

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-09 Medicare Contract Beneficiary and Provider Communications	Centers for Medicare & Medicaid Services (CMS)
Transmittal 27	Date: March 12, 2010
	Change Request 6817

SUBJECT: Change in Provider Customer Service Program Requirements

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to clarify existing manual requirements and change the way contractors submit Customer Service Representative (CSR) training information to CMS. Contractors currently submit CSR training to the CMS ProviderServices mailbox. This CR requires that this information now be entered in the Provider Customer Service Program Contractor Information Database (PCID).

EFFECTIVE DATE: April 12, 2010

IMPLEMENTATION DATE: April 12, 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	Table of Contents
N	6/20/20.7.4/Additional Reporting
R	6/30/30.2.13.4/Quality Call Monitoring Calibration
R	6/30/30.3.8.2/Quality Written Correspondence Monitoring Calibration
R	6/40/40.2.2/Provider Contact Centers Training Program
R	6/40/40.2.2.3/Training Schedule
R	6/40/40.2.2.4/Training Closures of More Than 4 Hours
R	6/50/50.2.1/General Requirements
N	6/70/70.2.4/Contact Center Training Closure Information to Be Reported in PCID

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

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

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. 100-09	Transmittal: 27	Date: March 12, 2010	Change Request: 6817
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SUBJECT: Change in Provider Customer Service Program Requirements

Effective Date: April 12, 2010

Implementation Date: April 12, 2010

I. GENERAL INFORMATION

A. Background: The purpose of this change request (CR) is to clarify existing manual requirements and change the way contractors submit Customer Service Representative (CSR) training information to CMS. Contractors currently submit CSR training to the CMS ProviderServices mailbox. This CR requires that this information now be entered in the Provider Customer Service Program Contractor Information Database (PCID). All comments to the CR have been addressed through a question and answer document.

B. Policy: Sections 1816 and 1874 of the Social Security Act require that Medicare contractors serve as a channel of communications for information to and from providers/suppliers. Medicare contractors are required by CMS to have Medicare provider (or supplier) communications and inquiries programs.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I I E R	C A R I E R	R H H I S S	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
6817.1	Contractors shall work to maintain or improve upon their CERT scores.	X	X	X	X	X					RRB
6817.1.1	Contractors who do not maintain or improve their scores from their prior year scores shall be subject to additional reporting related to the way they use outreach and education to achieve a reduction.	X	X	X	X	X					RRB
6817.2	Because the dates for the CERT sampling period and contract year do not always align, the MACs shall maintain or improve upon the overall CERT error rate of the outgoing contractor as stated in the last Improper Payments report published during the outgoing contractor's final contract year.	X	X								
6817.3	Contractors shall achieve an error rate equal to or lower than the current Government Performance	X	X	X	X	X					RRB

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M I E R	C A R R I E R	R H H I S S	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	Results Act (GPRA) goal. For contractors who exceed this goal, CMS reserves the right to require additional reporting related to the way they use outreach and education to achieve a reduction. Contractors whose error rate is equal to or greater than 25% higher than the current GPRA goal may be required to provide quarterly updates to CMS on their efforts to use education to reduce their error rate. Contractors whose error rate is equal to or greater than 50% higher than the current GPRA goal may be required to provide monthly updates to CMS on their efforts to use education to reduce their error rate. The need for quarterly and monthly updates will be re-evaluated after a CERT report is published.										
6817.4	On a quarterly basis, contractors shall submit to CMS five telephone calls for each line of business in their contract—Part A, Part B, HH+H and DME.	X	X	X	X	X					RRB
6817.5	Contractors who encrypt their calls sent for calibration purposes shall use the code contained in the PCID system as their encryption password.	X	X	X	X	X					RRB
6817.6	On a quarterly basis, contractors shall submit to CMS five written inquiry cases for each line of business in their contract—Part A, Part B, HH+H and DME.	X	X	X	X	X					RRB
6817.7	Contractors who submit their letters for calibration via an encrypted CD shall use the code contained in the PCID system as their encryption password.	X	X	X	X	X					RRB
6817.8	Contractors shall request permission to close for CSR training according to §§40.2.2.3 and 40.2.2.4 of chapter 6.	X	X	X	X	X					RRB
6817.9	Contractors shall enter training information into Provider Customer Service PCID for each provider contact center that serves a Medicare contract.	X	X	X	X	X					RRB
6817.10	Contractors shall submit into PCID planned training date(s) and time(s) by the 15 th of the month prior to when training will be performed.	X	X	X	X	X					RRB

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Ne'chelle Shaw-Patrick, nechelle.shaw-patrick@cms.hhs.gov, 410-786-2297

Post-Implementation Contact(s): Ne'chelle Shaw-Patrick, nechelle.shaw-patrick@cms.hhs.gov, 410-786-2297

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.

Attachment

CR 6817 Question and Answer Document

General Questions

Question: Section 70.2.4 is listed before section 50.2.1 in the attached IOM.

Answer: That was corrected. The new section is in the right order.

Question: The IOM attached to the CR repeats sections 40.2.2.3, 40.2.2.4, and 70.2.4.

Answer: That was corrected. The new section does not repeat.

BR 6817.1 through BR 6718.3 - CERT Questions

Question: Business Requirement 6817.1.1 states - Contractors who do not maintain or improve their scores from their prior year scores shall be subject to additional reporting related to the way they use outreach and education to achieve a reduction. Please verify, does this requirement apply to contractors whose error rates continue to be below the stated GPRA goal?

Answer: This requirement only applies to those contractors whose error rates are above the GPRA goal for the given year.

Question: The most recent Improper Payments Report was released for May 2008. Since this time period, CERT review criteria have undergone numerous changes, resulting in error rate increases. Therefore it seems unfair to compare CERT error rates based on previous review criteria with error rates based on current review criteria, and to hold contractors responsible for reductions, considering these differences.

Answer: CMS is aware of the changes to the CERT claims review criteria. This will be taken into consideration when we are determining whether additional reporting will be required for a given contractor.

Question: For consistency purposes, we would like further clarification as to how CMS will determine the contractor error rates. For MAC contractors, will the Part A and Part B error rates be combined for the purpose of GPRA measurements? For contractors that currently process Legacy Part A and Part B workloads, will those error rates be combined or will they be held to the GPRA goal separately for Part A and Part B? Or will all workloads processed by a single contractor be rolled into one combined score?

Answer: There will be no change to the way contractor specific error rates will be determined.

Question: Can CMS be more detailed in exactly what reporting would be required? For example, will contractors be required to submit additional reporting in the Educational Activity Report or the ERRP? Will there be a new report with instructions on how to complete?

Answer: The type of reporting that will be required will depend on type of errors identified in the Improper Payments Report. CMS will work with each contractor who is subject to additional reporting to determine the type of report that will be needed to address the kind of education being used to reduce the error rate.

Question: Will future CRs detail what the GPRA goals are and will they be placed on the CMS website? Since we have not received an Improper Payment Report since the May 2008 CERT report, what data should contractors use at the present time to improve? Would CMS consider not implementing this CR until after the next Improper Payment Report is received by contractors?

Question: The business requirement states "Contractors who do not maintain or improve their scores from their prior year scores shall be subject to additional reporting related to the way they use outreach and education to achieve a reduction." Please elaborate on the type of detail that would be requested and what CMS plans to do with the information the contractor reports. For example, will it be shared with other contractors as best practice activity or will CMS use the information to develop guidelines / instructions for other contractors to follow (with the intent being for others to achieve the same results).

Answer: The type of reporting that will be required will depend on type of errors identified in the Improper Payments Report. CMS will work with each contractor who is subject to additional reporting to determine the type of report that will be needed to address the kind of education being used to reduce the error rate. At this time CMS does not plan to share the information among contractors. It will be used to monitor how the contractor is using education to lower its error rate.

Question: The requirement to "maintain or improve the overall CERT error rate of the outgoing contractor as stated in the last Improper Payment report" does not seem to align with the February 1, 2010 implementation date of the CR. Since the last Improper Payment report was published in May 2008 and there are no plans to publish the Nov 2009 contractor rates (according to JSM/TDL 10009), what CERT rates should be used to maintain or improve?

Answer: Although contractor specific rates are not being published, most contractors will receive their individual contractor error rates shortly. It is CMS' expectation that contractors will use this information to determine the type of education needed in their jurisdiction.

BR 6817.4 and BR 6817.6 – Calibration Samples

Question: The business requirement is duplicative of a requirement in CR 6482 (refer to business requirement 6482.43)

Answer: This is the same business requirement that was in CR 6482. However, when that CR was released the manual section that it referred to was incorrect. The intent of this manual revision is to correct the number of letters and phone calls that need to be submitted quarterly for calibration purposes.

BRs 6817.9 through 6817.14 – Training Schedules

Question: Contractors shall only enter training information into the PCID system between the 1st and the 15th of month. Please clarify how contractors shall report changes to the planned training schedule that occur after the 15th of a given month.

Answer: Contractors can enter or edit training information from the 1st through the 15th of a month. After the 15th, contractors shall send any updates to the PCID mailbox at P-CID@cms.hhs.gov.

Question: When will this standardized list of training topics and subtopics be finalized and posted to the CMS Web site?

Answer: The list is finalized and is available on the Provider Customer Service Program Contractor Information Database (PCID) under the link to Enter/Edit Training Schedule information.

Question: "Contractor shall link all CSR monthly training topics to the CMS Standardized Provider Inquiry Tracking Chart found in §90." This statement is very unclear and non-specific...what does CMS mean by the statement "shall link"?

Answer: CMS would like to see some correlation between the type of inquiries you are receiving and the kind of training you are providing for those who respond to these inquiries. This statement is in no way meant to limit or dictate the training you choose to provide for your staff. When entering your training topics and subtopics for the month you will also need to select the Inquiry Tracking category and subcategory that the training relates to.

Question: Does BR6817.10 apply to all scenarios as described in section 40.2.2.3? If yes, the BR should be expanded to include what should be done if there is no training scheduled for the month?

Answer: As stated in the manual section, if there is no training during the month, the contractor will not enter any information in PCID. The contractor shall send a note to the provider services mailbox at providerservices@cms.hhs.gov indicating that they did not close for training during the month.

Question: In the IOM attached to the CR is a reference to sections 40.2.2.5 and 40.2.2.6 both appearing as new. Are these new sections or is it a correction to the section numbering for the third bullet in 40.2.2 that is in the current online manual? If they are new, there is nothing in this CR containing the new sections.

Answer: These are not new sections. This is a correction to what was released in CR 6482 where the wrong sections were cited.

Question: Both BR 6817.8 and the revised manual section 40.2.2 require contractors to request permission to close in accordance with sections 40.2.2.5 and 40.2.2.6; however, those sections pertain to provider notifications about closures and CSR/correspondent feedback. We believe the correct section references should be 40.2.2.3 (Training Schedules) and 40.2.2.4 (Training Closures of More than 4 Hours) because they provide instructions for contractors to follow when requesting permission to close. Would CMS consider correcting the section references in the BR and corresponding section 40.2.2?

Answer: The citations were corrected.

Question: In the revised manual section 30.2.13.4 (QCM Calibration), the mailbox address shows "qwcmscores@cms.hhs.gov"; however, we believe it should be "qcmscores@cms.hhs.gov" since the section pertains to QCM.

Answer: You are correct. The website was changed.

BR 6817.15 – LCD Information

Question: Contractors may post, on their own Web sites, LCD information that is contained in the Medicare Coverage Database (see Program Integrity Manual (PIM), IOM 100-08, §13 that details the LCD website posting requirements). We suggest that this business requirement be removed from the CR, since it appears to be unrelated to CSR training information. This business requirement appears to be a restatement of actions that are already permissible for contractors to take.

Answer: CMS will not be removing this BR. The change in the manual section is meant to clarify that contractors may post their LCDs to their own websites provided they follow the direction in IOM Pub 100-08, §13.

Medicare Contractor Beneficiary and Provider Communications Manual

Chapter 6 - Provider Customer Service Program

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(Rev.27, 03-12-10)

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20.7.4 - Additional Reporting

70.2.4 – Contact Center Training Closure Information to Be Reported in PCID

20.7.4 – Additional Reporting

(Rev.27, Issued: 03-12-10, Effective: 04-12-10, Implementation: 04-12-10)

The CMS will emphasize the importance of integration of data analysis across all business functions within the contractor, as they continuously assess the effect of their outreach and education efforts upon the error rate. Contractors shall work to maintain or improve upon their CERT scores. Contractors who do not maintain or improve their scores from their prior year scores shall be subject to additional reporting related to the way they use outreach and education to achieve a reduction.

Because the dates for the CERT sampling period and contract year do not always align, the MACs shall maintain or improve upon the overall CERT error rate of the outgoing contractor as stated in the last Improper Payments report published during the outgoing contractor's final contract year.

Contractors shall achieve an error rate equal to or lower than the current Government Performance Results Act (GPRA) goal. The goal for each year is published in the Report on Improper Medicare Fee-for-Service Payments. For contractors who exceed this goal, CMS reserves the right to require additional reporting related to the way they use outreach and education to achieve a reduction. Contractors whose error rate is equal to or greater than 25 percent higher than the current GPRA goal may be required to provide quarterly updates to CMS on their efforts to use education to reduce their error rate. Contractors whose error rate is equal to or greater than 50 percent higher than the current GPRA goal may be required to

provide monthly updates to CMS on their efforts to use education to reduce their error rate. The need for quarterly and monthly updates will be re-evaluated after a CERT report is published.

30.2.13.4 – Quality Call Monitoring Calibration

((Rev.27, Issued: 03-12-10, Effective: 04-12-10, Implementation: 04-12-10))

Calibration is a process to help maintain fairness, objectivity and consistency in scoring calls by staff within one or more contact centers.

Contractors shall participate in all national QCM calibration sessions organized by CMS. National sessions are held once per quarter. Appointments will be sent to all provider contact centers via the PCUG listserv (See §10.)

Contractors with more than one contact center shall conduct monthly calibration sessions among multiple centers. Contact centers with more than one reviewer shall conduct monthly calibration sessions within the contact center. Contact centers shall keep written records of their internal calibration meetings, including attendance lists. These records shall be provided to CMS upon request.

On a quarterly basis, contractors shall submit to CMS *five* telephone calls for each line of business in their contract—Part A, Part B, HH+H and DME. Calls shall be submitted by the following dates:

- March 1;
- June 1;
- September 1; and,
- December 1.

These calls shall be actual provider inquiries responded to within the prior contract quarter. Rather than looking for perfect calls, CMS would prefer calls that generate discussion among the contractor sites. This includes calls where CSRs demonstrate exceptional or unacceptable behavior.

All calls submitted for consideration for calibration shall have been scored using the QCM tool and entered into the QCM database. All calls submitted shall have a copy of the QCM scorecard attached. Calls may be submitted electronically or through postal mail. All calls submitted through e-mail shall have all PHI removed from the call. Regardless of the method of submission, all calls shall be submitted in the .wav format and shall be under 10MB per call. *Contractors who encrypt their calls shall use the code contained in the PCID system as their encryption password.*

E-mail submissions shall be sent to the QCM Scores mailbox at qcmscores@cms.hhs.gov. All postal submissions shall be mailed to the following address:

Centers for Medicare & Medicaid Services
7500 Security Boulevard

Mail Stop: C4-13-07
Attn: DCPC-QCM Calibration
Baltimore, MD 21244

30.3.8.2 – Quality Written Correspondence Monitoring Calibration

(Rev.27, Issued: 03-12-10, Effective: 04-12-10, Implementation: 04-12-10)

Calibration is a process to help maintain fairness, objectivity and consistency in scoring calls by staff within one or more contact centers.

Contractors shall participate in all national QWCM calibration sessions organized by CMS. National sessions are held once per quarter. Appointments will be sent to all provider contact centers via the PCUG listserv (See §10.)

Contractors with more than one contact center shall conduct monthly calibration sessions among multiple centers. Contact centers with more than one reviewer shall conduct monthly calibration sessions within the contact center. Contact centers shall keep written records of their internal calibration meetings, including attendance lists. These records shall be provided to CMS upon request.

On a quarterly basis, contractors shall submit to CMS *five* written inquiry cases for each line of business in their contract—Part A, Part B, HH+H and DME. Cases shall be submitted by the following dates:

- March 1;
- June 1;
- September 1; and,
- December 1.

The cases shall be actual provider written inquiries responded to within the prior contract quarter. In addition, all cases must have been scored using the QWCM tool and entered into the QWCM database. Each case shall contain the incoming inquiry, response, screenshots showing any associated research done in order to supply the response, as well as a copy of the QWCM scorecard. *Contractors who submit their letters via an encrypted CD shall use the code contained in the PCID system as their encryption password.*

All submissions shall be mailed to the following address:

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Mail Stop: C4-13-07
Attn: DCPC – QWCM Calibration
Baltimore, MD 21244

40.2.2 - Provider Contact Centers Training Program

(Rev.27, Issued: 03-12-10, Effective: 04-12-10, Implementation: 04-12-10)

To help contractors provide ongoing training for their CSRs and correspondents, on Federal holidays, in lieu of answering telephone inquiries, PCCs may choose to close their contact center to provide CSR training. In addition, PCCs may close on for up to 8 hours per month for CSR training and/or staff development. The goal is to help CSRs improve the consistency and accuracy of their answers to provider questions, to increase their understanding of issues, and to facilitate retention of the facts of their training by increasing its frequency.

The PCCs shall adhere to the following guidelines when closing for training on days other than Federal holidays:

- The 8 hours per month shall be used for training only;
- The 8 hours per month shall not be used for corporate meetings;
- Contractors shall request permission to close according to §§40.2.2.3 and 40.2.2.4 of this chapter; and,
- Training time not used within a specific month shall not be carried over to the next month.

40.2.2.3 - Training Schedule

(Rev.27, Issued: 03-12-10, Effective: 04-12-10, Implementation: 04-12-10)

Contractors shall enter information about their training closures into PCID for each PCC that serves a particular Medicare contract. By the 15th of the month, contractors shall report their planned training closure dates and times for the upcoming month and their training information for the prior month, in accordance with §70.2.4. If a contractor chooses not to close for training during a particular month, the contractor shall send an e-mail to the ProviderServices mailbox at providerservices@cms.hhs.gov indicating that they are not closing during business hours to conduct CSR training.

The CMS will post training schedules and contact information submitted by all provider Medicare contractors at http://www.cms.hhs.gov/FFSProvCustSvcGen/30_Contractor_Training_and_Resources.asp#TopOfPage .

40.2.2.4 - Training Closures of More Than 4 Hours

(Rev.27, Issued: 03-12-10, Effective: 04-12-10, Implementation: 04-12-10)

Contractors shall assume approval of closures of 4 hours or less unless they receive notification to the contrary. For training of more than 4 hours on the same day, contractors shall request CMS approval at least a month in advance of the training dates to the provider services mailbox

at providerservices@cms.hhs.gov using the subject line “One Time Approval Request.” CMS will provide one time authorization for training closure requests of more than 4 hours. CMS will evaluate this type of authorization on a case by case basis and authorize it under special circumstances within 1 week of receipt. If the contractor does not receive a confirmation from CMS within 1 week of submitting its request for training closure, the contractor can close for training under the assumption that its request was approved.

In instances where changes to previously approved training *of more than 4 hours* are necessary, contractors shall submit all requests for changes to the provider services mailbox at providerservices@cms.hhs.gov using the subject line “Change of One Time Approval Request.” A new CMS approval is required to proceed with changes to previously approved training schedules. Changes shall be submitted to CMS within a reasonable time to allow provider notification.

50.2.1 – General Requirements

(Rev.27, Issued: 03-12-10, Effective: 04-12-10, Implementation: 04-12-10)

The information contained on the contractor’s Web site shall be structured in such a way that information is easily found and searchable, so as to reduce the number of pages a user has to go through in order to gain access to the information they are seeking.

To reduce costs, the contractor shall use existing resources and technologies whenever possible. Contractors are ultimately responsible for the structure of their provider Web site, but are encouraged to design it so that it is clear to providers that they are accessing a provider Web site for their particular interest (specifically, A/B MAC, Part A, Part B, DME MAC, etc.). To maintain the quality of the site, contractors shall periodically ensure that information posted is current and does not duplicate information posted at <http://www.cms.hhs.gov/> and <http://www.medicare.gov/>. *Contractors may post, on their own Webs sites, LCD information that is contained in the Medicare Coverage Database (See Pub.100-08, Medicare Program Integrity Manual, §13, that details the LCD Web site posting requirements).*

70.2.4 – Contact Center Training Closure Information to Be Reported in PCID

(Rev.27, Issued: 03-12-10, Effective: 04-12-10, Implementation: 04-12-10)

Contractors shall report the following information in PCID by the 15th of each month:

- Dates and times the contact center will be closed for CSR training during the upcoming month;*
- Topics and subtopics of CSR training that occurred in the prior month; and,*
- Categories and subcategories (from the Standardized Provider Inquiry Tracking Chart) that correspond to the CSR training that occurred in the prior month.*

For example, by July 15, contractors shall report planned training dates and times for the month of August. At the same time, contractors shall submit training topics, subtopics, categories and subcategories for training that occurred for the month of June.

Contractors shall only enter training information into the database within the first 15 days of the month. After the 15th of the month, the data entry capability will no longer be available to the contractors. The data will be considered late, and the information will need to be entered by CMS. Any changes that need to be made to the training schedules after the reporting period has closed shall be sent to the PCID mailbox at p-cid@cms.hhs.gov.