
CMS Manual System

Pub. 100-08 Medicare Program Integrity

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

Transmittal 62

Date: JANUARY 23, 2004

CHANGE REQUEST 3062

I. SUMMARY OF CHANGES: This notification is to advise fiscal intermediaries (FIs) to discontinue the semi-annual focused medical review (FMR) reports effective immediately. The requirements at Chapter 7, section 7, of the Program Integrity Manual that require FIs to submit the semi-annual FMR reports to their regional offices are deleted.

NEW/REVISED MATERIAL - EFFECTIVE DATE: February 23, 2004

***IMPLEMENTATION DATE: April 5, 2004**

II. CHANGES IN MANUAL INSTRUCTIONS:
(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
D	7/ 7/Focused Medical Review Report

***III. FUNDING:**

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification

***Medicare contractors only**

Medicare Program Integrity Manual

Chapter 7 - MR and BI Reports

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Business Requirements

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SUBJECT: The Focused Medical Review Report

I. GENERAL INFORMATION

A. Background:

This notification is to advise fiscal intermediaries (FIs) to discontinue the semi-annual focused medical review (FMR) reports effective immediately. The FMR reports cover the first two quarters of the Fiscal Year (FY) (i.e., October thru March) and the last two quarters (i.e., April thru September) of the FY. Within 45 days of the end of the reporting periods, (i.e., by April 15 for the first reporting period and by October 14 for the second reporting period), FIs submit the FMR reports to their regional office.

B. Policy:

The requirements at Chapter 7, section 7, of the Program Integrity Manual for FIs to submit the semi-annual FMR reports to their regional office are deleted.

C. Provider Education: No provider education is needed.

II. BUSINESS REQUIREMENTS

Requirement #	Requirements	Responsibility
N/A		

II. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
N/A	

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements
N/A	

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: February 23, 2004</p> <p>Implementation Date: April 5, 2004</p> <p>Pre-Implementation Contact(s): Sandra Latimer, 410-786-9178 slatimer@cms.hhs.gov</p>	<p>These instructions should be implemented within your current operating budget.</p> <p>Post-Implementation Contact(s): Sandra Latimer, 410-786-9178 slatimer@cms.hhs.gov</p>
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