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Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C3-01-24  
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OFFICE OF FINANCIAL MANAGEMENT

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## **Stakeholder Screening Guide and Scheduling Templates**

**Evaluation of Medicare Prior Authorization of PMDs Demonstration**  
HHSM-500-2012-00086C

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## INITIAL EMAIL SOLICITATION

### Email Invitation to Participate in a Stakeholder Interview

Dear Dr. / Mr. / Ms. *[Insert name]*,

I am writing to request your assistance in gathering important information for the evaluation of the Medicare Prior Authorization of Power Mobility Devices Demonstration.

As you know, the Centers for Medicare & Medicaid Services (CMS) is currently conducting the Medicare Prior Authorization of Power Mobility Devices (PMDs) Demonstration, which introduced a prior authorization process for PMDs in seven states (California, Illinois, Michigan, New York, North Carolina, Florida, and Texas). The Demonstration began in September of 2012, is scheduled to last three years, and focuses on reducing fraud, waste, and abuse by ensuring that eligible beneficiaries are approved to receive PMD benefits before their claims are submitted to and reimbursed by Medicare.

CMS has contracted with XXXX to evaluate the Demonstration through both quantitative and qualitative research and analysis. Among our various tasks, we are speaking with members of the public to identify key stakeholders who have a vested interest in Medicare's PMD benefits, either through direct involvement in procuring and prescribing PMDs; through representation of Medicare beneficiaries who need or currently use PMDs; or through promotion and implementation of strategies designed to reduce and/or prevent fraud, waste, and abuse.

The categories of key stakeholder individuals and organizations include:

- Medical practitioners who are involved in PMD prescription and assessment;
- Companies supplying PMDs to Medicare beneficiaries;
- Advocates representing the interests of Medicare beneficiaries who need or use PMDs and/or their caregivers; and
- Government agencies that have a vested interest in the PMD procurement process.

After an initial 15-minute discussion, the XXXX team may invite you to participate in a follow-up interview to better understand your experiences with and perspective on the Demonstration. The results of these conversations will be compiled and used to inform our evaluation of the Demonstration.

For your reference I have attached the following documents:

- XXXX project description;
- Letter of support from CMS; and
- Information about the Paperwork Reduction Act.

Please feel free to forward this email and attachments to others who you believe it would be important for us to contact.

If you have any questions about this CMS evaluation of the Demonstration, please contact the CMS Project Officer, Andrea Glasgow at (410) 786-4695 or via email at [andrea.glasgow@cms.hhs.gov](mailto:andrea.glasgow@cms.hhs.gov). For specific questions about our contacting you and your participation in this evaluation of the Demonstration, please do not hesitate to contact the XXXX

We hope to speak with you soon.

Sincerely,

*[Insert name]*

*[Insert Title]*

*XXXX*

*[Insert telephone number]*

*[Insert email address]*

## Project Description

Evaluation of the Medicare Prior Authorization of Power Mobility Devices Demonstration	
<b>Sponsor:</b> Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244-1850	<b>Project Officer:</b> Andrea Glasgow Phone: (410) 786-4695 E-mail: Andrea.Glasgow@cms.hhs.gov
<b>Period of Performance:</b> approx. November 27, 2013 to Nov. 26, 2015	<b>Key Staff:</b> To be determined
<b>NAICS Code:</b>	<b>Contract Number:</b>

The Centers for Medicare and Medicaid Services (CMS) has contracted with XXXX to conduct an Evaluation of the Medicare Prior Authorization for Power Mobility Devices (PMDs) Demonstration. The purpose of this Demonstration is to reduce fraud, waste, and abuse by ensuring that appropriate beneficiaries are approved to receive PMD benefits before their claims are submitted to and reimbursed by Medicare. This Demonstration is taking place in the states of California, Florida, Illinois, Michigan, New York, North Carolina and Texas, which together represent almost half of the national PMD market. The evaluation will assess whether the Demonstration is successful in its goals, while minimizing the impact on eligible beneficiaries' access to PMDs and supplier, practitioner, and beneficiary burden.

To conduct this evaluation, the XXXX team will complete a multi-disciplinary evaluation including, analyzing claims data, performing quarterly stakeholder interviews, and conducting an environmental scan. A final report will be delivered to CMS, which will synthesize results from all components of the evaluation and provide a final conclusion.

## **Draft CMS Letter of Support**

*[Insert CMS Letterhead]*

*[Insert Date]*

Dear Sir or Madam:

The Centers for Medicare & Medicaid Services (CMS) would appreciate your consent to a telephone interview as part of the CMS project: Evaluation of the Medicare Prior Authorization of Power Mobility Devices Demonstration. The evaluation is a critical part of the Demonstration which began in September of 2012, is scheduled to last three years, and focuses on reducing fraud, waste, and abuse by ensuring that eligible beneficiaries are approved to receive PMD benefits before their claims are submitted to and reimbursed by Medicare.

CMS has contracted with XXXX to evaluate the Demonstration through both quantitative and qualitative research and analysis. Among their various tasks, they are speaking with members of the public to identify key stakeholders who have a vested interest in Medicare's PMD benefits, either through direct involvement in procuring and prescribing PMDs, through representation of Medicare beneficiaries who need or currently use PMDs, or through promotion and implementation of strategies designed to reduce and/or prevent fraud, waste, and abuse.

We appreciate your participation in a telephone discussion and we have asked XXXX to make every effort to accommodate your schedule. If you have any questions, please contact Andrea Glasgow, the CMS Project Officer, at (410) 786-4695 or via email at [andrea.glasgow@cms.hhs.gov](mailto:andrea.glasgow@cms.hhs.gov).

Sincerely,

Jill Nicolaisen  
Director  
Division of Medical Review and Education  
Provider Compliance Group  
Centers for Medicare & Medicaid Services

### **Information about the Paperwork Reduction Act (PRA)**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-NEW**. The time required to complete this information collection is estimated to average *[initial interview: 90 minutes OR follow-up interview: 120 minutes]* including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## STAKEHOLDER SCREENING GUIDE

### Introduction

As you know, the Centers for Medicare & Medicaid Services (CMS) is currently conducting the Medicare Prior Authorization of Power Mobility Devices (PMDs) Demonstration, which introduced a prior authorization process for PMDs in seven states (California, Illinois, Michigan, New York, North Carolina, Florida, and Texas). The Demonstration began in September of 2012, is scheduled to last three years, and focuses on reducing fraud, waste, and abuse by ensuring that eligible beneficiaries are approved to receive PMD benefits before their claims are submitted to and reimbursed by Medicare.

CMS has contracted with XXXX to evaluate the Demonstration through both quantitative and qualitative research and analysis. Among our various tasks, we are speaking with members of the public to identify key stakeholders who have a vested interest in Medicare's PMD benefits, either through direct involvement in procuring and prescribing PMDs; through representation of Medicare beneficiaries who need or currently use PMDs; or through promotion and implementation of strategies designed to reduce and/or prevent fraud, waste, and abuse.

We are in the process of recruiting stakeholders for more formal interviews and are calling to request your assistance. Today, we would like to have a short (approximately fifteen-minute) conversation with you about your work (and your [\[organization/company/practice\]](#)), as well as your experiences, perspectives and contacts with other stakeholders as they relate to the prior authorization, PMDs, and the Demonstration.

Do you have any questions for us before we begin?

*[NOTE: The team will research each interviewee in advance of their interview to identify likely stakeholders and to reduce the amount of questions asked during the screening process]*



## Questions for All Stakeholders

- Are you familiar with the Medicare Prior Authorization of Power Mobility Devices Demonstration?
  - *[If yes:]* Could you please describe what, if any, regular interactions you have with the Demonstration or any of its stakeholders (e.g. health care practitioners, PMD suppliers, Medicare beneficiaries or their advocates, DME MACs, etc.)?
  - *[If no:]* Are there any other individuals or organizations you recommend we contact as we conduct our evaluation of the Demonstration?

*[Ask for and record the names and contact information for any recommended individuals and organizations.]*

If you have any further questions or potential interviewee suggestions, feel free to contact the Project Manager, XXXX

Thank you again for your time and have a good day.

*[Terminate call.]*

- In which areas or states are you or is your *[organization/company/practice]* active?
- Do you consider yourself to be well informed about the Demonstration and its various outcomes (intended or otherwise)?
  - *[If yes: Continue to next question.]*
  - *[If no:]* Are there any other individuals or organizations you recommend we contact as we conduct our evaluation of the Demonstration?

*[Ask for and record the names and contact information for any recommended individuals and organizations.]*

If you have any further questions or potential interviewee suggestions, feel free to contact the XXXX

Thank you again for your time and have a good day.

*[Terminate call.]*

- Are you actively involved in any litigation involving the Centers for Medicare & Medicaid Services?
  - *[If yes:]* Are there any other individuals or organizations you recommend we contact as we conduct our evaluation of the Demonstration?

*[Ask for and record the names and contact information for any recommended individuals and organizations.]*

If you have any further questions or potential interviewee suggestions, feel free to contact XXXX

Thank you again for your time and have a good day.

*[Terminate call.]*

- o *[If no: Continue to the appropriate stakeholder category section.]*

## Questions for Advocates

- Could you please briefly describe your advocacy efforts and your constituency?
  - Is PMD use and/or procurement a prominent issue for this population?
  - What are some of the activities you (and your organization) engage in (e.g. public awareness, advocacy, legal action, research, etc.)?
- Approximately how many individuals do you (and your organization) represent or serve?
- Is your organization actively monitoring the Demonstration?
- What proportion of your advocacy activities focus on issues relevant to people who require PMDs?
- If not you, or in addition to you, who in your agency would be best suited to speak about PMD related issues?
- Do you gather or track data about your constituent population and/or membership related to PMDs?
- Do you partner with any other organizations and/or advocacy groups on PMD-related issues?
  - Could you please describe any interactions that specifically relate to prior authorization, PMDs, and/or the Demonstration and identify your partners in these activities?

*[Continue to the closing.]*

## Questions for Practitioners

- Could you please confirm your specialty and the overall nature of your practice?
  - Number and type of practitioners (MDs, RNs, NPs, PAs, etc.), specialties, etc.
- How large is your practice?
  - How many patients do you (or does your practice) typically see (in a year, month, week)?
- What proportion of these patients are Medicare beneficiaries?
  - Private? Medicaid? Other?
- How often do you prescribe PMDs to Medicare patients (per month or per year)?
- What are some typical characteristics (e.g. disease/chronic conditions, types of injury, demographic characteristic) of your patients to whom you prescribe a PMD?
- How involved are you during the process when a patient of yours is obtaining a PMD?
  - Who in your office is involved in completing any required paperwork?
  - Does this vary depending on whether the request is for Medicare or a different payer?
- Do you ever refer patients to other providers or licensed/certified medical professionals (LCMPs) for a PMD evaluation?
- Are you involved with or a member of any organization or association actively engaged in prior authorization- and/or PMD- related initiatives (e.g. the American Geriatric Society or Clinician Task Force)?

*[Continue to the closing.]*

## Questions for PMD Suppliers

- How large is your company?
  - Number of employees? Annual revenue?
- Approximately how many PMDs does your organization sell in a year?
- Could you please describe your overall payer mix – the proportion of your customers that have Medicare, Medicaid, private insurance, and are paying out of pocket?
- Are you in a competitive bidding area and do you have a competitive bidding contract for any PMDs included in the Demonstration?
- Have you submitted any PMD prior authorization requests for Medicare beneficiaries as a part of the Demonstration?
  - What has been your general experience?
- Do you specialize in PMDs or do you sell a variety of durable medical equipment (DME)?
  - What types of PMDs do you typically sell (basic versus complex models)?
  - Do you also sell PMD accessories?
- What types of practitioners do you typically work with?
  - Seating clinic specialists? Primary care physicians? Orthopedists and physiatrists? Other LCMs?
- Has your organization recently been subject to any CMS audits?

*[Continue to the closing.]*

## Questions for State Medicaid Agency Representatives

- What is your role within your organization?
  - Can you please describe your responsibilities?
- Does your state's Medicaid program have prior authorization for PMDs?
- Are you the individual best able to talk to our research team about this process and your agency's engagement with PMD-related stakeholders?
  - *[If yes:]* We would like to schedule an interview with you in the near future and will follow up with you via email or telephone. If you have any further questions or potential interviewee referrals, feel free to contact the Project Manager,XXXX Thank you again for your time and have a good day.

*[Terminate call.]*

- *[If no:]* Who would you suggest we speak with?
  - May we have their contact information and can we reference you when contacting them?
  - Thank you again for your time and have a good day.

*[Terminate call.]*

## Questions for Government Anti-Fraud Agency Representatives

- How is your organization involved in Medicare anti-fraud strategies and/or programs?
- What is your role within your organization?
  - Can you please describe your responsibilities?
- With what other government agencies or initiatives do you work with on PMD-specific anti-fraud activities and how?
- Please describe your typical interactions with various stakeholders who have a vested interest in the Demonstration (e.g. practitioners, suppliers, other government agencies, DME MACs, or advocates).
  - To what extent do you interact with them about the Demonstration?
- Does your organization have any plans for the next 3-5 years that could impact PMD access or the prior authorization process for Medicare beneficiaries?

*[Continue to the closing.]*

## **Closing**

Before we end, are there any other individuals or organizations you recommend we contact as we conduct our evaluation of the Demonstration?

*[Ask for and record the names and contact information for any recommended individuals and organizations.]*

Thank you.

As we mentioned, we are still contacting prospective stakeholder interviewees and will be in touch soon. If we decide to follow up with a longer, more detailed interview about the Demonstration, would you be available for an hour-long interview sometime in the next month?

*[If yes:]* Thank you. We will follow up with you via email or telephone. If you have any further questions or potential interviewee referrals, feel free to contact the Project Manager, XXXX. Thank you again for your time and have a good day. *[Terminate call.]*

*[If no:]* Thank you again for your time and have a good day.

*[Terminate call.]*



## CALENDAR INVITATION

*[To be sent after a phone conversation discussing options for interview dates and times.]*

Dear Dr. / Mr. / Ms. *[Insert name]*,

Thank you for agreeing to assist us with the Evaluation of the Medicare Prior Authorization of Power Mobility Devices Demonstration on *[insert day, date]* at *[insert time]*. Please call *[insert scheduled teleconference number]* to join the discussion.

If you have any connectivity issues with the teleconference number provided above, please contact me directly at *[insert interviewer's email address and telephone number]*.

For your reference I have attached the following documents:

- XXXX project description;
- Letter of support from CMS; and
- Information about the Paperwork Reduction Act.

If you have any questions, please do not hesitate to contact the Project manager XXXX

We are looking forward to speaking with you

Sincerely,

*[Insert name]*

*[Insert Title]*

*XXXX*

*[Insert telephone number]*

*[Insert email address]*

## INTERVIEW REMINDER

*[To be sent 2 days before the scheduled date of the interview]*

Dear Dr. / Mr. / Ms. *[Insert name]*,

I am writing to confirm our appointment with you for *[insert month, day]* at *[insert time]* to discuss the Medicare Prior Authorization of Power Mobility Devices Demonstration. The interview will last approximately *[one hour/one and one half hours]*. To join the discussion please dial *[insert conference line]*.

You will be speaking with lead interviewer, *[insert name]*, and *[insert name]* will be on the line serving as the note taker.

For your convenience, I have attached the following for your reference:

- XXXX project description;
- Letter of support from CMS; and
- Information about the Paperwork Reduction Act.

As we have mentioned, we are interested in hearing about your experiences and perspectives on the Demonstration.

If you have any questions, or need to change the time of the interview, you may contact me directly at *[phone number]* or *[email]*.

Sincerely,

*[Insert name]*

*[Insert Title]*

*XXXX*

*[Insert telephone number]*

*[Insert email address]*

## FOLLOW UP/THANK YOU EMAIL

*[To be sent within 2 days after the interview]*

Dear Dr. / Mr. / Ms. *[Insert name]*,

On behalf of the XXXX, I would like to thank you for taking the time to speak with us about the Medicare Prior Authorization of Power Mobility Devices Demonstration. We very much appreciate you *[if applicable: and your team]* sharing your experiences and perspectives with us.

If you have any questions or additional comments that you would like to share, please do not hesitate to contact the Project Manager, XXXX

Thank you again for your help with this very important project.

Sincerely yours,

*[Insert name]*

*[Insert Title]*

*XXXX*

*[Insert telephone number]*

*[Insert email address]*