

# Medicare Program Integrity Manual

## Chapter 11 - Fiscal Administration

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### Table of Contents

(Rev. 71, 04-09-04)

#### 11.1 - Medical Review (MR) Workload, Cost, and Savings Allocation

##### 11.1.1 - MR Overview

##### 11.1.2 - Reporting MR Workload and Cost Information and Documentation in CAFM

##### 11.1.3 - Prepay Review for MR Purposes

##### 11.1.3.1 - Automated Review Workload and Cost (Activity Code 21001)

##### 11.1.3.2 - Routine Manual Prepay Review Workload and Cost (Activity Code 21002)

##### 11.1.3.3 - Prepay Complex Manual Probe Sample Review Workload and Cost (Activity Code 21201)

##### 11.1.3.4 - Prepay Complex Manual Provider Specific Review Workload and Cost (Activity Code 21202)

##### 11.1.4 - Data Analysis Costs (Activity Code 21007)

##### 11.1.5 - Policy Development Activities Workload and Cost (Activity Code 21008)

##### 11.1.5.1 - New Policy Development Activities (Activity Code 21208)

##### 11.1.5.2 - Policy Reconsideration/Revision Activities (Activity Code 21206)

##### 11.1.6 - Third Party Liability or Demand Bills Workload and Cost (Activity Code 21010)

##### 11.1.7 - Postpayment Claim Review Activities for MR Purposes

##### 11.1.7.1 - Routine Manual Postpayment Claims Review Workload and Costs (Activity Code 21030)

##### 11.1.7.2 - Complex Manual Provider-Specific Postpayment Claims Review Workload and Costs (Activity Code 21031)

##### 11.1.7.3 - Complex Manual Service-Specific Postpayment Claims Review Workload and Costs (Activity Code 21032)

##### 11.1.7.4 - Postpay Complex Manual Probe Sample Review (Activity Code 21205)

##### 11.1.8 - Program Safeguard Contractor (PSC) Support Activities (Activity Code 21100)

##### 11.1.9 - MR Workload Management (Activity Code 21207)

##### 11.1.10 - Corporate Activities (Activity Code 21209)

##### 11.1.11 - Reporting MR Savings in CROWD

#### 11.2 - Local Provider Education and Training (LPET) Workload, Cost and Savings Allocation

##### 11.2.1 - LPET Overview

##### 11.2.2 - Reporting LPET Workload and Cost Information and Documentation in CAFM II

##### 11.2.3 - CAFM II Reporting Instructions for LPET Activities **11.2.3.1 - Analysis of Information to Identify Local Education Needs- Activity Code 24108**

##### 11.2.3.2 - LPET Workload Management - Activity Code 24112

11.2.3.3 - Provider-Specific Education - Activity Code 24101  
11.2.3.4 - Comparative Billing Report (CBR) Education - Activity Code 24102  
11.2.3.5 - Education of Identified Service Specific - Activity Code 24103  
11.2.3.6 - Comprehensive Education Interventions - Activity Code 24113  
11.2.3.7 - Proactive Local Education Meetings - Activity Code 24104  
11.2.3.8 - Frequently Asked Questions Regarding Local Education Issues -  
Activity Code 24106  
11.2.3.9 - Bulletin Articles/Advisories Regarding Local Education Issues -  
Activity Code 24107  
11.2.3.10 - Scripted Response Documents on Local Education Issues - Activity  
Code 24115

## **11.1 - Medical Review (MR) Workload, Cost, and Savings Allocations** **(Rev. 71, 04-09-04)**

Effective October 1, 2003 all shared systems will be updated to provide contractors with required activity code data. This includes:

- providing more investigation indicators
- combining Participating and non-Participating data
- developing a mechanism to differentiate the initiation of MR.
- creating one data set

Until that time, contractors should report to the extent possible.

### **11.1.1 – MR Overview** **(Rev. 71, 04-09-04)**

This chapter of the PIM lists the requirements contractors must follow when allocating MR Costs, Savings and Workload to the MR activities in CAFM and CROWD. These requirements formerly appeared in MCM, Part 1, 4213; MIM, Part 1, 1213 and the MR Budget and Performance Requirements (BPRs). Contractors must allocate to the MR activity code in CAFM only the workload and costs associated with MR tasks. Contractors must allocate to the MR line in CROWD only these savings that are generated by MR tasks. For example:

- If a nurse reviewer spends 90% of her time performing complex manual prepay provider specific medical reviews and 10% of her time performing appeal reviews at the request of the appeals unit, the contractor must allocate 90% of this nurse's salary/fringes to 21202 and the 10% to the appropriate appeals activity code.
- If a non-clinician medical reviewer spends 80% of his time performing Routine Manual Coverage reviews and 20% of his time performing suspect duplicate reviews, the contractor must allocate 80% of this reviewer's salary/fringes to 21002 and the 20% to the appropriate claims processing activity code.
- If a nurse reviewer spends 70% of her time performing complex postpay claim review for the purpose of making a coverage determination on a provider who has been selected for targeted PCA review and 30% of her time performing prepay reviews at the request of the BI unit, the contractor should report 70% to the appropriate postpay MR code (21030, 21031, 21032) and 30% to 23007.

For those MR costs that affect all MR activities (e.g., the MR Manager, Quality Improvement (QI) activities, ISO 9000 certification), contractors are encouraged to spread the cost allocation evenly across all MR activity codes. However, if the contractor's system prevents this from occurring, the contractor may allocate the costs to

a single activity code at the contractor's discretion. If the contractor must allocate these costs to a single activity code, they should provide written notice to their regional office and to CMS central office to assist in reviewing these costs.

### **11.1.2 –Reporting MR Workload and Cost Information and Documentation in CAFM**

**(Rev. 71, 04-09-04)**

Workload information and associated workload cost information must be maintained on-site by all MR contractors. Contractors that maintain multiple MR processing sites must assure the presence of workload information and associated workload cost information at each of their sites. Each site should maintain records of its own workload information and associated workload cost information as well as records of MR workload information and associated workload cost information for all other sites maintained by the same contractor. The regional and/or central office can request this information at any time, therefore, contractors should be able to provide this information on an on-going basis.

At a minimum, contractors' MR workload records must include workload information captured by the Interim Expenditure Report (IER). Only costs (direct, indirect, overhead) incurred to support MR activities are reported on the MR line. Contractors are responsible for ensuring the accuracy of the information contained in CAFM II. The contractor must alert the RO (*for PSCs, the GTL, Co-GTL, and SME*) to any software or hardware problems that hinder the contractor's ability to report accurate data in CAFM II. The contractor should cc MROperations@CMS.HHS.gov.

### **11.1.3 - Prepay Review for MR Purposes**

**(Rev. 71, 04-09-04)**

The review of a claim for MR purposes is only counted as medically reviewed once no matter how many times the same claim is reviewed during claims processing. MCS users will be exempt from this requirement until October 1, 2003. Effective October 1, 2003 the MCS system shall be revised to deny as duplicate a newly submitted claim against a claim that has been denied, medically reviewed, or where documentation was requested but not received.



#### **11.1.3.1 - Automated Prepay Review Workload and Cost (Activity Code 21001)**

**(Rev. 71, 04-09-04)**

Contractors must report the costs associated with automated review including personnel to install and activate supplemental edit software in Activity Code 21001. In the workload section of the CAFM II, Activity Code 21001, contractors should report the number of claims denied in whole or in part in Workload 1. To the extent the contractor

can report claims subjected to automated review, this number should be reported in Workload 2. To the extent the contractor can report providers subject to automated review, this number should be reported in Workload 3. (PIM Ch.3, §3.4.5) Effective October 1, 2003 the MCS system shall be revised to allow users to report Activity Code 21001 Workload 3.

### **11.1.3.2 - Routine Manual Prepay Review Workload and Cost (Activity Code 21002)**

**(Rev. 71, 04-09-04)**

Contractors must report all costs associated with routine manual prepay reviews in Activity Code 21002. In the workload section of CAFMII, Activity Code 21002, report the number of claims reviewed in Workload 1. Contractors should report number of claims denied in whole or in part in Workload 2. To the extent the contractor can report providers subjected to routine review, they should report this number in Workload 3. (PIM Ch3. §3.4.5) Effective October 1, 2003, the MCS system shall be revised to allow users to report Activity Code 21002 Workload 3.

### **11.1.3.3 - Prepay Complex Manual Probe Sample Review (Activity Code 21201)**

**(Rev. 71, 04-09-04)**

Report all costs associated with prepay complex manual probe sample review in Activity Code 21201. In the workload section of CAFM II, Activity Code 21201, report the number of claims reviewed in Workload 1. Report the number of claims denied in whole or in part in Workload 2. To the extent the Carrier and DMERC can report providers subjected to complex review, they should report this number as Workload 3.

### **11.1.3.4 - Prepay Complex Manual Provider Specific Review (Activity Code 21202)**

**(Rev. 71, 04-09-04)**

Report all costs associated with prepay complex manual provider specific review in Activity Code 21202. In the workload section of CAFM II, Activity Code 21202, report the number of claims reviewed in Workload 1. Report the number of claims denied in whole or in part in Workload 2. To the extent the Carrier and DMERC can report providers subjected to complex review, they should report this number as Workload 3.

### **11.1.3.5 - Prepay Complex Manual Service Specific Review (Activity Code 21203)**

**(Rev. 71, 04-09-04)**

Report all costs associated with prepay complex manual service specific review in Activity Code 21203. In the workload section of CAFM II, Activity Code 21203, report the number of claims reviewed in Workload 1. Report the number of claims denied in whole or in part in Workload 2. To the extent the Carrier and DMERC can report providers subjected to complex review, they should report this number as Workload 3.

#### **11.1.4 - Data Analysis Costs (Activity Code 21007)**

**(Rev. 71, 04-09-04)**

Contractors must report all costs associated with data analysis activities in CAFMII Activity Code 21007 **except** for data analysis associated with benefit integrity and law enforcement support. There is no final claims workload to be reported for this activity.

#### **11.1.5 - Policy Development Activities Workload and Cost (Activity Code 21008)**

**(Rev. 71, 04-09-04)**

##### **11.1.5.1 - New Policy Development Activities (Activity Code 21208), (Rev. 71, 04-09-04)**

Report all costs associated with new LMRP development activity in CAFM II Activity Code 21208. Report the number of new policies that were presented for notice and comment as Workload 1. Report the number of policies that became effective as Workload 2.

##### **11.1.5.2 - Policy Reconsideration/Revision Activities (Activity Code 21206)**

**(Rev. 71, 04-09-04)**

Report all costs associated with reconsiderations and revisions to LMRP in CAFM II Activity Code 21206. Include reconsideration requests made as a result of PIM Chapter 13 Section 13.10. Report the total number of policies revised in Workload 1. Report the number of policies revised that required notice or comment as Workload 2. Report the number of policies revised due to an outside request (e.g., beneficiary or provider request) in Workload 3.

#### **11.1.6 - Third Party Liability or Demand Bills Workload and Cost (Activity Code 21010)**

**(Rev. 71, 04-09-04)**

Intermediaries must report only the workload and costs associated with the medical review of third party liability claims and the workload and costs associated with the medical review of demand bills. Funding for claims processing and the appeals for third party liability and demand bills must be funded through program management.

Intermediaries must report the costs associated with the medical review of third party liability and the medical review of demand bills in Activity Code 21010. In the workload section of the CAFMII, in Activity Code 21010 intermediaries must report the total number of claims reviewed, i.e., third party liability claims plus claims for demand bills, in Workload 1. Intermediaries must report the number of claims denied in whole or in part in Workload 2. Intermediaries must report demand bills (claims) reviewed in Workload 3.

### **11.1.7 - Postpayment Claim Review Activities for MR Purposes (Rev. 71, 04-09-04)**

Contractors must report all costs associated with the postpayment medical review of claims, e.g., sampling design and execution; claims examination, reviewing medical records and associated documentation; assessing overpayments; and contacting providers to notify them of overpayment assessment decisions. All costs associated with collecting the overpayment should be allocated to the appropriate overpayment collection CAFMII activity code.

#### **11.1.7.1 - Routine Manual Postpayment Claims Review Workload and Cost (Activity Code 21030) (Rev. 71, 04-09-04)**

Contractors must report all costs associated with routine manual postpayment claims review in Activity Code 21030. In the workload section of Activity Code 21030, contractors must report the total number of claims reviewed on a postpayment basis as Workload 1, and report the total number of claims denied in whole or in part as Workload 2. To the extent contractors can report providers subjected to postpayment review, they should report this number as Workload 3.

#### **11.1.7.2 - Complex Manual Provider - Specific Postpayment Claims Review Workload and Cost (Activity Code 21031) (Rev. 71, 04-09-04)**

Complex manual, provider specific reviews include review of medical records and other pertinent clinical information associated with a specific provider claim.

Contractors must report all costs associated with complex manual provider-specific postpayment claims review in Activity Code 21031. In the workload section of Activity

Code 21031, contractors must report the total number of claims reviewed on a postpayment basis as Workload 1, and report the total number of claims denied in whole or in part as Workload 2. To the extent contractors can report providers subjected to postpayment review, they should report this number as Workload 3. Effective October 1, 2003 the MCS system will be revised to allow users to report Activity Code 21031 Workload 3.

Contractors must keep a record of their postpayment review workload using miscellaneous codes in CAFMII for the following information: the number of consent settlements offered (Miscellaneous Code 21031/01), the number of consent settlements accepted (Miscellaneous Code 21031/02), and the total number of statistical samples for each overpayment extrapolation (formerly statistically valid random samples (SVRS) selected during the month. (Miscellaneous Code 21031/03). (PIM Ch. 3, §3.6)

### **11.1.7.3 - Complex Manual Service - Specific Postpayment Claims Review Workload and Cost (Activity Code 21032)** **(Rev. 71, 04-09-04)**

Complex manual, service specific review includes review of medical records and other pertinent clinical information associated with the provision of a specific item or service regardless of the provider(s) of the items or services.

Contractors must report all costs associated with complex manual service-specific postpayment claims review in Activity Code 21032. In the workload section of Activity Code 21032, contractors must report the total number of claims reviewed on a postpayment basis as Workload 1, and report the total number of claims denied in whole or in part as Workload 2. To the extent contractors can report providers subjected to postpayment review, they should report this number as Workload 3. Effective October 1, 2003 the MCS system will be revised to allow users to report Activity Code 21032 Workload 3.

Contractors who are selected for participation in the OIG's CFO Error Rate Audit should count these services as 21032 workload and costs.

### **11.1.7.4 - Postpay Complex Manual Probe Sample Review (Activity Code 21205)** **(Rev. 71, 04-09-04)**

Contractors must report all costs associated with postpay complex manual probe sample reviews in Activity Code 21205. In the workload section of CAFM II, Activity Code 21205, report the number of claims reviewed in Workload 1. Report the number of claims denied in whole or in part in Workload 2. To the extent the Carrier and DMERC can



report providers subjected to complex review, they should report this number as Workload 3.

### **11.1.8 - Program Safeguard Contractor (PSC) Support Activities (Activity Code 21100)**

**(Rev. 71, 04-09-04)**

For FY 2002, contractors should begin tracking and recording costs associated with providing support services to PSCs (e.g., pulling records, xeroxing, mailing, record review). The total amount spent providing support services to all PSCs should be recorded under Activity Code 21100. In addition, contractors must report the cost of providing support services to the specific PSC listed below under the appropriate Miscellaneous Codes) (e.g., any support work done for the WIC is to be reported in Miscellaneous Code 21100/06).

#### A - Miscellaneous Codes for Activity Code 21100

- 21100/01 - Y2K PSC
- 21100/02 - Profider Education
- 21100/03 - Review of Providers Subject to Corporate Integrity Agreements
- 21100/04 - Statistical Analysis Center
- 21100/05 - Comprehensive Error Rate Testing Program
- 21100/06 - Western Integrity Center
- 21100/07 - Therapy Services PSC

### **11.1.9 – Reporting MR Savings in CROWD**

**(Rev. 71, 04-09-04)**

Contractors must report all costs associated with MR workload management including the development of the QI plan, MR strategy, QI outcome report and workload determinations in CAFM II Activity Code 21207. There is no workload to be reported for this activity.

### **11.1.10 - Corporate Activities (Activity Code 21209)**

**(Rev. 71, 04-09-04)**

Contractors must report all costs associated with those corporate functions not directly benefiting MR, but that must be attended to by MR staff directly charged with other MR activity codes in CAFM II Activity Code 21209. These corporate activities must be otherwise allowable and allocable to the Medicare line of business. There is no workload to be reported for this activity.

### **11.1.11 - Reporting MR Savings in CROWD**

**(Rev. 71, 04-09-04)**

Contractors must report in CROWD only those actual savings that are generated from MR prepay and postpay reviews (21001, 02, 03, 10, 30, 31, 32).

Include as MR Savings the following:

- Actual Savings that result from all coverage and coding reviews done for MR purposes. Include all benefit category, statutory exclusion and reasonable and necessary reviews done for MR purposes.

Contractors shall not include as MR savings:

- Avoided costs (e.g. a reduction in the number of claims submitted, compared to historical patterns, attributed to a new or revised LMRP should not be considered "savings.")
- Savings that result from coverage or coding reviews performed at the request of the fraud unit.
- Savings that result from any review other than coverage or coding.

### **11.2 - Local Provider Education and Training (LPET) Workload, Cost and Savings Allocation**

**(Rev. 71, 04-09-04)**

Effective October 2002, contractors are required to incorporate Activity Based Costing (ABC) in the budget process. ABC is a management reporting system that will allow contractors to focus on the costs of the work activities instead of concentrating on the standard cost centers associated with the traditional cost accounting structure. ABC identifies an all inclusive business process for each activity so that the total costs of the activity are fully visible to the LPET business manager. Please refer to Medicare Financial Management Manual, [www.cms.gov/manuals/106\\_financial/fin106index.asp](http://www.cms.gov/manuals/106_financial/fin106index.asp) Chapters 1,2, 5 and 6 for more detailed explanation of ABC.

#### **11.2.1 - LPET Overview**

**(Rev. 71, 04-09-04)**

Please see Chapter 1, Section [1.4 www.cms.gov/manuals/108\\_pim/pim83c01.asp#Sect5](http://www.cms.gov/manuals/108_pim/pim83c01.asp#Sect5) of this manual for detailed overview of the LPET Program. This chapter lists the requirements contractors must follow when allocating LPET costs and workload to the LPET activities in CAFM II. Contractors must allocate to the LPET activity code in

CAFM II only the workload and costs associated with LPET tasks. For FY 2003, CMS will fund each contractor's level of effort used to reduce the claims payment error rate by providing educational services through the MIP budget. Each contractor will be given a specified maximum budget for LPET activities.

### **11.2.2 - Reporting LPET Workload and Cost Information and Documentation in CAFM II**

**(Rev. 71, 04-09-04)**

Workload information and associated workload cost information must be maintained on site by all LPET contractors. Contractors that maintain multiple LPET sites, as defined by contractor number, must assure the presence of workload information and associated workload cost information at each of their sites. Each site should maintain records of its own workload information and associated workload cost information as well as records of LPET workload information and associated workload cost information for all other sites maintained by the same contractor. The Regional and or Central Office can request this information at any time, therefore contractors should be able to provide this information on an on-going basis.

Contractors with multiple LPET sites, defined by contractor number, must maintain workload information and associated workload cost information on-site. The Regional and/or Central Office can request this information at any time; therefore, contractors should be able to provide this information on an on-going basis. ABC must be used to report cost information in CAFM II.

The contractors' LPET workload records must include workload information captured by the Interim Expenditure Report (IER). Only costs (direct, indirect, overhead) incurred in LPET activities are reported in CAFM II activity codes. Contractors are responsible for ensuring the accuracy of the information contained in CAFM II. The contractor must alert the RO (*for PSCs, the GTL, Co-GTL, and SME*) to any software or hardware problems that hinder the contractor's ability to report accurate data on CAFM II.

Since LPET is related to medical review activities, Joint Operating Agreements between Program Safeguard Contractors (PSC) and Affiliated Contractors (AC) should reflect proportionate allocation of tasks delineated to MR and LPET. When negotiating Joint Operating Agreements, the PSC should be cognizant of their task order.

### **11.2.3 - CAFM II Reporting Instructions for LPET Activities**

**(Rev. 71, 04-09-04)**

#### **SUMMARY OF LPET CAFM II ACTIVITY CODE DEFINITIONS FOR INTERIM EXPENDITURE REPORTS**

<b>Activity Code</b>	<b>Definition</b>	<b>Workload 1</b>	<b>Workload 2</b>	<b>Workload 3</b>
24001	DELETED			
<b>LPET ACTIVITIES</b>				
24101	Provider-Specific Education	Number of providers educated	Number of provider-specific educational contacts made	Number of face-to-face contacts
24102	Comparative Billing Report Education	Number of providers that received CBR education for reports 1 and 3	Number of providers that received requested CBR education	Number of distinct procedure codes that were the subject of CBR for reports 1 and 3
24103	Education of identified service-specific errors	Number of separate topics where educational materials produced	N/A	N/A
24104	Proactive Local Educational Meetings	Number of contractor initiated workshops/seminars/classes held	Number of contractor initiated other face-face meetings	Number of provider requested local educational meetings
24106	Frequently Asked Questions re: Local Education Issues	Number of monthly new Frequently Asked Questions	N/A	N/A
24107	Bulletin Articles/Advisories re: Local Education Issues	Number of bulletin articles published	N/A	N/A
24108	Analysis of Information re: Local Education Issues	N/A	N/A	N/A
24112	LPET Workload	N/A	N/A	N/A
24113	Management Comprehensive Educational Interventions	Number of providers that received CEI	Number of CEI programs developed in whole or in part.	N/A
24115	Scripted Response	Number of documents	N/A	N/A

	Documents on Local Education Issues	developed		
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**11.2.3.1 - Analysis of Information to Identify Local Education Needs - Activity Code 24108**

**(Rev. 71, 04-09-04)**

The analysis of information must be from a wide variety of sources in order to identify LPET needs. Contractors should analyze information available from the results of medical claim review, medical review data analysis and PCOM data analysis. These data analysis activities are described by CAFM II code 21007 and 25102, respectively.

Report the additional costs associated with the analysis of information to identify local education needs in CAFM II activity code 24108. Do not report here costs with generating underlying data. Those costs are reported in CAFM II activity code 21007 or 25102. There is no workload to be reported for this activity.

**11.2.3.2 - LPET Workload Management - Activity Code 24112**

**(Rev. 71, 04-09-04)**

Report all costs associated with workload management of local education activities including the development of the LPET Strategy, LPET QIP plan, LPET staff development and training, workload determinations, and outcome measures in CAFM II activity code 24112. There is no workload to be reported for this activity.

**11.2.3.3 - Provider Specific Education - Activity Code 24101**

**(Rev. 71, 04-09-04)**

Report the costs associated with provider specific education in CAFM II activity code 24101. In the workload section of CAFM II, activity code 24101, contractors should report the number of providers educated in Workload 1. Report the total number of provider-specific educational contacts (either in person or through telephone or written correspondence) made in Workload 2. Report the number of face-to-face meetings in Workload 3. Contractors may NOT charge a fee for providing this mandatory activity.

**11.2.3.4 - Comparative Billing Report (CBR) Education - Activity Code 24102**

**(Rev. 71, 04-09-04)**

Report all costs associated with the dissemination and education regarding CBRs in Activity Code 24102. Do not report any costs associated with the underlying data analysis required to produce a CBR. Data analysis costs should be reported in MR CAFM II activity code 21007 for reports 1 and 3 (PIM Chapter 1 Section 1.4A). Show as a credit any fees paid for requested CBRs (report 2). These fees should include the data analysis necessary to produce these requested reports. In the workload section of CAFM II, Activity Code 24102, report the number of providers that received CBR education with reports 1 and 3 in Workload 1. In the workload section of CAFM II, Activity Code 24102, report the number of providers that received requested CBR education with report 2 in Workload 2. Contractors should report the number of distinct procedure codes that were the subject of CBR education for reports 1 and 3 in Workload 3.

### **11.2.3.5 - Education of Identified Service Specific Errors - Activity Code 24103**

**(Rev. 71, 04-09-04)**

Report all costs associated with education of identified service-specific errors in Activity Code 24103. In the workload section of CAFM II, Activity Code 24103, report the number of separate topics where educational materials were produced/published in Workload 1.

### **11.2.3.6 - Comprehensive Educational Interventions - Activity Code 24113**

**(Rev. 71, 04-09-04)**

Report all costs associated with comprehensive educational interventions in Activity Code 24113. In the workload section of CAFM II, Activity Code 24113, report the number of providers that received comprehensive educational interventions in Workload 1. Report the number comprehensive educational intervention programs developed and finalized in Workload 2.

### **11.2.3.7 - Proactive Local Educational Meetings - Activity Code 24104**

**(Rev. 71, 04-09-04)**

Report all costs associated with proactive educational meetings in CAFM II Activity Code 24104. Show as a credit here any fees paid for provider-requested Local Education Meetings. In the workload section of CAFM II, Activity Code 24104, report the number of contractor initiated local educational workshops/seminars or classes held in Workload 1. Report the number of other contractor initiated local educational face-to-face meetings in Workload 2. Report the total number of provider-requested local educational meetings in Workload 3.

**11.2.3.3.8 - Frequently Asked Questions Regarding Local Education Issues - Activity Code 24106**

**(Rev. 71, 04-09-04)**

Beginning in 2003, contractors will be required to submit to CMS those FAQs appearing on contractors websites that address local coverage/coding/medical review related claims and billing issues. The vehicle for communicating this information to CMS will be a web-based application into which the contractor will cut/paste. Detailed instructions are in CR 2238, PM AB-02-098. Report all costs associated with Frequently Asked Questions activity in CAFM II Activity Code 24106. Report the number of new Frequently Asked Questions as Workload 1.

**11.2.3.9 - Bulletin Articles/Advisories Regarding Local Education Issues - Activity Code 24107**

**(Rev. 71, 04-09-04)**

Beginning in 2003, contractors will be required to submit to CMS those bulletin articles/advisories appearing on contractors websites that address local coverage/coding/Medical Review related claims and billing issues. The vehicle for communicating this information to CMS will be a web-based application into which the contractor will cut/paste. Detailed instructions are forthcoming. Report all costs associated with the local education portion of bulletins (newsletters) in CAFM II Activity Code 24107. Report the total number of bulletins articles published in Workload 1.

**11.2.3.10 - Scripted Response Documents on Local Education Issues - Activity Code 24115**

**(Rev. 71, 04-09-04)**

Report all costs associated with local scripted response documents in Activity Code 24115. In the workload section of CAFM II, Activity Code 24115, report the number of documents developed in Workload 1.