

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-09 Medicare Contractor Beneficiary and Provider Communications</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 39</b>	<b>Date: September 22, 2017</b>
	<b>Change Request 10258</b>

**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 update the language regarding the contents of Medicare Administrative Contractor (MAC) public websites and adds section 50.2.4.5 requiring a dedicated webpage for claims processing issues.

**EFFECTIVE DATE: October 23, 2017**

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

**IMPLEMENTATION DATE: October 23, 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	6/Table of Contents
R	6/50.2.4/Contents
N	6/50.2.4.5/Provider Claims Payment Alerts

**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

<b>Pub. 100-09</b>	<b>Transmittal: 39</b>	<b>Date: September 22, 2017</b>	<b>Change Request: 10258</b>
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## I. GENERAL INFORMATION

**A. Background:** This Change Request (CR) revises Chapter 6 to update the language regarding the contents of Medicare Administrative Contractor (MAC) public websites and add section 50.2.4.5.

**B. Policy:** MAC Provider Customer Service Program established by The Medicare Prescription Drug, Improvement, and Modernization Act (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		
10258.1	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						
10258.2	MACs shall develop and regularly update a dedicated webpage that alerts providers of <b>confirmed</b> system-related claims processing issues that have been identified by CMS, the MAC and/or the Shared Systems Maintainer.	X	X	X	X						

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
	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):** 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.38, Issued: 09-22-17)*

### **Transmittals for Chapter 6**

*50.2.4.5 - Provider Claims Payment Alerts*

## 50.2.4 – Contents

*(Rev. 39, Issued: 09-22-17, Effective: 10-23-17, Implementation: 10-23-17)*

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.)
18. *A dedicated alerts page where providers can get information and educational announcements around claims processing issues including reprocessing/reopening claims due to under and/or overpayments (see Section 50.2.4.5 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/codelists/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/AccessstoDataApplication/MedicareRemitEasyPrint.html>.
13. Provider Satisfaction Survey web page at [www.cms.gov/Medicare/Medicare-Contracting/MSI](http://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.*

#### **50.2.4.5 – Provider Claims Payment Alerts**

**(Rev. 39, Issued: 09-22-17, Effective: 10-23-17, Implementation: 10-23-17)**

*MACs shall develop and regularly update a dedicated webpage that alerts providers of confirmed system-related claims processing issues that have been identified by CMS, the MAC and/or the Shared Systems Maintainer. The page shall provide information and educational announcements around claims processing issues that are currently active as well as provide an archive of resolved issues. At a minimum the page shall include the following information for each reported issue:*

- *Date Reported*
- *Provider Type(s) Impacted*
- *Reason Codes, as applicable*
- *Claim Coding Impact (i.e. HCPCS/ICD codes etc.), as applicable*
- *Description of the Issue*
- *Action Required by the MAC, if any*
- *Action Required by the Provider, if any*
- *Proposed Resolution/Fix (including automatic reprocessing of claims or not)*
- *Status (Open, Closed)*
- *Date Resolved*

*MACs may include additional jurisdiction-specific information providers may need in order to understand the issue.*