

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2006</b>	<b>Date: January 19, 2018</b>
	<b>Change Request 10399</b>

**SUBJECT: Monthly Status Report (MSR) Excel Data Template Updates and Implementation of MAC/CMS Data Exchange (MDX) Portal System**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request is to seek the Medicare Administrative Contractor's (MAC's) evaluation of the impact of related activities for the new MSR Excel data template to determine if a contract modification is needed.

**EFFECTIVE DATE: February 20, 2018**

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

**IMPLEMENTATION DATE: February 20, 2018**

*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>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2006	Date: January 19, 2018	Change Request: 10399
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**SUBJECT: Monthly Status Report (MSR) Excel Data Template Updates and Implementation of MAC/CMS Data Exchange (MDX) Portal System**

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## **I. GENERAL INFORMATION**

**A. Background:** The Centers for Medicare and Medicaid Services' (CMS) Medicare Contractor Management Group (MCMG) updates Part A and Part B Medicare Administrative Contractor (MAC) MSR Word and Excel templates annually to ensure that these reports continue to capture meaningful and useful information about the MACs' activities and performance across business functions.

In addition to the existing MSR Word template, CMS is providing a new MSR Excel data template that MACs are also required to submit. The new MSR Excel data template replaces the current MSR contractor supplied data Excel data template that MACs use to submit their monthly operational data.

**B. Policy:** In November 2013, CMS issued updated MSR contractor supplied data metrics requirements for all A/B MACs. A/B MACs have been reporting this information to CMS since December 2013.

Beginning no later than February 20, 2018 all A/B and Durable Medical Equipment MACs will employ the new MSR Excel data template report for the January 2018 reporting period to the CMS ARTs system and the new MDX Portal.

The MDX Portal is a web-based application designed to provide the MACs and MCMG with a data-importing tool, centralized data repository, automated data validation, and it identifies each submitter of a file. The MDX Portal will also serve as a communications platform facilitating collaboration between the MAC and its respective CMS MAC contract oversight team. It will be used for data submission issue resolution activities and information. It also provides functionality for MACs to update files to ensure the database has the most current data, tracks and provides a history of time and date-stamped file submissions. MACs will also have the ability to view dashboard visualizations and report query capabilities in the MDX Portal. The MDX Portal will be in production on December 18, 2017.

MDX Portal users will need to register an account with the CMS Enterprise Identity Management (EIDM) system.

There are two MAC User Roles in the MDX Portal: **MDX M Point of Contact (POC)** and an **MDX MAC USER**. The differences are that the MDX MAC POC User can submit files, resubmit files, and override validation findings, while the MDX MAC USER cannot. The following is a summary of the role capabilities:

### MDX MAC POC Role Capabilities

- Submit (upload) MSR Excel data template files to the MDX Portal
- Submit (upload) MSR Word files
- Override MSR Excel data template file validation findings within the MDX Portal
- Resubmit MSR Excel data template files
- View submitted MSR Excel data template and MSR Word files

- Download submitted MSR Excel data template and MSR Word files
- Comment on submitted MSR Excel data template
- View dashboard and reports.

MDX MAC USER Role Capabilities

- View submitted MSR Excel data template and MSR files
- Download submitted MSR Excel data template and MSR files
- Comment on submitted MSR Excel data template and MSR files
- View dashboard and reports

**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	Shared- System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
10399.1	Contractors shall develop a monthly status report (MSR) in the format and content as described in the MSR Section of the Statement of Work (SOW) for submission to the COR no later than the 20th of the following month using the CMS provided MSR Word and MSR Excel Data templates.	X	X	X	X							
10399.2	Contractors shall register in EIDM to obtain an MDX Portal user account. <b>NOTE: EIDM and MDX Portal user role request Help Cards are attached.</b>	X	X	X	X							
10399.3	Contractors shall submit the MSR Excel data template file to the MDX Portal by the 20th of each Month. <b>NOTE: Should the 20th fall on the weekend the MSR Excel data template file shall be submitted on the first business day thereafter. Instructions for MSRE file formats and data entry are included as an attachment with this CR.</b>  The MSR Excel data template file extension must be the '.xlsx' version of Excel.  The naming convention for MSR Excel data template file submission is as follows;  <i>Jurisdiction_Month_Year_MSRE_Version#.xlsx</i> (Example: <i>JX_Aug_2017_MSRE_v1.xlsx</i> ).  ·"Jurisdiction" is the two-letter or three-letter abbreviation of the jurisdiction for which the data is	X	X	X	X							

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	<p>being submitted.</p> <p>·“Month” is the three-letter abbreviation of the month for which the data is being submitted.</p> <p>·“Year” is the four-digit year for which the data is being submitted.</p> <p>·“Version#” is the version number for the file being submitted. There is no limitation to how many versions of a file can be submitted each month.</p>										
10399.4	<p>Contractors shall submit the MSR Word file to the MDX Portal by the 20th of each Month.</p> <p><b>NOTE: Should the 20th fall on the weekend the MSR shall be submitted on the first business day thereafter.</b></p> <p>The MSR MS Word file extension must be the ‘<i>.docx</i>’ version of Word.</p> <p><b><i>Jurisdiction_Month_Year_MSRW_Version#.xlsx</i></b>  <b>(Example: <i>JX_Aug_2017_MSRW_v1.docx</i>).</b></p> <ul style="list-style-type: none"> <li>• “Jurisdiction” is the two-letter or three-letter abbreviation of the jurisdiction for which the data is being submitted.</li> <li>• “Month” is the three-letter abbreviation of the month for which the data is being submitted.</li> <li>• “Year” is the four-digit year for which the data is being submitted.</li> <li>• “Version#” is the version number for the file being submitted. There is no limitation to how many versions of a file can be submitted each month.</li> </ul>	X	X	X	X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	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):** Brent Bowden, 410-786-8124 or Brent.Bowden@cms.hhs.gov ,  
Jacqueline Brown, 214-767-6393 or Jacqueline.Brown@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: 7**

# Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal

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## MDX Portal Go-Live

The MDX Portal is now operational and ready for upload of the MAC Monthly Status Report Excel (MSRE) data starting in February 2018.

The information below will get you started, along with the attached Help Cards.

## MDX Portal Registration

MAC users must register and create an Enterprise Identity Management (EIDM) account in the CMS Enterprise Portal – see attached Help Card, “How to Register and Create an EIDM Account.”

## Requesting MDX Portal Access and Role

Once an EIDM account is created, MAC users must request system access to the MDX Portal and role – see attached Help Card, “How to Request System Access and Roles.”

## Logging in to the MDX Portal

See attached Help Card, “How to Log In to the MDX Portal.”

## MDX User Training

MDX Users will be able to learn the functions and features of the portal by taking advantage of the following training formats:

1. Webinar Sessions

Webinar “Lunch and Learn” sessions will be held from 12 – 1pm EST on Monday January 22<sup>nd</sup>, Wednesday January 24<sup>th</sup> and Friday, January 26<sup>th</sup>. There will be one session per day for those MAC users who feel that they may need ‘extra training’ beyond the videos and reference materials. Information on how to register for these sessions will be provided in a separate communication from CMS.

2. Future ‘On Demand’ Video presentations/Demo

Future video presentations of MDX functions and features will be made available for MDX Users to access at any time. In addition an MDX

## **Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal**

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Overview and Demonstration video, there will be additional videos that will be focused on the “How to...” Help Card topics (i.e., MDX Portal Registration, MDX access and role requests, uploading a MSRE data file, etc.). Stay tuned for more information about these ‘On Demand’ training opportunities.

### **MDX Helpdesk Information**

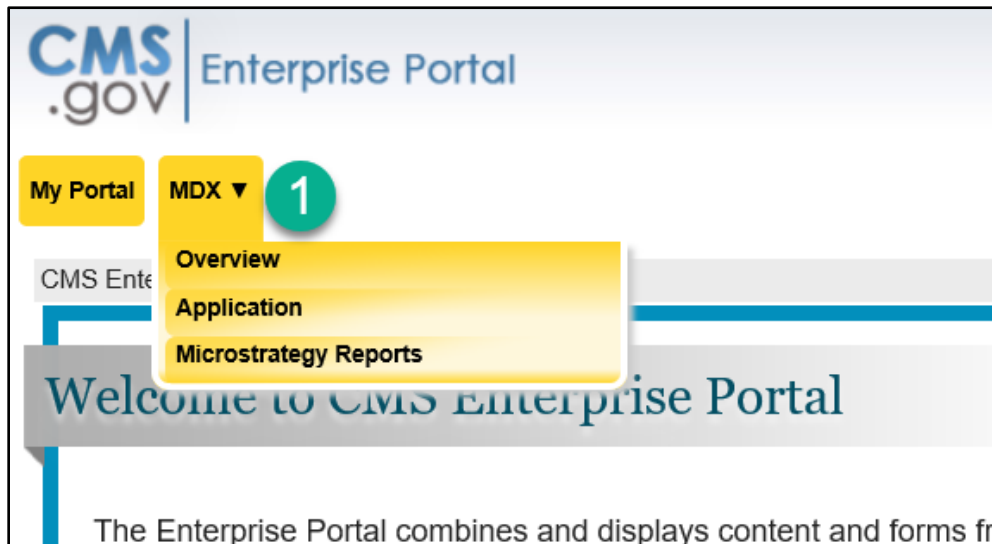
[MDX\\_Helpdesk@cms.hhs.gov](mailto:MDX_Helpdesk@cms.hhs.gov)

See attached Help Card, “How to Use the Help Desk.”

## MDX Portal: How to Use the Help Desk

- Roles: All Roles
- Navigation: CMS Enterprise Portal>MDX Portal>Overview>Application

**Prerequisite(s):** An EIDM account is established, system access and user roles have been granted, and user is logged into the MDX Portal.



- **Step 1.** Select the MDX drop down menu and choose the Overview option; the MDX Portal Overview page is displayed.



**CMS**.gov | Enterprise Portal

My Portal MDX ▾

CMS Enterprise Portal > MDX > Overview

## MAC/CMS Data Exchange (MDX) Portal

### Overview

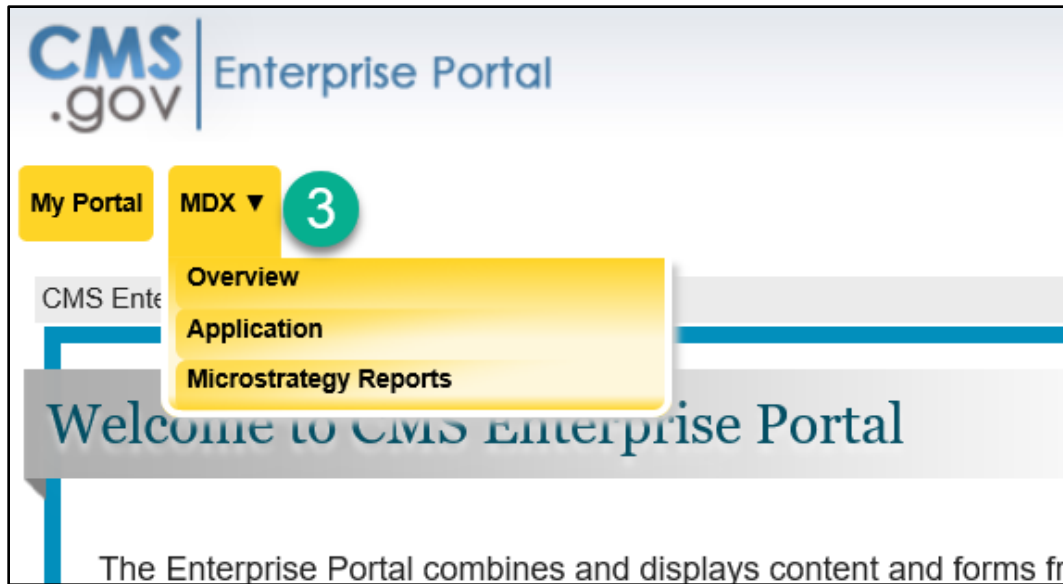
The MDX Portal will provide Medicare Contractor Management Group (MCMG) with a data-importing tool, a centralized data repository, automatic performance of the Fee-for-Service (FFS) MAC's contract activities. The MDX Portal will also serve as a collaboration platform for CMS and MAC

**Help Desk** 2

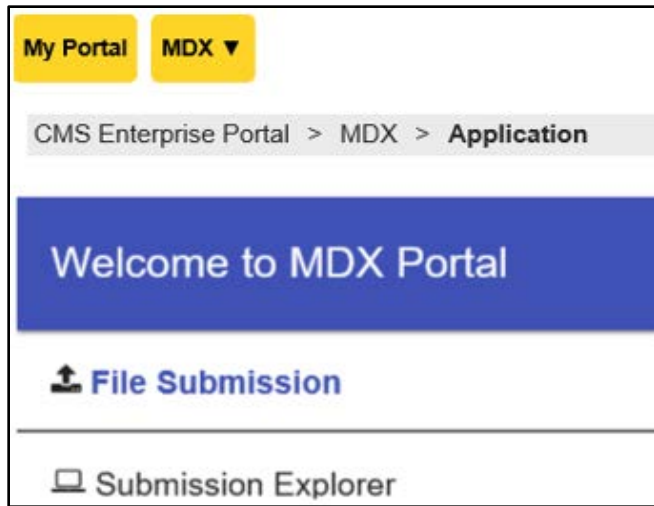
Please contact CMS MCMG Help desk to report any MDX Portal application issue.  
Email: MDX\_Helpdesk@cms.hhs.gov

- **Step 2.** Use the MDX Portal Help Desk email address to contact the MDX Portal Help Desk staff if you are experiencing technical issues or have questions about the MDX Portal.

*OR*



- **Step 3.** Select the MDX drop down menu and choose the Application option; the MDX Portal Application page is displayed.



- **Step 4.** Select HELP from the Welcome to MDX Portal banner.

## Help Request



Please contact us if you are experiencing technical issues or have questions about the MDX Portal by entering and submitting your request below. You may also email us directly at [mdx\\_helpdesk@cms.hhs.gov](mailto:mdx_helpdesk@cms.hhs.gov)

### Please submit your request

Please enter your request

5

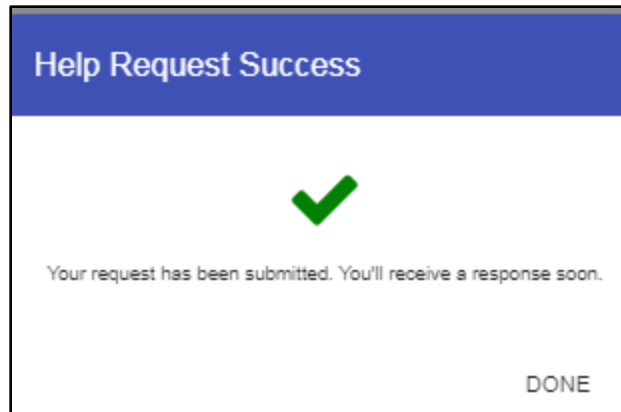
How can I see the dashboard and reports? |

6

SUBMIT

CANCEL

- **Step 5.** Enter your request and the **SUBMIT** (SUBMIT button) and the **CANCEL** (CANCEL button) are enabled. The MDX Portal Help Desk will respond to your inquiry within 1 business day.
- **Step 6.** Select the **SUBMIT** (Submit button) to send an email or the **CANCEL** (CANCEL button) if you change your mind.
  - **Tip:** When a Help Request is submitted a confirmation window will appear.



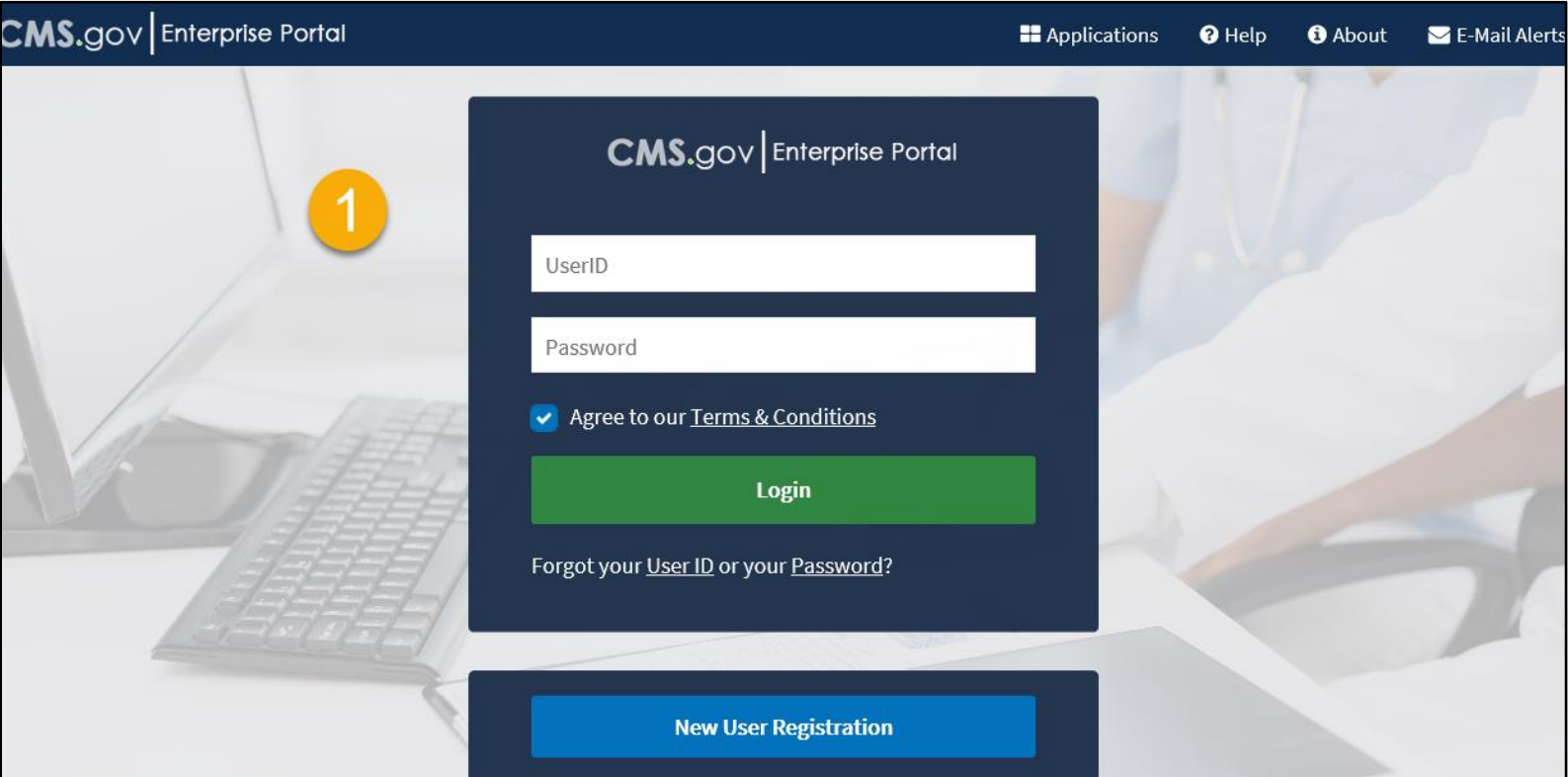
➤ **Related Help Cards:**

- 'How to Log In to the MDX Portal'
- 'How to Navigate the MDX Portal'

## MDX Portal: How to Log In to the MDX Portal

- Roles: All Roles
- Navigation: CMS Enterprise Portal>MDX Portal

**Prerequisite(s):** An EIDM account is established, system access and user roles have been granted.



The screenshot shows the CMS.gov Enterprise Portal login interface. At the top, the header includes the CMS.gov logo and navigation links for Applications, Help, About, and E-Mail Alerts. The main content area is a dark blue box with a white background for the login form. A yellow circle with the number '1' is overlaid on the left side of the form. The form includes fields for UserID and Password, a checked checkbox for 'Agree to our Terms & Conditions', a green 'Login' button, and a link for 'Forgot your User ID or your Password?'. Below the login form is a blue 'New User Registration' button.

- **Step 1.** Go to <https://portal.cms.cmsnet> (CMS Enterprise Portal page).

**CMS.gov** | Enterprise Portal

2

test user| x

●●●●●●●●●●

Agree to our [Terms & Conditions](#)

3 Login

Forgot your [User ID](#) or your [Password](#)?

- **Step 2.** Login to the Enterprise Portal MDX Portal:
  - Enter your UserID
  - Enter your Password
  - Review (by clicking on Terms & Conditions) and agree by checking the box.
- **Step 3.** Click on Login.

## My Portal



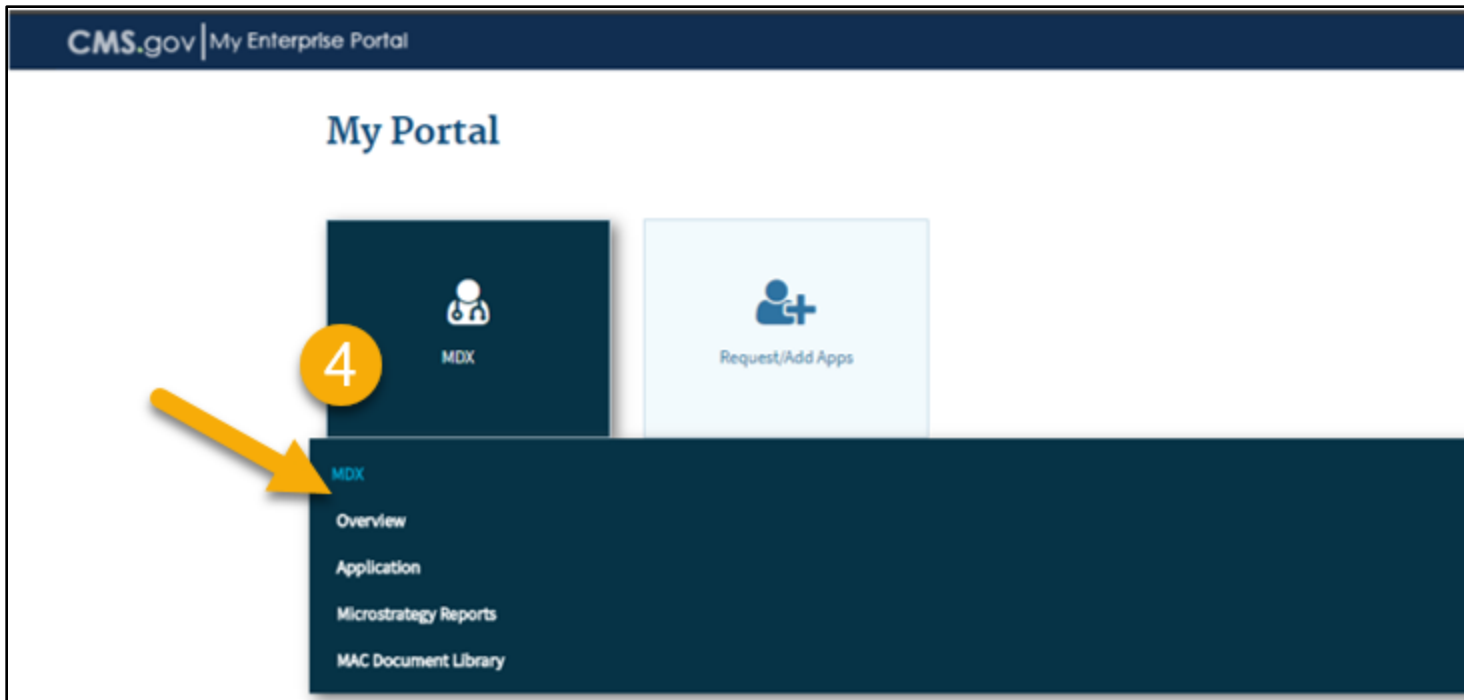
MDX



Request/Add Apps

- **Tip:** The My Portal page is displayed.





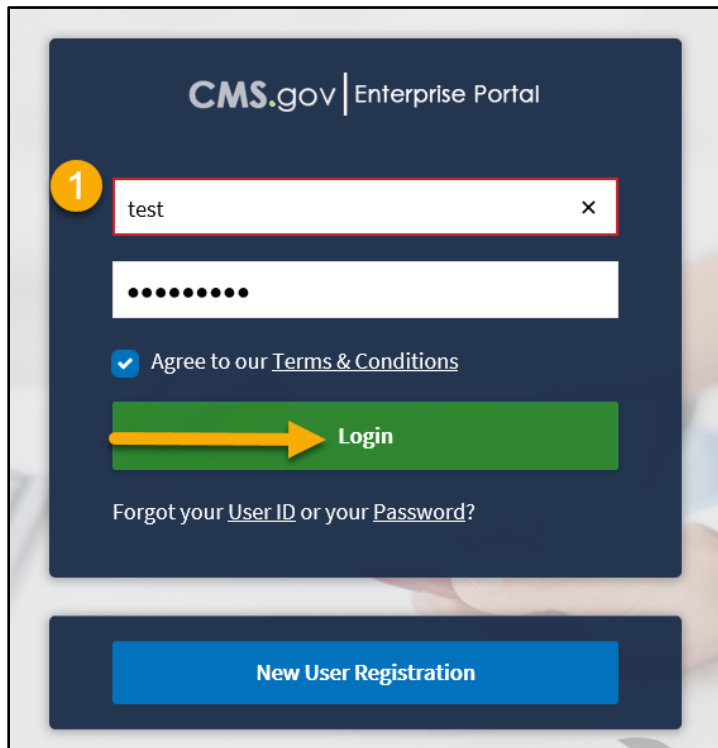
- **Step 4.** Select the MDX tile. The options displayed are Overview, Application, MicroStrategy Reports and MAC Document Library.
- **Related Help Card:**
  - 'How to Navigate the MDX Portal'

## MDX Portal: How to Request System Access and Role(s)

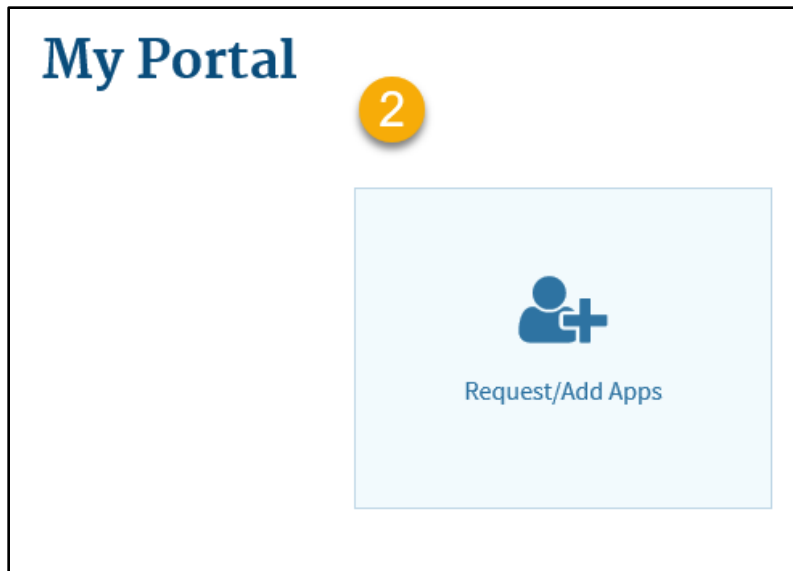
- Role: MDX MAC POC, and MDX MAC User
- Navigation: CMS Enterprise Portal>My Portal>My Access

**Prerequisite(s):** All users must be registered and have an Enterprise Identity Management (EIDM) account to access the MDX Portal.

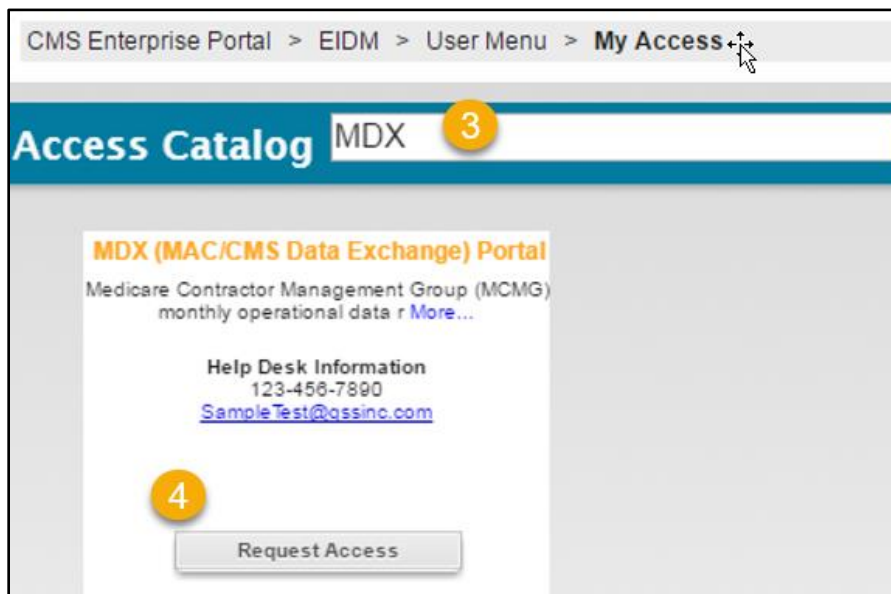
- *Tip: This Help Card only applies to users who already have an EIDM account.*

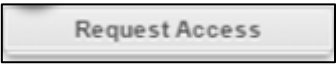


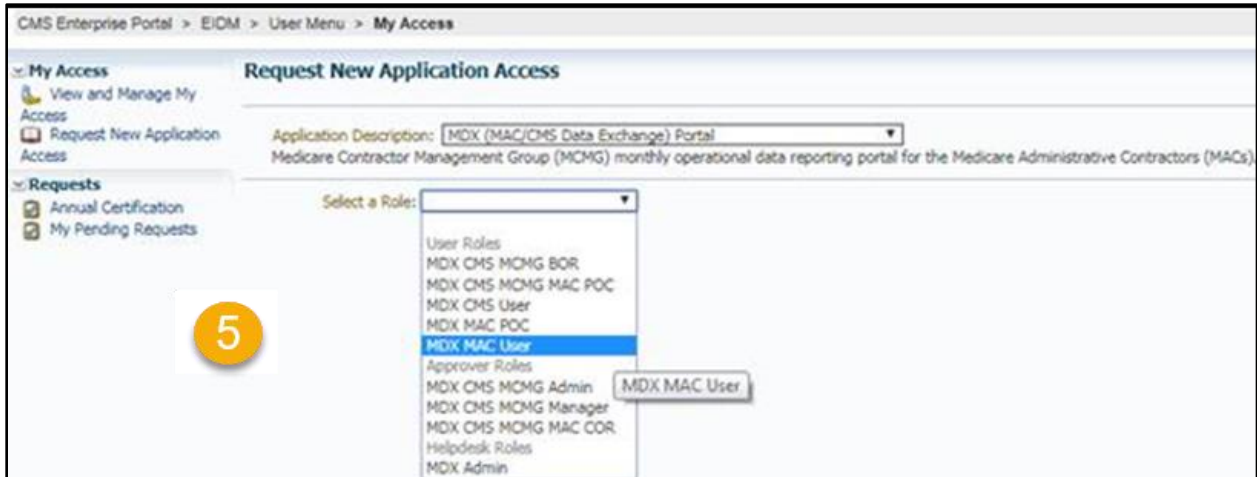
- **Step 1.** Go to <https://portal.cms.cmsnet> (CMS Enterprise Portal page) and enter the UserID and Password you created in EIDM and select Login.
  - *Tip: The My Portal page is displayed.*




- **Step 2.** Select **Request/Add Apps** tile.
  - *Tip: The Access Catalog page is displayed*



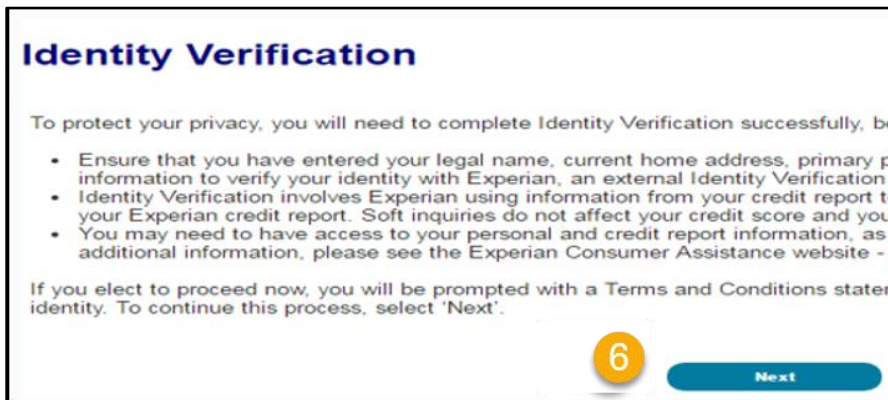
- **Step 3.** Enter "MDX" in the search field, and the **MDX (MAC/CMS Data Exchange) Portal** option is displayed.
- **Step 4.** Select the  (Request Access) button.
  - *Tip: The Request New Application Access page is displayed and "MDX (MAC/CMS Data Exchange) Portal" is populated in the Application Description field.*




- **Step 5.** Select the role you want to request from the drop down list and

select the  (Next) button. The **Identity Verification** page is displayed. *Tip: If you are requesting access for the first time, you will be taken through the CMS Remote Identity Proofing (RIDP) process.*

- *Tip: For more information on Roles please see the User Manual.*



- **Step 6.** Review the **Identity Verification** disclosure and select the

 (Next) button to continue.

**Request New Application Access**

**Terms and Conditions**

OMB No. 0938-1236 | Expiration Date: 04/30/2017 (OMB Re-Certification Pending) | [Paperwork Reduction Act](#)

**Protecting Your Privacy**

Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the [CMS Privacy Act Statement](#), which describes how we use the information you provide.

Personal information is described as data that is unique to an individual, such as a name, address, telephone number, Social Security Number, and date of birth (DOB). CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security Number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your answers to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password.

**HHS Rules Of Behavior**

We encourage you to read the [HHS Rules of Behavior](#), which provides the appropriate use of all HHS information technology resources for Department users, including Federal employees, contractors, and other system users.

I have read the HHS Rules of Behavior for Privileged User Accounts (addendum to the HHS Rules of Behavior (HHS RoB), document number HHS-OCIO-2013-00035 and dated July 24, 2013), and understand and agree to comply with its provisions. I understand that violations of the HHS Rules of Behavior for Privileged User Accounts or information security policies and standards may lead to disciplinary action and that these actions may include termination of employment; removal or disbarment from work on federal contracts or projects; revocation of access to federal information, information systems, and/or facilities; criminal penalties; and/or imprisonment. I understand that exceptions to the HHS Rules of Behavior for Privileged User Accounts must be authorized in advance in writing by the OpDiv Chief Information Officer or his/her designee. I also understand that violation of certain laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS Rules of Behavior for Privileged User Accounts draw upon, can result in monetary fines and/or criminal charges that may result in imprisonment.

**Identity Verification**

I understand that the identity proofing services being requested are regulated by the Fair Credit Reporting Act and that my explicit consent is required to use these services. I understand that any special procedures established by CMS for identity proofing using Experian have been met and the services requested by CMS to Experian will be used solely to confirm the applicant's identity to avoid fraudulent transactions in the applicant's name.

I agree to the terms and conditions  **7**

- **Step 7.** Review and agree to the terms and conditions by checking the box, and select the  (Next) button to continue.

**Your Information**

Enter your legal first name and last name, as it may be required for Identity Verification.

\* First Name:  Enter your First Name. Allowed special characters are Apostrophe ('), hyphen (-), and spaces. Middle Name:

\* Last Name:  Suffix:

Enter your E-mail address, as it will be used for account related communications.

\* E-mail Address:

Re-enter your E-mail address.

\* Confirm E-mail Address:

**8**

Enter your full 9 digit Social Security Number, as it may be required for Identity Verification.

Social Security Number:

Enter your date of birth in MM/DD/YYYY format, as it may be required for Identity Verification.

\* Date of Birth:

U.S. Home Address  Foreign address

Enter your current or most recent home address, as it may be required for Identity Verification.


\* Home Address Line 1:

Home Address Line 2:

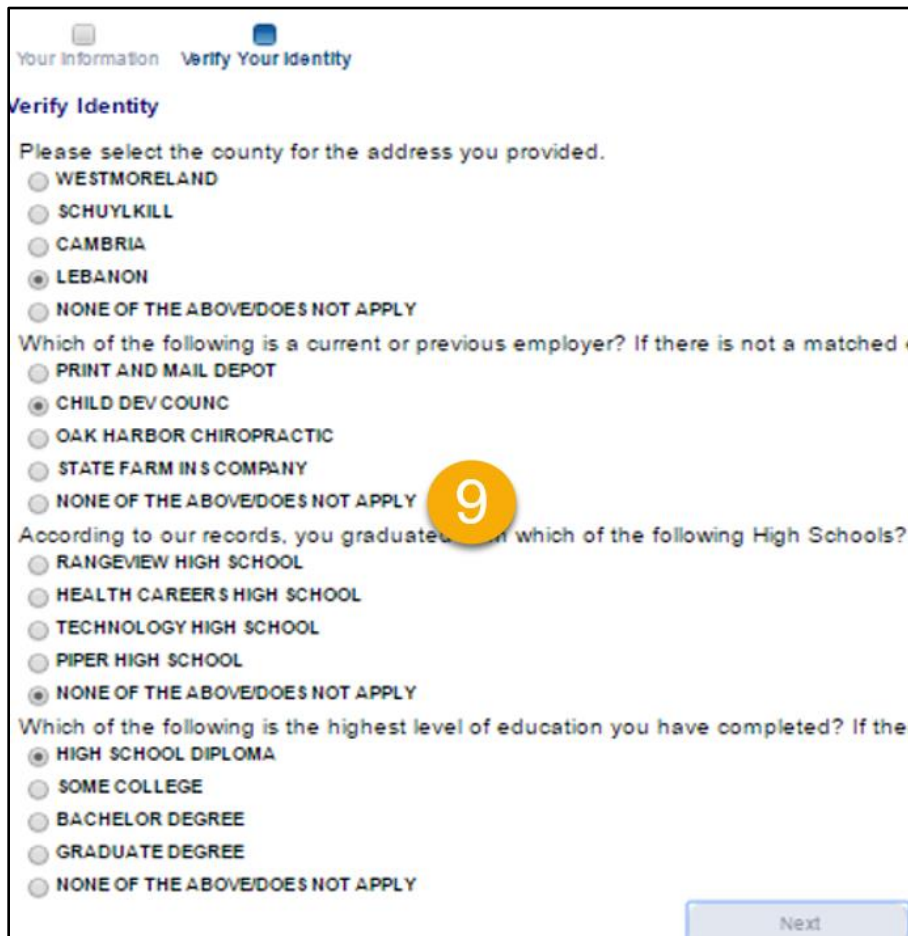
\* City:  \* State:  \* Zip Code:  Zip Code Ext:

Enter your primary phone number, as it may be required for Identity Verification.


\* Primary Phone Number:

- **Step 8.** Enter Your Information and select the  (Next) button to continue.

- **Tip:** Fields on this page may be populated with the information you provided during EIDM registration as shown in the example.



- **Step 9.** Answer system generated questions to further verify your identity

during the RIDP process, and select the  (Next) button to continue.

- **Tip:** These questions are only asked once as part of the RIDP process.

Please update your profile to continue the request for an application access. \* Required Field

**Name**

Title:  First Name:  Middle Name:  Last Name:  Suffix:

Professional Credentials:

\* Social Security Number:

**Business Contact Information**

\* Company Name:  10

\* Address 1:

Address 2:

\* City:

\* State/Territory:

\* Zip Code:  Zip Code Extension:

**Phone**

\* Company Phone Number:  Extension:

\* Office Phone Number:  Extension:

[Next](#)

[Next](#)

➤ **Step 10.** Enter the requested data and select the (Next) button to complete the RIDP process.

- Title
- First Name (prepopulated)
- Last Name (prepopulated)
- Suffix
- Professional Credentials
- \*Social Security Number (required)
- \*Company Name (required)
- \*Address 1 (required)
- Address 2
- \*City (required)
- \*State/Territory (required)
- \*Zip Code (required)
- Zip Code Extension
- \*Company Phone Number (required)
- Extension
- \*Office Phone Number (required)
- Extension
- *Tip: The Complete Step Up page is displayed.*

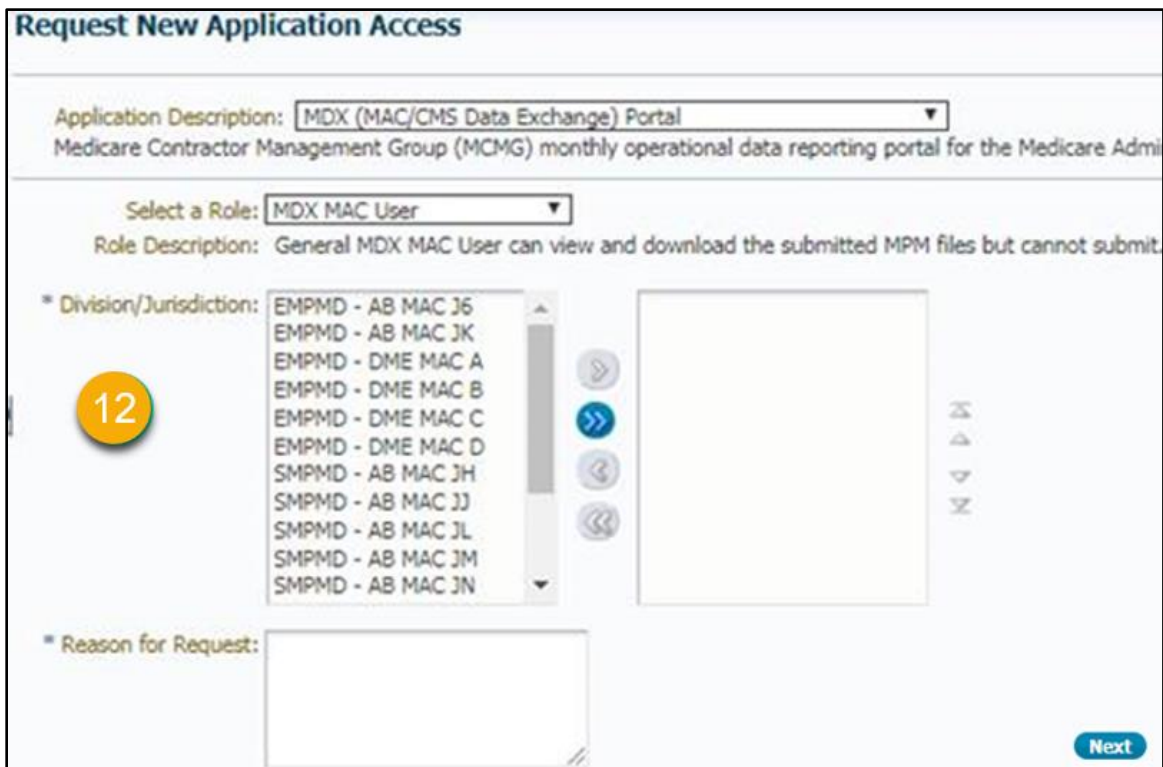
## Complete Step Up


You have successfully completed the Remote Identity Proofing process.

11

Next

- **Step 11.** Select the  (Next) button.
  - **Tip:** *Request New Application Access page is displayed.*



- **Step 12.** Select a Role, Division/Jurisdiction, and enter a reason for the request, all of which are \*required and select the  (Next) button.
  - **Tip:** *In this example \*Division/Jurisdiction options are shown for MAC users to select.*
  - **Tip:** *The Request New Application Access Acknowledgement page is displayed.*



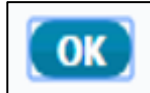
**Request New Application Access Acknowledgement**

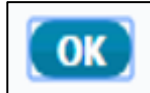
Your EIDM requests have been successfully submitted.  
The tracking numbers for your requests are:

**337555 - ADD - MDX CMS MCMG Manager - Division - DMBDA**  
**337556 - ADD - MDX CMS MCMG Manager - Division - DPA**

Please use these numbers in all correspondences concerning these requests.  
You will receive an email after each of your requests has been processed.

13 OK



- **Step 13. Select the**  (OK) button to complete the process for requesting a role.
  - **Tip:** *You will receive an email acknowledgement of your access request.*

Thank you for your request.

Your request has generated the following Request Tracking Number(s):

337555 - ADD - MDX CMS MCMG Manager - Division - DMBDA  
337556 - ADD - MDX CMS MCMG Manager - Division - DPA

Request Tracking Number(s) will be required in all correspondence concerning this request.

You will receive an email notification when an action has been taken for each request number.

If you have questions or need assistance, please use the following information to contact the application help desk:

MDX Portal Helpdesk  
[SampleTest@qssinc.com](mailto:SampleTest@qssinc.com)  
123-456-7890.

Thank you,  
**EIDM**

- **Tip:** *The authorized approver will receive an email acknowledgement to approve your request. You will receive an email notification when an action has been taken for your request.*

The tracking number for this request is 337555.

To review the pending approvals, please do the following:

If you are accessing CMS Portal from CMS Net, go to <https://portaldev.cms.cmstest>

If you are accessing CMS Portal from the internet, go to <https://portaldev.cms.cmstest>

1. Select the "Login to CMS Secure Portal" button.
2. Accept the Terms and Conditions.
3. Enter your User ID and Password on the CMS Enterprise Portal page and select the "Log In" button.
4. Select the "My Access" hyperlink from the "Welcome Firstname LastName" dropdown menu.
5. Select the "Other Actions" hyperlink from the "My Access" section on the "Access Catalog" page.
6. Select the "My Pending Approvals" hyperlink on the left navigation pane.
7. Use the checkbox to select the requests you wish to take an action on or select the 'Request Number' hyperlink for more details about the request.
8. Approve or Reject the request.

If you have questions or need assistance, please use the following information to contact the application help desk:

MDX Portal Helpdesk

[SampleTest@qssinc.com](mailto:SampleTest@qssinc.com)

123-456-7890.

Thank you,

CMS.gov

Please do not reply to this system-generated email.

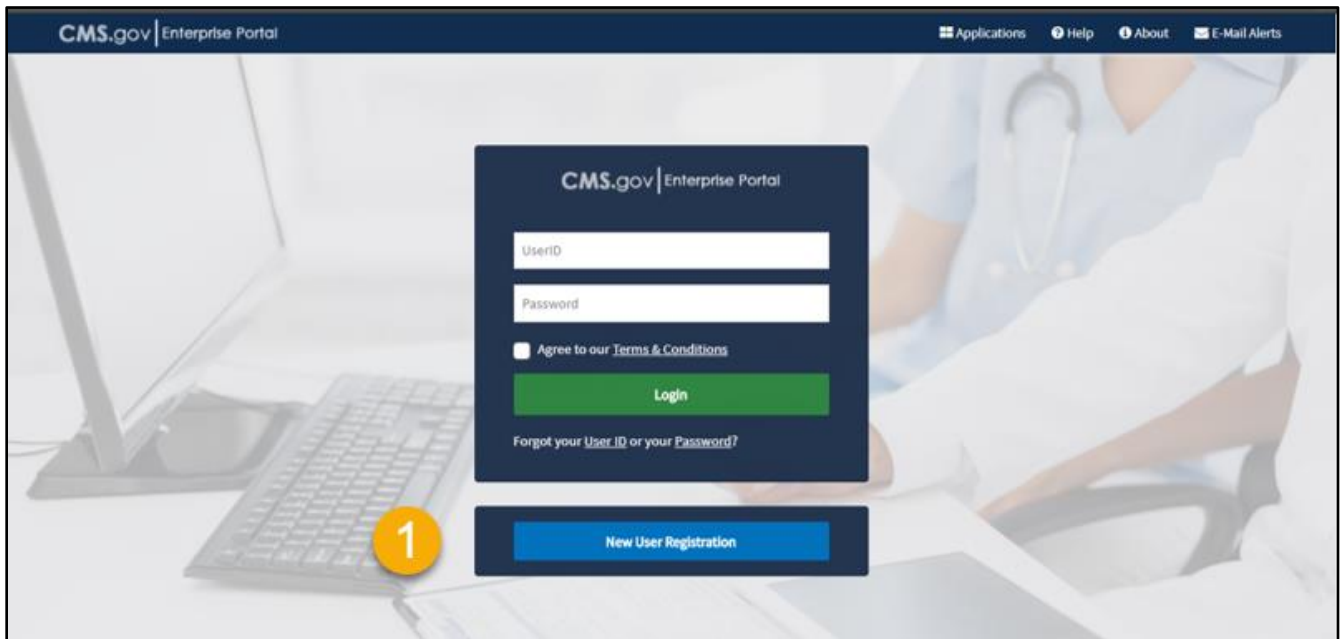
- Related Help Card:
  - 'How to Register and Create an Enterprise Identity Management (EIDM) Account.'

## MDX Portal: How to Register and Create an Enterprise Identity Management (EIDM) Account

- **Role:** All MDX Portal Users
- **Navigation:** CMS Enterprise Portal>EIDM>New User Registration

**Prerequisite(s):** There is no prerequisite for this Help Card.

- **Tip:** This Help Card only applies to users who do not already have an EIDM account.



- **Step 1.** Go to <https://portal.cms.cmsnet> (CMS Enterprise Portal page) and select "New User Registration."

CMS.gov | Enterprise Portal Applications Help About E-Mail Alerts

## Step 2: Choose Your Application

Step 1 of 3 - Select your application from the dropdown. You will then need to agree to the terms.

MDX: MAC/CMS Data Exchange (MDX)Portal

ESB: Evidence Documentation System

eRPT: Electronic Retroactive Processing Transmission

FFSDCS: Fee-For-Service Data Collection System

GIS: Gentran Integration Suite

HATS: Host Access Transformation Services

HDT/HPG: HIPAA Eligibility Transaction System (HETS) Desktop

HIOS/FFE: Health Insurance Oversight System

IC: Center for Medicare and Medicaid Innovation (CMMI) Innovation Center (IC)

IDHD: Restricted Use Application

ISV: Internet Server

MACPro: Medicaid and CHIP Program

MAISTRO: Medicare Administrative Issue Tracker and Reporting of Operations System

MARx/MAPD: Medicare Advantage & Prescription Drug Systems

MCU: Marketplace Change Utility

MDM: Master Data Management

MDP: Quality Measure Development Plan

MDR: MDR State Exchange

MDX: MAC/CMS Data Exchange (MDX)Portal

- **Step 2.** Select MDX: MAC/CMS Data Exchange (MDX) Portal from the drop down menu.

CMS.gov | Enterprise Portal Applications Help About E-Mail Alerts

## Step 3: Choose Your Application

Step 1 of 3 - Select your application from the dropdown. You will then need to agree to the terms.

MDX: MAC/CMS Data Exchange (MDX)Portal

### Terms & Conditions

OMB No. 0938-1236 | Expiration Date: 04/30/2017 |

OMB No.0938-1236 | Expiration Date: 04/30/2017 (OMB Re-Certification Pending) | [Paperwork Reduction Act](#)

#### Consent to Monitoring

By logging onto this website, you consent to be monitored. Unauthorized attempts to upload information and/or change information on this web site are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec. 1001 and 1030. We encourage you to

I agree to the terms and conditions

Next [Cancel](#)

- **Step 3.** Review and agree to terms and conditions and select the next button.

Step 4 - Please enter your personal and contact information.

All fields are required unless marked 'Optional'.

Enter First Name	Enter Middle Name (optional)	Enter Last Name	Suffix (optional)
Enter Social Security Number (optional)	Birth Month ▼	Birth Date ▼	Birth Year ▼
Is Your Address US Based?			
<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Enter Home Address #1	Enter Home Address #2 (optional)		
Enter City	State ▼	Enter Zip Code	Enter Zip+4 (op
Enter E-mail Address	Confirm E-mail Address		

➤ **Step 4.** Enter Your Information in the following fields:

- First Name (required)
- Middle Name
- Last Name (required)
- Suffix
- Social Security Number
- Date of Birth (required)
- Home Address Line 1 (required)
- Home Address Line 2
- City (required)
- State (required)
- Zip Code (required)
- Zip Code Extension
- Email address (required)
- Confirm Email address(required)
- Phone Number (required)

Back	<b>5</b> Next	Cancel
------	---------------	--------

- **Step 5.** Select the Next button.

**Step 6: Create User ID, Password & Challenge Questions**

Step 3 of 3 - Please create User ID and Password, Select Challenge questions and provide answers.

Enter User ID

Enter Password      Enter Confirm Password

Select Challenge Question #1 **7**      Enter Challenge Question #1 Answer

Select Challenge Question #2      Enter Challenge Question #2 Answer

Select Challenge Question #3      Enter Challenge Question #3 Answer

Back **8** Next      Cancel

- **Step 6.** Choose User ID and Password in the following fields:
  - \*User ID (required)
  - \*Password (required)
  - \*Confirm Password (required)
    - *Tip: Click inside a field to view CMS requirements for User IDs and Passwords.*
- **Step 7.** Select your Challenge Questions and Answers:
  - \*Question:1 (required)
  - \*Answer:1 (required)
  - \*Question:2 (required)
  - \*Answer:2 (required)
  - \*Question:3 (required)
  - \*Answer:3 (required)
- **Step 8.** Select the Next button.

## Registration Summary

Please review your information and make any necessary changes before submitting.

MDX: MAC/CMS Data Exchange (MDX) Portal 9

All fields are required unless marked 'Optional'.

- **Step 9.** Review your information and make any necessary changes.

10

- **Step 10.** Select Submit User button, and the confirmation page is displayed.

## Confirmation

11



Your ID has been successfully registered with CMS Enterprise Portal. An e-mail has been sent to your registered e-mail address. You can now login by clicking [here](#).

- **Step 11.** Click on here ('You can now login by clicking [here](#).'),
  - *Tip: The **CMS Enterprise Portal/My Portal** page is displayed, refer to the related Help Card for next steps.*

CMS.gov | My Enterprise Portal

## My Portal

Use the below link to request access to CMS Systems/Applications.

  
Request/Add Apps

- Related Help Card:
  - 'How to Request System Access and Role(s)'.



## Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal File Format Instructions

The purpose of this document is to provide instructions regarding the appropriate formats for submission of the MAC Monthly Status Report (MSR) files. MACs will be able to submit the MSR Word document (MSRW) and MSR Excel data template (MSRE) files to the MDX Portal.

### File Extensions

The MDX Portal supports submission of the MSR Excel (MSRE) data with an “xlsx” extension, and the MSR Word (MSRW) document with a “docx” extension only. “MSRE” or “MSRW” is based on the file being submitted.

### Naming Conventions

The naming convention for the MSRE and MSRW files are comprised of four components. The components of the file naming convention are as follows:

**“Jurisdiction”** – identifying the two or three-character abbreviation for the jurisdiction.

**“Month”** – identifying the three-letter abbreviation of the month for the data reporting period.

**“Year”** – identifying the four-digit year of the month for the data reporting period.

**“Version#”** – identifying the version number for the file being submitted. For example, the initial submission for the month/year data reporting period version number is v1. The MDX Portal system will not place a limit on the number of submitted versions for a data period.

The MSRE naming convention is **Jurisdiction\_Month\_Year\_MSRE\_Version#**.

The MSRW naming convention is **Jurisdiction\_Month\_Year\_MSRW\_Version#**.

## Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal File Format Instructions

The table below provides examples of acceptable and unacceptable naming conventions for the MSRE and MSRW file type formats.

File Type	Acceptable Format of File Name	Unacceptable Format of File Name
MSRE	JX_Aug_2017_MSRE_v1	JX_August_17_MSRE
MSRW	JX_Jul_2017_MSRW_v2	JX_July_17_MSRW_v2

### File Size Limitations

There is a 2MB size limitation for the MSRE file and a 2MB size limitation for the MSRW file. Files larger than 2MBs will be rejected.

### MSRE and MSRW File Virus Scanning

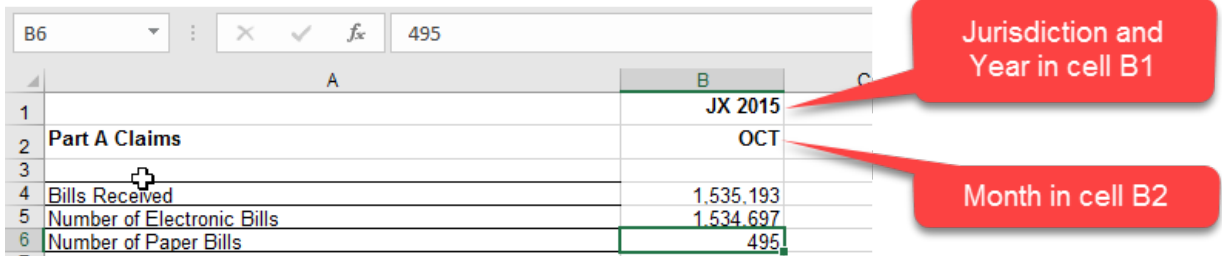
All submitted files must be virus free. The MDX Portal will perform a virus scan on all submitted files. If a virus is found the file will be rejected with a message stating that file rejected due to a virus.

### MSRE Data Tab Entry Instructions

In the MSRE, the “Jurisdiction,” “Year,” and “Month” has to be entered once in the Claims – Part A tab. “Year” and “Month” entered in the file that is being submitted must be consistent with the “Month” and “Year” selected in the MDX Portal User Interface. Any inconsistency of the Month and/or Year will cause the file to be rejected.

Enter the “Jurisdiction,” “Year,” and “Month” in the first tab “Claims – Part A” only. Enter “Jurisdiction” and “Year” in cell B1, and enter “Month” in cell B2 like in the screenshot below.

## Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal File Format Instructions



The entered “Jurisdiction,” “Year,” and “Month” will be automatically populated in the remaining 29 tabs in the file.

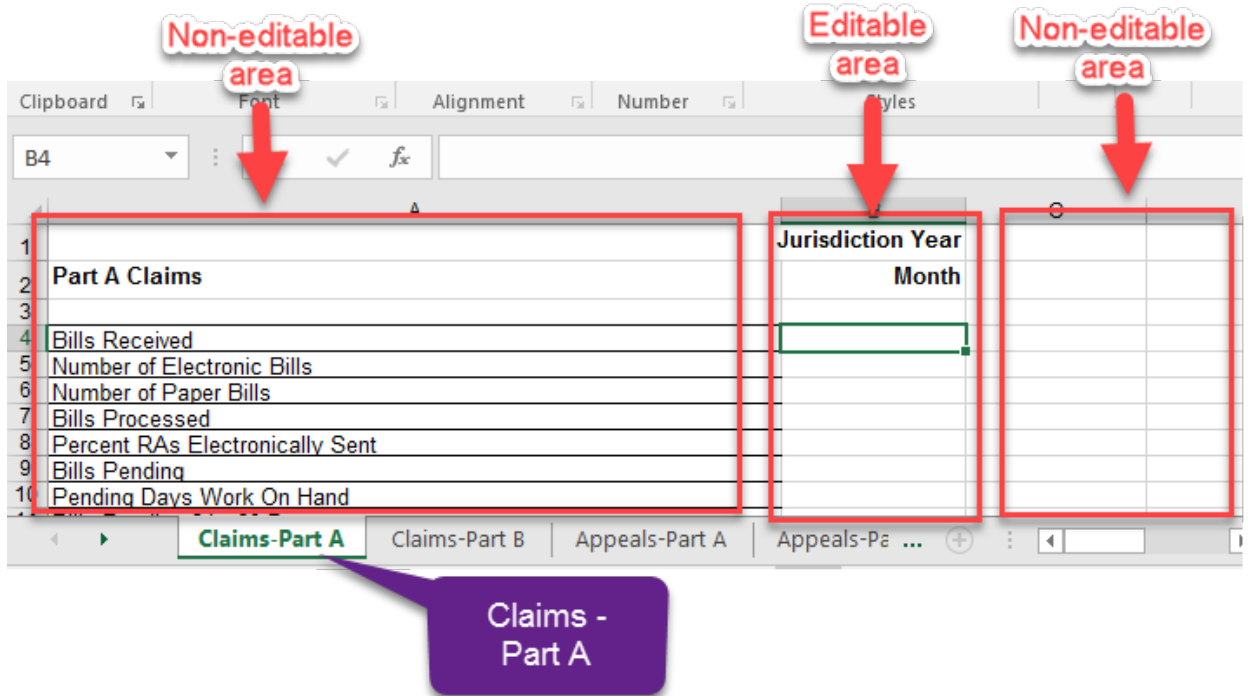
Just like the naming convention, “Jurisdiction” is the two or three-character abbreviation of the jurisdiction, “Year” is the four-digit year, and “Month” is the three-letter abbreviation of the month for which the data is being submitted.

Where to Enter	Acceptable Format	Example
Claims – Part A sheet cell B1	Jurisdiction Year	JX 2015
Claims – Part A sheet cell B2	Month	Oct

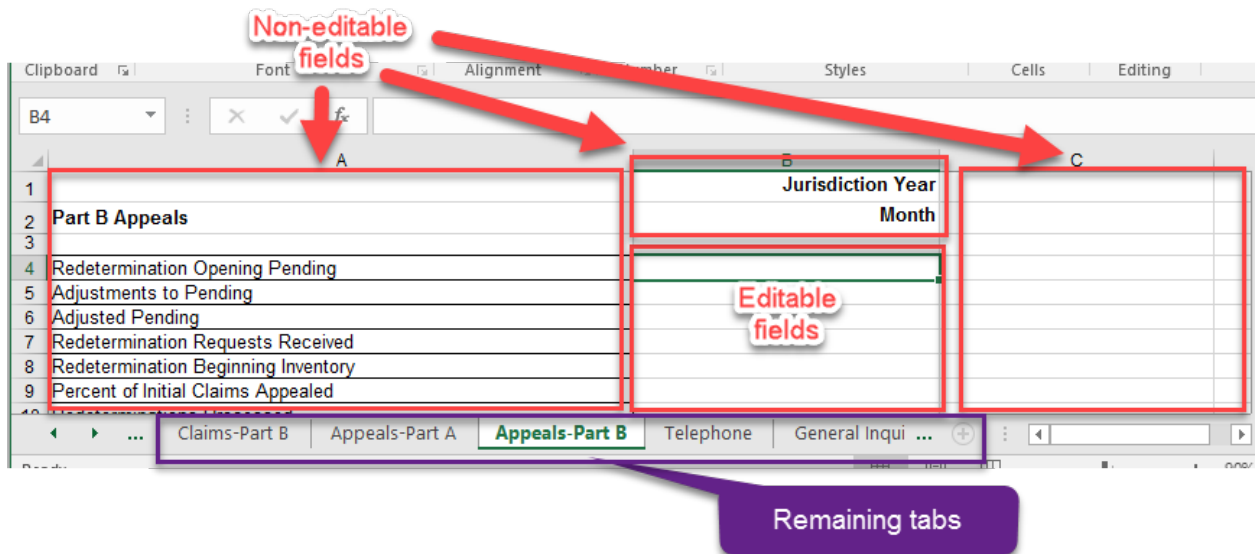
There are editable fields and non-editable fields in each tab.

For Claims – Part A tab, the data entry fields for “Jurisdiction,” “Year,” “Month” and each of the data elements in column B are editable. Other fields (including data element names in column A, and the rest of the spreadsheet: columns C, D, etc.) in the spreadsheet are non-editable.

## Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal File Format Instructions



For the remaining tabs, the data entry fields for each of the data elements in column B can be edited. Other fields (including data element names in column A, and the “Jurisdiction,” “Year,” and “Month” in column B, and all other columns - column C, D, etc.) are non-editable.



**Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal File Format Instructions**

**MSRE Data Cell Entry Format Instructions**

The data entry formats for the MSRE are: NA (Not Applicable), Counts (whole numbers), Percentages, and Dollar Amounts.

All fields in the MSRE are required, and blank fields are not allowed. A blank or empty field will generate an error during the file submission process.

If data does not exist for a specific field, NA must be entered; blank fields are not allowed. Variations of NA are not acceptable and will generate an error during the file submission process.

<b>Field Name</b>	<b>Scenario</b>	<b>Acceptable Format</b>	<b>Unacceptable Format</b>
Medical Review - # of claims subjected to routine review	Data does not exist to enter in this field.	NA	(Blank) N/A Not Applicable

If data in one field is the same as data that is in another field, the data will need to be entered again. Entering “Same as...” or any other content will generate an error during the file submission process.

<b>Field Name</b>	<b>Scenario</b>	<b>Acceptable Format</b>	<b>Unacceptable Format</b>
Medical Review - Amount in Controversy (AIC) Claims (Affirmation)	The amount for the month is 0, which is the same number entered in another field such as, “Amount in Controversy (AIC) Cases (Affirmation)”.	0	0 Same as above See above

All fields in the MSRE must be entered as a positive number. The only exception to this rule is the Appeals A and Appeals B “Adjustments to pending” field. For this

**Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal File Format Instructions**

field, if the number for that month is negative, it must be entered with the negative (-) sign.

<b>Field Name</b>	<b>Scenario</b>	<b>Acceptable Format</b>	<b>Unacceptable Format</b>
Appeals - Adjustments to pending	MAC X has adjusted 18 Appeal cases this month.	-18	18 (18)
Appeals - Adjustments to pending	MAC Y has 10 more Appeal cases added to the "pending" cases for this month.	10	-10 (10)

Data entry format of Counts (a whole number), must be entered as a whole number.

<b>Field Name</b>	<b>Scenario</b>	<b>Acceptable Format</b>	<b>Unacceptable Format</b>
Claims A - Bills Received	Bills received for the month is 16000.	16000 16,000	16000.00

Data entry format of Percentages must be entered with a % (percentage) sign and two decimal places. A missing percentage sign or variations of the percentage sign will generate an error during the file submission process.

<b>Field Name</b>	<b>Scenario</b>	<b>Acceptable Format</b>	<b>Unacceptable Format</b>
Claims A - Percent of Pending 31-60 Days	Claims A - Percent of Pending 31-60 Days for this month is 95.00% for this MAC.	95.00%	95% 95 95 percent 95.00 95.001

**Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal File Format Instructions**

Data entry format of Amounts must be entered with a number and two decimal places. No signs such as a \$ (dollar sign) are allowed. Adding a dollar sign will generate an error during the file submission process.

<b>Field Name</b>	<b>Scenario</b>	<b>Acceptable Format</b>	<b>Unacceptable Format</b>
Telephone - Average Speed of Answer in Current Month	Telephone - Average Speed of Answer in Current Month for this MAC is 26.00 seconds.	26.00	26 26 seconds
Medical Review - AIC reversed Cases (partial reversals)	AIC reversed Cases (partial reversals) for this month is \$1063.00 for this MAC.	1063.00	\$1063.00 \$1063 1063

**Part A Claims**

Medicare Administrative Contractor  
Monthly Performance Metrics

Jurisdiction Year

Month



Contractor: MAC name and number
Bills Received
Number of Electronic Bills
Number of Paper Bills
Bills Processed
Percent RAs Electronically Sent
Bills Pending
Pending Days Work On Hand
Bills Pending 31 - 60 Days
Percent of Pending 31-60 Days
Bills Pending Over 60 Days
Percent of Pending Over 60 Days
Bills Not Approved
Percent Bills Not Approved
Bills Interest Paid On
Interest Dollars Paid
Clean EMC Bills Processed In 14-30 Days (Std: NLT 95%)
Clean Paper Bills Processed In 29-30 Days (Std: NLT 95%)
Clean Claims Processed Timely (Std: NLT 95% w/i 30 days - combined EMC/Paper claims)
Other-Than-Clean Claims Processed Timely (Std: NLT 100% w/i 45 days)
Part A Suspense Rate *



**Part B Claims**

Medicare Administrative Contractor **Jurisdiction Year**  
 Monthly Performance Metrics **Month**



Claims Received
Number of Electronic Claims
Number of Paper Claims
Claims Processed
Replicate Claims
Claims Processed Less Replicate Claims
Percent RAs Electronically Sent
Claims Pending
Pending Days Work On Hand
Claims Pending 1 - 30 Days
Percent of Pending ≤ 30 Days
Claims Pending 31 - 60 Days
Percent of Pending 31-60 Days
Claims Pending 61-90 Days
Percent of Pending 61-90 Days
Claims Pending Over 90 Days
Percent of Pending Over 90 Days
Claims Denied
Percent Claims Denied
Claims Interest Paid On
Interest Dollars Paid
Clean EMC Claims Processed In 14-30 Days (Std: NLT 95%)
Clean Paper Claims Processed In 29-30 Days (Std: NLT 95%)
Clean Claims Processed Timely (Std: NLT 95% w/i 30 days - combined EMC/Paper claims)
Other-Than-Clean Claims Processed Timely (Std: NLT 100% w/i 45 days)
Part B EMC Suspense Rate*
Part B Paper Suspense Rate*

**Part A Appeals**

Medicare Administrative Contractor  
Monthly Performance Metrics



Redetermination Opening Pending
Adjustments to Pending
Adjusted Pending
Redetermination Requests Received
Redetermination Beginning Inventory
Percent of Initial Claims Appealed
Redeterminations Processed
Number of Claims Cleared
Redeterminations Pending
Pending 1-30 days
Pending 31-60 Days
Pending 61-74 Days
Pending Over 74 Days
Processing Timeliness (w/o addl doc) (Std: 100% w/i 60 days)
Average Processing Time (days) Without Additional Documentation
Redeterminations Reversal Rate
Redetermination Effectuation Timeliness (Std: 100% w/i 30 days)
Processing Timeliness (with doc) (Std: 100% w/i 74 days)
Average Processing Time (days) With Additional Documentation
Timeliness of Forwarding Misdirected Redetermination Requests (Std: 100% w/i 60 days)
Number of QIC Requests For Case Files
Number of QIC Case Files Forwarded
QIC Decision Effectuation Timeliness
Number of QIC Decisions Requiring Contractor Computed Amount
Number of QIC Effectuations Pending
Pending 31-60 Days
Pending Over 60 Days

**Part A Appeals (continued)**

ALJ Decision Effectuation Timeliness
Number of ALJ Decisions Requiring Contractor Computed Amount
Total Clerical Error Reopening Requests Received
Claimant Initiated Clerical Error Reopening Requests Processed
Claimant Initiated Clerical Error Reopening Request Processing Timeliness (Std: 100% w/i 60 days)
Redetermination Cases Received On RAC Determinations
Number of Redetermination Cases Cleared on RAC Determinations
Number of Claims Cleared on RAC Determinations
Number of Redetermination Cases Cleared on RAC determinations Needing Additional Documentation
Number of Claims Cleared on RAC Determinations Needing Additional Documentation

# of ALJ Hearings/Support\*

Medicare Administrative Contractor

Monthly Performance Metrics

Timeliness of Forwarding Case Files to QIC (Std: 100% w/5 days)
Timeliness of Forwarding Case Files to QIC via a Mutually Agreed Upon Electronic Mechanism (Std: 100% w/7 days) Contractor: MAC name and number



Medicare Administrative Contractor  
Monthly Performance Metrics



Contractor: MAC name and number



**Part B Appeals**

Redetermination OMAQ Pending
Contract OMAQ Pending
Adjustments to Pending
Adjusted Pending
Redetermination Requests Received
Redetermination Beginning Inventory
Percent of Initial Claims Appealed
Redeterminations Processed
Number of Claims Cleared
Redeterminations Pending
Pending 1-30 days
Pending 31-60 Days
Pending 61-74 Days
Pending Over 74 Days
Processing Timeliness (w/o addl doc) (Std: 100% w/i 60 days)
Average Processing Time (days) Without Additional Documentation
Redeterminations Reversal Rate
Redetermination Effectuation Timeliness (Std: 100% w/i 30 days)
Processing Timeliness (with addl doc) (Std: 100% w/i 74 days)
Average Processing Time (days) With Additional Documentation
Timeliness of Forwarding Misdirected Redetermination Requests (Std: 100% w/i 60 days)
Number of QIC Requests For Case Files
Number of QIC Case Files Forwarded
QIC Decision Effectuation Timeliness
Number of QIC Decisions Requiring Contractor Computed Amount
Number of QIC Effectuations Pending
Pending 31-60 Days
Pending Over 60 Days

**Part B Appeals (continued)**

ALJ Decision Effectuation Timeliness
Number of ALJ Decisions Requiring Contractor Computed Amount

Total Clerical Error Reopening Requests Received	Medicare Administrative Contractor
Claimant Initiated Clerical Error Reopening Requests Processed	Monthly Performance Metrics
Claimant Initiated Clerical Error Reopening Request Processing Timeliness (Std: 100% w/i 60 days)	Contractor, MAC name and number
Redetermination Cases Received On RAC Determinations	
Number of Redetermination Cases Cleared on RAC Determinations	
Number of Claims Cleared on RAC Determinations	
Number of Redetermination Cases Cleared on RAC determinations Needing Additional Documentation	
Number of Claims Cleared on RAC Determinations Needing Additional Documentation	
<b># of ALJ Hearings/Support*</b>	
Timeliness of Forwarding Case Files to QIC (Std: 100% w/5 days)	
Timeliness of Forwarding Case Files to QIC via a Mutually Agreed Upon Electronic Mechanism (Std: 100% w/7 days)	





**Telephone Service**

<b>Number of Attempts</b>
Number of Attempts IAC name and number
Number of Attempts CSR or CSR combined with IVR
Number of Attempts IVR
Number of Attempts TTY/TDD
<b>Calls Completed</b>
Calls Completed CSR or CSR combined with IVR
Calls Completed IVR
Calls Completed TTY/TDD
All Trunks Busy - External Toll Free
Calls Answered By CSRs
Calls Handled By IVR

IVR Completion Rate in Current month
IVR Completion Rate Quarterly (Std: NLT 95% for combined lines - quarterly)
CSR Completion Rate in Current month
CSR Completion Rate Quarterly (Std: NLT 80% for single lines - quarterly)
Average Speed of Answer in Current Month
Average Speed of Answer Quarterly (ASA < 60 seconds per quarter)
CSR Productivity
CSR Callback Rate (Std: NLT 10%)
CSR QCM Knowledge Skills in Current month
CSR QCM Knowledge Skills Quarterly (Std: NLT 95% quarterly)
CSR QCM Customer Skills in Current month
CSR QCM Customer Skills Quarterly (Std: NLT 95% quarterly)
CSR QCM - Privacy Act in Current month
CSR QCM - Privacy Act Quarterly (Std: NLT 95% quarterly)
Direct Monitoring Accuracy Results



**General Inquiries**

Provider General Inquiry Beginning Inventory
Provider General Inquiry Receipts
Provider General Inquiry Pending
Pending Inventory Under 45 Days
Pending Inventory Over 45 Days
Provider General Inquiry Final Response Sent w/i 45 Business Days
Provider General Inquiry Final Response Sent Over 45 Business Days
General Inquiry Response Timeliness (Std: 95% w/i 45 Business days)
Interim Responses Sent w/i 45 Business Days
Interim Responses Sent Over 45 Business Days
Number of Responses Waiting for Additional Information (Interim Response Previously Sent)
Final Responses Sent After Interim Response - 0-5 Business Days
Final Responses Sent After Interim Response - Over 5 Business Days
CSR QWCM Knowledge Skills in Current month
CSR QWCM Knowledge Skills Quarterly (Std: NLT 95% quarterly)
CSR QWCM Customer Skills in Current month
CSR QWCM Customer Skills Quarterly (Std: NLT 95% quarterly)
CSR QWCM - Privacy Act in Current month
CSR QWCM - Privacy Act Quarterly (Std: NLT 95% quarterly)

**Benefit Integrity Referrals**

Benefit Integrity Referrals # potential BI complaints received from the CCO
Benefit Integrity Referrals # potential BI complaints sent to the UPIC / ZPIC

**Program Integrity -OIG Hotline**

Program Integrity -OIG Hotline Total number of inquiries received
Program Integrity -OIG Hotline Total number of inquiries processed
Program Integrity -OIG Hotline Total number of pending inquiries
Program Integrity -OIG Hotline Total number of aged (>45 days) pending





**PRRS Provider Inquiries**

Contractor: MAC name and number

PRRS Provider Inquiry Beginning Inventory
PRRS Provider Inquiry Receipts
PRRS Provider Inquiries Pending
Pending PRRS Provider Inquiry Inventory Under 45 Days
Pending PRRS Provider Inquiry Inventory Over 45 Days
PRRS Provider Inquiry Final Response Sent w/i 1 - 25 Business Days
PRRS Provider Inquiry Final Response Sent w/i 26 - 45 Business Days
PRRS Provider Inquiry Final Response Sent Over 45 Business Days
PRRS Provider Inquiries Completed w/i 25 Days (Std: 75%)
PRRS Provider Inquiries Completed w/i 45 Days (Std: 100%)
Interim Responses Sent w/i 45 Business Days
Interim Responses Sent Over 45 Business Days
Number of Responses Waiting for Additional Information (Interim Response Previously Sent)
Final Responses Sent After Interim Response - 0-5 Business Days
Final Responses Sent After Interim Response - Over 5 Business Days

PRRS QWCM Knowledge Skills in Current month
PRRS QWCM Knowledge Skills Quarterly (Std: NLT 95% quarterly)
PRRS QWCM Customer Skills in Current month
PRRS QWCM Customer Skills Quarterly (Std: NLT 95% quarterly)
PRRS QWCM - Privacy Act in Current month
PRRS QWCM - Privacy Act Quarterly (Std: NLT 95% quarterly)

**PRRS BCC Escalations**

PRRS BCC Escalations Beginning Inventory
PRRS BCC Escalations Receipts
PRRS BCC Escalations Pending
Pending PRRS BCC Escalations Inventory Under 45 Days
Pending PRRS BCC Escalations Inventory Over 45 Days
PRRS BCC Escalations Final Response Sent w/i 1 - 25 Business Days

PRRS BCC Escalations Final Response Sent w/i 26 - 45 Business Days
PRRS BCC Escalations Final Response Sent Over 45 Business Days
PRRS BCC Escalations Completed w/i 25 Days (Std: 75%)
PRRS BCC Escalations Completed w/i 45 Days (Std: 100%)
Interim Responses Sent w/i 45 Business Days
Interim Responses Sent Over 45 Business Days
Number of Responses Waiting for Additional Information (Interim Response Previously Sent)
Final Responses Sent After Interim Response - 0-5 Business Days
Final Responses Sent After Interim Response - Over 5 Business Days
Complex Beneficiary Inquiry Response Accuracy (Std: 97%)

Medicare Administrative Contractor  
 Monthly Performance Metrics





**Congressional Inquiries**

Congressional Inquiry Beginning Inventory
Congressional Inquiry Receipts
Congressional Inquiry Pending
Pending Congressional Inventory Under 10 Days
Pending Congressional Inventory Over 10 Days
Congressional Inquiry Final Response Sent w/i 10 Business Days
Congressional Response Timeliness (Std: 100% w/i 10 business days)
Interim Responses Sent w/i 10 Business Days
Interim Responses Sent Over 10 Business Days
Number of Responses Waiting for Additional Information (Interim Response Previously Sent)
Final Responses Sent After Interim Response - 0-5 Business Days
Final Responses Sent After Interim Response - Over 5 Business Days

**MSN Management**

MSNs are accurately generated and mailed (Std: 98%)
MSN Volume Processed
MSN Volume Sampled for Accuracy Purposes

**Audit**



<b>Cost Report Acceptabilities</b>
Contractor MAC Name and number
Cost Report Acceptabilities Planned
Cost Report Acceptabilities Actual
Cost Report Acceptabilities Timeliness Percentage

<b>Tentative Settlements</b>
Tentative Settlements Planned
Tentative Settlements Actual
Tentative Settlements Timeliness Percentage

<b>Full Desk Reviews</b>
Full Desk Reviews Planned
Full Desk Reviews Actual

<b>Limited Desk Reviews</b>
Limited Desk Reviews Planned
Limited Desk Reviews Actual

<b>Audits Started</b>
Audits Started Planned
Audits Started Actual

<b>Audits Completed</b>
Audits Completed Planned
Audits Completed Actual

<b>NPRs With Audit</b>
NPRs With Audit Planned
NPRs With Audit Actual

<b>NPRs Without Audit</b>
NPRs Without Audit Planned
NPRs Without Audit Actual
NPRs Without Audit Timeliness Percentage

**Audit (continued)**

<b>PRRB Appeal Cases Closed</b>
PRRB Appeal Cases Closed Planned
PRRB Appeal Cases Closed Actual

<b>Intermediary Appeals Closed</b>
Intermediary Appeals Closed Planned
Intermediary Appeals Closed Actual

Medicare Administrative Contractor  
Monthly Performance Metrics



<b>Reopenings</b>
Contractor: MAC name and number
Reopenings Planned
Reopenings Actual

<b>Wage Index Reviews</b>
Wage Index Reviews Planned
Wage Index Reviews Actual

<b>Interim Rate Reviews</b>
Interim Rate Reviews Planned
Interim Rate Reviews Actual

<b>PIP Reviews</b>
PIP Reviews Planned
PIP Reviews Actual

# of provider-based determination recommendations sent to the regional office during the period.
--

**Overpayment Recovery - Part A**

Medicare Administrative Contractor  
 Monthly Performance Metrics

Jurisdiction Year  
 Month



Contractor: MAC name and number
All Checks Deposited In Bank Timely (Std: 100% w/i 24 hours)
# of Non-MSP Checks Received
# of Non-MSP Checks Not Worked/Pending for the Month
# of Provider, Physician or Other Supplier Checks Received on an Established Debt (Solicited Debt Receipts)
# of Provider, Physician or Other Supplier Checks Processed on an Established Debt (Solicited Debt Processed)
# of Provider, Physician or Other Supplier Checks on an Established Debt Pending (Solicited Debt Pending)
# of Voluntary/Unsolicited Provider, Physician or Other Supplier Checks Received (Unsolicited Debt Received)
# of Voluntary/Unsolicited Provider, Physician or Other Supplier Checks Processed (Unsolicited Debt Processed)
# of Provider, Physician or Other Supplier Voluntary/ Unsolicited Checks Pending (Unsolicited Debt Pending)
Adjudicate and Post Provider, Physician or Other Supplier Voluntary/Unsolicited Refund Checks Timely (Std: 100% w/i 60 days)
# of Provider, Physician or Other Supplier Debts Sent to Treasury
Delinquent Debt Sent to Treasury Timely (Std: 100% w/i 180 days)
# of Extended Repayment Plans (ERPs) Completed
ERPs Completed Timely (Std: 100% w/i 20 Days)
# of Initial Demand Letters sent
# of Initial Demand Letters returned as undeliverable
# of Undeliverable Demand Letters that were resent to new address

Medicare Administrative Contractor  
 Jurisdiction Year  
 Monthly Performance Metrics



**Overpayment Recovery - Part B**

Contractor: MAC name and number

Month

All Checks Deposited In Bank Timely (Std: 100% w/i 24 hours)
# of Non-MSP Checks Received
# of Non-MSP Checks Not Worked/Pending for the Month
# of Provider, Physician or Other Supplier Checks Received on an Established Debt (Solicited Debt Receipts)
# of Provider, Physician or Other Supplier Checks Processed on an Established Debt (Solicited Debt Processed)
# of Provider, Physician or Other Supplier Checks on an Established Debt Pending (Solicited Debt Pending)
# of Voluntary/Unsolicited Provider, Physician or Other Supplier Checks Received (Unsolicited Debt Received)
# of Voluntary/Unsolicited Provider, Physician or Other Supplier Checks Processed (Unsolicited Debt Processed)
# of Provider, Physician or Other Supplier Voluntary/ Unsolicited Checks Pending (Unsolicited Debt Pending)
Adjudicate and Post Provider, Physician or Other Supplier Voluntary/Unsolicited Refund Checks Timely (Std: 100% w/i 60 days)
# of Provider, Physician or Other Supplier Debts Sent to Treasury
Delinquent Debt Sent to Treasury Timely (Std: 100% w/i 180 days)
# of Extended Repayment Plans (ERPs) Completed
ERPs Completed Timely (Std: 100% w/i 20 Days)
# of Initial Demand Letters sent
# of Initial Demand Letters returned as undeliverable
# of Undeliverable Demand Letters that were resent to new address

## Medical Review - Part A

Medicare Administrative Contractor  
Monthly Performance Measures



# of claims received in MAC contracts
---------------------------------------

### AUTOMATED REVIEW

# claims received ("hitting") due to an MR automated edit
# claims denied, reduced or rejected due to an MR automated edit
# of claims denied from LCD driven edit
# of active MR automated edits

### ROUTINE REVIEW

# of claims subjected to routine review
# of claim denials (in whole or part) from routine review
# of providers/suppliers subjected to routine review

### COMPLEX PROBE REVIEW

# of claims subjected to any probe review
# of claim denials (in whole or part) from a probe review
# of claims subjected to postpay probe review
# of providers/suppliers subject to probe review
# of probe reviews (not claims) pending
# of probe reviews (not claims) completed

### PREPAY COMPLEX REVIEW (other than complex probe review)

# of claims subjected to prepay complex review
# of claims pending prepay complex review
# of claim denials (in whole or part) from prepay complex review
# of claims reviewed for providers/suppliers subject to prepay complex review
# of claims reviewed for service-specific prepay complex review

### POSTPAY COMPLEX REVIEW (other than complex probe review)

# of claims subjected to postpay complex review
# of claims pending postpay complex review
# of claim denials (in whole or part) from postpay complex review
# of providers/suppliers subject to postpay complex review

### PRIOR DETERMINATION OF MEDICAL NECESSITY (PDMN) / PRIOR DETERMINATION

# of PDMN or Prior Determination requests received
# of PDMN or Prior Determination requests accepted
# of PDMN or Prior Determination accepted requests completed

## Medical Review - Part A (continued)

### LCD DEVELOPMENT AND MANAGEMENT

# of new LCDs published for comment
# of new LCDs finalized and published for notice



# of existing LCDs published for comment
# of existing LCDs finalized and published
# of existing LCDs revised due to reconsideration request
# of LCDs retired
# of new IDEs approved or denied

Medicare Administrative Contractor  
Monthly Performance Metrics



**MEDICAL REVIEW UNIT LIMITED EDUCATION**

# of One-on-One Provider Ed: educational contacts by the Medical Review Unit
# of One-on-One Provider Ed: providers educated by the Medical Review Unit

**REFERRALS**

# of referrals to POE by the Medical Review Unit
# of referrals to the PSC/ZPIC by the Medical Review Unit
# of referrals to the RAC by Medical Review Unit

**MEDICAL REVIEW REOPENINGS**

# of Medical Review Reopening requests received
# of Medical Review Reopening requests resulting in payment

**APPEALS**

# of prepay & postpay review claims/determinations completed at first level appeal
# of prepay & postpay review claims/determinations overturned on first level appeal
# of prepay & postpay review claims/determinations completed at second level appeal
# of prepay & postpay review claims/determinations overturned on second level appeal

**DATA REQUESTS**

# of data requests received from external sources
# of data requests received from internal sources (by MR only)

**THIRD PARTY LIABILITY (TPL) AND DEMAND BILLS**

# TPL claims reviewed
# TPL claims denied in whole or in part
# demand bills received
# demand bills processed

**ALJ HEARINGS INTERVENTION REPORTING**

<b>Current reporting month data</b>
# of ALJ Hearing notices contractor received this month
# of ALJ hearings participated in this month
# of ALJ hearings party to this month

**DECISIONS RECEIVED IN CURRENT REPORTING MONTH**

**(with oral participation)**

Number of cases (Affirmation)
-------------------------------



Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with written participation)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with no participant/party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)

<b>(with oral participation)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with written participation)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with party status)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with no participant/party status)</b>
Amount in Controversy (AIC)cases (Affirmation)

Amount in Controversy (AIC)Claims (Affirmation)	Medicare Administrative Contractor Monthly Performance Metrics
Amount in Controversy (AIC)Cases (partial reversals)	
Amount in Controversy (AIC)Claims (partial reversals)	
Amount in Controversy (AIC)Cases (full reversals)	
Amount in Controversy (AIC)Claims (full reversals)	

Contractor, MAC name and number

<b>(with oral participation)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with written participation)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with no participant/party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)



## Medical Review - Part B

Medicare Administrative Contractor  
 Monthly Performance Metrics

Jurisdiction Year

Month



# of claims received in MAO and number
--

### AUTOMATED REVIEW

# claims received ("hitting") due to an MR automated edit
# claims denied, reduced or rejected due to an MR automated edit
# of claims denied from LCD driven edit
# of active MR automated edits

### ROUTINE REVIEW

# of claims subjected to routine review
# of claim denials (in whole or part) from routine review
# of providers/suppliers subjected to routine review

### COMPLEX PROBE REVIEW

# of claims subjected to any probe review
# of claim denials (in whole or part) from a probe review
# of claims subjected to postpay probe review
# of providers/suppliers subject to probe review
# of probe reviews (not claims) pending
# of probe reviews (not claims) completed

### PREPAY COMPLEX REVIEW (other than complex probe review)

# of claims subjected to prepay complex review
# of claims pending prepay complex review
# of claim denials (in whole or part) from prepay complex review
# of claims reviewed for providers/suppliers subject to prepay complex review
# of claims reviewed for service-specific prepay complex review

### POSTPAY COMPLEX REVIEW (other than complex probe review)

# of claims subjected to postpay complex review
# of claims pending postpay complex review
# of claim denials (in whole or part) from postpay complex review
# of providers/suppliers subject to postpay complex review

### PRIOR DETERMINATION OF MEDICAL NECESSITY (PDMN) / PRIOR DETERMINATION

# of PDMN or Prior Determination requests received
# of PDMN or Prior Determination requests accepted
# of PDMN or Prior Determination accepted requests completed

## Medical Review - Part B (continued)

### LCD DEVELOPMENT AND MANAGEMENT



Medicare Administrative Contractor  
Monthly Performance Metrics

# of new LCDs published for comment
# of new LCDs finalized and published for notice
# of existing LCDs published for comment
# of existing LCDs finalized and published
# of existing LCDs revised due to reconsideration request
# of LCDs retired
# of new IDEs approved or denied

**MEDICAL REVIEW UNIT LIMITED EDUCATION**

# of One-on-One Provider Ed: educational contacts by the Medical Review Unit
# of One-on-One Provider Ed: providers educated by the Medical Review Unit

**REFERRALS**

# of referrals to POE by the Medical Review Unit
# of referrals to the PSC/ZPIC by the Medical Review Unit
# of referrals to the RAC by Medical Review Unit

**MEDICAL REVIEW REOPENINGS**

# of Medical Review Reopening requests received
# of Medical Review Reopening requests resulting in payment

**APPEALS**

# of prepay & postpay review claims/determinations completed at first level appeal
# of prepay & postpay review claims/determinations overturned on first level appeal
# of prepay & postpay review claims/determinations completed at second level appeal
# of prepay & postpay review claims/determinations overturned on second level appeal

**DATA REQUESTS**

# of data requests received from external sources
# of data requests received from internal sources (by MR only)

**ALJ HEARINGS INTERVENTION REPORTING**

**Current reporting month data**

# of ALJ Hearing notices contractor received this month
# of ALJ hearings participated in this month
# of ALJ hearings party to this month

**DECISIONS RECEIVED IN CURRENT REPORTING MONTH**

**(with oral participation)**

Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)

Number of Claims (full reversals) <b>(with written participation)</b>	Medicare Administrative Contractor Monthly Performance Metrics
Number of cases (Affirmation)	
Number of Claims (Affirmation)	
Number of Cases (partial reversals)	
Number of Claims (partial reversals)	
Number of Cases (full reversals)	
Number of Claims (full reversals)	
<b>(with party status)</b>	
Number of cases (Affirmation)	
Number of Claims (Affirmation)	
Number of Cases (partial reversals)	
Number of Claims (partial reversals)	
Number of Cases (full reversals)	
Number of Claims (full reversals)	
<b>(with no participant/party status)</b>	
Number of cases (Affirmation)	
Number of Claims (Affirmation)	
Number of Cases (partial reversals)	
Number of Claims (partial reversals)	
Number of Cases (full reversals)	
Number of Claims (full reversals)	

<b>(with oral participation)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)

<b>(with written participation)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)

<b>(with party status)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)

<b>(with no participant/party status)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)

Medicare Administrative Contractor  
Monthly Performance Metrics

Contractor WAC name and number



Amount in Controversy (AIC)Cases (full reversals)	Medicare Administrative Contractor Monthly Performance Metrics
Amount in Controversy (AIC)Claims (full reversals)	



**(with oral participation)**

Contractor MAC name and number
AIC reversed Cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)

**(with written participation)**

AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)

**(with party status)**

AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)

**(with no participant/party status)**

AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)

# Home Health Medical Review

Medicare Administrative Contractor  
Monthly Performance Metrics



# of claims received in MAC name and number
---

## AUTOMATED REVIEW

# claims received ("hitting") due to an MR automated edit
# claims denied, reduced or rejected due to an MR automated edit
# of claims denied from LCD driven edit
# of active MR automated edits

## ROUTINE REVIEW

# of claims subjected to routine review
# of claim denials (in whole or part) from routine review
# of providers/suppliers subjected to routine review

## COMPLEX PROBE REVIEW

# of claims subjected to any probe review
# of claim denials (in whole or part) from a probe review
# of claims subjected to postpay probe review
# of providers/suppliers subject to probe review
# of probe reviews (not claims) pending
# of probe reviews (not claims) completed

## PREPAY COMPLEX REVIEW (other than complex probe review)

# of claims subjected to prepay complex review
# of claims pending prepay complex review
# of claim denials (in whole or part) from prepay complex review
# of claims reviewed for providers/suppliers subject to prepay complex review
# of claims reviewed for service-specific prepay complex review

## POSTPAY COMPLEX REVIEW (other than complex probe review)

# of claims subjected to postpay complex review
# of claims pending postpay complex review
# of claim denials (in whole or part) from postpay complex review
# of providers/suppliers subject to postpay complex review

## PRIOR DETERMINATION OF MEDICAL NECESSITY (PDMN) / PRIOR

# of PDMN or Prior Determination requests received
# of PDMN or Prior Determination requests accepted
# of PDMN or Prior Determination accepted requests completed

## Medical Review - HH (continued)

### LCD DEVELOPMENT AND MANAGEMENT

# of new LCDs published for comment
# of new LCDs finalized and published for notice
# of existing LCDs published for comment



# of existing LCDs finalized and published	Medicare Administrative Contractor Monthly Performance Metrics
# of existing LCDs revised due to reconsideration request	
# of LCDs retired	
# of new IDEs approved or denied	

Contractor: MAC name and number

**MEDICAL REVIEW UNIT LIMITED EDUCATION**

# of One-on-One Provider Ed: educational contacts by the Medical Review Unit
# of One-on-One Provider Ed: providers educated by the Medical Review Unit

**REFERRALS**

# of referrals to POE by the Medical Review Unit
# of referrals to the PSC/ZPIC by the Medical Review Unit
# of referrals to the RAC by Medical Review Unit

**MEDICAL REVIEW REOPENINGS**

# of Medical Review Reopening requests received
# of Medical Review Reopening requests resulting in payment

**APPEALS**

# of prepay & postpay review claims/determinations completed at first level appeal
# of prepay & postpay review claims/determinations overturned on first level appeal
# of prepay & postpay review claims/determinations completed at second level appeal
# of prepay & postpay review claims/determinations overturned on second level appeal

**DATA REQUESTS**

# of data requests received from external sources
# of data requests received from internal sources (by MR only)

**THIRD PARTY LIABILITY (TPL) AND DEMAND BILLS**

# TPL claims reviewed
# TPL claims denied in whole or in part
# demand bills received
# demand bills processed

**ALJ HEARINGS INTERVENTION REPORTING**

Current reporting month data
# of ALJ Hearing notices contractor received this month
# of ALJ hearings participated in this month
# of ALJ hearings party to this month



**DECISIONS RECEIVED IN CURRENT REPORTING MONTH**

Medicare Administrative Contractor  
Monthly Performance Metrics



<b>(with oral participation)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with written participation)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with no participant/party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)

<b>(with oral participation)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with written participation)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with party status)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)

Amount in Controversy (AIC)Claims (full reversals) <b>(with no participant/party status)</b>	Medicare Administrative Contractor Monthly Performance Metrics
Amount in Controversy (AIC)cases (Affirmation)	
Amount in Controversy (AIC)Claims (Affirmation)	
Amount in Controversy (AIC)Cases (partial reversals)	
Amount in Controversy (AIC)Claims (partial reversals)	
Amount in Controversy (AIC)Cases (full reversals)	
Amount in Controversy (AIC)Claims (full reversals)	

Contractor, MAC name and number

<b>(with oral participation)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with written participation)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with no participant/party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)



## Hospice Medical Review

# of claims received into contractor
--------------------------------------

### AUTOMATED REVIEW

# claims received ("hitting") due to an MR automated edit
# claims denied, reduced or rejected due to an MR automated edit
# of claims denied from LCD driven edit
# of active MR automated edits

### ROUTINE REVIEW

# of claims subjected to routine review
# of claim denials (in whole or part) from routine review
# of providers/suppliers subjected to routine review

### COMPLEX PROBE REVIEW

# of claims subjected to any probe review
# of claim denials (in whole or part) from a probe review
# of claims subjected to postpay probe review
# of providers/suppliers subject to probe review
# of probe reviews (not claims) pending
# of probe reviews (not claims) completed

### PREPAY COMPLEX REVIEW (other than complex probe review)

# of claims subjected to prepay complex review
# of claims pending prepay complex review
# of claim denials (in whole or part) from prepay complex review
# of claims reviewed for providers/suppliers subject to prepay complex review
# of claims reviewed for service-specific prepay complex review

### POSTPAY COMPLEX REVIEW (other than complex probe review)

# of claims subjected to postpay complex review
# of claims pending postpay complex review
# of claim denials (in whole or part) from postpay complex review
# of providers/suppliers subject to postpay complex review

### PRIOR DETERMINATION OF MEDICAL NECESSITY (PDMN) / PRIOR

# of PDMN or Prior Determination requests received
# of PDMN or Prior Determination requests accepted
# of PDMN or Prior Determination accepted requests completed

## Hospice Medical Review (continued)

### LCD DEVELOPMENT AND MANAGEMENT

# of new LCDs published for comment
# of new LCDs finalized and published for notice
# of existing LCDs published for comment
# of existing LCDs finalized and published
# of existing LCDs revised due to reconsideration request
# of LCDs retired

# of new IDEs approved or denied
----------------------------------

**MEDICAL REVIEW UNIT LIMITED EDUCATION**

# of One-on-One Provider Ed: educational contacts by the Medical Review Unit
--

# of One-on-One Provider Ed: providers educated by the Medical Review Unit
--

**REFERRALS**

# of referrals to POE by the Medical Review Unit
--

# of referrals to the PSC/ZPIC by the Medical Review Unit
---

# of referrals to the RAC by Medical Review Unit
--

**MEDICAL REVIEW REOPENINGS**

# of Medical Review Reopening requests received
---

# of Medical Review Reopening requests resulting in payment
---

**APPEALS**

# of prepay & postpay review claims/determinations completed at first level appeal
--

# of prepay & postpay review claims/determinations overturned on first level appeal
---

# of prepay & postpay review claims/determinations completed at second level appeal
---

# of prepay & postpay review claims/determinations overturned on second level appeal
--

**DATA REQUESTS**

# of data requests received from external sources
---

# of data requests received from internal sources (by MR only)
--

**THIRD PARTY LIABILITY (TPL) AND DEMAND BILLS**

# TPL claims reviewed
-----------------------

# TPL claims denied in whole or in part
---

# demand bills received
-------------------------

# demand bills processed
--------------------------

**ALJ HEARINGS INTERVENTION REPORTING**

**Current reporting month data**

# of ALJ Hearing notices contractor received this month
---

# of ALJ hearings participated in this month
--

# of ALJ hearings party to this month
---------------------------------------

**DECISIONS RECEIVED IN CURRENT REPORTING MONTH**

**(with oral participation)**

Number of cases (Affirmation)
-------------------------------

Number of Claims (Affirmation)
--------------------------------

Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with written participation)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with no participant/party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)

<b>(with oral participation)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with written participation)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with party status)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with no participant/party status)</b>
Amount in Controversy (AIC)cases (Affirmation)
Amount in Controversy (AIC)Claims (Affirmation)
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)

Amount in Controversy (AIC)Claims (full reversals)
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<b>(with oral participation)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with written participation)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with no participant/party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)

Medicare Administrative Contractor  
Monthly Performance Metrics



Contractor: MAC name and number

**Jurisdiction Year**  
**Month**

**CERT - Part A**

CERT Error Rate
# of CERT Decision Appeals Received From Beneficiaries and Prov/Suppl
# of CERT Decision Appeals From Beneficiaries and Providers/Suppliers Effectuated
# of Payment Adjustments (O/P or U/P) Initiated During the Month
# of Payment Adjustments (O/P or U/P) Finalized During the Month
# of CERT Disputes Initiated During the Month
# of CERT Contacts to Prov/ Suppl During Month For Addl. Documentation
# CERT Document Requests Rec'd



## CERT - Part B

Jurisdiction Year  
Month

CERT Error Rate
# of CERT Decision Appeals Received From Beneficiaries and Prov/Suppl
# of CERT Decision Appeals From Beneficiaries and Providers/Suppliers Effectuated
# of Payment Adjustments (O/P or U/P) Initiated During the Month
# of Payment Adjustments (O/P or U/P) Finalized During the Month
# of CERT Disputes Initiated During the Month
# of CERT Contacts to Prov/ Suppl During Month For Addl. Documentation
# CERT Document Requests Rec'd



**Medicare Secondary Payer (MSP) - Part A**

Contractor: MAC name and number

Month

Number of MSP Checks Received
Number of Checks Not Worked/Pending for the Month
Number of Provider, Physician or Other Supplier Checks on an Established MSP Debt Processed (Solicited Debt Processed)
Adjudicate and Post Provider, Physician or Other Supplier Solicited MSP Checks Timely (Std: 95% w/i 20 days)
Number of Voluntary/Unsolicited Provider, Physician or Other Supplier MSP Checks Processed (Unsolicited Debt Processed)
Adjudicate and Post Provider, Physician or Other Supplier Voluntary/Unsolicited MSP Checks Timely (Std: 95% w/i 20 days)
Number of Provider, Physician or Other Supplier MSP Debts Referred to Treasury
Timely Referral of Delinquent MSP Debt to Treasury (Std: 100% w/i 180 days)
Number of Duplicate Primary Payment (DPP) Cases Received From the MSPRC
Number of Duplicate Primary Payment (DPP) Cases Received (Directly) in the MAC's Mailroom
Number of Duplicate Primary Payment (DPP) Cases Established by the MAC
Number of DPP Cases Resolved
Number of DPP Cases Pending
MSP Correspondence Received
MSP Correspondence Processed
MSP Correspondence Pending
MSP Correspondence Answered Timely (Std: 95% w/i 45 days)

**Secondary Payer (MSP) Part A (con't.)**

Number of MSP Recovery Checks Received Belonging to the MSPRC
Number of MSP Recovery Checks Forwarded to the MSPRC w/i 20 Days
Number of MSP Correspondence Received Belonging to the MSPRC
Number of MSP Correspondence Forwarded to the MSPRC w/i 20 Days

Number of Pre-Pay MSP Hospital Audits Planned for the Year (Goal)
Number of Pre-Pay MSP Hospital Audits Planned for the Month
Number of Pre-Pay MSP Hospital Audits Conducted in the Month
Cumulative Number of Pre-Pay Hospital Audits Conducted/Annual Goal

Number Claims Edits Resolved / "I" Records Resolved
Number Follow-ups with BCRC



### Medicare Secondary Payer (MSP) - Part B

Contractor: MAC name and number

Month

Number of MSP Checks <b>Received</b>
Number of Checks Not Worked / <b>Pending</b> for the Month
Number of Provider, Physician or Other Supplier Checks on an Established MSP Debt <b>Processed</b> (Solicited Debt Processed)
Adjudicate and Post Provider, Physician or Other Supplier Solicited MSP Checks Timely (Std: 95% w/i 20 days)
Number of Voluntary/Unsolicited Provider, Physician or Other Supplier MSP Checks <b>Processed</b> (Unsolicited Debt Processed)
Adjudicate and Post Provider, Physician or Other Supplier Voluntary/Unsolicited MSP Checks Timely (Std: 95% w/i 20 days)
Number of Provider, Physician or Other Supplier MSP Debts Referred to Treasury
Timely Referral of Delinquent MSP Debt to Treasury (Std: 100% w/i 180 days)
Number of Duplicate Primary Payment (DPP) Cases <b>Received</b> From the MSPRC
Number of Duplicate Primary Payment (DPP) Cases Received (Directly) in the MAC's Mailroom
Number of Duplicate Primary Payment (DPP) Cases Established by the MAC
Number of DPP Cases <b>Resolved</b>
Number of DPP Cases <b>Pending</b>
MSP Correspondence <b>Received</b>
MSP Correspondence <b>Processed</b>
MSP Correspondence <b>Pending</b>
MSP Correspondence Answered Timely (Std: 95% w/i 45 days)

### Secondary Payer (MSP) Part B (con't.)

Number of MSP Recovery Checks <b>Received</b> Belonging to the MSPRC
Number of MSP Recovery Checks Forwarded to the MSPRC w/i 20 Days
Number of MSP Correspondence <b>Received</b> Belonging to the MSPRC
Number of MSP Correspondence Forwarded to the MSPRC w/i 20 Days

Number of Pre-Pay MSP Hospital Audits Planned for the Year (Goal)
Number of Pre-Pay MSP Hospital Audits Planned for the Month
Number of Pre-Pay MSP Hospital Audits Conducted in the Month
Cumulative Number of Pre-Pay Hospital Audits Conducted/Annual Goal

MSP "I" Records - Age of the Oldest Pending*
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Number Claims Edits Resolved / "I" Records Resolved
Number Follow-ups with BCRC

Medicare Administrative Contractor  
Monthly Performance Metrics



Contractor: MAC name and number

Jurisdiction Year

**Complimentary Credits -  
Part A**

Month

Claims Transmitted to COBC
Rejected Claims From COBC
Net Accepted by COBC
# Medicaid Claims
# Non-Medigap Claims
# Medigap Claims
Non-Medigap Dollars Due
Medigap Dollars Due
Cash Received from COBC
<b>Total COBC Dollars Due</b>

Jurisdiction Year

**Complimentary Credits - Part B**

Month

Claims Transmitted to COBC
Rejected Claims From COBC
Net Accepted by COBC
# Medicaid Claims
# Non-Medigap Claims
# Medigap Claims
Non-Medigap Dollars Due
Medigap Dollars Due
Cash Received from COBC

<b>Total COBC Dollars Due</b>
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**Provider Enrollment - Part A  
Workload**

Contractor: MAC name and number

Jurisdiction Year  
Medicare Administrative Contractor  
Monthly Performance Metrics  
Month



<b>INITIAL PAPER APPLICATIONS (855A)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>INITIAL WEB APPLICATIONS (855A)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>CHANGES - Paper (855A)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>CHANGES - Web (855A)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>Revalidation - Paper (855A)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

Medicare Administrative Contractor  
Monthly Performance Metrics



<b>Revalidation - Web (855A)</b>
Receipts
Processed
Returned
Rejected Contractor: MAC name and number
Pending
Processed Site Visit Carve Outs

<b>CMS-855 Applications Pending Classification</b>
TOTAL RECEIPTS
TOTAL PROCESSED
TOTAL RETURNED
TOTAL REJECTED
TOTAL PENDING
TOTAL PROCESSED SITE VISIT CARVE OUTS

**TIMELINESS (continued)**

<b>INITIAL/REVAL PAPER APPLICATIONS (855) that require a site visit</b>
80% within 80 days
90 % within 150 days
95% within 210 days

<b>INITIAL/REVAL PAPER APPLICATIONS (855) that DO NOT require a site visit</b>
80% within 60 days
90 % within 120 days
95% within 180 days

<b>INITIA/REVAL WEB APPLICATIONS (855) that require a site visit</b>
80% within 80 days
90% within 90 days
95% within 120 days

<b>INITIAL/REVAL WEB APPLICATIONS (855) that DO NOT require a site visit</b>
80% within 45 days
90 % within 60 days
95% within 90 days

<b>CHANGE WEB APPLICATIONS (855)</b>
90% within 45 days

95% within 90 days

**CHANGE PAPER APPLICATIONS (855)**

80% within 60 days

90% within 120 days

Contractor: MAC name and number

Medicare Administrative Contractor  
Monthly Performance Metrics





# Provider Enrollment - Part B Workload

Medicare Administrative Contractor  
Monthly Performance Metrics

Jurisdiction Year

Month



<b>INITIAL PAPER APPLICATIONS (855B)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>INITIAL WEB APPLICATIONS (855B)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>REVAL PAPER APPLICATIONS (855B)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>REVAL WEB APPLICATIONS (855B)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>CHANGES (855B)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs



<b>INITIAL PAPER INDIVIDUAL APPLICATIONS (855I)</b>
Receipts
Contractor: MAC name and number
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>INITIAL WEB INDIVIDUAL APPLICATIONS (855I)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>REVAL PAPER APPLICATIONS (855I)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>REVAL WEB APPLICATIONS (855I)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>CHANGES (855I)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs



<b>CHANGES Stand Alone (855R)</b>	Medicare Administrative Contractor
Receipts	Monthly Performance Metrics
Processed	
Returned	
Rejected	
Pending	
Processed Site Visit Carve Outs	

Contractor: MAC name and number

<b>855R with 855B or 855I</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>855O</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs

<b>CMS-855 Applications Pending Classification</b>
TOTAL RECEIPTS
TOTAL PROCESSED
TOTAL RETURNED
TOTAL REJECTED
TOTAL PENDING
TOTAL PROCESSED SITE VISIT CARVE OUTS

**TIMELINESS (continued)**

<b>Initial/Reval Paper Applications (855) that require a site visit</b>
80% within 80 days
90% within 150 days
95% within 210 days

<b>Initial/Reval Paper Applications (855) that DO NOT require a site visit</b>
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80% within 60 days	Medicare Administrative Contractor Monthly Performance Metrics
90% within 120 days	
95% within 180 days	



Contractor: MAC name and number

<b>Initial/Reval Web Applications (855) that require a site visit</b>
80% within 80 days
90% within 90 days
95% within 120 days

<b>Initial/Reval Web Applications (855) that DO NOT require a site visit</b>
80% within 45 days
90% within 60 days
95% within 90 days

<b>Change Web Applications (855)</b>
90% within 45 days
95% within 90 days

<b>Change Paper Applications (855)</b>
80% within 60 days
95% within 120 days

**Jurisdiction Year**

**Month**

**RAC PART A**

# of Adjustments Received (Total number of all submitted claims/adjustments received from RA for Part B or Mass adjustment report for Part A.)
# of Adjustments Unsuccessful - Returned to RA (Total number of claims that cannot be processed by contractor- returned to RA for correction either manually or identified by systemic reports.)
Appeal Reversal Rate - percentage of completed appeals
Appeals Overturned (dollar amount)
Overall appeal workload related to RA appeal - percentage
RA Reopenings Received (Total number of RA reopenings received)
RA Reopenings Processed (Total number of RA reopenings processed)

Total # RAC Demands
Total # RAC Solicited Checks

Jurisdiction Year

Month

**RAC PART-B**

# of Adjustments Received (Total number of all submitted claims/adjustments received from RA for Part B or Mass adjustment report for Part A.)
# of Adjustments Unsuccessful - Returned to RA (Total number of claims that cannot be processed by contractor- returned to RA for correction either manually or identified by systemic reports.)
Appeal Reversal Rate - percentage of completed appeals
Appeals Overturned (dollar amount)
Overall appeal workload related to RA appeal - percentage
RA Reopenings Received (Total number of RA reopenings received)
RA Reopenings Processed (Total number of RA reopenings processed)
Total # RAC Demands
Total # RAC Solicited Checks

# EDI HELP DESK

Jurisdiction Year  
Month

<b>EDI Help Desk PART-A</b>
Part A Average Daily Volume
Part A Monthly Peak Volume

<b>EDI Help Desk PART-B</b>
Part B Average Daily Volume
Part B Monthly Peak Volume

<b>PART A and B combined if applicable</b>
Part A and B combined Average Daily Volume
Part A and B combined Monthly Peak Volume

# PAR

Jurisdiction Year  
Month

Total # Annual PAR Enrollment Packages Mailed to Providers
PAR Enrollments per Month
PAR Withdrawals per Month
Limiting Charge Reports, Violations, and Complaints Processed



**FOIA**

**Jurisdiction Year  
Month**

Total # Requests Received
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## UPIC/ZPIC Part A

Jurisdiction Year

Month

Number UPIC/ZPIC Support Requests-Non Law Enforcement
Number UPIC/ZPIC Support Requests- Law Enforcement
Number of QIC Support Services Provided
Number of edits installed at the request of the UPIC/ZPIC
Number of Overpayment recoupment actions received from the UPIC/ZPIC
Number UPIC/ZPIC Suspensions Received
Number of Effectuations of UPIC/ZPIC decisions

## UPIC/ZPIC Part B

Jurisdiction Year  
Month

Number UPIC/ZPIC Support Requests- Non Law Enforcement
Number UPIC/ZPIC Support Requests- Law Enforcement
Number of QIC Support Services Provided
Number of edits installed at the request of the UPIC/ZPIC
Number of Overpayment recoupment actions received from the UPIC/ZPIC
Number UPIC/ZPIC Suspensions Received
Number of Effectuations of UPIC/ZPIC decisions