

CMS is looking for its PCSP ROCSTARS!

CMS Provider Customer Service Program Recognizing Outstanding Customer Service That Achieves Results

Nomination Process

Number of Nominations

For telephone and written provider inquiries, contractors may nominate up to 1 person per physical location per contract. For example, a contractor that has 1 physical location for its contact center but has an intermediary contract, a carrier contract and a MAC contract served by that center may nominate 3 individuals – one per contract. A contractor that has one contract but 2 contact centers may nominate 2 individuals – one per location.

For POE nominations, contractors may nominate up to two individuals or one team per contract. Teams should include no more than three individuals.

Nomination Process

For each nominee, the contractor shall provide the following:

1. Completed nomination form
2. Documentation supporting the nomination
 - a. Provider Telephone Inquiry*
 - i. Submit a CD with a minimum of 5 calls for telephone CSRs
 - ii. Include the nominee's agent ID, if available, to enable CMS to remotely monitor the nominee
 - iii. If nominee is trainer, submit package of training materials developed by individual and summaries of course evaluations and pre- & post-test results
 - iv. Submit additional materials that the contractor believes are important to support the nomination.
 - b. Provider Written Inquiry*
 - i. Submit a sample of at least 10 pieces of correspondence generated by nominee. Include the incoming and supporting documentation as well.
 - ii. If nominee is trainer, submit package of training materials developed by individual and summaries of course evaluations/pre- and post-test results
 - iii. Submit additional materials that the contractor believes are important to support the nomination.

c. Provider Outreach & Education

Submit provider materials that the contractor believes are important to support the nomination. Nominations, either for individuals or for teams should recognize exemplary work in areas such as, but not limited to:

- i. Creative/innovative solutions to providing education
- ii. Productive interdepartmental meetings
- iii. Easy to navigate websites or recently redesigned websites
- iv. Innovative external partnerships
- v. Informative bulletins or newsletters
- vi. Creative methods used to increase listserv membership
- vii. Proven methodologies that link telephone and written inquiries to provider education
- viii. Written training materials or webinars

Send questions and comments about the CMS ROCSTAR nomination process to ProviderServices@cms.hhs.gov.

Provider Outreach & Education

*Nominations due April 9, 2008

*Awards announced May 22, 2008

Hardcopy submissions may be sent to:

Shana Olshan

Centers for Medicare & Medicaid Services-CMM/DCPC

7500 Security Blvd.

Mailstop – C4-13-07

Baltimore, Maryland 21244

Nomination Form for Provider Telephone Inquiry CMS ROCSTAR

Name of Nominee: _____

Name of Contractor: _____

Contractor location: _____

Program: FI / Carrier / DME MAC / A/B MAC

Is nominee meeting QCM standards? Yes / No / Not applicable (for trainers and others not on phone)

Please describe the results achieved by the nominee that support the goal of the PCSP (add additional sheets, if necessary):

Please describe the supporting documentation submitted for this nomination, including agent ID for remote monitoring purposes, if appropriate and available (add additional sheets, if necessary):

Nomination Form for Provider Written Inquiry CMS ROCSTAR

Name of Nominee: _____

Name of Contractor: _____

Contractor location: _____

Program: FI / Carrier / DME MAC / A/B MAC

Is nominee meeting QWCM standards? Yes / No / Not applicable (for trainers and others not directly answering correspondence)

Please describe the results achieved by the nominee that support the goal of the PCSP (add additional sheets, if necessary):

Please describe the supporting documentation submitted for this nomination (add additional sheets, if necessary):

Nomination Form for Provider Outreach & Education CMS ROCSTAR

Name of Nominee (or nominees, if team nomination): _____

Name of Contractor: _____

Area within POE: _____

Nominee's manager: _____

Program: FI / Carrier / DME MAC / A/B MAC

Please describe the results achieved by the nominee that support the goal of the PCSP
(add additional sheets, if necessary):

Please describe the supporting documentation submitted for this nomination (add
additional sheets, if necessary):

