
CMS Manual System

Pub. 100-09 Medicare Contractor Beneficiary and Provider Communications

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 4

Date: MARCH 5, 2004

CHANGE REQUEST 3118

I. SUMMARY OF CHANGES: Medicare contractor provider communications program requirements dealing with: easy identification of bulletin information, workshops for new Medicare providers, contacts and partnering with external entities, additional Web site linkages, promotion and feed-back mechanisms for Web sites, targeted list-servs, CMS sponsored communications training, and the use of remittance advice messaging for provider communications. All other changes are minor language modifications or clarifications to facilitate understanding.

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 1, 2003

***IMPLEMENTATION DATE: April 5, 2004**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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:)

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	4/10 Introduction
R	4/20.1 Provider Communications – Program Elements
R	4/20.1.1 Provider Service Plan (PSP)
R	4/20.1.2 Provider Inquiry Analysis
R	4/20.1.3 Provider Data Analysis
R	4/20.1.4 Provider Communications Advisory Group
R	4/20.1.5 Bulletins/Newsletters
R	4/20.1.6 Seminars/Workshops/Teleconferences
R	4/20.1.7 New Technologies/Electronic Media
R	4/20.1.8 Training of Providers in Electronic Claims Submission
R	4/20.1.9 Provider Education and Beneficiary Use of Preventive Benefits
R	4/20.1.10 Internal Development of Provider Issues
R	4/20.1.11 Training of Provider Education Staff
N	4/20.1.12 Partnering with External Entities
N	4/20.1.13 Other Provider Education Subjects and Activities
N	4/20.1.14 Provider Education Material
R	4/20.2.1 PSP Quarterly Activity Report

R	4/20.2.2 Charging Fees to Providers for Medicare Education and Training Activities
R	4/20.2.3 Provider Information and Education Materials and Resource Directory
R	4/30.1 Provider/Supplier Communication – Program Elements
R	4/30.1.1 Provider/Supplier Service Plan
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R	4/30.1.12 Training of Provider/Supplier Education Staff
N	4/30.1.13 Partnering with External Entities
N	4/30.1.14 Other Specific Provider/Supplier Education Subjects and Activities
N	4/30.1.15 Provider/Supplier Education Material
R	4/30.2.1 PSP Quarterly Activity Report
R	4/30.2.2 Charging Fees to Providers/Suppliers for Medicare Education and Training Activities
R	4/30.2.3 Provider/Supplier Information and Education Materials and Resource Directory

III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

Attachment - Business Requirements

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SUBJECT: Provider/Supplier Communications – Revisions and Additions to Existing Contractor Requirements

I. GENERAL INFORMATION

A. Background: Medicare contractors are required to have a Medicare provider (or supplier) communications program. The fundamental goal of this program is to inform and educate Medicare providers or suppliers served by the contractors about relevant and current Medicare program policies, procedures, and billing information. CMS has issued provider communications program requirements to Medicare contractors. The accompanying manual update adds additional program requirements and makes minor language changes to the existing Provider Communications instructions.

B. Policy: Sections 1816(a) and 1842(a)(3) of the Social Security Act require that Medicare contractors serve as a channel of communication for information to and from providers/suppliers.

C. Provider Education: None. This Change Request does not require providers be educated about it. Rather it articulates the methodology that contractors use for provider education.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3118	Medicare contractors shall implement the provider/supplier communications program requirements contained in the revised Manual instructions.	Medicare contractors

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
N.A.	

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements
N.A.	

C. Interfaces: N.A.

D. Contractor Financial Reporting /Workload Impact: N.A.

E. Dependencies: This CR has no known dependencies.

F. Testing Considerations: N.A.

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: October 1, 2003 Implementation Date: <i>April 5, 2004</i> Pre-Implementation Contact(s): Harvey Tzucker, 410 786-3670 Post-Implementation Contact(s): Harvey Tzucker, 410 786-3670	These instructions shall be implemented within your current operating budget.
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Medicare Contractor Beneficiary and Provider Communications Manual

Chapter 4 - Provider Communications

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*30.1.14 –Other Specific Provider/Supplier Education Subjects and
Activities*

30.1.15 - Provider/Supplier Education Material

10 - Introduction

(Rev.4, 03-05-04)

This chapter contains general instructions and requirements for Medicare carriers, including DMERCs, and fiscal intermediaries (FIs) regarding provider communications, education, and training. Normally, the term “contractor” is used in this manual to mean any or all of these. *Also, when the terms “you” or “your” are used, they are referring to a Medicare contractor.* If an instruction should apply to only one type of contractor, this will be specified.

20.1 - Provider Communications – Program Elements

(Rev. 4, 03-05-04)

You are required to implement the basic requirements for PCOM stated herein.

Report *your* costs and workload data for the PCOM program according to the prescribed CAFM activity codes.

20.1.1 - Provider Service Plan (PSP)

(Rev.4, 03-05-04)

Contractors are required to prepare and submit a PSP annually. The PSP must address the FI's overall plans for implementing the provider communications program in the forthcoming fiscal year. The PSP outlines the strategies, projected activities, efforts, and approaches that will be used during the year to support provider communications. The PSP must address and support all the activities stated herein as well as all required activities stated in the yearly BPRs for this program.

The Plan must include how the following elements of the PCOM program, described hereafter, will be met, and note, when appropriate, how many events, occurrences or other happenings are planned or anticipated for these elements (e.g., the number of workshops, seminars, speeches, frequency of bulletins, number distributed, number of partnerships with external entities, number of times listserv(s) used, etc.):

- Provider Inquiry Analysis,
- Provider Data Analysis,
- Seminars/Workshops/Educational Events,
- Provider Communications Advisory Group,
- Bulletins/Newsletters,
- New Technologies/Electronic Media, and
- Promoting Beneficiary Use of Preventive Benefits Through Provider Education Activities.

A draft or preliminary PSP *must* be sent at the time *you* submit *your* annual budget request to *your* Regional Office (RO) PSP coordinator or contact for review. A final PSP *must* be sent by October 31, to *your* RO PSP coordinator and to CMS Central Office (CO). *Plans can be sent either electronically or in hard copy. Paper copies of plans sent to CO should be addressed to:*

Centers for Medicare & Medicaid Services
Center for Medicare Management
Division of Contractor Provider Communications
Mail Stop C4-10-07
7500 Security Boulevard
Baltimore, Maryland 21244-1850.

Provide the name, phone number, and mailing address of *your* PSP coordinator with its PSP.

20.1.2 - Provider Inquiry Analysis

(Rev.4, 03-05-04)

Contractors must maintain a provider inquiry analysis program that will produce a monthly list of the most frequently asked questions (FAQs) and areas of concern/confusion for providers. Use an organized, consistent, systematic and

reproducible process to generate the most frequently asked questions. *Describe* this process in the PSP. Outreach and educational efforts must be developed and implemented to address the needs of providers as identified by this program.

20.1.3 - Provider Data Analysis

(Rev.4, 03-05-04)

Contractors must maintain a provider data analysis program that will produce a monthly list of the most frequent, collective claims submission errors from all providers. Claims submission errors result in rejected, denied, or incorrectly paid claims. Outreach and educational efforts must be developed and implemented to address the needs of providers as identified by this program.

20.1.4 - Provider Communications Advisory Group

(Rev.4, 03-05-04)

FI's must support and maintain a PCOM Advisory Group (formerly referred to as the PET Advisory Group). This group should generally convene quarterly, but at a minimum, meet three times per year, and will provide advice and recommendations to the FI on provider communications matters.

A - Purpose of PCOM Advisory Groups

The primary function of the PCOM Advisory Group is to assist the FI in the creation, implementation, and review of provider education strategies and efforts. The PCOM Advisory Group provides input and feedback on training topics, provider education materials, and dates and locations of provider education workshops and events. The group also identifies salient provider education issues, and recommends effective means of information dissemination to all appropriate providers and their staff. The PCOM Advisory Group should be used as a provider education consultant resource, and not as an approval or sanctioning authority.

While it remains allowable for the FI to use PCOM Advisory Groups to provide updates and facilitate discussion on current issues, the focus of the group meetings should remain centered on the development and implementation of effective provider communication materials and strategies.

B - Composition of PCOM Advisory Group

Strive to maintain professional and geographic diversity within *your* PCOM advisory groups. *You* should attempt to include representatives of various provider *institutions* *or* specialties serviced including state and local trade and professional associations, practicing providers or staff members they deem appropriate, and representatives of billing organizations. Providers from different geographic areas, as well as from urban and rural locales, should be represented in any PCOM Advisory Group. Consider inviting representatives of Quality Improvement Organizations (QIOs) from *your* area to participate in PCOM Advisory Group meetings.

You should consider having more than one PCOM Advisory Group when the breadth of *your* geographic service area, or range of the providers serviced, diminishes the practicality and effectiveness of having a single PCOM Advisory Group. For further

guidance on this issue, contact *your* regional office PCOM or provider education and training (PET) Coordinator.

C - The *Contractor* Role

The FI *must* maintain the PCOM Advisory Group. While group members should be solicited for agenda topics, it is not permissible for Medicare FIs to allow outside organizations to operate the PCOM Advisory Group. After soliciting suggestions from the provider community, the FI should select the appropriate individuals and organizations to be included in the group. The main point of contact for all PCOM Advisory Group communication *must* be within the FI's PCOM, PET, or similar department. At a minimum, the FI is responsible for recruiting potential members, setting-up and arranging all meetings, handling meeting logistics, producing and distributing an agenda, completing and distributing minutes, and keeping adequate records of the advisory group's proceedings.

Medicare *contractors* having more than one kind of Medicare contract (e.g., intermediary, Part B carrier, DMERC, rural home health intermediary, etc.) are required to have separate PCOM advisory groups for each kind of Medicare contract. It is also impermissible for FIs having geographic proximity or overlap with one another to share a PCOM Advisory Group. Each FI must have its own separate group.

Contractors shall not reimburse or charge a fee to group members for membership or for costs associated with serving on a PCOM Advisory Group. FIs are required to notify their CMS regional office PET or PCOM coordinator of the schedule and location of PCOM Advisory Group meetings.

You are expected to consider the suggestions and recommendations of the PCOM Advisory Group, and implement or enact them if *you* deem them reasonable, practicable, and within *your* provider communications program requirements and budget constraints. After consideration, *you* must explain to the group reasons for not implementing or adopting any group suggestions or recommendations.

D - Meeting Specifics

Contractors may hold PCOM Advisory Groups in-person or via teleconferencing. The CMS recommends that *you* hold at least one meeting per calendar year with group members in-person. Teleconferencing *is to* be made available to Advisory Group members who cannot be present for any meeting. *You must* also have a specific area on *your* Web site that allows providers to access information about the PCOM Advisory Group (minutes from meetings, list of organizations or entities comprising the PCOM Advisory Group, an e-mail address for a contact point and for further information on the PCOM Advisory Group, etc.). This area of *your* Web site should be operational by March 31, 2003. *You must notify your* PCOM Advisory Group members that information about their participation on the Advisory Group may be on the Web site. *You should* consult with *your* CMS regional office PET or PCOM coordinator if a member has objections, and on ways to mitigate them.

Meeting agendas, which include discussion topics garnered from solicitation of group members, *must* be distributed to all members of the group and the CMS regional office PET or PCOM coordinator at least 2 business days prior to any meeting. After each

meeting, minutes *must* be disseminated within 7 business days to all group members and others who request them.

E - Relationship to Other FI Advisory Groups

PCOM advisory groups operate independently from other existing FI advisory committees. While a PCOM Advisory Group may, at its discretion, share information with other advisory groups, the PCOM Advisory Group does not need the approval, authorization or input from any other entity for its advice, recommendations, or issuances. While an individual PCOM Advisory Group member can be a member of another FI advisory committee, the majority of PCOM Advisory Group members should not be current members of any other FI advisory group.

For more information or specific guidance on any of the above issues, *you should contact your* regional office PET or PCOM coordinator.

20.1.5 - Bulletins/Newsletters

(Rev.4, 03-05-04)

Unless otherwise established with CMS, print and distribute regular provider bulletins/newsletters, at least quarterly, which contain program and billing information. When feasible and cost-effective, stop sending regular bulletins to providers with no billing activity in the previous 12 months. Newly created bulletins/newsletters must be posted on *your* Web site.

Provide within the introductory table of contents, summary, compilation or listing of articles/information, an indicator (e.g. word(s), icon, or symbol) that denotes whether the article/information is of interest to a specific provider audience(s) or is of general interest. This requirement may be disregarded if your introductory table of contents, summary, or article/information compilation is structured by specialty or provider interest groupings.

All printed bulletins/newsletters must have either a header or footer in boldface type within the first three pages that states the following: "**This Bulletin Should Be Shared With All Health Care Practitioners and Managerial Members of the Provider Staff. Bulletins Are Available at No Cost from Our Web Site [Insert FI Web Site Address].**"

Encourage providers to obtain electronic copies of bulletins/newsletters and other notices through *your* Web site. If providers are interested in obtaining additional paper copies on a regular basis, *you* are permitted to charge a fee for this. The subscription fee should be "fair and reasonable" and based on the cost of producing and mailing the publication. A charge may also be assessed to any provider who requests additional single paper copies.

20.1.6 - Seminars/Workshops/Teleconferences

(Rev.4, 03-05-04)

Hold seminars, workshops, classes, or other face-to-face meetings, to educate and train providers about the Medicare program and billing issues.

Conduct at least two workshops during the year that are targeted to new Medicare providers and provider billing staff. These workshops should deal with fundamental Medicare policies, programs, and procedures, but should concentrate and feature information on billing Medicare.

Whenever feasible, activities should be coordinated with other regional Medicare *contractors*, including quality improvement organizations (QIOs), other carriers and intermediaries, State Health Insurance Assistance Programs (SHIPs), and End Stage Renal Disease (ESRD) networks as well as interested groups, organizations, and CMS partners in *your* service area.

Routinely and directly notify external groups, organizations, and other interested entities within your geographic service area of your upcoming provider education and training events. Direct notification avenues include mail, telephone, and e-mail. Notifications should be made sufficiently in advance of the scheduled event to allow for registration.

Develop and implement, whenever practicable, effectiveness measures for each education and training activity. This includes, but is not limited to, customer satisfaction survey instruments, pre- and post-testing at workshops and seminars, and other feedback mechanisms.

Whenever feasible, hold teleconferences to address and resolve inquiries from providers as a method to reach a broad audience. If facilities permit, *you* should host Medicare Learning Network (MLN) satellite broadcasts for providers in *your* service area.

20.1.7 - New Technologies/Electronic Media

(Rev.4, 03-05-04)

Contractors must use new technologies and electronic media as an efficient, timely and cost-effective means of disseminating Medicare provider information to the audiences they serve.

A - Provider Education Web Site

Maintain a Web site that is dedicated to furnishing providers with timely, accessible, and understandable Medicare program information. To reduce costs, Web sites should fit into existing infrastructure and use existing resource technologies whenever possible.

This Web site must comply with "Contractor Website Standards and Guidelines" posted at <http://cms.hhs.gov/about/web/contractors.asp> and must be compatible with multiple browsers. Periodically review the "Web site Standards and Guidelines" to determine *your* continued compliance. During the first three months of each calendar year, send a signed and dated statement to *your* RO PCOM or PET Coordinator attesting to whether *your* Web site continues to comply with these guidelines and whether it is compatible with multiple browsers. The person in *your* organization who has authority over the Web site should sign the attestation statement.

Your Provider Outreach Web site must contain the following:

- All newly created provider bulletins/newsletters;

- A schedule of upcoming events (e.g., seminars, workshops, fairs.);
- Ability to register for seminars and other events via the Web site;
- Search engine functionality;
- Features that permit providers to download and save copies of bulletins, training materials, schedules of upcoming events, and other items;
- A “What’s New” or similarly titled section that contains newsworthy and important information that is of an immediate or time sensitive nature to Medicare providers;
- E-mail based support/help/customer service;
- A listing of FAQs/areas of concern updated quarterly as evidenced through *your* inquiry analysis program; and
- Information for providers on how to submit claims electronically.

Develop and implement a feedback mechanism for users of your Medicare Web site. Users must be able to easily reach the feedback instrument from the homepage of your provider education Web site. This mechanism should ask users of your site for their appraisals of the helpfulness and ease of use of the site and the information contained on it, as well as their thoughts and suggestions for improvement or additions to the site. This feedback mechanism must be operational by July 1, 2004.

Your Provider Outreach Web site must link to:

- The *CMS* Web site at <http://cms.hhs.gov/>;
- The MLN at <http://cms.hhs.gov/medlearn/>;
- The site for downloading CMS publications at <http://cms.hhs.gov/publications/>;
- The site for downloading CMS manuals and transmittals at <http://cms.hhs.gov/manuals/transmittals/>;
- *CMS’ Quarterly Provider Update (QPU) Web site page at <http://www.cms.hhs.gov/providerupdate/main.asp>; (Provide an explanation of the QPU on your Medicare provider Web site.) This link is to be on your Web site and operational by April 5, 2004;*
- *The site that contains descriptions for Remittance Advice reason codes and remark codes at www.wpc-edi.com/servicesreview.asp; (Provide a general explanation of the reason and remark codes on your Medicare provider Web site.) This link is to be on your Web site and operational by April 5, 2004;*
- *CMS’ HIPAA Web site at <http://www.cms.hhs.gov/hipaa/hipaa2/>; (Provide a general description of the information to be found on this CMS HIPAA site on your Medicare provider Web site) This link is to be on your Web site and operational by April 5, 2004;*

- *CMS' central provider page at <http://www.cms.hhs.gov/providers>; This link is to be on your Web site and operational by April 5, 2004;*
- *CMS' Medicare supplier information site at <http://www.cms.hhs.gov/suppliers>; This link is to be on your Web site and operational by April 5, 2004; and*
- Other CMS Medicare *contractors*, partners, QIOs, and other sites that may be useful to providers.

1 - Directed Web Site/Bulletin Article

FIs often receive instructions from CMS to print a provider education article or other information in their provider bulletin or newsletter and also place it on their Web site. Unless specifically directed otherwise, locate the article or information from CMS on the "What's New" or similarly titled section of *your* provider education Web site. Unless specifically directed otherwise, the article or information should be put on the *your* Web site as soon as possible after receipt, and should remain on *your* Web site for 2 months, or until the bulletin or newsletter in which it is appearing is put on *your* Web site, whichever is later.

2 - Use of Current Procedural Terminology

Web sites must adhere to requirements stated in *Publication 100-04, Claims Processing Manual, Chapter 23, Subsection 20.7* regarding the use of current procedural terminology (CPT) codes and descriptions. During the first 3 months of each calendar year, determine whether *your* Web site complies with requirements stated in *this Chapter and Subsection of the Claims Processing Manual*. Send a signed and dated statement attesting to whether your Web site complies the requirements to *your* RO PSP or PET Coordinator during the first 3 months of each calendar year. The person in the FI's organization who has authority over the Web site should sign the attestation statement.

3 – Web Site Promotion and Presentations

Actively promote, market and explain your Medicare provider communications Web site. Present information concerning how to find, navigate and fully use your Medicare provider education Web site. This information should be part of, or made available at, all your provider education and training workshops and seminars, training sessions with individual providers, and all other provider education events you have or participate in.

B - Electronic Mailing List/Listserv

1 - General

Maintain at least one electronic mailing list, or listserv, to notify registrants via e-mail of important, time-sensitive Medicare program information, upcoming provider communications events, and other announcements necessitating immediate attention. At a minimum, use *your* electronic mailing lists to notify registrants of the availability of bulletins/newsletters or other important information on *your* Web site. Providers *must* be able to join *your* electronic mailing lists via *your* provider education Web site. Subscribers to *your* electronic mailing lists *must* also be able to initiate de-listing

themselves via the Web site. Post notices on **your** Web site and in bulletins/newsletters that encourage subscription to the electronic mailing lists. **Your** electronic mailing lists **must** be capable of accommodating all of **your** providers. It is recommended that **your** electronic mailing list(s) be constructed for only one-way communication, i.e., from **you** to subscribers.

2 – Targeted Listservs

Develop and maintain multiple electronic mailing lists that allow you to direct messages and information to segments of the provider population you serve. Use these targeted electronic mailing lists to send messages and information regarding Medicare program, policies, or procedures that are of relevance or interest to specific provider audiences.

You may use the following list to determine applicable provider audiences appropriate to you, and if feasible, develop and use these as targeted provider listserv categories. This list does not preclude contractors from developing or using additional, categorically different or more finite groupings.

Provider Listserv Categories:

Ambulatory Surgical Center, Ambulance, Clinical Diagnostic Laboratory, Community Mental Health Center, Comprehensive Outpatient Rehabilitation Facility, DMEPOS, Federally Qualified Health Center, Hospital, Hospice, Home Health Agencies, Independent Diagnostic Testing Facility, Non-Physician Practitioner, Organ Procurement, Outpatient Physical Therapy Facility, Physician, Renal Dialysis Facility, Rural Health Clinic, Religious Non-Medical Health Care Institution, Skilled Nursing Facility.

3 – Protection and Recordkeeping

You are required to protect **your** electronic mailing list(s) addresses from unauthorized access or inappropriate usage. **Your** electronic mailing lists, or any portions or information contained therein, **must** not be shared, sold or in any way transferred to any other organization or entity. In special or unique circumstances where such a transference or sharing of listserv information to another organization or entity is deemed to be in the best interests of CMS or the Medicare program, the FI must first obtain express written permission of its CMS regional office PCOM or PSP Coordinator.

You must maintain records of **your** electronic mailing list usage. These records should include when the electronic mailing list(s) were used, text of the messages sent, the number of subscribers transmitted to per usage, and the author of the message. Records **must** be kept for one year from the date of usage.

20.1.8 - Training of Providers in Electronic Claims Submission

(Rev.4, 03-05-04)

Conduct training for providers **or their** staff in electronic claims submission. This may include, but is not limited to, activities listed in Productivity Investments; use of Medicare billing and PC-Print software; use of available Medicare Electronic Data Interchange (EDI) transactions; use of new or updated Medicare software released

during the year; and use of newly introduced EDI standards and/or functions or changes to existing standards or functions.

NOTE: There are multiple sources of provider training requirements associated with EDI functions. The PCOM function covers providers in group settings rather than contact with individuals. PCOM covers newsletters, classes or outreach to groups of providers and their staff on Medicare coverage, billing and benefits of EDI. PCOM does not include instruction related to connectivity for individual providers or the resolution of connectivity problems.

20.1.9 - Provider Education and Beneficiary Use of Preventive Benefits

(Rev.4, 03-05-04)

Through *your* provider education activities, promote beneficiary use of preventive benefits as specified in the Balanced Budget Act of 1997, the Balanced Budget and Reconciliation Act of 1999, and the Benefits Improvement and Protection Act of 2000. These benefits include screening mammography and screening for colorectal, cervical, and prostate cancer.

20.1.10 - Internal Development of Provider Issues

(Rev.4, 03-05-04)

Hold periodic meetings with staff in appropriate areas of *your* organization (including personnel responsible for medical review, *enrollment*, EDI/systems, appeals, and program integrity) to ensure that inquiries and issues made known by providers to these other areas in the organization are communicated and shared with provider education staff. Mechanisms to resolve these issues should be discussed. Minutes of the meetings should be kept and filed.

20.1.11 - Training of Provider Education Staff

(Rev.4, 03-05-04)

Implement a developmental plan for training new provider education personnel, and periodically assessing the training needs of existing provider education staff. The plan, which must be written and available to the FI's provider education staff, should include schedules, course or instruction vehicle descriptions, and satisfaction criteria. Training materials such as workbooks, manuals, and policy guidelines should always be readily available to the provider education staff.

CMS Sponsored Provider Communications Training

Contractors must send at least one training representative to national CMS conferences, e.g. train-the-trainer conferences. Your representatives should be from the appropriate business function area i.e., provider education/customer service, payment, claims processing, billing, or medical review. These representatives will be responsible for training additional staff who will then educate providers and provider staffs in their area.

20.1.12 – Partnering with External Entities

(Rev.4, 03-05-04)

Work toward establishing partnerships with external entities to help disseminate Medicare provider information. Partnering entities may be medical, professional or trade groups and associations, government organizations, educational institutions, trade and professional publications, specialty societies, and other interested or affected groups. By establishing collaborative information dissemination efforts, providers will be able to obtain Medicare program information through a variety of sources. Partnering or collaborative provider information and education efforts can include external entities:

- Printing information in member newsletters or publications;*
- Reprinting and distributing (free-of-charge) provider education materials;*
- Giving out provider education materials at organization meetings and functions;*
- Scheduling presentations or classes to or for members;*
- Posting provider information on their websites; and*
- Helping organizations develop their own Medicare provider education and training material.*

20.1.13 -- Other Provider Education Subjects and Activities

(Rev.4, 03-05-04)

A. Quarterly Provider Update Promotion

The Quarterly Provider Update (QPU) is a listing of the regulations and program instructions issued by CMS that impact Medicare providers. The QPU is maintained by CMS and available to providers through the CMS website. Providers may elect to join a CMS electronic mailing list, to be notified periodically, of additions to the QPU. Promote the existence and usage of the QPU and the electronic mailing list to your providers through your provider communications avenues, e.g., your Medicare provider education website, bulletins/newsletters, provider workshops, presentations and events, and in your provider education materials.

B. Remittance Advice Provider Communications

Promote the use and understanding of the Remittance Advice notice as an educational tool. Providers receive remittance advice information that can contain adjustment reason codes and remark codes that explain payment modifications made and other important information related to the claim. Descriptions for both of these code sets appear at: www.wpc-edi.com/servicesreview.asp.

C. Provider Assistance Referral Program

Develop and maintain a provider assistance referral program within your provider communications function. This program should be capable of handling the more

complex questions that may be referred by your customer service representatives and require substantive technical experience, knowledge or research to answer.

20.1.14 – Provider Education Material

(Rev.4, 03-05-04)

As needed, develop and produce provider information and education materials that support your provider communications activities. These materials do not include bulletins and newsletters.

As needed, develop and produce provider education products that use special media, (videos, web/computer based training courses, audio tapes, CD ROMs, etc) and support your provider communications activities.

20.2.1 - PSP Quarterly Activity Report

(Rev.4, 03-05-04)

A2-2965.B.1

You are required to develop and submit PSP Quarterly Activity Reports (QAR) that summarize and recount the provider education and training activities for the previous quarter year. *Use your* annual PSP, the Budget and Performance Requirements, and the provider communications program requirements herein to help formulate the QAR.

Reports must be submitted 30 days after the end of every quarter in the fiscal year. The deadlines for submitting the quarterly reports are as follows:

First quarter – January 31

Second quarter – April 30

Third quarter – July 31

Fourth quarter – October 31

Send *your* QAR reports, either in hardcopy or electronically, to *your* RO PCOM or PSP coordinator, and to the CMS CO Provider Communications Regional Consortium staff under which *you* fall. (The e-mail address of the CO Consortium Liaison can be obtained from *your* RO PSP coordinator.) Request an acknowledgement from the CMS recipient for any electronically submitted report. Hardcopy QAR reports sent to CO should be addressed to:

Centers for Medicare & Medicaid Services
Center for Medicare Management
Division of Contractor Provider Communications
Mail Stop C4-10-07
7500 Security Boulevard
Baltimore, Maryland 21244-1850.

Provide the name, phone number, and mailing address of the PSP coordinator for *your* organization on *your* QAR reports.

Format and Content of QAR

Report on provider communications activities using the following headings:

1. Inquiry and Data Analysis
2. PCOM Advisory Group/ Participation in Recommended Educational Activities/Forums
3. Bulletins/Newsletters
4. Seminars/Workshops/Teleconferences
5. New Technologies/Electronic Media
6. Internal Development *of Provider Issues*
7. Other Activities

Use the following in formatting *and presenting information* in the QAR reports:

Cover Page

The cover page should contain the following information:

- FI Name/Type
- FI Number
- Reporting period (1st, 2nd, 3rd, or 4th quarter)
- PSP Coordinators' Name/Phone Number/*Mailing and* E-mail address
- Date Submitted
- Geographic Service Area (State)/Regional Office Affiliation

Report Content

Activity 1: Inquiry and Data Analysis

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings

- Top Ten Inquiries and Claim Submission Errors (table heading)
- I (Inquiry)/CSE (Claim Submission Error)
- Provider Specialty (**optional field**)
- Number received
- Action/Resolution

Example

TOP TEN INQUIRIES AND CLAIMS SUBMISSION ERRORS (CSE)

TOP Ten Inquiries and CSE's	I /CSE	Provider Specialty	Number Received	Action taken/Resolution (if applicable)

Instructions for Completing Each Field:

1. Top Ten Inquiries and Claim Submission Errors

List the top 10 provider inquiries or frequently asked questions and the top 10 claim submission errors. This should include the top ten inquiries, and the top 10 ten claim submission errors, for a total of twenty entries in this column.

2. Inquiry/Claim Submission Errors

Identify the entry as either an inquiry (I), or a claim submission error (CSE).

3. Provider Specialty

List the provider specialty, if known. This is an optional field.

4. Number of inquiries or claim submission errors

Record the number for inquiries or claim submission errors received during the reporting period.

5. Action taken /Resolution

Indicate the provider communications or other action taken or soon to be taken. Indicate any resolution to the issue, if applicable.

Activity 2: Provider Communications Advisory Group/Participation In Recommended Educational Activities/Forums

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings:

- PCOM Advisory Group/Related Activities (table heading)
- Activity
- Frequency
- Date

- Attachments
- Comments

Example

PCOM ADVISORY GROUP/RELATED ACTIVITIES

Activity	Frequency	Date	Attachments (Yes/No)	COMMENTS

Instructions for Completing Each Field:

1. Identification of Activity

Indicate the type of activity including those that resulted from recommendations of the advisory group (i.e., PCOM Advisory Group, Workshop, Seminar, Speech, other)

2. Frequency

Frequency means how often the event was held, (e.g., continuously, weekly, monthly, quarterly, annually)

3. Date

Indicate the specific date on which the activity occurred.

4. Attachments (Yes or No)

Indicate whether or not the attachment(s) (i.e., agenda, membership listing, minutes, action items, etc.) associated with the event/meeting, are included in the report.

5. Comments

List any appropriate comments related to a subcategory.

Activity 3: Issue Regular Bulletins/Newsletters

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings:

- Bulletins/Newsletters (table heading)
- Date Mailed
- Number of Hard Copies Mailed

- Major Topics Covered

Example

BULLETINS/NEWSLETTERS

Bulletin/ Newsletter	Date Mailed	Number of Hard Copies Mailed	Major Topics Covered

Instructions for Completing Each Field:

1. Bulletin/Newsletter
Give the name of the bulletin/newsletter
2. Date Mailed
Give the date the newsletter/bulletin was mailed.
3. Number of Hard Copies Mailed
Indicate the number of paper copies mailed.
4. Major Topic Areas Covered
List 3-4 major topic areas covered.

Activity 4: Seminars/Workshops/Teleconferences

Specific Format Requirement:

Word Document or Spreadsheet

Spreadsheet Headings:

- Seminars/Workshops/Teleconferences (table heading)
- Date
- Location
- Event Type
- Topic
- Target Audience
- Number of Participants
- Materials Distributed

Example

SEMINARS/WORKSHOPS/TELECONFERENCES

Date	Location	Event Type	Topic	Target Audience	Number of Participants	Materials Distributed

Instructions for Completing Each Field:

1. Date

Indicate the date of the activity.

2. Location

Indicate the location of the activity.

3. Event Type

Indicate the type of event based on the codes below:

S=Seminar

C=Convention (or annual meeting)

W=Workshop

T=Teleconference

P=Presentation

E=Educational Forum

O=Other

4. Topic

Indicate the topic(s) of the training

5. Target Audience

Indicate the audience(s) based on the codes below:

P=Physician

PB=Other Part B provider

H=Hospital

A=Ancillary

PA=Other Part `A provider

D=DME

S=Supplier

PR=General provider

PM=Practice/Office Manager and staff

BM=Billing Manager and staff

O=Other

6. Number of Participants

Indicate the number of participants in the event.

7. Materials Distributed

Indicate the material(s) distributed (i.e., Fact Sheet, Manual, video, CD-ROM, etc.).

Activity 5: New Technologies/Electronic Media

Internet Web Site:

Indicate fully: Provider Web Site Address: _____

Specific Format Requirement:

Word document and two Tables/Narrative

Example 1

TABLE 5A – WEB SITE BASIC REQUIREMENTS

CRITERIA	YES	NO
Web site		
Newly created bulletins/newsletters		
Schedule of upcoming events		
Automated registration		
Area designated for Medicare Learning Network		
Quarterly listing of Frequently Asked Questions		
Search engine functionality		
E-mail based support		
CPT Code information		
Ability to link to other sites		

CRITERIA	YES	NO
Information for providers for electronic claims submission		

Instructions for Completing Each Field:

1. Yes
Check “Yes” if the criterion has been met.
2. No
Check “No” if the criterion has not been met.

Example 2

TABLE 5B - ELECTRONIC MEDIA USAGE

COMPONENT		
Bulletin/Newsletter	Date Bltn./Nwsltr. Posted to Web	
Issue number/identification		
CMS Furnished Article/Information	Date Artcl./Info. Posted to Web	
Article Title/Description of Information		
Listserv (Electronic Mailing List) Usage	Date Used	Subject
Listserv name/description		

Table Components:

Electronic Media Usage (table heading)

Bulletin/Newsletter

Date Bltn./Nwsltr. Posted to Web
CMS Furnished Article/Information
Date Artcl./Info. Posted to Web
Listserv (Electronic Mailing List) Usage
Date Used
Subject

Instructions for Completing Each Field:

1. Bulletin/Newsletter
Identify the issue (edition month, season or number) of *your* bulletin or newsletter.
2. Date Bltn./Nwsltr. Posted to Web
Indicate the date *your* bulletin/newsletter was first posted and available on *your* Web site
3. CMS Furnished Article/Information
Identify specific CMS furnished provider targeted article or information for posting to *your* Web site
4. Date Artcl./Info. Posted to Web
Indicate the date the CMS furnished article or information was posted on *your* Web site
5. Listserv (Electronic Mailing List) Usage
Identify the name or designation of *your* listserv(s) (electronic mailing lists)
6. Date Used
Indicate the date(s) *you used your* listserv(s)
7. Subject
Identify the subject(s) of each listserv transmission

Activity 6: Internal Development of Provider Issues

Specific Format Requirement:

Word document or Spreadsheet/Narrative

Example

INTERNAL DEVELOPMENT of PROVIDER ISSUES

Internal Component	Frequency of Meetings	Date(s)	Comments
Customer Service			
Enrollment			
Fraud			
Medical Review			
DME			
Reimbursement			
Provider Records			
Provider Relations			
Communications			
Other			

Spreadsheet Headings:

- Internal Development of Provider Issues (table heading)
- Internal Component
- Frequency of Meetings
- Date(s)
- Comments

Instructions for Completing Each Field:

1. Frequency of Meetings

Indicate the frequency with which provider education staff meets with each of the individual areas to learn of issues or questions communicated by providers. Use NA (not applicable) if the organizational component is not appropriate to the organization

2. Dates

Indicate the date of the meeting(s).

3. Comments

Indicate the provider issues discussed or other information considered relevant.

Activity 7: Other Activities

Specific Format Requirement:

Narrative

Instructions:

Use this section to discuss any additional highlights for the quarter. Feel free to mention any areas of significance not previously noted. This should also include the following:

1. Any noteworthy activities, efforts, enhancements, or changes to the provider/supplier education program including the provider Web site that should be brought to CMS' attention;
2. *The development of any new or significantly revised provider education or training material;*
3. Any activities or issues coordinated with the DMERC during the quarter;
4. Mechanisms used to actively solicit feedback related to the Medicare program;
5. Provider/supplier education activities or efforts used to promote utilization of preventive benefits; and
6. Mechanisms developed and/or implemented to measure the effectiveness of the educational and training activities. This may include customer satisfaction survey instruments, findings from administering these surveys, and results from pre and post-testing at workshops and seminars.

20.2.2 - Charging Fees to Providers for Medicare Education and Training Activities

(Rev.4, 03-05-04)

A2-2945.B.2

The FI may assess fees or charges for provider education activities in accordance with the guidelines stated herein. Provider education and training activities are separated into two cost categories:

1. No charge; and
2. Fair and reasonable cost.

The cost of conducting these activities, or any fees assessed, must conform to the requirements provided below. These cost categorizations distinguish provider education efforts considered to be statutorily mandated (provided at no-charge to providers), and those considered to be enhanced or supplemental.

A - No Charge -- Statutorily Required Training

- Activities and training materials designed to educate providers in Medicare enrollment, coverage, reimbursement, and billing requirements. The number of sessions and the scope of this training should be based on recommendations from business partners including, but not limited to, the

Provider Communications (PCOM) Advisory Committee, and fit within program management resources.

- Training and materials on statutorily mandated or significant Medicare program changes, (e.g., hospital outpatient prospective payment system, home health, inpatient rehabilitation, SNF PPS and consolidated billing, and ambulance). The CMS will provide advance notice on this training (including any needed follow-up training) and the availability of additional funding.
- Participation in conferences sponsored by other Medicare FIs and government agencies that are based upon recommendations from the *PCOM* Advisory Committee.

B - Fair and Reasonable Cost--Discretionary Activities

- Individualized training requested by a provider. This may include the cost of travel, materials, accommodations, staff preparation, follow-up activities, and a fee for expenses to attend the event and make the presentation.
- Training videos, audiotapes, specialized brochures, pamphlets, and manuals developed by FIs (except for materials included in no-charge-statutorily required training).
- Presentations and training at non-Medicare *contractor* sponsored conferences, trade shows, conventions, annual meetings, etc. If *you* receive a request from a group such as a national, regional or state association or medical industry body to make a presentation at an event, *you* can charge the association or group a fee for travel expenses to attend the event. This fee may include the cost for materials, meeting rooms (if *are* required to incur that cost), accommodations, travel, staff preparation, handouts, follow-up activities, and other incidentals. The travel fee must be fair and reasonable, and based on the cost incurred for providing the service or activity. *You* must confer with is regional office PCOM or PET coordinator about the costs associated with providing the training to ensure that the costs are reasonable.

NOTE: *You* may accept nominal speakers fees, or recognition gifts such as pens engraved with the host logo, coffee mugs, plaques, flowers, etc. However, *you are* not permitted to accept and/or use substantive gifts or donations associated with participation in education and training activities absent specific authority *from CMS*.

- Reference manuals, guides, workbooks, and other resource materials *you* developed to supplement or provide easy reference to formal Medicare provider manuals and instructions.

Revenues collected from these discretionary activities must be used only to cover the cost of these activities and may not be used to supplement *your* other Medicare FI activities.

C. Facilities, Food and Beverages, and Provider Communications

Holding provider education and training events for both statutorily required and discretionary activities at alternate locations (other than at the *your* own offices or buildings) may often reduce provider time and travel costs associated with attending these events. When such an opportunity exists, *you* may recover the costs incurred for meeting rooms, auditoriums and other facilities and equipment through a fee to participants. This fee or charge should be fair and reasonable and within the means of likely participants.

It is also recognized that many contractual agreements with hotels or other meeting site locations stipulate that food and beverages be purchased as a condition of furnishing a meeting or training room. In addition, light refreshments and food may be desirable to facilitate the training and/or for the convenience of the trainees or participants. If light refreshments and food are provided, a fee that covers this cost and is charged to participants must be fair and reasonable, and based on the costs incurred by the FI. Providing food and beverages that exceed these guidelines are prohibited.

Keep records per event of the costs incurred and all fees charged to, and collected from, registrants. The total of fees or charges for any event should not exceed by more than 10 per cent the actual costs incurred for the event. If it does, *you must* refund, *within 60 calendar days after the end of the event*, the entire excess amount collected to all the registrants who paid a fee for that event. *(This 60 day requirement for refund of excess fees collected applies to events held after April 5, 2004.)* For example, participants are charged a \$50 registration fee for an event that costs \$10,000 (e.g., light refreshments, meeting facility, and equipment rental), 250 individuals pay to attend and \$12,500 is collected. Since the amount collected exceeded more than 10 per cent of the costs (\$1,000), the entire excess amount collected (\$2,500) is disbursed back to all paying registrants.

D - Refunds/Credits *for Cancellation of Events*

In order to secure sites needed for future provider training events, the FI may have to make commitments under which it will incur contractual expenses for training accommodations and services. Full or partial refunds/credits to providers who register for an event, and cancel before the event, or do not attend the event, should be made within the context of these contractual arrangements. If training is scheduled and the FI cancels the event, a full refund must be made to registrants. If there are questions concerning the implementation of this policy in a given case, *contact your* RO PCOM coordinator.

E - Bulletins/Newsletters

Unless otherwise established, the FI must furnish free of charge one paper copy of the regular bulletin/newsletter which contains program and billing information to providers. If providers are interested in obtaining additional paper copies on a regular basis, the FI is permitted to charge a fee for this. The fee for this subscription should be “fair and reasonable” and based on the cost of producing and mailing the publication. A separate charge may also be assessed to any provider who periodically requests additional single paper copies.

F - Mixed Training Events

In situations where provider education and training activities involve both statutorily required training and discretionary training, *you* must allocate the proportional costs between the activities. That is, the proportional share of the cost of a function allocated to statutorily required training is equal to the percentage of time related to this training. For example, if it costs \$1,000 to arrange and conduct a mixed training session, with 25 percent of the session related to statutorily required training, then the proportional cost allocation for the training would be $.25 \times \$1,000 = \250 for statutorily required training and $.75 \times \$1,000 = \750 for discretionary training activities.

G - Recording of Training Events

Entities not employed by CMS, or under contractual arrangement with the FI, are not permitted to videotape or otherwise record training events for profit-making purposes.

20.2.3 - Provider Information and Education Materials and Resource Directory

(Rev.4, 03-05-04)

A2-2965.B.3

A - Dating of Materials

Provider education and training materials produced (pamphlets, brochures, work books, reference manuals, CDs, etc.) must bear the month and year they were produced or re-issued.

B - Provider Information and Education Materials Resource Directory

The Provider Information and Education Resource Directory is comprised of provider education materials developed by Medicare contractors. The materials, which include brochures, manuals, work and reference books, fact sheets, videos, audio tapes, CDs, etc., are used to convey Medicare program, policy and billing information to professional health care providers and others associated with the health services about industry. The purpose of the Directory is to facilitate the sharing of provider information and education tools among Medicare *contractors*, and would, therefore, help reduce the cost of development of these materials.

Unless previously submitted, send one copy of any provider information and education material of note developed or used within the last 2 years to the address below. This material should be suitable to be used or copied in whole or in part by other Medicare *contractors*.

NOTE: All materials developed by Medicare *contractors* using CMS funding as the principal source for its development are considered the property of CMS, and must be made available to CMS upon request.

Submit materials that address subjects primarily on a national, rather than a regional or local basis. **Do** not send materials containing information predominately tailored to local or regional audiences that have little national application such as unique letters, event notices, or complete provider bulletins or newsletters. Individual bulletin or

newsletter articles focusing on subjects of nationwide interest can be sent. Include the name, address, telephone number and e-mail address of a contact person for each piece.

Send these materials to:

Centers for Medicare & Medicaid Services
Division of Provider Information Planning and Development
Mail Stop C4-11-27
7500 Security Boulevard,
Baltimore, MD 21244-1850
Attn: Resource Directory

Send one copy of all appropriate provider education and information materials (excluding bulletins/newsletters) developed in the future, to the address above. Also, send any significantly revised or updated versions of material previously submitted.

If *you* reproduce or use material, in whole or in part, originally developed by another Medicare *contractor*, that *contractor* should be acknowledged either within the material, or on its cover, case, or container. In the case of printed text material, this acknowledgement should appear on the inside back page or cover.

30.1 - Provider/Supplier Communications - Program Elements

(Rev.4, 03-05-04)

You are required to implement the basic requirements for PCOM stated herein.

Report *your* costs and workload data for the PCOM program according to the prescribed CAFM activity codes.

30.1.1 - Provider/Supplier Service Plan (PSP)

(Rev.4, 03-05-04)

Contractors are required to prepare and submit a PSP annually. The PSP must address *the carrier's* overall plans for implementing the provider/supplier communications program in the forthcoming fiscal year. The PSP outlines the strategies, projected activities, efforts, and approaches that will be used during the year to support provider/supplier communications. The PSP must address and support all the activities stated herein as well as all required activities stated in the yearly BPRs for this program.

The Plan must include how the following elements of the PCOM program, described hereafter, will be met, and note, when appropriate, how many events, occurrences or other happenings are planned or anticipated for these elements (e.g., the number of workshops, seminars, speeches, frequency of bulletins, number distributed, number of partnerships with external entities, number of times listserv(s) used, etc.):

- Provider/Supplier Inquiry Analysis,
- Provider/Supplier Data Analysis,
- Seminars/Workshops/Educational Events,

- Provider/Supplier Communications Advisory Group,
- Bulletins/Newsletters,
- New Technologies/Electronic Media, and
- Promoting Beneficiary Use of Preventive Benefits Through Provider/Supplier Education Activities.

A draft or preliminary PSP *must* be sent at the time *you submit your* annual budget request to *your* regional office (RO) PSP coordinator or contact for review. A final PSP *must* be sent by October 31, to *your* RO PSP coordinator and to CMS Central Office (CO). *Plans can be sent either electronically or in hard copy. Paper copies of plans sent to CO should be addressed to:*

Centers for Medicare & Medicaid Services
 Center for Medicare Management
 Division of Contractor Provider Communications
 Mail stop C4-10-07
 7500 Security Boulevard
 Baltimore, Maryland 21244

The carrier provides the name, phone number, and mailing address of the PSP coordinator with the PSP.

30.1.2 - Provider/Supplier Inquiry Analysis

(Rev.4, 03-05-04)

Contractors must maintain a provider/supplier inquiry analysis program that will produce a monthly list of the most frequently asked questions (FAQs) and areas of concern/confusion for providers/suppliers. Use an organized, consistent, systematic, and reproducible process to generate most frequently asked questions. *Describe* this process in the PSP. Outreach and educational efforts must be developed and implemented to address the needs of providers/suppliers as identified by this program.

30.1.3 - Provider/Supplier Data Analysis

(Rev.4, 03-05-04)

Contractors must maintain a provider/supplier data analysis program that will produce a monthly list of the most frequent, collective claims submission errors from all providers/suppliers. Claims submission errors result in rejected, denied, or incorrectly paid claims. Outreach and educational efforts must be developed and implemented to address the needs of providers/suppliers as identified by this program.

30.1.4 - Provider/Supplier Communications Advisory Group

(Rev.4, 03-05-04)

Carriers must support and maintain a PCOM Advisory Group (formerly referred to as the PET Advisory Group). This group should generally convene quarterly, but at a minimum, meet three times per year, and will provide advice and recommendations *to the carrier* on provider/supplier communications matters.

A. Purpose of PCOM Advisory Groups

The primary function of the PCOM Advisory Group is to assist *the carrier* in the creation, implementation and review of provider/supplier education strategies and efforts. The PCOM Advisory Group provides input and feedback on training topics, provider/supplier education materials, and dates and locations of provider/supplier education workshops and events. The group also identifies salient provider/supplier education issues, and recommends effective means of information dissemination to all appropriate providers and suppliers and their staff. The PCOM Advisory Group should be used as a provider/supplier education consultant resource, and not as an approval or sanctioning authority.

While it remains allowable *for the carrier* to use PCOM Advisory Groups to provide updates and facilitate discussion on current issues, the focus of the group meetings should remain centered on the development and implementation of effective provider/supplier communication materials and strategies.

B. Composition of PCOM Advisory Group

Strive to maintain professional and geographic diversity within *your* PCOM advisory groups. *You* should attempt to include representatives of various provider/supplier specialties serviced including state and local trade and professional associations, practicing provider/supplier or staff members they deem appropriate, and representatives of billing organizations. Providers/suppliers from different geographic areas, as well as from urban and rural locales, should be represented in any PCOM Advisory Group. Consider inviting representatives of Quality Improvement Organizations (QIOs) from *your* area to participate in PCOM Advisory Group meetings.

You should consider having more than one PCOM Advisory Group when the breadth of *your* geographic service area, or range of the providers/suppliers serviced, diminishes the practicality and effectiveness of having a single PCOM Advisory Group. For further guidance on this issue, contact *your* regional office PCOM or provider education and training (PET) Coordinator.

C. *The Contractor* Role

The carrier *must* maintain the PCOM Advisory Group. While group members should be solicited for agenda topics, it is not permissible for Medicare carriers to allow outside organizations to operate the PCOM Advisory Group. After soliciting suggestions from the provider/supplier community, the carriers should select the appropriate individuals and organizations to be included in the group. The main point of contact for all PCOM Advisory Group communication *must* be within the *carrier's* PCOM, PET or similar department. At a minimum, the carrier *is* responsible for recruiting potential members, setting-up and arranging all meetings, handling meeting logistics, producing and distributing an agenda, completing and distributing minutes, and keeping adequate records of the advisory group's proceedings.

Medicare *contractors* having more than one kind of Medicare contract (e.g., intermediary, Part B carrier, DMERC, rural home health intermediary, etc.) are required to have separate PCOM advisory groups for each kind of Medicare contract. It

is also impermissible for the carrier having geographic proximity or overlap with one another to share a PCOM Advisory Group. Each carrier must have its own separate group. *Contractors* shall not reimburse or charge a fee to group members for membership or for costs associated with serving on a PCOM Advisory Group. Carriers are required to notify their CMS regional office PET or PCOM coordinator of the schedule and location of PCOM Advisory Group meetings.

You are expected to consider the suggestions and recommendations of the PCOM Advisory Group, and implement or enact them if the *you* deem them reasonable, practicable, and within *your* provider/supplier communications program requirements and budget constraints. After consideration, *you* must explain to the group the reasons for not implementing or adopting any group suggestions or recommendations.

D. Meeting Specifics

Contractors may hold PCOM Advisory Groups in-person or via teleconferencing. The CMS recommends *that you* hold at least one meeting per calendar year with group members in-person. Teleconferencing *is to* be made available to Advisory Group members who cannot be present for any meeting. *You must* also have a specific area on *your* Web site that allows providers/suppliers to access information about the PCOM Advisory Group (minutes from meetings, list of organizations or entities comprising the PCOM Advisory Group, an e-mail address for a contact point and for further information on the PCOM Advisory Group, etc.). This area of *your* Web site should be operational by March 31, 2003. *You must notify your* PCOM Advisory Group members that information about their participation on the Advisory Group may be on the Web site. *You should* consult with *your* CMS regional office PET or PCOM coordinator if a member has objections, and on ways to mitigate them.

Meeting agendas, which include discussion topics garnered from solicitation of group members, *must* be distributed to all members of the group and the CMS regional office PET or PCOM coordinator at least 2 business days prior to any meeting. After each meeting, minutes *must* be disseminated within 7 business days to all group members and others who request them.

E. Relationship to Other Carrier Advisory Groups

PCOM advisory groups operate independently from other existing carrier advisory committees. While a PCOM Advisory Group may, at its discretion, share information with other advisory groups, the PCOM Advisory Group does not need the approval, authorization or input from any other entity for its advice, recommendations, or issuances. While an individual PCOM Advisory Group member can be a member of another carrier advisory committee, the majority of PCOM Advisory Group members should not be current members of any other carrier advisory group.

For more information or specific guidance on any of the above issues, *you should contact your* regional office PET or PCOM coordinator.

30.1.5 - Bulletins/Newsletters

(Rev. 4, 03-05-04)

Unless otherwise established with CMS, print and distribute regular provider bulletins/newsletters, at least quarterly, which contain program and billing information. When feasible and cost-effective, stop sending regular bulletins to providers with no billing activity in the previous 12 months. Newly created bulletins/newsletters must be posted on *your* Web site.

Provide within the introductory table of contents, summary, compilation or listing of articles/information, an indicator (e.g. word(s), icon, or symbol) that denotes whether the article/information is of interest to a specific provider audience(s) or is of general interest. This requirement may be disregarded if your introductory table of contents, summary, or article/information compilation is structured by specialty or provider interest groupings.

All printed bulletins/newsletters must have either a header or footer in boldface type within the first three pages that states the following: **"This Bulletin Should Be Shared With All Health Care Practitioners and Managerial Members of the Provider Staff. Bulletins Are Available at No Cost from Our Web Site [Insert *Carrier Web Site Address*]."**

Encourage providers to obtain electronic copies of bulletins/newsletters and other notices through *your* Web site. If providers are interested in obtaining additional paper copies on a regular basis, *you* are permitted to charge a fee for this. The subscription fee should be "fair and reasonable" and based on the cost of producing and mailing the publication. A charge may also be assessed to any provider who requests additional single paper copies.

30.1.6 - Seminars/Workshops/Teleconferences

(Rev. 4, 03-05-04)

Hold seminars, workshops, classes, or other face-to-face meetings, to educate and train providers/suppliers about the Medicare program and billing issues.

Conduct at least two workshops during the year that are targeted to new Medicare providers/suppliers and provider/supplier billing staff. These workshops should deal with fundamental Medicare policies, programs, and procedures, but should concentrate and feature information on billing Medicare.

Whenever feasible, activities should be coordinated with other regional Medicare *contractors*, including quality improvement organizations (QIOs), other carriers and intermediaries, State Health Insurance Assistance Programs (SHIPs), and End Stage Renal Disease (ESRD) networks as well as interested groups, organizations, and CMS partners in *your* service area.

Routinely and directly notify external groups, organizations, and other interested entities within your geographic service area of your upcoming provider/supplier education and training events. Direct notification avenues include mail, telephone, and

e-mail. Notifications should be made sufficiently in advance of the scheduled event to allow for registration.

Develop and implement, whenever practicable, effectiveness measures for each education and training activity. This includes, but is not limited to, customer satisfaction survey instruments, pre- and post-testing at workshops and seminars, and other feedback mechanisms.

Whenever feasible, hold teleconferences to address and resolve inquiries from providers as a method to reach a broad audience. If facilities permit, *you* should host Medicare Learning Network (MLN) satellite broadcasts for providers in *your* service area.

30.1.7 - New Technologies/Electronic Media

(Rev. 4, 03-05-04)

Contractors must use new technologies and electronic media as an efficient, timely, and cost-effective means of disseminating Medicare provider/supplier information to the audiences they serve.

A - Provider/Supplier Education Web Site

Maintain a Web site that is dedicated to furnishing providers/suppliers with timely, accessible, and understandable Medicare program information. To reduce costs, Web sites should fit into existing infrastructure and use existing resource technologies whenever possible.

This Web site must comply with “Contractor Web Site Standards and Guidelines” posted at <http://www.cms.hhs.gov/about/web/contractors.asp> and must be compatible with multiple browsers. Periodically review the “Web Site Standards and Guidelines” to determine *your* continued compliance. During the first 3 months of each calendar year, send a signed and dated statement to the RO PCOM or PET Coordinator attesting to whether *your* Web site continues to comply with these guidelines and whether it is compatible with multiple browsers. The person in *your* organization who has authority over the Web site should sign the attestation statement.

Your Provider/Supplier Outreach Web site must contain the following:

- All newly created provider/supplier bulletins/newsletters;
- A schedule of upcoming events (e.g., seminars, workshops, fairs);
- Ability to register for seminars and other events via the Web site;
- Search engine functionality;
- Features that permit providers/suppliers to download and save copies of bulletins, training materials, schedules of upcoming events, and other items;
- A “What’s New” or similarly titled section that contains newsworthy and important information that is of an immediate or time sensitive nature to Medicare providers/suppliers;
- E-mail based support/help/customer service;

- A listing of FAQs/areas of concern updated quarterly as evidenced through *your* inquiry analysis program; and
- Information for providers/suppliers on how to submit claims electronically.

Develop and implement a feedback mechanism for users of your Medicare Web site. Users must be able to easily reach the feedback instrument from the homepage of your provider/supplier education Web site. This mechanism should ask users of your site for their appraisals of the helpfulness and ease of use of the site and the information contained on it, as well as their thoughts and suggestions for improvement or additions to the site. This feedback mechanism must be operational by July 1, 2004.

Your Provider/Supplier Outreach Web site must link to:

- The *CMS* Web site at <http://cms.hhs.gov/>;
- The MLN at <http://cms.hhs.gov/medlearn/>;
- The site for downloading CMS publications at <http://cms.hhs.gov/publications/>;
- The site for downloading CMS manuals and transmittals at <http://cms.hhs.gov/manuals/transmittals/>;
- *CMS' Quarterly Provider Update (QPU) Web site page at <http://www.cms.hhs.gov/providerupdate/main.asp>; (Provide an explanation of the QPU on your Medicare provider Web site.) This link is to be on your Web site and operational by April 5, 2004;*
- *The site that contains descriptions for Remittance Advice reason codes and remark codes at www.wpc-edi.com/servicesreview.asp; (Provide a general explanation of the reason and remark codes on your Medicare provider Web site.) This link is to be on your Web site and operational by April 5, 2004;*
- *CMS' HIPAA Web site at <http://www.cms.hhs.gov/hipaa/hipaa2/>; (Provide a general description of the information to be found on this CMS HIPAA site on your Medicare provider Web site.) This link is to be on your Web site and operational by April 5, 2004;*
- *CMS' central provider page at <http://www.cms.hhs.gov/providers/>; This link is to be on your Web site and operational by April 5, 2004;*
- *CMS' Medicare supplier information site at <http://www.cms.hhs.gov/suppliers/>; This link is to be on your Web site and operational by April 5, 2004; and*
- Other CMS Medicare *contractors*, partners, QIOs, and other sites that may be useful to providers.

1 - Directed Web Site/Bulletin Article

The carrier often receives instructions from CMS to print a provider/supplier education article or other information in its provider/supplier bulletin or newsletter and also place it on their Web site. Unless specifically directed otherwise, *locate* the article or

information from CMS on the “What’s New” or similarly titled section of the provider/supplier education Web site. Unless specifically directed otherwise, the article or information should be put on *your* Web site as soon as possible after receipt, and should remain on *your* Web site for 2 months, or until the bulletin or newsletter in which it is appearing is put on *your* Web site, whichever is later.

2 - Use of Current Procedural Terminology

Web sites must adhere to requirements stated in *Publication 100-04, Claims Processing Manual, Chapter 23, Subsection 20.7* regarding the use of current procedural terminology (CPT) codes and descriptions. During the first 3 months of each calendar year, determine whether *your* Web site complies with requirements stated in *this Chapter and Subsection of the Claims Processing Manual*. Send a signed and dated statement attesting to whether your Web site complies the requirements to *your* RO PSP or PET Coordinator during the first 3 months of each calendar year. The person in the carrier’s organization who has authority over the Web site should sign the attestation statement.

3 – Website Promotion and Presentations

Actively promote, market and explain your Medicare provider/supplier communications Web site. Present information concerning how to find, navigate and fully use your Medicare provider/supplier education Web site. This information should be part of, or made available at, all your provider/supplier education and training workshops and seminars, training sessions with individual providers/suppliers, and all other provider/supplier education events you have or participate in.

B - Electronic Mailing List/Listserv

1 - General

Maintain at least one electronic mailing list, or listserv, to notify registrants via e-mail of important, time-sensitive Medicare program information, upcoming provider/supplier communications events, and other announcements necessitating immediate attention. At a minimum, use *your* electronic mailing lists to notify registrants of the availability of bulletins/newsletters or other important information on *your* Web site. Providers/suppliers *must* be able to join *your* electronic mailing lists via *your* provider/supplier education Web site. Subscribers to *your* electronic mailing lists *must* also be able to initiate de-listing themselves via the Web site. Post notices on *your* Web site and in bulletins/newsletters that encourage subscription to the electronic mailing lists. *Your* electronic mailing lists *must* be capable of accommodating all of *your* providers/suppliers. It is recommended that *your* electronic mailing list(s) be constructed for only one-way communication, i.e., from *you* to subscribers. *You are* encouraged to offer multiple electronic mailing lists to accommodate the various providers served.

2 – Targeted Electronic Mailing Lists/Listservs

Develop and maintain multiple electronic mailing lists that allow you to direct messages and information to segments of the provider/supplier population you serve. Use these targeted electronic mailing lists to send messages and information regarding

Medicare program, policies, or procedures that are of relevance or interest to specific provider audiences.

You may use the following list to determine applicable provider/supplier audiences appropriate to you, and if feasible, develop and use these as targeted provider/supplier listserv categories. This list does not preclude contractors from developing or using additional, categorically different or more finite groupings.

Provider Listserv Categories:

Ambulatory Surgical Center, Ambulance, Clinical Diagnostic Laboratory, Community Mental Health Center, Comprehensive Outpatient Rehabilitation Facility, DMEPOS, Federally Qualified Health Center, Hospital, Hospice, Home Health Agencies, Independent Diagnostic Testing Facility, Non-Physician Practitioner, Organ Procurement, Outpatient Physical Therapy Facility, Physician, Renal Dialysis Facility, Rural Health Clinic, Religious Non-Medical Health Care Institution, Skilled Nursing Facility.

3 – Protection and Recordkeeping

You are required to protect *your* electronic mailing list(s) addresses from unauthorized access or inappropriate usage. *Your* electronic mailing lists, or any portions or information contained therein, *must* not be shared, sold or in any way transferred to any other organization or entity. In special or unique circumstances where such a transference or sharing of listserv information to another organization or entity is deemed to be in the best interests of CMS or the Medicare program, the carrier must first obtain express written permission of its CMS regional office PCOM or PSP Coordinator.

You must maintain records of *your* electronic mailing list usage. These records should include when the electronic mailing list(s) were used, text of the messages sent, the number of subscribers transmitted to per usage, and the author of the message. Records *must* be kept for one year from the date of usage.

30.1.8 - Training of Providers/Supplier in Electronic Claims Submission

(Rev.4, 03-05-04)

Conduct training for providers/suppliers *or their* staff in electronic claims submission. This may include, but is not limited to, activities listed in Productivity Investments; use of Medicare billing and PC-Print software; use of available Medicare Electronic Data Interchange (EDI) transactions; use of new or updated Medicare software released during the year; and use of newly introduced EDI standards and/or functions or changes to existing standards or functions.

NOTE: There are multiple sources of provider/supplier training requirements associated with EDI functions. The PCOM function covers providers/suppliers in group settings rather than contact with individuals. PCOM covers newsletters, classes, or outreach to groups of providers/suppliers and their staff on Medicare coverage, billing and benefits of EDI. PCOM does not include instruction related to connectivity for individual providers/suppliers or the resolution of connectivity problems.

30.1.9 - Provider/Supplier Education and Beneficiary Use of Preventive Benefits

(Rev.4, 03-05-04)

Through *your* provider/supplier education activities, promote beneficiary use of preventive benefits as specified in the Balanced Budget Act of 1997, the Balanced Budget and Reconciliation Act of 1999, and the Benefits Improvement and Protection Act of 2000. These benefits include screening mammography and screening for colorectal, cervical, and prostate cancer.

30.1.11 - Internal Development of Provider/Supplier Issues

(Rev.4, 03-05-04)

Hold periodic meetings with staff in appropriate areas *your* organization (including personnel responsible for medical review, *enrollment*, EDI/systems, appeals, and program integrity) to ensure that inquiries and issues made known by providers/suppliers to these other areas in the organization are communicated and shared with provider/supplier education staff. Mechanisms to resolve these issues should be discussed. Minutes of the meetings should be kept and filed.

30.1.12 - Training of Provider/Supplier Education Staff

(Rev.4, 03-05-04)

Implement a developmental plan for training new provider/supplier education personnel, and periodically assess the training needs of existing provider/supplier education staff. The plan, which must be written and available to the provider/supplier education staff, should include schedules, course or instruction vehicle descriptions, and satisfaction criteria. Training materials such as workbooks, manuals, and policy guidelines should always be readily available to the provider/supplier education staff.

CMS Sponsored Provider Communications Training

Contractors must send at least one training representative to national CMS conferences, e.g., train-the-trainer conferences. Your representatives should be from the appropriate business function area, i.e., provider education/customer service, payment, claims processing, billing, or medical review. These representatives will be responsible for training additional staff who will then educate providers and provider staffs in their area.

30.1.13 – Partnering with External Entities

(Rev.4, 03-05-04)

Work toward establishing partnerships with external entities to help disseminate Medicare provide/supplier information. Partnering entities may be medical, professional or trade groups and associations, government organizations, educational institutions, trade and professional publications, specialty societies, and other interested or affected groups. By establishing collaborative information dissemination efforts, provider/suppliers will be able to obtain Medicare program information

through a variety of sources. Partnering or collaborative provider information and education efforts can include external entities:

- *Printing information in member newsletters or publications;*
- *Reprinting and distributing (free-of-charge) provide/supplier education materials;*
- *Giving out provider/supplier education materials at organization meetings and functions;*
- *Scheduling presentations or classes to or for members;*
- *Posting provide/supplier information on their websites; and*
- *Helping organizations develop their own Medicare provide/supplier education and training material.*

30.1.14 -- Other Specific Provider/Supplier Education Subjects and Activities

(Rev 4, 03-05-04)

A. Quarterly Provider Update Promotion

The Quarterly Provider Update (QPU) is a listing of the regulations and program instructions issued by CMS that impact Medicare providers/suppliers. The QPU is maintained by CMS and available to providers through the CMS website.

Providers/suppliers may elect to join a CMS electronic mailing list, to be notified periodically, of additions to the QPU. Promote the existence and usage of the QPU and the electronic mailing list to your providers/suppliers through your provider/supplier communications avenues, e.g., your Medicare provider/supplier education Web site, bulletins/newsletters, provider/supplier workshops, presentations and events, and in your provider/supplier education materials.

B. Remittance Advice Provider/Supplier Communications

Promote the use and understanding of the Remittance Advice notice as an educational tool. Providers/suppliers receive remittance advice information that can contain adjustment reason codes and remark codes that explain payment modifications made and other important information related to the claim. Descriptions for both of these code sets appear at: www.wpc-edi.com/servicesreview.asp

Medicare contractors using the paper Remittance Advice must use the provider messaging properties of this form to convey Medicare program information. Messages should promote usage of your Medicare provider/supplier web site, alert recipients to changes in policies and programs, and give information about upcoming provider education workshops and training events.

C. Provider/Supplier Assistance Referral Program

Develop and maintain a provider assistance referral program within your provider/supplier communications function. This program should be capable of handling the more complex questions that may be referred by your customer service

representatives and require substantive technical experience, knowledge or research to answer.

30.1.15 – Provider/Supplier Education Material

(Rev.4, 03-05-04)

As needed, develop and produce provide/supplier information and education materials that support your provide/supplier communications activities. These materials do not include bulletins and newsletters.

As needed, develop and produce provider/supplier education products that use special media, (videos, web/computer based training courses, audio tapes, CD ROMs, etc) and support your provider/supplier communications activities.

30.2.1. - PSP Quarterly Activity Report

(Rev.4, 03-05-04)

You are required to develop and submit PSP Quarterly Activity Reports (QAR) that summarize and recount the provider/supplier education and training activities for the previous quarter year. *Use your* annual PSP, the Budget and Performance Requirements, and the provider/supplier communications program requirements herein to help formulate the QAR.

Reports must be submitted 30 days after the end of every quarter in the fiscal year. The deadlines for submitting the quarterly reports are as follows:

First quarter – January 31

Second quarter – April 30

Third quarter – July 31

Fourth quarter – October 31

Send *your* QAR reports, either in hardcopy or electronically, to *your* RO PSP or PCOM coordinator, and to the CMS CO Provider Communications Regional Consortium staff under which *you* fall. (The e-mail address of the CO Consortium Liaison can be obtained from *your* RO PSP coordinator.) Request an acknowledgement from the CMS recipient for any electronically submitted report. Hardcopy QAR reports sent to CO should be addressed to:

Centers for Medicare & Medicaid Services
Center for Medicare Management
Division of Contractor Provider Communications
Mail Stop C4-10-07
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Provide the name, phone number, and mailing address of the PSP coordinator for *your* organization on *your* QAR reports.

Format and Content of QAR

Report on the provider/supplier communications activities using the following headings:

1. Inquiry and Data Analysis
2. PCOM Advisory Group/Participation in Recommended Educational Activities/Forums
3. Bulletins/Newsletters
4. Seminars/Workshops/Teleconferences
5. New Technologies/Electronic Media
6. Internal Development **of Provider**
7. Home Health Benefit
8. Other Activities

Use the following in formatting *and presenting information in* QAR reports:

Cover Page

The cover page should contain the following information:

- Carrier Name/Type
- Carrier Number
- Reporting period (1st, 2nd, 3rd, or 4th quarter)
- PSP Coordinators' Name/Phone Number/*Mailing and* E-mail address
- Date Submitted
- Geographic Service Area (State)/Regional Office Affiliation

Report Content

Activity 1: Inquiry and Data Analysis

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings:

- Top Ten Inquiries and Claim Submission Errors (table heading)
- I (Inquiry)/CSE (Claim Submission Error)
- Provider Specialty (**optional field**)
- Number received
- Action/Resolution

Example

TOP TEN INQUIRIES AND CLAIMS SUBMISSION ERRORS (CSE)

TOP Ten Inquiries and CSE's	I/ CSE	Provider Specialty	Number Received	Action taken/Resolution (if applicable)

Instructions for Completing Each Field:

1. Top Ten Inquiries and Claim Submission Errors
List the top 10 provider/supplier inquiries or frequently asked questions and the top 10 claim submission errors. This should include the top ten inquiries, and the top 10 ten claim submission errors, for a total of twenty entries in this column.
2. Inquiry/Claim Submission Errors
Identify the entry as either an inquiry (I), or a claim submission error (CSE).
3. Provider Specialty
List the provider specialty, if known. This is an optional field.
4. Number of inquiries or claim submission errors
Record number of inquiries or claim submission errors received during the reporting period.
5. Action taken /Resolution
Indicate the provider/supplier communications or other action taken, or soon to be taken. Indicate any resolution to the issue, if applicable.

Activity 2: Provider/Supplier Communications Advisory Group/Participation in Recommended Educational Activities/Forums

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings:

- PCOM Advisory Group/Related Activities (table heading)
- Activity
- Frequency

- Date
- Attachments
- Comments

Example

PCOM ADVISORY GROUP/RELATED ACTIVITIES

Activity	Frequency	Date	Attachments (Yes/No)	Comments

Instructions for Completing Each Field:

1. Identification of Activity

Indicate the type of activity including those that resulted from recommendations of the advisory group (i.e., PCOM Advisory Group, Workshop, Seminar, Speech, other)

2. Frequency

Frequency means how often the event was held, (e.g., continuously, weekly, monthly, quarterly, annually).

3. Date

Indicate the specific date on which the activity occurred.

4. Attachments (Yes or No)

Indicate whether or not the attachment(s) (i.e., agenda, membership listing, minutes, action items, etc.) associated with the event/meeting, are included in the report.

5. Comments

List any appropriate comments related to a subcategory.

Activity 3: Issue Regular Bulletins/Newsletters

Specific Format Requirement:

Word Table or Spreadsheet

Spreadsheet Headings:

- Bulletins/Newsletters (table heading)

- Date Mailed
- Number of Hard Copies Mailed
- Major Topics Covered

Example

BULLETINS/NEWSLETTERS

Bulletin/ Newsletter	Date Mailed	Number of Hard Copies Mailed	Major Topics Covered

Instructions for Completing Each Field:

1. Bulletin/Newsletter
Give the name of the bulletin/newsletter
2. Date Mailed
Give the date the newsletter/bulletin was mailed.
3. Number of Hard Copies Mailed
Indicate the number of paper copies mailed.
4. Major Topic Areas Covered
List 3-4 major topic areas covered.

Activity 4: Seminars/Workshops/Teleconferences

Specific Format Requirement:

Word Document or Spreadsheet

Spreadsheet Headings:

- Seminars/Workshops/Teleconferences (table heading)
- Date
- Location
- Event Type
- Topic
- Target Audience
- Number of Participants
- Materials Distributed

Example

SEMINARS/WORKSHOPS/TELECONFERENCES

Date	Location	Event Type	Topic	Target Audience	Number of Participants	Materials Distributed

Instructions for Completing Each Field:

1. Date

Indicate the date of the activity.

2. Location

Indicate the location of the activity.

3. Event Type

Indicate the type of event based on the codes below:

S=Seminar

C=Convention (or annual meeting)

W=Workshop

T=Teleconference

P=Presentation

E=Educational Forum

O=Other

4. Topic

Indicate the topic(s) of the training.

5. Target Audience

Indicate the audience(s) based on the codes below:

P=Physician

PB=Other Part B provider

H=Hospital

A=Ancillary

PA=Other Part A provider

D=DME

S=Supplier

PR=General provider

PM=Practice/Office Manager and staff

BM=Billing Manager and staff

O=Other

6. Number of Participants

Indicate the number of participants in the event.

7. Materials Distributed

Indicate the material(s) distributed (i.e., Fact Sheet, Manual, video, CD-ROM, etc.).

Activity 5: New Technologies/Electronic Media

Internet Web site

Indicate fully: Provider/Supplier Web site Address: _____

Specific Format Requirement:

Word document and two Tables/Narrative

Example 1

TABLE 5A – WEB SITE BASIC REQUIREMENTS

CRITERIA	YES	NO
Web site		
Newly created bulletins/newsletters		
Schedule of upcoming events		
Automated registration		
Area designated for Medicare Learning Network		
Quarterly listing of Frequently Asked Questions		
Search engine functionality		
E-mail based support		
CPT Code information		
Ability to link to other sites		

CRITERIA	YES	NO
Information for providers/suppliers for electronic claims submission		

Instructions for Completing Each Field:

1. Yes

Check “Yes” if the criterion has been met.

2. No

Check “No” if the criterion has not been met.

Example 2

TABLE 5B - ELECTRONIC MEDIA USAGE

COMPONENT		
Bulletin/Newsletter	Date Bltn./Nwsltr. Posted to Web	
Issue number/identification		
CMS Furnished Article/Information	Date Artcl./Info. Posted to Web	
Article Title/Description of Information		
Listserv (Electronic Mailing List) Usage	Date Used	Subject
Listserv name/description		

Table Components:

Electronic Media Usage (table heading)

Bulletin/Newsletter

Date Bltn./Nwsltr. Posted to Web

CMS Furnished Article/Information

Date Artcl./Info. Posted to Web

Listserv (Electronic Mailing List) Usage

Date Used

Subject

Instructions for Completing Each Field:

1. Bulletin/Newsletter

Identify the issue (edition month, season or number) of *your* bulletin or newsletter.

2. Date Bltn./Nwsltr. Posted to Web

Indicate the date *your* bulletin/newsletter was first posted and available on *your* Web site

3. CMS Furnished Article/Information

Identify specific CMS furnished provider targeted article or information for posting to *your* Web site

4. Date Artcl./Info. Posted to Web

Indicate the date the CMS furnished article or information was posted on *your* Web site

5. Listserv (Electronic Mailing List) Usage

Identify the name or designation of *your* listserv(s) (electronic mailing lists)

6. Date Used

Indicate the date(s) *you used your* listserv(s)

7. Subject

Identify the subject(s) of each listserv transmission

Activity 6: Internal Development of Provider/Supplier Issues

Specific Format Requirement:

Word Document or Spreadsheet/Narrative

Example

INTERNAL DEVELOPMENT of PROVIDER ISSUES

Internal Component	Frequency of Meetings	Date(s)	Comments
Customer Service			
Enrollment			
Fraud			
Medical Review			
DME			
Reimbursement			
Provider Records			
Provider Relations			
Communications			
Other			

Spreadsheet Headings:

- Internal Development of Provider/Supplier Issues (table heading)
- Internal Component
- Frequency of Meetings
- Date(s)
- Comments

Instructions for Completing Each Field:

1. Frequency of Meetings

Indicate the frequency with which provider/supplier education staff meets with each of the individual areas to learn of issues or questions communicated by providers/suppliers. Use NA (not applicable) if the organizational component is not appropriate to the carrier organization.

2. Date(s)

Indicate the date of the meeting(s).

3. Comments

Indicate the provider/supplier issues discussed or other information carriers feel is relevant.

Activity 7: Home Health Benefit

Specific Format Requirement:

Narrative

Instructions:

Provide a summary of any provider/supplier educational activities and efforts in this area.

Activity 8: Other Activities

Specific Format Requirement:

Narrative

Instructions:

Use this section to discuss any additional highlights for the quarter. Feel free to mention any areas of significance not previously noted. This should also include the following:

1. Any noteworthy activities, efforts, enhancements or changes to the provider/supplier education program including the provider Web site that should be brought to CMS' attention;
2. *The development of any new or significantly revised provider education or training material;*
3. Any activities or issues carriers have coordinated with the DMERC during the quarter;
4. Mechanisms used to actively solicit feedback related to the Medicare program;
5. Provider/supplier education activities or efforts used to promote utilization of preventive benefits; and
6. Mechanisms developed and/or implemented to measure the effectiveness of educational and training activities. This may include customer satisfaction survey instruments, findings from administering these surveys, and results from pre and post-testing at workshops and seminars.

30.2.2. - Charging Fees to Providers/Suppliers for Medicare Education and Training Activities

(Rev.4, 03-05-04)

The carrier may assess fees or charges for provider/supplier education activities in accordance with the guidelines stated herein. Provider/supplier education and training activities are separated into two cost categories: **(1) No charge** and **(2) Fair and**

reasonable cost. The cost of conducting these activities, or any fees assessed, must conform to the requirements provided below. These cost categorizations distinguish provider/supplier education efforts considered to be statutorily mandated (provided at no-charge to providers and suppliers), and those considered to be enhanced or supplemental.

A - No Charge -- Statutorily Required Training

- Activities and training materials designed to educate providers and suppliers in Medicare enrollment, coverage, reimbursement and billing requirements. The number of sessions and the scope of this training should be based on recommendations from business partners including, but not limited to, the Provider/Supplier Communications (PCOM) Advisory Committee, and fit within program management resources.
- Training and materials on statutorily mandated or significant Medicare program changes, (e.g., hospital outpatient prospective payment system, home health, inpatient rehabilitation, SNF PPS and consolidated billing, and ambulance). CMS will give advance notice on this training (including any needed follow-up training) and the availability of additional funding.
- Participation in conferences sponsored by other Medicare carriers and government agencies that are based upon recommendations from the *PCOM* Advisory Committee.

B - Fair and Reasonable Cost--Discretionary Activities

- Individualized training requested by a provider/supplier. This may include the cost of travel, materials, accommodations, staff preparation, follow-up activities, and a fee for expenses to attend the event and make the presentation.
- Training videos, audiotapes, specialized brochures, pamphlets, and manuals developed by carriers (except for materials included in no-charge-statutorily required training).
- Presentations and training at non-Medicare *contractor* sponsored conferences, trade shows, conventions, annual meetings, etc. If *you* receive a request from a group such as a national, regional or state association or medical industry body to make a presentation at an event, *you* can charge the association or group a fee for travel expenses to attend the event. This fee may include the cost for materials, meeting rooms (if carriers are required to incur that cost), accommodations, travel, staff preparation, handouts, follow up activities, and other incidentals. The travel fee must be fair and reasonable, and based on the cost *you* incurred for providing the service or activity. *You* must confer with the regional office PCOM or PET coordinator about the costs associated with providing the training to ensure that the costs are reasonable.

NOTE: *You* may accept nominal speakers fees, or recognition gifts such as pens engraved with the host logo, coffee mugs, plaques, flowers, etc. However, *you are* not

permitted to accept and use substantive gifts or donations associated with participation in education and training activities absent specific authority *from CMS*.

- Reference manuals, guides, workbooks, and other resource materials *you* developed designed to supplement or provide easy reference to formal Medicare provider/supplier manuals and instructions.

Revenues collected from these discretionary activities must be used only to cover the cost of these activities and may not be used to supplement *your* other Medicare carrier activities.

C - Facilities, Food and Beverages, and Provider/Supplier Communications

Holding provider/supplier education and training events for both statutorily required and discretionary activities at alternate locations (other than at *your* own offices or buildings) may often reduce provider/supplier time and travel costs associated with attending these events. When such an opportunity exists, *you* may recover the costs incurred for meeting rooms, auditoriums and other facilities and equipment through a fee to participants. This fee or charge should be fair and reasonable and within the means of likely participants.

It is also recognized that many contractual agreements with hotels or other meeting site locations stipulate that food and beverages be purchased as a condition of furnishing a meeting or training room. In addition, light refreshments and food may be desirable to facilitate the training and/or for the convenience of the trainees or participants. If light refreshments and food are provided, a fee that covers this cost and is charged to participants must be fair and reasonable, and based on the costs incurred by the carrier. Providing food and beverages that exceed these guidelines are prohibited.

Keep records per event of the costs incurred and all fees charged to, and collected from, registrants. The total of fees or charges for any event should not exceed by more than 10 per cent the actual costs incurred for the event. If it does, *you must refund, within 60 calendar days after the end of the event*, the entire excess amount collected to all the registrants who paid a fee for that event. *(This 60 day requirement for refund of excess fees collected applies to events held after April 5, 2004.)* For example, charge participants a \$50 registration fee for an event that cost the carrier \$10,000 (e.g., light refreshments, meeting facility, and equipment rental), 250 individuals pay to attend and the carrier collects \$12,500. Since the amount collected exceeded more than 10 per cent of the costs (\$1,000), the entire excess amount collected (\$2,500) is disbursed back to all paying registrants.

D - Refunds/Credits *for Cancellation of Events*

In order to secure sites needed for future provider/supplier training events, the carrier may have to make commitments under which *it* will incur contractual expenses for training accommodations and services. Full or partial refunds/credits to providers/suppliers who register for an event, and cancel before the event, or do not attend the event, should be made within the context of these contractual arrangements. If training is scheduled and the *carrier cancels the event*, a full refund must be made to registrants. If there are questions concerning the implementation of this policy in a given case, *contact your* RO PCOM coordinator.

E - Bulletins/Newsletters

Unless otherwise established, the carrier must furnish free of charge one paper copy of the regular bulletin/newsletter which contains program and billing information to providers/suppliers. If providers/suppliers are interested in obtaining additional paper copies on a regular basis, the carrier is permitted to charge a fee for this. The fee for this subscription should be “fair and reasonable” and based on the cost of producing and mailing the publication. A separate charge may also be assessed to any provider/supplier who periodically requests additional single paper copies.

F - Mixed Training Events

In situations where provider/supplier education and training activities involve both statutorily required training and discretionary training, *you* must allocate the proportional costs between the activities. That is, the proportional share of the cost of a function allocated to statutorily required training is equal to the percentage of time related to this training. For example, if it costs \$1,000 to arrange and conduct a mixed training session, with 25 percent of the session related to statutorily required training, then the proportional cost allocation for the training would be $.25 \times \$1,000 = \250 for statutorily required training and $.75 \times \$1,000 = \750 for discretionary training activities.

G - Recording of Training Events

Entities not employed by CMS, or under contractual arrangement are not permitted to videotape or otherwise record training events for profit-making purposes.

30.2.3 - Provide/Supplier Information and Education Materials and Resource Directory

((Rev.4, 03-05-04))

A - Dating of Materials

Provider/supplier education and training materials produced (pamphlets, brochures, work books, reference manuals, CDs, etc.) must bear the month and year they were produced or re-issued.

B - Provider/Supplier Information and Education Materials Resource Directory

The Provider/Supplier Information and Education Resource Directory is comprised of provider and supplier education materials developed by Medicare contractors. The materials, which include brochures, manuals, work and reference books, fact sheets, videos, audio tapes, CDs, etc., are used to convey Medicare program, policy and billing information to professional health care providers/suppliers and others associated with the health services about industry. The purpose of the Directory is to facilitate the sharing of provider/supplier information and education tools among Medicare *contractors*, and would, therefore, help reduce the cost of development of these materials.

Unless previously submitted, send one copy of any provider/supplier information and education material of note that have been developed or used within the last 2

years to the address below. This material should be suitable to be used or copied in whole or in part by other Medicare *contractors*.

NOTE: All materials developed by Medicare *contractors* using CMS funding as the principal source for its development are considered the property of CMS, and must be made available to CMS upon request.

Submit materials that address subjects primarily on a national, rather than a regional or local basis. *Do* not send materials containing information predominately tailored to local or regional audiences that have little national application such as unique letters, event notices, or complete provider/supplier bulletins or newsletters. Individual bulletin or newsletter articles focusing on subjects of nationwide interest can be sent. Include the name, address, telephone number, and e-mail address of a contact person for each piece.

These materials are sent to:

Centers for Medicare & Medicaid Services
Division of Provider Information Planning and Development,
Mail StopC4-11-27
Attn: Resource Directory
7500 Security Boulevard
Baltimore, MD 21244-1850

Send one copy of all appropriate provider/supplier education and information materials (excluding bulletins/newsletters) developed in the future, to the address above. Also, send any significantly revised or updated versions of material previously submitted.

If *you* reproduce or use material, in whole or in part, originally developed by another Medicare *contractor*, that *contractor* should be acknowledged either within the material, or on its cover, case or container. In the case of printed text material, this acknowledgement should appear on the inside back page or cover.