Program Memorandum Intermediaries

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

Transmittal A-03-038 **Date: MAY 2, 2003**

CHANGE REQUEST 2495

SUBJECT: Program Integrity Management Reporting (PIMR) System for Part A - Phase 2

I - GENERAL INFORMATION:

A. Background:

This Program Memorandum (PM) provides instructions for implementing PIMR for Fiscal Intermediaries (FI) for Phase 2.

The new PIMR system changes reporting requirements for medical review (MR) and fraud are in Publication 100-8 (Program Integrity Manual) Chapter 7 (MR and BI Reports) Sections 1, 5, and 6-10. Formerly, the requirements were in Publication 13 (Intermediary Manual) Part 2 §2301 and Part 3 §3939, and Publication 14 (Carrier Manual) Part 3 §§7504.2, 7535-7537, and 14021.

CMS's Program Integrity Group has developed a new system for improving the management of cost, savings, and workload data relative to the MR unit and Benefit Integrity unit. The PIMR System will replace: The Report of Benefit Savings (RBS); The MR System 1 (MRS-1); The Focused MR (FMR) Report; and The Medicare Focused MR Status Report (MFSR).

The relevant FMR and MFSR data will be collected through PIMR. Mainly, this data relates to how problems are resolved. Certain aspects of the FMR and MFSR systems will not be continued; we will not obtain data on procedure and diagnostic codes that define aberrancies in the future. However, we will obtain the data (i.e., how aberrancies are resolved) we are currently obtaining on aberrancies on each provider type and provider subtype. CMS will obtain that information through interfaces with the standard systems.

PIMR data required for the new system that CMS cannot extract from existing systems will be collected from contractors monthly within 15 calendar days following the end of the month. Contractor data centers will transfer most of the data requested directly from contractor standard systems to the CMS central office computer within 15 calendar days following the end of each month.

Final reporting requirements that standard systems and other sources must meet are provided below. This PM implements Phase 2 of PIMR for Part A. Requirements for phase 1 and the attachments to which this PM refers were provided in Change Request (CR) 2308. Specific reporting requirements for data that contractors must manually enter are in the fifth section of Attachment 2 for CR 2308.

Interface Identification

The PIMR system will require summarized data from other CMS databases on a monthly basis. The databases include the Contractor Standard Systems, Contractor Reporting of Operational and Workload Data (CROWD), Contractor Administrative Cost and Financial Management System (CAFM), Fraud Investigation Database (FID), the CMS complaint reporting system, and the CMS overpayment reporting system. CMS will use a Data Transfer Utility to map and transfer the data. Mapping will be the responsibility of CMS.

B. Policy: Necessary changes in the Medicare Carrier Manual (MCM), Medicare Intermediary Manual (MIM), or the Program Integrity Manual (PIM) will be forthcoming. These instructions

are ***reporting*** instructions; **they are not instructions for how to perform MR or benefit integrity activities, or requirements for performing those activities.**

II. BUSINESS REQUIREMENTS

Requirement #	Requirements	Responsibility
1	In time for contractors to begin reporting phase 2 data by October 1, 2003, Fiscal Intermediary Standard System (FISS) maintainers must develop standard system modifications that meet phase 2 requirements. Phase 2 adds claims information (section 4: claims received, line items received, billed dollars received, claims paid, line items paid, and dollars paid, claims available for MR by provider type, and bill/subtype) to that required in phase 1. At this time, we will not require the system to include information on savings or by edits. The Arkansas Part A Standard System (APASS) and associated FIs are waived from implementing this requirement on October 1, 2003, due to their upcoming transition to the (FISS) system. However, they must implement this requirement upon transitioning to the FISS system.	FISS maintainer, associated data centers, and associated FIs
2	By October 1, 2003, Contractor Data Centers must implement, operate, and maintain the standard system modules provided by standard system maintainers for phase 2; send to CMS on a monthly basis reports that phase 2 requires; and correct errors in their submissions that the PIMR system identifies. For phase 2, PIMR must report claims information (section 4: claims received, line items received, billed dollars received, claims paid, line items paid, dollars paid, and claims available for MR by provider type and bill/subtype) in addition to that required in phase 1. At this time, we will not require the system to include information on savings or by edits.	FISS Data Centers
3	By October 1, 2003, contractors must insure that standard system maintainers correctly implement codes dependent on local contractor definitions and used by the standard system modules that phase 2 requires and make certain that data submissions phase 2 requires are correct. For phase 2, PIMR must report all claims information (section 4: claims received, line items received, billed dollars received, claims paid, line items paid, dollars paid, and claims available for MR by provider type and bill/subtype) to that required in phase 1. At this time, we will not require the system to include information on savings or by edits.	Contractor Staff at FIs using FISS
4	Contractors must manually enter the data for the postpayment module (section 5) into the PIMR system within 15 calendar days following the end of the month beginning July 1, 2003. This date has been changed from April 1, 2003, to reflect problems with implementation of the PIMR date entry modules.	Contractor Staff
5	If a claim has different types of review applied to different lines on the claim, count the line for each type of review. For instance if a claim contains two lines, one subjected to automated review and one subjected to manual complex review, report one line for manual routine and one for automated. Do not report two lines as routine manual review. Applies to prepayment review. The APASS and associated FIs are waived from implementing this	FISS maintainer, associated data centers, and associated FIs

Requirement #	Requirements	Responsibility
	requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.	
6	You must report all activities performed during a month for that month; this includes reporting on a postpayment review activity (see Section 5 of Attachment 2 to CR 2308) that did not start during a month but was completed during the month, i.e., an overpayment was identified, requested or received. Applies to prepayment and postpayment review. The APASS and associated FIs are waived from implementing the prepayment portion of this requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this the prepayment portion upon transitioning to the FISS system.	All
7	For prepayment, you must include in the report for the month all initial claims processing results for claims on which the contractor has made a payment decision (i.e., pay, deny, or reject). Include in the count all adjustment claims that you did not subject to medical review when you initially processed them. Do not include re-review of denials except for re-openings (as defined in Attachment 1 to CR 2308). The APASS and associated FIs are waived from implementing this PM on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.	FISS maintainer, associated data centers, and associated FIs
8	Local edits must not duplicate Correct Coding Initiative (CCI) edits. The APASS and associated FIs are waived from implementing this requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.	FISS maintainer, associated data centers, and associated FIs
9	You must count claims multiple times if line items on the claims fall into multiple activity types. For instance, if a claim contains some line items that are subjected to manual complex review and others that are subjected to manual routine review, the claim is included in the claim count for both activity types (i.e., the action codes indicate manual complex review and manual routine review. See "Activity Types" section below for further definitions). For counts of claims without reference to activity types into which different line items on the claim might fall, e.g., claim count by bill type, count each claim only once. Applies to prepayment and postpayment review. The APASS and associated FIs are waived from implementing the prepayment portion of this requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this the prepayment portion upon transitioning to the FISS system.	All
10	You must count a claim multiple times if each edit you apply to the claim is performed on a different line item. For example, count the claim multiple times if line item 1 is subjected to manual complex probe review (21201) and line item 2 is subjected to manual routine review (21002).	FISS maintainer, associated data centers, and associated FIs

Requirement #	Requirements	Responsibility
	To continue this example, the claim may not be counted twice if line item 1 is subjected to manual complex review and subjected to manual routine review, and no other line item on the claim is subjected to a manual complex review or manual routine review. Applies to prepayment review. The APASS and associated FIs are waived from implementing this requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.	
11	You must count line items only once per activity type even if there are multiple services for the line item. You must report on level of activity, not the number of services provided. Number of services will not be reported in PIMR. That information will be obtained from the National Claims History file, the CMS repository for claims records, or summary databases such as HCFA Customer Information System (HCIS) or Part B Extract and Statistical System (BESS). Applies to prepayment review. The APASS and associated FIs are waived from implementing this requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.	FISS maintainer, associated data centers, and associated FIs
12	If a claim has multiple reviews due to multiple line items on a claim, you must count the line item once for each review and the claim once for each line item review. Applies to prepayment review. The APASS and associated FIs are waived from implementing this requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.	All
13	If you apply two different activity types of review for the same item or items, e.g., a line item that is subject to prepayment review and postpayment review, count the line item and claim once regardless of the number of activity types. CMS expects this situation to occur infrequently. If a line item receives a complex review prepayment, we do not expect it to be subjected to postpayment review except in rare cases in which new information became available on the claim, such as a complaint or an indication of potential fraud resulting from data analysis. For prepayment review, do not report more than one type of review activity per line per claim cycle. The APASS and associated FIs are waived from implementing this requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.	FISS maintainer, associated data centers, and associated FIs
14	Do not edit line items twice (i.e., in two different claim cycles). Catch problems with a line item with the first edit. The APASS and associated FIs are waived from implementing this requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.	FISS maintainer, associated data centers, and associated FIs

Requirement #	Requirements	Responsibility
15	Count the workload and costs for medical review of claims, line items, and services on bills that are denied or reduced after MR has been completed – after the claim is finalized (i.e., pay, deny, or reject). For example, if a claim is denied post Common Working File (CWF) for any other reason, even though it may have had MR activities prior to denying, include that claim in PIMR reporting under claims available for MR. Another example: if an MR edit/audit denies or suspends a claim prior to going to CWF, that counts as a claim available for MR and, if after working the edits or audits the claim denies post CWF, it also counts as a claim available for MR. Include the costs and workload for claims that meet the conditions of those examples in the PIMR report. Applies to prepayment review. The APASS and associated FIs are waived from implementing this requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.	FISS maintainer, associated data centers, and associated FIs
16	You must not count the re-review of a claim that you have previously fully or partially denied (other than re-openings as defined in Attachment 1 to CR 2308 and adjustments that you did not medically review during your initial review of the claim.) as a review. That is because, once you deny a line item, the provider may not resubmit the line item as a new claim. Applies to prepayment review. The APASS and associated FIs are waived from implementing this requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.	FISS maintainer, associated data centers, and associated FIs
17	You must not report claims paid under waiver separately. Include the workload, and savings for reviews of claims paid under waiver in the statistics for claims not paid under waiver. Applies to prepayment and postpayment review. The APASS and associated FIs are waived from implementing the prepayment portion of this requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this the prepayment portion upon transitioning to the FISS system.	All
18	Contractors must access their error data sets at the CMS data center each month within five working days of submitting data, work with their data centers to correct the submission, and resubmit the entire file to the CMS data center before the fifteenth of the following month. The APASS and associated FIs are waived from implementing this requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS system.	Contractor Staff of FIs using FISS
19	Data centers must work with their contractors to correct the submission that contain errors and resubmit the entire correct file to the CMS data center. The APASS and associated FIs are waived from implementing this requirement on October 1, 2003, due to their upcoming transition to the FISS system. However, they must implement this requirement upon transitioning to the FISS	FISS Data Centers

Requirement #	Requirements	Responsibility
	system.	

See Attachment 2 to CR 2308 for standard system (Sections 1 through 4) and contractors (See sections 5 and 6) interfaces.

III. Supporting Information and Possible Design Considerations

A. Other Instructions: N/A
B. Design Considerations: N/A
C. Interfaces:

C.1 OTHER SYSTEMS

The PIMR system will require summarized data from other CMS databases on a monthly basis. The databases include the Contractor Standard Systems, CROWD, FID, the CMS complaint reporting system, and the CMS overpayment reporting system. CMS will use a Data Transfer Utility to map and transfer the data. Mapping will be the responsibility of CMS.

C.2 INTERACTIVE MODULES

Some of the required modules have manual interfaces in addition to a batch data transfer capability. They are the postpayment module (section 5 of attachment 2 to CR 2308) and the edit description module (section 6 of attachment 2 to CR 2308).

C.3 EDITS CMS APPLIED TO PIMR DATA

CMS applies two types of edits to PIMR data:

1. Totals by activity type, provider type, and provider subtype for each monthly submissions are compared to the totals for the previous month. If a threshold of difference is exceeded, the file is rejected.

2. Submitted data is checked for formats and ranges specified in CR 2308. If data does not match, the file is rejected.

Specific problems with each file are noted and the files are made available to data centers for correction. Rejected files should be corrected before the fifteenth of the month following the month of submission.

C.4 CORRECTING A SUBMISSION

Errors in submissions are listed in the following datasets:

P#PMR.#PIMR.CXXXXX.CVTPPAY.REPORT;
P#PMR.#PIMR.CXXXXX. CVTCLM. REPORT;
P#PMR.#PIMR.CXXXXX. CVTDNL. REPORT; and
P#PMR.#PIMR.CXXXXX. CVTOTR. REPORT;

The "XXXXX" in the above data files is the contractor number. Contractors must access their data sets at the CMS data center each month, work with their data centers to correct the submission, and resubmit the entire file to the CMS data center.

D. Contractor Financial Reporting /Workload Impact: None

E. Dependencies:

The new PIMR system changes reporting requirements for MR and fraud in Publication 100-8 Chapter 7 (MR and BI Reports) Sections 1, 5, and 6-10. Formerly, the requirements were in Publication 13 (Intermediary Manual) Part 2 §2301 and Part 3 §3939, and Publication 14 (Carrier Manual) Part 3 §§7504.2, 7535-7537, and 14021.

F. Testing Considerations: None

IV. Attachment(s): None

Implementation Date: October 1, 2003, for Phase 2 Discard Date: January 1, 2005 Pre-Implementation Contact: **John Stewart, OFM/PIG/DMS, jstewart@cms.hhs.gov**	Effective Date: October 1, 2003 Funding: Implement within existing budget Post-Implementation Contact: **John Stewart, OFM/PIG/DMS, jstewart@cms.hhs.gov**