CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1937	**Date: October 27, 2017**
	Change Request 10263

SUBJECT: Provider Education and Referral Reporting

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to provide instructions to the Medicare contractors regarding reporting of provider education and referrals.

EFFECTIVE DATE: November 27, 2017
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: November 27, 2017

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/A	N/A

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:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) and its Medicare Administrative Contractors (MACs) are moving toward a medical review strategy that includes increased provider education as well as a continuum of compliance model that involves moving providers through a continuum of medical review, or removal from medical review for periods, dependent upon their billing patterns and claim review findings. In order to better track and manage these efforts, CMS will be requiring reporting, at the provider level, of review findings, education, and potential referrals within the continuum of compliance. This CR provides instruction to the Medicare contractors regarding the Provider Education and Referral Reporting process.

B. Policy: Section 1893 of the Social Security Act

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	HHH		FISS	MCS	VMS	CWF	
10263.1	MACs shall input into the Recovery Audit Data Warehouse provider education and referral information on the 20th day of every month. Note: This shall include provider and referral information from the month prior (for example, the report submitted on December 20th would include all information from the month of November).	X	X	X	X					
10263.1.1	The MACs shall use the attached spreadsheet to provide information that will be uploaded into the Recovery Audit Data Warehouse	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	(RDW).									
10263.1.1.1	MACs shall submit via email to CMS (emailed to stephanie.dukes@cms.hhs.gov, heather.wetherson@cms.hhs.gov and brian.elza@cms.hhs.gov) the attached spreadsheet, at the conclusion of each round, for each provider included in the Targeted Probe and Educate review process, until the RDW has been updated to accept spreadsheets directly from the MAC.	X	X	X	X					
10263.1.1.1.1	MACs shall fill in all fields on the spreadsheet, as defined on the spreadsheet, for which information is available.	X	X	X	X					
10263.1.1.1.1.1	MACs shall note N/A on the spreadsheet in all fields where information is not available or not applicable.	X	X	X	X					
10263.2	MACs shall select "5" (Referred to CMS), from column "T", as the referral destination for all referrals other than those who are removed from the Targeted Probe and Educate (TPE) program due to demonstrated compliance.	X	X	X	X					
10263.2.1	MACs shall select the appropriate referral reason(s) from column "U" on the attached spreadsheet for providers who are referred to CMS.	X	X	X	X					
10263.2.1.1	MACs shall continue to refer these providers to CMS until further instruction is issued.	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10263.2.1.2	MACs shall email the details regarding the referred provider (such as review results, provider data, and any other information the MACs believe will be helpful to guide CMS' next steps) to the points of contacts below, as well as their Contracting Officer Representative (COR) and Medical Review Business Function Lead, when a referral to CMS is indicated on the attached spreadsheet. CMS POCs: Heather Wetherson (heather.wetherson@cms.hhs.gov) and Stephanie Dukes (stephanie.dukes@cms.hhs.gov)	X	X	X	X					
10263.3	MACs shall select "6" (Review Closed) as the referral destination for providers who demonstrate compliance and do not require additional TPE review or referral for additional action.	X	X	X	X					
10263.3.1	MACs shall select "12" (De-escalation due to provider demonstrating compliance), from column "U", for providers who have their review process closed as a result of demonstrating compliance.	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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): Scott Lawrence, 410-786-4313 or scott.lawrence1@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 1

NPI	Provider Number (PTAN)	State	Review Issue	Probe and Educate Cycle (1, 2, 3)	Intra-Probe Education offered (Y/N)	Intra-Probe Education Accepted (Y/N/NR)	Date #1 Intra-Probe Education Provided (YYYYMMDD)	Method of Intra-Probe Education #1	Date #2 Intra-Probe Education Provided (YYYYMMDD)	Method of Intra-Probe Education #2	Post Probe Education Offered (Y/N)	Post Probe Education Accepted (Y/N/NR)
				1 = Round 1				1 = 1:1 telephonic		1 = 1:1 telephonic		
				2 = Round 2	Y = Yes			2 = 1:1 in person		2 = 1:1 in person	Y = Yes	Y = Yes
				3 = Round 3	N = No			3 = 1:1 Webinar		3 = 1:1 Webinar	N = No	N = No
								4 = CBR		4 = CBR		NR = No Response
								5 = Other		5 = Other		

Date Post Probe Education Provided (YYYYMMDD)	Method of Education of Post-Probe Education	Education Topic 1	Education Topic 2	Education Topic 3	Education Topic (list remaining topics/denial reasons addressed)	Previous Education Successful (Y/N or NA)	Referral Destination	Referral Reason (select more than one if appropriate)	Comment Field
								#REF!	
	1 = 1:1 telephonic	Identify Denial Reason Code for most prevalent claim error in sample reviewed	Identify Denial Reason Code for second most prevalent claim error in sample reviewed (or N/A)	Identify Denial Reason Code for third most prevalent claim error in sample reviewed	List any remaining Denial Reason Codes for Claims in Error	N/A = first round of education -report N/A	0 = no referral made	1 = Escalation due to provider non response to ADRs (address confirmed)	
	2 = 1:1 in person					Y - Decreased denials/denial reasons compared to round 1)	1 = Referred to ZPIC for potential fraud	2 = Escalation due to provider failing to demonstrate compliance after 3 rounds of MAC Probe & Educate or TPE	
	3 = 1:1 Webinar					N - Increase or no change in denials/denial reasons compared to round 1)	2 = Referred to RAC	3 = Escalation due to excessively high denial rates	
	4 = CBR						3 = Referred to MAC	4 = Escalation due to non-compliant claims that represent a significantly high overpayment dollar amount, even at a moderate denial rate	
	5 = Mail						4 = Referred to QIO	5 = Escalation due to provider failure to improve after extrapolation	
	6 = Other						5 = Referred to CMS	6 = Escalation due to the identification of potential fraud	
							6 = Review Closed	7 = Escalation due to provider failing to improve after 3 cycles of RAC ADRs	
							7 = Other (please provide details in comment field)	8 = Escalation due to data analysis indicating change in billing pattern	
								9 = Escalation due to provider failing to demonstrate compliance after QIO Probe and Educate review	
								10 = De-escalation after provider demonstrated compliance during RAC review	
								11 = De-escalation after IAG/ZPIC review determined no further investigation/screening warranted	
								12 = De-escalation due to provider demonstrating compliance during RAC review	
								13 = Other (please provide details in comment field)	
								14 = N/A (no referral made)	