

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 36	Date: July 21, 2017
	Change Request 10168

SUBJECT: Updates to Pub. 100-09, Chapter 6 Beneficiary and Provider Communications Manual, Chapter 6, Provider Customer Service Program

I. SUMMARY OF CHANGES: This Change Request (CR) revises Chapter 6 to correct the name of MLN Connects, clarify closure reporting requirements, correct holiday names in the list of pre-approved PCC closure days, define social media and clarify reporting due dates, remove language regarding scans of contractor websites looking for broken links, add language about MACs removing information from their websites when instructed by CMS, remove specific POE PCID reporting requirements, add requirement for Database Supervisor(s) and alternates at the MACs to control access to PCSP systems, add requirement for MACs to collaborate with each other on issues such as ordering and referring, revise and clarify section titles and update URLs and links. In revising this Chapter, we deleted section 10.3, and added sections 70.3.1 and 70.4.1.

EFFECTIVE DATE: August 22, 2017

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

IMPLEMENTATION DATE: August 22, 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
R	6/Table of Contents
R	6/10.1 PCSP Electronic Mailing Lists (Listservs)
R	6/10.2/Provider Customer Service Program Contractor User Group (PCUG) Call
R	6/10.3/ Integration of Provider Outreach and Education (POE), Provider Contact Center (PCC), and Provider Self-Service (PSS) Activities in the PCSP
R	6/20.2/Partnering with External Entities
R	6/20.4/Provider Education
R	6/20.7.2/Provider Customer Service Program Activity Report (PAR)
R	6/20.7.3/Additional Reporting
R	6/30.2.4/Troubleshooting PCC Service Interruptions
R	6/30.2.7.1/Pre-Approved PCC Closures
R	6/30.2.7.2/Planned PCC Closures that are not Pre-Approved PCC Closures
R	6/30.2.7.3/Emergency PCC Closures
R	6/30.2.11.2/Quality Assurance Monitoring (QAM)
R	6/30.2.13.4/QCM Calibration
R	6/30.3.5/Check Off Letters
R	6/30.3.8.2/QWCM Calibration
R	6/30.8.3/Provider Education Website Satisfaction Survey
R	6/40.2.1/Required Training for PCC Staff
R	6/50.1/Interactive Voice Response (IVR) System
R	6/50.2.1/General Requirements
R	6/50.2.4/Contents
R	6/50.2.4.1/Dissemination of Information from CMS to Providers
R	6/50.4/Social Media
R	6/50.5/MAC Internet-based Provider Portals
R	6/70/PCSP Data Reporting
R	6/70.1.1/Access to PIES
R	6/70.2/Provider Customer Service Program Contractor Information Database (PCID)
R	6/70.2.1/Provider Customer Service Program Contractor Information Database (PCID)
R	6/70.2.2/MAC Contract and PCSP Data to be Reported in PCID
R	6/70.2.3.3/POE Data to be Reported in PCID

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	6/70.2.3.6/Emergency PCC Closure Data to be Reported in PCID
R	6/70.3/QCM Data Reporting
N	6/70.3.1/Access to QCM
R	670.4/QWCM Data Reporting
N	6/70.4.1/Access to QWCM
R	6/80/Disclosure of Information

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: 36	Date: July 21, 2017	Change Request: 10168
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SUBJECT: Updates to Pub. 100-09, Chapter 6 Beneficiary and Provider Communications Manual, Chapter 6, Provider Customer Service Program

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I. GENERAL INFORMATION

A. Background: This Change Request (CR) revises Chapter 6 to clarify reporting requirements and due dates; consolidate and reorganize material to improve information flow and readability; reflect recommendations from GAO report, Medicare Provider Education: Oversight to Efforts to Reduce Improper Billing Needs Improvement” (GAO-17-290); and reflect system access changes as a result of Security Controls Assessment (SCA) review.

B. Policy: MAC Provider Customer Service Program established by the MMA

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C S	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10168.1	MACs shall implement all requirements contained within Pub. 100-09, Chapter 6 Medicare Contractor Beneficiary and Provider Communications Manual. New requirements are included in the BRs that follow.	X	X	X	X						
10168.2	MACs shall update the name of the MLN Connects Provider eNews to MLN Connects in all communications to providers.	X	X	X	X						
10168.3	MACs shall establish and maintain partnerships with external entities, including other MACs, to facilitate the dissemination of Medicare information.	X	X	X	X						
10168.3.1	MACs shall report information about these partnerships in PCID on a monthly basis (section 20.2).	X	X	X	X						
10168.4	MACs shall request permission to close one or more PCC locations in the jurisdiction on days other than those referenced in Section 30.2.7.1 by reporting these	X	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	dates in PCID on a monthly basis (Section 30.2.7.2).									
10168.5	When the due date for MACs to submit calls for QCM calibration sessions falls on a weekend or holiday, the MAC shall submit the calls on the next business day (section 30.2.13.4).	X	X	X	X					
10168.6	When the due date for MACs to submit calls for QWCM calibration sessions falls on a weekend or holiday, the MAC shall submit the calls on the next business day (section 30.3.8.2).	X	X	X	X					
10168.7	MACs who use social media in their provider outreach and education efforts shall submit a report each calendar quarter using the Quarterly Social Media Activity Report template to the Provider Customer Information Database by the 10th of the month following the end of the report quarter (section 50.4).	X	X	X	X					
10168.8	MACs shall remove information or links from their provider education websites as directed by CMS (section 50.2.4).	X	X	X	X					
10168.9	MACs shall identify a Database Supervisor and alternate for each of the databases that comprise the PCSP System (section 70).	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Kimberly Jenkins, 410-786-2746 or kimberly.jenkins@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 *Administrative* Contractor (MAC) Beneficiary and Provider Communications Manual

Chapter 6 - Provider Customer Service Program

Table of Contents *(Rev.36, Issued: 07-21-17)*

Transmittals for Chapter 6

10.2 – Provider Customer Service Program *Contractor* User Group (PCUG) Call

10.3- *Integration of Provider Outreach and Education (POE), Provider Contact Center (PCC), and Provider Self-Service (PSS) Activities in the PCSP*

20.7.3 – *Discretionary* Reporting

30.3.5 – *Check-Off* Letters

70 - PCSP *System Access and* Data Reporting

70.2.3.6 - Emergency *and Similar* PCC Closure Data to be Reported in PCID

70.3 – *Quality Call Monitoring (QCM)*

70.3.1 Access to *QCM*

70.4 – *Quality Written Correspondence Monitoring (QWCM)*

70.4.1 Access to *QWCM*

Provider Customer Service Program

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

NOTES:

- 1. In this chapter, the term “provider” includes all Medicare providers and suppliers unless specifically noted otherwise. In section 20 of this chapter, the terms “provider of services” and “suppliers” are used to convey specific requirements of the mandated improper payment outreach and education program.**
- 2. In this chapter, the term “Medicare Administrative Contractor” (“MAC”) means all MACs (A/B, HH+H, and DME), unless specifically noted otherwise, in accordance with each MAC’s Statement of Work (SOW).**
- 3. Deliverables, Deliverable dates, and/or requirements in a MAC’s SOW supersede any such Deliverables, Deliverable dates, and/or requirements stated in this chapter, should the documents conflict. Unless stated otherwise, MACs shall continue to send contract Deliverables to the appropriate Deliverables mailbox.**
- 4. The information in this chapter is applicable only to the Provider Customer Service Program at the MACs, unless specifically noted otherwise.**

10.1 – PCSP Electronic Mailing Lists (Listservs)

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

Note: The terms “electronic mailing list” and “listserv” are often used interchangeably. “Electronic mailing list” is more technically descriptive and is the preferred term of use in this chapter.

1. Provider Customer Service Program *Contractor* User Group (PCUG) electronic mailing list - To receive important and timely information from CMS related to the PCSP, including Customer Service Representative (CSR) training materials and quality assurance program updates, MACs shall subscribe to the CMS PCUG electronic mailing list. To subscribe to this electronic mailing list, MACs shall send an e-mail to the Provider Services mailbox at providerservices@cms.hhs.gov. The e-mail shall include the names and e-mail addresses of the individuals who wish to subscribe to the electronic mailing list. At a minimum, the MAC POE manager, the MAC PCC managers, those managing PSS technology, and quality analysts shall subscribe to the electronic mailing list. Additional MAC staff may also subscribe. There is no limitation as to the number of subscribers for any MAC.
2. Contractor electronic mailing list – The CMS utilizes an electronic mailing list to send MACs important and timely information for them to share with their provider community, including the MLN Connects®, updates to the CMS website, provider education material, and copies of proposed and final regulations. In order to receive this information, MACs shall subscribe to the CMS Contractor electronic mailing list. To subscribe or unsubscribe to this electronic mailing list, MACs shall send an e-mail to MLNConnectsMAC@cms.hhs.gov. The e-mail shall include the names and e-mail addresses of the individuals who wish to subscribe to the electronic mailing list. In addition, the e-mail shall identify a permanent corporate/resource box at the MAC. The MAC staff noted in item 1 above shall subscribe, as may additional MAC staff. There is no limitation as to the number of subscribers for any MAC.

MACs shall subscribe to these electronic mailing lists within 30 business days after a new MAC contract award date and/or if there is a change in the MAC staff who are required to subscribe.

MACs shall ensure that staff who are subscribed to one or both of these electronic mailing lists who later depart or are terminated from MAC employment are unsubscribed to the appropriate electronic mailing list(s) before the time of departure or termination.

10.2 – Provider Customer Service Program *Contractor* User Group (PCUG) Call *(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)*

The PCUG conference call is held on a regularly scheduled basis with staff from CMS and the MACs' PCSP functions. The call allows CMS to update MACs on issues, directives, and policies impacting the PCSP and provides a forum for MACs to ask questions and share ideas. MACs shall ensure that staff from their PCC, POE, and PSS functions attend each monthly PCUG call. MACs may submit topics for consideration in agenda planning to the Provider Services mailbox at providerservices@cms.hhs.gov. Further information about the PCUG can be found at <http://www.cms.gov/Medicare/Medicare-Contracting/FFSPProvCustSvcGen/index.html>.

10.3 – *Integration of Provider Outreach and Education (POE), Provider Contact Center (PCC) and Provider Self-Service (PSS) Activities in the PCSP* *(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)*

Since the PCSP is an integration of POE, PCC and PSS activities, MACs shall regularly review their operations for ways that these activities can be integrated and existing resources leveraged to provide a comprehensive PCSP to providers in their jurisdiction. MACs shall look at how POE activities can reduce the need for providers to call the PCC, how actions taken by Customer Service Representatives (CSRs) in the PCCs can incorporate education resources into a call or written response without adding significant time to the call length, and how the interactive voice response (IVR) system can be used to publicize the electronic mailing list or upcoming training, seminars, etc. Examples include providing upcoming education information to CSRs, so that if they receive a question on a particular topic for which provider training is scheduled or for which computer based-training is available, they can give the inquirer information about the training and/or instructions on how to sign up for it or access it. Another example is to have CSRs or the IVR system convey information about how to subscribe to the MAC's electronic mailing list or to publicize the MAC's provider education website while callers are on hold. MACs are also encouraged to give POE staff and PCC staff, including CSRs, avenues to provide feedback to each other with the goal of coming up with ways that assist both areas with accomplishing their respective tasks by working together. Such sessions could periodically be part of the regularly scheduled CSR training classes so that no additional time is taken from PCC operations.

MACs or even individual MAC staff may already be doing these types of activities. For example, individual CSRs may routinely guide an inquirer through the provider education website or suggest that a provider subscribe to the electronic mailing list. If so, MACs are encouraged to continue and increase these efforts. If these activities are not currently happening, then MACs shall implement these types of efforts.

20.2 - Partnering with External Entities *and with Other Medicare Administrative Contractors (MACs)* *(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)*

MACs shall establish and maintain partnerships with external entities, as well as with other MACs, to facilitate the dissemination of Medicare information that will assist providers in submitting correct claims and in following regulatory requirements for documentation when ordering or referring certain items or services.

MACs shall establish and maintain partnerships with external entities to help disseminate Medicare provider information. Whenever feasible, events and activities shall be coordinated with other Medicare contractors

and entities, including quality improvement organizations (QIOs), State Health Insurance Assistance Programs (SHIPs), and End Stage Renal Disease (ESRD) networks, as well as interested groups, organizations, and CMS partners. In addition, MACs shall routinely and directly notify other interested entities of their upcoming provider education events and activities. Partnership activities shall not take the place of MAC-led POE events but shall supplement them.

Partnering entities may be *other MACs*, medical, professional or trade groups and associations, government organizations, educational institutions, trade and professional publications, specialty societies, and other interested or affected groups. By establishing collaborative information dissemination efforts, providers will be able to obtain Medicare program information through a variety of sources. Partnering on collaborative provider information and education efforts may include, but are not limited to:

1. Including information from partners in newsletters or publications.
2. Reprinting and distributing (free of charge) provider education materials.
3. Disseminating provider information or education materials at organization meetings and functions of partnering entities.
4. Scheduling presentations or classes for members of partnering entities.
5. Requesting that information for Medicare providers be posted on the websites of partnering entities.
6. Helping partnering entities develop their own Medicare provider education and training material.
7. *Partnering with other MACs to educate providers that may cross MAC jurisdictions.*
8. *Collaborating with other MACs to educate ordering or referring providers on such things as documentation requirements for items or services, such as orders or referrals for tests, imaging procedures, durable medical equipment, prosthetics, orthotics and supplies (DMEPOS), and home health services especially when the ordering or referring provider is in a different MAC jurisdiction than the servicing provider.*

MACs shall report information about their partnerships with external entities, specifically on partnerships related to education on items or services with the highest improper payment rate, in PCID on a monthly basis. See section 70.2.3.3 of this chapter.

MACs shall work with each other to establish and maintain, on a regular basis, collaborative relationships with other MACs for the purposes of developing and implementing outreach and education offerings to providers on Medicare program requirements that cross their lines of business (Part A, Part B, HH+H, and DME). Prime examples of two such collaborative efforts relate to ordering home health services and durable medical equipment, prosthetics, orthotics and supplies (DMEPOS): (1) educating physicians about the Medicare requirement when ordering home health services for people with Medicare and about the specific documentation requirements of those orders, and (2) educating physicians and clinicians who are permitted to order DMEPOS about the Medicare requirement when ordering DMEPOS for people with Medicare and about the specific documentation requirements of those orders.

MACs shall report information about their collaborations with other MACs, specifically about their collaborations related to education on items or services with the highest improper payment rate, in PCID on a monthly basis. See section 70.2.3.3 of this chapter.

20.4 - Provider Education

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

To the extent practicable, MACs shall use CMS-provided national educational materials (that is, Medicare Learning Network (MLN) products or content and the MLN Connects) in their provider outreach and education activities.

MACs shall subscribe to the MLN products electronic mailing list. To subscribe, go to http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MLNProducts_listserv.pdf.

The MLN is a registered trademark of CMS and is the brand name for official CMS provider educational products, outreach activities, and information resources designed to promote national consistency of Medicare provider information. The MLN includes MLN educational products, MLN Connects National Provider Calls, and the MLN Connects. Examples of MLN products include fact sheets, web-based training courses, tools, CD-ROMs, videos, and MLN Matters Articles. MLN Connects National Provider Calls are announced in the weekly MLN Connects and MACs shall encourage provider participation in these calls. These MLN products and content shall be used to deliver a planned and coordinated provider education program to provide educational opportunities that accommodate health care professionals' busy schedules with the least amount of disruption to their normal business functioning. MACs shall use MLN products or content for all educational topics and for specialty groups of providers including, but not limited to, new Medicare providers and small Medicare providers. MACs shall supplement MLN products or content and other CMS materials with specific information unique to their jurisdictions.

MACs shall include MLN products or content (where practicable), MLN electronic mailing list links, and instructions for subscribing to the MLN electronic mailing lists on their provider education website. (See <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>.) MACs shall actively market and promote the benefits of MLN products and services and the MLN electronic mailing list.

The MLN Button shall be required on all provider education websites, displayed where providers would look for educational resources. To access the MLN Button and for further information on the MLN Button, see the detail page at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Multimedia-Items/MLN_Web_Button.html. (See section 50.2 of this chapter for additional provider education website requirements.)

A link to the CMS Continuing Education (CMSCE) webpage (<https://www.cms.gov/Outreach-and-Education/Learn/Earn-Credit/Earn-Credit-page.html>) shall be required on all provider education websites, displayed where providers would look for education and training resources. This webpage contains information on ways that providers may earn continuing education credit.

MACs shall send messages that market the MLN through various distribution methods including, but not limited to, their provider education website, and shall have an MLN ad in all bulletins and publications.

MACs shall train their CSRs and correspondents at least once in the contract year on the MLN website and how to access and use MLN products or content, MLN Connects and MLN Connects National Provider Calls.

If MACs identify a gap or lack of information about specific topics, they shall suggest to CMS topics for MLN Matters Articles or other products that would be useful in provider education. Suggestions should be sent to the MLN mailbox MLN@cms.hhs.gov.

MACs shall report POE events and self-paced provider education in PCID in accordance with section 70.2.3.3 of this chapter.

20.7.2 – Provider Customer Service Program Activity Report (PAR) *(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)*

Each MAC shall prepare a semi-annual Provider Customer Service Program Activity Report (PAR). The PAR summarizes and recounts the MAC's provider education and training activities during the previous time period. These activities include efforts to reduce the error rate, training events, Internet or website efforts, provider education conferences and teleconferences, inquiry analyses and follow-up actions, materials development and dissemination, and ACT and POE AG meetings. The PAR must also report any changes to information that was contained in the PSP. HH+H MACs shall prepare separate PARs for their corresponding HH+H work. MACs are not required to attach to their PARs a listing of POE events because that information shall be reported to PCID in accordance with section 70.2.3.3 of this chapter.

The first PAR is due to CMS on the 30th calendar day after the first 6 months of the contract year. For newly awarded MAC contracts, the first PAR is due on the 30th calendar day that follows the first 6 months after the contract award date. The first PAR shall contain information about PCSP activities in months 1-6 of the contract year. If the 30th calendar day falls on a weekend or holiday, the report is due at close of business on the next business day. The second report, covering months 7-12 of the contract year, is due on the 30th calendar day after the last day of the contract year. If the 30th calendar day falls on a weekend or holiday, the report is due by close of business on the next business day. All PARs shall be sent electronically in MS Word to the Provider Services mailbox at providerservices@cms.hhs.gov and to the appropriate CMS Deliverables mailbox.

MACs shall adhere to the PAR template/format and instructions located on the CMS website at <https://www.cms.gov/Medicare/Medicare-Contracting/FFSPProvCustSvcGen/Program-Support.html>. MACs shall ensure that they are utilizing the most recent version of the PAR template/format. MACs shall be notified of updated templates via the CMS PCUG electronic mailing list described in section 10.1 of this chapter.

20.7.3 – Discretionary Reporting

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

The CMS emphasizes the importance of integration of data analysis across all business functions within the MAC, as the MAC continuously assesses the effect of its outreach and education efforts upon the error rate. MACs shall work to maintain or improve their CERT scores. *At its discretion, CMS may require MACs who do not maintain or improve their scores from their prior year scores to submit additional reporting related to the way they use outreach and education to achieve a reduction.*

30.2.4 – Troubleshooting PCC Service Interruptions

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

MACs shall be responsible for monitoring all aspects of their PCC service operations, including the adequacy of their telecommunications operations, and shall take the necessary action to quickly diagnose and correct any issues impacting their ability to provide telephone service to providers on the IVR-only, CSR-only, and combined IVR/CSR lines, as well as issues that may cause interruptions to other PCC services, such as the retrieval of data from back-end systems. To monitor and report a problem, MACs shall follow these steps:

1. Send an e-mail to the Service Reports mailbox at servicereports@cms.hhs.gov with a copy to the Provider Network *Support* (PNS) contractor to notify CMS of a service interruption. The e-mail shall be sent within 1 hour of the start of the service interruption if it began during normal business hours, or by 9:00 a.m. Eastern Time the next business day if the interruption began after business hours the night before or before business hours that day. The e-mail shall summarize the problem and the steps taken to restore full service.
 - A service interruption is defined as a total loss of service for any length of time or any incident lasting at least 30 minutes that impacts the PCC's ability to receive calls, answer inquiries, or retrieve data from back-end systems.

- A major service interruption is defined as a total loss of service or any incident lasting 2 or more hours and having any of the impacts described above.
2. The MAC shall send at least one daily follow-up e-mail to the Service Reports mailbox at servicereports@cms.hhs.gov by 3:00 p.m. Eastern Time providing a status until the problem has been resolved.
 3. Isolate the problem and determine whether the PCC service interruption is caused by:
 - Internal customer premise equipment or network service.
 - Internal Problem - The MAC's local telecommunications personnel shall resolve, but report as indicated above.
 - External or Network Service Problem – The MAC shall report the problem to the toll-free carrier and also report it to CMS as indicated above.
 - Involve personnel from the PNS contractor, if needed, to answer technical questions, to escalate issues for resolution, or to facilitate discussions with the toll-free carrier's Help Desk.
 - Use the toll-free carrier's online system to review documentation and track trouble tickets.
 - Some other issue (e.g., data are unable to be retrieved from a back-end system, such as CWF).
 4. Within 1 hour after resolution, the MAC shall send an e-mail of resolution to the Service Reports mailbox at servicereports@cms.hhs.gov.

See section 70.2.3.7 of this chapter for the *monthly* PCID reporting requirements related to telecommunications service interruptions.

30.2.7.1 - Pre-Approved PCC Closures

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

The CMS allows MACs to close their PCCs on the following days without requesting approval:

- New Year's Day
- Martin Luther King, Jr. *Day*
- *Presidents' Day*
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve
- Christmas Day
- Day After Christmas

Although MACs do not need to request CMS approval to close their PCCs on the days listed above, MACs shall notify CMS through PCID within 30 calendar days of the start of each contract year of PCC closures on any of the days listed above, as well as any other days the MAC plans to close the PCC (for example, MAC holidays, corporate meetings, MAC contract or systems transitions). In addition, MACs shall report if they plan to conduct PCC training on any of the days listed above in which the MAC has indicated its PCC would be closed.

See section 70.2.2 of this chapter for the PCID reporting requirements.

30.2.7.2 – Planned PCC *Training* Closures that are not Pre-Approved PCC Closures *(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)*

MACs shall request permission to close *one or more locations of a jurisdiction's PCC for PCC training* on days other than those referenced in section 30.2.7.1 of this chapter by reporting these planned PCC closures in PCID on a monthly basis. MACs shall consider these PCC closures to be approved unless they hear otherwise from CMS within 5 business days after the PCID reporting deadline.

See section 70.2.3.2 of this chapter for the monthly PCID reporting requirements.

30.2.7.3 – Emergency *and Similar* PCC Closures *(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)*

There may be occasions when a MAC finds it necessary to close *one and/or all locations of a jurisdiction's PCC because* circumstances create sufficiently adverse working conditions at *a PCC location(s)* (examples include lack of heat, air conditioning, or water *and emergency evacuation for health, safety or security reasons*) *and/or because a MAC plans a drill or exercise for emergency or security preparedness, such as fire and other safety drills, even though such a closure may be only for a brief period of time.* A MAC shall report *each of these* PCC closures *even if the MAC has a plan in place for alternate call handling, as there is no guarantee that, even with a plan, calls and/or call volume would not be adversely affected by the closure.* *MACs shall report these PCC closures* to the Service Reports mailbox at servicerports@cms.hhs.gov within 1 hour of the decision to close the PCC if the decision to close was made during normal business hours, or by 9:00 a.m. Eastern Time the next business day if the decision was made after business hours the night before or before business hours that day. The e-mail shall explain the reason for the PCC closure and, if known at the time, indicate when the PCC will reopen.

See section 70.2.3.6 of this chapter for the monthly PCID reporting requirements.

30.2.11.2 – Quality Assurance Monitoring (QAM) *(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)*

MACs shall provide the CMS independent 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 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.

The CMS has established a Provider Contact Center Quality Monitoring Portal (PQM) at <https://portal.pccqualitymonitoring.com/>. The PQM Portal is accessed by CMS and MAC staffs to review QAM Scores, Issues, Rebuttals, and Reports.

MACs shall attest at the start of each contract year that they are in compliance with the CMS requirements for QAM as stated in this chapter. To attest, MACs shall create, sign, scan, and save as a .pdf file an Annual MAC QAM Attestation document (see the document requirements below). MACs shall submit the .pdf file as an attachment to an e-mail that they shall send to the QAM mailbox at QAM@cms.hhs.gov, subject: “Annual MAC QAM Attestation document.” MACs shall submit their first Annual MAC QAM Attestation document when requested by CMS. Thereafter, MACs shall submit their Annual MAC QAM Attestation document within 15 business days after the start of each of their contract years.

The Annual MAC QAM Attestation document shall:

- Be prepared on MAC letterhead that includes the MAC’s business address and clearly indicates the applicable MAC jurisdiction.
- Be titled, “Annual MAC QAM Attestation for [time period].” For the first Annual MAC QAM Attestation document, MACs shall enter, as the time period, the dates specified by CMS in CMS’s request for the document. For subsequent Annual MAC QAM Attestation documents, MACs shall enter the start and end dates of the applicable contract year.
- Include the following statement: “This Attestation certifies that MAC Jurisdiction [jurisdiction identifier] has a quality monitoring system in place that meets the requirements of IOM Pub. 100-09, Chapter 6.”
- Be signed and dated by the Manager of the MAC’s PCC.

In addition to submitting the Annual MAC QAM Attestation document, each MAC shall assist CMS in QAM by:

- Sending an e-mail to the CMS QAM mailbox at QAM@cms.hhs.gov, subject: “QAM Environment Planned Change” if the MAC plans to change its QAM environment in the upcoming month. Such changes would include the application of hardware, firmware, or software patches/maintenance, and/or upgrades to its QAM environment. The e-mail shall be sent no later than the last business day of the month prior to the month in which the planned change(s) is scheduled to occur. The e-mail shall describe the change(s) and the scheduled implementation date(s). MACs shall attach to the e-mail a completed CMS QAM Environment Change Control Form that describes the upcoming change(s) to help ensure that the CMS independent monitoring contractor does not experience QAM quality monitoring system issues or problems after the change(s) is implemented. The CMS QAM Environment Change Control Form is available on the PQM Portal. Prior to implementing any planned change, the MACs shall have conducted all necessary testing of the QAM environment to ensure proper and continuous operations of QAM.
- Sending an e-mail to the CMS QAM mailbox at QAM@cms.hhs.gov, subject: “QAM Environment – No Planned Changes” if the MAC does not plan to make any changes to its QAM environment in the upcoming month. The e-mail shall be sent no later than the last business day of the month prior to the month in which no planned changes are scheduled.
- Sending an e-mail to the CMS QAM mailbox at QAM@cms.hhs.gov, subject: “QAM Environment – Adverse Event” if the MAC experiences an unexpected event that adversely affects, or has the potential to adversely affect, QAM. The e-mail shall include a description of the unexpected event, the adverse or the potential adverse effect on QAM, and actions being taken to mitigate or eliminate the adverse effect. The e-mail shall be sent within 1 hour after the adverse event was detected if it was detected during normal business hours, or by 9:00 a.m. Eastern Time the next business day if the adverse event occurred after business hours the night before or before business hours that day. The MAC shall send at least one daily follow-up to the CMS QAM mailbox at QAM@cms.hhs.gov providing a status until the adverse effect has been eliminated.

- Sending an e-mail to the CMS QAM mailbox at QAM@cms.hhs.gov, subject: “QAM Environment – Emergency Change” within 2 business days after the MAC determines that an emergency situation exists and the MAC must take immediate action that will have an effect (adverse or otherwise) on the QAM environment.
- Recording audio and video for at least 30 percent of incoming CSR-handled calls for the line of business of the jurisdiction (A/B, HH+H, or DME).
- Establishing current month queries that will provide the CMS independent monitoring contractor with access to the audio and video recordings for the appropriate incoming CSR-handled calls for the line of business of the jurisdiction (A/B, HH+H, or DME).
- Unless circumstances exist that warrant an exception from CMS, ensuring 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).
- Making available to the CMS independent monitoring contractor the audio and video recordings of each call within two business days from the date of the call.
- Retaining audio and video recordings for all calls for a period of 120 calendar days from the date of the calls
- Retaining 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 PQM Portal.

MACs shall follow the requirements in this section and those in the QAM Handbook in conducting QAM operations. The QAM Handbook is available in the Resources Tab in the PQM Portal (<https://portal.pccqualitymonitoring.com/>).

30.2.13.4 – QCM Calibration

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

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

MACs shall participate in all national QCM calibration sessions when organized by CMS. National sessions may be held once per quarter. If CMS organizes sessions, CMS will send appointments to all PCCs via the PCUG electronic mailing list. (See section 10.1 of this chapter.)

When requested by CMS, on a quarterly basis, MACs shall submit to CMS five telephone calls for each line of business in their jurisdiction—A/B, HH+H, or DME. Calls shall be submitted by the following dates:

- March 1.
- June 1.
- September 1.
- December 1.

If these dates fall on a weekend or holiday, the MAC shall submit the calls on the next business day. These calls shall be actual provider inquiries responded to within the prior MAC contract quarter. Rather than looking for perfect calls, CMS would prefer calls that generate discussion among the MAC 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. The CMS shall issue a Technical Direction Letter (TDL) when requesting MACs to submit calls for calibration. The TDL will provide instructions to the MACs on how to format and submit the calls.

MACs shall conduct monthly internal calibration sessions. MACs with reviewers at more than one call center location shall have all their reviewers participate in the monthly calibration sessions. PCCs shall keep written records of their internal calibration sessions, which shall include attendance lists. These records shall be provided to CMS upon request.

30.3.5 - Check-Off Letters

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

Check-off letters are appropriate for responding to routine provider written inquiries like claim status or eligibility inquiries. Check-off letters shall not be used to address more complex inquiries. Each check-off letter shall be personalized and follow the same timeliness and quality guidelines that pertain to all written responses to provider inquiries.

30.3.8.2 – QWCM Calibration

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

Calibration is a process to help maintain fairness, objectivity and consistency in scoring written responses to provider inquiries that are prepared by staff within one or more PCCs.

MACs shall participate in all national QWCM calibration sessions when organized by CMS. If sessions are organized by CMS, CMS will send appointments to all PCCs via the PCUG electronic mailing list. (See section 10.1 of this chapter.)

When requested by CMS, on a quarterly basis, MACs shall submit to CMS five written provider inquiry cases for each line of business in their jurisdiction—A/B, HH+H, or DME. Cases shall be submitted by the following dates:

- March 1.
- June 1.
- September 1.
- December 1.

If these dates fall on a weekend or holiday, the MAC shall submit the calls on the next business day. The cases shall be actual provider written inquiries responded to within the prior MAC 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, and a copy of the QWCM scorecard. The CMS shall issue a TDL when requesting MACs to submit cases for written inquiry calibration. The TDL will provide instructions to the MACs on how to format and submit the cases.

MACs shall conduct monthly internal calibration sessions. MACs with reviewers at more than one location shall have all the reviewers participate in the monthly calibration sessions. PCCs shall keep written records of their internal calibration sessions, which shall include attendance lists. These records shall be provided to CMS upon request.

30.8.3 – Provider Education Website Satisfaction Survey

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

Medicare providers and their staffs are increasingly using MACs' provider education websites and Internet-based provider portals to obtain information for their business and professional needs. As such, it is important to gauge the effectiveness of the provider education websites. The Medicare website satisfaction survey provides a tool to determine satisfaction with the provider education website (to include provider portals) because it is based on actual usage and produces measures that are understandable, consistent, reliable, and nationally benchmarked.

ForeSee, a corporate web-satisfaction management company, is responsible for administering the website satisfaction surveys; collecting, analyzing and housing the data; and reporting results in understandable and useful terms and metrics. The initial website satisfaction score is calculated after 300 completed survey responses are collected. After that, website satisfaction scores and their impacts are generated on a daily basis. *These daily scores will* always encompass 300 responses.

At the request of CMS, MACs shall participate in the website satisfaction surveys. Participation includes, but is not limited to:

- Meeting with CMS and ForeSee to implement and manage the website satisfaction survey and analyze the results;
- Developing MAC-specific questions for the website satisfaction survey;
- Adding code supplied by ForeSee to the MAC's provider education website and initiating action to add it to functioning web portal pages;
- Reviewing survey results on a regular basis; and
- Improving the MAC's provider education website based on website satisfaction survey results.

Each MAC shall send a written communication to its employees and to its contractors stating that its employees and those of its contractors shall not take the MAC's own website satisfaction survey or the website satisfaction survey of any other MAC. Upon request from CMS, each MAC shall furnish documentation of those written communications.

40.2.1 - Required Training for PCC Staff

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

In addition to the training topics determined by MACs, all MACs shall train their CSRs, correspondents, and PRRS on the following topics at least once during the contract year. If a CSR, correspondent, or PRRS is hired after the training has occurred for the year, MACs shall include the training as part of their new hire training.

1. MACs shall train their CSRs, correspondents, and PRRS on how to find, navigate and use their provider education website (including the MAC's FAQs, the schedule of upcoming outreach and education events, and all available online education) and other self-service tools, to include the IVR system and the provider Internet-based portal.
2. MACs shall train their CSRs, correspondents, and PRRS on how to find, navigate and use the CMS website. This includes the CMS FAQs and all online education resources provided through the Medicare Learning Network at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>.

3. MACs shall train their CSRs, correspondents, and PRRS on how to find, navigate, and use the PCSP website <http://www.cms/Medicare/Medicare-Contracting/FFSProvCustSvcGen/Index.html>. This website strengthens MACs' PCSPs by providing support information and documents, performance data, and helpful resources.
4. MACs shall train their CSRs, correspondents, and PRRS on the Medicare Learning Network. (See section 20.4 of this chapter.)
5. MACs shall train their CSRs, correspondents, and PRRS on the CMS Standardized Provider Inquiry Chart categories, subcategories, and definitions, and they shall be trained to accurately log inquiry types according to the CMS Standardized Provider Inquiry Chart in the tracking system used by the MAC. The CMS Standardized Provider Inquiry Chart is located at http://www.cms.gov/Medicare/Medicare-Contracting/ContractorLearningResources/Downloads/Standardized_Provider_Inquiry_Chart.pdf and in PCID documentation at <https://www.p-cid.com>.
6. MACs shall train their CSRs, correspondents, and PRRS about the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996. Training about protecting beneficiary and provider identifiable information is provided by CMS and can be found on the CMS website at <http://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/Contractor-Resources.html>.
7. MACs shall train their CSRs, correspondents, and PRRS on the use of the Desk Disclosure Reference (DDR) Guide. The DDR Guide provides MACs with information they need to authenticate Medicare providers and the access and disclosure guidelines to be followed when disclosing elements of PII or PHI to authenticated Medicare providers. The DDR Guide is available *in the Documentation section of PCID* at <https://www.p-cid.com/documentation.asp>.

Education and training opportunities shall provide PRRS staff with the knowledge and tools to enable them to answer the full range of complex provider inquiries while meeting CMS's performance requirements and standards for PRRS. The PRRS will need specialized training in the use of the CMS Internet-Only Manuals, the CMS website, the www.Medicare.gov website, the MAC's provider education website, regulations, laws, and other information tools to accurately and completely respond to complex provider inquiries. (PRRS also handle complex beneficiary inquiries. See chapter 2 of this manual for information about complex beneficiary inquiries.)

See section 70.2.3.2 of this chapter for the monthly PCID reporting requirements.

50.1 - Interactive Voice Response (IVR) System

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

Although the provider shall have the ability to speak to a CSR during normal PCC operating hours, automated "self-help" tools, such as IVR systems, shall also be used by all MACs to assist with handling inquiries. IVR system service is intended to assist providers in obtaining answers to various Medicare questions, including those listed below:

1. MAC hours of operation for CSR service.
2. After-hours message indicating normal business hours. (It is not necessary to duplicate this message if the caller is informed of the normal business hours via the telephone system prior to being delivered to the IVR system.)
3. General Medicare program information. (MACs shall target individual message duration to be under 30 seconds. MACs shall have the technical capability to either require callers to listen or to allow

them to bypass the message as determined by CMS. In cases where CMS makes no determination, the MAC shall use its own discretion.)

4. Specific information about claims in process and claims completed. (For claims status inquiries handled in the IVR system, all PCCs shall adhere to the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule by authenticating providers as required by the Disclosure Desk Reference, which is referenced in section 80 of this chapter and is available *in the Documentation Section of PCID* at <https://www.p-cid.com/documentation.asp>.)
5. Official definitions for the 100 most frequently used Remittance Codes as determined by each MAC. (MACs are not limited to 100 definitions and may add more if their IVR system has the capability to handle the information. This requirement may be satisfied by providing official Remittance Code definitions for specific provider IVR system claim status inquiries.)
6. Routine eligibility information. (Eligibility inquiries handled in the IVR system shall adhere to the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule by authenticating providers as required by the Disclosure Desk Reference, which is referenced in section 80 of this chapter and is available *in the Documentation Section of PCID* at <https://www.p-cid.com/documentation.asp>.)

Providers shall be required to use the IVR system to access claim status and beneficiary eligibility information. CSRs shall refer providers back to the IVR system if they have questions about claims status or eligibility that can be handled by the IVR system. CSRs may provide claims status and/or eligibility information if it is clear that the provider cannot access the information through the IVR system because the IVR system is not functioning. IVR systems shall be updated to address provider needs as determined through the MACs' PCSP inquiry analysis at least once every 6 months.

NOTE: Each MAC has the discretion to also require that providers use the Internet-based provider portal for claim status and eligibility inquiries if the portal has these functionalities.

The IVR system shall be available to providers 24 hours a day, 7 days a week with allowances for normal claims processing and system mainframe availability, as well as normal IVR system maintenance. When information is not available to IVR system users, MACs shall post a message alerting providers on the IVR system.

MACs shall print and distribute a clear IVR system operating guide to providers upon request. The guide shall also be posted on the MAC's provider education website. As IVR system functionality changes, the operating guide shall be updated timely and the revisions posted to the provider education website.

MACs shall report the IVR system type and options in PCID. See section 70.2.2 of this chapter for PCID reporting and data certification requirements.

50.2.1 – General Requirements

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

The information contained on the MAC's provider education website shall be structured in such a way that information is easily found and searchable, so as to reduce the number of pages users have to go through in order to gain access to the information they are seeking. In designing their websites, MACs shall adhere to basic, research-based website usability guidelines, including the use of plain language, a task-based design, and the elimination of redundant, outdated, and trivial content detected in periodic content audits.

To reduce costs, MACs shall use existing resources and technologies whenever possible. MACs shall provide a user interface for each jurisdiction to allow providers the ability to clearly find their specific jurisdiction on the provider education website and all of its contents. MACs are ultimately responsible for

the structure of their provider education website but shall design it so that it is clear to providers that they are accessing a provider education website for their particular jurisdiction and interest, specifically, A/B MAC, HH+H MAC, or DME MAC. For example:

Jurisdiction X A/B MAC—Part A, Part B
Jurisdiction Y HH+H MAC—Part A, Part B, HH+H
Jurisdiction Z DME MAC – DME

MACs shall ensure that information posted is current and does not duplicate information posted at <http://www.cms.gov/> and <http://www.medicare.gov/>. MACs may post, on their own provider education website, LCD information that is contained in the Medicare Coverage Database. (See Pub.100-08, Medicare Program Integrity Manual, section 13, which details the LCD provider education website posting requirements).

MACs shall make improvements to, and ensure the integrity of, their provider education website on a continuing basis (for example, by ensuring section 508 compliance and correcting broken links).

MACs shall have the capability to capture and report to CMS, by jurisdiction and by line of business (A, B, HH+H, DME), analytic data for their provider education website. Analytic data include statistics on provider education website visits, page views, and on-site search queries. See PCID documentation for definitions and more information. This requirement is not applicable to MAC provider Internet-based portals.

See section 70.2.3.10 of this chapter for the monthly PCID provider education website analytic data reporting requirements.

50.2.4 – Contents

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

Each MAC's provider education website shall consist of information that is easy to use and easily searchable and shall contain, at a minimum, the following:

1. Provider bulletins or newsletters for the past 2 years.
2. Information on how to subscribe to the MAC's provider electronic mailing list(s).
3. Frequently Asked Questions (FAQs), updated at least quarterly (see section 50.2.4.2 of this chapter for more information about the FAQs).
4. A schedule of upcoming provider education and outreach activities (for example, seminars, workshops, fairs).
5. Ability to register for MAC-sponsored education and outreach activities.
6. Search engine functionality.
7. A "What's New" or similarly titled section that contains important information that is of an immediate or time sensitive nature.
8. A site map that shows in simple text headings the major components of the provider education website and allows users direct access to these components through selecting and clicking on the titles. This feature shall be accessible from the home page of the provider education website using the words "Site Map."

9. A tutorial explanation of how to use the provider education website that is accessible from the home page. The tutorial shall describe how to navigate through the provider education website and how to find information, and shall explain the features. The tutorial information can be on a “help” page as long as the “help” feature is accessible from the home page.
10. Information for providers on electronic claims submission.
11. Information about the MAC, at a minimum including the telephone number(s) for provider inquiries, a fax number(s) for provider inquiries, and a mailing address for provider written inquiries.
12. An IVR system operating guide.
13. CMS products, articles and messages posted, as directed.
14. A feedback mechanism as described in section 50.2.3 of this chapter.
15. The embedded link to the MLN Connects as mentioned in section 50.2.4.1 of this chapter.
16. MLN products or content, MLN electronic mailing list links and sign-up instructions, the MLN Button, and the link to the CMSCE webpage, as described in section 20.4 of this chapter.
17. Information from CMS for providers (see section 50.2.4.1 of this chapter.)

In addition, the provider education website shall contain the following links to other web addresses:

1. The CMS website at <http://www.cms.gov/>.
2. The CMS website at <http://www.medicare.gov>. (If a prominent part of the MAC’s provider education website or if a landing page on the MAC’s provider education website references an individual(s) who is entitled to Medicare benefits, MACs shall use the term “person(s) with Medicare” to describe that individual(s).
3. Links to the CMS social media pages (applicable only to MACs who do not use social media):
 - YouTube: <https://www.youtube.com/user/CMSHHSgov>
 - Twitter handle: @CMSSGov
 - RSS Feeds and Podcasts: <https://www.cms.gov/Outreach-and-Education/Outreach/CMSFeeds/index.html?redirect=/cmsfeeds/>
4. The MLN at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>.
5. The sites for downloading CMS manuals and transmittals at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/index.html> and <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/index.html>.
6. CMS’s Quarterly Provider Update (QPU) web page at <http://www.cms.gov/Regulations-and-Guidance//Regulations-and-Policies/QuarterlyProviderUpdates/index.html>.
7. The website that contains descriptions for Remittance Advice reason codes and remark codes at <http://www.wpc-edi.com/reference/codellists/healthcare/remittance-advice-remark-codes/>.
8. CMS’s HIPAA web page at <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/index.html>.

9. CMS's central provider web page at <https://www.cms.gov/center/provider-type/all-fee-for-service-providers-center.html>.
10. CMS's ICD-10 web page at <http://www.cms.gov/Medicare/Coding/ICD10/index.html>.
11. Other CMS Medicare contractors, partners, QIOs, and other websites that may be useful to providers.
12. CMS's MREP Software information at <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/AccessToDataApplication/MedicareRemitEasyPrint.html>.
13. Provider Satisfaction Survey web page at www.cms.gov/Medicare/Medicare-Contracting/MSI.

MACs shall remove specific information or links from their provider education websites when directed to do so by CMS.

50.2.4.1 – Dissemination of Information from CMS to Providers

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

MACs shall receive messages from CMS, via the MAC electronic mailing list described in section 10.1, item 2 of this chapter. The messages sent by CMS to the MACs via this electronic mailing list contain information for providers and instructions for the MACs on how, and sometimes when, to disseminate the information to providers. (The information in this section is not applicable to MLN Matters Articles or Special Edition MLN Matters Articles that CMS sends to the MACs through the MLN Matters electronic mailing list.)

The instructions from CMS and the information for MACs to disseminate to providers are contained within the MLN Connects (weekly and/or Special Edition). The instructions for the MACs are located below the heading "Instructions to MACs" and the information for the providers is located below the heading "CMS Provider Education Message." On occasion, CMS may include an Editor's Note within the "CMS Provider Education Message." In such instances, MACs shall distribute the Editor's Note along with the other content in the "CMS Provider Education Message."

When distributing the MLN Connects to providers via their electronic mailing list(s), MACs shall use the same format/medium (that is, web link, .pdf file) that CMS used to distribute it to the MACs.

If MACs have questions or concerns regarding the receipt or content of the MLN Connects (weekly or Special Edition), they may send their questions or concerns to CMS at the CMS mailbox

MLNConnectsMAC@cms.hhs.gov.

1. Timeliness of Dissemination of Information to Providers

- a. Unless specifically directed otherwise in the instructions from CMS, MACs shall distribute the information to providers via their electronic mailing list(s) and post relevant information from CMS on their provider education website within 2 business days after the date CMS sent the instructions and information to the MACs. MACs shall include the information in their next regularly scheduled MAC bulletin or MAC newsletter if the information is current at the time the MAC bulletin or MAC newsletter is published. If the information is not current at that time, MACs have the discretion to include the information if they also a statement in the MAC bulletin or MAC newsletter that informs the readers that the information had been included in the MLN Connects (weekly and/or Special Edition) dated [MACs shall insert the date] and that the information is being provided for informational purposes only because it had been time-sensitive information or it is no longer applicable and/or in effect.

- b. Information that is urgent or of a time-sensitive nature will be identified as such in the instructions from CMS. Unless the urgent or time-sensitive information is identified by CMS as requiring “immediate release” or as requiring “specific date and time of day release” to providers, MACs shall distribute the urgent or time-sensitive information to providers via their electronic mailing list(s) and post relevant information from CMS on their provider education website by close of business the next business day after the date CMS sent the instructions and information to the MACs. MACs shall include the information in their next regularly scheduled MAC bulletin or MAC newsletter if the information is current at the time the MAC bulletin or MAC newsletter is published. If the information is not current at that time, MACs have the discretion to include the information if they also include a statement in the MAC bulletin or MAC newsletter that informs the readers that the information had been included in the MLN Connects (weekly and/or Special Edition) dated [MACs shall insert the date] and that the information is being provided for informational purposes only because it had been time-sensitive information or it is no longer applicable and/or in effect.

Urgent or time-sensitive information will be infrequent.

- Urgent or time-sensitive information requiring “immediate release”
If CMS identifies the information for providers as urgent or time-sensitive and requiring “immediate release” to providers, MACs shall distribute that information to providers via their electronic mailing list(s) and post relevant information on their provider education website no later than 2 hours after receipt of the instructions and information from CMS. If the instructions and information from CMS are received by a MAC within 2 hours of the time the MAC would close for the day and the MAC is unable to distribute and post the information that day, the MAC shall distribute and post the information at the start of the next business day. MACs shall include the information in their next regularly scheduled MAC bulletin or MAC newsletter if the information is current at the time the MAC bulletin or MAC newsletter is published. If the information is not current at that time, MACs have the discretion to include the information if they also include a statement in the MAC bulletin or MAC newsletter that informs the readers that the information had been included in the MLN Connects (weekly and/or Special Edition) dated [MACs shall insert the date] and that the information is being provided for informational purposes only because it had been time-sensitive information or it is no longer applicable and/or in effect.

Urgent or time-sensitive Information that requires “immediate release” will be rare.

- Urgent or time-sensitive information requiring “specific date and time of day release”
If CMS identifies the information for providers as urgent or time-sensitive and requiring “specific date and time of day release” to providers, MACs shall distribute that information to providers via their electronic mailing list(s) and post relevant information on their provider education website on the specified date and at the specified time. MACs shall include the information in their next regularly scheduled MAC bulletin or MAC newsletter if the information is current at the time the MAC bulletin or MAC newsletter is published. If the information is not current at that time, MACs have the discretion to include the information if they also include a statement in the MAC bulletin or MAC newsletter that informs the readers that the information had been included in the MLN Connects (weekly and/or Special Edition) dated [MACs shall insert the date] and that the information is being provided for informational purposes only because it had been time-sensitive information or it is no longer applicable and/or in effect.

Urgent or time-sensitive information that requires “specific date and time of day release” will be rare.

2. Distribution and Posting

- a. Unless directed to do so by CMS (for example, in a TDL), MACs shall not edit or supplement the CMS information for providers.
- b. MACs shall distribute and post all information received from CMS for providers and post relevant information on their provider education website. If specified by CMS in its instructions to the MACs, MACs shall highlight information that is especially relevant, or is solely relevant, to a particular line of business (A/B, HH+H, or DME) or provider type (if the MAC has an appropriate targeted electronic mailing list for the specified provider type). (See section 50.3.1 of this chapter for information about targeted electronic mailing lists.)
- c. When distributing information from CMS to providers via their electronic mailing list(s), MACs shall clearly differentiate for providers the information for them that was generated by CMS from other information that MACs send to them via their electronic mailing list(s). In both the subject line of the electronic mailing list message and within the body of the electronic mailing list message, MACs shall make it clear to providers when the information is from CMS. To avoid possibly confusing the providers, MACs shall omit from the subject line and/or the body of the message any reference to the actual CMS vehicle that transmitted the information to the MACs.
- d. Occasionally, some information from CMS is related to a TDL. When explicitly stated to do so in a TDL, MACs may use the information contained in a TDL to conduct normal operations in order to respond to inquiries from the provider community and to educate providers when appropriate, including the discretion to do local messaging as needed. However, MACs shall not reference a TDL number.
- e. The information for providers from CMS shall remain on the provider education website for 2 months or until the MAC bulletin or MAC newsletter in which the information is appearing (if it will be appearing in a MAC bulletin or MAC newsletter) is posted on the provider education website, whichever is later. (See items 1.a. and 1.b. of this section for information about including the information in MAC bulletins or MAC newsletters.) MACs have the discretion to remove information from the provider education website if it becomes outdated before the end of the 2-month period.
- f. If CMS revises information that MACs have already disseminated to providers, MACs shall ensure that the revised information is distributed to providers via their electronic mailing list(s) and that relevant information is posted on their provider education website within 2 business days after the date CMS sent the revised information to the MACs (see item 1.a. of this section), or sooner if the information is urgent or time-sensitive (see item 1.b. of this section).
- g. MACs shall ensure that CMS information that is posted on their provider education website represents the most current information from CMS. MACs shall remove the outdated information after receiving revised information from CMS. If there is an accompanying Change Request (CR) that cancels information from CMS, MACs shall remove that information from their provider education website no later than close of business the next business day after the date the MAC received the CR from CMS.

50.4 – Social Media

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

MACs may, at their discretion, use social media in their *communication to their provider outreach community. Social Media are Internet or cellular phone-based technologies that allow the sharing of information. Social media include, but are not limited to, Facebook, YouTube, Twitter, Google+, and web*

chat. MACs who make use of social media shall market offerings on high priority CMS items and, if applicable, use any available CMS social media offerings.

MACs who use social media shall submit a report each calendar quarter using the Quarterly Social Media Activity Report template. Each quarterly report shall reflect information for the previous calendar quarter. MACs who use social media shall send their quarterly reports to the Provider *Customer Service Program Contractor Information Database (PCID)* mailbox at pcid@cms.hhs.gov by the 10th of the month following the end of the report quarter. If a MAC who is not currently using social media later begins to use *one or more social media technologies*, that MAC shall begin reporting social media usage in the *quarterly* report that is submitted *for* the first calendar quarter after the usage begins. Example: If a MAC begins using social media in May, it would report the usage in the next quarterly report (July-September), *which would be submitted in October*.

50.5 – MAC Internet-based Provider Portals

(Rev. 35, Issued: 10-07-16, Effective: 11-08-16, Implementation: 11-08-16) Rev.

CMS has developed the “MAC Internet-based Provider Portal Handbook” located at <http://www.cms.gov/Medicare/Medicare-Contracting/FFSPProvCustSvcGen/downloads/Portal-handbook.pdf>. MACs shall take into account the guiding principles outlined in the Handbook when redesigning or modifying their Internet-based provider portal. CMS will notify MACs of updates to the “MAC Internet-based Provider Portal Handbook” via TDLs.

70 - PCSP Data Reporting

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

The PCSP System is an interactive web-based tool that is password protected and accessible only to authorized users. The system includes four databases: Provider Inquiries Evaluation System (PIES), Provider Customer Service Program Contractor Information Database (PCID), Quality Call Monitoring (QCM), and Quality Written Correspondence Monitoring (QWCM).

Upon a jurisdiction award, the MAC shall identify a Database Supervisor and an alternate for each of the four databases. Each Database Supervisor and alternate shall assume responsibility for approving, denying, and maintaining MAC staff access to the PCSP System database(s) for which he/she is responsible. A Database Supervisor and alternate may have responsibility for more than one PCSP System database. Within 30 calendar days after the first MAC cutover date, the MAC jurisdiction shall furnish CMS with the name, telephone number, and e-mail address of the Database Supervisor and alternate for each PCSP System database by sending an e-mail containing that information to the Provider Services mailbox at providerservices@cms.hhs.gov, with the subject: “Database Supervisor.” If the 30th calendar day falls on a weekend or holiday, the MAC shall send the information by close of business the next business day.

After CMS receives the names of the Database Supervisors and alternates, CMS will send them the PCSP System User Access Request Form to fill out and return to CMS to the Provider Services mailbox at providerservices@cms.hhs.gov, with the subject: “PCSP System Access Form.” Once the form is returned and the request is approved by CMS, the Database Supervisors and alternates will have access to the requested PCSP System database(s) and shall begin assuming PCSP System database access responsibility for other MAC staff in accordance with sections 70.1.1, 70.2.1, 70.3.1 and 70.4.1 of this chapter. The PCSP User Access Request Form can be found in the documentation section of each of the PCSP System databases.

70.1.1 - Access to PIES

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

The PIES is an interactive web-based tool that is password protected and accessible only to authorized users. To help ensure the integrity of the data, CMS limits the number of user accounts per contract (A/B, HH+H, DME).

MAC staff who need access to PIES shall request access by filling out the PCSP System User Access Request Form and submitting it to their appropriate Database Supervisor or alternate. Upon the discretion of the Database Supervisor or alternate, the Database Supervisor or alternate shall either grant access or deny access to PIES for the requesting MAC staff. The Database Supervisor or alternate may grant access to the same person for more than one contract. The Database Supervisor or alternate shall keep a copy of all completed PCSP System User Access Request Forms. All copies of completed PCSP System User Access Request Forms shall be made available to CMS upon request.

If MAC staff no longer need access to the PIES database, the Database Supervisor or alternate shall archive those users in the database. The Database Supervisor or alternate shall review the database monthly to identify and archive MAC staff who no longer need access.

The Database Supervisor or alternate shall ensure that all MAC staff who need access to PIES have access within 30 calendar days after the first cutover date.

70.2 - Provider Customer Service Program Contractor Information Database (PCID) *(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)*

The PCID is a secure web-based system developed to serve as a central place to capture and store information about MACs' PCSP activities as well as provide an online reporting mechanism for the MACs' inquiry tracking reports. The database and its accompanying user guide are located at [https://www.p-
cid.com](https://www.pc-
cid.com).

MACs with more than one jurisdiction shall have the ability to separately identify provider data for each jurisdiction in order to accurately report this information in PCID

70.2.1 - Access to PCID

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

The PCID is an interactive web-based tool that is password protected and accessible only to authorized users.

MAC staff who need access to PCID shall request access by filling out the PCSP System User Access Request Form and submitting it to their appropriate Database Supervisor or alternate. Upon the discretion of the Database Supervisor or alternate, the Database Supervisor or alternate shall either grant access or deny access to PCID for the requesting MAC staff. The Database Supervisor or alternate may grant access to the same person for more than one contract. The Database Supervisor or alternate shall keep a copy of all completed PCSP System User Access Request Forms. All copies of completed PCSP System User Access Request Forms shall be made available to CMS upon request.

If MAC staff no longer needs access to the PCID database, the Database Supervisor or alternate shall archive those users in the database. The Database Supervisor or alternate shall review the database monthly to identify and archive MAC staff who no longer need access.

The Database Supervisor or alternate shall ensure that all MAC staff who need access to PCID, have access within 30 calendar days after the first custover date.

70.2.2 - MAC Contract and PCSP Data to be Reported in PCID *(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)*

MACs shall be responsible for entering and maintaining the following MAC contract and PCSP data in PCID:

- IVR System Information
- MAC Mailing Address
- MAC Provider Education Website Address
- Written Inquiry Storage Location (Primary, Alternate)
- PCC Toll-free Numbers (Each Toll-free Number at Each PCC Location) – Line(s) of Business and Program Area Applications Handled (A, B, HH+H, DME, Appeals, EDI, Provider Enrollment, other), and Use (CSR, IVR, TDD)
- MAC PCSP Points of Contact and Contact Information
 - PCSP Program Manager
 - POE Contact (Primary)
 - PCC Contacts – Telephone Inquiries (Primary, Alternate) and Written Inquiries (Primary, Alternate)
 - Webmaster
 - MLN Connects Contact
 - MAC Liaisons (for MAC-to-MAC collaboration)
- Pre-Approved PCC Closures – MACs shall report PCC closures that fall on CMS pre-approved days and any other planned PCC closure dates the reasons for the closures.

MACs shall report the above data to PCID within 60 calendar days after the cutover date of the MAC contract (if more than one cutover date, within 60 calendar days after the earliest cutover date) or, if the data are not available at that time, within 7 calendar days after the data become available. If a due date falls on a weekend or holiday, the information is due by close of business on the next business day.

On a monthly basis, MACs shall review these data in PCID, make updates or changes as necessary, and certify that the data are correct.

70.2.3.3 – POE Data to be Reported in PCID

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

MACs shall enter POE event and self-paced education data in PCID on a monthly basis between the 1st and the 10th of each month for the previous month's data.

Definitions, additional instructions, and the POE Topic/Subtopic listing are available in PCID

Documentation from <https://www.p-cid.com>.

MACs with multiple jurisdictions shall report POE event data and self-paced education data by jurisdiction. *More information on reporting POE event and self-paced education data and their definitions can be found in the PCID Quick Start Guide. The PCID Quick Start Guide is available in the Documentation Section of PCID at <https://www.p-cid.com/documentation.asp>.*

70.2.3.6 – Emergency *and Similar* PCC Closure Data to be Reported in PCID

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

If an emergency *or similar* PCC closure occurred (see section 30.2.7.3 of this chapter), the MAC shall enter that closure in PCID between the 1st and the 10th of the month for the previous month's data. No reporting is necessary for months in which there were no such closures.

70.3 – Quality Call Monitoring (QCM)

(Rev. 35, Issued: 10-07-16, Effective: 11-08-16, Implementation: 11-08-16)

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

The CMS strives to continuously improve Medicare customer satisfaction through the delivery of high quality and cost-effective customer service. High quality customer service is convenient and accessible, accurate, courteous and professional, and responsive to the needs of diverse groups. Quality Call Monitoring (QCM) is a web-based database that is used for accuracy, courtesy and professionalism.

MACs shall complete scorecards and enter data into the QCM database before the 10th of each month. See section 30.2.13 of this chapter for additional information.

70.3.1 Access to QCM

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

The Quality Call Monitoring (QCM) system is an interactive web-based tool that is password protected and accessible only to authorized users.

MAC staff who need access to the QCM database shall request access by filling out the PCSP System User Access Request Form and submitting it to their appropriate Database Supervisor or alternate. Upon the discretion of the Database Supervisor or alternate, the Database Supervisor or alternate shall either grant access or deny access to QCM for the requesting MAC staff. The Database Supervisor or alternate may grant access to the same person for more than one contract. The Database Supervisor or alternate shall keep a copy of all completed PCSP System User Access Request Forms. All copies of completed PCSP System User Access Request Forms shall be made available to CMS upon request.

If MAC staff no longer needs access to the QCM database, the Database Supervisor or alternate shall archive those users in the database. The Database Supervisor or alternate shall review the database monthly to identify and archive MAC staff who no longer need access.

The Database Supervisor or alternate shall ensure that all MAC staff who need access to QCM, have access within 30 calendar days after the first cutover date.

70.4 – Quality Written Correspondence Monitoring (QWCM)

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

The CMS strives to continuously improve Medicare customer satisfaction through the delivery of high quality and cost-effective customer service. High quality customer service is convenient and accessible, accurate, courteous and professional, and responsive to the needs of diverse groups. QWCM is the primary way for CMS to assess if Medicare customer service is meeting the performance standards established for accuracy, completeness, courtesy, and professionalism.

MACs shall complete scorecards and enter data into the QWCM database before the 10th of each month. See section 30.3.6 of this chapter for additional information.

70.4.1 Access to QWCM

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

The Quality Written Correspondence Monitoring (QWCM) system is an interactive web-based tool that is password protected and accessible only to authorized users.

MAC staff who need access to the QWCM database shall request access by filling out the PCSP System User Access Request Form and submitting it to their appropriate Database Supervisor or alternate. Upon the discretion of the Database Supervisor or alternate, the Database Supervisor or alternate shall either grant access or deny access to QWCM for the requesting MAC staff. The Database Supervisor or alternate may grant access to the same person for more than one contract. The Database Supervisor or alternate shall keep a copy of all completed PCSP System User Access Request Forms. All copies of the completed PCSP System User Access Request Forms shall be made available to CMS upon request.

If MAC staff no longer needs access to the QWCM database, the Database Supervisor or alternate shall archive those users in the database. The Database Supervisor or alternate shall review the database monthly to identify and archive MAC staff who no longer need access.

The Database Supervisor or alternate shall ensure that all MAC staff who need access to QWCM, have access within 30 calendar days after the first cutover date.

80 - Disclosure of Information

(Rev.36, Issued: 07-21-17, Effective: 08-22-17, Implementation: 08-22-17)

MACs shall protect the confidentiality of Medicare beneficiary personally-identifiable information (PII) and protected health information (PHI) as well as provider personally-identifiable information in accordance with the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996. To ensure compliance, MACs shall comply with the requirements in the Disclosure Desk Reference prepared and made available by CMS. The Disclosure Desk Reference is available *in the Documentation Section of PCID* at <https://www.p-cid.com/documentation.asp>.