CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10663	**Date: March 16, 2021**
	Change Request 12144

SUBJECT: Revisions to Medicare Administrative Contractor (MAC) Standardized Monthly Status Report (MSR) Narrative Template

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services' (CMS) Medicare Contractor Management Group (MCMG) is updating the Part A and B (A/B) and Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Monthly Status Report (MSR) narrative to ensure that these reports continue to capture meaningful and useful information about the MACs' activities and performance across business functions. MCMG is combining the MSRW template for A/B and DME MACs.

EFFECTIVE DATE: April 1, 2021
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 20, 2021

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 10663	Date: March 16, 2021	Change Request: 12144

SUBJECT: Revisions to Medicare Administrative Contractor (MAC) Standardized Monthly Status Report (MSR) Narrative Template

EFFECTIVE DATE: April 1, 2021
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 20, 2021

I.   GENERAL INFORMATION

A.   Background: The Centers for Medicare & Medicaid Services' (CMS) Medicare Contractor Management Group (MCMG) developed the Medicare Administrative Contractor (MAC) Monthly Status Report (MSR) to ensure that meaningful narrative reported about MAC's activities and performance across all business functions. Over the years, an Excel workbook, "*Contractor Supplied Data*", was developed out of necessity to capture raw performance and workload information on a monthly basis. Recently, MCMG clearly identified and relabeled these documents as the MSR "Word" (MSRW) and the MSR "Excel" (MSRE). The MSRW focuses primarily on narrative reporting, while the MSRE is focused on data (and integration with the MAC/CMS Data Exchange (MDX) portal). It is also important to note how prior versions of the MSRW were specific to the type of MAC - Durable Medical Equipment (DME) or A/B.

This instruction seeks to consolidate and revise the current MSRW template. The revised template has been streamlined to allow for immediate identification of key contractual aspects (staffing, performance and workload) as well as retain independence for MACs to highlight important jurisdiction and/or contractor specific information.

B.   Policy: As previously instructed in technical direction letters, MAC's have been submitting their Monthly Status Report (MSR) narrative template in accordance with CMS instructions since December 2013. As detailed in the each MAC Deliverable Schedule and Statement of Word (C.5.23.4), the MSRW template continues to be due by the 20th of each month.

II.   BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12144.1	Beginning with the MSRW submission due by April 20, 2021 (reporting period of March 2021), all A/B and DME MACs shall use the new MSRW template (Attachment A).	X	X	X	X					
12144.2	Any functional areas listed under "Section K" deemed impertinent due to the MAC's line of business shall be marked "N/A" (do not delete the section). For	X	X	X	X					

Number	Requirement	Responsibility									
		A/B MAC			DME MAC	Shared-System Maintainers				Other	
		A	B	HHH		FISS	MCS	VMS	CWF		
	example - Audit & Reimbursement would be marked N/A for a DME MAC.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Phillip Smith, 410-786-9492 or phillip.smith@cms.hhs.gov , Connor Beck, 410-786-0213 or Connor.Beck@cms.hhs.gov , Jacqueline Brown, 214-767-6393 or Jacqueline.Brown@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question

and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Contractor Name
A/B or DME MAC Jurisdiction X

Monthly Status Report

Month Year

Contract Period: Base Year/ Option Year X (Month/Year to Month/Year)

Contract Number: HHSM-500-XXXX-MXXXXX

Contractor Address: 123 Anywhere Street

City, State Zip

Project Manager/Director: Name, Title

Date Prepared: Month/Day/Year

Note: MACs are free to personalize the appearance of the MSR cover page as long as it contains the information identified above.

Contractor Name

A/B or DME MAC Jurisdiction X

Monthly Status Report

Month Year

Table of Contents

Section A: Executive Summary

Prepared By:

Instructions**:**

In this section, provide a high-level, summary narrative encompassing operational highlights to include information on the following:

- Significant issues of concern; alerts; delays; etc. to be conveyed to the CMS Program Director; Contracting Officer's Representative (COR); Contracting Officer; and/or designated CMS personnel
- Unresolved/Open issues requiring CMS Attention
- Brief status toward contract milestones and of major CMS initiatives (i.e. modernization)
- Brief status of implementation/closeout activities for new or outgoing workload, as applicable
- Did the MAC make any reinstatements in data to a prior month Monthly Status Report Excel (MSRE)? If yes, please provide a listing of any data changed and the explanation of the change.

Prepared By:

Technical Direction Letters (TDL):

Indicate the number of TDLs received, implemented and delayed. In the comments section, include a statement confirming if all TDLs were implemented successfully and timely; and, for any delayed TDL, explain why the TDL was not implemented timely and the anticipated implementation date.

Below is the J<u>X</u> MAC TDL Status Report for <u>Month/Year</u>:

Final TDLs

TDL	Current Month	Year-to-Date
TDLs Received		
Current Month TDLs Successfully Implemented Timely		
Current Month TDLs Delayed (see Comments section below)		

Comments:

TDL Number	Reason for Delay	Anticipated Implementation Date
XXXX		

Change Requests:

CRs: Continue to complete the quarterly Change Requests Implementation Report (CRIR) deliverable as directed in the SOW and deliverable schedule. If there are any problems, issues or risks with CRs issued or implemented during the reporting period that will cause a significant impact to the MAC's cost or performance, please provide a narrative description in this section.

A/B or DME MAC Jurisdiction X

Monthly Status Report

Month Year

Other:

Were there any previously implemented CRs or TDLs where an error was identified? If so, please provide a narrative description to explain the impact and the fix.

Section C: Award Fee Performance

Prepared By:

Instructions:

In this section provide a narrative detailing the Program Improvement and Collaboration activities to include, at a minimum, information on the following:

- Significant Accomplishments, to include any status on accepted innovations and process improvements'

- Recommendations for improvements

- Collaboration activities

Additionally, List each of the JX MAC's specific award fee criterion and metrics as identified in the Base year/Option Year Award Fee Plan. Report on the MAC's performance for each criterion for the month on a cumulative basis using the Award Fee Self-Assessment template as indicated in the example below:

Example (note: this is only an example and all MACs may not be subject to this particular award fee criterion):

Evaluation Criterion #X: Appeals - Medicare Redetermination Notice (MRN) Timeliness - Part A

Month/ Year	Total Cases Closed - MAS	Total Cases Closed – 2592 Report	Combined Total Cases Closed	Total Cases Timely - MAS	Total Cases Timely – 2592 Report	Combined Total Cases Timely	Performance Level *(displayed with 2 decimal places)*	90 Percent Eligibility Met? Yes or No	If Eligibility Met Does Month Qualify for Fee? Yes or No

Update the table below to denote the current month's performance.

(Note: the table below is a SAMPLE – please see Appendix 1 for detailed instructions on how to complete the table.)

Metric	Monthly Performance	Self-Assessment of Award Fee Earned
Program Improvement and Collaboration	75%	
Appeals - Medicare Redetermination Notice (MRN) Timeliness Part A	99.96%	
Appeals - Medicare Redetermination Notice (MRN) Timeliness Part B	99.95%	
Medical Review – Accuracy	NA	

Provider Enrollment – Timeliness	NA	
Provider Enrollment – Accuracy	NA	
System Security (OY plans only)	NA	
Quality of Desk Reviews, Audits, and Reopenings (OY plans only)	NA	
Comprehensive Error Rate Testing (CERT) - For NON-HH&H MACs (OY4 only)	9%	
Comprehensive Error Rate Testing (CERT)- For HH&H MACs (OY4 only)	8%	
Comprehensive Error Rate Testing (CERT) for Home Health and Hospice (HH&H MACs only, OY4 only)	7%	

This chart is intended to denote the performance and self-assessment of award fee earned for this month only. Any award fee performance information that is cumulative for the award fee period to date should be included in the specific metric narratives above.

Section D: Joint Operating Agreements

Prepared By:

Narrative Summary

List JOAs in effect (include the date of the last update or signature) and provide detail on the status of JOAs including any issues or concerns.

Section E: Staffing and Key Personnel

Prepared By:

Instructions:

Describe any significant changes in staffing assignments (e.g., key personnel changes, position title changes, rate changes, changes in total FTEs, etc.) or responsibilities and personnel turnover rate. Also, describe any issues or concerns, and indicate whether staffing changes or personnel turnover are affecting functional areas.

Section F: Facility Statuses and Changes

Prepared By:

Instructions:

Provide a summary of the status of the facility, and a brief explanation of any changes (e.g., change in square footage of facility; movement of business functions or mailroom to a different area, closure of a facility, significant facility renovations, etc.) (Please update MSR Appendix 3- MAC Site Locations as necessary.)

Section G: Onsite Visits and Reviews

Prepared By:

Instructions:

List all onsite/virtual CMS, GAO, OIG or other agency or entity visits or reviews conducted during the period and the dates conducted; (e.g., audits, QASP reviews, compliance reviews, etc.) Provide a summary of the outcomes.

Section H: Training & Travel

Prepared By:

Training Narrative

List any completed training events for the period. Include all training that is invoiced to CMS. Also, list any future, planned event that will be invoiced to CMS. (Include dates of training, location and topics)

Travel Narrative

List and describe any non-routine travel activity completed during the period. Non-routine travel includes unanticipated travel or travel not related to a specific business function. Also, list any future, planned non-routine travel events. (Include destination, dates of travel and purpose.) Discuss with your COR the specificity of the information to be included.

Section I: Contract Management

Prepared By:

Instructions:

In this section, provide a high-level, summary narrative encompassing contract activities to include, at a minimum, information on the following:

- Events, trends or occurrences impacting costs or funding
- Pending Limitation of Funds or Limitation of Costs (LOF/LOC) requests to be submitted to CMS
- Proposals submitted to CMS during the reporting month, including a brief description and the date submitted
- Modifications received during the reporting month, including a brief description and the date issued

Section K Instructions

This section has been reserved for more detailed reporting on various CMS program business functions (i.e., Appeals, Audit & Reimbursement, Claims Processing, Financial Reporting & Internal Control, Provider Enrollment, Medical Review, Provider Customer Service Program, etc.) as well as the Quality Control Program and jurisdiction specific work, such as demonstration projects, pilot programs, etc. The information in this section is primarily narrative and supports or complements the corresponding section of the accompanying Monthly Status Report Excel (MSRE) spreadsheet.

The Ad-Hoc Reporting section of the MSR is designated for MACs to report on items or work that is not covered in other sections of the MSR, as directed by the COR. The items reported in this section may be reported on indefinitely or for a specified period, as indicated by the COR, and may not be the same for each jurisdiction.

Instructions:

For each program function, provide the information as detailed below. For DME MACs, any section that is not part of the DME Statement of Work should be marked as Not Applicable (N/A).

I. Narrative:

- Include a detailed explanation of any internal or external factors that have caused a noticeable impact or significant change in workload, costs, or work effort for the various business functions.

- Identify Statement of Work (SOW) standards not met and indicate why.

- Briefly describe any areas of concern, and specifically address issues that require CMS' attention or involvement.

- Note any improvements or efficiencies achieved during the period.

II. Problems and Risks:

Describe specific problems encountered or potential problems and risks identified during the period.

III. MAC Initiated or COR Requested Actions (Other than QASP Action Plans):

Describe actions the MAC has taken to correct problems and to mitigate risks identified. Include dates of monitoring and progress achieved. Continue reporting monthly on the status of these actions until final resolution.

For any section of the MSR, include tables, charts and graphs as appropriate. If you have nothing to report for any section, please state this in your summary for that section.

NOTE: Please do not modify the section numbering or titles for any of the functions. Additional information may be included in any section as agreed upon by the MAC and COR. Direct any questions to your COR.

Section K-14: Reporting on QASP Findings and Related Action Plans:

Provide a narrative update on the status of any open, formal action plans that were initiated by the COR as a result of a QASP finding. Report on the status of the action plan each month until the action plan is closed in section K-14 – QASP Action Plan Summary.

Section K-15: Reporting on Requests for Consideration of Excusable Cause (RCEC):

Provide an update on all RCECs submitted throughout the contract period detailing the function and impact, as well as if was considered or not considered.

Section K-1: Financial Management (Internal Controls/Financial Reporting/Benefit Payments)

Missed Metrics (Yes/No):

Workload Concerns (Yes/No):

Staffing Concerns (Yes/No):

Prepared By:

*Any "Yes" should be fully detailed below

I. Narrative Summary

Report on activities related to internal controls, financial reporting and benefit payments, including banking, overpayments, debt referrals, and bankruptcy. Briefly explain any significant changes in cost, work efforts, or processes, and discuss any areas of concern. Also include a high-level summary of any financial reviews and audits, such as SSAE-18, CFO Audit, CPIC and A-123, etc. and any identified findings. Include any recommendations for process improvements.

Internal Control
Banking
Overpayments
Debt Referrals
Bankruptcy
Financial Reviews & Audits
Recommendations to improve a workload or process

II. Problems and Risks

Briefly describe any problems or risks encountered.

III. MAC Initiated or COR Requested Action Plans (Other than QASP)

Describe actions taken to resolve problems and mitigate risks noted above. (Include dates of monitoring and progress notes through resolution.)

Section K-2: Claims

Missed Metrics (Yes/No):

Workload Concerns (Yes/No):

Staffing Concerns (Yes/No):

Prepared By:

*Any "Yes" should be fully detailed below

I. Narrative Summary

Briefly explain significant changes in workload or cost, and discuss any areas of concern. Provide an explanation for not meeting any timeliness standards.

Part A: Part B:

II. Problems and Risks

Briefly describe any problems or risks encountered.

III. MAC Initiated or COR Requested Action Plans (Other than QASP)

Describe actions taken to resolve problems and mitigate risks noted above. (Include dates of monitoring and progress notes through resolution.)

Part A: Part B:

Section K-3: Provider Enrollment

Missed Metrics (Yes/No):

Workload Concerns (Yes/No):

Staffing Concerns (Yes/No):

Prepared By:

*Any "Yes" should be fully detailed below

Instructions:

Report on the following:

- Provide an explanation for not meeting any timeliness standards.
- Provide the Top Five (5) Reasons for Development broken down as follows:
  - Part A Paper
  - Part A Web
  - Part B Paper
  - Part B Web

I. Narrative Summary

Briefly explain significant changes in workload or cost, and discuss any areas of concern.

Part A: Part B:

II. Problems and Risks

Briefly describe any problems or risks encountered.

III. MAC Initiated or COR Requested Action Plans (Other than QASP)

Describe actions taken to resolve problems and mitigate risks noted above (Include dates of monitoring and progress notes through resolution.).

Part A: Part B:

Section K-4: Unified Program Integrity Contractors (UPIC)

Missed Metrics (Yes/No):

Workload Concerns (Yes/No):

Staffing Concerns (Yes/No):

Prepared By:

*Any "Yes" should be fully detailed below

Instructions:

Provide a summary of the following:

- Any issue previously raised with the UPIC liaison pending resolution.
- Any issue raised with the UPIC liaison during the reporting month and the status.

Discussion of workload in this section should include:
- Training and meetings to support the UPIC
- Number of edits installed at the request of the UPIC (specify the type of edit, e.g., prepayment, payment suspension and the amount of time to install the edit after receipt of the UPIC request)

I. Narrative Summary

Briefly explain any significant changes in work effort or cost, and discuss any areas of concern.

Work effort and cost fluctuations

Issues requiring CMS attention

II. Problems and Risks

Briefly describe any problems or risks encountered.

III. MAC Initiated or COR Requested Action Plans (Other than QASP)

Describe actions taken to resolve problems and mitigate risks noted above.

Section K-5: Redeterminations/Reopenings/QIC

Missed Metrics (Yes/No):

Workload Concerns (Yes/No):

Staffing Concerns (Yes/No):

Prepared By:

*Any "Yes" should be fully detailed below

Instructions:

Report on the following:

- Significant appeal requirements which are not being met. Include information on factors you believe are contributing to the inability to satisfy appeal requirements. Note whether these factors are internal to Medicare Administrative Contractor (MAC) operations, or stem from circumstances outside your control. Reporting of processed appeal workload volumes (in claims) originating from various reviews- Recovery Audit, Unified Program Integrity Contractor, Supplemental Medical Review Contractor, Comprehensive Error Rate Testing, Pre-Pay and Post-Pay Medical Review

- Requests where an appellant (their representative) or CMS has contacted you regarding dissatisfaction with the handling of a pending appeal. Do not include simple inquiries requesting the status of an appeal. Please describe significant situations, e.g., instances where providers find it necessary to contact CMS or the contractor for assistance because the appeal has not been processed or effectuated timely, despite numerous inquiries.) Please include the DCN or file reference number, a summary of information given to the appellant, and the current status of the appeal. Advise CMS of when you expect the appeal to be effectuated.

- Provide an explanation for not meeting any timeliness standards.
- With respect to the content of Medicare Redetermination Notices, list all quality issues noted during internal quality reviews.

I. Narrative Summary

Briefly explain any significant changes in workload or cost, and discuss any areas of concern. Include instances where the appeals workload is (or could be) significantly impacted by a payment policy or provider action that may have national implications.

Part A: Part B:

II. Problems and Risks

Briefly describe any problems or risks encountered.

III. MAC Initiated or COR Requested Action Plans (Other than QASP)

Describe actions taken to resolve problems and mitigate risks noted above.

Part A: Part B:

Section K-6: Local Coverage Determinations (LCDs)

Missed Metrics (Yes/No):

Workload Concerns (Yes/No):

Staffing Concerns (Yes/No):

Prepared By:

*Any "Yes" should be fully detailed below

I. Narrative Summary

Briefly explain any issues impacting work effort and cost, and discuss any areas of concern. Describe any LCD related issues or concerns. Identify which LCDs were revised for the period and any LCDs under development. Of those revised or newly developed LCDs, describe which LCDs are part of a LCD Collaborative Workgroup and the MAC's role on that workgroup.

II. Problems and Risks

Briefly describe any problems or risks encountered.

III. MAC Initiated or COR Requested Action Plans (Other than QASP)

Describe actions taken to resolve problems and mitigate risks noted above.

Contractor Name

A/B or DME MAC Jurisdiction X

Monthly Status Report

Month Year

Section K-7: Medical Review & Comprehensive Error Rate Testing

Missed Metrics (Yes/No):

Workload Concerns (Yes/No):

Staffing Concerns (Yes/No):

Prepared By:

*Any "Yes" should be fully detailed below

Instructions:

Provide the following:

- Successes for the current reporting month: (Example: Broad initiatives that resulted in an identifiable increase in appropriate billing and reduction in the error rate.)

- Challenges for the current reporting month

- Areas of concern. and issues requiring CMS attention for the current reporting month

- Areas of Focus in Upcoming Month (include new work and ongoing) detailing: Probe or Targeted Review; Service (Item) or Provider Specific; Service (item) or provider on review: (Please provide this information in a table format.)

- Findings and results of Probe Reviews including a summary of when the probe was started, what the probe is on, and the date it was closed and next steps

- Reasons for any significant variation in workload or cost

- Educational and/or other outreach efforts made to the provider and supplier communities regarding the CERT program (for Medical Review initiatives only; report all POE in section K-10)

- Any concerns/comments regarding the administration of the CERT program

I. Narrative Summary

Briefly explain any significant changes in workload or cost, and discuss any areas of concern.

Part A:
Part B:
DME:
HH+H:

II. Problems and Risks

Briefly describe any problems or risks encountered.

III. MAC Initiated or COR Requested Action Plans (Other than QASP)

Describe actions taken to resolve problems and mitigate risks noted above.

Part A:

| Part B: |
| DME: |
| HH+H: |

IV. Medical Review Additional Funding for Appeals Interventions Monthly Reporting Chart

Indicate the Item/ Service involved, and provide a brief 1-2 sentence description of the issue for each case where you took party/participant status, and reason for reversal for each case (if applicable). Please include the ALJ case number.

| |
| |

*Please also complete the table on the ALJ Hearings Interventions in the MSRE Excel Template

V. Medical Review Workload Table

MACs shall include a Workload Table for each of the following areas as appropriate: Part A, Part B, Home Health, Hospice and DME. Please see Appendix IV for instructions and examples related to completing the workload table.

OY# (OY period of performance) **As of October 31, 2020**								
Workload Category	**Current IPRS/SAR Projected Workload for Contract Year POP**	**Monthly Target**	**Monthly Actual**	**Monthly Variance**	**YTD Target**	**YTD Actual**	**YTD Variance**	**Variance Explanation (if required)**
C.5.12.2.3 Demand Bill Claims Review								
C.5.12.2.4 Medical Record Review Reopening								
C.5.12.2.5 Prepay Provider Specific Medical Record Review								
C.5.12.2.6 Prepay Service Specific Medical Record Review								
C.5.12.2.7 Prepay Provider Specific								

Probe Medical Record Review								
C.5.12.2.8 Prepay Service Specific Probe Medical Record Review								
C.5.12.2.10 Postpay Provider Specific Probe Medical Record Review								
C.5.12.2.11 Postpay Service Specific Probe Medical Record Review								
C.5.12.2.12 Postpay Provider Specific Medical Record Review								
C.5.12.2.13 Postpay Service Specific Medical Record Review								
Total of above rows								
C.5.12.2.20 One-on-one Education								
Total including C.5.12.2.20 One-on-one Education								

Section K-8: Audit & Reimbursement

Missed Metrics (Yes/No):

Workload Concerns (Yes/No):

Staffing Concerns (Yes/No):

Prepared By:

*Any "Yes" should be fully detailed below

I. Narrative Summary

Explain any significant variances in year to date actual workload totals as compared to budgeted workload totals, and discuss any areas of concern.

| |
| |
| |

II. Problems and Risks

Briefly describe any problems or risks encountered.

| |
| |

III. MAC Initiated or COR Requested Action Plans (Other than QASP)

Describe actions taken to resolve problems and mitigate risks noted above.

| |
| |
| |

Section K-9: Medicare Secondary Payer (Pre-Pay & Post Pay)

Missed Metrics (Yes/No):

Workload Concerns (Yes/No):

Staffing Concerns (Yes/No):

Prepared By:

*Any "Yes" should be fully detailed below

Instructions:

Include information on the following as applicable:

- Any occurrences, issues or concerns with Pre-pay Hospital Audits
- Any additional information that the MAC may wish to convey
- Provide an explanation for not meeting any timeliness standards.

I. Narrative Summary

Briefly explain any significant changes in workload or cost, and discuss any areas of concern.

> Pre-Pay:
>
> Post-Pay:

II. Problems and Risks

Briefly describe any problems or risks encountered.

> Pre-Pay:
>
> Post-Pay:

III. MAC Initiated or COR Requested Action Plans (Other than QASP)

Describe actions taken to resolve problems and mitigate risks noted above.

> Pre-Pay:
>
> Post-Pay:

Section K-10: Provider Customer Service Program (PSCP)

Missed Metrics (Yes/No):

Workload Concerns (Yes/No):

Staffing Concerns (Yes/No):

Prepared By:

*Any "Yes" should be fully detailed below

I. PCSP Summary

Although the PCSP inquiry performance standards (completion rates, average speed of answer, CSR Callback Rate, QCM, and QWCM) are quarterly, please report performance for any given month where you do not meet the quarterly standard. Please explain your action(s) to improve and/or monitor the situation.

Please explain anything that affected your general, PRRS, and/or Congressional written inquiry workloads (such as unusually high incoming volume).

Website Updates: Please provide information about your provider education website including any significant changes/additions, or technical problems that affected website availability.

Describe any innovative PCSP activities that have yielded positive results, include updates on any special PCSP projects requested by CMS, changes in personnel, highlights of exemplary performance and/or any other noteworthy updates.

II. Problems and Risks

Briefly describe any problems or risks encountered. Please also include steps taken to deal with the problems or risks identified

III. MAC Initiated or COR Requested Action Plans (Other than QASP)

Describe actions taken to resolve problems and mitigate risks noted above.

Section K-11: Recovery Auditor Activities

Missed Metrics (Yes/No):

Workload Concerns (Yes/No):

Staffing Concerns (Yes/No):

Prepared By:

*Any "Yes" should be fully detailed below

Instructions:

Include information on Recovery Audit Contractor (RAC) adjustments overturned on appeal (why they were overturned, how many claims overturned, any claims overturned in error); including both reconsiderations and clerical re-openings.

I. Narrative Summary

Briefly explain any significant workload or cost changes, and discuss any areas of concern.

II. Problems and Risks

Briefly describe any problems or risks encountered.

III. MAC Initiated or COR Requested Action Plans (Other than QASP)

Describe actions taken to resolve problems and mitigate risks noted above.

Section K-12: Jurisdiction Specific Activities

Prepared By:

I. Narrative Summary

Identify each activity and summarize the status. Explain any changes in workload, work effort, or cost, and any areas of concern related to your jurisdiction specific activities or projects.

II. Problems and Risks

Briefly describe any problems or risks encountered.

III. MAC Initiated or COR Requested Action Plans (Other than QASP)

Describe actions taken to resolve problems and mitigate risks noted above.

Section K-13: Ad Hoc Reporting

Prepared By:

This section is designated for the MACs to report on additional items not included in other sections of the MSR as requested by the COR. Provide a high-level summary of the status of these items/projects.

Section K-14: QASP Action Plan Reporting

Prepared By:

This section is designated for the MACs to report on the status of QASP related action plans as indicated in the table below. Detailed instructions for completion of this chart are included in the Appendix II.

Performance Standard Number	Performance Standard	Date and Option Year of QASP Review Finding	Action Plan Steps	Status Update on Action Plan	Date Action Plan was Completed	Pending CMS Closure/ Date of CMS Closure
		•	•			
		•	•			
		•	•			
		•	•			
		•	•			
		•	•			
		•	•			
		•	•			
		•	•			
		•	•			
		•	•			
		•	•			
		•	•			

Contractor Name

A/B or DME MAC Jurisdiction X

Monthly Status Report

Month Year

Section K-15: Requests for Consideration of Excusable Cause (RCEC)

Prepared By:

This section is designated for the MACs to report on the Request for Consideration of Excusable Cause (RCEC) submitted throughout the contract period.

RCEC ID #	Functional Area	Subject	Possible impact to Award Fee?	Possible impact to QASP?	Date MAC notified of Outcome	Considered	Not Considered

Approval Page

I certify that the information provided in this report is complete and accurate to the best of my knowledge.

Approved by: _____

                  Project Manager's/Director's Name (Printed)

                  _____

                  Project Manager /Director's signature

Project Manager's/ Director's Contact Information:

Title:

Phone number:

E-mail:

Mailing address:

Appendices to the MSR

Appendix I: Instructions for Award Fee Summary Table in Monthly Status Report

The Award Fee Summary Table is designed to give a snapshot of the contractor's projection of Award Fee performance and self-assessment of award fee earned based on its performance for the month in question. For example, for the November Monthly Status Report (MSR) that is due in December, this table should only reflect the Contractor's November performance for the various metrics. However, the Contractor should continue to report cumulative figures in the narrative portion of the Award Fee Section of the MSR.

In the first month of the option year the contractor should update column A (list of metrics) of the table to reflect the various award fee metrics that will be measured that year based on the Award Fee Plan they received at the beginning of the contract year. Unless there is an agreed upon change to the Award Fee Plan, this list will be static for the option year. The Contractor will only have to update the table to denote the current month's performance and the Contractor's projection of the Award Fee earned for each metric.

The projected award fee earned should be based on the Contractor's performance against the performance standards outlined in the Award Fee Plan. Where the amount of Award Fee is determined based on the overall performance in the period (for example, number of months meeting the metric) the Contractor will report 100% projected Award Fee earned if the Contractor met the award fee metric that month and 0% if it has not met the metric.

Please note that no summary number is required for any metrics where the Contractor does not report monthly performance (i.e. Accuracy of Written Appeal Redetermination Letters)

Appendix II: Steps to Complete Monthly Status Report (MSR) Action Plan Reporting

1. At the end of the Quality Assurance Surveillance Plan (QASP) evaluation (i.e., after all rebuttals have been settled) the Contractor is required to submit an action plan for any failed QASP metric, unless the Centers for Medicare & Medicaid Services (CMS) has determined that one is not required.
2. The Contractor will include in the MSR a chart of these failed standards (see section K-14), the various steps (if applicable) in the action plan, and the status of monthly activities.
   a. In the first MSR after the final QASP report has been received and approved by the Contracting Officer's Representative (COR) the Contractor will begin providing status updates for each action plan (or each step if applicable).
   b. In subsequent months, as the Contractor believes it has completed an action plan, it will check off the pending CMS closure column for the applicable plan. A green background color can be applied to the row with this standard at this time to help distinguish action plans awaiting official closure. Action plans that are still in process will have a red background applied until they are pending closure.
   c. When a Contractor believes its actions have completed an action plan, a note should be sent to the applicable COR requesting closure. The official closure will be communicated by the COR back to the Contractor. The Contractor may also at any time request a current version of the list of open action plans for its jurisdiction.
   d. Once the Contractor gets notice that an action plan has been officially closed by CMS (notice from COR) the Contractor will remove the X in the Pending CMS Closure column and replace it with CMS closed and the date it received notice of closure. A grey background color will be applied to the row with this standard at this time to help distinguish open and closed action plans.

3. This chart will be included in the MSR as a summary in Section K-14. The chart will be a summary for all of the business functions and will contain all open action plans.

Appendix III: MAC Facility Locations

General Instructions:

MACs shall submit the initial MSR Appendix-MAC Site Locations as an attachment to the next monthly MSR, in accordance with the issuing TDL. After the first submission, MACs will only submit the MSR Appendix-MAC Facility Site Locations file with the first MSR of each contract option year, when there are changes or updates, or at the COR's request. The MAC does not need to send the MAC Site Locations file with each monthly MSR submission, except in the instances previously cited.

MACs shall use the following file naming convention for the first submission:

Jurisdiction number or letter/document title/MSR/option year/initial submission/month and year. For example:

JX_MAC Site Locations_MSR_OY4_initial_Jul 2011 (where X is the jurisdiction number or letter)

For subsequent submissions with address changes, MACs shall provide the jurisdiction number/document title/MSR/option year/updated submission/month and year. For example:

JX_MAC Site Locations_MSR_OY4_updated_Dec 2012 (where X is the jurisdiction number or letter)

MAC Site Locations and Addresses

Identify the location and street address for each facility where your MAC Medicare operations are performed. Identify the facility location as "headquarters" or "additional" facility.

Example:

Headquarters Facility Name	CMS Central Office
Street Address:	7500 Security Boulevard
City, State, ZIP	Baltimore, MD 21244

Additional Facility Name	CMS Philadelphia Regional Office
Street Address:	150 S. Independence Mall West
City, State, ZIP	Philadelphia, PA 19106

In addition, for each business function, identify the primary facility location and any additional facility locations where that function is performed. Also, identify any subcontractor locations specific to the particular function. Include a point of contact for the specific function at each facility where that activity occurs. If Part A and Part B processing occur in different locations, please specify as appropriate.

Contractor Name

A/B or DME MAC Jurisdiction X

Monthly Status Report

Month Year

*The MAC Site Locations file template is included as an attachment to the MSR template.

Appendix IV: Medical Review Workload Table Instructions

This table has been developed to track MR workload across all the MACs in the MSRW. The MAC Projected MR Workload shall detail the MACs MR Activities as reported in their current IPRS or SAR per Part A, Part B, Home Health & Hospice and DME as appropriate:

Definitions of Columns:

Workload Categories-found in SOW, IPRS/SAR and PIM IOM 100-08 Chapter 7. The C.5.12 are specific to Part A, Part B, Home Health and Hospice.   The 4.7 numbers are specific to DME.

Current IPRS/SAR Projected Workload for Contract Year: This is the number of claims, and One on One Activities the MAC has submitted via their IPRS or SAR to complete within their Contract Year Period of Performance (POP).

Monthly Target: Determined by taking the IPRS or SAR workloads for each workload category divided by the number of months in the POP.

Monthly Actual: This is the number per each workload category that the MAC has done for that month.

Monthly Variance: The difference between the Monthly Actual and the Monthly Target.

> Monthly Actual – Monthly Target = Variance

> If the variance is negative, the MAC is behind their monthly goal. If the variance is positive, the MAC is ahead of their monthly goal.

Year to Date (YTD) Target: A rolling sum of Monthly Target. In the first month of the period of performance, the Monthly Target will equal the YTD Target. In the next month, the YTD Target will equal the sum of the current month's Monthly Target and the previous month's YTD Target.

YTD Actual: A rolling sum of Monthly Actual. In the first month of the period of performance, the YTD Actual will equal the Monthly Actual. In the next month, the YTD Actual will equal the sum of the current month's Monthly Actual and the previous month's YTD Actual.

YTD Variance: The difference between the YTD Actual and the YTD Target.

> YTD Actual – YTD Target = Variance

> Note that the variance will be negative if the MAC is behind their YTD goal.

Variance Explanation: The MAC uses their discretion to explain when their workload is falling short of meeting their targeted goals. BFLs may ask the MAC for an explanation if workload is lower than the MAC expected targeted goals.

Examples of Workload Tables

EX: Monthly MR Workload label as PART A, or Part B, or Home Health, or Hospice as appropriate to the MAC. Part A, Part B, Home Health and Hospice, each must have their own table. Label table current as of date i.e. November 30, 2020.

This example is a first month table of the MAC POP.

Workload Category	Current IPRS/SAR Projected Workload for Contract Year POP	Monthly Target	Monthly Actual	Monthly Variance	YTD Target	YTD Actual	YTD Variance	Variance Explanation (if required)
C.5.12.2.3 Demand Bill Claims Review	**10**	1	0	-1	1	0	-1	
C.5.12.2.4 Medical Record Review Reopening	**25**	2	5	3	2	5	3	
C.5.12.2.5 Prepay Provider Specific Medical Record Review	**0**	0	0	0	0	0	0	
C.5.12.2.6 Prepay Service Specific Medical Record Review	**100**	8	6	-2	8	6	-2	
C.5.12.2.7 Prepay Provider Specific Probe Medical Record Review	**600**	50	40	-10	50	40	-10	
C.5.12.2.8 Prepay Service Specific Probe Medical Record Review	**0**	0	0	0	0	0	0	
C.5.12.2.10 Postpay Provider Specific Probe Medical Record Review	**0**	0	0	0	0	0	0	
C.5.12.2.11 Postpay Service Specific Probe Medical Record Review	**0**	0	0	0	0	0	0	

C.5.12.2.12 Postpay Provider Specific Medical Record Review	**0**	0	0	0	0	0	0
C.5.12.2.13 Postpay Service Specific Medical Record Review	**0**	0	0	0	0	0	0
Total of above rows	**735**	**61**	**51**	**-10**	**61**	**51**	**-10**
C.5.12.2.20 One-on-one Education	300	25	25	0	25	25	0
Total including C.5.12.2.20 One-on-one Education	**1035**	**86**	**76**	**-10**	**86**	76	**-10**

Contractor Name

A/B or DME MAC Jurisdiction X

Monthly Status Report

Month Year

Workload Category	Current IPRS/SAR Projected Workload for Contract Year POP	Monthly Target	Monthly Actual	Monthly Variance	Year to Date (YTD) Target	YTD Actual	YTD Variance	Variance Explanation (if required)
C.5.12.2.3 Demand Bill Claims Review	**10**	1	3	2	1+1=2	0+3=3	1	
C.5.12.2.4 Medical Record Review Reopening	**25**	2	10	8	2+2=4	5+10=15	11	
C.5.12.2.5 Prepay Provider Specific Medical Record Review	**0**	0	0	0	0	0	0	
C.5.12.2.6 Prepay Service Specific Medical Record Review	**100**	8	16	8	8+8=16	6+16=22	6	
C.5.12.2.7 Prepay Provider Specific Probe Medical Record Review	**600**	50	40	-10	50+50=100	40+40=80	-20	The MAC is behind their yearly goal by 20 due to missing their monthly target by 10 claims last month and 10 claims this month. They will have to add an additional 20 claims to future month's Monthly Targets to make up for this.
C.5.12.2.8 Prepay Service Specific Probe Medical Record Review	**0**	0	0	0	0	0	0	
C.5.12.2.10 Postpay Provider Specific Probe Medical Record Review	**0**	0	0	0	0	0	0	

Contractor Name

A/B or DME MAC Jurisdiction X

Monthly Status Report

Month Year

C.5.12.2.11 Postpay Service Specific Probe Medical Record Review	**0**	0	0	0	0	0	0
C.5.12.2.12 Postpay Provider Specific Medical Record Review	**0**	0	0	0	0	0	0
C.5.12.2.13 Postpay Service Specific Medical Record Review	**0**	0	0	0	0	0	0
Total of above rows	**735**	**61**	**69**	**8**	**122**	**120**	**-2**
C.5.12.2.20 One-on-one Education	300	25	25	0	25+25=50	25+25=50	0
Total including C.5.12.2.20 One-on-one Education	**1035**	**86**	**94**	**8**	**172**	**170**	**-2**

EX: Monthly DME Table current as of xxx date								
Workload Category	**Current IPRS/SAR Projected Workload for Contract Year POP**	**Monthly Target**	**Monthly Actual**	**Monthly Variance**	**YTD Target**	**YTD Actual**	**YTD Variance**	**Variance Explanation (if required)**
4.7.4 Medical Record Review Reopening								
4.7.5 Prepay Provider Specific Medical Record Review								
4.7.6 Prepay Service Specific Medical Record Review								
4.7.7 Prepay Provider Specific Probe Medical Record Review								

4.7.8 Prepay Service Specific Probe Medical Record Review								
4.7.10 Postpay Provider Specific Probe Medical Record Review								
4.7.11 Postpay Service Specific Probe Medical Record Review								
4.7.12 Postpay Provider Specific Medical Record Review								
4.7.13 Postpay Service Specific Medical Record Review								
Total of above rows								
4.7.22 One-on-one Education								
Total including 4.7.22 One-on-one Education								