CMS Manual System

Pub 100-08 Medicare Program Integrity

Transmittal 116

Department of Health & Human Services

Centers for Medicare & Medicaid Services

Date: JULY 29, 2005

Change Request 3997

SUBJECT: Revise the Fiscal Intermediary Shared System (FISS) to Allow Reporting of Data for the Comprehensive Error Rate Testing (CERT) Program Resolution File at a Line Level

I. SUMMARY OF CHANGES: Currently, the FISS does not provide data requested for inclusion in the sampled claims resolution file at the line level. The FISS reports at the claim level because many of the provider types for which FISS processes claims are Prospective Payment System claims and FISS calculates a payment for the whole claim and not for each line. Currently, there are not instructions on how to divide total amounts for a claim between lines. This CR provides instruction for to use to calculate a payment for each line on a claim.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : January 03, 2006

IMPLEMENTATION DATE : January 03, 2006

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:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One Time Notification

Pub. 100-08	Transmittal: 116	Date: July 29, 2005	Change Request 3997

SUBJECT: Revise the Fiscal Intermediary Shared System (FISS) to Allow Reporting of Data for the Comprehensive Error Rate Testing (CERT) Program Resolution File at a Line Level

I. GENERAL INFORMATION

A. Background: The Medicare Program Integrity Manual (PIM), Chapter 12 – Carrier, DMERC, FI and full PSC Interaction with the Comprehensive Error Rate Testing Contractor, Section 12.3.3.1 - Providing Sample Information to the CERT Contractor requires:

"Requests for claim information will be transmitted in the format specified in the sampled claims transaction file section of Exhibits 34.1 (carriers and DMERCs) and 34.2 (FIs and RHHIs). The AC's response must be made using NDM and the formats provided for the sampled claims resolution file in Exhibit 34.1 (carriers and DMERCs) and 34.2 (FIs and RHHIs). Full PSCs are not responsible for this task.

"The ACs/full PSCs must coordinate with the CERT contractor to provide the requested information for claims identified in the sample in an electronic format. The sampling module will reside on a server in the CMS Data Center (CMSDC). The ACs/full PSCs will use the sampling module at the CMSDC.

"The ACs/full PSCs must submit a file daily to the CERT contractor (via CONNECT:Direct) containing information on claims entered during the day. Estimated claim volume is 2000 claims/cluster/year.

"The ACs/full PSCs must respond to the CERT contractor within 5 working days of receipt of the request from the CERT contractor. If the AC/full PSC receives a request for a claim that is no longer in the system or a claim that needed to be replaced, the AC/full PSC must provide a legitimate reason and send appropriate documents to the CERT contractor. In the case that a claim is requested for a patient that does not exist, the AC/full PSC should contact the provider."

Currently, the FISS does not provide data requested for inclusion in the sampled claims resolution file at the line level. The FISS reports at the claim level because many of the provider types for which FISS processes claims are Prospective Payment System claims and FISS calculates a payment for the whole claim and not for each line. Currently, there are no instructions on how to divide total amounts for a claim between lines. This CR provides instruction for to use to calculate a payment for each line on a claim.

B. Policy: The PIM, Chapter 12 – Carrier, DMERC, FI, and full PSC Interaction with the Comprehensive Error Rate Testing Contractor, Section 12.3.3.1 – requires that an AC/full PSC provide all information on claims in the CERT sample at the line level.

II. BUSINESS REQUIREMENTS

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3997.1	The FISS maintainer shall modify the FISS system module to provide data on all claims at the line item level.					X				
3997.1.1	If the claim includes line level information for any of the following fields: Submitted Charge Medicare Initial Allowed Charge Final Allowed Charge The shared system module shall enter the line level information on the claim for the field for each line.					X				
3997.1.2	If the claim does not include line level information for one or both of the following fields: Medicare Initial Allowed Charge and/or Final Allowed Charge, but there are submitted charges on the claim for each line, the shared system module shall enter an amount for each line based upon the proportion of submitted charges for the line to the submitted charges for the claim, i.e., (1) calculate the ratio of line level submitted charge to total submitted charge the claim, (2) multiply the ratio times the claim level amount for the field, and (3) enter that product in the field for the line.					X				

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3997.1.3	If the claim does not include line level information for one or both of the following fields: Medicare Initial Allowed Charge Final Allowed Charge, and there are submitted charges for some but not all lines for the claim, the shared system module shall include an amount for each line based upon the proportion of submitted charges for the line to the submitted charge for the claim and enter 0s for lines that do not have submitted charges. For example, if there are three lines on the claim and two of the lines have a submitted charge on them the shared system module shall: (1) sum the submitted charges for the two lines, (2) for each of the two lines, calculate the ratio of submitted charge for the line to the sum of the submitted charges for the two lines, (3a) multiply the total Medicare Initial Allowed Charge for the claim times the ratio for each of the two lines, (3b) enter the product in the Medicare Initial Allowed Charge field for each of the two lines, and (4a) multiply the total Final Allowed Charge for the claim times the ratio for each of the two lines, and (4b) enter that product in the Final Allowed Charge field for each of the two lines. Enter a 0 in the Medicare Initial Allowed Charge field and the Final Allowed Charge for the third line.					X				
3997.1.4	If the claim does not include line level information for any of the following fields: Submitted Charge, Medicare Initial Allowed Charge, and/or Final Allowed Charge, for each field, the shared system module shall include in the field for each line the following: the total amount of the field for the claim divided by total line count.					X				

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3997.2	Contractor data centers shall implement, operate, and maintain the shared system changes specified in requirement 3997.1 and provided by shared system maintainers.	X	X							
3997.3	Contractors shall insure that their data centers have correctly implemented and are operating the changes developed by the shared system to meet requirement 3997.1 of this CR.	X	X							

III. PROVIDER EDUCATION:

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
None										

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: NA

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 3, 2006 **Implementation Date:** January 3, 2006 **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	**Medicare contractors shall implement these instructions within their current operating budgets.**

*__Unless otherwise specified, the effective date is the date of service.__