



Frequently Asked QUESTIONS (FAQS)

What is the CGS Provider 360 program and how does it fit into the overall Pre and Post Pay Medical Review & CMS Comprehensive Error Rate Testing (CERT)?

Provider 360 is a collaborative program offered to providers and suppliers who demonstrate a commitment to improve their Medicare claims error rate which contributes to reducing the CMS CERT improper payment error rate. Using Process Improvement tools, the Provider 360 provides a unique opportunity for CGS to support your organization in process mapping your process, identifying the root causes of errors, identifying opportunities for improvement and in Implementing positive changes to reduce claim errors.

The CGS Provider 360 team is made up of the following:

- Jurisdiction Chief Medical Officer
- Medical Review Management and Subject Matter Experts
- Provider and Supplier Education Specialists
- Process Improvement Coaches

What is your success rate with customers in the Provider 360 program?

Provider 360 has successfully completed training with 19 providers/suppliers and each of these providers/suppliers has reduced their claim submission error rate. One example of the program's success is the reduction of a supplier/provider participant's error rate from 85% to 15% (70% overall decline) after completion of the program.

Is there a cost to participate in Provider 360 Program?

There is no cost for suppliers/providers to participate in Provider 360, just a time commitment and a passion for improvement. CGS & the Medicare program benefit from reduced errors and the potential to learn "best practices" from you that may prompt global changes in Medicare processes, impacting the entire provider and supplier communities.

Can you describe the events that occur in the Provider 360 program?

Session 1: We will review the entire Provider 360 process in Session 1.

- Overview of Session 2
- Overview of Session 3
- Overview of the Follow-Up Session

Session 2: Valuable Lean information to help identify issues within claim errors:

- Basics of Lean Process Improvements
- How to build a Value Stream Map
- Education on Root Cause Analysis
- Intro to Quality Assurance
- Identify Opportunities for Improvement from your Value Stream Map



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PROVIDER 360

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- Building an Action Plan
- Questions and answers

Session 3: Valuable information on specific topics and/or policies and how to improve processes to avoid common errors in claim submission:

- Review common errors within specific policies
- Education on policies and documentation requirements'
- Review Quality Assurance methods
- Questions and Answers

Follow-Up Session: Review your results from your Value Stream Map & Action Plan

- Review your Value Stream Map
- Review Opportunities for Improvement
- If needed, review your action plan
- Education on policies and documentation requirements
- Review additional educational opportunities available through CGS website
- Questions and Answers

Who would you recommend attend the Provider 360?

The Provider 360 program requires commitment to improve from the highest levels of your organization. Driving organizational change is integral to a successful Provider 360 outcome; therefore, involvement of top leadership is critical. We also encourage involvement from managers and employees who are involved with the daily work of processing claims. In previous engagements, program participants have included the CEO, vice presidents, general manager, directors, operational managers, physicians, compliance, quality assurance, trainers and employees that process the actual claims.

What feedback has CGS received from previous customers in Provider 360?

Feedback has been overwhelmingly positive! Previous Provider 360 participants found that the unprecedented access to Medicare subject matter experts was an eye-opening experience. Our experienced Provider 360 Team is committed to a collaborative interaction with your organization with the focused objective of getting your claims paid correctly the first time.