

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	Centers for Medicare & Medicaid Services (CMS)
Transmittal 155	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 is being updated with a new section with a description of a new form in CROWD that contractors will be required to complete when submitting their quarterly opt out report information to CMS.

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
N	06/470/Completing The CMS Quarterly Opt Out Report- General
N	06/470.1/Due Date
N	06/470.2/Heading
N	06/470.3/Definitions of Columns One Through Five
N	06/470.4/Definitions of Provider Specialty Codes for Opt Out Reporting
N	06/470.5/Exhibits

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

Pub. 100-06	Transmittal: 155	Date: July 31, 2009	Change Request: 6562
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SUBJECT: New Reporting Requirements for the Quarterly Opt Out Report in Contractor Reporting of Operational Workload Data (CROWD)

EFFECTIVE DATE: January 1, 2010

IMPLEMENTATION DATE: January 4, 2010

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 the Medicare Benefit Policy Manual, Publication 100-02, 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 Chapter 6, Section 470. The Medicare Benefit Policy Manual, Publication 100-02, 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 R E R	C A R I E R	R H I	Shared-System Maintainers			
					FISS	M C S	V M S	C W F		
6562.1	Effective for opt out reporting from January 1, 2010 through March 31, 2010, contractors shall enter data on quarterly opt outs in the appropriate lines and columns in CROWD (Form 8). NOTE: This information is in Chapter 6, Section 470.	X			X			X		
6562.2	Contractors shall also enter into CROWD on a	X			X			X		CROWD

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 R I E R	R H I I E R	Shared-System Maintainers				OTHER
							FISS	M C S	V M S	C W F	
	quarterly basis, the total number of providers by specialty that it has on file in its system with an active opt out status as of the last day of each quarter.										

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 R I E R	R H I I E R	Shared-System Maintainers				OTH ER
							FISS	M C S	V M S	C W F	
	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:
6562.1	Upon implementation of this CR, contractors will be required to use a new form (Form 8) in CROWD to report information on quarterly opt out information (as required per The Medicare Benefit Policy Manual, Publication 100-02, Chapter 15, Section 40.40)

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.

Medicare Financial Management Manual

Chapter 6 - Intermediary and Carrier Financial Reports

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470 - Completing the CMS Quarterly Opt Out Report - General

(Rev. 155; Issued: 07-31-09; Effective Date: 01-01-10; Implementation Date: 01-04-10)

The contractors prepare and submit to CMS a quarterly report on information regarding the number of physicians and non-physician practitioners (NPPs) who have newly opted out of the Medicare program during the quarter (See The Medicare Benefit Policy Manual, Publication 100-02 Chapter 15, Sec. 40.4). Each contractor shall complete CROWD Form 8 for every state in its jurisdiction. Contractors shall also enter the total number of providers that it has on file, flagged or identified as opt outs (as of the close of the calendar quarter).

The contractor does not submit a hard copy, faxed copy or e-mail version of this report to CMS

470.1- Due Date

(Rev. 155; Issued: 07-31-09; Effective Date: 01-01-10; Implementation Date: 01-04-10)

The information shall be entered into CROWD no later than the 30th day following the close of the quarter.

470.2 - Heading

(Rev. 155; Issued: 07-31-09; Effective Date: 01-01-10; Implementation Date: 01-04-10)

This report is referenced as Form 8 in the CROWD system. The contractor completes the ADD/UPDATE/DELETE DATA criteria screen with the appropriate information to bring the reporting format to its screen.

470.3 - Definitions of Columns One Through Five

(Rev. 155; Issued: 07-31-09; Effective Date: 01-01-10; Implementation Date: 01-04-10)

Physician Specialty Code – *A count of the number of physicians in the specified 2 digit code (e.g. 02 = general surgery) that have newly opted out during the quarter.*

Column 1- Physician/Non-Physician Practitioner Opt Out Counts – *A count of the number of physicians and non-physician practitioners for the specialty code that have opted out during the 1st month of the current quarter.*

Column 2- Physician/Non-Physician Practitioner Opt Out Counts - *A count of the number of physicians and non-physician practitioners for the specialty code that have opted out during the 2nd month of the current quarter.*

Column 3 - Physician/Non-Physician Practitioner Opt Out Counts – *A count of the number of physicians and non-physician practitioners for the specialty code that have opted out during the 3rd month of the current quarter.*

Column 4 -Total Number of Physicians and Non-Physician Practitioners for a Given Specialty
– A total count of physicians and non-physician practitioners for the specialty code in months one, two and three.

Column 5- Physicians/Non-Physician Practitioners on File - A total count of the number of physicians and non-physician practitioners that have opted out status for the specialty code that the contractor has identified in its system as of the end of the quarter.

470.4 - Definitions of Provider Specialty Codes for Opt Out Reporting
(Rev. 155; Issued: 07-31-09; Effective Date: 01-01-10; Implementation Date: 01-04-10)

The Carrier/MAC counts individual providers by the specialties listed below. The contractor does not count an individual more than once, even if the individual practices in more than one setting. The specialties specific to opt outs are listed below.

Local Carrier/MACs

General Practice - The Carrier/MAC enters in the appropriate column all physicians with specialty code 01.

General Surgery - The Carrier/MAC enters in the appropriate column all physicians with specialty code 02.

Allergy/Immunology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 03.

Otolaryngology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 04.

Anesthesiology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 05.

Cardiology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 06.

Dermatology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 07.

Family Practice - The Carrier/MAC enters in the appropriate column all physicians with specialty code 08.

Interventional Pain Management - The Carrier/MAC enters in the appropriate column all physicians with specialty code 09.

Gastroenterology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 10.

Internal Medicine - The Carrier/MAC enters in the appropriate column all physicians with specialty code 11.

Osteopathic Manipulative Therapy - The Carrier/MAC enters in the appropriate column all physicians with specialty code 12.

Neurology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 13.

Neurosurgery - The Carrier/MAC enters in the appropriate column all physicians with specialty code 14.

Obstetrics/Gynecology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 16.

Hospice & Palliative Care - The Carrier/MAC enters in the appropriate column all physicians with specialty code 17.

Ophthalmology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 18.

Oral Surgery (Dentists Only) - The Carrier/MAC enters in the appropriate column all dentists with specialty code 19.

Orthopedic Surgery - The Carrier/MAC enters in the appropriate column all physicians with specialty code 20.

Pathology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 22.

Plastic and Reconstructive Therapy - The Carrier/MAC enters in the appropriate column all physicians with specialty code 24.

Physical Medicine and Rehabilitation - The Carrier/MAC enters in the appropriate column all physicians with specialty code 25.

Psychiatry - The Carrier/MAC enters in the appropriate column all physicians with specialty code 26.

Colorectal Surgery (Formerly Proctology) - The Carrier/MAC enters in the appropriate column all physicians with specialty code 28.

Pulmonary Disease - The Carrier/MAC enters in the appropriate column all physicians with specialty code 29.

Diagnostic Radiology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 30.

Anesthesiologist Assistants - The Carrier/MAC enters in the appropriate column all practitioners with specialty code 32.

Thoracic Surgery - The Carrier/MAC enters in the appropriate column all physicians with specialty code 33.

Urology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 34.

Nuclear Medicine - The Carrier/MAC enters in the appropriate column all physicians with specialty code 36.

Pediatric Medicine - The Carrier/MAC enters in the appropriate column all physicians with specialty code 37.

Geriatric Medicine - The Carrier/MAC enters in the appropriate column all physicians with specialty code 38.

Nephrology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 39.

Hand Surgery - The Carrier/MAC enters in the appropriate column all physicians with specialty code 40.

Optometry - The Carrier/MAC enters in the appropriate column all physicians with specialty code 41.

Certified Nurse Midwife - The Carrier/MAC enters in the appropriate column all practitioners with specialty code 42.

Certified registered Nurse Anesthetist (CRNA) Anesthesia Assistant - The Carrier/MAC enters in the appropriate column all practitioners with specialty code 43.

Infectious Disease - The Carrier/MAC enters in the appropriate column all physicians with specialty code 44.

Endocrinology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 46.

Podiatry - The Carrier/MAC enters in the appropriate column all physicians with specialty code 48.

Nurse Practitioner - The Carrier/MAC enters in the appropriate column all practitioners with specialty code 50.

Clinical Psychologist (Independent) - The Carrier/MAC enters in the appropriate column all practitioners with specialty code 62.

Rheumatology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 66.

Clinical Psychologist - The Carrier/MAC enters in the appropriate column all practitioners with specialty code 68.

Registered Dietitian/Nutrition Professional - The Carrier/MAC enters in the appropriate column all practitioners with specialty code 71.

Pain Management - The Carrier/MAC enters in the appropriate column all physicians with specialty code 72.

Peripheral Vascular Disease - The Carrier/MAC enters in the appropriate column all physicians with specialty code 76.

Vascular Surgery - The Carrier/MAC enters in the appropriate column all physicians with specialty code 77.

Cardiac Surgery - The Carrier/MAC enters in the appropriate column all physicians with specialty code 78.

Addiction Medicine - The Carrier/MAC enters in the appropriate column all physicians with specialty code 79.

Licensed Clinical Social Worker - The Carrier/MAC enters in the appropriate column all practitioners with specialty code 80.

Critical Care (Intensivist) - The Carrier/MAC enters in the appropriate column all physicians with specialty code 81.

Hematology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 82.

Hematology/Oncology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 83.

Preventative Medicine - The Carrier/MAC enters in the appropriate column all physicians with specialty code 84.

Maxillofacial Surgery - The Carrier/MAC enters in the appropriate column all physicians with specialty code 85.

Neuropsychiatry - The Carrier/MAC enters in the appropriate column all physicians with specialty code 86.

Unknown Supplier/Provider - The Carrier/MAC enters in the appropriate column all suppliers/providers with specialty code 88.

Certified Clinical Nurse Specialist - The Carrier/MAC enters in the appropriate column all practitioners with specialty code 89.

Medical Oncology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 90.

Surgical Oncology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 91.

Radiation Oncology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 92.

Emergency Medicine - The Carrier/MAC enters in the appropriate column all physicians with specialty code 93.

Interventional Radiology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 94.

Physician Assistant - The Carrier/MAC enters in the appropriate column all practitioners with specialty code 97.

Gynecological Oncology - The Carrier/MAC enters in the appropriate column all physicians with specialty code 98.

Unknown Physician Specialty - The Carrier/MAC enters in the appropriate column all physicians with specialty code 99.

Total Physicians and Non-Physician Practitioners - The Carrier/MAC enters in the appropriate month column (columns 1, 2 & 3) the total of all specialty codes applicable to physicians and non-physician practitioners.

470.5 – Exhibits

(Rev. 155; Issued: 07-31-09; Effective Date: 01-01-10; Implementation Date: 01-04-10)

Exhibit 1 Quarterly Opt Out Report – Local Carrier/MACs – Screen 1

SCREEN 1

PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT

CONTRACTOR NO. _____ STATE: _____

EXPLANATION OF SPECIALTY CODES:

01 General Practice

02 General Surgery

03 Allergy/Immunology

04 Otolaryngology

05 Anesthesiology

06 Cardiology

07 Dermatology

08 Family Practice

09 Interventional Pain Management

10 Gastroenterology

11 Internal Medicine

12 Osteopathic Manipulative Therapy

13 Neurology

14 Neurosurgery

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
01-PHY						
02 -PHY						
03- PHY						
04 -PHY						
05 -PHY						
06 -PHY						
07- PHY						
08 -PHY						
09-PHY						
10 -PHY						
11 -PHY						
12 -PHY						
13- PHY						
14 -PHY						

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For further definition of specialty categories, see Section 470.3.

Exhibit 2 Quarterly Opt Out Report – Local Carrier/MACs – Screen 2

SCREEN 2

PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT

CONTRACTOR NO. _____ STATE: _____

EXPLANATION OF SPECIALTY CODES:

16 Obstetrics/Gynecology
 17 Hospice & Palliative Care
 18 Ophthalmology
 19 Oral Surgery (Dentists Only)
 20 Orthopedic Surgery
 22 Pathology

24 Plastic and Reconstructive Therapy
 25 Physical Medicine and Rehabilitation
 26 Psychiatry
 28 Colorectal Surgery
 29 Pulmonary Disease
 30 Diagnostic Radiology

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	<i>Carrier/MAC</i>	<i>Month # 1 of the Quarter</i>	<i>Month # 2 of the Quarter</i>	<i>Month # 3 of the Quarter</i>	<i>Quarter Total</i>	<i>Total on File</i>
16 -PHY						
17- PHY						
18 -PHY						
19 -PHY						
20 -PHY						
22- PHY						
24 -PHY						
25-PHY						
26 -PHY						
28 -PHY						
29- PHY						
30 -PHY						

For further definition of specialty categories, see Section 470.3.

Exhibit 3 Quarterly Opt Out Report – Local Carrier/MACs – Screen 3

**SCREEN 3
 PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT
 CONTRACTOR NO. _____ STATE: _____
 EXPLANATION OF SPECIALTY CODES:**

32 Anesthesiologist Assistants
 33 Thoracic Surgery
 34 Urology
 36 Nuclear Medicine
 37 Pediatric Medicine
 38 Geriatric Medicine
 39 Nephrology

40 Hand Surgery
 41 Optometry
 42 Certified Nurse Midwife
 43 CRNA Anesthesia Assistant
 44 Infectious Disease
 46 Endocrinology
 48 Podiatry

<i>SPECIALTY CODE/GROUP</i>	<i>PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS</i>					
	<i>Carrier/MAC</i>	<i>Month # 1 of the Quarter</i>	<i>Month # 2 of the Quarter</i>	<i>Month # 3 of the Quarter</i>	<i>Quarter Total</i>	<i>Total on File</i>
<i>32-NPP</i>						
<i>33 -PHY</i>						
<i>34- PHY</i>						
<i>36 -PHY</i>						
<i>37 -PHY</i>						
<i>38 -PHY</i>						
<i>39- PHY</i>						
<i>40 -PHY</i>						
<i>41-PHY</i>						
<i>42 -NPP</i>						
<i>43 -NPP</i>						
<i>44 -PHY</i>						
<i>46- PHY</i>						
<i>48 -PHY</i>						

For further definition of specialty categories, see Section 470.3.

Exhibit 4 Quarterly Opt Out Report – Local Carrier/MACs – Screen 4

SCREEN 4

PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT

CONTRACTOR NO. _____ STATE: _____

EXPLANATION OF SPECIALTY CODES:

- | | |
|--|------------------------------------|
| 50 Nurse Practitioner | 76 Peripheral Vascular Disease |
| 62 Clinical Psychologist (Independent) | 77 Vascular Surgery |
| 66 Rheumatology | 78 Cardiac Surgery |
| 68 Clinical Psychologist | 79 Addiction Medicine |
| 71 Registered Dietitian | 80 Licensed Clinical Social Worker |
| 72 Pain Management | 81 Critical Care (Intensivist) |
| | 82 Hematology |

<i>SPECIALTY CODE/GROUP</i>	<i>PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS</i>					
	<i>Carrier/MAC</i>	<i>Month # 1 of the Quarter</i>	<i>Month # 2 of the Quarter</i>	<i>Month # 3 of the Quarter</i>	<i>Quarter Total</i>	<i>Total on File</i>
<i>50-NPP</i>						
<i>62-NPP</i>						
<i>66- PHY</i>						
<i>68 -PHY</i>						
<i>71 -NPP</i>						
<i>72- PHY</i>						
<i>76 -PHY</i>						
<i>77-PHY</i>						
<i>78 -NPP</i>						
<i>79 -NPP</i>						
<i>80 -NPP</i>						
<i>81- PHY</i>						
<i>82 -PHY</i>						

For further definition of specialty categories, see Section 470.3.

Exhibit 5 Quarterly Opt Out Report – Local Carrier/MACs – Screen 5

**SCREEN 5
 PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT
 CONTRACTOR NO. _____ STATE: _____
 EXPLANATION OF SPECIALTY CODES:**

83 Hematology/Oncology
 84 Preventive Medicine
 85 Maxillofacial Surgery
 86 Neuropsychiatry
 88 Unknown Supplier/Provider
 89 Certified Clinical Nurse Specialist
 90 Medical Oncology

91 Surgical Oncology
 92 Radiation Oncology
 93 Emergency Medicine
 94 Interventional Radiology
 97 Physician Assistant
 98 Gynecological Oncology
 99 Unknown Physician Specialty

<i>SPECIALTY CODE/GROUP</i>	<i>PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS</i>					
	<i>Carrier/MAC</i>	<i>Month # 1 of the Quarter</i>	<i>Month # 2 of the Quarter</i>	<i>Month # 3 of the Quarter</i>	<i>Quarter Total</i>	<i>Total on File</i>
<i>83-PHY</i>						
<i>84 -PHY</i>						
<i>85- PHY</i>						
<i>86 -PHY</i>						
<i>88 -NPP</i>						
<i>89 -NPP</i>						
<i>90- PHY</i>						
<i>91 -PHY</i>						
<i>92-PHY</i>						
<i>93 -PHY</i>						
<i>94 -PHY</i>						
<i>97 -NPP</i>						
<i>98- PHY</i>						
<i>99 -PHY</i>						
<i>Total</i>						

For further definition of specialty categories, see Section 470.3.