CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 848	**Date: December 11, 2018**
	Change Request 10853

Transmittal 826, dated September 21, 2018, is being rescinded and replaced by Transmittal 848 dated December 11, 2018, to update Section II (Changes in Manuals Instructions) of the transmittal with a correction to manual instruction 4/4.18/4.18.1/4.18.1.4-OIG/OI Case Summary and Referral. All other information remains the same.

SUBJECT: Update to Chapter 4, Section 4.18.1.4 and Exhibit 16 in Publication (Pub.) 100-08

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update section 4.18.1.4 of chapter 4 and exhibit 16.1 in Pub. 100-08 to reference and include the updated Referral Fact Sheet Template, and to delete the OIG Case Summary Format exhibit.

EFFECTIVE DATE: October 22, 2018
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 22, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	4/4.18/4.18.1/4.18.1.4/OIG/OI Case Summary and Referral
R	Exhibits/16/16.1/Referral Fact Sheet Template
D	Exhibits/16/16.2/OIG/OI Case Summary Format

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-08	Transmittal: 848	Date: December 11, 2018	Change Request: 10853

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EFFECTIVE DATE: October 22, 2018
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IMPLEMENTATION DATE: October 22, 2018

I. GENERAL INFORMATION

A. Background: The CMS is updating Chapter 4, section 4.18.1.4 and exhibit 16 in Pub. 100-08. The primary purpose of the updates is to replace the Office of Inspector General (OIG)/Office of Investigations (OI) Case Referral Fact Sheet Format and OIG/OI Case Summary Format with the updated Referral Fact Sheet Template.

B. Policy: This CR does not involve any legislative or regulatory policies.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
10853.1	The Unified Program Integrity Contractor (UPIC) shall use the Referral Fact Sheet Template when preparing referrals to the OIG/OI.									UPICs
10853.1.1	The UPIC shall forward the referral directly to the OIG.									UPICs
10853.1.2	The UPIC shall send a copy of the referral to its Business Function Leads and Contracting Officer Representatives.									UPICs
10853.1.3	The UPIC shall retain a copy of the referral in the investigation case file.									UPICs
10853.2	The UPICs shall ensure they are using the updated Referral									UPICs

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Fact Sheet Template, as referenced in exhibit 16.1 of Pub. 100-08.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jesse Havens, 410-786-6566 or jesse.havens@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

4.18.1.4 - OIG/OI Case Summary and Referral

(Rev. 848, Issued: 12-11-18, Effective: 10-22-18, Implementation: 10-22-18)

The *UPIC shall* use the *Referral Fact Sheet Template* when preparing referral*s* to the OIG/OI. The *UPIC* shall forward the referral *directly* to the OIG*, shall send a copy of the referral to its BFL(s) and COR(s),* and shall retain a copy of the *referral* in the investigation *case* file.

The Referral Fact Sheet *Template* can be found in PIM Exhibit 16.1.

Medicare Program Integrity Manual
Exhibits

Table of Contents
(Rev.848, Issued: 12-11-18)

Transmittals for Exhibits

16.1 - Referral Fact Sheet *Template*

Exhibit 16.1 – Referral Fact Sheet *Template*

(Rev.848, Issued: 12-11-18, Effective: 10-22-18, Implementation: 10-22-18)

Confidentiality Notice: *This message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender and destroy all copies of the original message.*

To:
OIG/DOJ Contact Information

From:
UPIC Contract Information

REFERRAL FACT SHEET

Table 1: Case Fact Sheet

Subject(s) of Investigation (list additional subjects below primary subject)	*Name:* *Address:* *Phone:* *NPI:* *PTAN:* *Tax ID Number:* *Effective Date:* *Specialty:*
Allegation Summary	*This section shall describe the allegations the UPIC has learned during the course of the Lead/Investigation.*
Source of Allegation	
Date Complaint Received (if applicable)	
Dollar Paid for Previous 36 Months	*Total dollars paid to the provider for previous 3 years, and timeframe for the calculation*
Identified Medicare Program Loss	*Dollars at Risk, and timeframe for the calculation*
Identified Overpayment(s), if applicable	*UPIC to update this section if they've identified an actual and/or extrapolated overpayment through medical review*
UPIC Contact Information	
UPIC Case Number	*UCM Number(s)*

Narrative

- *Predication*
- *History of Non-compliance*
  - *Previous complaints*
  - *Prior Investigations, Medical Reviews, and/or Administrative Actions*
  - *Previous Law Enforcement Referrals and/or Immediate Advisements*
  - *Previous State Medicaid Investigations and/or Audits*
  - *Previous MAC or UPIC Provider Education*
- *Investigative Steps*
  - *Beneficiary Interviews*
  - *Provider Interviews*

Medical Review

Table 2: Current/Previous Medical Reviews

Postpayment Medical Review				
Timeframe of Postpayment Review	***Probe or SVRS Review***	***Number of Claims Included in Review***	***Claim Denial Percentage***	***Identified Overpayment Amount***

Denial Reasons and Applicable Policy References per Review:

Additional Detail Regarding Postpayment Medical Reviews:

Prepayment Medical Review					
Prepayment Review Start Date	***Prepayment Review End Date***	***Targeted or 100% Review***	***If targeted review, provide CPT codes selected for review***	***Number of Claims Reviewed To-Date***	***Claim Denial Percentage***

Denial Reasons and Applicable Policy References per Review:

Additional Detail Regarding Postpayment Medical Reviews:

Billing Information

Table 3: Provider Billing Summary

Year	***HICN Count***	***Claims***	***Billed Amount***	***Paid Amount***

Totals:				

Additional Information

Table 4: Additional Relevant Information

Current/Former Employees with Ownership Interest	
PECOS Information	
Provider's Legal Counsel	
Banking Information	
List any other relevant information	

Recommendations

Distribution

- *Listing of all individuals that referral will be sent to (including those that are CC'd)*

Exhibits

- *Provider Enrollment Application(s)*
- *Provider Electronic Funds Transfer Agreements*
- *Previous complaints related to the subject provider*
- *Applicable attestations*
- *Provider/staff interview summary report(s)*
- *Beneficiary interview summary report(s)*
- *Medical Review Findings*
- *Provider Overpayment Notices*
- *Provider Prepayment Review Notices*
- *Provider Payment Suspension Notices*
- *Any other applicable exhibits/attachments*