

**Medicare Contractor Beneficiary and Provider Communications Manual  
Chapter 6 - Provider Customer Service Program**

**Comments Submitted by the  
National Association of Community Health Centers  
January 6, 2006**

NACHC has reviewed the Provider Communications Manual as requested by CMS and respectfully submits the following comments and recommendations. We appreciate your consideration and look forward to your response.

<b>10</b>	<p>General: NACHC requests that CMS require each of the 15 A/B MAC Contractors to develop a separate Provider Communication Manual for FQHCs in keeping with the current practice under the single Fiscal Intermediary for FQHCs.</p> <p>Page 1, paragraph 1: In 80.1 - General Notes and Definitions, CMS includes FQHCs under the definition for “suppliers.” However FQHCs are traditionally referred to as “providers.” NACHC is concerned with the current definition because of the numerous references to “providers” throughout this and other relevant documents which could be interpreted to exclude FQHCs. For example, on page 3, under “Introduction,” the document states, “CMS requires that all Medicare contractors have a quality Provider Customer Service Program (PCSP) and tools in place to assist providers in understanding and complying with Medicare’s operational processes, policies, and billing procedures that are governed by Federal law and regulation.” [Emphasis added] However on page 9, in Section 20.1.10 - Partnering with External Entities, the manual references “Medicare provider/supplier information” which seems to render other references to providers inconsistent.</p> <p>NACHC recommends that CMS change its definition and specifically cite FQHCs as a provider type. Without this change, a number of other changes will be necessary throughout the provider communications manual and likely other relevant documents to ensure that the needs of FQHCs are appropriately are met. Should CMS not include this change NACHC requests another opportunity to review these documents under those conditions. The following comments assume that CMS will make this change and include FQHCs within the definition of providers.</p> <p>Paragraph 3, first sentence: NACHC requests that wherever possible, CMS include FQHC specific standards. We have provided some recommendations in the following comments.</p> <p>Paragraph 4: The documentation of progress and performance will be a critical aspect of monitoring attention/service to FQHC issues. NACHC recommends that CMS require this monitoring instead of leaving it to the discretion of the contractor.</p>
<b>20 –</b>	Page 1: As NACHC previously has discussed with CMS, we are concerned with the

	<p>inconsistency that could develop in contractors’ responses to inquiries from FQHCs and claims errors. We recommend that CMS work with contractors and/or NACHC to further discuss and develop a centralized system for responding to inquiries. As CMS moves forward with its current proposal, NACHC recommends that CMS identify FQHC specific topics that will be required and made a priority for provider education strategies.</p>
<b>20.1.1</b>	<p>Page 4: NACHC recommends that CMS require contractors to develop a FQHC specific list of frequently asked questions (FAQs). We believe this would help ensure that health center questions are not marginalized should they represent a small proportion of the contractors workload. NACHC also remains concerned about consistency in responses to these questions. In turn we recommend CMS identify a process for addressing FQHC concerns/questions across MAC jurisdictions to help ensure consistency in interpretation and response to policy and inquiries. NACHC also is concerned with the general nature of language in this section and specifically, “Educational efforts shall be developed and implemented to address the needs of providers as identified by this program.” We request that CMS clarify whether this will ensure that the Contractor(s) will address FQHC specific needs, especially if health centers are a small proportion of any one Contractor’s workload.</p>
<b>20.1.2</b>	<p>Page 4: NACHC recommends that contractors be required to identify the most common claims submission errors from FQHCs.</p>
<b>20.1.3</b>	<p>Page 4, paragraphs 2 and 5: The manual states that Contractor may have separate advisory groups for each kind of Medicare contract. NACHC requests that CMS include appropriate language to create a separate and/or ensure that health centers needs are represented on the advisory groups (AGs) when appropriate. This would help ensure that health center training topics are included.</p> <p>Page 5, paragraph 8: NACHC also requests that CMS consider language to ensure that recommendations related to FQHCs are given equal consideration within and across the applicable advisory groups. Our concern is that a Contractor could deem suggestions for FQHC specific topics not “feasible, practicable, or in the best interests of an effective PCSP” if health centers represent a small portion of the Contractor’s workload.</p>
<b>20.1.4</b>	<p>Page 6: NACHC requests clarification as to whether the ACTs will be open to organizations representing providers within the Contractor’s region. We would encourage such an interpretation if that is not already the inclination of CMS.</p>
<b>20.1.6</b>	<p>Page 7: NACHC is concerned with the language used in this section given that in some regions FQHCs may represent a small proportion of a Contractor’s workload. In such situations, we are concerned that the Contractor would be unwilling to hold FQHC specific education and training events and we believe fails to adequately account for the needs and priorities of the <b>providers</b>. NACHC requests that CMS require FQHC specific training event(s) each year. NACHC also recommends that CMS consider developing national conferences for all MAC contractors and FQHCs in order to facilitate training.</p>
<b>20.1.7 and</b>	<p>Pages 8 and 9: NACHC requests that at least one of the events referenced in the first sentence of 20.1.7 be tailored to “new starts” (newly approved health centers) and</p>

<b>20.1.8</b>	the needs of new FQHC providers/staff. NACHC also wishes to emphasize this need in light of the complex process for site certification for health centers. Although some health centers may be considered “small providers” due to the size of their staff, a training for small providers will not address FQHC specific needs.
<b>20.1.10</b>	<p>Page 9: In bullet number six, the manual indicates that the Contractors can assist organizations in developing their own Medicare provider/supplier education and training material. NACHC interprets this to include this health center association. However, we wish CMS to consider the tremendous burden that working with 15 different MAC contractors could have on this association’s limited staff and funding resources. We also are concerned that education and training materials developed by 15 different MAC contractors could result in inconsistencies in the information provided. We believe the results could be counter to CMS’ goal of improving service to Medicare beneficiaries and improving the process for providers. We believe this to be another reason for CMS to reconsider the proposal to include FQHCs in this A/B MAC reform proposal.</p> <p>NACHC also is concerned with the language used in bullet number six. The term “helping” is vague and as such we request further clarification. NACHC urges CMS to specify the extent to which and how contractors will “help” providers.</p>
<b>20.1.13</b>	NACHC requests that CMS require each contractor to have at least one person trained in FQHC billing/claims/procedures.
<b>20.2</b>	NACHC requests that CMS include a references to provider materials that would be needed, such as FQHC specific materials.
<b>20.2.3</b>	Page 10: NACHC wishes to emphasize that FQHCs are required to provide certain preventive services to Medicare beneficiaries.
<b>30</b>	Within the PCC section, NACHC recommends that CMS require contractors to maintain specific contacts for specialty providers, for example an FQHC specific contact.
<b>30.1.1</b>	Page 15: NACHC requests that CMS verify that FQHCs are listed in the CMS Standardized Provider Inquiry Chart.
<b>40</b>	Page 30: NACHC requests that CMS require the Contractor(s) to send at least one representative to at least one training session specific to FQHCs.
<b>40.1</b>	Page 31: NACHC requests that CMS ensure that specific FQHC training is provided.
<b>50.2.4</b>	Page 36: NACHC requests that this section be amended to include references to FQHC materials, FAQs, and other information as appropriate. We also request clarification for how contractors will populate their websites with information if they do not already have materials, newsletters, etc
<b>50.2.4.1</b>	Page 37: NACHC wishes to emphasize the importance of this section for health centers in light of the distinctly different billing process for FQHCs. We strongly urge CMS to insert a FQHC specific section which would include topics such as rate ceilings/caps, most recent cost report preparation specific to FQHCs, and claims information. This would not be a new present since the current fiscal intermediary for FCQHs provides such a service. For example, the FI communicates the 10 reasons it for denying claims and told FQHCs that they need to do certain things when filling out a claim form. This indicated to FQHCs, and those involved in the

	<p>Medicare claims/billing process on their behalf, where major problems were in the reimbursement process.</p> <p>NACHC requests clarification as to whether CMS will provide the content for the materials referenced in this section. If so, will CMS include FQHC specific articles and how often? If not, can CMS require contractors to include FQHC specific articles in each bulletin/newsletter?</p>
<b>50.2.4.2</b>	Page 37: NACHC suggests that CMS consider developing a national FAQ system for FQHCs to ensure consistency of interpretation.
<b>60.1.1</b>	Page 41: NACHC is concerned that this section addressing overall workload lacks safeguards for FQHCs, which as previously mentioned, may represent a small segment of a contractor's workload. NACHC recommends that CMS include FQHC specific measures.
<b>80</b>	Page 48: NACHC requests that CMS include references to FQHCs as appropriate.
<b>80.2</b>	NACHC requests CMS evaluate and make the appropriate changes to this section pursuant to the new Medicare Advantage supplemental payment to FQHCs.
<b>90</b>	NACHC requests that CMS amend this chart to include references to FQHC certification/payment/claims topics in general and specifically to site certification and Medicare Advantage supplemental payments and others as appropriate.