
Program Memorandum Intermediaries/Carriers

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

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This Program Memorandum re-issues Program Memorandum AB-02-048, Change Request 2125 dated April 18, 2002. The only change is the discard date; all other material remains the same.

CHANGE REQUEST 2125

SUBJECT: Program Management Provider/Supplier Education and Training

Background

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. Although contractors are bound by basic requirements found in contractor manuals, they are also required to meet budget and performance requirements (BPRs) issued each fiscal year, which provide guidance on budget and resource allocations. Requirements for contractor Program Management Provider Education and Training (PET) activities have heretofore only resided within the BPRs. The CMS goal is to eventually have the requirements for contractor PET activities in appropriate contractor manuals. This Program Memorandum (PM) is an interim step in that direction. It provides a more recognized and formal authority for the requirements for PM-PET currently found in the BPRs. This PM has limited duration and will expire September 30, 2002.

Program Management PET Activities-General

Development of Program Management PET activities requires knowledge of the Medicare program, familiarity with claims processing systems, and expertise in instructional design, promotion, and dissemination methods. PET activities reduce claims processing errors and help build positive relationships with Medicare physicians, providers, and suppliers.

The following are required fundamentals of Program Management PET:

- Education and training of physicians, providers, and suppliers on the overall Medicare program, enrollment, and policies regarding coverage, billing and claims processing;
- Use of various methods of communication (such as print, Internet, face-to-face instruction) to meet Medicare providers' need for timely, accurate, and understandable Medicare information;
- Producing and regularly issuing newsletters/bulletins at least quarterly which contain program and billing information;
- Coordinating with durable medical equipment regional carriers (DMERCs) as needed to address issues that affect DME suppliers;
- Obtaining and analyzing provider feedback related to the Medicare program, contractor services, and provider education to improve and/or develop educational activities;
- Promoting beneficiary use of preventive benefits through provider education activities 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; and
- Developing and implementing effectiveness measures (e.g., customer satisfaction survey instruments, pre- and post-testing) for training activities whenever practicable.

The following are examples of discretionary activities of Program Management PET:

- Issuing special bulletins/newsletters, which contain program and billing information to all providers;
- Participating in other Medicare and non-Medicare contractor conferences pertaining to program and billing issues;
- Preparing and distributing video presentations (including Medicare Learning Network (MLN) products and other videos of interest to the provider community); and
- Issuing advisories to area providers from the Medical Director.

The following training activities are not considered Program Management PET:

- Connectivity for individual providers or the resolution of connectivity problems;
- Electronic Data Interchange (EDI) transaction support furnished to vendors/clearinghouses (this may vary by contractor); and
- Specialized EDI support furnished to individual providers by PET staff.

Provider/Supplier Service Plan (PSP) - Development and Implementation

Contractors are required to prepare and submit a PSP. Copies of the PSP should be sent by October 31 to Central Office (CO) Division of Provider Education and Training, Center for Medicare Management, Mailstop C4-10-07, 7500 Security Boulevard, Baltimore, MD 21244, and to your Regional Office (RO) PSP or PET Coordinator. The plan must include the following elements:

- A. Provider/Supplier Inquiry Analysis--Contractors must maintain a provider/supplier inquiry analysis program that will produce a monthly list of the most frequently asked questions (FAQs) and areas of concern/confusion for providers/suppliers. Outreach and educational efforts must be developed to address the needs of providers/suppliers as identified by this program.
- B. Provider/Supplier 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/suppliers. Claims submission errors result in rejected, denied, or incorrectly paid claims. Outreach and educational efforts must be developed to address the needs of providers/suppliers as identified by this program.
- C. Provider/Supplier Education and Training Advisory Group--Contractors must maintain a PET Advisory Group. The Group provides input and feedback on training topics, provider education materials and dates/locations of provider education workshops. The Group also identifies salient provider education issues, and recommends effective means of information dissemination to all appropriate providers and suppliers and their staff.
 - The Group must consist of representatives from State Medical Societies, provider organizations, billing staffs, and other appropriate provider/supplier entities.
 - The Group must meet quarterly.
 - Schedule possible participation in educational forums and professional gatherings based on discussions and suggestions from the Group.
- D. Bulletins/Newsletters--Issue regular bulletins/newsletters, at least quarterly, which contain program and billing information. When feasible, 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 where duplicate copies may be obtained by providers. All bulletins/newsletters must have either a header or footer that

states the following in boldface type: "**This Bulletin Should Be Shared With All Health Care Practitioners and Managerial Members Of The Provider/Supplier Staff. Bulletins Are Available At No Cost From Our Web site [Insert Contractor Web site Address].**"

Encourage providers/suppliers to obtain electronic copies of bulletins/newsletters and other notices through your Web site. If providers/suppliers 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/supplier who requests additional single paper copies.

- E. Seminars/Workshops/Teleconferences--Hold seminars, workshops, classes, or other face-to-face meetings, to educate and train providers/suppliers about the Medicare program and billing issues. Whenever feasible, activities should be coordinated with other regional Medicare contractors including peer review organizations (PROs), 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 and pre- and post-testing at meetings and seminars.

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

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

This Web site must comply with "Contractor Web site Standards and Guidelines" posted at <http://www.hcfa.gov/about/web/contrsng.htm> 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 PSP 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; and
- A listing of most FAQs/areas of concern updated quarterly as evidenced through your inquiry analysis program.

Your Provider Outreach Web site must link to:

- The Medicare program Web site at: <http://www.hcfa.gov> (prior to May 1, 2002); <http://www.cms.hhs.gov> (on and after May 1, 2002);
- The MLN at <http://www.hcfa.gov/medlearn> (prior to May 1, 2002); <http://www.cms.hhs.gov/medlearn> (on and after May 1, 2002);
- The site for downloading CMS publications at <http://www.hcfa.gov/pubforms/pubpti.htm> .;
- The site for downloading CMS manuals and transmittals at http://hcfa.gov/pubforms/transmit/memos/comm_date_dsc.htm; and
- Other CMS Medicare contractors, partners, and other sites that are useful to providers.

Web sites must adhere to requirements stated in PM AB-01-182 regarding the use of current procedural terminology (CPT) codes and descriptions. During the first 3 months of each calendar year, a signed and dated statement should be sent to your RO PSP or PET Coordinator attesting to whether your Web site complies with requirements stated in PM AB-01-182. The person in your organization who has authority over the Web site should sign the attestation statement.

Establish and maintain at least one list-serv, or electronic mailing list, to notify registrants via e-mail of important, time sensitive Medicare program information, upcoming PET events, and other announcements necessitating immediate attention. Use list-servs to notify registrants of the availability of bulletins/newsletters on your Web site. Providers/suppliers should be able to join your list-servs via your PET Web site. Post notices on your Web sites and in bulletins/newsletters that encourage subscription to the list-servs. Your list-servs should be capable of accommodating all your providers. You may offer multiple list-servs to accommodate various providers in your service area.

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 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.

- G. Internal Staff Development--Hold periodic meetings with staff in appropriate areas of your organization (including personnel responsible for medical review, EDI/systems, and program integrity) to ensure that inquiries and issues raised by providers/suppliers and communicated to these other areas in your organization are communicated and shared with provider/supplier education staff. Mechanisms to resolve these issues should be discussed. Minutes of the meetings should be kept and filed.
- H. Staff Ideas for Improving Service--Develop open communications with staff at all levels of your organization to encourage creative ideas for improving service to providers and to the Medicare program in general. Encourage staff to provide senior management with ideas and suggestions for cost effective improvements to service. A documented internal process should be in place whereby improvement ideas are acknowledged and considered. Unique and/or cost effective ideas should be included in PSP quarterly reports forwarded to regional and central office contacts.
- I. Communication Quality Plan--Establish and implement a plan to strengthen the quality of written communications with providers/suppliers. The plan should include an internal review process and activities to ensure that the quality of your communications is continuously improving.

- J. Training New Provider/Supplier Education Staff--Implement a developmental plan for training new provider/supplier education personnel and periodically assessing the training needs of existing staff.
- K. PSP Quarterly Activity Reports--Follow the requirements for the submission, content, and format of Quarterly Activities report as contained in PM AB-01-116, issued August 27, 2001.

The *effective date* for this Program Memorandum (PM) is October 1, 2001.

The *implementation date* for this PM is October 01, 2001. The requirements within this PM have already been implemented per instructions contained in FY 2002 Contractor Budget Performance Requirements issued June, 2001, and revised December, 2001.

These instructions should be implemented within your current operating budget.

| This PM may be discarded after March 30, 2003.

If you have any questions, contact Harvey Tzucker, (410) 786-3670, htzucker@cms.hhs.gov.