

One-Time Notification

Pub. 100-08	Transmittal: 51	Date: September 26, 2003	Change Request 2913
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SUBJECT: Update of Codes in the Program Integrity Management Reporting System (PIMR) and the Contractor Administrative Cost and Financial Management System (CAFM II)

This Change Request (CR) updates CR 2704.

I - GENERAL INFORMATION:

A. Background:

This CR provides instructions for implementing changes needed to support reporting through PIMR and the Medical Review (MR) section of CAFM II.

The new PIMR system changes the reporting requirements for MR and fraud that are in CMS Publication 100-08 (Program Integrity Manual), Chapter 7 (MR and BI Reports), §§1, 5, and 6-10. Formerly the requirements were in CMS Publication 13 (Intermediary Manual), Part 2, §2301, and Part 3, §3939. They were also included in CMS Publication 14 (Carrier Manual), Part 3, §§7504.2, 7535-7537, and 14021.

CAFM II changes are contained in the Budget and Performance Requirements for MR.

Interface Identification

The PIMR system requires contractors to submit summarized workload and savings data for MR activities on a monthly basis. CAFM II requires contractor manual entry of cost and workload on a monthly basis.

B. Policy:

PIMR requirements are in CMS Publication 100-08 (Program Integrity Manual), Chapter 7 (MR and BI Reports), §§1, 5, and 6-10 were formerly in CMS Publication 13 (Intermediary Manual), Part 2, §2301 and Part 3, §3939. These requirements were also in CMS Publication 14 (Carrier Manual) Part 3, §§7504.2, 7535-7537, and 14021.

CAFM II requirements are in the MR section of the FY 2004 BPR.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

Requirement #	Requirements	Responsibility
1	In time for contractors to begin reporting data on activity codes specified in the FY 2004 BPRs by January 5, 2004, Standard System Maintainers shall develop standard system modifications that allow tabulation of PIMR data by use of the CAFM II codes specified in the MR section of the FY 2004 BPR	Standard System Maintainers

Requirement #	Requirements	Responsibility
	<p>requirements as Activity Codes (See Attachment 1 for codes).</p> <p>The Arkansas Part A Standard System and associated FIs are waived from implementing this requirement on January 5, 2004, due to their upcoming transition to the (FISS) system. However, they must implement this requirement upon transitioning to the FISS system.</p>	
2	<p>By January 5, 2004, Contractor Data Centers shall implement, operate, and maintain the standard system modules for PIMR specified in requirement 1 and provided by standard system maintainers.</p> <p>The Arkansas Part A Standard System and associated FIs are waived from implementing this requirement on January 5, 2004, due to their upcoming transition to the (FISS) system. However, they must implement this requirement upon transitioning to the FISS system.</p>	Contractor Data Centers
3	<p>By January 5, 2004, contractors shall insure that standard system maintainers correctly implement PIMR codes dependent on local contractor definitions and used by the standard system modules that this CR requires and make certain that data submissions required by PIMR are correct.</p> <p>The Arkansas Part A Standard System and associated FIs are waived from implementing this requirement on January 5, 2004, due to their upcoming transition to the (FISS) system. However, they must implement this requirement upon transitioning to the FISS system.</p>	Contractor Staff
4	<p>In time for contractors to begin reporting data required by this CR by January 5, 2004, Standard System Maintainers shall develop standard system modifications that allow tabulation of data needed to manually enter the CAFM II workload data specified in the MR section of the FY 2004 BPR requirements as Activity Codes (See Attachment 2 for codes).</p> <p>The Arkansas Part A Standard System and associated FIs are waived from implementing this requirement on January 5, 2004, due to their upcoming transition to the (FISS) system. However, they must implement this requirement upon transitioning to the FISS system.</p>	System maintainers, Contractor staff, and Data Centers
5	<p>By January 5, 2004, Contractor Data Centers shall implement, operate, and maintain the standard system module modifications required by this CR in</p>	All

Requirement #	Requirements	Responsibility
	<p>requirement 4 and provided by standard system maintainers.</p> <p>The Arkansas Part A Standard System and associated FIs are waived from implementing this requirement on January 5, 2004, due to their upcoming transition to the (FISS) system. However, they must implement this requirement upon transitioning to the FISS system.</p>	
6	<p>By January 5, 2004, contractors shall insure that standard system maintainers correctly implement PIMR codes dependent on local contractor definitions and used by the standard system modules that this CR requires and make certain that changes to data submissions required by the MR section of the FY 2004 BPR are correct.</p> <p>The Arkansas Part A Standard System and associated FIs are waived from implementing this requirement on January 5, 2004, due to their upcoming transition to the (FISS) system. However, they must implement this requirement upon transitioning to the FISS system.</p>	All

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements
1-6	See Attachment 3 for a hierarchy of how maintainers should assign activity types when multiple activity types occur for the same claim line.

C. Interfaces: N/A

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

E. Dependencies:

The new PIMR system changes the reporting requirements for MR and fraud in CMS Publication 100-08 (Program Integrity Manual) Chapter 7 (MR and BI Reports) §§1, 5, and 6-10. Formerly, the requirements were in CMS Publication 13 (Intermediary Manual) Part 2, §2301, and Part 3, §3939, and CMS Publication 14 (Carrier Manual) Part 3, §§7504.2, 7535-7537, and 14021.

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: January 5, 2004</p> <p>Implementation Date: January 5, 2004</p> <p>Pre-Implementation Contact(s): John Stewart (410) 786-1189</p> <p>Post-Implementation Contact(s): John Stewart (410) 786-1189</p>	<p>These instructions should be implemented within your current operating budget</p>
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4 Attachments

ATTACHMENT 1 PIMR REQUIREMENTS

PIMR PREPAYMENT ACTIVITY CODES

A unique code associated with each prepay MR activity to allow reporting by activity. Standard systems should provide for the collection and reporting of these codes where appropriate.

Prepay activities include:

- 21001L = Automated Locally Developed Edit
- 21001N = Automated National Edit
- 21001I = Automated CCI Edit
- 21002 = Manual Routine Review (MCS should include prepay routine reconsiderations for this code. Reconsiderations include both additional documentation requests that contractors decide to process and denials returned from the formal appeals process that contractor MR staff may need to re-process.)

- 21002R = Prepay Routine Reconsiderations (This requirement is for VIPS Medicare System (VMS) only. Reconsiderations include both additional documentation requests that contractors decide to process and denials returned from the formal appeals process that contractor MR staff may need to re-process. VMS contractors should report prepay routine reconsiderations here rather than und 21002.)

- 21010 = TPL or Demand Bill Claim Review (Required only for FIs)

- 21100 = Program Safeguard Contractor Support Services that involve use of the standard system

- 21201R= Prepay Complex Reconsiderations (This requirement is for the VMS only. Reconsiderations include both additional documentation requests that contractors decide to process and denials returned from the formal appeals process that contractor MR staff may need to re-process. VMS contractors should report prepay complex reconsiderations here rather than und 21221)

- 21220 = Complex Manual Probe Sample Review
- 21221 = Prepay Complex Manual Review

- 23007 = MR for Benefit Integrity Unit reviews (For VMS only. The code is only for Durable Medical Equipment Regional Carriers (DMERCs) that are not transitioning to PSCs. It is a code that DMERCs requested to facilitate tracking of reviews required by their benefit integrity units. Contractors are not required to report the code to PIMR.

Left justify activity types less than six positions.

See Attachment IV for a crosswalk of FY 2003 and FY 2004 prepayment activity codes.

PIMR POSTPAYMENT ACTIVITY CODES

A unique identification code is associated with the postpay review activity. This code is used to track workload, denials, and referrals resulting from each activity. Left justify activity types less than six positions. Contractors will collect and report this information outside of the standard system.

Postpay activities include:

21220 = Complex Manual Probe Sample Review

21222 = Postpay Complex Manual Review

21100 = Program Safeguard Contractor Support Services that do not involve use
of the standard system

ATTACHMENT 2 CAFM CODES FOR FIs

Instructions for completing the following quantifiable MR Activities can be found in Pub 100-08, Program Integrity Manual (PIM), Chapter 11. Intermediaries must follow the instructions in the PIM when performing and reporting the costs and workloads associated with the following activities:

Automated Review (Activity Code 21001)

PIM Ch. 3, §5.1; PIM Ch. 11, §1.3.1

Routine Manual Prepay Reviews (Activity Code 21002)

PIM Ch. 3, §5.1; PIM Ch. 11, §1.3.2

Data Analysis (Activity Code 21007)

PIM Ch. 2, §2; PIM Ch. 11, §1.4

Third Party Liability (TPL) or Demand Bills (Activity Code 21010)

PIM Ch. 6, §1.1; PIM Ch. 11, §1.6

Program Safeguard Contractor (PSC) Support Services (Activity Code 21100)

PIM Ch. 11, §1.8

Policy Reconsideration/Revision (Activity Code 21206)

PIM Ch. 11, §1.5.2

MR Program Management (Activity Code 21207)

Program Management encompasses managerial responsibilities inherent in managing MR and LPET, including; development, modification, and periodic reporting of MR/LPET strategies and quality assurance activities; planning, monitoring, and adjusting workload performance; budget-related monitoring and reporting; and implementation of CMS instructions.

Activity Code 21207 is designed to capture the costs of managerial oversight for the following tasks:

- Develop and periodically modify MR/LPET Strategy;
- Develop and modify quality assurance activities, including special studies, Inter-Reviewer Reliability testing, committee meetings, and periodic reports;

- Evaluate edit effectiveness;
- Plan, monitor, and oversee budget, including interactions with contractor budget staff and regional office (RO) budget and MR program staff;
- Manage workload, including monitoring of monthly workload reports, reallocation of staff resources, and shift in workload focus when indicated;
- Implement MR instruction from regional and/or central office;
- Educate staff on MR issues, new instruction, and quality assurance findings.

PIM Ch. 11, §1.9

New Policy Development (Activity Code 21208)

PIM Ch. 11, §1.5.1

Complex Manual Probe Sample Review (Activity Code 21220)

Report all costs associated with prepay and postpay Complex Manual Probe Sample Review in Activity Code 21220. In the workload section of CAFM II, Activity Code 21220, report the number of claims reviewed in Workload 1. Report the number of claims denied in whole or in part in Workload 2. To the extent the carrier and DMERC can report providers subjected to complex review, they should report this number as Workload 3.

Prepay Complex Manual Review (Activity Code 21221)

Report all costs associated with Prepay Complex Manual Review in Activity Code 21221. In the workload section of CAFM II, Activity Code 21221, report the number of claims reviewed in Workload 1. Report the number of claims denied in whole or in part in Workload 2. To the extent the carrier and DMERC can report providers subjected to complex review, they should report this number as Workload 3.

Postpay Complex Manual Review (Activity Code 21222)

Contractors must report all costs associated with Postpay Complex Manual Review in Activity Code 21222. In the workload section of Activity Code 21222, contractors must report the total number of claims reviewed on a postpayment basis as Workload 1 and report the total number of claims denied in whole or in part as Workload 2. To the extent contractors can report providers subjected to postpayment review, they should report this number as Workload 3.

The following codes should be collected by Part A standard systems: 21001, 21002, 21010, 21100 (where support by the standard system is required), 21208, 21220, and 21221.

ATTACHMENT II

CAFM CODES FOR CARRIERS AND DMERCS

Instructions for completing the following quantifiable MR Activities can be found in Pub 100-08, Program Integrity Manual (PIM), Chapter 11. Carriers and DMERCS must follow the instructions in the PIM, when performing and reporting the costs and workloads associated with the following activities:

Automated Review (Activity Code 21001)

PIM Ch. 3, §5.1; PIM Ch. 11, §1.3.1

Routine Manual Prepay Reviews (Activity Code 21002)

PIM Ch. 3, §5.1; PIM Ch. 11, §1.3.2

Data Analysis (Activity Code 21007)

PIM Ch. 2, §2; PIM Ch. 11, §1.4

Program Safeguard Contractor (PSC) Support Services (Activity Code 21100)

PIM Ch. 11, §1.8

Policy Reconsideration/Revision (Activity Code 21206)

PIM Ch. 11, §1.5.2

MR Program Management (Activity Code 21207)

MR Program Management encompasses managerial responsibilities inherent in managing MR and LPET, including; development, modification, and periodic reporting of MR/LPET Strategies and quality assurance activities; planning, monitoring, and adjusting workload performance; budget-related monitoring and reporting; and implementation of CMS instructions.

Activity Code 21207 is designed to capture the costs of managerial oversight for the following tasks:

- Develop and periodically modify MR/LPET Strategy;
- Develop and modify quality assurance activities, including special studies, Inter-Reviewer Reliability testing, committee meetings, and periodic reports;
- Evaluate edit effectiveness;
- Plan, monitor, and oversee budget, including interactions with contractor budget staff and regional office (RO) budget and MR program staff;

- Manage workload, including monitoring of monthly workload reports, reallocation of staff resources, and shift in workload focus when indicated;
- Implement MR instruction from regional and/or central office;
- Educate staff on MR issues, new instruction, and quality assurance findings.

PIM Ch. 11, §1.9

New Policy Development (Activity Code 21208)

PIM Ch. 11, §1.5.1

Complex Manual Probe Sample Review (Activity Code 21220)

Report all costs associated with prepay and postpay Complex Manual Probe Sample Review in Activity Code 21220. In the workload section of CAFM II, Activity Code 21220, report the number of claims reviewed in Workload 1. Report the number of claims denied in whole or in part in Workload 2. To the extent the carrier and DMERC can report providers subjected to complex review, they should report this number as Workload 3.

Prepay Complex Manual Review (Activity Code 21221)

Report all costs associated with Prepay Complex Manual Review in Activity Code 21221. In the workload section of CAFM II, Activity Code 21221, report the number of claims reviewed in Workload 1. Report the number of claims denied in whole or in part in Workload 2. To the extent the carrier and DMERC can report providers subjected to complex review, they should report this number as Workload 3.

Postpay Complex Manual Review (Activity Code 21222)

Contractors must report all costs associated with Postpay Complex Manual Review in Activity Code 21222. In the workload section of Activity Code 21222, contractors must report the total number of claims reviewed on a postpayment basis as Workload 1 and report the total number of claims denied in whole or in part as Workload 2. To the extent contractors can report providers subjected to postpayment review, they should report this number as Workload 3.

The following codes should be collected by Part B standard systems: 21001, 21002, 21100 (where support by the standard system is required), 21208, 21220, and 21221.

**ATTACHMENT III
SUGGESTED HIERARCHY OF ACTIVITY CODES
USE WHEN THE STANDARD SYSTEM ASSIGNS MORE THAN ONE
ACTIVITY CODE TO A LINE**

PRIORITY	ACTIVITY TYPE
1	21220 = Prepay Complex Probe Review
2	21221 = Prepay Complex Manual Review
3	21220A= Prepay Complex Reconsiderations (VMS only)
4	21220B= Prepay Routine Reconsiderations (VMS only)
5	21002 = Manual Routine Review,
6	21010 = TPL or Demand Bill Claim Review (Required only for FIs)
7	21001L = Automated Locally Developed Edit,
8	21001N = Automated National Edit
9	21001I = Automated CCI Edit
10	21100 = Payment Safeguard Contractor Support Services
11	23007 = MR for Benefit Integrity Unit reviews (DMERCs only)

ATTACHMENT IV

COMPARISON OF OLD AND NEW PIMR PREPAYMET CODES

OLD CODE (FY 2003)	NEW CODE (FY 2004)
21001L = Automated Locally Developed Edit	21001L = Automated Locally Developed Edit
21001N Automated National Edit,	21001N = Automated National Edit
21001 I = Automated CCI Edit,	21001I = Automated CCI Edit
21002 = Manual Routine Review,	21002 = Manual Routine Review (MCS should include prepay routine reconsiderations for this code. Reconsiderations include both additional documentation requests that contractors decide to process and denials returned from the formal appeals process that contractor MR staff may need to re-process.).
21201 = Prepay Complex Probe Review	21220 = Complex Manual Probe Sample Review
21201R=Re-opening	21002R = Prepay Routine Reconsiderations (This requirement is for VIPS Medicare System (VMS) only. Reconsiderations include both additional documentation requests that contractors decide to process and denials returned from the formal appeals process that contractor MR staff might need to re-process. VMS contractors should report prepay routine reconsiderations here rather than und 21002.)
21201R=Re-opening	21201R= Prepay Complex Reconsiderations (This requirement is for the (VMS) only. Reconsiderations include both additional documentation requests that contractors decide to process and denials returned from the formal appeals process that contractor MR staff might need to re-process. VMS contractors should report prepay complex reconsiderations here rather than und 21221)
21202 = Prepay Complex Provider Specific Reviews	21221 = Prepay Complex Manual Review

ATTACHMENT IV

COMPARISON OF OLD AND NEW PIMR PREPAYMET CODES

OLD CODE (FY 2003)	NEW CODE (FY 2004)
21203 = Prepay Complex Service Specific Review	21221 = Prepay Complex Manual Review
21010 = TPL or Demand Bill Claim Review.	21010 = TPL or Demand Bill Claim Review (Required only for FIs)
No code	21100 = Program Safeguard Contractor Support Services that involve use of the standard system
No code	23007 = MR for Benefit Integrity Unit reviews (For VMS only. The code is only for Durable Medical Equipment Regional Carriers (DMERCs) that are not transitioning to PSCs. It is a code that DMERCs requested to facilitate tracking of reviews required by their benefit integrity units. Contractors are not required to report the code to PIMR.