

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 31	Date: February 13, 2015
	Change Request 8995

SUBJECT: Update of IOM Pub. 100-09, Chapter 6, section 30.2.11 to include the requirements for implementing Quality Assurance Monitoring at the Medicare Administrative Contractors.

I. SUMMARY OF CHANGES: The purpose of this Change Request is twofold: (1) It updates IOM Pub. 100-09, Chapter 6, to include the requirements for implementing Quality Assurance Monitoring (QAM) at the Medicare Administrative Contractors (MACs). We consolidated the discussion of the monitoring of Customer Service Representative (CSR) calls by the Centers for Medicare & Medicaid Services (CMS) into section 30.2.11 by retitling that section Monitoring CSR Calls and adding three subsections: 30.2.11.1 - Direct Monitoring, 30.2.11.2 - Quality Assurance Monitoring (QAM), and 30.2.11.3 - Remote Monitoring. We deleted section 30.2.14 because we divided its contents among sections 30.2.11, 30.2.11.1, and 30.2.11.2. This information was previously communicated to the MACs. (2) It corrects a link to the Contingency Plan Checklist found in paragraph 2 of section 30.2.12.

EFFECTIVE DATE: January 1, 2015

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

IMPLEMENTATION DATE: February 20, 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
R	6/Table of Contents
R	6/30.2.11/Monitoring CSR Calls
N	6/30.2.11.1/Direct Monitoring
N	6/30.2.11.2/Quality Assurance Monitoring (QAM)
N	6/30.2.11.3/Remote Monitoring
D	6/30.2.14/CMS Monitoring
R	6/30.2.12/Contingency Plans

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 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.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-09	Transmittal: 31	Date: February 13, 2015	Change Request: 8995
--------------------	------------------------	--------------------------------	-----------------------------

SUBJECT: Update of IOM Pub. 100-09, Chapter 6, section 30.2.11 to include the requirements for implementing Quality Assurance Monitoring at the Medicare Administrative Contractors.

EFFECTIVE DATE: January 1, 2015

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

IMPLEMENTATION DATE: February 20, 2015

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services is implementing Quality Assurance Monitoring (QAM) at the A/B and DME MACs. The implementation of QAM will further improve the accuracy, completeness, adherence to the Privacy Act, and professionalism of A/B and DME MAC Customer Service Representatives' responses to telephone inquiries from providers. This Change Request incorporates into IOM Pub. 100-09, Chapter 6, section 30.2.11 the material that was previously communicated to the MACs.

B. Policy: The Medicare Prescription Drug, Improvement, and Modernization Act (MMA), P.L. 108-173, section 921.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	H		F	M	V	C	
8995.1	Contractors shall implement the requirements contained within Pub. 100-09, Chapter 6 Medicare Contractor Beneficiary and Provider Communications Manual.	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	H		
	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

Medicare Contractor Beneficiary and Provider Communications Manual

Chapter 6 - Provider Customer Service Program

Table of Contents *(Rev.31, Issued: 02-13-15)*

- 30.2.11 – *Monitoring CSR Calls*
 - 30.2.11.1 – *Direct Monitoring*
 - 30.2.11.2 – *Quality Assurance Monitoring (QAM)*
 - 30.2.11.3 – *Remote Monitoring*

30.2.11 – Monitoring CSR Calls

(Rev.31, Issued: 02-13-15, Effective: 01-01-15, Implementation: 02-20-15)

CMS has three monitoring programs to ensure quality service to providers: (1) direct monitoring, (2) quality assurance monitoring, and (3) remote monitoring. Monitoring the accuracy, completeness, adherence to the Privacy Act, and professionalism of CSR-handled calls will lead to improved customer satisfaction and reduce the number of calls to the PCCs.

As contractors are ultimately responsible for their responses to provider telephone inquiries, contractors shall use the results of CMS monitoring to identify and act upon areas of needed improvement, both for the PCC as a whole and for individual CSRs. Contractors shall document the actions, to include corrective action plans, as applicable, that they take to improve CSR-handled calls if CMS monitoring, or their own monitoring, indicates that improvements are recommended or required. Such information shall be provided to CMS upon request.

CMS will provide contractors with feedback about monitoring and information about the evaluation processes that are used through the PCUG electronic mailing list and regularly scheduled meetings.

30.2.11.1 – Direct Monitoring

(Rev.31, Issued: 02-13-15, Effective: 01-01-15, Implementation: 02-20-15)

In direct monitoring, CMS or CMS representatives call contractor PCCs and ask general Medicare policy questions. To facilitate direct monitoring, contractor PCCs shall allow calls from CMS or CMS representatives to CSRs. These callers will not have PTANs, NPIs, or TINs (required for authentication), but these callers need not be authenticated. CSRs shall respond to these calls as if they were calls from the provider community.

30.2.11.2 – Quality Assurance Monitoring (QAM)

(Rev.31, Issued: 02-13-15, Effective: 01-01-15, Implementation: 02-20-15)

Contractors shall provide the CMS independent quality assurance monitoring contractor with remote access to their quality monitoring systems (such as NICE, QFiniti, and Verint), which will enable CMS to conduct more comprehensive quality assurance monitoring. CMS and its independent quality assurance monitoring contractor will take reasonable measures, as necessary and appropriate, to ensure the security of this access. The secured access will provide increased capability to monitor provider calls for accuracy, completeness, adherence to the Privacy Act, and professionalism.

To assist CMS in QAM, each contractor shall:

- Record audio and video for at least 30 percent of incoming CSR-handled calls for all lines of business/types of inquiries handled by the PCC for each jurisdiction;*
- Establish current month queries that will provide the CMS independent quality assurance monitoring contractor with access to the audio and video recordings for the appropriate incoming CSR-handled calls by jurisdiction, and for all lines of business/types of inquiries handled by the PCC;*
- Unless circumstances exist that warrant an exception from CMS, ensure that the universe of calls available for QAM includes audio and video recordings for at least five calls handled by each CSR in the PCC for each jurisdiction per month (this may require putting in place special accommodations and processes for quality assurance monitoring of remote CSRs);*
- Make available to the CMS independent quality assurance monitoring contractor the audio and video recordings of each call within two (2) business days from the date of the call;*

- *Retain audio and video recordings for all calls for a period of 120 calendar days from the date of the calls; and*
- *Retain audio and video recordings for all calls that were scored for QAM during a contract year for a period of 150 calendar days past the contract year end date. MACs shall identify calls that are scored for QAM by utilizing the MAC Call Reference Detail Report, which is posted on a monthly basis to the PCC Quality Monitoring (PQM) Portal.*

30.2.11.3 – Remote Monitoring

(Rev.31, Issued: 02-13-15, Effective: 01-01-15, Implementation: 02-20-15)

Contractors shall provide CMS with remote access to their incoming provider toll-free lines, including toll-free lines that deliver inquiries for other program area applications, such as appeals, EDI and provider enrollment. CMS monitoring personal shall have the capability to monitor live provider calls in their entirety by specific workstation (CSR), next call from the network or next call from the CSR queue, and/or specific business line. Whenever possible, CMS prefers to remotely monitor calls based upon next call in queue. This approach facilitates the monitoring process and increases the ability to monitor various CSRs. The CMS will take reasonable measures to ensure the security of this access (e.g., passwords will be controlled by one person.)

Contractors shall enter the instructions, access codes, and CSR IDs, when applicable, to remotely monitor their provider inquiry toll-free lines in PCID. If the contractor monitoring system requires changes in its access codes or other parts of the instructions from what was previously submitted, the contractor shall enter the revised instructions or access codes in PCID at least 3 business days before the beginning of the affected month. (See section 70.2.2 of this chapter for contract data to be reported to PCID.)

30.2.12 – Contingency Plans

(Rev.31, Issued: 02-13-15, Effective: 01-01-15, Implementation: 02-20-15)

When a PCC is faced with a situation that results in a major disruption of service, the PCC shall take the necessary action to ensure that callers are made aware of the situation. This is intended to supplement the contractor's existing contingency plans. Whenever possible, the PCC is responsible for activating its own emergency messages or re-routing calls. However, when this is not possible and providers are unable to reach the PCC switch, the PCC shall contact the PNS contractor at pnstechsupport@flashpointis.com. For all other telecommunications support requests, PCCs shall follow their normal procedures.

By the end of the 3rd month of the contract year, PCCs shall submit to CMS their current written contingency plan describing how the Medicare provider telecommunications operations will be maintained or continued in the event of manmade or natural disasters. The plan shall cover, at a minimum, all items outlined in the Contingency Plan Checklist located at http://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/Downloads/Contingency_Plan_Checklist.pdf. The plan shall also contain a Compliance Matrix that identifies where each item in the checklist can be found in the contractor's plan. The plan may include arrangements with one or more other contractors to assist in telephone workload management during the time the PCC is unable to receive provider telephone calls. Plans shall be submitted to the Service Reports mailbox at servicereports@cms.hhs.gov or via postal mail.

Contractors may choose to submit the portion of their contingency plan that deals with telecommunications developed in relation to the Centers for Medicare & Medicaid Services (CMS) Business Partners Systems Security Manual.