CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 740	Date: July 30, 2010
	Change Request 7031

# SUBJECT: Alternative Feedback Report Request Process for Quality Initiatives

**I. SUMMARY OF CHANGES:** This CR Updates CR 6441 and expands the opportunity for providers to request additional quality initiative feedback reports, such as Resource Use reports, or other feedback reports that may become available with new CMS quality initiatives.

**EFFECTIVE DATE: January 1, 2011 IMPLEMENTATION DATE: January 3, 2011** 

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		

#### III. FUNDING:

# For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

# 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**

\*Unless otherwise specified, the effective date is the date of service.

# **Attachment – One-Time Notification**

Pub. 100-20 | Transmittal: 740 | Date: July 30, 2010 | Change Request: 7031

**SUBJECT: Alternative Feedback Report Request Process for Quality Initiatives** 

Effective Date: January 1, 2011

**Implementation Date:** January 3, 2011

#### I. GENERAL INFORMATION

- **A. Background:** Change Request (CR) 6441, Transmittal 529, dated August 7, 2009, established a temporary alternative feedback report request process for individual Eligible Professionals (EPs) to obtain Physician Quality Reporting Initiative (PQRI) and E-Prescribing feedback reports based on their National Provider Identifier (NPI) beginning in 2009. With this instruction, the alternative feedback report request process becomes permanent, and expands the opportunity for carriers and A/B MACs to accept requests for additional feedback reports based on NPIs for other CMS quality initiatives, such as Resource Use Reports. Individual EPs shall continue to call their carrier or A/B MAC provider contact center to request feedback reports for their individual NPI. Requests for feedback reports (including Resource Use Reports) based on Tax Identification Numbers (TINs) or by groups will still be required to access their feedback reports via a secure Web Site after first registering in Individuals Authorized Access to CMS Computer Services (IACS).
- **B.** Policy: CR 6441 also directed carriers and A/B MACs to have their provider inquiry customer service representatives (CSRs) collect information from individual EPs requesting feedback reports for their individual NPI. The CSRs shall continue to handle and track these inquiries in accordance with Pub 100-09, Chapter 6, Sections 30 and 90. This CR updates CR 6441 and expands the opportunity for providers to request additional quality initiative feedback reports, such as Resource Use Reports, or other feedback reports that may become available with new CMS quality initiatives.

To facilitate the collection of this data by the CSRs, this CR directs Hewlett Packard (HP) to modify the MCS to capture several pieces of information. On a weekly basis, the contractor's designated primary and backup Data Custodian shall e-mail a file created by the system batching

the feedback report requests to the CMS data custodian at <a href="PSpec@sdps.org">PSpec@sdps.org</a>. The e-mailed file shall be in a tab delimited format and meet specific file specifications outlined in BR 7031.7. The CMS data custodian shall take responsibility for fulfilling requests for quality reports such as: PQRI, E-Prescribing, Resource Use Reports, or other feedback reports that may become available, by generating and emailing the reports directly to individual EPs and resolving report processing issues such as delivery errors and invalid requests. Upon receipt of the individual report request file by the CMS data custodian, the carrier and/or A/B MAC shall receive an auto-reply email indicating that the transmission was successfully received. If the carrier or A/B MAC does not receive an auto-reply email for the individual report request file within 24 hours, the carrier or A/B MAC shall email CMS at <a href="mailto:providerservices@cms.hhs.gov">providerservices@cms.hhs.gov</a> and the event will be investigated as outlined in BR 7031.15.

## I. BUSINESS REQUIREMENTS TABLE

Number	Requirement	_	nsibili	_		an "	X" i	n ea	ch		
		applic	cable co	lun	nn)						
		A/B	DM	F	C	R		Shar	ed-		OTH
			Е	I	Α	Н		Syst	em		ER
		MA			R	Н	M	ainta	iner	's	
		C	MA		R	I	F	M	V	C	
			C		I		Ι	С	M	W	
					ER		S	S	S	F	
							S		~	_	
7031.1	Contractors shall take telephone requests for quality	X			X						RRB
	reports, such as PQRI, E-Prescribing, Resource Use										
	Reports and any other feedback reports available for										
	individual EPs through the provider contact center,										
	and handle and track the inquiries in accordance with										
	Pub 100-09, Chapter 6, §§ 30 and 90.										
7031.2	MCS/MCS DT shall collect the following pieces of							X			
	information from individual EPs requesting PQRI, E-										
	Prescribing, Resource Use Reports and any other										
	feedback reports that may become available using the										
	NPI, by pre-populating the capture screen with										
	information available in the system:										
	<ul> <li>Provider First Name</li> </ul>										
	<ul> <li>Provider Last Name</li> </ul>										
	<ul> <li>Individual Provider NPI</li> </ul>										
	<ul> <li>Provider E-mail Address (this is where the</li> </ul>										
	report(s) will be sent)										
	<ul> <li>Provider Phone Number (XXX-XXX-XXXX</li> </ul>										
	format)										
	<ul> <li>Caller's Name from provider organization</li> </ul>										
	(FirstName LastName format—separate first										
	name and last name by a space)										
	<ul> <li>Requested Report Type (PQRI, E-</li> </ul>										

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MA C	DM E MA C	FI	C A R R I ER	R H H I		Shar Syst ainta M C S	em	C	OTH ER
	Prescribing, Resource Use Reports and other reports that may become available)										
7031.3	Contractors shall evaluate how the CSRs will collect the information referenced in 7031.2 and shall modify their processes as necessary.	X			X						RRB
7031.4	Contractors shall train CSRs on how to collect the feedback report request data for PQRI, E-Prescribing, Resource Use Reports and other feedback reports that may become available.	X			X						RRB
7031.5	MCS shall collect the information so that it is used for producing a file meeting the specifications in 7031.7 and that can be emailed in accordance with 7031.9 and 7031.9.1							X			
7031.6	Contractors shall designate a primary and a back up Data Custodian who shall develop a process to batch requests for quality reports such as PQRI, E- Prescribing, Resource Use Reports and other feedback reports that may become available.	X			X						RRB
7031.7	<ul> <li>MCS shall create a file that shall be used by contractors to meet the following specifications of a tab delimited file format:         <ul> <li>This is a Text file, which should be read by any text editor such as notepad</li> <li>The file name should be of the format PQRI_XXXX_YYYYMMDD.txt (txt in lower case - example:</li></ul></li></ul>	X			X			X			EDCs

Number	Requirement		Responsibility (place an "X" in each applicable column)								
		A/B MA	DM E	F	C A R	R H H		Share Syste	em	rs .	OTH ER
		С	MA C		R I ER	Ι	F I S S	M C S	V M S	C W F	
	The file can contain blank lines either in the beginning, in the middle or in the end.  Receiving system ignores the blank lines										
	<ul> <li>Each line in the file represents a NPI Feedback report request from a provider</li> </ul>										
	• Each line shall contain the following data fields separated by tabs. All the data fields are required. In the absence of any data field, that specific line request is not fulfilled. However, the requests of the other lines are fulfilled										
	<ol> <li>Provider First Name (example: John)</li> <li>A/N length of 28.</li> </ol>										
	2. Provider Last Name (example: Doe) – A/N length of 28.										
	3. Provider NPI (example: 123456789)										
	4. Provider Email address (example: john.doe@GoodHealthClinic.com) – field length = 45.										
	5. Provider Phone number (example: 515-123-4567) (NOTE: A phone number should be represented in the XXX-XXX-XXXX format)										
	6. Caller name from Provider organization (example: Jane Doe) (NOTE: Caller name should be represented as <b>FirstName LastName</b> format). Separate First name and Last name by a space – A/N length of 60.										
	7. Requested Report type - (a value of 1 represents PQRI Feedback report, a value of 2 represents E-Prescribing Feedback report, a value of 3										

Number	Requirement	_	nsibilit			an "	X" i	n ea	ch		
		A/B MA C	DM E MA C	FI	C A R R I ER	R H H I		Share Syste ainta M C S	em	С	OTH ER
	represents All Available Reports and a value of 4 represents Resource Use report).										
7031.8	MCS shall create a weekly job that shall run at the Data Center to generate the file referenced in 7031.7. The EDC will transmit the generated file to the carrier or A/B MACs local data center if so requested by the carrier or A/B MAC. When there is no data available, the report will include a line that says "no data available."										EDCs
7031.9	The Data Custodian at the carrier shall email the data file referenced in 7031.7 and 7031.8 to the CMS data custodian at PSpec@sdps.org by 5:00 PM local time every Monday. For weeks with a Monday holiday, the Data Custodian shall email the data file(s) by 5:00 PM local time Tuesday. The Data Custodian at each carrier may send one email with one or more data files attached per week containing all feedback report requests for that week. Each data file attachment shall be named using the format in 7031.10.				X						RRB, OCS Q
7031.9.1	The Data Custodian at the A/B MAC shall email the data file referenced in 7031.7 and 7031.8 to the CMS data custodian at PSpec@sdps.org by 5:00 PM local time every Monday. For weeks with a Monday holiday, the Data Custodian shall email the data file by 5:00 PM local time Tuesday. Each data file attachment shall be named using the format in 7031.10.	X									OCS Q
7031.10	The Data Custodian shall name the data file referenced in 7031.7 using the following format: PQRI_XXXX_YYYYMMDD.txt. For zip files, contractors shall use the following naming convention: PQRI_XXXX_YYYYMMDD.zip. For all file types: XXXX=carrier or A/B MAC contract #. Carriers with multiple contracts or contractor	X			X						RRB, OCS Q

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MA C	DM E MA C	F I	C A R R	R H H		Share Syste ainta M C	em	C	OTH ER
			C		ER		S	S	S	F	
	numbers shall determine the most efficient and practical method of compiling the requests and then determine the contractor number to use for their naming convention. A/B MACs shall use the roll-up number for the Part B workload type articulated in the chart in CR 6259 as the contract #.  YYYYMMDD is the date the file was sent. Zip files shall contain .txt files only.										
7031.11	The Data Custodian shall populate the subject line of the email sent to the data custodian referenced in 7031.9 or 7031.9.1 with the data file attached with: "NDS Submission: Carrier Name or A/B MAC Jurisdiction #," as appropriate.	X			X						RRB, OCS Q
7031.12	Contractors having no file to submit for the week shall email the CMS data custodian at <a href="PSpec@sdps.org">PSpec@sdps.org</a> stating: "We are Carrier Name or A/B MAC Jurisdiction #; we have no file for this week." Contractors shall populate the subject line of this email as required in 7031.11.	X			X						RRB, OCS Q
7031.13	CMS will instruct carriers and A/B MACs to suspend the process outlined in 7031.9 – 7031.12 through a Joint Signature Memorandum/Technical Direction Letter (JSM/TDL) in the event the requests are so low that weekly reporting is no longer necessary.	X			X						RRB
7031.14	The CMS data custodian shall contact the Data Custodian at the contractor in the event there is an empty file, no file attached to an e-mail (other than that described in 7031.12), or a corrupted file. The contractor shall work with the CMS data custodian to resolve the problem. If the problem cannot be resolved within 24 hours from the initial contact, the CMS data custodian shall contact their Government Task Leader and Project Officer for follow up.	X			X						RRB, OCS Q
7031.15	Upon receipt of the individual report request file by the CMS data custodian, the carrier and A/B MAC shall receive an auto-reply email indicating that the transmission was successfully received. This auto-	X			X						RRB, OCS Q

Number	Requirement	_	onsibilit cable co	_		an "	<b>X"</b> i	n ea	ch		
		A/B	DM E	F	C	R H		Share Syste			OTH ER
		MA			R	Н		ainta		îs l	
		C	MA		R	I	F	M	V	C	
			C		I		I	C	M	W	
					ER		S	S	S	F	
							S				
	reply will occur for each file transmission from the carrier or A/B MAC. If an auto-reply is not received within 24 hours, the carrier or A/B MAC shall email										
	CMS at <u>providerservices@cms.hhs.gov</u> indicating that they have not received a confirmation auto-reply email and the event will be investigated.										
7031.16	Contractors shall send notice of any changes to the names, email addresses, and phone numbers of the designated primary and back up Data Custodians provided to <a href="mailto:ProviderServices@cms.hhs.gov">ProviderServices@cms.hhs.gov</a> by January 3, 2011.	X			X						RRB, OCS Q
7031.17	If the email address for the CMS data custodian changes, CMS will advise the contractor of the change and the effective date. Contractors shall use the new email address on and after the effective date to submit the data file(s) containing the feedback report requests to the CMS data custodian.	X			X						RRB, OCS Q

# III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B	D	FI	C	R		hare			OTHER
			M		Α	Н	System				
		MAC	Е		R	Н	Maintainers				
					R	Ι	FI	M	V		
			M		I		S	C	M		
			Α		Е		S	S	S		
			C		R				~		
	None.										

# IV. SUPPORTING INFORMATION

# Section a: for any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	
	CR 6441 – Physician Quality Reporting Initiative (PQRI) and E-Prescribing Alternative
	Feedback Report Request Process
7031.10	CR 6259, Transmittal 408, dated November 28, 2008 – New Numbers for all MAC
	Jurisdictions

# Section B: For all other recommendations and supporting information, use this space: N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Debra Shannon, <u>Debra.Shannon@cms.hhs.gov</u>, 410-786-9418 and Dale Ivey, <u>Dale.Ivey@cms.hhs.gov</u>, 410-786-5039.

**Post-Implementation Contact(s):** Debra Shannon, <u>Debra.Shannon@cms.hhs.gov</u>, 410-786-9418 and Dale Ivey, <u>Dale.Ivey@cms.hhs.gov</u>, 410-786-5039.

## VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

## **Section B:** 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.