CGS ADMINISTRATORS, LLC

THE PROVIDER 360 PROGRAM

FREQUENTLY ASKED QUESTIONS | Resource

This resource provides frequently asked questions (FAQs) about the Provider 360 (P360) Program. These FAQs provide quick, practical insights into the P360 Program to get the most out of the toolkit as you begin your journey to improve. Each answer is designed to offer clear, straightforward guidance so you can confidently explore resources, complete activities, and support ongoing operational improvement.

What is the P360 program?

P360 is a self-guided toolkit that helps providers and suppliers map their current maps, identify waste, and develop improvements that reduce claim-related errors and denials.

How does P360 help reduce the CMS Comprehensive Error Rate Testing (CERT) error rate?

P360 provides providers and suppliers with practical Lean tools and guidance to identify and correct issues in their claim submission process. This helps prevent common CERT errors—such as insufficient or missing documentation, coding that doesn't match the medical record, lack of medical necessity, and overpayments or underpayments—so claims can be submitted complete and accurate the first time.

What resources are included in the toolkit?

The toolkit includes online education courses (OECs), templates, Lean-based educational materials, and Medicare specific resources to help you analyze and improve your processes.

Do I need prior Lean experience to use the toolkit?

No. The materials are designed for all experience levels, offering clear, practical guidance for beginners and those familiar with process improvement.

Is there a recommended order for using the materials?

Yes. You can follow the five-step approach outlined in the P360 Toolkit Guide, which provides guidance on the sequence of activities and resources available at each step.

Can the toolkit be completed at my own pace?

Yes. You can explore the materials and complete activities whenever it fits your schedule.

How long does it take to complete the toolkit?

There is no set timeline. You can work through building your current state process map each activity based on your needs, priorities, and availability.

Can multiple staff members use the toolkit?

Yes. Staff members involved in operational or claim-related processes are encouraged to use and share materials.

How can the toolkit help my organization?

It helps you understand your current workflow, pinpoint sources of waste or errors, and build a plan for improving processes that affect claim accuracy and efficiency.

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How does this tool kit support claim submission?

The toolkit guides you through examining each step of your claim submission process. By mapping your current state, identifying errors or rework, and applying Lean tools, you can streamline the process, reduce mistakes, and support cleaner claim submission.

Does the toolkit help reduce rejected or returned claims?

It can. By mapping your current state process, identifying waste and opportunities for improvement and standardizing steps, you can uncover issues that lead to rejected or returned claims and implement improvements to reduce them.

Does the toolkit help with identifying claim errors?

Yes. The improvement activities show you how to identify common sources of errors, gaps, delays, or rework within your workflow, helping you submit complete and accurate claims.

Should I consider third party vendors and system capabilities when mapping my process?

Yes. If vendors or systems play a role in your workflow, they should be included in your process map. This helps you see the complete picture, highlights where issues may occur and improve communication and handoffs that affect claims.

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