

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-08 Medicare Program Integrity</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 642</b>	<b>Date: February 22, 2016</b>
	<b>Change Request 9497</b>

**Transmittal 633 dated January 15, 2016 is being rescinded and replaced by Transmittal 642 to remove erroneous language from section 7.2.2.18. All other information remains the same.**

**SUBJECT: Medicare Program Integrity Changes - Pub. 100-08 Chapter 7**

**I. SUMMARY OF CHANGES:** This Change Request (CR) will remove 7.2.2.15-Policy Development from Chapter 7 of Pub. 100-08. 7.2.2.15- Policy Development is being removed due to duplication in the MACs (Medicare Administrative Contractors) Statement of Work (SOW) of the Work Breakdown Structure (WBS) for Policy Development.

Improper Payment Strategy Reduction Plan (IPRS) and Strategy Analysis Report (SAR) workload tables will be updated to include a row labeled One on One Education.

**EFFECTIVE DATE: February 16, 2016.**

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

**IMPLEMENTATION DATE: February 16, 2016.**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	7/Table of Contents
R	7/7.1.2.6.1.1/Workload Reporting Tables
R	7/7.2.2.15/ Medical Review Edit Development
R	7/7.2.2.16/ Externally Directed Reviews.
R	7/7.2.2.17/ Provider compliance Group Directed Reviews
R	7/7.2.2.18 /One on One Education
D	7/7.2.2.19 /One on One education
R	7/7.3.2.5.1.1 /Workload Reporting Tables

**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: 642	Date: February 22, 2016	Change Request: 9497
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## I. GENERAL INFORMATION

**A. Background:** This CR provides a row in the workload charts for the A/B MACs and Home Health and Hospice MACs (HHH) and the Durable Medical Equipment MACs (DME) to add their One on One Education workload. These charts are part of the contractors' Improper Payment Reduction Strategy (IPRS) and the Strategy Analysis Report (SAR).

7.2.2.15 Policy Development is being deleted to address duplication of the Work Breakdown Structure (WBS); Policy Development in the MACs statement of work (SOW).

**B. Policy:** N/A

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
9497.1	Contractors shall report One on One Education workload in the appropriate workload charts.	X	X	X	X					

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	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):** Andrea Glasgow, 410-786-4695 or [andrea.glasgow@cms.hhs.gov](mailto:andrea.glasgow@cms.hhs.gov), Debbie Skinner, 410-786-7480 or [debbie.skinner@cms.hhs.gov](mailto:debbie.skinner@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**

# Medicare Program Integrity Manual

## Chapter 7 - MR Reports

Table of Contents  
*(Rev.642, Issued: 02-22-16)*

### Transmittals for Chapter 7

7.2.2.15 - Medical Review Edit Development

7.2.2.16 - Externally Directed Reviews

7.2.2.17 - Provider Compliance Group Directed Reviews

7.2.2.18 One on One Education

### **7.1.2.6.1.1 – Workload Reporting Tables**

**(Rev. 642, Issued: 02-22-16, Effective: 02-16-16, Implementation: 02-16-16)**

The following tables shall be included in the IPRS:

***Medical Review Program Workload A/B MAC and HHH MAC***

<b><i>Statement of Work (SOW)</i></b>	<b><i>MR Activity</i></b>	<b><i>Part A Projected Workload for this Period of Performance</i></b>	<b><i>Part B Projected Workload for this Period of Performance</i></b>	<b><i>Home Health Projected Workload for this Period of Performance</i></b>	<b><i>Hospice Projected Workload for this Period of Performance</i></b>
<i>C.5.12.1.6</i>	<i>Defending MR Decisions at ALJ Hearings</i>				
<i>C.5.12.2.1</i>	<i>Automated Medical Review</i>				
<i>C.5.12.2.2</i>	<i>Routine Review</i>				
<i>C.5.12.2.3</i>	<i>Demand Bill Claims Review</i>				
<i>C.5.12.2.4</i>	<i>Medical Review Reopening</i>				
<i>C.5.12.2.5</i>	<i>Prepay Complex Review Provider Specific</i>				
<i>C.5.12.2.6</i>	<i>Prepay Complex Review Service Specific</i>				
<i>C.5.12.2.7</i>	<i>Prepay Complex Probe Review Provider Specific</i>				
<i>C.5.12.2.8</i>	<i>Prepay Complex Probe Review Service Specific</i>				
<i>C.5.12.2.10</i>	<i>Postpay Complex Probe Review Provider Specific</i>				
<i>C.5.12.2.11</i>	<i>Postpay Complex Probe Review</i>				

	<i>Service Specific</i>				
<i>C.5.12.2.12</i>	<i>Postpay Complex Review Provider Specific</i>				
<i>C.5.12.2.13</i>	<i>Postpay Complex Review Service Specific</i>				
<i>C.5.12.2.17</i>	<i>Externally Directed Reviews</i>				
<i>C.5.12.2.18</i>	<i>Provider compliance Group Directed Reviews</i>				
<i>C.5.12.2.20</i>	<i>One on One Education</i>				

***Medical Review Program Workload DME MAC***

<b><i>SOW</i></b>	<b><i>MR Activity</i></b>	<b><i>Projected workload for this Period of Performance</i></b>
<i>4.7.1</i>	<i>Automated Medical Review</i>	
<i>4.7.2</i>	<i>Routine Review</i>	
<i>4.7.3</i>	<i>Demand Bill Claims Review</i>	
<i>4.7.4</i>	<i>Medical Review Reopening</i>	
<i>4.7.5</i>	<i>Prepay Complex Review Provider Specific</i>	
<i>4.7.6</i>	<i>Prepay Complex Review Service Specific</i>	
<i>4.7.7</i>	<i>Prepay Complex Probe Review Provider Specific</i>	
<i>4.7.8</i>	<i>Prepay Complex Probe Review Service Specific</i>	
<i>4.7.10</i>	<i>Postpay Complex Probe Review Provider Specific</i>	
<i>4.7.11</i>	<i>Postpay Complex Probe Review Service Specific</i>	
<i>4.7.12</i>	<i>Postpay Complex Review Provider Specific</i>	
<i>4.7.13</i>	<i>Postpay Complex Review Service Specific</i>	
<i>4.7.17</i>	<i>Externally Directed Reviews</i>	
<i>4.7.18</i>	<i>Provider Compliance Group Directed Reviews</i>	
<i>4.7.22</i>	<i>One on One Education</i>	
<i>4.12</i>	<i>Defending MR decisions at ALJ Hearings</i>	

### **7.2.2.15 - Medical Review Edit Development**

*(Rev. 642, Issued: 02-22-16, Effective: 02-16-16, Implementation: 02-16-16)*

Medical Review edit development includes all activities necessary to create and set up a computerized logic test developed with the assistance of health professionals that compares the data elements on a Medicare claim for the purposes of: (1) making a local coverage or coding determination; or (2) suspending a claim so such determinations can be made by appropriate Medical Review personnel prior to or after payment of the claim.

### **7.2.2.16 - Externally Directed Reviews**

*(Rev. 642, Issued: 02-22-16, Effective: 02-16-16, Implementation: 02-16-16)*

Medical reviews directed by or directly supporting the OIG, law enforcement, ZPICs, or court orders, when funded by CMS.

### **7.2.2.17 - Provider Compliance Group Directed Reviews**

*(Rev. 642, Issued: 02-22-16, Effective: 02-16-16, Implementation: 02-16-16)*

Includes only those Medical reviews and special studies directed by or directly supporting action requested by the Provider Compliance Group (PCG). Contractors shall only count workload under this category as directed or requested by PCG and their COTR.

### **7.2.2.18 - One on One Education**

*(Rev. 642, Issued: 02-22-16, Effective: 02-16-16, Implementation: 02-16-16)*

#### **This applies to MAC and SMRC**

One-on-one education places emphasis on reducing the paid claims error rate by notifying, either in writing or orally, the individual billing entities (i.e., providers, suppliers, or ordering clinician) of review findings identified on specific claims or a group of claims reviewed on probe or targeted medical review or billing patterns identified by data analysis (e.g., CBRs, OIG reports, PEPPER/FATHOM, Recovery Auditors, CERT).

- One-on-one education does not include:
  - Educational articles impacting nationwide issues
  - Responses to inquiries on claims that were not medically reviewed by MAC MR or SMRC
  - General training sessions
  - POE education activities
  - Speaking at society meetings
  - Writing articles in society newsletters regarding new or significantly revised LCDs.

### **7.3.2.5.1.1 - Workload Reporting Tables**

*(Rev. 642, Issued: 02-22-16, Effective: 02-16-16, Implementation: 02-16-16)*

#### **SAR/Medical Review Program Workload A/B MAC and HHH MAC**

<b>SOW</b>	<b>MR Activity</b>	<b>Part A Projected Workload for</b>	<b>Part B Projected Workload for</b>	<b>Home Health Projected Workload for</b>	<b>Hospice Projected Workload for</b>	<b>Modifications since the prev</b>
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		<i>this Period of Performance</i>	<i>this Period of Performance</i>	<i>this Period of Performance</i>	<i>this Period of Performance</i>	
<i>C.5.12.1.6</i>	<i>Defending MR Decisions at ALJ Hearings</i>					
<i>C.5.12.2.1</i>	<i>Automated Medical Review</i>					
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<i>C.5.12.2.12</i>	<i>Postpay Complex Review</i>					

	<i>Provider Specific</i>					
<i>C.5.12.2.13</i>	<i>Postpay Complex Review Service Specific</i>					
<i>C.5.12.2.17</i>	<i>Externally Directed Reviews</i>					
<i>C.5.12.2.18</i>	<i>Provider Compliance Group Directed Reviews</i>					
<i>C.5.12.2.20</i>	<i>One on One Education</i>					

***SAR/Medical Review Program Workload DME MAC***

<b><i>SOW</i></b>	<b><i>MR Activity</i></b>	<b><i>DME Workload for this Period of Performance</i></b>	<b><i>DME Budget for this Period of Performance</i></b>	<b><i>Modifications/ Changes Since the Previous IPRS</i></b>
<i>4.7.1</i>	<i>Automated Medical Review</i>			
<i>4.7.2</i>	<i>Routine Review</i>			
<i>4.7.3</i>	<i>Demand Bill Claims Review</i>			
<i>4.7.4</i>	<i>Medical Review Reopening</i>			
<i>4.7.5</i>	<i>Prepay Complex Review Provider Specific</i>			
<i>4.7.6</i>	<i>Prepay Complex Review Service Specific</i>			
<i>4.7.7</i>	<i>Prepay Complex Probe Review Provider Specific</i>			
<i>4.7.8</i>	<i>Prepay Complex Probe Review Service Specific</i>			
<i>4.7.10</i>	<i>Postpay Complex Probe Review Provider Specific</i>			

<b><i>SOW</i></b>	<b><i>MR Activity</i></b>	<b><i>DME Workload for this Period of Performance</i></b>	<b><i>DME Budget for this Period of Performance</i></b>	<b><i>Modifications/ Changes Since the Previous IPRS</i></b>
<i>4.7.11</i>	<i>Postpay Complex Probe Review Service Specific</i>			
<i>4.7.12</i>	<i>Postpay Complex Review Provider Specific</i>			
<i>4.7.13</i>	<i>Postpay Complex Review Service Specific</i>			
<i>4.7.17</i>	<i>Externally Directed Reviews</i>			
<i>4.7.18</i>	<i>Provider Compliance Group Directed Reviews</i>			
<i>4.7.22</i>	<i>One on One Education</i>			
<i>4.12</i>	<i>Defending MR Decisions at ALJ Hearings</i>			