

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 108	Date: JULY 31, 2009
	Change Request 6562

SUBJECT: New Reporting Requirements for the Quarterly Opt Out Report in Contractor Reporting of Operational Workload Data (CROWD)

I. SUMMARY OF CHANGES: This manual section is being updated to reflect new requirements for submitting the opt out report to CMS. Instead of faxing, e-mailing or mailing the report to CMS each quarter, contractors will now enter this information into CROWD 30 days following the close of the calendar year quarter.

NEW / REVISED MATERIAL

EFFECTIVE DATE: *January 1, 2010

IMPLEMENTATION DATE: January 4, 2010

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	15/40.40/Reporting

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: 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

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

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: Since opt out reporting began in 1998, contractors have been required to mail, fax or e-mail copies of their quarterly opt out reports to CMS and the appropriate Regional Office and/or Medicare Administrative Contractor (MAC) as instructed in Chapter 15, Section 40.40. Beginning with the first quarter of 2010, to ensure consistency among contractors, CMS is requiring contractors to enter quarterly opt out data in the CROWD system.

B. Policy: This CR provides instructions and templates needed for contractors to make preparations for using CROWD to begin reporting opt out information for the first quarter of 2010 (January 1, 2010 through March 31, 2010). Complete instructions for entering data for the quarterly opt out report are in Publication 100-06, Chapter 6, Section 470. Chapter 15, Section 40.40 has also been updated to outline the changes for the opt out report to CMS.

Contractors shall enter physician/non-physician practitioner opt out information into CROWD not later than 30 days after the close of each quarter. The contractor shall also enter into CROWD, the total number of providers by specialty that it has file to date with an opt out status. The CMS will no longer accept faxed, e-mailed or mailed copies of this report.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R I E R	R H H I	Shared-System Maintainers				OTHER
						FISS	M C S	V M S	C W F		
6562.1	Contractors shall continue to maintain valid opt out affidavits with all the required provider information in accordance with Chapter 15, Section 40.9	X			X						
6562.2	Contractors shall note changes to the method of delivery for the opt out report via Chapter 15, Section 40.40	X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R E R	R H I I S S	Shared-System Maintainers				OTH ER
						F	M	V	C	W	
	None										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	None

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): For contractor reporting concerns, Yvette Cousar at (410) 786-2160; yvette.cousar@cms.hhs.gov or William Stojak at (410) 786-6984; william.stojak@cms.hhs.gov

Post-Implementation Contact(s): Appropriate RO or MAC Project Officer

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers, use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For Medicare Administrative Contractors (MACs), include the following statement:

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.

40.40 - Reporting

(Rev. 108; Issued: 07-31-09; Effective: 01-01-10; Implementation: 01-04-10)

Contractors shall report quarterly physician and non-physician practitioner opt outs to CMS beginning with providers who have approved affidavits with opt out effective dates of January 1, 2010 through March 31, 2010 via the CROWD system. The data will be entered into CROWD Form 8. Please refer to The Medicare Financial Management Manual, Publication 100-06, Chapter 6, Section 470 for complete instructions on how to enter data for quarterly opt out reporting.

The contractor shall maintain valid/approved affidavits in accordance with Section 40.9. The contractor must not count affidavits it receives for the opt out report that are invalid/not approved and must be returned to the physician/practitioner for clarification, incompleteness, etc. For the quarterly CROWD report, CMS only requires a count of the newly opted out physicians and non-physicians for the quarter. If no activity occurred, zeros will be entered for the report.

In CROWD contractors will report the number of providers who have opted out by specialty and quarter month. The quarter is based on a calendar year (e.g. for the first quarter, month # 1 (Jan), month # 2 (Feb) and month # 3 (Mar). No additional provider details (e.g., name, address, NPI) are required on the CROWD report. An example of the opt out reporting form in CROWD can be found in The Medicare Financial Management Manual, Publication 100-06, Chapter 6, Section 470.5.

Contractors shall also use CROWD to enter the total number of physicians and non-physician practitioners by specialty that it has on file to date flagged or identified as opt outs. For example, for specialty 01, the contractor would enter a number of all providers that have a status of opt out as of the close of the quarter.

The CMS will no longer accept faxed, e-mailed or mailed copies of the opt out report.

The report is due *in CROWD* 30 days after the end of each quarter (e.g., a report for the quarter April, 2010, through June 30, 2010, is due July 30, 2010.)