

Open Door Forum: Consultation with Providers of Services on Performance Requirements and Standards for Medicare Administrative Contractors (MACs)

When: Thursday, April 15 at 2:00 to 4:00 p.m. (EST)

Additional Information Concerning Purpose of this Open Door Forum

Note: Providers may want to ask their billing specialist or office manager to join them for this consultation session.

Section 911 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) establishes Medicare Fee-for-Service (FFS) Contracting Reform (MCR) that will be implemented over the next several years. This provision requires that the Centers for Medicare & Medicaid Services (CMS) use competitive procedures to replace its current fiscal intermediaries (FIs) and carriers with the new contractors, referred to as Medicare Administrative Contractors (MACs). MMA requires that CMS conduct full and open competitions and transition all work to MACs by 2011.

Currently, CMS is developing its MAC Statement of Work. The Statement of Work is a very critical document that is part of the Government's contract competition process. It will describe the work to be performed by the MAC, the respective responsibilities of CMS and the MAC, and provide objective measures so that CMS will know when the work is conducted appropriately and payment for that work is justified. The Statement of Work is the document that will communicate to prospective bidders what performance requirements will be expected of a MAC.

As stated in MMA, the MACs will carry out the day-to-day administration of the Medicare FFS program. Section 911 (b)(3)(A) of MMA requires that CMS consult with providers of services, among others, while developing performance requirements and standards for measuring the extent to which those requirements have been met. Requirements will need to be developed for all of the business functions that the MACs will be performing. The basic functions performed by current FIs and Carriers include:

- Customer Service
- Claims Processing
- Medical Review
- Medicare Provider Enrollment
- Appeals
- Overpayments

The following questions are designed to assist providers in identifying requirements:

- What do the current Medicare intermediaries and carriers do that you would like to see continue to be done by the future MACs?

- What aspects of the administration of Medicare (e.g., training, telephone service, overpayment notification and collection, website information) do you believe CMS' contractors could improve? Can you suggest ways that you would like to see these activities performed, e.g., increased timeliness, better consistency?
- What kind of performance standards would you recommend CMS require from a company with which it has a contract to do these functions? As an example, current law requires that 95% of Medicare claims submitted with all needed information be processed and paid within 30 days.
- What have you experienced when dealing with other health insurers that you might consider is a "best practice" and something that CMS should consider adopting to improve its services to you?

In addition to listening to suggestions from providers during this Open Door Forum, we will also afford them the opportunity to submit written input, suggestions, and questions to CMS on the above topics subsequent to the call. To allow us to more easily track and catalogue them, we will ask that those suggestions and questions be submitted through CMS' Medicare Contracting Reform Website at:

http://www.cms.hhs.gov/medicarereform/contractingreform/odf/mma911_odf_qs.asp

In addition, background materials for this forum are provided at:

<http://www.cms.hhs.gov/medicarereform/contractingreform/odf/>

This website will continue to be updated. Please check back for additional materials related to this call.

We request that you submit your comments and ideas by the end of April. Comments received after April 30, 2004, may not be considered for the initial SOW drafting. However, comments received after April 30 will be given consideration when doing revisions and rewrites of that first draft.

There are 2 ways to participate in this Open Door Forum Listening Session, by phone or in-person.

To participate in-person at the CMS Baltimore Site, an **RSVP is required**. **To register**, please **RSVP** (by close of business ***Monday April 12, 2004***) via email to Section911@cms.hhs.gov if you plan to attend. Please include the word "Registration" in the subject line of your message, send us your name along with the name of your organization, and contact information, and **indicate whether or not you plan to speak**. Please arrive no later than 1:30 PM. Photo identification is required at security points.

ADDRESS:

CMS Single Site Building

Auditorium

7500 Security Boulevard

Baltimore, MD 21244

Map & Directions: <http://cmsnet.cms.hhs.gov/hpages/ocsq/cmsdirections-north.htm>

To participate by phone:

Dial: **1-800-837-1935** & Reference Conference ID: **6330011**

Persons participating by phone are not required to RSVP.

Note: TTY Communications Relay Services are available for the Hearing Impaired.

For TTY services dial 7-1-1 or 1-800-855-2880 and for Internet Relay services click here <http://www.consumer.att.com/relay/which/index.html> .

A Relay Communications Assistant will help.

ENCORE: 1-800-642-1687; Conf. ID# 6330011

“Encore” is a recording of this call that can be accessed by dialing 1-800-642-1687 and entering the Conf. ID beginning on April 16,2004. The recording expires after 4 days.

For Forum Schedule updates, Listserv registration and Frequently Asked Questions please visit our website at www.cms.hhs.gov/opendoor/