Program Memorandum	Department of Health & Human Services (DHHS)
Carriers	Centers for Medicare & Medicaid Services (CMS)
Transmittal B-03-006	Date: JANUARY 24, 2003

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CHANGE REQUEST 2493

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SUBJECT: **Program Integrity Management Reporting (PIMR) System for Part B – Correction of Multiple Reports of Savings By VIPS Standard Systems (i.e., VIPS Medicare System (VMS) and Durable Medical Equipment Regional Contractor (DMERC) System)**

I - GENERAL INFORMATION:

A. Background:

The PIMR System changes reporting requirements for medical review (MR) and fraud are in CMS Publication 100-8 (Program Integrity Manual), Chapter 7 (MR and BI Reports), Parts 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 (Carriers Manual), Part 3, §§7504.2, 7535-7537, and 14021.

PIMR will improve the management of cost, savings, and workload data relative to the MR Unit and Benefit Integrity unit. The PIMR System will replace: the Report of Benefit Savings (RBS); the MR System 1 (MRS-1); the Focused MR (FMR) Report; and the Medicare Focused MR Status Report (MFSR).

CMS has identified a problem with the implementation of PIMR in the VIPS Standard Systems. We have determined that VIPS reports some savings for some reviews twice; once for the month in which a review is conducted, and a second time when the claim is finalized.

Interface Identification

The PIMR System will require summarized data from other CMS databases on a monthly basis. The databases include the Contractor Standard Systems, Contractor Reporting of Operational and Workload Data (CROWD), Contractor Administrative Cost and Financial Management System (CAFM), Fraud Investigative Database (FID), the CMS complaint reporting system, and the CMS overpayment reporting system. CMS will use a Data Transfer Utility to map and transfer the data. Mapping will be the responsibility of CMS.

B. Policy:

Requirements in CMS Publication 100-8 (Program Integrity Manual), Chapter 7 (MR and BI Reports), Parts 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.

CMS-Pub. 60B

II. BUSINESS REQUIREMENTS

Requirement #	Requirements	**Responsibility**
1	In time for contractors to begin reporting data required by this CR by July 1, 2003, VIPS is responsible for developing standard system modifications that report information for each review only once. This requirement clarifies requirement 8 in CR 2307 that requires the reporting of all activities performed during a month for that month, and requirement 9 requires, for prepayment, that you must include in the report for the month all initial claims processing results for claims on which the contractor has made a payment decision (i.e., pay, deny, or reject). Those requirements say that an activity should be reported only once, preferably after the contractor has completed all claims processing activities for the claim.	VIPS VMS and DMERC Standard Systems Main-tainers

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Req. #	Instructions

B. Design Considerations: N/A

X-Ref Req. #	Recommendation for Medicare System Requirements

C. Interfaces: None

D. Contractor Financial Reporting/Workload Impact: None

E. Dependencies:

The new PIMR System changes reporting requirements for medical review (MR) and fraud in CMS Publication 100-8 (Program Integrity Manual) Chapter 7 (MR and BI Reports) Parts 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 (Carriers Manual) Part 3, §§7504.2, 7535-7537, and 14021.

F. Testing Considerations: None

IV. ATTACHMENT(S)

Version:	Effective Date: 7/1/03
Implementation Date: 7/1/03	Funding: Implement within your current operating budget.
Discard Date: 7/1/04	
	Pre-Implementation Contact: **John Stewart, OFM/PIG/DMS, jstewart@cms.hhs.gov**
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