

PCSP Activity Report (PAR)

Contract Year: (mm/dd/yy-mm/dd/yy)

Reporting Period: (mm/dd/yy - mm/dd/yy)

Contractor Name

Contractor Type: DME, A/B or HH+H

Medicare Administrative Contractor (MAC) (include Jurisdiction)

Contractor Address

Contractor Web Address

PAR Coordinator: Name, Title

Telephone number

E-mail address

PAR Activity Report

DME / A/B / HH+H MACs

Introduction/Background

Contractors shall prepare a semi-annual Provider Customer Service Program (PCSP) Activity Report (PAR). The PAR summarizes and recounts the contractor's Provider Customer Service Program activities, process improvements and best practices during the reporting period as defined in IOM Pub 100-09, Chapter 6 and in the MAC Statement of Work. These activities highlight Provider Outreach and Education (POE), Provider Contact Center (PCC), and Provider Self-Service Technology (PSS). Each contractor shall consider, when reporting, the unique characteristics of its jurisdiction. FQHC information shall be included in the A/B MAC PAR template. HH+H MACs shall prepare a separate PAR for their corresponding HH+H work.

Guidance/Instructions for Reporting

The first PAR is due to CMS on the 30th calendar day after the first 6 months of the contract year. For newly awarded MAC contracts, the first PAR is due on the 30th calendar day that follows the first 6 months after the contract award date. The first PAR shall contain information about PCSP activities in months 1-6 of the contract year. If the 30th calendar day falls on a weekend or holiday, the report is due at close of business on the next business day. The second report, covering months 7-12 of the contract year, is due on the 30th calendar day after the last day of the contract year. If the 30th calendar day falls on a weekend or holiday, the report is due by close of business on the next business day. This report shall not exceed 10 pages, excluding attachments. All PARs shall be sent electronically in MS Word to the Provider Services mailbox at providerservices@cms.hhs.gov and to the appropriate CMS Deliverables mailbox.

MACs shall adhere to the PAR template/format and instructions located on the CMS website at <https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/Downloads/PAR-Template-2017.pdf>. MACs shall ensure that they are utilizing the most recent version of the PAR template/format. MACs shall be notified of updated templates via the CMS PCUG electronic mailing list described in IOM 100-09, Chapter 6, Section 10.1.

The PAR shall address the following concerning the PCSP:

- A. Provider Outreach and Education (POE)
- B. Provider Contact Center (PCC)
- C. Provider Self-Service Technology (PSS)
- D. Other PCSP Activities

A. Provider Outreach and Education (POE) – Questions in this section pertain to POE.

1. Was there any particular POE area of focus for the period? If there were issues that determined the area of focus, have you seen any improvement as a result of POE? If the focus was the same or similar as in the last reporting period, have you changed your education strategy from the previous PAR submission?
2. How are other MAC departments involved in the planning of POE activities and/or identifying topics for POE?
3. On which specific POE topics/issues did you collaborate with other MACs? Who initiated this collaboration and what were the benefits of the partnership? What was the duration of the partnership? How is the success of this partnership measured?
4. What education and outreach topics specifically were geared towards the Improper Payment Reduction Strategy (IPRS)? What was the frequency of education and how was education delivered? Was the education directed primarily at providers who had the highest rate of improper payment and/or those who had the greatest dollar amount of improper payments?
5. How have you informed and educated providers about the most frequent and expensive payment errors occurring in the previous calendar quarter, how to correct or avoid those errors; and new topics that have been approved for audits by the Recovery Auditors?

B. Provider Contact Center (PCC) – Responses should reflect the Provider Contact Center perspective.

1. Was POE data analysis and/or POE staff used in planning PCC training? If so, how?
2. How is inquiry tracking used in the PCC?

C. Provider Self-Service Technology (PSS) – Consider PSS technology options when responding to the following questions.

1. What changes or upgrades to your website, IVR system, or Internet-based provider portal occurred during the period? How do/will you measure and track the effectiveness of these changes?
2. How is inquiry tracking used in determining any potential future functionalities to your IVR system and/or Internet-based provider portal?
3. Are there any enhancements/process improvements planned for the near future (six months to one year)? If so, what are they and when are they scheduled to be implemented?
4. If social media are used in your organization, what references to Medicare topics or to CMS or to Medicare in general have you noticed in the comments to your posts?
5. How frequently is educational information included on your provider electronic mailing list(s) (excluding the emails that transmit the MLN Connects®)? How do you determine the topics that you include?

D. Other PCSP Activities – Information not previously discussed.

1. Discuss any best practices not reported earlier.
2. Were any changes made to the PCSP as a result of the collaboration with other entities? If so, what changes were made, and how do you, or how will you measure the effectiveness of these changes?
3. Were there any CMS policies that significantly impacted PCSP performance and prompted changes? If so, identify the specific policies and explain the impact and the changes made, if any.
4. Did you use the PCSP results from the website satisfaction survey and the MSI survey to strengthen and/or change your PCSP? If so, how?