



## Transition of Responsibility for Medical Review from Quality Improvement Organizations (QIOs) – JA5849

Related CR Release Date : August 7, 2008

Date Job Aid Revised: September 10, 2008

Effective Date: August 1, 2008

Implementation Date: No later than August 15, 2008

**Key Words**

MM5849, CR5849, R264PI, R1571CP, QIO, Quality

**Contractors Affected**

- Fiscal Intermediaries (FIs)
- Part A/B Medicare Administrative Contractors (A/B MACs)
- Other Program Safeguard Contractors/Zone Program Integrity Contractors performing Part A medical reviews

**Provider Types Affected**

Hospitals paid under the Inpatient Prospective Payment System (IPPS) and long-term care hospitals (LTCHs)



- The Centers for Medicare & Medicaid Services (CMS) has shifted the majority of utilization review of inpatient hospital claims (including acute IPPS hospital and LTCH claims) from the QIOs to Medicare FIs and A/B MACs.
- FIs and MACs will begin performing reviews on IPPS hospital and LTCH claims for improper payment reduction purposes in August 2008.
- FIs and MACs will be allowed to review claims submitted January 1, 2008, forward.
- Responsibility for IPPS hospital and LTCH error rate measurement has been shifted from the QIOs to the Comprehensive Error Rate Testing (CERT) contractor. The CERT contractor began reviewing acute care hospital claims for improper payment measurement beginning April 1, 2008.

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Provider Needs to Know...	<ul style="list-style-type: none"> <li>• Change request (CR) 5849 makes modifications to the <i>Medicare Program Integrity Manual</i>.</li> <li>• FIs or MACs may still make referrals to the QIO for quality of care issues of claims when their review of outpatient claims or inpatient claims data reveal a problem provider.</li> <li>• FIs and MACs will perform most utilization reviews, for improper payment reduction purposes, of acute care inpatient hospital claims, and the CERT contractor will measure the inpatient hospital paid claims error rate.</li> </ul>
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Background	<p>QIOs will no longer conduct the Hospital Payment Monitoring Program and will instead focus their efforts on quality improvement, continuing to perform quality reviews, expedited determinations, and certain utilization reviews, such as provider-requested higher-weighted Diagnosis Related Group reviews and referrals.</p>
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Operational Impact	N/A
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Reference Materials	<p>The related MLN Matters article can be found at <a href="http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5849.pdf">http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5849.pdf</a> on the CMS website.</p> <p>The official instruction (CR5849) was issued regarding this change was issued in two transmittals. One transmittal related to the <i>Medicare Program Integrity Manual</i> and one for the <i>Medicare Claims Processing Manual</i>. These transmittals are available at <a href="http://www.cms.hhs.gov/Transmittals/downloads/R264PI.pdf">http://www.cms.hhs.gov/Transmittals/downloads/R264PI.pdf</a> and <a href="http://www.cms.hhs.gov/Transmittals/downloads/R1571CP.pdf">http://www.cms.hhs.gov/Transmittals/downloads/R1571CP.pdf</a>, respectively on the CMS website.</p> <p>CMS has posted a fact sheet and Power Point slides to the CMS website. These documents can be found at <a href="http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/InpatientReviewFactSheet.pdf">http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/InpatientReviewFactSheet.pdf</a> and <a href="http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/Inpatient_Hospital_Review_Transition.zjp">http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/Inpatient_Hospital_Review_Transition.zjp</a> on the CMS website.</p>
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