

MAC Performance Measure Tables Questions and Answers

Q 1: What is quality assurance?

A: As defined by the Federal Acquisition Regulation (FAR) Part 46.101—Quality Assurance, Government contract quality assurance includes various functions performed, including inspection performed by the Government, to determine whether a contractor has fulfilled the obligations pertaining to quality and quantity.

Q 2: What is QASP?

A: The Quality Assurance Surveillance Plan (QASP) developed by the Centers for Medicare & Medicaid Services (CMS) provides a systematic quality assurance approach for evaluating Part A and Part B (A/B) and durable medical equipment (DME) Medicare Administrative Contractors (MAC) fulfillment of contract requirements.

Q 3: What is the Government requirement for QASP?

A: The Federal Acquisition Regulation (FAR), Subpart 46.401 prescribes for Government Contract Quality Assurance and specifically states, “Quality Assurance Surveillance Plans should be prepared in conjunction with the Statement of Work. The plans should specify 1) All work requiring surveillance; and 2) The method of surveillance.”

Q 4: How does CMS administer QASP?

A: The CMS administers QASP annually. Each MAC is reviewed around its contract period of performance anniversary. Each business function area assembles a review team to conduct either an onsite or desk review of the QASP performance standards. The business function area also provides the written instruction methodology for the conduct of the review. The CMS provides training for each reviewer on a quarterly basis. There are also other oversight activities conducted throughout the contract year.

Q 5: Do MACs know how they’re being evaluated in the QASP process?

A: Yes, MACs are aware of and responsible for meeting their contract performance requirements outlined in their statement of work. Starting in 2015 CMS began sharing the Performance Requirements Summary (PRS) with the MACs prior to the beginning of the Fiscal Year. The MACs have a chance to make suggestions for change to the PRS, which CMS takes into consideration and then issues the final PRS to all MACs prior to the beginning of the Fiscal Year.

Q 6: What is measured in QASP?

A: The QASP measures a MAC's adherence to contract requirements in 11 business functions. The 11 areas are as follows: Appeals (AP), Audit & Reimbursement (AR) (A/B MACs only), Beneficiary Customer Service (started in FY 2015), Claims Processing (CP), Debt Management (DM), Financial Management (FM), Freedom of Information Act (FOIA), Medical Review (MR), Medicare Secondary Payer (MSP), Provider Customer Service Program (PCSP), and Provider Enrollment (PE) (A/B MACs only).

Q 7: How does the Government know a MAC is performing well?

A: The CMS has designated a Government Operation Adjudication Levels (GOALs) for each individual standard within the overall QASP which provide CMS reasonable assurance that a MAC is performing in accordance with the terms of the contract. However, the QASP is not the sole evaluative method used to determine whether a MAC is performing well overall. A mix of both internal evaluation reports and external audits are used in determining MAC performance, but the QASP results are a key component.

Q 8: Does QASP cover all the contract requirements for each MAC contract?

A: The QASP does not cover all the contract requirements for each MAC contract but rather a subset of performance standards selected by each CMS business function area. These performance standards, if met, provide reasonable assurance that a MAC is performing in accordance with the terms of the contract. CMS conducts annual performance analysis to determine which of the performance standards should be measured under QASP for the upcoming year.

Q 9: Is there a rebuttal process if a MAC disagrees with the CMS QASP findings? How does it work? Is it final?

A: There is a well-defined rebuttal process that affords MACs with the opportunity to rebut any QASP finding within 7 days of issuance of the initial draft of their respective QASP report. The post-rebuttal determination is the final determination after either CMS has responded to the contractor's rebuttal or the contractor declines to submit a rebuttal.

Q 10: Why are there jurisdictions with statistics for one fiscal year, but not the next fiscal year (in some instances the reverse is true)?

A: Beginning in 2010, CMS consolidated some MAC jurisdictions. So, as MAC contracts were up for re-compete, some smaller A/B workloads were consolidated to form larger A/B MAC jurisdictions (see jurisdiction comparison).

Q 11: Why does CMS report two statistics for certain jurisdictions in the same fiscal year?

Sometimes CMS reports two statistics for certain jurisdictions in the same fiscal year due to a contract transition or contract extension. In those scenarios it is possible for a single jurisdiction to have multiple contract years within the same fiscal year.