

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-09 Medicare Contractor Beneficiary and Provider Communications</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 33</b>	<b>Date: October 2, 2015</b>
	<b>Change Request 9000</b>

**SUBJECT: Medicare Contractor Beneficiary and Provider Communications Manual Beneficiary Customer Services Pub. 100-09 Chapter 2- Update**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to publish an update to IOM, Medicare Contractor Beneficiary and Provider Communications Manual Beneficiary Customer Services Pub. 100-09, and to reflect the changes to Medicare Fee-For-Service and Financial Management Operations program and oversight functions. In addition, general changes are being made across the chapter to standardize language around the use of contractors and general standard wording.

**EFFECTIVE DATE: November 2, 2015**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE November 2, 2015**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	2/10/ Introduction
R	2/20/ Beneficiary Customer Services
R	2/20/20.1/ Escalation of Complex Beneficiary Inquiries to the MACs by the Beneficiary Contact Center (BCC)
R	2/20.1/20.1.1/ Next Generation Desktop (NGD) Training
R	2/20.1/20.1.2/ Disclosure of Information (Adherence to the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule)
R	2/20.1/20.1.3/ Screening of Beneficiary Complaints Alleging Fraud or Abuse
R	2/20.1/20.1.4/ Medicare Customer Service – Next Generation Desktop (MCSC-NGD) Client Installation and Configuration Requirements
R	2/20.1/20.1.5/ Call Center User Group (CCUG)
D	2/20.1/20.1.6/ CSR Training
D	2/20.1/20.1.7/ Quality Call Monitoring (QCM)
D	2/20.1/20.1.8/ Disclosure of Information (Adherence to the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule)
D	2/20.1/20.1.9/ Fraud and Abuse
D	2/20.1/20.1.9/20.1.9.1/ Second Level Screening of Beneficiary and Provide Inquiries (Activity Code 13201) (CR-2719)
D	2/20.1/20.1.9/20.1.9.2/ Second Level Screening of Provider Inquiries (Miscellaneous Code 13201/01)
D	2/20.1/20.1.10/ Medicare Customer Service Next Generation Desktop (MCSC-NGD)
D	2/20.1/20.1.11/ Publication Reports
D	2/20.1/20.1.12/ Medicare Participating Physicians and Suppliers Directory (MEDPARD)
D	2/20.1/20.1.13/ Call Center User Group (CCUG)
D	2/20.1/20.1.14/ Performance Improvements
D	2/20.1/20.1.15/ Transfer of Part A Telephone/ Written Inquiries Workload
D	2/20.1/20.1.16/ Local Medical Review Policy (LMRP) / Local Coverage Determination (LCD) Requests
D	2/20.1/20.1.17/ Utilizing CMS-approved Scripts and Communicating Preventive Services Information
R	2/20.2/ Complex Beneficiary Inquiries
R	2/20.2/20.2.1/ Handling Complex Beneficiary Inquiries
R	2/20.2/20.2.2/ Controlling Complex Beneficiary Inquiries

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	2/20.2/20.2.3/ E-mail and Fax Responses to Complex Written Beneficiary Inquiries
D	2/20.2/20.2.3.1/ Sample Request for Refund Letter
D	2/20.2/20.2.3.2/ Optional Paragraphs for Inclusion in Refund Letters
D	2/20.2/20.2.3.3/ Recovery where Beneficiary is Deceased
N	2/20.2/20.2.4/ Telephone Responses to Complex Beneficiary Inquiries
N	2/20.2/20.2.5/ Written Responses to Complex Beneficiary Inquiries
N	2/20.2/20.2.6/ Timeliness of Responses to Complex Beneficiary Inquiries
R	2/20.3/ Congressional Beneficiary Inquiries
R	2/20.4/ Surveys
R	2/20.5/ Urgent Need Regional Offices Casework
D	2/30/ Disclosure Desk Reference Guide for Call Centers

### **III. FUNDING:**

#### **For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

### **IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

# Attachment - Business Requirements

<b>Pub. 100-09</b>	<b>Transmittal: 33</b>	<b>Date: October 2, 2015</b>	<b>Change Request: 9000</b>
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**SUBJECT: Medicare Contractor Beneficiary and Provider Communications Manual Beneficiary Customer Services Pub. 100-09 Chapter 2- Update**

**EFFECTIVE DATE: November 2, 2015**

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**IMPLEMENTATION DATE: November 2, 2015**

## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare and Medicaid Services (CMS) have contracted with the Beneficiary Contact Center (BCC) for direct beneficiary communications. Medicare Administrative Contractors (MACs) receive complex beneficiary inquiries from the BCC and Regional Offices (ROs). This change request (CR) provides updates, instructions, and guidance for MACs in handling, controlling, and responding to complex beneficiary inquiries, including Congressional inquiries written on behalf of beneficiaries.

**B. Policy:** There are no new policies or procedures introduced in this transmittal. Specific policy changes and related business requirements have been announced previously in various communications. This CR does seek to clarify the MACs utilization of the Quality Written Correspondence Monitoring (QWCM) program outlined in Chapter 6 for both beneficiary and Congressional inquiries and escalations.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C S	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
9000.1	Contractors shall ensure compliance of the updates being made within IOM Pub. 100-09 Medicare Contractor Beneficiary and Provider Communications Manual Beneficiary Customer Services, Chapter 2.	X	X		X						
9000.2	Contractors shall ensure utilization of the Quality Written Correspondence Monitoring (QWCM) program outlined in Chapter 6 for both beneficiary and Congressional inquiries and escalations.	X	X	X	X						

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility

		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	None					

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements:**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Nicole Jacobson, 312-353-5737 or nicole.jacobson@cms.hhs.gov , Kathy Brawley, 617-565-1278 or kathy.brawley@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# Medicare Administrative Contractor (MAC) Beneficiary and Provider Communications Manual

## Chapter 2 - Beneficiary Customer Services

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*(Rev.33, Issued: 10-02-15)*

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### **10 - Introduction**

*(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)*

*This chapter contains general instructions and requirements for the Fee-for-Service Medicare Administrative Contractors (MACs). While the Centers for Medicare and Medicaid Services (CMS) have separately contracted for direct beneficiary communication with the Beneficiary Contact Center (BCC) contractor, MACs receive complex beneficiary inquiries from the BCC and Regional Offices (ROs) in accordance with National Operating Procedure NP 1.0 (complex inquiries), for response. As a result, MACs are required to respond to complex beneficiary inquiries. This chapter provides instructions and guidance for MACs in handling, controlling, and responding to complex beneficiary inquiries, including Congressional inquiries written on behalf of beneficiaries.*

## **20 - Beneficiary Customer Services (BCS)**

***(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)***

CMS's goal is to continuously improve *the* Medicare *experience* through the delivery of high quality and cost-effective customer service. The CMS' vision is for customer service to be responsive to the needs of diverse groups, a trusted source of accurate and relevant information, convenient and accessible assistance, and courteous and professional. *The following guidelines are designed to help MACs to ensure CMS' goal and vision are met.*

### **20.1 – Escalation of Complex Beneficiary Inquiries to the MACs by the Beneficiary Contact Center (BCC)**

***(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)***

*The BCC Customer Service Representatives (CSRs) escalate any complex beneficiary inquiries that they receive to the appropriate MAC through the Next Generation Desktop (NGD) in accordance the Complex Inquiry Escalation National Operating Procedure, NP 1.0. This procedure can be found at <https://trainingresources.tanagerinc.com/MTKRSite/index.htm>, under the National Operating Procedures section.*

#### **20.1.1 – Next Generation Desktop (NGD) Training**

***(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)***

*The development of the NGD training materials will be done by CMS and it is not expected that there will be any costs to the MACs to use these training materials. Standardized training materials and other training information is available at the following Website:*

*<https://trainingresources.tanagerinc.com/MTKRSite/index.htm>, under the All Learning Resources section. MACs shall check this website monthly for updated training materials.*

#### **20.1.2 - Disclosure of Information (Adherence to the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule)**

***(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)***

*MACs shall protect the confidentiality of Medicare beneficiary personally-identifiable information (PII) and protected health information (PHI) in accordance with the Privacy Act of 1974 and the HIPAA of 1996.*

#### **20.1.3 – Screening of Beneficiary Complaints Alleging Fraud or Abuse**

***(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)***

*The BCC will complete the first-level fraud/abuse screening (see IOM Pub. 100-08 Medicare Program Integrity Manual (PIM)), Chapter 4, §4.6-4.6.2).*

*Candidate cases that merit second-level screening will be forwarded to the appropriate MAC through NGD as a complex beneficiary inquiry in accordance with National Operating Procedure NP 1.0. MACs shall follow the instructions in IOM Pub. 100-08 Medicare PIM, Chapter 4, sections 4.6-4.6.2 for working these cases.*

#### **20.1.4 – Medicare Customer Service - Next Generation Desktop (MCSC-NGD) Client Installation and Configuration Requirements**

***(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)***

MACs shall meet the following hardware, software, and installation instructions for the MCSC-NGD equipment.

***Minimum Hardware and Software Requirements:***

<b><i>Minimum Hardware and Software Requirements for an NGD Personal Computer</i></b>	
Processor:	500MHz <b><i>PII</i></b> or comparable AMD 800MHz Celeron or comparable AMD
Disk Space:	100MB available
Memory:	<b><i>288 MB for Windows XP</i></b>
Operating System:	<b><i>Windows XP Service Pack 2 or later</i></b>
Browser:	<b><i>Internet Explorer 6.0 - Service Pack 1 with Cumulative security update for SP 1 (KB867801) or above</i></b> <b><i>NOTE: More than one instance of NGD open at a time is not supported.</i></b>
	<b><i>Internet Explorer 8.0 with MS10-002: Cumulative security update</i></b> <b><i>NOTE: More than one instance of NGD open at a time is not supported. (i.e. can have only one active NGD session per IE 8 instance. )</i></b>
Java:	<b><i>Sun J2SE v1.5 or higher Java Runtime Environment (JRE). The Sun J2SE can be downloaded from Sun’s web site at <a href="http://java.sun.com">http://java.sun.com</a>. Do not download the Software Development Kit (SDK). Installation instructions are on this site.</i></b>
Monitor:	21”
Pointing Device:	Mouse with scroll
Network Interface:	Network Interface Card compatible with the call center LAN, which will ultimately allow workstation access to <b><i>CMSNET</i></b>
Word Processor:	Microsoft Office <b><i>2002</i></b> (or higher version) – Required only for generation of correspondence.
Viewers:	Microsoft Word Viewer (provided free by Microsoft) and Adobe Acrobat Reader (v4.05 or v5.0 free from Adobe) are required.

***Desktop Configuration:***

***Note: You must set the following configurations in the user’s profile. This can be done by logging into the workstation as the user and making the changes.***

***General Desktop Configurations:***

<b><i>General Desktop Configurations</i></b>	<b><i>How to Configure</i></b>
<b><i>Set the screen resolution to 1024 X 768 pixels</i></b>	<b><i>Select Display from the control panel, then the settings tab. This can be set in the Screen Resolution field.</i></b>
<b><i>Create a shortcut to the desktop</i></b>	<b><i>The URL should start with “https://” and end with “/fins.enu”</i></b>
<b><i>Please provide your IT person with this information for the PSS Site</i></b>	<b><i>Please contact your IT Dept. to use PSS you have to be able to telnet to port 443 on the IP address of 32.91.253.217.</i></b>  <b><i>command - telnet 32.91.253.217 443 This is not an internet connection. This needs to route out of your CMSNet connection.</i></b>



**General Internet Explorer Configurations:**

**Note:** Make the following Internet Explorer settings changes by selecting Internet Options under Tools in the browser.

<b>Internet Explorer Configurations</b>	<b>How to Configure</b>
Configure IE to automatically check for newer versions of stored pages.	Click Settings on the General tab, then select Automatically
Increase the "Amount of disk space to use" for the Temporary Internet files folder to at least 150 MB.	Click Settings on the General tab, then increase the disk space size
Delete the XRPC Class file and the Winhook Class file if they exist.	Click Settings on the General tab, then View Objects to get to these files
Add the necessary Sites to the appropriate web content zone list in the Security tab.	Varies depending on network topology.
Enter the appropriate address in the Proxy Settings exceptions if necessary.	Varies depending on network topology.

<b>Internet Explorer Advanced Tab Settings</b>	<b>Selected/Deselected</b>
Disable Script Debugging	Selected
Do not save encrypted pages to disk	Deselected
Reuse windows for launching shortcuts	Deselected

**Internet Explorer Security Settings:**

**Note:** The following Security Settings for the web content zones (under Custom Level) must be set. These are also accessible by selecting Internet Options under Tools in the browser.

**Note:** The zone assigned to the following settings is dependent on the MAC's network setup and recognition of the NGD application. If the MAC is treating the NGD application like an internet application, then the MAC will want to use the "Trusted Sites" zone and configure NGD as a trusted site. If the MAC is accessing NGD as though it is part of the Intranet, then the Intranet zone should be used.

**Note:** To run NGD in the Internet Security zone, it is required to set the "Download signed ActiveX controls" setting to Enable and to set the "Automatic prompting for ActiveX controls" to Enable. Without setting these properties as such, ActiveX controls cannot be downloaded, and the application will not function properly. Note that this requirement has not changed from Microsoft Windows XP SP1 to Microsoft Windows XP SP2. In Microsoft Windows XP SP2, however, the defaults for these settings have changed to Disable for sites running in the Internet Security zone.

**Note:** The default setting for applications running in the Local Intranet Security zone and for Trusted sites are suitable for downloading of the Siebel ActiveX controls. If the Siebel application is in one of these Security zones, no action should be required to adjust this setting.

<b>Active X Controls and Plug-ins</b>	<b>Required</b>	<b>Comments</b>
Download signed Active X Controls	Enable	Disabling Active X will remove application functionality such as Keyboard Accelerators
Download unsigned ActiveX controls	Enable	
Initialize and script ActiveX controls not marked as safe	Enable	
Run ActiveX controls and plug-	Enable	

<i>ins</i>		
<i>Script ActiveX controls marked safe for scripting</i>	<i>Enable</i>	
<i>Automatic prompting for Active X controls</i>	<i>Enable</i>	

<b><i>Downloads</i></b>	<b><i>Required</i></b>	<b><i>Comments</i></b>
<i>File download</i>	<i>Enable</i>	<i>Needed to allow attachment functionality</i>
<i>Font download</i>	<i>Enable</i>	

<b><i>Java / Microsoft VM</i></b>	<b><i>Required</i></b>	<b><i>Comments</i></b>
<i>Java permissions</i>	<i>Low Safety</i>	

<b><i>Java Console(for CTI Toolbar)</i></b>	<b><i>Required</i></b>	<b><i>Comments</i></b>
<i>Use SSL 2.0 compatible ClientHello format</i>	<i>Disable</i>	<i>This setting can be found in Java Control Panel under Advanced &gt; Security tab. Disable per Mitre.</i>
<i>Use SSL 3.0</i>	<i>Disable</i>	<i>This setting can be found in Java Control Panel under Advanced &gt; Security tab. Disable per Mitre.</i>
<i>Use TLS 1.0</i>	<i>Enable</i>	<i>This setting can be found in Java Control Panel under Advanced &gt; Security tab. Enable per Mitre.</i>

<b><i>Miscellaneous</i></b>	<b><i>Required</i></b>	<b><i>Comments</i></b>
<i>Access data sources across domains</i>	<i>Prompt</i>	
<i>Allow META REFRESH</i>	<i>Enable</i>	<i>This setting is for Internet Explorer 6 only.</i>
<i>Display mixed content</i>	<i>Enable</i>	<i>This setting is for Internet Explorer 6 only. May be required on a secured site that can display secured content and non-secured one. Note: This setting must be enabled in the Internet zone along with the selected zone being configured. This is the only exception in configuring zones. If the setting is not enabled an additional pop-up error message will be displayed to the user.</i>
<i>Don't prompt for client certificate selection when no certificate or only one certificate exists</i>	<i>Enable</i>	
<i>Drag and Drop or Copy and Paste files</i>	<i>Enable</i>	
<i>Installation of Desktop items</i>	<i>Prompt</i>	
<i>Launching programs and files in an IFRAME</i>	<i>Prompt</i>	<i>May be required if templates are configured to use IFRAMEs</i>
<i>Navigate sub-frames across different domains</i>	<i>Enable</i>	
<i>Software Channel permissions</i>	<i>Medium Safety</i>	
<i>Submit non-encrypted form data</i>	<i>Enable</i>	
<i>User persistence</i>	<i>Enable</i>	
<i>Use TLS 1.0</i>	<i>Enable</i>	
<i>Use SSL 2.0</i>	<i>Disable</i>	<i>Disable weak security cipher SSL v2 per Mitre.</i>

<i>Use SSL 3.0</i>	<i>Disable</i>	<i>Disable weak security cipher SSL v3 per Mitre.</i>
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<i>Scripting</i>	<i>Required</i>	<i>Comments</i>
<i>Scripting is used in relation to the Interaction Manager that handles the additional functionality provided by Siebel in High Interactivity mode such as the ability to edit within a list and many other functions. There is also Siebel Applet Browser scripting in the Siebel object model for things like validations and calls to do things like interact with MS Word or export data.</i>		
<i>Active Scripting</i>	<i>Enable</i>	
<i>Allow paste operations via script</i>	<i>Enable</i>	
<i>Scripting of Java applets</i>	<i>Enable</i>	

<i>User Authentication</i>	<i>Required</i>	<i>Comments</i>
<i>Logon</i>	<i>Automatic logon only in Intranet Zone</i>	

*Note: When enabled, Pop-up Manager blocks most pop-up windows from appearing on the personal computer. End users and IT administrators must allow Siebel pop-ups to appear by including the NGD address in the Pop-up Manager's Allowed Sites list. It is a requirement that the NGD address be added to this list.*

*Note: Sites in the Trusted Sites and Local Intranet zones never have their pop-up windows blocked. If the NGD address is in one of these security zones, no action is required to adjust this setting.*

### ***Connecting to the NGD Application:***

*Note: The Siebel High Interactivity Framework file and Smart Scripts can be downloaded and installed from any NGD 8.1 environment. The Siebel Browser Check can also be resolved when connected to any NGD 8.1 environment.*

### ***Siebel High Interactivity Framework:***

*The first time the client connects to NGD, the Siebel High Interactivity Framework is automatically downloaded and installed into the browser. The Siebel High Interactivity Framework is also automatically downloaded and installed any subsequent time that the client connects to NGD without it installed. The Siebel High Interactivity Framework is a necessary component in order to successfully login and use NGD. To install the Siebel High Interactivity Framework, the NGD user needs to have at least Power User level rights to their local machine. When they next login to NGD, it will automatically be downloaded and installed.*

*Some call centers restrict the rights that their users have to their local machines. These sites may choose to pre-load the Siebel High Interactivity Framework component so that their users do not need Power User rights. However, sites that choose to do this need to understand that if the Siebel High Interactivity Framework becomes corrupted, they will need to reinstall it. Also, any future enhancements or versions to the Siebel High Interactivity Framework file will need to be loaded as well.*

*To pre-load the Siebel High Interactivity Framework, a user with Power User or Administrative rights to the local machine must login to NGD from that machine.*

*The recommended procedure is to grant Power User level rights to all NGD users. Sites that choose to not grant Power User level rights to their users do so at their own risk. The NGD Help Desk will not support the pre-loading of the Siebel High Interactivity Framework.*

### ***Smart Script:***

*The first time the Smart Script is activated in NGD; the Smart Scrip is automatically downloaded and installed into the browser. The Smart Script is a necessary component in order to successfully use Smart Scripts in NGD.*

*To install the Smart Script, the NGD user needs to have at least Power User level rights to their local machine. When they next activate a Smart Script in NGD, it will automatically be downloaded and installed.*

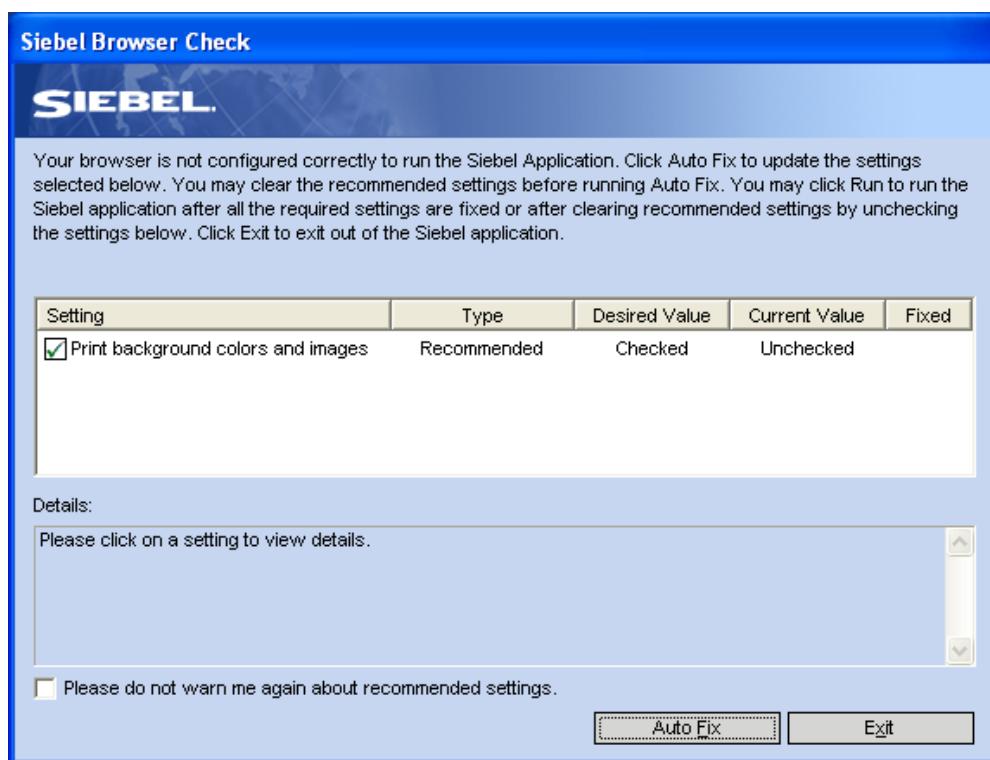
*Some call centers restrict the rights that their users have to their local machines. These sites may choose to pre-load the Smart Script so that their users do not need Power User rights. However, sites that choose to do this need to understand that if the Smart Script becomes corrupted, they will need to reinstall it. Also, any future enhancements or versions to the Smart Script will need to be loaded as well.*

*To pre-load a Smart Script, a user with Power User or Administrative rights to the local machine must login to NGD from that machine and activate a Smart Script.*

*The recommended procedure is to grant Power User level rights to all NGD users. Sites that choose to not grant Power User level rights to their users do so at their own risk. The NGD Help Desk will not support the pre-loading of the Smart Script.*

### **Siebel Browser Check:**

*Each time a client connects to NGD, the Siebel Browser Check applet checks the local browser for missing components (such as Sun's JVM) and verifies the current configuration. If there are any missing components or recommended changes the current configurations, the Siebel Browser Check dialog box will appear while the user is logging into NGD and offer to load the necessary components or change the recommended settings. You may instruct your users to select Auto Fix to automatically take the recommended action. Otherwise, if it is a setting that is not listed in this document and you do not want it changed (such as printing background colors and images), simply select the box next to "Please do not warn me again about recommended settings" and click Exit.*



### **Troubleshooting:**

*There are many erratic behaviors that can occur in NGD when the Siebel High Interactivity Framework file or Smart Script files become corrupted on the local machine. The best method to troubleshoot NGD issues is to begin by deleting the Siebel High Interactivity Framework and Smart Script files, then restarting the browser. Those files will then need to be reinstalled (see section 3.1 and 3.2).*

*To delete these files, do the following:*

- *Select Tools => Internet Options from the browser menu*
- *Click on the Settings button from the Temporary Internet Files section of the General tab*
- *Click on View Objects from the Settings box*
- *Select and delete the Siebel High Interactivity Framework and Smart Script files*
- *Restart the browser*

### **Third Party Applications:**

*Third party applications can interfere with the NGD application and cause it to freeze. Specifically, third party browser tool bars such as Comet Cursor, My Web, My Web Search, Google, Yahoo Toolbar, etc., as well as memory defrag (scrubbers) tools need to be removed. Be aware that any third party application (such as call monitoring software) can interfere with NGD. The NGD team will ask for third party applications to be removed if they discover that it is interfering with NGD.*

#### **20.1.5 - Call Center User Group (CCUG)**

**(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)**

*MACs are required to participate in CCUG calls. The CCUG sessions provide a forum for CMS to discuss new and ongoing projects related to telephone customer service, for MACs to surface issues for CMS resolution, and call centers to share best practices in telephone customer service delivery. The call center manager or a designated representative shall participate at a minimum.*

### **20.2 – Complex Beneficiary Inquiries**

**(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)**

*Although MACs may receive beneficiary inquiries (letters, faxes, e-mails, and, rarely, telephone calls) through a number of portals, under the current design, the MACs are responsible for responding only to the complex beneficiary inquiries that are referred to them by the (BCC) or the CMS ROs. If MACs receive beneficiary inquiries that are of a general nature, such as, specific billing questions and questions about claims, medical records, or expenses. MACs shall refer the inquiring beneficiaries to the BCC at 1-800-MEDICARE, or TTY # 1-877-486-2048. MACs may also provide the beneficiaries with the address to which they may send correspondence: Centers for Medicare & Medicaid Services, P.O. Box 39 Lawrence, KS 66046.*

#### **20.2.1 - Handling Complex Beneficiary Inquiries**

**(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)**

*Complex beneficiary inquiries will be identified and referred to the MACs by the BCC or the ROs via NGD and may include, but are not limited to, telephone, written, and e-mail inquiries. Once a complex beneficiary inquiry is referred to a MAC, the Provider Relations Research Specialists (PRRS) shall take ownership of the inquiry and be accountable for its resolution. While the PRRS is held accountable for the response, the MAC may use other resources to develop the response, as appropriate. If PRRS transfers a complex beneficiary inquiry to a MAC department that has its own separate control process and timeliness standards (e.g., appeals), PRRS may close the inquiry in NGD. PRRS will document reliable and accurate information into the resolution details field, including guidance on how the inquirer/beneficiary can contact the MAC regarding the nature of the case (e.g., checking the status, asking follow-up questions). The MAC shall respond directly to the beneficiary via telephone, written mail, fax, or e-mail and document the response in NGD. Complex inquiries from beneficiaries shall receive the same priority and attention as complex inquiries from providers.*

*The MAC shall have adequate language capabilities (English, Spanish, and TTY/TDD) to handle written and telephone communications with beneficiaries.*

*The MACs shall not be required to install a separate TTY/TTD for complex beneficiary inquiries.*

*The MAC shall obtain foreign language support service by contract for languages other than Spanish.*

*Additionally, the MAC shall fog written responses for reading level (8th grade or less).*

*The MAC shall provide feedback via NGD to the BCC identifying inappropriate referrals to the PRRS (such as general or routine inquiries that should have been handled by the BCC). Every beneficiary shall receive direct, final responses to their complex inquiries that accurately and completely address the issues contained in the inquiries. This extends to an overall approach to beneficiary inquiry handling that aims to result in a high standard of accuracy, professionalism and timeliness.*

## **20.2.2 - Controlling Complex Beneficiary Inquiries**

**(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)**

*The MACs shall control all complex beneficiary inquiries until they are closed by the PRRS. NGD will be maintained with accurate information so that if the beneficiary calls the BCC for information related to the initial inquiry, the BCC can address status and outcome and determine if additional follow up is necessary.*

*Unless they meet the exception for second level Benefit Integrity escalations described in section 20.1.3, inquiries referred to other MAC departments by the PRRS may close the inquiry in NGD as long as accurate and reliable information is documented in the resolution details field, including the nature of referral (e.g., appeals, MSP, etc.).*

## **20.2.3 - E-mail and Fax Responses to Complex Written Beneficiary Inquiries**

**(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)**

*In some cases, complex written beneficiary inquiries can be responded to by e-mail or fax. Since both represent official correspondence with the public, it is paramount that MACs use sound e-mail and fax practices and proper etiquette when communicating electronically. MACs shall ensure that e-mail and fax responses follow the same timeliness and quality guidelines that pertain to all written inquiries. Responses that contain financial or PHI shall be transmitted in accordance with the “CMS Acceptable Risk Safeguard Controls for Secure Communications” and not sent by e-mail. When responding via fax, MACs shall first confirm the fax number with the intended recipient. If the e-mail or fax response contains financial, or PHI, the response may be mailed in a hardcopy format to the beneficiary or a telephone response may be used. E-mail content, as well as attachments to e-mails, must be Section 508 compliant. (See <http://www.cms.gov/web/508/accessiblefiles/checklists.html> for information about Section 508 compliancy).*

## **20.2.4 - Telephone Responses to Complex Beneficiary Inquiries**

**(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)**

*MACs may respond to complex written beneficiary inquiries by telephone if, in their discretion, MACs determine that a telephone response is appropriate.*

*For tracking and evaluation purposes, MACs shall develop a report of contact for each telephone response to a complex written beneficiary inquiry. The report of contact shall be retained in the same manner and time frame as written responses to complex written beneficiary inquiries. All reports of contact shall contain the following information:*

- Beneficiary name;*
- Telephone number;*
- Beneficiary HICN;*
- Date of contact;*
- Internal inquiry control number;*
- Subject/nature of inquiry*
- Summary of discussion;*
- Status - closed/pending research/ open*
- Follow - up action required (if any); and*
- Name of the PRRS correspondent who handled the inquiry*

*If the beneficiary requests a copy of the report of contact, a response letter containing all the information in the “Summary of Discussion” shall be sent. MACs may send the information via e-mail or fax if requested by the beneficiary and if the response does not contain any financial or PHI. It is not acceptable to send the report of contact itself. All timeliness and quality guidelines for a written response apply to the response containing the “Summary of Discussion.”*

*If the MAC cannot reach the beneficiary by telephone, the MAC shall develop a written response. It is not acceptable to leave a message/response on the beneficiary's voicemail containing financial, PII, or PHI.*

### **20.2.5 - Written Responses to Complex Beneficiary Inquiries** **(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)**

*MACs shall ensure that the written responses to complex beneficiary inquiries are accurate, complete, responsive, clearly written and presented in a professional manner.*

*Written responses to complex beneficiary inquiries shall adhere to the basics of the Plain Writing Act of 2010, to the extent practicable. The Plain Writing Act of 2010 requires all federal agencies and, by extension, their contractors to use plain writing in any document that (1) is necessary to obtain a federal benefit or service, (2) gives information about a federal benefit or service, and/or (3) explains how to comply with federal requirements. MACs shall refer to the document entitled, "Toolkit for Making Written Material Clear and Effective," for assistance in meeting the requirements of the Plain Writing Act of 2010. The Toolkit is a health literacy resource from CMS that consists of 11 parts. It is available at <http://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html>.*

*In addition, MACs shall use the CMS Writing Guide to assist in the preparation of written responses to complex beneficiary inquiries. The Writing Guide can be found on the Quality Written Correspondence Monitoring (QWCM) website at: <https://www.qwcmscores.com/Docs/WritingGuideFINAL.pdf>.*

*Because the Toolkit and the CMS Writing Guide cannot possibly address every issue encountered in responding to complex written beneficiary inquiries, MACs may also use other resources (e.g., grammar guides) to supplement their writing process.*

### **20.2.6 - Timeliness of Responses to Complex Beneficiary Inquiries** **(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)**

*MACs shall provide clear and accurate responses to complex beneficiary inquiries within 25 business days for at least 75 percent of inquiries referred by the BCC or the CMS ROs; and within 45 business days for 100 percent of all inquiries referred by the BCC or the CMS ROs.*

*This timeframe begins the day the inquiry is originally received in NGD (transferred into NGD) and ends the day the MAC sends the final response. For Benefit Integrity Unit escalations, the MAC shall consider the action complete and close the complex inquiry in NGD when the Benefit Integrity Unit referral is placed into the second-level screening work flow, and not when the second-level screening is complete.*

*For those complex beneficiary inquiries that cannot be answered in final within 45 business days, MACs shall send an interim response acknowledging receipt of the inquiry and explaining the reason for the delay. When possible, inform the beneficiary about how long it will be until a final response will be sent. Sending an interim response does not resolve the issue and the inquiry is not considered closed until the final response is sent.*

*The final response shall be sent within 5 business days after receipt of the needed information. Any interim responses for complex beneficiary inquiries will count toward the MAC's overall allowance of no more than 5 percent of interim responses for the universe of complex beneficiary inquiries. Responses to complex beneficiary inquiries shall be documented in NGD.*

### **20.3 – Congressional Beneficiary Inquiries** **(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)**

*Please refer to the Medicare Contractor Beneficiary and Provider Communications Manual, Chapter 6, Provider Customer Service Program "Congressional Inquiries Timeliness."*

## **20.4 – Surveys**

*(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)*

CMS *may* require periodic surveys of customer service operations to be completed by each contractor within the time frames and in areas indicated on the specific notice. Examples include staffing profiles and training needs.

## **20.5 – Urgent Need Regional Offices Casework**

*(Rev. 33, Issued: 10-02-15, Effective: 11-02-15, Implementation: 11-02-15)*

*The MAC shall provide a direct point of contact (POC) to CMS ROs for the purposes of assisting them in resolving urgent need beneficiary inquiries involving any aspect of the Medicare Parts A and B programs. An urgent need inquiry is one in which the beneficiary is unable to access medically necessary medical services, equipment and/or supplies in a timely manner; and without those services the beneficiary's life is endangered, medical condition will deteriorate and/or pain or discomfort will increase. The CMS ROs will contact the MAC for assistance in resolving an urgent need inquiry through a prearranged contact that includes an email address, telephone, and fax number. The MAC POC shall coordinate resolution of the problem and involve appropriate functional areas within the MAC as necessary. The RO will relay the resolution directly to the beneficiary.*