Roles of Various Medicare Improper Payment Review Entities

Entity	Types of Claims	How Selected	Volume of Claims	Type of Review	Purpose of Review
QIO Quality Improvement Organization	Inpatient Hospital claims only	All claims where hospital submits an adjusted claim for a higher-weighted DRG Expedited Coverage Reviews requested by beneficiaries	Very small	Prepay & Concurrent (Patient still in hospital) Complex Only	To prevent improper payments through DRG upcoding To resolve discharge disputes between beneficiary and hospital
CERT Comprehensive Rate Testing Review Contractor	All Medical Claims	Randomly	Small	Postpay only Complex only	To measure improper payments
PERM Payment Error Rate Measurement Contractor	All Medical Claims Randomly	Randomly	Small	Postpay only Automated & Complex	To measure improper payments
Medical Review Units Medicare Administrative Contractors	All Medicare FFS Claims	Targeted	Depends on number of claims with possible improper payments for this provider	Prepay & PostpayAutomated, & Complex	To prevent future improper payments
RACs Medicare Recovery Auditors*	All Medicare FFS Claims	Targeted	Depends on number of claims with possible improper payments for this provider	Postpay Automated & Complex	To detect and correct past improper payments
PSC/ZPICS Program Safeguard Contractors Zone Program Integrity Contractors	All Medicare FFS Claims	Targeted	Depends on number of potentially fraudulent claims submitted by provider	Prepay and Postpay Automated & Complex	To identify potential fraud
OIG Office of Inspector General	All Claims	Targeted	Depends on number of potentially fraudulent claims submitted by provider	Postpay Complex	To identify fraud