CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 256	Date: May 2, 2008
	Change Request 5919

SUBJECT: Requirement that the Multi Carrier System (MCS) Develop a PIMR Verification Report (PVR)

I. SUMMARY OF CHANGES: The CMS has developed a system for the management of cost, savings, and workload data relative to the medical review (MR) unit. Mainly, PIMR data relates to how contractors resolve billing problems. CMS obtains PIMR information through interfaces with the shared systems. Those interfaces are operated through contractor data centers, i.e., Enterprise Data Center or a local data center, transferring data directly from contractor shared system implementation to the central office computer within 15 calendar days following the end of each month.

A component of the MCS system that supports PIMR is the PVR. The PVR is a report that contractors use to verify that their reports to PIMR are correct. The report contains a summary of PIMR data for each line the contractor processed during the past month. Contractors have asked that CMS request that MCS expand the report. Contractors would like to have nine items added to the report. The contractors would also like MCS to update their specifications with more detailed information regarding the source of the data and the calculations performed.

NEW / REVISED MATERIAL
EFFECTIVE DATE: OCTOBER 1, 2008
IMPLEMENTATION DATE: OCTOBER 6, 2008

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

SECTION B: 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:

One-Time Notification

Unless otherwise specified, the effective date is the date of service.

Attachment – One Time Notification

| Pub. 100-08 | Transmittal: 256 | Date: May 2, 2008 | Change Request: 5919 |

SUBJECT: Requirement That the Multi Carrier System (MCS) Develop a PIMR Verification Report (PVR)

Effective Date: October 1, 2008
Implementation Date: October 6, 2008

I.   GENERAL INFORMATION

A. Background: The CMS has developed a system for the management of cost, savings, and workload data relative to the medical review (MR) unit. Mainly, the Program Integrity Management Reporting System (PIMR) data relates to how contractors resolve billing problems. CMS obtains PIMR information through interfaces with the shared systems. Those interfaces are operated through contractor data centers, i.e., Enterprise Data Center (EDC) or a local data center, transferring data directly from contractor shared system implementation to the central office computer within 15 calendar days following the end of each month.

A component of the MCS system that supports PIMR is the PVR. The PVR is a report that contractors use to verify that their reports to PIMR are correct. The report contains a summary of PIMR data for each line the contractor processed during the past month. Contractors have asked that CMS request that MCS expand the report.   Contractors would like to have nine items added to the report. The contractors would also like MCS to update their specifications with more detailed information regarding the source of the data and the calculations performed.

The CMS and the contractors believe that expanding the PVR for analysis purposes is a good idea. First, the expanded PVR would address the universe of claims needed for the CAFM report and would facilitate CAFM reporting. It is feasible to add an indicator to the ICN detail records on the PVR to note that MCS included the record in CAFM II reporting. This is a viable alternative to a completely separate CAFM verification report.

If enough information (i.e., PINs, suspended claims) is added to the PVR and carriers can import the report to Excel or Access, they can manipulate the data to suit themselves, whether for analysis or verification of CAFM or PIMR numbers.

B. Policy: The PIMR system reporting requirements for medical review (MR) are in Publication 100-8 (Program Integrity Manual), Chapter 7 (MR and BI Reports), Sections 1, 5, and 6-10. They require that Medicare contractors that process Part B Medicare claims report savings and workload through the PIMR system monthly.

II.   BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
5919.1	The MCS maintainer shall revise the PIMR module of the MCS system to include the following items on the PVR.							X			
5919.1.1	Detail # (line number) being reported for PIMR,							X			
5919.1.2	Edit and audit number for suspended lines, (PIMR edit/audit),							X			
5919.1.3	Edit and audit number for line denials, (PIMR edit/audit),							X			
5919.1.4	Edit and audit number for paid lines, (PIMR edit/audit),							X			
5919.1.5	Rendering provider identifier (Both legacy identifier and National Provider Identifier if available).							X			
5919.1.6	Procedure code (Ensure that both the original and revised procedure code is on the record),							X			
5919.1.7	Edit number of lines denied for both PIMR edits and non-PIMR edits,							X			
5919.1.8	Denial message code for any denied lines, i.e., lines that both PIMR and non-PIMR edits deny,							X			
5919.1.9	CAFM Indicator to note which claim lines were used for CAFM II reporting. For claims with multiple lines, include an indicator for each line.							X			
5919.1.10	The date of the report (in the report header).							X			
5919.2	The format of the PVR in PIMR shall make the report easy to download to Microsoft Excel version 95 or later.							X			
5919.3	The MCS maintainer shall update the MCS report specifications for							X			

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	the PVR in PIMR with more detailed information regarding the source of the data and the calculations performed.										
5919.4	Contractor Data Centers, i.e., EDC or local data center, operating the MCS shared system shall install the revised shared system module developed in requirement 5919.1 – 5919.2, so the module begins to operate in time that all edit effectiveness reports for claims processed after the implementation date of this CR are included in the first edit effectiveness report made available after the implementation date of this CR and includes the nine new fields that requirements 5919.1 through 5919.3 specify.	X			X						Contractor Data Centers and EDCs
5919.5	Contactors shall test the report once delivered to insure that MCS modifications to meet requirement 5919.1 meets the contractor's needs.	X			X						
5919.6	Contactors shall test the report once delivered to insure that MCS modifications to meet requirement 5919.2 meets the contractor's needs.	X			X						
5919.7	Contactors shall test the report once delivered to insure that MCS modifications to meet requirement 5919.3 meets the contractor's needs.	X			X						

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)

		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV.   SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
	There are five EOB message fields. Carriers have never seen more than two used. Therefore, CMS recommends that the MCS maintainer removes the last three EOB message fields; that will provide enough room for new fields so the records would stay at one-line length.

B. For all other recommendations and supporting information, use this space:
N/A

V. CONTACTS

Pre-Implementation Contact(s):   John Stewart (410) 786-1189, john.stewart@cms.hhs.gov

Post-Implementation Contact(s): John Stewart (410) 786-1189, john.stewart@cms.hhs.gov

VI. FUNDING

A.   *For Fiscal Intermediaries and Carriers, use the following statement:*

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B.   *For Medicare Administrative Contractors (MAC)*, use the following statement:

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 Statement of Work (SOW). 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.