Medicare
Intermediary Manual
Part 2 - Audits, Reimbursement, Program Administration

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

Transmittal 421 **Date: JANUARY 24, 2003**

CHANGE REQUEST 2485

HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
Table of Contents - Chapter XI	2-851 - 854 (4 pp.)	2-851 - 854 (4 pp.)
2965 - 2965 (Cont.)	2-910.2c - 2-910.2s (17 pp.)	

NEW/REVISED MATERIAL--*EFFECTIVE DATE:* February 1, 2003
IMPLEMENTATION DATE: February 1, 2003

Section 2965, Provider Communications – Provider Education and Training, explains the requirements for your provider education and training program. Included within this section are the requirements for your Provider Communications Service Plan, the Provider Communications Advisory Group, using new technologies, reporting of communications activities, charging fees to providers for education and training activities, and the provider information and education resource directory.

This transmittal and accompanying instructions supercede the following Program Memorandums: AB-02-121, Change Request 1740, Provider/Supplier Plan (PSP) Quarterly Report Format; AB-02-127, Change Request 2125, Program Management Provider/Supplier Education and Training; and AB-02-141, Change Request 2129, Charging Fees to Providers for Medicare Education and Training Activities.

These instructions predominantly manualize Budget and Performance Requirements that are already in effect.

These instructions should be implemented within your current operating budget.

CHAPTER XI
ADMINISTRATIVE GUIDES

Section

Contractor Performance Evaluation

Contractor Performance Evaluation - FY 1995. 2900
Fiscal Intermediary Performance Criteria - General 2901
Claims Processing Criterion 2901.1
Customer Service Criterion 2901.2
Payment Safeguards Criterion 2901.3
Fiscal Responsibility Criterion 2901.4
Administrative Activities Criterion 2901.5

Regional Home Health Intermediary (RHHI) Performance Evaluation

The RHHI Performance Evaluation Program 2902
Regional Home Health Intermediary Performance Criteria - General 2903
Regional Home Health Intermediary Criterion 2903.1

Intermediary Safeguards Against Employee Fraud, Theft, Embezzlement or Sabotage of Medicare Funds and Materials

Fraud, Theft, Embezzlement or Sabotage of Medicare Funds or Materials by Intermediary Employees 2920
Application of the United States Criminal Code 2920.1
Situations Which Should be Reported to the Regional Office 2920.2
Intermediary Minimal Safeguards 2920.3

Conflict of Interest

Conflict of Interest 2930

Office of Management and Budget Approval of Information Collected from the Public

Approval of Information Collected From the Public by Intermediaries--General 2935
Approved Information 2936
Administrative Data 2936.1
Admissions and Open Items 2936.2
Audit of Provider Cost Data 2936.3
Comprehensive Health Centers 2936.4
Claims Development 2936.5
End Stage Renal Disease 2936.6
Extended Repayment Schedule 2936.7
Forged Check Investigations 2936.8
Home Office Cost Statement 2936.9
Interim Payment Adjustment Forms for Home Health Agencies 2936.10
Interim Payment Adjustment Forms for Hospitals and Skilled Nursing Facilities 2936.11
Machine-Readable Claims 2936.12

Section

Organ Procurement Agencies and Histocompatibility Labs 2936.13
Overpayments to Providers, Suppliers, and Beneficiaries 2936.14
Post-Processing of Claims 2936.15
Prior Liability 2936.16
Program Integrity 2936.17
Provider-Based Physicians 2936.18
Provider Permanent Reference File 2936.19
Reconsiderations and Appeals 2936.20
Rural Health Clinics 2936.21
Supplemental Desk Review 2936.22
Certifications 2938.2
Federal Respondent 2938.3
Information Requested by Other Than Federal Government or Its Contractor 2938.4
Information Disseminated to the Public by the Federal Government or its Contractor 2938.5

Liaison Guidelines Concerning Correspondence, and "ACER" Reports

Transmitting Correspondence to the Division of Contractor Operations 2948
General Accounting Office (GAO) and Department of Health and Human Services Audit Agency (DHHSAA) Activities 2949
Prior Review of Certain Intermediary Issuances by the Health Insurance Regional Office 2950
Distribution of Provider Notices, Bulletins, and Newsletters 2951
Informational Material for SSA Bureau of Health Insurance Reference Library 2952
Distribution of HCFA Manuals (Including Regulations and Rulings), Forms, and Intermediary Letters 2954
Release of Evaluation Reports on Contractor Performance 2955
Intermediary Disclosure of Prior Consultation Materials to Providers of Medical Services 2956
Intermediary and Medicare Identification on Written Communications 2957
Beneficiary Services 2958
Provider Services 2959

CHAPTER XI
ADMINISTRATIVE GUIDES

Procurement of Medicare Supplies and Equipment Through
General Services Administration (GSA)
Federal Supply Schedule Sources

Section

Requirements for Using GSA Supply Sources 2960
Documenting File When Commercial Source is Used
Instead of GSA 2960.1
Intermediary Certification on the Order 2960.2
FEDSTRIP Used in Connection with Authorization 2960.3
Purchasing and Controlling Supplies and Equipment 2961
Termination of Authorization to Use GSA Supply Sources 2962

HCFA Program Instructions Issuances System

Effective Date 2963
Electronic Mailbox Communications 2964

Provider Communications

Provider Communications – Provider Education and Training 2965

Systems Security

Systems Security Authority 2972

Files Maintenance

Files Maintenance Program General 2980
Description of Records Maintained 2980.1
Creation of Files for Records 2980.2
Implementing a Files Maintenance Program 2981
Records Retention and Disposal Schedule 2982
Retention of Claims Files Materials 2984
Segment File Accumulation Period 2984.1
Standard Retention Periods 2984.2
Retention Period-Microfilmed Material 2984.3
Microfilming of Files Material 2985
Microfilming Procedures 2985.1
Microfilming Index Label 2985.2
Retention and Destruction of Microfilm 2985.3
Intermediary - Federal Records Center Relations 2987
Location of Federal Records Centers 2988
Procedures for Transfer of Material to
Federal Records Centers 2990
Packing and Labeling Records for Transfer 2990.1

CHAPTER XI
ADMINISTRATIVE GUIDES

	Section
Preparation of Transmittal Document	2990.2
Shipment of Records	2990.3
Federal Records Center (FRC) Reference Service Procedures	2991
Requesting Forms for Transfer and Return of Material from Federal Records Centers	2992
Report of Medicare Records - Form HCFA-2556	2994
Disposition of Non-Claims Materials	2996
Exhibits	2999

2965 PROVIDER COMMUNICATIONS – PROVIDER EDUCATION AND TRAINING

Sections 1816 (a) and 1842 (a)(3) of the Social Security Act (the Act) require that contractors serve as a channel of communication for information to and from providers. The fundamental goal of the CMS's Provider Communications (PCOM) program (formerly Provider Education and Training, PET) is to give those who provide service to beneficiaries the information they need to understand the Medicare program so that, in the end, they manage Medicare related matters appropriately and bill correctly.

PCOM uses mass media, such as print, Internet, satellite networks, and other technologies, face-to-face instruction, and presentations in classrooms and other settings, to meet the needs of Medicare providers for timely, accurate, and understandable Medicare information.

PCOM is directed at educating providers and their staffs about fundamental Medicare programs and policies, new Medicare initiatives, and significant changes to the Medicare program. These efforts are aimed at reducing the number of provider inquiries and claim submission errors. Unlike Local Provider Education and Training (LPET), PCOM, for the most part, is not targeted to individual providers or limited and confined problems or errors. PCOM is instead designed to be broader in nature so as to meet the basic informational needs of Medicare providers, plus have a unique focus upon training and consulting for new Medicare providers as well. The scope of PCOM is to identify and address issues that are of concern to the broad provider audience.

A. Provider Communications – Program Elements.--You are required to implement the basic requirements for PCOM stated herein. You are also required to meet budget and performance requirements (BPRs) for this program issued each fiscal year that provide additional guidance on the program.

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

1. Provider Service Plan (PSP).--Contractors are required to prepare and submit a PSP annually. The PSP must address your 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 list-serv(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 should 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 should be sent by

October 31, to your RO PSP coordinator and to CMS central office (CO). Plans sent to CO should be addressed to: CMS, Center for Medicare Management, Division of Contractor Provider Communications, Mailstop C4-10-07, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Provide the name, phone number and mailing address of your PSP coordinator with your PSP.

2. Provider Inquiry Analysis.--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 your most frequently asked questions. Describe this process in your PSP. Outreach and educational efforts must be developed and implemented to address the needs of providers as identified by this program.

3. Provider Data Analysis.--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.

4. Provider Communications Advisory Group.--Contractors 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 you on provider communications matters.

a. Purpose of PCOM Advisory Groups.--The primary function of the PCOM Advisory Group is to assist you in the creation, implementation and review of your 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 you 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.--You should strive to maintain professional and geographic diversity within your PCOM advisory groups. You should attempt to include representatives of various provider specialties you service 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 you service, diminishes the practicality and effectiveness of having a single PCOM Advisory Group. For further guidance on this issue, you should contact your regional office PCOM or provider education and training (PET) Coordinator.

c. Contractor Role.--You should maintain the PCOM Advisory Group. While group members should be solicited for agenda topics, it is not permissible for Medicare contractors to allow outside organizations to operate the PCOM Advisory Group. After soliciting suggestions from the provider community, you should select the appropriate individuals and organizations to be included in the group. The main point of contact for all PCOM Advisory Group communication

should be within your PCOM, PET or similar department. At a minimum, you are 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 contractors having geographic proximity or overlap with one another to share a PCOM Advisory Group. Each contractor 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. Contractors 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 your 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. CMS recommends you hold at least one meeting per calendar year with group members in-person. Teleconferencing should be made available to Advisory Group members who cannot be present for any meeting. You should also have a specific area on your contractor 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. Notify your PCOM Advisory Group members that information about their participation on the Advisory Group may be on your Web site. 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, should 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 should be disseminated within 7 business days to all group members and others who request them.

e. Relationship to Other Contractor Advisory Groups.--PCOM advisory groups operate independently from other existing contractor 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 contractor advisory committee, the majority of PCOM Advisory Group members should not be current members of any other contractor advisory group.

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

5. Bulletins/Newsletters.--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. 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 Contractor 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, contractors 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.

6. Seminars/Workshops/Teleconferences.--Hold seminars, workshops, classes, or other face-to-face meetings, to educate and train providers about the Medicare program and billing issues. 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. 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 inquires 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.

7. New Technologies/Electronic Media.--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.

Your Provider Outreach Web site must link to:

- The Medicare program 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/; and
- Other CMS Medicare contractors, partners, QIOs, and other sites that may be useful to providers.

Directed Web Site/Bulletin Article--Contractors 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 your Web site as soon as possible after receipt, and should remain on your Web site for two months, or until the bulletin or newsletter in which it is appearing is put on your Web site, whichever is later.

Use of Current Procedural Terminology--Web sites must adhere to requirements stated in PM AB-01-182 and its successors 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 PM AB-01-182. A signed and dated attestation statement should be sent to your RO PSP or PET Coordinator. The person in your organization who has authority over the Web site should sign the attestation statement.

b. Electronic Mailing List/List-serv.--Maintain at least one electronic mailing list, or list-serv, 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 should be able to join your electronic mailing lists via your provider education Web site. Subscribers to your electronic mailing lists should also be able to initiate de-listing themselves via your Web site. Post notices on your Web sites and in bulletins/newsletters that encourage subscription to the electronic mailing lists. Your electronic mailing lists should be capable of accommodating all your providers. It is recommended 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 you serve.

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, should 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 list-serv information to another organization or entity is deemed to be in the best interests of CMS or the Medicare program, you must first obtain express written permission of your CMS regional office PCOM or PSP Coordinator.

Maintain records of your electronic mailing list usage. These records should include when your 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 should be kept for one year from the date of usage.

8. Training of Providers in Electronic Claims Submission.--Conduct training for provider 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.

9. Provider Education and Beneficiary Use of Preventive Benefits.--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.

10. Internal Development of Provider Issues.--Hold periodic meetings with staff in appropriate areas of your organization (including personnel responsible for medical review, EDI/systems, appeals, and program integrity) to ensure that inquiries and issues made known by providers to these other areas in your 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.

11. Training of Provider Education Staff.--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 your 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 your provider education staff.

B. Provider Communications – Program Administration

1. PSP Quarterly Activity Report.--You are required to develop and submit PSP Quarterly Activity Reports (QAR) that summarize and recount your 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 your 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: CMS, Center for Medicare Management, Division of Contractor Provider Communications, Mailstop 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.

a. Format and Content of QAR.--Report on your 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 STAFF DEVELOPMENT/PLAN TO STRENGTHEN THE QUALITY OF WRITTEN COMMUNICATION**
7. **OTHER ACTIVITIES**

Use the following in formatting your QAR reports:

Cover Page

The cover page should contain the following information:
- Contractor Name/Type
- Contractor Number
- Reporting period (1st, 2nd, 3rd, or 4th quarter)
- PSP Coordinators' Name/Phone Number/E-mail address
- Date Submitted
- Geographic Service Area (State)/Regional Office Affiliation

PROVIDER COMMUNICATION ACTIVITIES 1 – 7

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.

4. Attachments (Yes or No)
Indicate whether or not the attachment(s) (e.g., agenda, membership listing, minutes, action items) 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
   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		
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		
List-serv (Electronic Mailing List) Usage	**Date Used**	**Subject**
List-serv 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
List-serv (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. List-serv (Electronic Mailing List) Usage
   Identify the name or designation of your list-serv(s) (electronic mailing lists)

6. Date Used
   Indicate the date(s) you used your list-serv(s)

7. Subject
   Identify the subject(s) of each list-serv 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
Medical Review			
Fraud			
Customer Service			
DME			
Reimbursement			
Provider Records/Enrollment			
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 your provider education staff meet 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 your organization

2. Date(s)
   Indicate the date of the meeting(s).

3. Comments
   Indicate the provider issues discussed or other information you feel is relevant.

OTHER ACTIVITIES: 7

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 your provider/supplier education program including your provider Web site that should be brought to CMS's attention;

2. Any activities or issues you have coordinated with the DMERC during the quarter;

3. Mechanisms used to actively solicit feedback related to the Medicare program;

4. Provider/supplier education activities or efforts used to promote utilization of preventive benefits; and

5. Mechanisms developed and/or implemented to measure the effectiveness of your 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.

2. Charging Fees to Providers for Medicare Education and Training Activities.--You 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 you assess, 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 your 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 you advance notice on this training (including any needed follow-up training) and the availability of additional funding.

- Participation in conferences sponsored by other Medicare contractors and government agencies that are based upon recommendations from the PET 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 contractors (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 you 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 your 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.

- Reference manuals, guides, workbooks, and other resource materials developed by the contractor designed 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 contractor 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 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 you. 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 you incurred for the event. If it does, you should refund the entire excess amount collected to all the registrants who paid a fee for that event. For example, you charge participants a $50 registration fee for an event that cost you $10,000 (e.g., light refreshments, meeting facility, and equipment rental), 250 individuals pay to attend and you collect $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.--In order to secure sites you may need for future provider training events, you may have to make commitments under which you 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 you cancel 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, you must furnish free of charge one paper copy of your regular bulletin/newsletter which contains program and billing information to providers. If providers are interested in obtaining additional paper copies on a regular basis, you are 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, the contractor 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 x $1,000 = $250 for statutorily required training and .75 x $1,000 = $750 for discretionary training activities.

g. Recording of Training Events.--Entities not employed by CMS, or under contractual arrangement with you, are not permitted to videotape or otherwise record your training events for profit-making purposes.

3. Provider Information and Education Materials and Resource Directory.--

a. Dating of Materials.--Provider education and training materials you produce (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 you have developed or used within the last two 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: CMS
Division of Provider Information Planning and Development, 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.