
Program Memorandum

Intermediaries/Carriers

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal AB-00-80

Date: AUGUST 30, 2000

CHANGE REQUEST 944

This Program Memorandum re-issues Program Memorandum AB-99-69, Change Request 944 dated September 1999. The only change is the discard date; all other material remains the same.

SUBJECT: Instruction Implementation Reporting

Introduction

The purpose of this program memorandum (PM) is to introduce a uniform national process to enable HCFA to collect information regarding the implementation of HCFA program instructions by Medicare contractors. This information is currently collected through similar, but not standardized processes, by each HCFA regional office (RO). The introduction of a standard national process does not constitute an additional reporting burden nor require funding, as it replaces local reporting currently administered by each region.

Reporting

You will report quarterly by completing the attached report template. (A Microsoft Word report template will be sent under separate cover.) Complete the report and return it to your RO office by the first work day of the month following the month after the reporting quarter. As an example, for tasks that are to be implemented in the April - June 1999 quarter, the report would be due to your RO by August 2, 1999. Only tasks that have been communicated as final instructions will be tracked. In order to avoid requiring retroactive reporting, the initial report for the July - September 1999 quarter should only reflect tasks with September implementation dates. This report is due on November 1, 1999. Future reports should contain information for all tasks with implementation dates for the entire quarter.

Selecting Tasks/Completing the Report

The HCFA.gov internet site contains a Table of Contents of Medicare and Medicaid Program Transmittals and a separate Table of Contents for Program Memoranda. The specific address to access both Tables of Contents is <http://www.hcfa.gov/pubforms/transmit/transmit.htm>. **(Do not type the last period.)**

The Tables of Contents contain the following information for all Program Transmittals and Program Memoranda:

- The file name (hyper linked to the instruction);
- The month and year the instruction was issued; and
- The title of the instruction.

For Medicare Program Transmittals and Program Memoranda, the Tables of Contents also reflect:

- The Change Request (CR) number; and
- The implementation date.

Depending on whether you are a fiscal intermediary, carrier, regional home health intermediary, or Durable Medical Equipment Regional Carrier, select applicable Program Transmittals and Program Memoranda, basing your selection on the entry in the Table of Contents entitled "Implementation

HCFA-Pub. 60AB

Date,” matching the reporting quarter. Enter the CR number in the left-hand column of the spreadsheet template. For each CR, indicate on the report template the date that you completed implementation. For those CRs that are not implemented at the time that you submit your report, use the “Comments” column to provide an anticipated completion date, as well as any additional information pertaining to the delay. For each CR, provide the name and telephone number of a knowledgeable contact person.

Attestation

In the report field entitled: “Certifying Official,” please include the name of a management official responsible for the validity of the reported information.

Documentation

Documentation supporting the implementation of each instruction need not be submitted with the monthly report; however, it must be available for review by HCFA at any time. The nature of the documentation varies depending on the instruction. It may include provider bulletins, other communications to providers, copies of print screens, system outputs, Medicare Summary Notices, Remittance Advices, etc.

Also maintain for review by HCFA, documentation that explains the general process that you utilize for implementing instructions. This documentation might include a description of the workflow, responsible personnel, distribution of materials, tracking progress, follow-up procedures, and testing procedures, as well as other management controls.

HCFA Contact Person

Continue to interact with the same RO staff that you contacted prior to the implementation of this process. Send the RO copy of the report to the appropriate regional office staff person or regional office corporate ID. Also send an electronic copy of the spreadsheet to the Division of Contractor Operations (DCO), Center for Beneficiary Services. The internet mailing address for DCO is iirpt@hcfa.gov.

Attachment

The effective date for this PM is September 1, 1999.

The implementation date for this PM is November 1, 1999. Initial reports are due to HCFA by November 1, 1999, for fourth quarter instructions with September implementation dates.

| This PM may be discarded after August 31, 2001.

This instruction should be implemented within your current operating budget.

Contact Person: Art Suekoff (410) 786-7405 or Joe Vogel (410) 786-8135.

