

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-09 Medicare Contractor Beneficiary and Provider Communications	Centers for Medicare & Medicaid Services (CMS)
Transmittal 30	Date: December 19, 2014
	Change Request 8906

SUBJECT: Revision of Pub. 100-06 - Medicare Financial Management Manual, Chapter 6 - Intermediary and Carrier Financial Reports, and Pub. 100-09 - Medicare Contractor Beneficiary and Provider Communications, Chapter 6 - Provider Customer Service Program

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to remove from Pub. 100-06, Chapter 6, and Pub. 100-09, Chapter 6, the requirements for Medicare Administrative Contractors (MACs) to report provider call center telecommunications data, provider Internet portal transaction data, and provider and beneficiary written inquiry workload data to the Contractor Reporting of Operational and Workload Data (CROWD) system. Such reporting is duplicative, as the MACs report these data to the Provider Inquiries Evaluation System (PIES) in accordance with Pub. 100-09, Chapter 6. In Pub. 100-09, Chapter 6, we are deleting section 70.5.

EFFECTIVE DATE: January 23, 2015

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

IMPLEMENTATION DATE: January 23, 2015

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-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
D	6/70.5/Reporting Provider and Beneficiary Inquiry Workload Data in the Contractor Reporting of Operational Workload Data (CROWD)

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: Medicare Administrative Contractors (MACs) currently report provider and beneficiary inquiry workload data to the Contractor Reporting of Operational and Workload Data (CROWD) system on a monthly basis. These data are currently reported on CMS-1566 Form D and CMS-1565 Form B. MACs also report these same data to the Provider Inquiries Evaluation System (PIES) on a monthly basis. The purpose of this CR is to eliminate the reporting of the same data to two different systems by making "inactive" the applicable content of IOM Pub. 100-06, Chapter 6 (specifically, "SECTION D: MISCELLANEOUS DATA, INQUIRIES" within section 20.4 and all of section 130.3, "Part B - Inquiries") and by deleting section 70.5 from IOM Pub. 100-09, Chapter 6 that instructs MACs to report provider and beneficiary inquiry workload data to CROWD.

B. Policy: Section 921 of the Medicare Prescription Drug, Improvement, and Modernization Act, P.L. 108-173.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
8906 - 09.1	Medicare Administrative Contractors (MACs) shall implement the requirements contained within IOM Pub. 100-09, Chapter 6.	X	X	X	X					CROWD, RRB-SMAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Patricia Peyton, 410-786-1812 or patricia.peyton@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0