



Quality Assurance Monitoring (QAM) Medicare Administrative Contractor (MAC) Handbook

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1. QAM

QAM allows CMS to independently monitor and score MAC Provider Contact Center (PCC) telephone inquiries for accuracy, completeness, and adherence to the Privacy Act by evaluating the visual, in addition to the audio, components of a call. The visual component(s) include the systems and screens such as the Common Working File (CWF), Fiscal Intermediary Shared System (FISS), Healthcare Integrated General Ledger Accounting System (HIGLAS), Health Insurance Master Record (HIMR), HIPAA Eligibility Transaction System (HETS), Medicare Beneficiary Database (MBD), Multi-Carrier System (MCS), National Plan and Provider Enumeration System (NPES), and VIPS Medicare System (VMS), used by Medicare PCC Customer Service Representatives (CSRs) that respond to MAC provider telephone inquiries. The Communications Relational Assurance Database (CRAD), <http://www.RADqualitymonitoring.com> stores all QAM Reports and is used for the Rebuttal process.

Because of the random nature of call selection, Quality Monitors (QMs) do not know at the time of selection whether a call will actually be scored. The evaluation process determines if the file is scoreable. Because all selected calls are part of the quality sample, non-scored calls are still documented, and the information is available for reporting.

CMS requires the QAM contractor provide an unbiased, random selection process to apply to the universe of calls for proper sampling and fairness. Current QAM monthly requirements are:

- 40 AB MAC (Part A and Part B) scorecards per Jurisdiction;
- 40 DME MAC scorecards per Jurisdiction; and
- 15 HHH scorecards per Jurisdiction.

CSRs may be monitored multiple times during the month.

2. QAM Access Steps and Monthly Process

CMS, the QAM Contractor and the MACs work together as necessary and appropriate to access the CRAD. These steps include:

- Establishing / verifying CMSNet/CMS VPN connectivity;
- Requesting QAM, MAC and CMS usernames and passwords for the QMS;
- Requesting user manuals and any related resources or training materials from the QMS;
- Testing access to the QMS;
- MACs uploading CSR Lists to CRAD (<http://www.RADqualitymonitoring.com>) by the 5th of the month in accordance with the QAM MAC CSR List Specification document, found on the CRAD Resources tab; and
- MACs uploading CMS QAM Environment Change Control Forms to CRAD, found on the CRAD Resource tab monthly.

CMS provides:

- Contact information for questions or escalation of any issue(s); and
- CMSNet access.

MAC Users for CRAD access are based on Jurisdiction and Program.

NOTE: All requests for MAC Admin usernames should include the information below in an email sent to QAM@cms.hhs.gov:

- Contractor Name:
- Jurisdiction:
- Program:
- First and Last Name:
- Email Address:
- Contact Number:

3. QAM CSR Selection List Specification for MACs

Overview

Each MAC is responsible for uploading its monthly CSR Selection List to CMS using the CRAD. MACs can upload the CSR Selection List in a predefined Excel spreadsheet downloaded from the CRAD.

The CSR List should only contain the following attributes:

CSR Name – First, Middle, Last name format (three different cells).

CSR Location – PCC name where CSR(s) are located.

CSR Level – Skill Level of the CSRs – Level One, Level Two or Provider Relations Research Specialist (PRRS).

Jurisdiction – The defined geographic area servicing institutional providers, physicians, practitioners, and suppliers.

Program – Program for the CSR. Provide CSR name for the primary program they are assigned to in a new Excel row.

CSR Status – A for active CSRs, T for terminated and / or I for inactive CSRs. Terminated CSRs must be removed from the list after 30 calendar days. The following is a sample CSR List with the above attributes:

	A	B	C	D	E	F	G	H
1	First Name	Middle Name	Last Name	PCC	CSR LEVEL	JURISDICTION	PROGRAM	STATUS
2				Birmingham	Level 1	JJ	ABMAC-A	A
3				Birmingham	Level 1	JJ	ABMAC-A	I
4				Birmingham	Level 1	JJ	ABMAC-A	A
5				Birmingham	Level 1	JJ	ABMAC-A	A
6				Birmingham	Level 2	JJ	ABMAC-A	A

Figure 1: Sample CSR Selection Upload List 1

Note: If a CSR is in two different programs for the same PCC, then they should be listed twice in the Excel sheet. For example, CSR from Baltimore JL is in two different programs ABMAC-A & ABMAC-B then they should be listed as below.

1	First Name	Middle Name	Last Name	PCC	CSR LEVEL	JURISDICTION	PROGRAM	STATUS
2	Rachel	Minto	Green	Baltimore	Level one	JL	ABMAC-A	A
3	Rachel	Minto	Green	Baltimore	Level one	JL	ABMAC-B	A

Figure 2: Sample CSR Selection Upload List 2

Note: In Figure 2: Sample CSR Selection Upload List is test information.

Frequency Specification

MACs shall upload their list of CSRs to CRAD who have both audio and video files in the month being reviewed by the 5th of the current month. Trainees should not be included on the list.

4. QAM MAC Call Reference Tracking

The Quality Monitors (QM) log into the appropriate QMS and randomly select CSR recordings and evaluate the audio and screen navigations. The CRAD creates MAC Call Reference IDs to track each call that is reviewed by QM. The MAC Call Reference format is detailed below:

JurisdictionCSR1stInitialLastNameYearMonthDay_Time:

An example MAC Call Reference – J99ASmith20160113_093000 where:

- J99 is the Jurisdiction;
- ASmith is the CSR's first initial and last name;

NOTE: If the entire name does not allow for the date and time, the system truncates the CSR's last name as needed.

- 20160113_ is the year, month, and day with an underscore to separate the time; and,
- 093000 is the start time of the recording in the CRAD.

5. QAM Scoring Guidelines

Guidelines contained in this Handbook do not supersede any requirements for the operation of the Provider Customer Service Program (PCSP) for handling telephone inquiries.

Scoring Requirements

The QAM scorecards evaluate three main scoring sections and two subsections, listed below:

- Knowledge Skills;
 - Accuracy and Completeness;
- Adhere to Privacy; and
- Customer Skills.

To receive a passing score for the call, a CSR must receive a **Yes** in all the scoring criteria. A Non-scoreable scorecard is created when:

- Recorded file disconnects unexpectedly;
- Recorded file is inaudible/not viewable and deemed corrupted;
- MAC Jurisdiction Program CSR selection is invalid for the requirement; or
- Call Category is not valid for QAM.

A Scoreable scorecard is created when a randomly selected call meets the following criterion:

- Audio and video file is clear;
- Audio and video file does not disconnect due to technical issues;
- Call Category is eligible for QAM; and
- MAC Jurisdiction and Program CSR selection is valid.

NOTE: Categories and associated subcategories that are evaluated are based on the CMS Standardized Provider Inquiry Chart.

Each section is scored with a **Yes** or **No**.

Knowledge Skills

Accuracy

The purpose of this criterion is to ensure CSR(s) provide accurate information. MACs ensure that all CSRs are trained in best practices of quality customer service ensuring consistency and accuracy.

In order to receive a **Yes**, the CSR must provide accurate information that responds to the caller's inquiry.

The CSR receives a **Yes** by satisfying one of these conditions:

- Accurate information is provided; or
- Inaccurate information is initially provided but corrected before the call ended.

The CSR receives a **No** when at least one of these conditions is true:

- Inaccurate information is provided, but not corrected before the call ended; and/or
- Mispronunciation of words impacts the meaning of the response.

Completeness

The purpose of this criterion is to ensure a complete response is provided by the CSR. Although the response may be accurate, all the relevant information available may not be disclosed to the caller. In addition to providing a complete response, when a CSR provides a source or reference during the call, it must also be complete.

In order to receive a **Yes**, the CSR must provide complete information to respond to the caller's inquiry. If the response is incomplete, the QMs score **No** for Completeness.

The CSR receives a **Yes** by satisfying at least one of these conditions:

- Complete information/reference is provided; or
- Incomplete information/reference is initially provided, but then complete information/reference is provided before the call ended.

The CSR receives a **No** when at least one of these conditions is true:

- Incomplete information is provided, and not corrected before the call ended; and/or
- Key reference points are omitted.

Examples of complete resources and references are found in the table below:

Resources	Reference Elements	Example
Internet Only Manual (IOM)	<ul style="list-style-type: none"> • Publication Number • Name of the Manual • Chapter • Section • Page (if applicable) 	<p>CMS' Official Manual Reference: <i>Publication 100-2, Medicare Benefit Policy Manual, Chapter 10, Section 10.1.10.3.</i></p> <p>CMS' Manual Reference accepted: <i>IOM 100-04, Medicare Claims Processing Manual, Chapter 12, Section 30.6.1.</i></p> <p><i>Tip: Be sure to read each part of the reference exactly as listed. Include all four parts of the CMS manual citations, including the publication number, publication name, chapter, section and page, if applicable.</i></p>
Change Request (CR)	<ul style="list-style-type: none"> • CR • Number 	<p><i>Change Request 5563</i> <i>CR 4215</i></p>
MLN Matters Articles (MLN)	<ul style="list-style-type: none"> • MLN Articles • Number 	<p><i>MLN Matters Article 5221</i> <i>MM 5347</i></p>
Frequently Asked Questions (FAQ)	<ul style="list-style-type: none"> • CMS • FAQ ID number 	<p><i>CMS FAQ ID Number 4238</i> <i>CMS FAQ 8537</i></p>
Contractor Newsletters/Bulletins/Publications	<ul style="list-style-type: none"> • Newsletter/Bulletin/Publication Name • Volume • Edition • Date • Issue • Article Name • Page Number <p><i>Note: The elements above must be provided if applicable. When identifying a reference, Medicare contractors' publications may not contain all these elements.</i></p>	<p><i>Medicare Advisory, Volume 2007 Issue II, November 2007, <u>Intraocular Lenses</u>, page 9.</i></p> <p><i>Medicare B Update, Volume 5, Number 11, November 2007, <u>Flu Shot Reminder</u>, page 41.</i></p> <p><i>Medicare Part A News, November 5, 2007, <u>NPI for Providers</u>, page 7.</i></p>
NCD (National Coverage Determination)	<ul style="list-style-type: none"> • Title of the NCD • Number 	<p><i>NCD for Mammograms (220.4)</i> <i>NCD for Prothrombin Time (190.17)</i> <i>NCD for Ultrasound Diagnostic Procedures (220.5)</i></p>
LCD (Local Coverage Determination)	<ul style="list-style-type: none"> • Title of the LCD • Alpha-Numeric Identifier 	<p><i>ALRG-501 Allergy Immunotherapy</i> <i>L26841 – Botulinum Toxins Type A and Type B</i> <i>Allergy Skin Testing – 4H-15AB</i></p>

Figure 3: Resources and References

Adherence to Privacy

The purpose of this criterion is to safeguard the privacy of Medicare beneficiaries by ensuring that MACs disclose Medicare beneficiaries' personally-identifiable information (PII) and protected health information (PHI) to providers only when necessary and appropriate. MACs shall authenticate providers with the three standard elements listed below:

- National Provider Identifier (NPI);
- Provider Transaction Access Number (PTAN); and
- The last 5-digits of the Taxpayer Identification Number (TIN).

In addition to authenticating the caller, the CSR authenticates at least four of the beneficiary data elements listed below before the disclosure of beneficiary information. When the caller has provided these elements and they are authenticated by the CSR, PII and/or PHI may be released during the call.

The beneficiary data elements for the release of PII and/or PHI are:

- Last Name;
- First Name or Initial;
- Health Insurance Claim Number (HICN)/Medicare Beneficiary Identifier (MBI); and
- One of the following (as applicable):
 - Date of birth (if the provider requests pre-claim data, such as eligibility, next eligible date, CMN); or
 - Date of service (if the provider requests post-claim data, such as claim status, CMN/DIF (post-claim)).

The CSR receives a **Yes** when the following conditions are met:

- PII and/or PHI are released and the caller is authorized to receive the information;
- PII and/or PHI is not released and the caller is not authorized to receive the information;
- Only general information is released; or
- Neither PII, PHI, nor General information is released, instead the CSR forwards the call or obtains callback information.

The CSR receives a **No** when one of these conditions is true:

- PII and/or PHI are released, but the caller is not authorized to receive the information;
- PII and/or PHI are not released, but the caller is authorized to receive the information; or
- General information is not released, and the CSR did not forward the call or obtain callback information.

NOTE: If the provider is calling about processed claims (that is, calling for the status of submitted claims or asking why claims were denied or not paid in full, or questioning information on the Remittance Advices, etc.), the provider is not required to furnish the beneficiary's date of birth. Instead, the provider must furnish the dates of service on the claims at issue along with the beneficiary names and HICNs.

If the provider is calling for pre-claim information (usually, this would be for eligibility information), the provider is required to furnish the beneficiary's date of birth.

Customer Skills

The purpose of the above criterion is to ensure each caller's experience is consistent and within acceptable quality measurements for customer skills. CSRs are required to use good customer service skills and to effectively communicate.

In order to receive a **Yes**, the CSR must demonstrate:

- Professionalism;
- Active listening skills;
- Effective communication skills/language;
- Proper communication tone; and
- Proper call control.

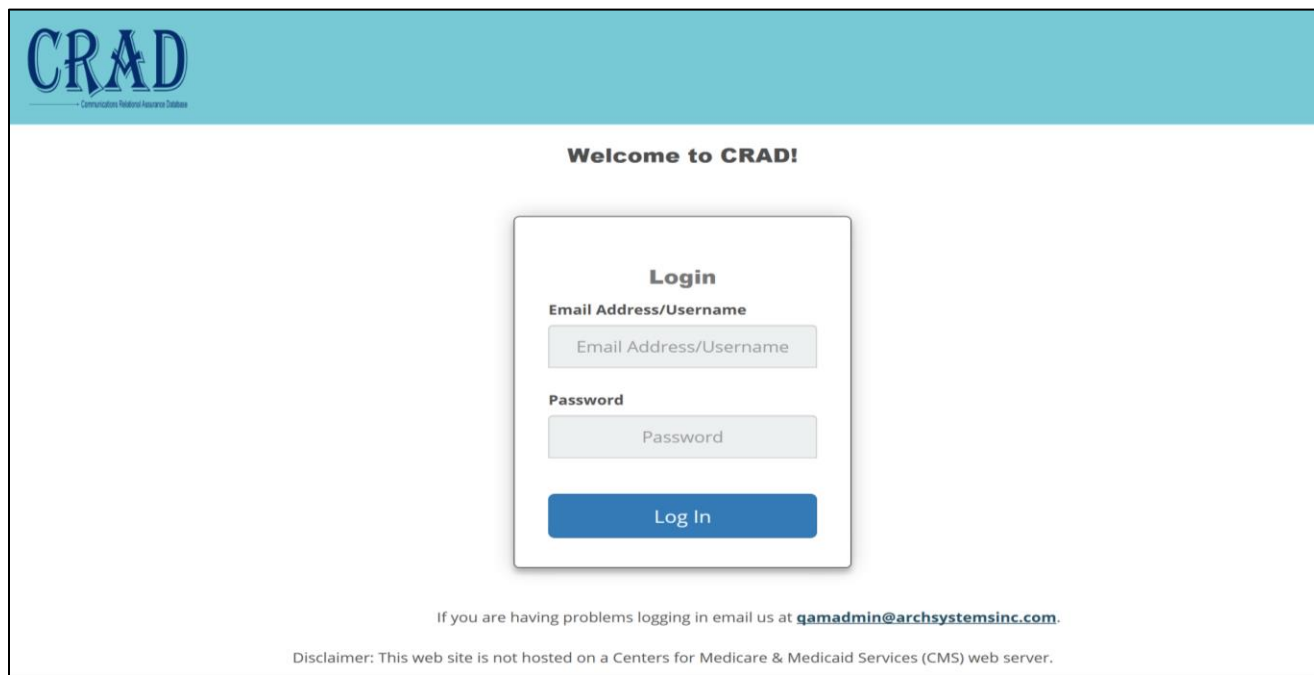
Reasons for the CSR receiving a **No** include, but are not limited to:

- Inappropriately interrupting the caller;
- Using profanity;
- Hanging up on the caller;
- Using derogatory terms and / or making disrespectful comments;
- Making negative comments about CMS or the MACs; and / or
- Making negative comments about CMS policies and procedures.

6. CRAD Login Page

All users must have an active CRAD MAC user account in order to login to the CRAD (<http://www.RADqualitymonitoring.com>)

When prompted, **type** in your username and password and **select** Login.



The screenshot shows the CRAD login interface. At the top left is the CRAD logo with the text "Communications Reliability Assurance Database". Below the logo is a teal header bar. The main content area is white and contains the text "Welcome to CRAD!". In the center is a login form with the title "Login". The form has two input fields: "Email Address/Username" and "Password". Below these fields is a blue "Log In" button. At the bottom of the form, there is a link: "If you are having problems logging in email us at qamadmin@archsystemsinc.com". At the very bottom of the page, there is a disclaimer: "Disclaimer: This web site is not hosted on a Centers for Medicare & Medicaid Services (CMS) web server."

Figure 4: Login Page

7. CRAD Home Page

After logging in, you are directed to the CRAD home page.

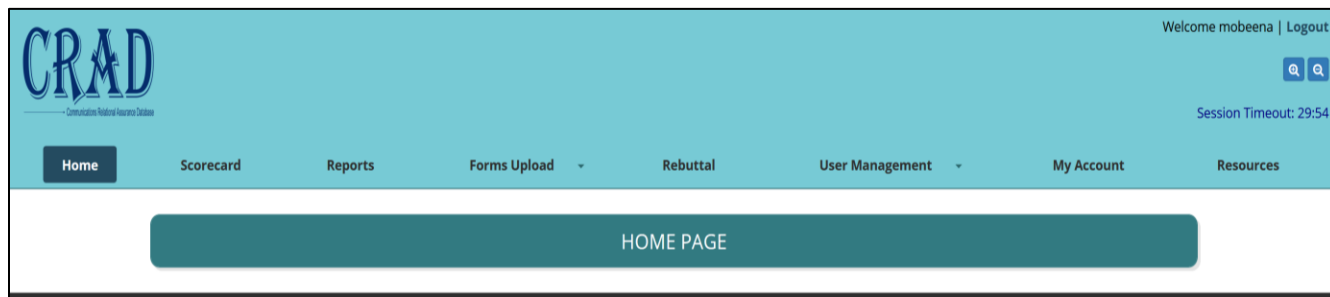



Figure 5: Home Page

The CRAD home page has up to six navigation tabs along the top of the screen (depending on access assigned to user): Home, Scorecard, Reports, Forms Upload, Rebuttal, User Management, My Account, and Resources.

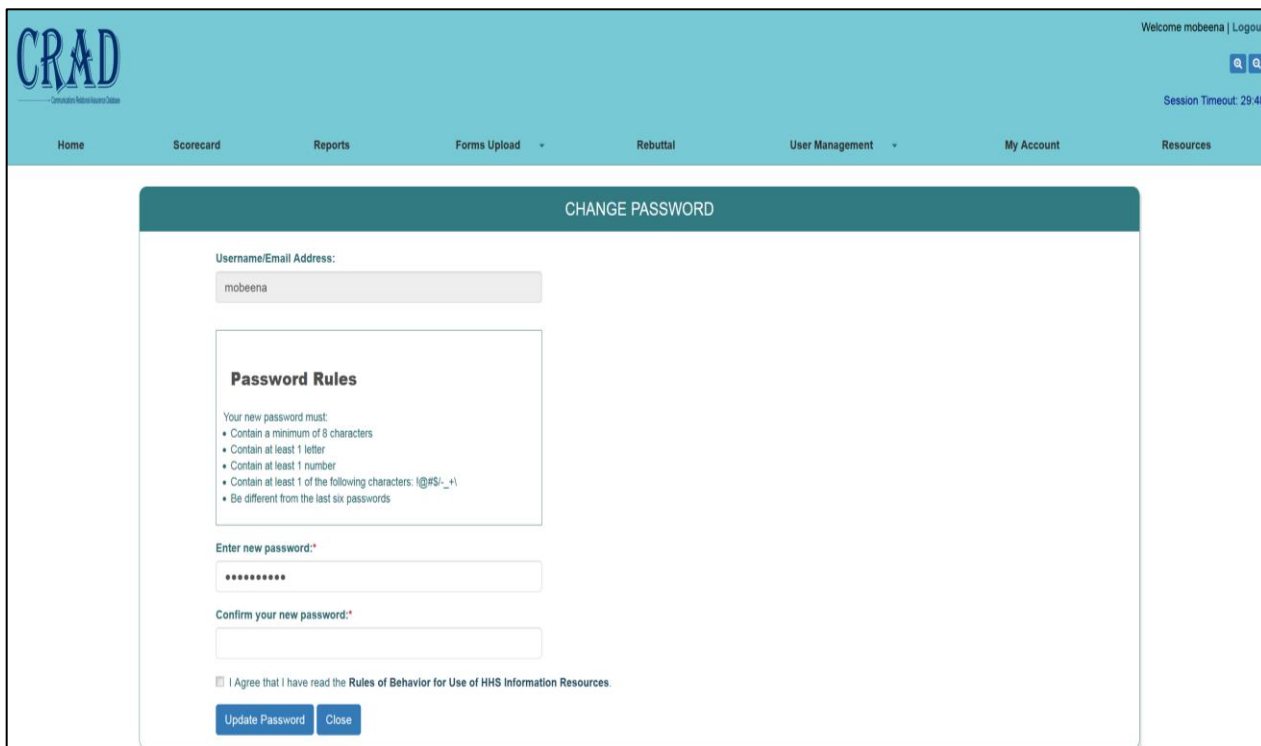
- **Scorecard** – Scorecards can only be viewed by MAC users for their own jurisdictions. Scorecard page initial default displays scorecard list sorted and grouped by MAC Call Reference ID in ascending order. Multiple filters are available for searching relevant scorecards.
- **Forms Upload** – Forms Upload menu option allows users to upload CSR Lists to the CRAD each month. CSR search option in the page allows them to search previous CSR Lists.
- **Rebuttal** – Rebuttals can be created and tracked by using rebuttal functionality. Rebuttals initial default displays rebuttal list sorted and grouped. Multiple filters are available for searching relevant rebuttals.
- **User Management** – MAC Administrator can create MAC Users and MAC Administrator's for their own jurisdictions.
- **My Account** - My Account menu has MAC user's information along with change password option.
- **Resources** - Resources menu have Help Guide and QAM Handbook for MAC reference.

CRAD Tips

When using the CRAD, please note the following:

1. Compatible browsers with CRAD are Internet Explorer, Mozilla Firefox and Google Chrome.
2. If using IE, **Select** the gear icon  on the top right of your screen. **Select** Compatibility View Settings. **Enter** <http://www.RADqualitymonitoring.com> into Add this website: field. **Select** Add after checking Display intranet sites in Compatibility View.
3. Refer CRAD Help Guide for more information on the application

8. Change Password (from My Account page after logging in)



CRAD
Centers for Medicare & Medicaid Administration

Welcome mobeena | Logout

Session Timeout: 29:48

Home Scorecard Reports Forms Upload Rebuttal User Management My Account Resources

CHANGE PASSWORD

Username/Email Address:

mobeena

Password Rules

Your new password must:

- Contain a minimum of 8 characters
- Contain at least 1 letter
- Contain at least 1 number
- Contain at least 1 of the following characters: !@#\$%^&*~
- Be different from the last six passwords

Enter new password:*

Confirm your new password:*

☐ I Agree that I have read the Rules of Behavior for Use of HHS Information Resources.

Update Password Close

Figure 6: Change Password

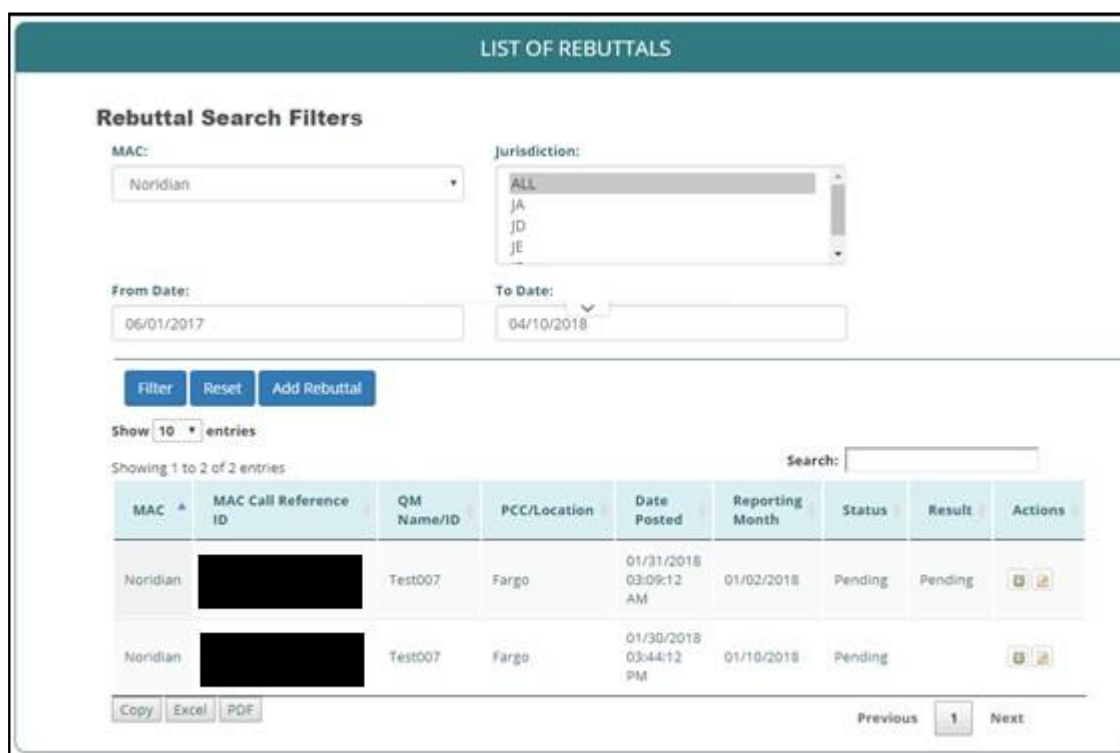
Add new password in “Enter new password” and “Confirm your new password” fields. Click on “Update Password” button to update your password.

9. QAM MAC Rebuttal Process

MACs have the opportunity to inquire about the results of a failed scorecard through the CRAD Rebuttals tab.

- Rebuttals are stored in the CRAD for reference;
- Allows multiple comments to be posted for each QAM Rebuttal;
- Role-based and only visible to authorized users;
- Notification emails are sent to relevant users when changes are posted; and
- Rebuttal results are posted, and notifications are sent to CMS and the MACs.

Select Rebuttal menu, then select **Jurisdiction**, **From Date** and **To Date** and click **Add Rebuttal** to create a new Rebuttal.



LIST OF REBUTTALS

Rebuttal Search Filters

MAC: Jurisdiction:
 From Date: To Date:

Show entries

Showing 1 to 2 of 2 entries

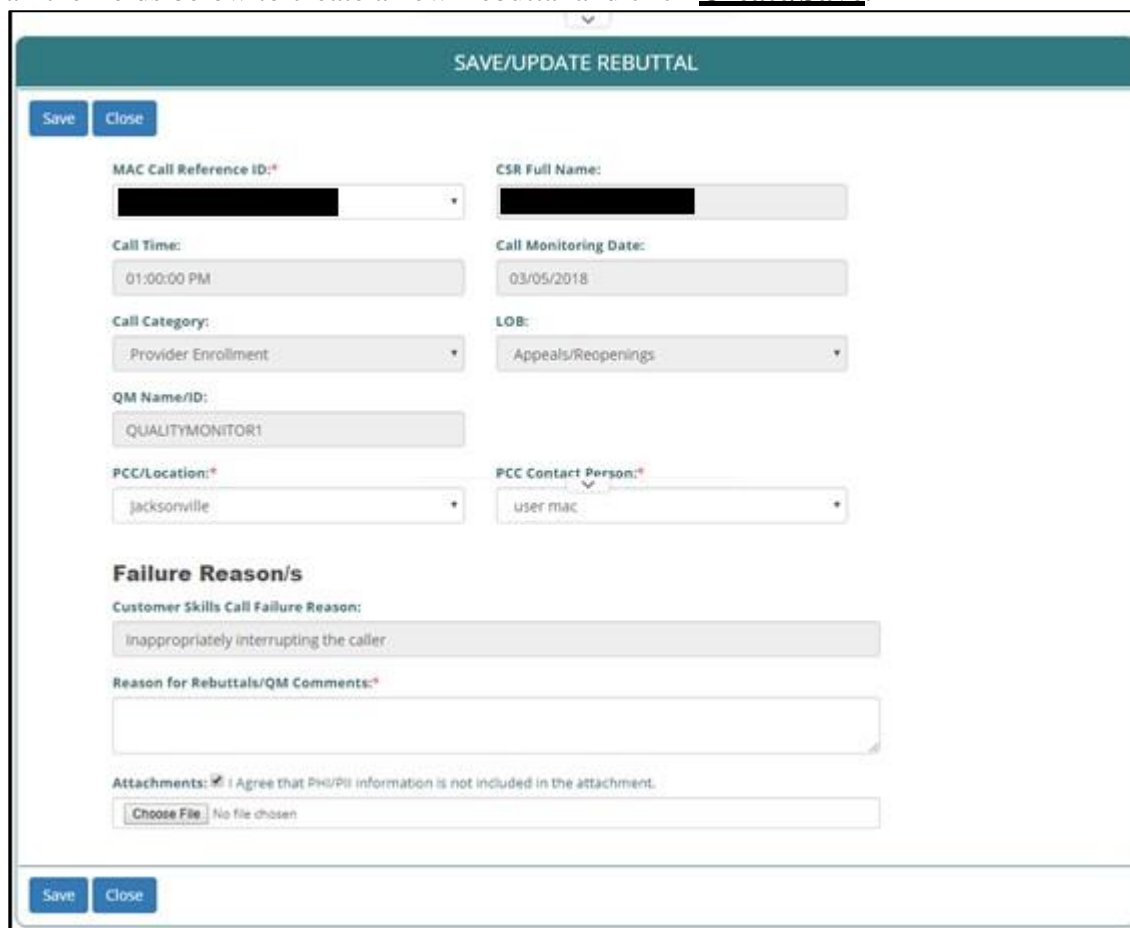
Search:

MAC	MAC Call Reference ID	QM Name/ID	PCC/Location	Date Posted	Reporting Month	Status	Result	Actions
Noridian	[REDACTED]	Test007	Fargo	01/31/2018 03:09:12 AM	01/02/2018	Pending	Pending	
Noridian	[REDACTED]	Test007	Fargo	01/30/2018 03:44:12 PM	01/10/2018	Pending		

Previous Next

Figure 7: List of Rebuttals

Populate all the fields below to create a new Rebuttal and click **Create/Save**.



SAVE/UPDATE REBUTTAL

Save Close

MAC Call Reference ID: [Redacted]

CSR Full Name: [Redacted]

Call Time: 01:00:00 PM

Call Monitoring Date: 03/05/2018

Call Category: Provider Enrollment

LOB: Appeals/Reopenings

QM Name/ID: QUALITYMONITOR1

PCC/Location: Jacksonville

PCC Contact Person: user mac

Failure Reason/s

Customer Skills Call Failure Reason: Inappropriately interrupting the caller.

Reason for Rebuttals/QM Comments:

Attachments: ☒ I Agree that PHI/PII information is not included in the attachment.

Choose File No file chosen

Save Close

Figure 8: Create Rebuttal

QAM Rebuttal Requirements and Reporting

- Authorized users can select and produce CRAD reports as necessary and appropriate, based on different filters (status, dates, type etc.).
- The MAC has up to 5 business days after the scorecards are posted to the CRAD to submit a Rebuttal via the CRAD Rebuttals menu.
- The MAC shall specify the rebutted transaction by referencing the following information:
 - Jurisdiction.
 - From Date and To Date.

- Reason for the Rebuttal. MACs shall reference and cite the information source used as the basis for a Rebuttal to avoid delays and miscommunications during the process. Acceptable sources are:
 - Internet-Only Manual;
 - Change Request;
 - MLN Matters Article;
 - Frequently Asked Questions;
 - MAC Newsletters/Bulletins/Publications;
 - NCD;
 - LCD; and
 - Relevant MAC SOPs.

NOTE: The source cited must be sufficient to allow the scoring of the CSR response.

- The QAM Contractor has 5 business days to research Rebuttals, validate the inquiry, and submit documentation via the CRAD. CMS and the MACs are notified of the results;
- The Rebuttal is researched, validated and documented via the CRAD; and
- If the Rebuttal is accepted:
 - The MAC is notified via the CRAD email notification process;
Email notification process:
 - CRAD sends email to Quality Manager (QM) when a rebuttal is created successfully.
 - When a rebuttal is updated to scoring modified or scoring not modified or CMS elevated status, system will send email notifications to QM, MAC users and CMS users.
 - The QAM Contractor must make any required scoring updates to the QAM Scorecard within 10 days from the receipt of the rebuttal.
 - The QAM scorecard and rebuttal information can be downloaded from CRAD.

QAM Rebuttal Escalation Process

MACs have the opportunity to enter a dispute regarding any QAM Rebuttal resolution.

- MACs have up to 3 business days after the scorecards are posted to the CRAD to submit a response in dispute of the original rebuttal resolution, MACs can re-open the original rebuttal and submit.
- If additional information is requested by CMS in order to complete the evaluation of the disputed rebuttal, such information is submitted by the MACs within 3 business days of the CMS request;
- The QAM Contractor has 5 business days to research the escalated rebuttals, validate the inquiry, and create documentation via the CRAD. CMS and the MAC are notified of the results;
- If necessary, the QAM Contractor makes any required scoring updates to the QAM scorecard within 10 business days of resolution of the escalated rebuttal and notifications are sent to the appropriate roles; and
- The CRAD database is updated accordingly.

10. CMS QAM Environment Change Control

MACs must complete the QAM Environment Change Control spreadsheet monthly and upload it to the CRAD by the fifth of each month. If additional Environment changes occur throughout the month, QAM Environment forms can be uploaded to the CRAD as needed. This will alert the independent monitoring contractor about any monthly hardware and software patches/maintenance/upgrades so there are no connectivity issues.

Monthly QAM Environment Change Control Form				
MAC Name:				
Date Submitted to CMS:				
Submitted By:				
Category (e.g. Servers, H/W, S/W, Security, OS, Firmware, etc.)	Vendor / Application	From Version	To Version	Scheduled Implementation Date
Additional Comments:				

Figure 9: Monthly QAM Environment Change Control Form

Appendix

Abbreviation / Acronym List

CRAD – Communications Relational Assurance Database

CMN – Certificate of Medical Necessity

CMS – Centers for Medicare & Medicaid Services

CWF – Common Working File

CSR – Customer Service Representative

DIF – DME Medicare Administrative Contractor Information Form

DME – Durable Medical Equipment

FISS – Fiscal Intermediary Shared Systems

HHH – Home Health and Hospice

HICN – Health Insurance Claim Number

HIGLAS – Health Integrated General Ledger Accounting System

HIMR – Health Insurance Master Record

HETS – HIPAA Eligibility Transaction System

LCD – Local Coverage Determination

MAC – Medicare Administrative Contractor

MBD – Medicare Beneficiary Database

MBI – Medicare Beneficiary Identifier

MCS – Multi-Carrier System

NCD – National Coverage Determination

NPI – National Provider Identifier

NPES – National Plan and Provider Enumeration System

PCC – Provider Contact Center

PCSP – Provider Customer Service Program

PHI – Protected Health Information

PII – Personally Identifiable Information

PRRS – Provider Relations Research Specialist

PTAN – Provider Transaction Access Number

QAM – Quality Assurance Monitoring

QM – Quality Monitor

QMS – Quality Management System

SOP – Standard Operating Procedures

TIN – Taxpayer Identification Number

VMS – VIPS Medicare System