

Inpatient Prospective Payment System Hospital and Long Term Care Hospital Review and Measurement Fact Sheet

Background

This fact sheet describes a change that is being made by the Centers for Medicare & Medicaid Services, with regard to the review of acute inpatient prospective payment (IPPS) hospitals and long term care hospitals (LTCHs). Medicare Fiscal Intermediaries (FIs) and Medicare Administrative Contractors (MACs) will now conduct medical review to prevent improper payment of inpatient hospital claims. Medical review is the process performed by Medicare contractors to ensure that billed items or services are covered and are reasonable and necessary as specified under section 1862(a)(1)(A) of the Act. In addition, the Comprehensive Error Rate Testing (CERT) contractor will now conduct medical review to measure inpatient hospital payment error rates.

Previously, in addition to their focus on quality issues, the Quality Improvement Organizations (QIOs)' responsibilities included the following for acute IPPS hospitals and LTCHs:

- The Hospital Payment Monitoring Program (HPMP), which was performed on a post payment basis and consisted of 2 parts:
 - 1) Utilization review of randomly selected claims for payment purposes, and
 - 2) Measurement of the accuracy of Medicare Fee-for-Service (FFS) payments to acute IPPS hospitals and LTCHs (that is, the "error rate")
- Performance of provider-requested higher-weighted diagnosis related group (DRG) reviews;
- Review of Emergency Medical Treatment Active Labor Act (EMTALA) cases; and
- Performance of Expedited Determinations.

QIOs are no longer responsible for the functions previously included in the HPMP. They will retain responsibility for quality oversight in all Medicare FFS settings, provider-requested higher-weighted DRG reviews, EMTALA reviews, provider education on quality of care issues, and expedited determinations.

Rationale

CMS is making this change as part of its commitment to improving the efficiency and quality of health care delivered to Medicare beneficiaries. The transition of responsibility for measuring and preventing improper payments to inpatient hospitals from the QIOs to the FIs, MACs, and the CERT contractors will allow the QIOs to concentrate on improving patient quality of care and maintaining quality improvement and provider assistance efforts. This transition also aligns the oversight of acute IPPS hospital and LTCH claims with that of all other Medicare FFS provider types.

Timing

The transition is occurring in two phases:

- The CERT contractor began reviewing claims for the purpose of measuring error rates for acute IPPS hospital and LTCH claims on April 1, 2008.
- We anticipate FIs and MACs will begin reviewing acute IPPS hospital and LTCH claims, for the purpose of determining the appropriate payment due and preventing or reducing improper payments, this summer.

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