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# CMS Manual System

## Pub. 100-08 Medicare Program Integrity

Transmittal 81

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

Date: JULY 23, 2004

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CHANGE REQUEST 3294

**I. SUMMARY OF CHANGES:** This CR puts into effect the implementation and guidelines for the Quarterly Strategy Analysis.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: August 23, 2004**

**\*IMPLEMENTATION DATE: August 23, 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	7/Table of Contents
N	7/8/The Quarterly Strategy Analysis
N	7/8.1/The QSA Format
N	7/8.1.1/Executive Summary
N	7/8.1.2/Problem Specific Activities
N	7/8.1.2.1/ Problem Specific Activity Definitions
N	7/8.1.3/Narrative

**\*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: Implementation of the Quarterly Strategy Analysis**

## I. GENERAL INFORMATION

**A. Background:** The problem-focused, outcome-based strategy (IOM 100-8, chapter 1) provides a continuous feedback process that will assist the contractor with the management of their MR/LPET programs. To assist in the feedback process, the contractor shall utilize a Quarterly Strategy Analysis (QSA). The goals of the QSA are to:

- Improve the quality of information that will assist in the creation of outcome-based strategies.
- Assist the contractor in monitoring progress toward resolution of targeted problems.
- Assist the contractor in performing analyses of the MR/LPET program and the allocation of resources.
- Provide CMS with more specific information on how program funds are being used to reduce the claims payment error rate.

The QSA should address each problem identified in the strategy and the progress toward the projected outcomes. Monitoring the actions taken toward rectifying targeted problems will allow for early evaluation of the effectiveness of the interventions used. Close monitoring of the progress toward projected outcomes is crucial in alerting the contractor's MR/LPET management of when shifts in workload, targets, or resources will be needed.

**B. Policy:** N/A

**C. Provider Education:** None.

## II. BUSINESS REQUIREMENTS

*"Shall" denotes a mandatory requirement*

*"Should" denotes an optional requirement*

Requirement #	Requirements	Responsibility
3294.1	The contractor shall develop and submit a QSA that focuses on the progress made in the implementation of the contractor's MR/LPET Strategy.	FI, carriers, DMERCs
3294.1.2	The contractor shall continually assess and evaluate the interventions being performed during the quarter to rectify the problems identified in their strategies.	FI, carriers, DMERCs

3294.1.3	The contractor shall utilize the QSA as an on-going tracking/reporting tool that spans across consecutive quarters and will not begin and end with the given fiscal year.	FI, carriers, DMERCs
3294.1.4	The contractor shall also address quality assurance (QA) monitoring activities being performed in concurrence with the strategy and chosen interventions.	FI, carriers, DMERCs
3294.2	The contractor shall address any shift in strategy in the QSA	FI, carriers, DMERCs
3294.2.1	The contractor shall identify the specific activity line(s) impacted (increased or decreased) and provide the rationale for any redistribution of workload and funds amongst the activity lines and contractor sites in the QSA.	FI, carriers, DMERCs
3294.2.2	The contractor medical review (MR) management shall provide an analysis of any site-specific variance between the fiscal year 2004 (FY 04) Notice of Budget Approval (NOBA) and the reported quarterly cumulative Interim Expenditure Report (IER) workload and costs.	FI, carriers, DMERCs
3294.2.2.1	Contractor MR/LPET management shall review the budget Variance Analysis Report and add or expound upon the explanations provided their by budget staff.	FI, carriers, DMERCs
3294.2.3	The contractor shall include with the variance analysis any corrective actions that are planned or implemented.	FI, carriers, DMERCs
3294.3	The contractor shall submit the QSA within 45 calendar days after the end of each quarter during the fiscal year.	FI, carriers, DMERCs
3294.3.1	The contractor shall send the completed QSA to their CMS Regional Office Medical Review Business Function Expert(s) at their respective email address(es), and to Central Office at: <a href="mailto:MRSTRATEGIES@cms.hhs.gov">MRSTRATEGIES@cms.hhs.gov</a> .	FI, carriers, DMERCs
3294.3.1.1	The subject line of the e-mail shall begin with the contractor name followed by "QSA" and then the identifying quarter.	FI, carriers, DMERCs
3294.4	The contractor shall include on the cover page the following information: <ul style="list-style-type: none"> <li>• Contractor Name</li> <li>• Contractor Number</li> <li>• Contactor Site</li> </ul>	FI, carriers, DMERCs

	<ul style="list-style-type: none"> <li>• Reporting Period</li> <li>• Report Coordinator Contact information (Name, Telephone number and e-mail address)</li> <li>• Date submitted</li> </ul>	
3294.5	The contractor shall include in the executive summary of the QSA a high-level summation of overall MR program requirements undertaken, and any progress, changes or updates since the submission of the MR/LPET Strategy or the last quarterly analysis.	FI, carriers, DMERCs
3294.5.1	The contractor shall list actions that have already been taken, that are currently in effect, and those actions planned for implementation in the future that will address the contractor's specific error rate.	FI, carriers, DMERCs
3294.5.2	The contractor shall utilize this analysis tool as the MR/LPET reporting mechanism for the CERT Error Rate Reduction Plan (ERRP).	FI, carriers, DMERCs
3294.5.3	The contractor shall also include in this section the above-mentioned analysis of cost and workload from the quarterly variance report.	FI, carriers, DMERCs
3294.6	The contractor will summarize in the QSA the activities taken to address each of the problems identified in the MR/LPET Strategy that the contractor focused on during the quarter.	FI, carriers, DMERCs
3294.6.1	<p>For each problem the contractor shall report on the following:</p> <ul style="list-style-type: none"> <li>– Problem description (include problem number as identified in the strategy)</li> <li>– Probe Reviews <ul style="list-style-type: none"> <li>○ Number Identified</li> <li>○ Number Initiated</li> <li>○ Number Completed</li> </ul> </li> <li>– Targeted reviews <ul style="list-style-type: none"> <li>○ Number Identified</li> <li>○ Number Initiated</li> <li>○ Number Completed</li> </ul> </li> <li>– Educational interventions <ul style="list-style-type: none"> <li>○ One-on-One Education <ul style="list-style-type: none"> <li>▪ Number of Teleconferences</li> <li>▪ Number of Face-to Face Meetings</li> </ul> </li> </ul> </li> </ul>	FI, carriers, DMERCs

	<ul style="list-style-type: none"> <li>▪ Number of Letters Sent</li> <li>▪ Number of Telephone Calls</li> <li>○ Group Education <ul style="list-style-type: none"> <li>▪ Number of Teleconferences</li> <li>▪ Number of Face-to-Face Meetings</li> <li>▪ Other Group Meetings</li> </ul> </li> <li>○ Electronic or Paper Media Educational documents <ul style="list-style-type: none"> <li>▪ Website Postings</li> <li>▪ Bulletins</li> <li>▪ Frequently Asked Questions</li> <li>▪ CBR</li> <li>▪ Other</li> </ul> </li> </ul>	
3294.6.2	The contractor shall use a spreadsheet to track the progress made on each problem throughout the fiscal year until the problem is resolved. The spreadsheet should not be greater than one page per problem.	FI, carriers, DMERCs
3294.7	The contractor shall include a narrative section with the QSA.	FI, carriers, DMERCs
3294.7.1	The contractor shall indicate the QA initiatives performed during the quarter in a narrative section.	FI, carriers, DMERCs
3294.7.2	The contractor shall discuss the effectiveness of educational interventions performed.	FI, carriers, DMERCs
3294.7.3	The contractor shall include actions that will continue or begin in the next quarter.	FI, carriers, DMERCs
3294.7.3.1	In addition, the contractor shall indicate when follow-up activities will occur, and the actions that will be taken.	FI, carriers, DMERCs
3294.7.3.2	The contractor shall update the analysis after the follow-up is complete and describe the results to provide closure to the problem.	FI, carriers, DMERCs
3294.7.4	The contractor shall indicate whether a LCD was generated or revised during the quarter as it relates to the problem addressed.	FI, carriers, DMERCs
3294.7.5	The contractor shall identify in this section those problems being addressed as a result of CERT findings.	FI, carriers, DMERCs
3294.7.6	The contractor shall address the evaluation	FI, carriers, DMERCs

	process and problem selection in the QSA.	
3294.7.6.1	Finally, as problems are resolved and closed, the problem list should be evaluated, re-prioritized and a new problem(s) initiated.	FI, carriers, DMERCs
3294.7.8	The contractor shall submit the narrative information as a separate attachment to each problem activity sheet.	FI, carriers, DMERCs

### III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

#### A. Other Instructions:

X-Ref Requirement #	Instructions
2	The contractor shall provide explanations for variances as defined by the parameters in the chart included in the manual instruction.
	This chart is included as a guideline to contractors for variance analysis reporting, and is not a required form to be completed or submitted with the QSA.
6	The contractor should use the format included in the manual instructions.

#### B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

#### C. Interfaces: N/A

**D. Contractor Financial Reporting /Workload Impact:** The contractor shall utilize financial reporting in their QSA.

#### E. Dependencies: N/A

#### F. Testing Considerations: N/A

### IV. SCHEDULE, CONTACTS, AND FUNDING

<b>Effective Date: August 23, 2004</b> <b>Implementation Date: August 23, 2004</b> <b>Pre-Implementation Contact(s): Stacy Holdsworth</b> <b>Post-Implementation Contact(s): Stacy Holdsworth</b>	<b>These instructions shall be implemented within your current operating budget.</b>
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# Medicare Program Integrity Manual

## Chapter 7 - MR Reports

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August 23, 2004)***

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## **7.8 – The Quarterly Strategy Analysis**

**(Rev. 81, Issued 07-23-04, Effective: August 23, 2004, Implementation: August 23, 2004)**

*The problem-focused, outcome-based strategy (IOM 100-8, Chapter 1) provides a continuous feedback process that will assist the contractor with the management of their MR/LPET programs. To assist in the feedback process, the contractor shall utilize a quarterly strategy analysis (QSA). The PSC's shall follow the QSA guidelines to the extent they can report on the elements they are responsible per their individual SOW. The goals of the QSA are to:*

- Improve the quality of information that will assist in the creation of outcome-based strategies.*
- Assist the contractor in monitoring progress toward resolution of targeted problems.*
- Assist the contractor in performing analyses of the MR/LPET program and the allocation of resources.*
- Provide CMS with more specific information on how program funds are being used to reduce the claims payment error rate.*

*The QSA shall address each problem identified in the strategy and the progress toward the projected outcomes. Monitoring the actions taken toward rectifying targeted problems will allow for early evaluation of the effectiveness of the interventions used. Close monitoring of the progress toward projected outcomes is crucial in alerting the contractor's MR/LPET management of when shifts in workload, targets, or resources will be needed. Shifts in the strategy are expected and should be identified in the QSA.*

*The contractor shall develop and submit a QSA that focuses on the progress made in the implementation of the contractor's MR/LPET Strategy. The QSA will be problem and outcome focused, and will continually assess and evaluate the interventions being performed during the quarter to rectify the problems. The QSA will be an on-going tracking/reporting tool that will span across consecutive quarters and will not begin and end with the given fiscal year. The contractor shall also address quality assurance (QA) monitoring activities being performed in concurrence with the strategy and chosen interventions. QA activities shall include any follow-up activities performed to ensure resolution of problems addressed in the past.*

*In analyzing the activities for each problem, it may become evident that there needs to be a shift in workload or focus. Any shift in strategy should be identified in the QSA. If a shift in strategy impacting workload and/or dollars becomes evident, the contractor shall identify the specific activity line(s) impacted (increased or decreased) and provide the rationale for any redistribution of workload and funds amongst the activity lines and contractor sites in the QSA. Any shift of this nature impacting workload and/or costs would necessitate an MR/LPET Strategy revision. In addition, the contractor shall provide an analysis of any site-specific variance between the fiscal year 2004 (FY 04)*



*notice of budget approval (NOBA) and the reported quarterly cumulative Interim Expenditure Report (IER) workload and costs. Furthermore, the contractor shall provide explanations for variances as defined by the parameters in the following chart.*

**Required Variance Analysis Reporting for Medical Review (MR) Activity Codes**  
*(use this as a guideline for Variance Analysis reporting only)*

	<b>Cost</b>	<b>Wrkld #1</b>	<b>Wrkld #2</b>	<b>Wrkld #3</b>
<b>21001 Automated Review</b>	+/- 5%			
<b>21002 Routine Manual Review</b>	+/- 5%	+/- 10%		
<b>21007 Data Analysis</b>	+/- 5%			
<b>21010 TPL</b>	+/- 5%	+/- 10%		
<b>21100 PSC Support Services</b>	+/- 5%			
<b>21206 Policy Reconsideration/Revision</b>	+/- 5%	+/- 10%		
<b>21207 MR Program Management</b>	+/- 5%			
<b>21208 New Policy Development</b>	+/- 5%	+/- 10%		
<b>21220 Complex Manual Probe Review</b>	+/- 5%	+/- 10%		
<b>21221 Prepay Complex Review</b>	+/- 5%	+/- 10%		
<b>21222 Postpay Complex Review</b>	+/- 5%	+/- 10%		

**Required Variance Analysis Reporting for Local Provider Education & Training (LPET) Activity Codes**

	<b>Cost</b>	<b>Wrkld #1</b>	<b>Wrkld #2</b>	<b>Wrkld #3</b>
<b>24116 One-on-One Provider Education</b>	+/- 5%	+/- 10%		
<b>24117 Education Delivered to a Group of Providers</b>	+/- 5%	+/- 10%		
<b>24118 Education Delivered via Electronic or Paper Media</b>	+/- 5%	+/- 10%		

- 1) *The contractor shall provide explanations for variances that fall outside of the above parameters*
- 2) *Please note that a variance analysis may not be required for NOBA/IER variance amounts < \$5,000*
- 3) *Please note that the variance analysis should be site specific.*
- 4) *A copy of the variance analysis should be sent to the regional office.*

*This chart is included as a guideline to contractors for variance analysis reporting, and is not a required form to be completed or submitted with the QSA. The contractor shall*

*include with the variance analysis any corrective actions that are planned or implemented. This process will allow the QSA to be the MR/LPET operations tool for analysis and reporting of variances by contractors, while the Variance Analysis Report (VAR) in CAFM II will be a contractor budget function. Contractor MR/LPET management shall review the budget VAR and add or expound upon the explanations provided their by budget staff. Since the PSC's are not responsible for reporting their costs by CAFM code, they are not required to follow the CAFM II reporting and variance elements of the QSA. However, if there is a variation in workload that will effect the MR/LPET Strategy at the PSC or the AC, the PSC shall be sure this is reflected in the QSA.*

*The contractor shall submit the QSA within 45 calendar days after the end of each quarter during the CMS fiscal year. The deadlines for submitting the QSA are as follows:*

*First quarter –February 15*

*Second quarter –May 15*

*Third quarter –August 15*

*Fourth quarter –November 15*

*Contractors shall send the completed QSA to their CMS Regional Office Medical Review Business Function Expert(s) at their respective email address(es), and to central office at: [MRSTRATEGIES@cms.hhs.gov](mailto:MRSTRATEGIES@cms.hhs.gov). The subject line of the e-mail shall begin with the contractor name followed by "QSA" and then the identifying quarter. PSCs shall see Appendix A of the PSC Umbrella SOW for reporting requirements.*

### ***7.8.1 - The QSA Format***

***(Rev. 81, Issued 07-23-04, Effective: August 23, 2004, Implementation: August 23, 2004)***

*The cover page shall contain the following information:*

- Contractor name;*
- Contractor number;*
- Contactor site;*
- Reporting period;*
- Report coordinator contact information (name, telephone number and e-mail address); and*
- Date submitted.*

#### ***7.8.1.1 – Executive Summary***

***(Rev. 81, Issued 07-23-04, Effective: August 23, 2004, Implementation: August 23, 2004)***

*The QSA is an outgrowth of the MR/LPET Strategy. The executive summary of the QSA shall provide a high-level summation of overall program requirements enacted, and any progress, changes or updates since the last quarterly analysis (or since submission of the MR/LPET Strategy). Program requirements include things such as program management, continuous quality improvement activities, and the Comprehensive Error Rate Test (CERT) findings. This allows contractors an opportunity to address important projects and CMS requirements that are not captured under the prioritized MR/LPET problem list and addressed in the Problem Specific Activities, section 7.8.1.3, and to provide additional information on problem specific activities that are not covered under the QSA criteria. For contractor specific error rates, the contractor shall list actions that have already been taken and that are currently in effect, as well as those actions planned for implementation in the future. The contractor shall utilize this analysis tool as the MR/LPET reporting mechanism for the CERT Error Rate Reduction Plan (ERRP). This section should include the above-mentioned analysis of cost and workload from the quarterly variance report. The quarterly variance report is not required by the PSCs.*

### ***7.8.1.2 – Problem Specific Activities***

***(Rev. 81, Issued 07-23-04, Effective: August 23, 2004, Implementation: August 23, 2004)***

*In accordance with the MR/LPET strategy process (IOM 100-8, chapter1), contractors shall develop a prioritized medical review problem list. The QSA will summarize the activities taken to address each of the problems identified in the MR/LPET Strategy that the contractor focused on during the quarter. For each problem the contractor shall report on the following:*

- Problem Description (include problem number as identified in the strategy)*
- Probe Reviews*
  - Number Identified*
  - Number Initiated*
  - Number Completed*
- Targeted Reviews*
  - Number Identified*
  - Number Initiated*
  - Number Completed*
- Educational Interventions*
  - One-on-One Education*

- *Number of Teleconferences*
- *Number of Face-to Face Meetings*
- *Number of Letters Sent*
- *Number of Telephone Calls*
  
- *Group Education*
  - *Number of Teleconferences*
  - *Number of Face-to-Face Meetings*
  - *Other Group Meetings*
  
- *Electronic or Paper Media Educational documents*
  - *Web site Postings*
  - *Bulletins*
  - *Frequently Asked Questions*
  - *CBR*
  - *Other*

*A spreadsheet shall track the progress made on each problem addressed until the problem is resolved. The spreadsheet should not be greater than one page per problem. Refer to the following chart for the recommended spreadsheet format.*

**CMS  
CONTRACTOR MEDICAL REVIEW**

**FY 2004 MR/LPET QUARTERLY STRATEGY ANALYSIS**

**CONTRACTOR NAME/NUMBER:** ANALYZE BY CONTRACTOR SITE

**PROBLEM DESCRIPTION:**

Activity	Quarter Ending 12/31/03	Quarter Ending 3/31/04	Quarter Ending 6/30/04	Quarter Ending 9/30/04
	Numeric Data	Numeric Data	Numeric Data	Numeric Data

**A. PROBE REVIEWS**

1. Number Identified				
2. Number Initiated				
3. Number Completed				

**FINDINGS AND FOLLOW-UP PLANS FOR PROBES SHALL BE REFERENCED IN NARRATIVE.**

**B. TARGETED REVIEW**

1. Number Identified				
2. Number Initiated				
3. Number Completed				

**RESULTS AND FOLLOW-UP PLANS FOR REVIEWS SHALL BE REFERENCED IN NARRATIVE.**

**C. EDUCATION**

**1. ONE-ON-ONE**

a. Number of Teleconferences				
b. Number of Face-to-Face Meetings				
c. Number of Letters Sent				
d. Number of Phone Calls				
<b>Total One-on-One Contacts</b>				

**FINDINGS AND FOLLOW-UP PLANS FOR EDUCATIONAL INTERVENTIONS MUST BE REFERENCED IN NARRATIVE. INDICATE WHEN THE FOLLOW-UP WILL OCCUR BY HIGHLIGHTING THE QUARTER. DISCUSS THE RESULTS OF THE FOLLOW-UP IN THE NARRATIVE FOR THIS PROBLEM.**

**2. GROUP**

a. Number of Teleconferences				
b. Number of Face-to-Face Meetings				
c. Other				
<b>Total Group Contacts</b>				

**FOR GROUP EDUCATIONAL ACTIVITIES INCLUDE THE COST OF THE EVENT (TOTAL ADJUSTED COST FOR LPET PORTIONS ONLY) AND THE NUMBER OF ATTENDEES IN THE NARRATIVE SECTION.**

**3. ELECTRONIC OR PAPER**

a. Web site postings				
b. Bulletin				
c. Frequently Asked Questions				
d. CBR				
e. Other				
<b>Total Publications</b>				

### **7.8.1.2.1 - Problem Specific Activity Definitions**

**(Rev. 81, Issued 07-23-04, Effective: August 23, 2004, Implementation: August 23, 2004)**

#### **A. Probe Reviews**

**1. Number Identified:** *The number of probe reviews cases that have been identified by the contractor through data analysis and earmarked as part of the medical review activities to address the particular medical review problem. A probe review case is a random sample of 20 to 40 claims in the case of a provider-specific problem, or 100 randomly sampled claims for a widespread or service-specific problem (see IOM 100-8, Chapter 3, §14).*

**2. Number Initiated:** *The number of probe review cases identified to address the particular medical review problem area for which substantive medical review resources have been deployed. In general, initiation of a probe case is usually the date a request for medical records is sent to the provider(s).*

**3. Number completed:** *For the purposes of reporting in the QSA, a probe case is considered completed when the medical review is concluded and corrective actions have been initiated. Examples of corrective action initiation include:*

- a) Initial educational feedback on the review findings and results have been supplied to the provider along with instructions on how to correct the problems and notification of any other corrective actions to be implemented as a result of the review,*
- b) Referrals for overpayment collection (as applicable) have been made,*
- c) Referrals for targeted prepayment medical review (as applicable) have been made,*
- d) Referrals for follow-up action (as applicable) have been made (e.g., in the case of no prepay review, a referral has been made to the data analysis area for follow-up; or referral for follow-up probe review has been made to the appropriate medical review area),*
- e) Referrals for quality of care or QIO (as applicable) have been made, and*
- f) Referrals for any other category of corrective action have been made.*

#### **B. Targeted Review**

**1. Number Identified:** *The number of providers that have been identified through probe review (or other method) as billing in error for a particular service or services, and referred for placement on targeted medical review as a means of corrective action to address the particular medical review problem area. In the case of more than one service, the range of services must all be part of a general heading of services that can be grouped under the particular medical review problem (e.g., physical medicine & rehabilitation as a medical review problem area may include a range of services being supplied by a provider such as 97110-97112, 97116, 97140 and 97530).*

*In addition, targeted medical review could also be directed toward a specific service or group of services that can be included under the general heading of the particular medical review problem, having been validated as a widespread problem through probe review. For example, with physical medicine & rehabilitation as a widespread medical review problem area and the range of services including 97110-97112, 97116, 97140 and 97530, the number of services identified for this problem area would 5.*

**2. Number Initiated:** *The number of providers or services identified for placement on targeted medical review to address the particular medical review problem area and for which a screen or suspension of claims has been initiated.*

**3. Number Completed:** *For the purposes of reporting in the QSA, a targeted medical review case is considered completed when data analysis shows there is no longer an aberrance in billing patterns, denial rates for claims included in the targeted review are at or below an acceptable threshold, and the screen has been deactivated for the provider or service(s).*

## **C. Education**

### **1. One-On-One:**

**a. Number of Teleconferences:** *These are the number of one-on-one educational contacts conducted through the use of teleconferencing technology in providing educational information to an individual provider for the purposes of addressing the particular medical review problem area. Use of teleconferencing capabilities, such as video conferencing, typically costs more than conventional telephone communication, and involves more than one person on the contractor's staff providing educational information directed specifically to an individual provider. No other providers may be included in these meetings in order for them to be counted as one-on-one teleconferences. These teleconferences may include educational information on other topics. However, for the purpose of being counted in this category for the QSA, the particular medical review problem area must be addressed as a topic in the teleconference. To be addressed as a topic in the teleconference, discussion must include medical review findings related to the specific medical review problem(s), along with instructions to the provider on how to correct the problem(s).*



**b. Number of Face-To-Face Meetings:** *These are the number of face-to-face meetings with individual providers conducted in order to provide educational information for the purpose of addressing the particular medical review problem area. For one-on-one education counted under face-to-face meetings, each meeting must be directed specifically at an individual provider and may not include any other providers in the meeting. These meetings may include educational information on other topics. However, for the purpose of being counted in this category for the QSA, the particular medical review problem area must be addressed as a topic in the meeting. To be addressed as a topic in the meeting, discussion must include medical review findings related to the specific medical review problem(s), along with instructions to the provider on how to correct the problem(s).*

**c. Number of Letters Sent:** *These are the number of one-on-one educational contacts made via written letters directed and addressed specifically to individual providers in order to address the particular medical review problem area. Each letter must be addressed to a specific individual provider, and must focus on medical review findings related to the specific medical review problem(s), along with instructions on how the provider can correct the problem(s).*

**d. Number of Phone Calls:** *These are the number of one-on-one educational contacts made through telephone communication with individual providers for the purpose of addressing the particular medical review problem area. Each of these telephone contacts must be with individual providers, and must focus on medical review findings related to the particular medical review problem area, along with instructions on correcting the problem(s).*

## **2. Group:**

**a. Number of Teleconferences:** *These are the number of group educational contacts conducted through the use of teleconferencing or videoconferencing technology in providing educational information to groups of providers for the purposes of addressing the particular medical review problem area. These teleconferences may include educational information on other topics. However, for the purpose of being counted in this category for the QSA, the particular medical review problem area must be addressed as a topic in the teleconference. To be addressed as a topic in the teleconference, discussion must include medical review findings related to the specific medical review problem(s), along with instructions on how providers can correct the problem(s).*

**b. Number of Face-To-Face Meetings:** *These are the number of live, interactive group meetings facilitated by in-person moderators that provide educational information to groups of providers for the purposes of addressing the particular medical review problem area. These include seminars and workshops in which contractor personnel provide educational information and moderate interactive discussions. These face-to-face meetings may include educational information on other topics. However, for the purpose of being counted in this category for the QSA, the particular medical review*

*problem area must be addressed as a topic in the meeting. To be addressed as a topic in the meeting, discussion must include medical review findings related to the specific medical review problem(s), along with instructions on how providers can correct the problem(s).*

***c. Other:** These are the number of group educational activities in which educational information is supplied to groups of providers for the purposes of addressing the particular medical review problem area, and which are not included under group teleconferences or group face-to-face meetings. In order to be included under this category for group educational activities, there must be live interaction between educational staff and a group of providers. A computer module with the capacity to educate many providers simultaneously would not be included here because there is not live, spontaneous interaction between educational staff and providers. The activities counted under this category may include educational information on other topics. However, the particular medical review problem area must be addressed as a topic. To be addressed as a topic, discussion must include medical review findings related to the specific medical review problem, along with instructions on how providers can correct the problem(s).*

### **3. Electronic or Paper**

***a. Web site Postings:** These are the number of articles, advisories, bulletins, LCDs, LCD revisions, comparative billing reports, and other postings to the contractor's Web site that address the particular medical review problem area. For example, if an LCD revision and an article concerning a particular medical review problem area was posted on the contractor's Web site during the quarter, this would count as two postings on the QSA for that particular problem. By addressing the specific medical review problem(s), Web site postings counted here should include educational information on medical review findings related to the issue and instructions on how providers can correct the problem(s).*

***b. Bulletin, Articles, Advisories:** These are the number of hard copy, printed bulletins, articles and/or advisories published by the contractor that address the particular medical review problem area. By addressing the specific medical review problem(s), bulletins counted here should include information on medical review findings related to the issue and instructions on how providers can correct the problem(s). If multiple articles addressing a medical review problem or problems are published in a single bulletin during the quarter, count each article. If a single article addressing a medical review problem or problems is published in more than one bulletin during the quarter, count each article.*

***c. Frequently Asked Questions:** This is the number of Frequently Asked Questions (FAQ) that are part of the FAQ system issued by the contractor that address the particular medical review problem area. By involving the specific medical review problem(s), FAQs counted here should include information on medical review findings related to the issue and instructions on how providers can correct the problem(s).*

*d. **Comparative Billing Reports:** These are the number of hard copy, printed CBRs issued to a group of providers involving the particular medical review problem area. The CBRs that are part of a one-on-one educational effort with an individual provider concerning the specific medical review problem(s) are not included here.*

*e. **Other:** These are the number of electronic and/or paper communiqués, including electronic mailing list server (LISTSERV) communications and scripted responses utilized by customer service staff, that involve the particular medical review problem area and which are not captured by any of the categories above for electronic or paper education. By addressing the specific medical review problem(s), activities counted here should include educational information on medical review findings related to the issue and instructions on how providers can correct the problem(s).*

### **7.8.1.3 – Narrative**

**(Rev. 81, Issued 07-23-04, Effective: August 23, 2004, Implementation: August 23, 2004)**

*In a narrative for each problem, the contractor shall provide continuous feedback for that particular problem. The narrative will be the mechanism for the contractor to communicate changes in problem priority, rationale for variances, or any other item the contractor feels would be beneficial to the problem at hand. The contractor shall include in the narrative any QA initiatives performed during the quarter. In particular, the contractor shall discuss the effectiveness of educational interventions performed. The contractor shall include actions that will continue or begin in the next quarter. In addition, the contractor shall indicate when follow-up activities will occur, and the actions that will be taken. The contractor shall update the analysis after the follow-up is complete and describe the results to provide closure to the problem. Furthermore, the contractor shall indicate whether a LCD was generated or revised during the quarter as it relates to the problem addressed. In addition, this section shall identify those problems being addressed as a result of CERT findings.*

*Finally, as problems are resolved and closed, the problem list should be evaluated, re-prioritized and a new problem(s) initiated. The contractor shall address the evaluation process and problem selection in the QSA.*