMB100-01 Program Integrity Processing Report		
Section I – Skip Factors		
Field Name	**Size**	**Description**
Category	4	Benefit category code that skip factor used in sampling applied to.
Provider	15	Provider number that skip factor used in sampling applied to.
Factor	5	Skip factor used for the category or provider in the sampling process.
Section II – Errors		
Field Name	**Size**	**Description**
HICN	12	The beneficiary Health Insurance Claim Number on the rejected claim.
Claim Number	15	Number assigned in standard system to uniquely identify the rejected claim.
Error Message	52	Error code and message describing the error that caused the claim to be rejected.
Line	2	Line number of claim line that contained the error.
Section III – Processing Totals		
Field Name	**Size**	**Description**
Claims In	9	Number of unique claims in universe file.
Claims Rejected	9	Number of unique claims rejected from processing through sampling logic due to error conditions.
Claims Accepted	9	Number of unique claims accepted for processing through the sampling logic.
Claims Sampled	9	Number of unique claims selected for the sample.

INTEGRITY PROCESSING REPORT
                                   PAGE 1

CONTRACTOR: 12345

                         REPORT ID: PIMBB100-01

UNIVERSE DATE: 05/01/2000

SECTION I   :   SKIP FACTORS

CATEGORY

        DFLT: **200**

        B001:   **50**

        B012:   **75**

PROVIDER

        9876543211   **1000**

SECTION II   ERRORS

HICN	CLAIM NUMBER	ERROR MESSAGE	LINE
999887654A	**100172345672000**	**102 – INVALID OR MISSING CLAIM CONTRACTOR ID**	
888769876D	**100249876442010**	**106 – MISSING HCPCS CODE**	**02**

SECTION III   PROCESSING TOTALS

CLAIMS IN: **12,999**

CLAIMS REJECTED: **2**

CLAIMS ACCEPTED: **12,997**

CLAIMS SAMPLED: **85**

ATTACHMENT 2

Program Integrity Component
for
Part B and DME Carriers

Program Operations Manual

FINAL

Contract Number: 500-98-0278

July 26, 2000

VIPS, Inc.
1 West Pennsylvania Ave.
Towson, Maryland 21204
(410) 832-8300

Table of Contents

I.   INTRODUCTION

A. Purpose

This manual documents the technical components of the Program Integrity Module for Part B and DME (PIMB). It also serves as a guide for the installation and ongoing execution of the PIMB system at the Medicare contractors' data centers. For information about PIMB functionality, please refer to the Program Integrity Module for Part B and DME User Guide.

B. Scope

The Program Integrity Module provides ability to randomly select claims from a Claims Universe file. Sampling may be done by a simple skip factor (select every *nth* claim) or stratified, so that claims in a particular benefit category or with a particular submitting provider can be sampled differentially.

There are two major components of the PIMB system - the online CICS subsystem and the batch sampling module.   The online CICS subsystem provides inquiry and update capability to define benefit categories by HCPCS procedure code ranges and to designate the skip factors to be used in sampling. The batch subsystem consists of an on-request job that reads a pre-formatted Claims Universe file, selects claims based on the designated skip factors, and creates an output file of HICN and Claim Control numbers of the randomly selected claims.

A. Hardware Requirements

The application is designed to use the current Medicare contractors' data center mainframe infrastructures for the runtime environment. The application reads and writes a sequential input and output file, which may be on DASD or tape, depending on individual data center volumes and standards, and two VSAM clusters which must be stored on DASD.

B. Software Requirements

The PIMB batch sampling component has been developed to execute in an IBM mainframe environment using COBOL, Level II or higher, with Language Environment 5. The online component for entry of Skip Factors and Benefit Categories is written in CICS/COBOL II. In order to run the CICS application, the data center must support CICS, version 4.1 or later.

C. Initial Setup

1. CICS Resources

There is one CICS transaction, PIMB, in the online component of the Program Integrity Module. The transaction controls inquiry and update processing against two (2) VSAM files, using five (5) COBOL modules and five (5) BMS maps. To install the CICS subsystem, make the following CICS table entries and JCL startup deck changes in test and production regions.

CICS PCT TABLE ENTRIES	
TRANID	PROGRAM
PIMB	PIMBC001

CICS PPT TABLE ENTRIES

COBOL II PROGRAMS	CICS BMS MAPS
PIMBC001	PIMBM01
PIMBC002	PIMBM02
PIMBC003	PIMBM03
PIMBC021	PIMBM21
PIMBC031	PIMBM31

CICS FCT TABLE ENTRIES

DDNAME	ACCESS METHOD	ACCESS MODES	RECORD FORMAT
PICATGYB	KSDS	Read, Add, Update, Browse, Delete	FB
PISKPFAC	KSDS	Read, Add, Update, Browse, Delete	FB

CICS JCL DECK ADDITIONS

//PICATGYB DD DSN=[*your benefit categories filename*], //   DISP=SHR
//PISKPFAC   DD DSN=[*your skip factors filename*], //   DISP=SHR

2. VSAM Cluster Preparation

There are two VSAM clusters accessed by both the CICS and batch components of PIMB.

(a) Benefit Categories File

This VSAM file contains benefit (service) categorizations by HCPCS codes for Part B and DME services; the initial file contains approximately 1700 records, and near term growth is projected to be insignificant. The data to load the file is provided in a sequential file included as part of the installation package (<*HLQ*>.BENEFIT.CATEGORY.PARTBDME). The record format is described in Appendix A, Section 1. Sample JCL for loading the VSAM cluster is provided below.

```
//JOBCARD
//JOBLIB
//S010  EXEC PGM=IDCAMS
//SYSPRINT  DD    SYSOUT=*
//SYSIN      DD *
        DELETE (your benefit categories filename)       PURGE
           IF LASTCC > 0 -
                THEN SET LASTCC = 0
           IF MAXCC > 0 -
                THEN SET MAXCC = 0
        DEFINE CLUSTER -
           (NAME(your benefit categories filename)      -
           OWNER(your standard) -
           TRACKS(5 1) -
           KEYS(14 0) -
           VOLUMES(your disk pack) -
           SHR(2,3) -
           RECORDSIZE(40 40) -
           FREESPACE(10 10)-
           UNIQUE -
           SPEED) -
        DATA –
           (NAME(your benefit categories filename.DATA)-
           CISZ(4096))-
        INDEX -
           (NAME(your benefit categories filename.INDEX)
         -
           IMBED)
     /*
     //S020    EXEC PGM=IDCAMS,COND=(0,NE)
     //SYSPRINT  DD    SYSOUT=*
```

```
//DDIN        DD    DSN=BENEFIT.CATEGORY.PARTBDME,
//                   DISP=SHR
//DDOUT              DD   DSN=your benefit categories
filename,
//                   DISP=SHR
//SYSIN      DD    *
           REPRO INFILE(DDIN) OUTFILE(DDOUT)
/*
//
```

(b) Skip Factors File

This file contains the skip factors used by the batch sampling module. The number of records is controlled by user input; the minimum size is one record. Due to performance considerations, the user guide recommends using no more than 5-10 different skip factors in a single batch sampling run. If this standard is followed, the maximum number of records for the file is about 10. The batch sampling program has a hard-coded skip factor limit of 200, therefore the maximum records allowed is 200. The record format is described in Appendix A, Section 2. A file with a dummy record used to initialize the file is included as part of the installation package (*<HLQ>*.SKIP.FACTORS.DUMMY). Sample JCL for loading the VSAM cluster is provided below.

```
//JOBCARD
//JOBLIB
//S010  EXEC PGM=IDCAMS
//SYSPRINT  DD    SYSOUT=*
//SYSIN      DD *
       DELETE (your skip factors filename)      PURGE

          IF LASTCC > 0 -
               THEN SET LASTCC = 0
          IF MAXCC > 0 -
               THEN SET MAXCC = 0
          DEFINE CLUSTER -
             (NAME(your skip factors filename)      -
             OWNER(your standard)  -
             TRACKS(5 1) -
```

```
                    KEYS(22 0) -
                    VOLUMES(your disk pack) -
                    SHR(2,3) -
                    RECORDSIZE(29 29) -
                    FREESPACE(10 10)-
                    UNIQUE -
                    SPEED) -
            DATA –
                    (NAME(your skip factors filename.DATA)-
                    CISZ(4096))-
            INDEX -
                    (NAME(your skip factors filename.INDEX)     -
                    IMBED)
     /*
     //S020    EXEC PGM=IDCAMS,COND=(0,NE)
     //SYSPRINT  DD    SYSOUT=*
     //DDIN      DD    DSN=SKIP.FACTORS.DUMMY,
     //                DISP=SHR
     //DDOUT            DD   DSN=your skip factors  filename,
     //                DISP=SHR
     //SYSIN      DD    *
             REPRO INFILE(DDIN) OUTFILE(DDOUT)
     /*
     //
```

3. Batch File Preparation

The input to the Program Integrity batch sampling module is the Claims Universe file. The format of this file is defined in Appendix A, Section 3. The Medicare contractor's programming staff must develop a process that selects claims from the legacy claim and/or history file based on flexible criteria, and formats a Claims Universe file with header, claims and trailer. Once this process is developed, it will be re-usable for all sampling runs.

The Medicare contractor may select any set of claims of one claim type (Part B or DME) to be used as a universe, map them to the format described, and use them as a universe against which to sample. For example, the contractor may decide to sample from a universe of all completed claims received between July 1, 2000 and September 30,

2000. Technical staff would extract all the claims with these receipt dates from claims history and create a file in the specified universe format. With the knowledge of how many claims are in the universe and how many are to be sampled, a default skip factor can easily be selected. (See the Program Integrity Module for Part B and DME User Manual for more information on setting skip factors). It is the decision of HCFA and/or the contractor how long the universe of claims is to be retained.

NOTE: The PI module is designed to process a single-contractor universe with claims of only one type, either all Part B claims, or all DME claims. Operational centers that process multiple contractors and/or both types of claims must segregate the universe by contractor and type and run one type of sample at a time.

There are two output files from the batch module. One output is the sampled claims file, described in Appendix A, Section 4. The other is the processing report. This can either be written directly to paper output, or stored on a 133 character, FBA file so the report can be easily printed and reprinted. Again, it is the decision of HCFA or the contractor as to how long these files should be retained. It is suggested that a generation data group (GDG) be defined for the output files so that the last *x* number of sample files and their processing reports are readily accessible

SEQUENTIAL FILE DCB INFORMATION		
DDNAME	RECORD FORMAT	RECORD LENGTH
PIUNIVER	VB	336 (+4)
PISMPOUT	VB	33 (+4)
PIMR001	FBA	133

4. Batch Job Control Language

There is one batch job in the PIMB system, which samples the

claims from the universe. The following model JCL is provided as a starting point for building your operations center's job control deck. S010 executes the sampling process; S020 prints the processing report.

```
//JOBCARD

//JOBLIBS

//*********************************************************

//** S010 SELECT SAMPLE CLAIMS FROM UNIVERSE

//*********************************************************

//S010 EXEC PGM=PIMBB100

//PICATGYB            DD    DSN= your categories filename,DISP=SHR

//PISKPFAC            DD    DSN=your skip factors filename,DISP=SHR

//PIUNIVER            DD    DSN=your universe filename, DISP=SHR

//PISMPOUT            DD    DSN=your sample filename(+1),

                           DISP=(,CATLG,DELETE),

                           UNIT=xxxx,

                           SPACE=(CYL,(x,x),RLSE),

                           DCB=(RECFM=VB,LRECL=37,BLKSIZE=23476)

//PIMR001             DD    DSN=your report filename(+1),

                           DISP=(,CATLG,DELETE),

                           UNIT= xxxx,

                           SPACE=(TRK,(1,1),RLSE),

                           DCB=(RECFM=FBA,LRECL=133,BLKSIZE=23408)

//SYSOUT              DD    SYSOUT=*

/*

//*********************************************************

//** S020 PRINT PROCESSING REPORT

//*********************************************************

//S020 EXEC PGM=IEBGENER,COND=(0,NE)
```

```
//SYSPRINT              DD    SYSOUT=*

//SYSUT1                DD    DSN= your report filename(+1),

              DISP=(OLD,KEEP,KEEP)

//SYSUT2                DD    SYSOUT=*

//SYSIN                 DD    DUMMY

//
```

III. MAINTENANCE PROCEDURES

Job Flow

Job PIMBB100

a. Description

This job reads the Claims Universe file, categorizes the incoming claim lines into appropriate benefit categories based on the Benefit Categories file and selects sample claims using the skip factors specified on the Skip Factors file. Sample Job Control Language can be found in Section II, C.4 of this document.

b. Scheduling Information

(1)	Frequency	Run on request of the Medicare contractor.
(2)	CICS Dependent	Uses the Benefit Categories and Skip Factors Files, which are allocated to and accessed by the CICS portion of PIMB. These files should be closed and disabled in the CICS region while this job is running.
(3)	Predecessors	Contractor operations staff must run universe extract and format process to create the input to this job. Skip Factors and Categories Files must be correctly populated. (See the Program Integrity Module for Part B and DME User Manual for details).
(4)	Successors	None

c. Job Control Preparation

(1)	Application Parms	NONE
(2)	Special Forms	NONE

d. Input Files

(1) Universe File

(a) Stepname   S010
(b) DDname   PIUNIVER
(c) Sort Sequence Sort by Record Type
                     (SORT FIELDS=(10,1,CH,A)

(2) Benefit Categories
   (a) Stepname   S010
   (b) DDname   PICATGYB
   (c) Sort Sequence N/A (VSAM KSDS file)

(3) Skip Factors
   (a) Stepname   S010
   (b) DDname   PISKPFAC
   (c) Sort Sequence N/A (VSAM KSDS file)

e. Output Files

(1) Program Integrity Processing Report
   (a) Stepname   S010
   (b) DDname   PIMR001

(2) Sample Claims File
   (a) Stepname   S010
   (b) DDname   PISMPOUT

f. Output Procedures – Reports

(1) Program Integrity Processing Report
   (a) Stepname   S020
   (b) Report Number   PIMBB100-01
   (c) Procedures
      (1) Review for fatal errors (See Section IV, B.)
          If fatal error occurred, correct and resubmit job.
      (2) Review for excessive non-fatal errors (See
          Section IV, C)
          If excessive non-fatal errors occurred, consult
          with Medicare contractor user staff to
          determine if correction and rerun are required.
          (We suggest that an error rate of over 5% be
          deemed excessive).

        (3) Distribute report to Medicare contractor user
              staff.

g. Restart/recovery instructions
    S010 - Restart with no overrides
    S020 - Restart with relative generation of SYSUT1 changed to
        +0

IV. MONITORING AND CONTROLLING OPERATIONS

A. CICS PIMB Application Errors

B. Fatal Batch Processing Errors

There are certain error conditions that prevent or compromise the batch sampling module's claim selection process. In these situations the problem must be corrected and the job resubmitted. In case of a fatal error the program calls the Language Environment (LE) abnormal termination routine to produce a user abend, and the job step returns a Return Code of 0012. The error code and message will be displayed in the SYSOUT from the abending job step. The following table displays the fatal error conditions that can occur in the batch program PIMBB100, and the corrective actions that should be taken.

PIMBB100 FATAL ERROR CODES AND MESSAGES		
ERROR CODE	**ERROR MESSAGE**	**CORRECTIVE ACTION**
001	Cannot process – principal input file is empty.	Locate or create Claims Universe file with appropriate claim data and resubmit job.
002	No header record present on Claims Universe file.	Correct Claims Universe file by adding a header record, and resubmit job.
003	Invalid header contractor ID.	Set contractor ID in universe header to valid contractor whose claims are contained in Claims Universe file. Resubmit job.
004	Invalid trailer contractor ID.	Determine why the trailer contractor ID does not match the contractor ID in the header. Correct file and resubmit job.
005	Invalid contractor type on universe header.	Set contractor type in universe header to type B or D based on claim type contained in Claims

		Universe file. Resubmit job.
006	Invalid universe date.	Set universe date in universe header to date claims were extracted. Resubmit job.
007	No trailer record present on Claims Universe file.	Correct Claims Universe file by adding any dropped records, including the trailer, and resubmit job.
008	Number of claims on trailer does not match universe.	Determine why the claim count on the trailer does not match the number of claims on the Claims Universe file. Correct the file or the trailer and resubmit the job.
009	Default skip factor is missing.	Enter a default skip factor in Skip Factors VSAM file via PIMB transaction. Resubmit job.
010	Benefit Categories file is empty.	Load the Benefit Categories VSAM file with the Part B and/or DME categories. Resubmit job.
011	No categories for claim type.	Verify that the correct claim type (B or D) is specified on the Claims Universe file's header record, and ensure that the category codes for that claim type are in the Benefit Categories VSAM file. Resubmit job.
012	Less claims in universe than default skip factor.	Lower the skip factor based on the Claims Universe file size, or increase the size of the universe, so that the required number of sample claims will be selected. Resubmit job. (This error can also occur if too many universe claims are rejected for edit errors).
013	Error opening Benefit Categories file.	Diagnose and correct error indicated by VSAM return code and resubmit job.

| 014 | Error opening Skip Factors file. | Diagnose and correct error indicated by VSAM return code and resubmit job. |

C. Non-fatal Batch Processing Errors

PIMBB100 edits each claim record on the Claims Universe file for certain basic data. Errors are written to the Program Integrity Processing Report, PIMBB100-01. The error report should be reviewed. If over 5% of claims are rejected from the universe for invalid data, that may indicate a problem with the universe extract and format process. The integrity of the random sample will be compromised, so the problem should be investigated, corrected and the sample should be re-selected. The following table lists the validity errors that can be issued by PIMBB100.

PIMBB100 CLAIM ERROR CODES AND MESSAGES		
ERROR CODE	ERROR MESSAGE	ERROR CONDITION
101	Invalid or missing record type.	Record type in a record following the universe header, and preceding the universe trailer is not equal to '2'.
102	Invalid or missing claim contractor ID.	Contractor ID on the claim does not equal the contractor ID on the universe header record.
103	Missing claim control number.	Claim control number is equal to spaces.
104	Missing beneficiary HICN.	HICN is equal to spaces.
105	Missing or invalid line count.	Line count is non-numeric, less than 0 or greater than 13.
106	Invalid HCPCS code.	HCPCS code on one or more claim line is equal to spaces.

APPENDIX A – PIMB FILE LAYOUTS

1. Benefit Categories File (VSAM KSDS)

This file is used by the PIMB Sampling module to assign categories to Part B or DME claim service lines, based on their HCPCS codes. The benefit categories may be used as a basis for stratified random sampling. A sequential file used to load the VSAM cluster initially is included with the installation package (see Section II.C.2). Future updates to the file should only be made with the advice and approval of HCFA. The shaded area represents the VSAM key.

Benefit Categories File				
Field Name	**Picture**	**From**	**Thru**	**Initialization**
Category Code	X(4)	1	4	Spaces
From HCPCS Code	X(5)	5	9	Spaces
To HCPCS Code	X(5)	10	14	Spaces
Benefit Type	X(1)	15	15	Spaces
Category Description	X(25)	16	40	Spaces

DATA ELEMENT DETAIL

Data Element: **Category Code**
Definition: Code assigned to the range of HCPCS codes as defined by the From HCPCS Code and To HCPCS Code.
Validation: N/A
Remarks: Assigned by HCFA.
Requirement: Required.

Data Element: **From HCPCS Code**
Definition: HCPCS code starting the category range
Validation: Must be a valid HCPCS/CPT-4 code.
                   Must be less than or equal to HCPCS TO Mask.
Remarks: Assigned by HCFA.
Requirement: Required.

Data Element: **To HCPCS Code**
Definition: HCPCS code ending the category range.
Validation: Must be a valid HCPCS/CPT-4 code.

Must be greater than or equal to HCPCS FROM Mask.

Remarks: Assigned by HCFA.

Requirement: Required.

Data Element: **Benefit Type**

Definition: Type of Medicare benefit

Validation: Must be 'B' or 'D'

Remarks: B = Part B

                  D = DME

Requirement: Required.

Data Element: **Category Description**

Definition: Description of the Benefit Category

Validation: N/A

Remarks: Supplied by HCFA.

Requirement: Required.

2. Skip Factors File (VSAM KSDS)

This file will be used in the PIMB sampling module. It will specify the default skip factor for sampling from the universe of claims, as well as any individual factors to be applied on the basis of benefit category and any special factors to be used for targeted provider sampling. The shaded area represents the VSAM key. A dummy file used to initialize this VSAM cluster is provided with the installation package (see Section II.C.2). The Medicare Contractor must update the file with appropriate factors to be used for each sampling run.

Skip Factors File				
Field Name	**Picture**	**From**	**Thru**	**Initialization**
Contractor ID	X(5)	1	5	Spaces
Contractor Type	X(1)	6	6	Space
Skip Factor Type	X(1)	7	7	Space
Category or Provider Number	X(15)	8	22	Spaces
Skip Factor	S9(7)	23	29	Zeroes

DATA ELEMENT DETAIL

Data Element: **Contractor ID**
Definition: Contractor's HCFA assigned number.
Validation: Must be a valid HCFA Contractor ID
Remarks: N/A
Requirement: Required.

Data Element: **Contractor Type**
Definition: Type of Medicare Contractor
Validation: Must be 'B' or 'D'
Remarks: B = Part B
              D = DMERC
Requirement: Required.

Data Element: **Skip Factor Type**
Definition: Code indicating the type of skip factor: provider or category.
Validation: Must be 'D', 'P' or 'C'.
Remarks: D= default skip factor
              P= apply skip factor based on billing provider

C= apply skip factor based on benefit category

Requirement: Required. At least one skip factor, of the default type is required on the Skip Factors file.

Data Element: **Category or Provider Number**

Definition: Category Code or Provider to be sampled.

Validation: Must be a valid Category Code as defined in the Benefit Categories file, a valid provider number for the contractor performing the sampling, or 'DFLT' to specify the default category.

Remarks: N/A

Requirement: Required.

Data Element: **Skip Factor**

Definition: Number (n) indicating every nth claim in the category or for a provider will be sampled.

Validation: Must be greater than 0.

Remarks: N/A

Requirement:Required

3. Claims Universe File (Sequential)

The Medicare contractor's operations staff must create the Claims Universe file. It consists of any set of claims of a single claim type (Part B or DME) from a single contractor that is to be used as a universe from which to randomly sample. The Claims Universe file must be formatted to the layout described below, in order to be successfully processed by the sampling module PIMBB100.

The file begins with a header record followed by multiple claim records. There is one record per claim with a variable number of service lines from 1 to 13. A trailer record follows the claim records and is the last record on the file. This file will first go through some basic front-end edits, which include file consistency edits as well as claim detail validation edits. All claims that pass the edits will be categorized and included in the sampling process.

Claims Universe File					
Claims Universe Header Record (one record per file)					
Field Name	**Picture**	**From**	**Thru**	**Initialization**	
Contractor ID	X(5)	1	5	Spaces	
Record Type	X(1)	6	6	'1'	
Contractor Type	X(1)	7	7	Spaces	
Universe Date	X(8)	8	15	Spaces	

DATA ELEMENT DETAIL

Data Element: **Contractor ID**
Definition: Contractor's HCFA assigned number.
Validation: Must be a valid HCFA Contractor ID
Remarks: N/A
Requirement: Required.

Data Element: **Record Type**
Definition: Code indicating type of record.
Validation: Must equal "1" for header record.
Remarks: 1 = Header record
Requirement: Required.

Data Element: **Contractor Type**
Definition: Type of Medicare Contractor

Validation: Must be 'B' or 'D'

Remarks: B = Part B

             D = DMERC

Requirement: Required.

Data Element: **Universe Date**

Definition: Date the Claims Universe file was created.

Validation: Must be a valid date.

Remarks: Format is CCYYMMDD.

Requirement: Required.

Claims Universe File				
Claims Universe Claim Record				
Field Name	**Picture**	**From**	**Thru**	**Initialization**
Contractor ID	X(5)	1	5	Spaces
Record Type	X(1)	6	6	'2'
Claim Control Number	X(15)	7	21	Spaces
Beneficiary HICN	X(12)	22	33	Spaces
Billing Provider Number	X(15)	34	48	Spaces
Line Item Count	S9(2)	49	50	Zeroes
Line Item Group: The following group of fields occurs from 1 to 13 times (depending on Line Item Count)				
From and **Thru** values relate to the 1st line item**.**				
Performing Provider Number	X(15)	51	65	Spaces
Performing Provider Specialty	X(2)	66	67	Spaces
HCPCS Procedure Code	X(5)	68	72	Spaces

DATA ELEMENT DETAIL

Claim Header Fields

Data Element: **Contractor ID**

Definition: Contractor's HCFA assigned number.

Validation: Must be a valid HCFA Contractor ID

Remarks: N/A

Requirement: Required.

Data Element: **Record Type**

Definition: Code indicating type of record.

Validation: Must be equal to "2" for claim record.
Remarks: 2 = claim record
Requirement: Required.

Data Element: **Claim Control Number**
Definition: Number assigned by the Standard System to uniquely identify the claim.
Validation: Must not equal spaces.
Remarks: N/A
Requirement: Required.

Data Element: **Beneficiary HICN**
Definition: Beneficiary's Health Insurance Claim Number
Validation: Must not equal spaces.
Remarks: N/A
Requirement: Required.

Data Element: **Billing Provider Number**
Definition: Number assigned by the Standard System to identify the billing/pricing provider or supplier.
Validation: Must be present if claim contains the same billing/pricing provider number on all lines.
Remarks: Provider skip factors (see Appendix A, section 2) are applied to this number to do stratified random sampling of a particular provider's claims.
Requirement: Required for all claims, assigned and non-assigned, containing the same billing/pricing provider on all lines.

Data Element: **Line Item Count**
Definition: Number indicating number of service lines on the claim.
Validation: Must be a number 01 - 13
Remarks: N/A
Requirement: Required.

Line Item Group Fields

Data Element: **Performing Provider Number**
Definition: Number assigned by the Standard System to identify the provider who performed the service or the supplier who supplied the medical equipment.

Validation: N/A
Remarks: N/A
Requirement: Optional.

Data Element: **Performing Provider Specialty**
Definition: Code indicating the primary specialty of the performing provider or
              supplier.
Validation: N/A
Remarks: N/A
Requirement: Optional.

Data Element: **HCPCS Procedure Code**
Definition: The HCPCS/CPT-4 code that describes the service.
Validation: Must be a valid HCPCS/CPT-4 code.
Remarks: Used to categorize claim lines to be sampled using benefit category
             skip factor type. (see Appendix A, section 2).
Requirement: Required

Claims Universe File				
Claims Universe Trailer Record (one record per file)				
Field Name	**Picture**	**From**	**Thru**	**Initialization**
Contractor ID	X(5)	1	5	Spaces
Record Type	X(1)	6	6	'3'
Number of Claims	S9(9)	7	15	Zeroes

DATA ELEMENT DETAIL

Data Element: **Contractor ID**
Definition: Contractor's HCFA assigned number.
Validation: Must be a valid HCFA Contractor ID
Remarks: N/A
Requirement: Required.

Data Element: **Record Type**
Definition: Code indicating type of record.
Validation: Must equal "3" for trailer record.
Remarks: 3 = Trailer record
Requirement: Required.

Data Element: **Number of Claims**
Definition: Number of claim records on this file. (do not count header or trailer record)
Validation: Must be equal to the number of claims records on the file.
Remarks: N/A
Requirement: Required.

4. Sampled Claims File (Sequential)

This file is the output of the Program Integrity Sampling Module. The file begins with a header record followed by the sampled claim records.

Program Integrity Sampled Claims File				
Program Integrity Sampled Claims Header Record (one record per file)				
Field Name	**Picture**	**From**	**Thru**	**Initialization**
Contractor ID	X(5)	1	5	Spaces
Record Type	X(1)	6	6	'1'
Contractor Type	X(1)	7	7	Spaces
Universe Date	X(8)	8	15	Spaces

DATA ELEMENT DETAIL

Data Element: **Contractor ID**
Definition: Contractor's HCFA assigned number.
Validation: Must be a valid HCFA Contractor ID
Remarks: Contractor ID from input Claims Universe file.
Requirement: Required.

Data Element: **Record Type**
Definition: Code indicating type of record.
Validation: Must equal "1" for header record.
Remarks: 1 = Header record
Requirement: Required.

Data Element: **Contractor Type**
Definition: Type of Medicare Contractor
Validation: Must be 'B' or 'D'
Remarks: From Contractor Type on Claims Universe file header record.
            B = Part B
            D = DMERC
Requirement: Required.

Data Element: **Universe Date**
Definition: Date the universe of claims was created.
Validation: Must be a valid date in CCYYMMDD format.
Remarks: From Universe Date on Claims Universe file header record. Format is

CCYYMMDD.
Requirement: Required.

Program Integrity Sampled Claims File				
Program Integrity Sampled Claims Detail Record				
Field Name	**Picture**	**From**	**Thru**	**Initialization**
Contractor ID	X(5)	1	5	Spaces
Record Type	X(1)	6	6	'2'
Claim Control Number	X(15)	7	21	Spaces
Beneficiary HICN	X(12)	22	33	Spaces

DATA ELEMENT DETAIL

Data Element: **Contractor ID**
Definition: Contractor's HCFA assigned number.
Validation: Must be a valid HCFA Contractor ID
Remarks: N/A
Requirement: Required.

Data Element: **Record Type**
Definition: Code indicating type of record.
Validation: Must equal "2" for claim record.
Remarks: 2 = claim record
Requirement: Required.

Data Element: **Claim Control Number**
Definition: Number assigned by the Standard System to uniquely identify the claim.
Validation: N/A
Remarks: N/A
Requirement: Required.

Data Element: **Beneficiary HICN**
Definition: Beneficiary's Health Insurance Claim Number
Validation: N/A
Remarks: N/A
Requirement: Required.

APPENDIX B – GLOSSARY OF TERMS

GLOSSARY

TERM	DESCRIPTION/DEFINITION
ABEND	Abnormal termination of program due to fatal error condition.
Benefit Category	A grouping that classifies similar medical services or equipment through the HCPCS code of a claim line.
BMS	Basic Mapping Support. BMS is a programming language for creation and management of CICS user interface maps.
CICS	Customer Information Control System. CICS is a platform for interactive user applications.
COBOL	Common Business Oriented Language. (A programming language).
DASD	Direct Access Storage Device.
DME	Durable Medical Equipment. This is a type of Medicare claim processed by DME regional carriers.
GDG	Generation Data Group. This refers to a method of naming and retaining sequential files.
HCFA	Health Care Financing Administration
HCPCS	HCFA Common Procedure Coding System. This is a system designating medical services for billing.
HICN	Health Insurance Claim Number – a number that uniquely identifies a Medicare Beneficiary.
IBM	International Business Machines
KSDS	Key Sequenced Data Set (refers to a type of VSAM file).
LE	Language Environment. A single run-time environment for C, C++, COBOL, Fortran, PL/I and Assembler applications. LE's common library includes common services such as messages, date and time functions, math

	functions, application utilities, system services, and subsystem support.
JCL	Job Control Language. Controls execution of a batch job.
PROC	Procedure containing JCL statements that run a batch job.
PIMB	Program Integrity Modules for Part B and DME.
Skip Factor	Number of claims to skip in selecting a random sample from the universe.
VSAM	Virtual Sequential Access Method. This is an IBM file access method.

APPENDIX C – SYSTEM INVENTORY

PIMB CICS MODULES		
COPYBOOK	**DESCRIPTION**	**TYPE**
PIMBC001	PIMB Main Menu	COBOL II
PIMBC002	PIMB Skip Factors Menu	COBOL II
PIMBC021	PIMB Skip Factors Detail	COBOL II
PIMBC003	PIMB Categories Menu	COBOL II
PIMBC031	PIMB Categories Detail	COBOL II
PIMBM01	PIMB Main Menu Map	BMS
PIMBM02	PIMB Skip Factors Menu Map	BMS
PIMBM03	PIMB Categories Menu Map	BMS
PIMBM21	PIMB Skip Factors Details Map	BMS
PIMBM31	PIMB Categories Details Map	BMS

PIMB BATCH SAMPLING MODULE		
MODULE	**DESCRIPTION**	**TYPE**
PIMBB100	Program Integrity Sampling Module for Part B & DME	COBOL II

PIMB COPYBOOKS		
COPYBOOK	**DESCRIPTION**	**USED IN MODULES:**
PIMBBERR	Batch error codes and messages	PIMBB100
PIMBCATB	Benefit Categories file layout	PIMBB100, PIMBC031
PIMBCA01	CICS common area	All CICS modules
PIMBCERR	CICS error codes and messages	All CICS modules
PIMBSKIP	Skip Factors file layout	PIMBB100, PIMBC021
PIMBSMPC	Sample claim output file layout	PIMBB100

PIMB COPYBOOKS		
PIMBS001	Main menu symbolic mapset	PIMBC001
PIMBS002	Skip factors menu symbolic mapset	PIMBC002
PIMBS021	Skip factors detail screen symbolic mapset	PIMBC021
PIMBS003	Benefit categories menu symbolic mapset	PIMBC003
PIMBS031	Benefit categories detail screen symbolic mapset	PIMBC031
PIMBUNVB	Universe extract input file layout	PIMBB100

PIMB SEQUENTIAL FILES		
FILE NAME	DESCRIPTION	USE:
BENEFIT.CATEGORY.PARTBDME	Benefit categories for Part B and DME	Load to VSAM Cluster. See Section II.C.2
SKIP.FACTORS.DUMMY	Dummy initialization file	Load to VSAM Cluster. See Section II.C.2

APPENDIX D – REPORT INVENTORY

PIMB REPORTS

Number	Title	Job	Step	DDNAME
PIMBB100-01	Program Integrity Processing Report	PIMBB100	S010	PIMR001

APPENDIX E – SYSTEM FLOWS

PROGRAM INTEGRITY MODULE FOR PART B AND DME

CICS PIMB Transaction

MEDICARE Contractor's CICS Region

PIMB Main

SKIP
Facto

Categories

Skip
Facto

Categories

Skip
Fact

Benefit
Categories
File
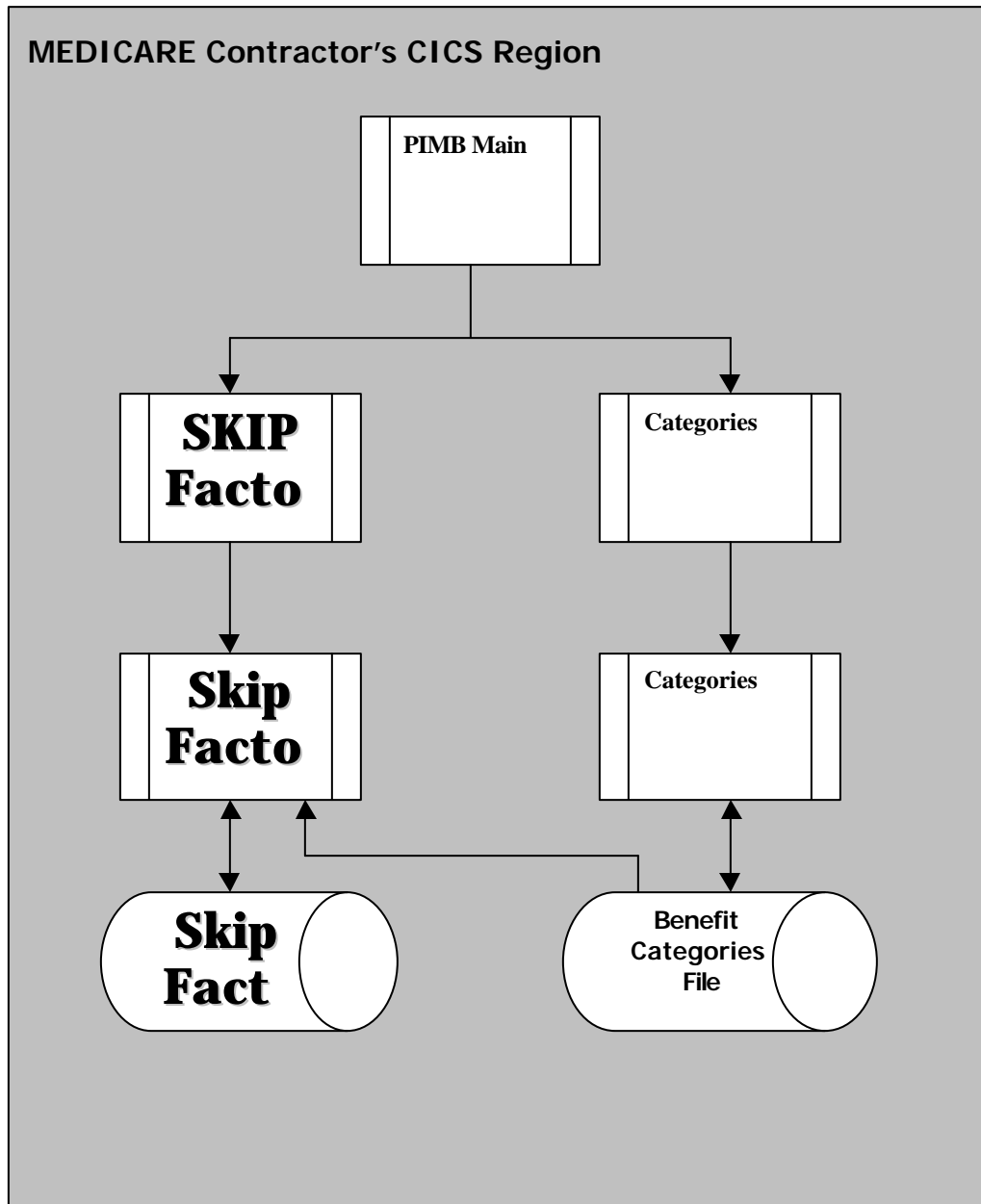
PROGRAM INTEGRITY MODULE FOR PART B AND DME

Batch Sampling Process

```
                    ┌─────────┐
                    │ Claims  │
                    │Universe │
                    │  File   │
                    └────┬────┘
                         │
                         ▼
  ┌──────────┐      ┌─────────────┐
  │  Skip    │─────▶│             │
  │  Facto   │      │             │
  └──────────┘      │             │
                    │  PI Batch   │
  ┌──────────┐      │             │
  │ Benefit  │─────▶│             │
  │Categories│      └──────┬──────┘
  └──────────┘             │
                  ┌────────┴────────┐
                  ▼                 ▼
            ┌─────────┐       ┌──────────┐
            │ Samp    │       │ Program  │
            │ led     │       │Integrity │
            │ Clai    │       │Processing│
            └─────────┘       │ Report   │
                              └──────────┘
```
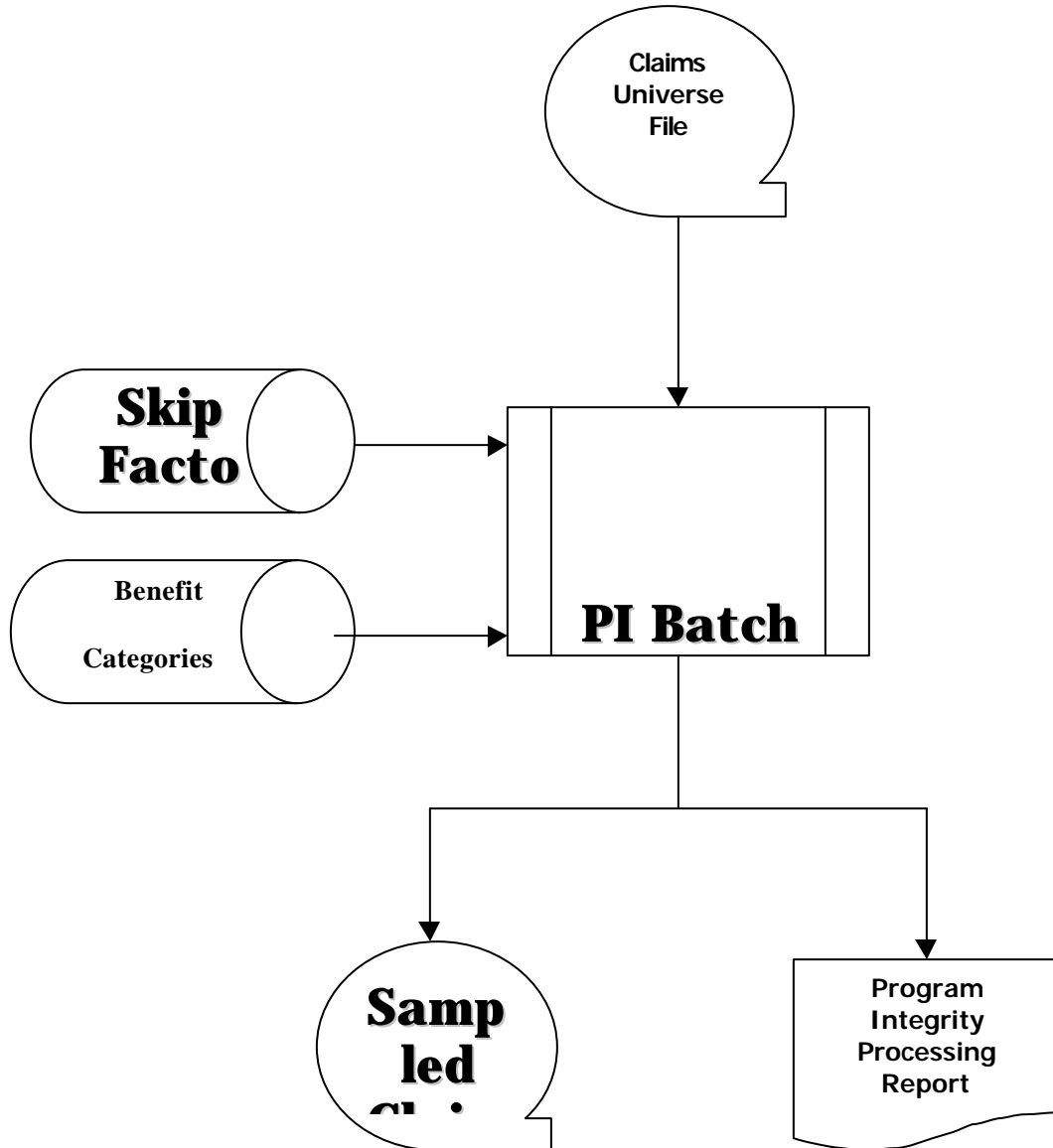
ATTACHMENT 3
Program Integrity Sampling system
Software Inventory (at HCFA)

Skip Factors file: HT83.SKIP.FACTORS.DUMMY
Benefit Category file: HT83.BENEFIT.CATEGORY.PARTBDME

Copybooks: HT83.PI.COPYLIB
PIMBABND
PIMBATTR
PIMBBERR
PIMBCATB
PIMBCA01
PIMBCERR
PIMBSKIP
PIMBSMPC
PIMBS001
PIMBS002
PIMBS003
PIMBS021
PIMBS031
PIMBUNVB

Load modules: HT83.PI.LOADLIB
PIMBB100
PIMBC001
PIMBC002
PIMBC003
PIMBC021
PIMBC031
PIMBM01
PIMBM02
PIMBM03
PIMBM21
PIMBM31

Source modules: HT83.PI.SOURCLIB
PIMBB100
PIMBC001
PIMBC002
PIMBC003
PIMBC021
PIMBC031
PIMBM01
PIMBM02
PIMBM03

PIMBM21
PIMBM31