
CMS Manual System

Pub. 100-08 Medicare Program Integrity

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 103

Date: FEBRUARY 4, 2005

CHANGE REQUEST 3701

SUBJECT: Discontinuation of Medical Review Reports -The Medicare Status Report (MRS-1), the Report of Benefit Savings (RBS), the Medicare Focused Medical Review Status Report (MFSR), and the Focused Medical Review (FMR) Report

I. SUMMARY OF CHANGES: This notification is to advise carriers and fiscal intermediaries (FIs) that due to the full implementation of the Program Integrity Management Reporting System, the following Medical Review reports are discontinued, MRS-1, RBS, FMR and MFSR.

Information from sections 7.1 to 7.7 is included in section 7.2, therefore, we have deleted the instructions in sections 7.1, 7.3, 7.4, 7.5, 7.6 and 7.7, but are reserving these numbers for future use.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: March 7, 2005

IMPLEMENTATION DATE: March 7, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)
(R = REVISED, N = NEW, D = DELETED)**

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	7/MR Reports – Table of Contents
D	7/7.1/Medicare Focused Medical Review Status Report (MFSR)-Reserved for Future Use
D	7/7.3/Quarterly Carrier MR Savings Report-Reserved for Future Use
D	7/7.3.1/Purpose and Scope
D	7/7.3.2/Submission to CMS
D	7/7.3.3/Completing the Carrier MR Savings Report
D	7/7.4/Quarterly Intermediary MR Savings Report-Reserved for Future Use
D	7/7.4.1/Submission
D	7/7.4.2/Completing the Quarterly Intermediary MR Activity Report
D	7/7.4.2.1/Screen 6
D	7/7.4.2.2/Screen 7

D	7/7.4.2.3/Other Review Data
D	7/7.5/Report of Benefit Savings (RBS)-Reserved for Future Use
D	7/7.5.1/Types of Savings to Report - Denials
D	7/7.5.2/Completion of the RBS
D	7/7.6/Retain Data to Support Savings Reported on the RBS-Reserved for Future Use
D	7/7.7/List of MR Codes, Categories, and Conversion Factors for FY 2004-Reserved for Future Use

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

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

Attachment - Business Requirements

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SUBJECT: Discontinuation of Medical Review Reports -The Medicare Status Report (MRS-1), the Report of Benefit Savings (RBS), the Medicare Focused Medical Review Status Report (MFSR), and the Focused Medical Review (FMR) Report

I. GENERAL INFORMATION

A. Background: This notification is to advise carriers and fiscal intermediaries (FIs) that due to the full implementation of the Program Integrity Management Reporting System, the following Medical Review reports are discontinued, MRS-1, RBS, FMR and MFSR.

B. Policy: The Program Integrity Manual will be updated to advise carriers and FIs to discontinue the MRS-1, the RBS, and the MFSR, in Chapter 7 (MR Reports), sections 1 and 5 – 7, due to the full implementation of the PIMR system.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3701.1	Carriers shall discontinue submitting the MSR-1, to the CMS Central Office, effective with the FY 2005 first quarter report due February 15, 2005.			X	X					
3701.2	FIs shall discontinue submitting the RBS, to the CMS Central Office, effective with the FY 2005 first quarter report due January 31, 2005.	X	X							
3701.3	Carriers shall discontinue submitting the MFSR, to the CMS Central Office, effective with the FY 2003 annual report due November 15, 2003.			X	X					

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3701.4	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: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: March 7, 2005</p> <p>Implementation Date: March 7, 2005</p> <p>Pre-Implementation Contact(s): Sandra Latimer, 410-786-9178, Slatimer@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Sandra Latimer, 410-786-9178, Slatimer@cms.hhs.gov</p>	<p>Medicare contractors shall implement these instructions within their current operating budgets.</p>
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