

**FY 2004 BUDGET AND PERFORMANCE REQUIREMENTS
PROGRAM MANAGEMENT**

July 22, 2003

Beneficiary Inquiries (Carrier)

Addendum 1

As a customer-centered organization, CMS is focusing on providing improved service to all customers, including Medicare beneficiaries. The FY 2004 Carrier Beneficiary Inquiry BPRs are designed to encompass CMS' Strategic Plan and facilitate continuously improving customer service. CMS requests that each Carrier prioritize its workload in such a manner to ensure that funding is allocated to accomplish the priority goals of the listed activities. CMS expects that each Carrier meet standards for inquiry workloads in the following order of precedence:

- 1) Beneficiary Telephone Inquiries (including Quality Call Monitoring and the Next Generation Desktop)
- 2) Screening of Complaints Alleging Fraud and Abuse
- 3) Written Inquiries
- 4) Walk-in Inquiries
- 5) Beneficiary Outreach to improve Medicare customer service (Customer Service Plans)

All resources should be devoted to performing only these activities.

Any contractor call center upgrades or initiatives for purchases or developmental costs of hardware, software or other telecommunications technology that equal or exceed \$10,000 must first be approved by CMS. Contractors shall submit all such requests to the servicing CMS regional office (RO) for review. The RO shall forward all recommendations for approval to the Center for Beneficiary Choices, Division of Beneficiary Customer Service (DCBS), for a final decision.

Beneficiary Telephone Inquiries (Activity Code 13005)

The instructions for beneficiary telephone inquiries are described in Medicare Carrier Manual (MCM), Section 5104.A. Also refer to the Activity Dictionary (Attachment 2 to the BPRs) for the lists of tasks for this activity.

Please note the following additions/revisions to the current telephone manual instruction.

1. Quality Call Monitoring

- Of all calls monitored for Customer Service Representatives (CSRs) each month, the percent of calls scoring as “Pass” for Adherence to Privacy Act must be no less than 90%.
- Of all calls monitored for CSRs each month, the percent of calls scoring as “Achieves Expectation” or higher must be no less than 90% for Customer Skills Assessment.
- Of all calls monitored for CSRs each month, the percent of calls scoring as “Achieves Expectation” or higher must be no less than 90% for Knowledge Skills Assessment.

2. Availability of Telephone Service

- Maintain the ability to respond directly (via CSR and automated service) to telephone inquiries in both English and Spanish. In those situations where automated service would not be cost-efficient for the number of Spanish-speaking calls received, those callers should be transferred directly to the CSR queue for service.
- Options, services or messages offered callers at one level in the network or by premise-based equipment should not be duplicated and offered to callers again. For example, if callers are offered the option of transferring to the Interactive Voice Response Unit (IVR) or to a bilingual queue in the network, they should not be offered this service again at the call center level.
- Premise-based equipment should not be programmed to allow for the recording of voice messages by callers at any time.

3. Call Handling Requirements

- CMS will no longer require a minimum performance requirement of 1100 calls per FTE per month for Non-Medicare Customer Service Center (MCSC) call centers and 1000 calls per FTE per month for MCSC call centers. Contractor call centers will still be required to report the necessary data points monthly in CSAMS to calculate the CSR Productivity measure. CMS will continue to use CSR Productivity as an indicator of a call center’s performance.
- The monthly Incompletion Rate (also known as the All Trunks Busy (ATB) External Rate) shall not exceed 20% for any Beneficiary call center. This includes all of the call center’s voice lines as well as any “hidden” toll-free lines terminating at the call center. CMS will be monitoring call center accessibility during the fiscal year and will be working with any contractors experiencing Incompletion Rates over 20%. Any situation that disturbs the usual operation of the call center and results in extreme variances in the call center’s performance level will be considered as an exceptional event by CMS and reviewed on a case-

by-case basis. CMS will be monitoring accessibility during the fiscal year and will be working with any contractors experiencing Incompletion Rates over 20%.

- A number of contractor TDD/TTY lines experienced significant incompletion rates (ATB levels) in FY 2003. CMS would like to ensure that TDD/TTY service is accessible to beneficiaries with hearing impairments. Therefore, beginning in FY 2004, the monthly Incompletion Rate (also known as the ATB external rate) shall not exceed 20% for any Beneficiary call center's TDD/TTY service. CMS will be monitoring TDD accessibility during the fiscal year and will be working with any contractors experiencing Incompletion Rates over 20%.

In the event significant costs would be incurred for a contractor to immediately meet this requirement, CMS will also review and consider approval of waiver requests while CMS works with the contractor to remove obstacles that impede access for these beneficiaries.

4. Medicare Customer Service Center Next Generation Desktop (MCSC-NGD)

CMS is developing a new MCSC-NGD application to be deployed at Medicare contractor sites. The new desktop will allow Customer Service Representatives (CSRs) to answer written, telephone, and walk-in inquiries from both providers and beneficiaries. The NGD application will enable CSRs to address, at a minimum, the same general Medicare and claims inquiries currently handled, but in a more user-friendly and efficient manner. The NGD is being developed on requirements gathered from call center personnel currently handling telephone, written, and walk-in inquiries. Although NGD may be found useful by other components interacting with the telephone and written inquiries areas, specific requirements are not being identified for those areas.

The initial rollout of NGD will provide contractors with access to information from the VIPS Medicare System (VMS), Fiscal Intermediary Standard System (FISS), and Multi Carrier System (MCS) claims processing systems used today. Initially contractors will only access information to perform the functions required within their existing workload. However, the technology being built into the NGD will ultimately allow contractors to access claim information outside their service areas and to access additional CMS databases once those business processes have been defined. This increased access will enable contractors to support each other in times of heavy call volumes, disaster situations, emergency closings, and any other downtime as well as to handle more of the calls currently being blocked in the network. As NGD is rolled out, those contractors utilizing NGD will have call history information displayed for beneficiaries and providers who have previously contacted other sites using NGD. For example, call history in Ohio will be visible to both the Carrier and the Intermediary Call Centers for Ohio after both Call Centers begin utilizing NGD. The call history information does not contain claim information, only a record of and reason for the call.

Implementation Approach and Schedule

Since the NGD will continue to be rolled out to contractors throughout FY 2004, contractors must include NGD implementation costs in the FY 2004 budget requests. These costs must be included in Activity Code 13005 and also reported in Miscellaneous Code 13005/01 so that they can be separately identified as NGD implementation costs. The MCM, Section 5104, Change Request 2079 Program Memorandum, Subject: Installation of a New MCSC Next Generation Medicare Desktop Application and Change Request 2390 Program Memorandum, Subject: Next Generation Desktop Data Center Connectivity – Security Information Clarification contain more detailed instructions describing NGD implementation functions.

Contractors utilizing the MCSC-Forte desktop application should budget for minimal support and maintenance of that application until call centers are transitioned over to MCSC-NGD.

Call centers will be notified at a minimum of six months in advance of beginning deployment discussions. Call centers will be implemented with consideration to business impact to the Medicare program as a whole. Input from contractors regarding the desired timing of implementation will be considered, as well as, other implementation activity and specific circumstances of each call center.

Centers Using Non-Standard Claims Processing Systems

Currently, plans provide for the NGD to support FISS, MCS, and VMS (Part B and DMERC) claims processing systems. Centers using other systems will not implement the NGD until they have converted to one of these standard systems.

Technical Considerations

Hardware

The hardware necessary to implement the NGD application includes Siebel Systems' eHealthcare product, centrally-located servers, and personal computers (PCs).

Siebel

The NGD is being built using Siebel Systems' eHealthcare product. This product employs a "zero footprint" Web-based client, which means that no specialized hardware or software is required on the agents' desks other than a typical Personal Computer (PC) and a Web browser. PCs that will be used to generate correspondence will also require Microsoft Word '97, or a higher version of Word, which will be the responsibility of the Medicare contractor to procure. CMS is purchasing the necessary Siebel software licenses and ongoing Siebel software maintenance contracts.

Servers

All servers needed to run the NGD application will be centrally-located (initially at the AdminaStar Federal data center in Louisville, KY). Each call center site will access the servers via the Medicare Data Communications Network (MDCN); CMS currently uses AT&T Global Network Services (AGNS) to provide service to the MDCN. Prior to implementation, each call center's network configuration will be evaluated to ensure that sufficient network bandwidth will be available.

Firewalls

All Internet Protocol (IP) access to the MDCN/AGNS network will be firewall protected. Each call center will be responsible for the installation and configuration of a firewall solution between themselves and the MDCN/AGNS network. Call centers will access the NGD system via IP. The NGD will provide access to the mainframe processing systems at the data centers via IBM's System Network Architecture (SNA). SNA connectivity will not require firewall protection. Future plans may include access to the mainframe processing systems via IP; however, CMS will work closely with the data centers if and when this option becomes available. The contractors are only responsible for having the firewall(s) implemented at their call centers and/or data centers.

Personal Computers

NGD Personal Computer (PC) Requirements – Following are updated PC software requirements for MCSC-NGD. These requirements supercede those listed in Change Request 2079 dated 5/16/02 and the Medicare Carrier Manual. The only additional software requirements for FY2004 are the Microsoft Word and Adobe Acrobat viewers which can be downloaded free of charge. **Consideration will be required for coexisting software applications in addition to NGD. The system requirements may increase based on these additional applications. Please consult the software vendor for this information and make appropriate modifications to these requirements on the basis of that information.**

Requirements for an NGD Personal Computer	
Processor:	500MHz Pentium III or comparable AMD 800MHz Celeron or comparable AMD
Disk Space:	100MB available
Memory:	224MB for Windows 2000 288 MB for Windows XP
Operating System:	Windows 2000 Service Pack 2 OR Windows XP Service Pack 1
Browser:	Internet Explorer 5.5 Service Pack 2; Q323759 OR Internet Explorer 6 Service Pack 1; Q810847
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 MDCN
Word Processor:	Microsoft Word '97 (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 to view correspondence and some reference materials available in NGD.

Integration Methods

Standard Systems

Integration between the NGD and VMS, CWF, MCS, and FISS will be accomplished using Jacada's Integrator software product. Jacada uses TN3270 sessions to work with these systems. This allows NGD to be implemented without any changes to the standard systems. Access to CWF will be through the claims systems. The NGD Integration Layer will log and time-stamp all interactions, recording the NGD user, the back-end system user, and the transaction being performed along with the transaction's data. Integration with EDB and MBR will be done using IBM CICS Transaction Client Application Program Interface (API). Access to these systems will be via the CMS Traffic Cop application.

Computer Telephony

CTI is not currently in the scope of the NGD development for Releases One and Two. CTI may be integrated in a future release.

Impact on Contractor Resources

Although implementing the NGD will improve the overall efficiency of the call center operations, there will be some short-term impact on resources during the initial implementation. Resources potentially affected include CSRs, trainers, information services and technology staff. A reduction in CSR efficiency is expected during the learning curve of first using the new system. As CSRs become proficient with the new environment, efficiency should improve.

Early in the deployment process CMS and the NGD team will review with each site the expected staffing levels that will be in place when NGD is implemented. Performance measures available from previously deployed locations will be shared to assist in determining potential impact and needed support.

A Deployment Assistance Center (DAC) has been established to support call centers during NGD implementation. The DAC is staffed with CSRs trained to handle Medicare inquiries from all lines of business. Certain functions may need to be transferred back to the site, however, it is expected the sites deploying NGD will utilize the services

provided by the DAC prior to requesting any performance waivers. During the period of implementation, CMS will work with the contractor to determine the support needed from the DAC and relax performance standards where it is still deemed appropriate.

Call Center CSRs

It is expected that CSRs already trained to handle Medicare inquiries will need to attend three-four days of training on the new system. Contractors will continue to provide new CSRs with Medicare program training and any changes to local procedures resulting from NGD. Generally, CSRs will continue to answer the same types of inquiries they currently answer today, so the primary focus of the initial NGD training will be on how to access the same information within the new desktop. Additionally, NGD will offer some enhanced features and functionality which will deliver improved service to CMS customers. Training materials will be provided for any new functionality in NGD. Although contractors can choose to phase in the implementation of any new NGD features, it is expected that CSRs will fully utilize the functionality built within NGD.

Below is a sample of identified changes to pre-NGD procedures:

Publication Requests and General Information – If a CSR is using the MCSC-NGD then all requests for CMS beneficiary-related Medicare publications and alternative CMS products should be ordered via the desktop. If a CSR does not have the MCSC-NGD, but has Internet access, these items should be ordered on-line at www.medicare.gov.

Scripted Responses - The NGD will include standard CMS-approved scripted language for some Medicare topics to be used by CSRs when responding to inquiries. The purpose of scripted language is to ensure accuracy and consistency of the information conveyed by the call centers.

Callbacks Closed - The counting for this CSAMS metric will change for those call centers using MCSC-NGD. Currently this number is based on calls received for the calendar month and represents the number closed within five workdays even if a callback is closed within the first five workdays of the following month. For MCSC-NGD call centers, the desktop will provide a report based on seven calendar days which will be used to satisfy this requirement.

Logging Issues – NGD provides the functionality to log multiple issues on one call. Once NGD Release Two is implemented, many of the high frequency topics or activities worked on a call are automatically logged. There is a need for some manual logging by CSRs. Those conducting quality call monitoring should ensure that CSRs are making use of this additional functionality to log multiple issues. This will provide the call centers and CMS with more accurate and thorough reporting. For quality call monitoring (QCM) purposes, all logging and coding including the logging of multiple issues is to be recorded under the Call Action portion of the Knowledge Skills Assessment section of the QCM scorecard. Correct logging of calls falls under the performance criteria of "completes call activities".

Ordering a Replacement Medicare Card – The NGD has built in the functionality to allow for a CSR to order a replacement Medicare card. NGD will perform the edit checks for the CSR which will minimize the training needed for this function.

Trainers

This project will use a “Train the Trainer” approach. This approach requires each contractor to provide trainers and training facilities to instruct CSRs, supervisors, quality assurance personnel, and other support staff on how to use the system. Training materials will be provided by CMS. The initial “Train the Trainer” classes (covering each contractor’s primary line of business) will be five days of instruction. An additional two days are required for any added line of business (Part A, Part B, DME). “Train the Trainer” classes will be held in a central location or at contractor locations, if warranted by the number of trainees.

The local call center trainers will have the responsibility to train all CSRs on the NGD. For example, the training may take a phased approach in which some CSRs are trained while others continue to take calls in the current manner. At some point in time an individual call center may have some CSRs utilizing the current methods, some in training, and others using the NGD if a phased approach is followed. Regardless of the approach followed during the period of implementation, CMS will work with each contractor to define the extent of the impact during the transition, schedule support from the Deployment Assistance Center and relax performance standards where it is deemed appropriate.

The NGD will have the ability to facilitate national web-based training. Contractors who wish to have their locally-developed web-based training accessible directly from the NGD are encouraged to comply with CMS standards. The CMS standards for both print and web-based training design can be found on the Medicare Beneficiary Telephone Customer Service home page @ <http://cms.hhs.gov/callcenters/>. In addition to the PC requirements outlined previously, in order to fully utilize the national web-based training modules, contractors will also need to have an audio player capable of playing .wma files (generally Windows Media Player); sound card and speakers (headphones are suggested); and Microsoft Word 97 or higher.

Local Site Administration

Several administrative functions will be performed at the call center level by contractor personnel. These functions include:

- Creating and Maintaining User Profiles;
- Adding User Accounts (includes identifying each user's zip code, state, and time zone);
- Disabling User Accounts;
- Adding and Maintaining Personal Information;
- Adding, Maintaining and Resetting User Passwords

- Defining and Maintaining User Responsibilities;
- Defining and Maintaining User Positions;
- Defining the Local Organizational Structure;
- Receive Step by Step instructions for Setting up Public Queries;
- Creating and Maintaining System User Alerts and Broadcast Messages; and
- Initiate Time Out Settings.

Helpdesk

Each contractor will be expected to operate a local help desk (Tier One) for NGD. The Tier One Help Desk Analysts are responsible for supporting the call center personnel in resolving issues they experience within the NGD application. This may be incorporated within the contractor's existing helpdesk or defined independently. The local help desk will be expected to triage NGD-related issues to determine if resolution can occur in house and those issues that need to be documented and submitted to the NGD Help Desk (Tier Two).

Local Tier One application support will likely be comparable to existing MCSC-Forte and CustomView sites. Support levels for those locations currently using mainframe applications only will probably increase. The call centers will need to provide Tier One help desk support. Tier One help desk support will be a focal area for each call center and will begin the resolution process. They will help identify if the issue resides at the call center or if it is an issue that must be resolved outside of the call center. If the issue can be resolved locally, then the normal call center process will be followed. If the issue cannot be handled locally, the local help desk will contact the NGD Tier Two Help Desk. The NGD help desk will work to resolve the issue within forthcoming Service Level Agreement standards. If the issue cannot be resolved by the NGD help desk, the NGD helpdesk will contact the appropriate NGD resources (Tier Three), including Siebel and AT&T for MDCN/AGNS issues. Once resolved, the NGD help desk will contact the local help desk so any log entries opened there can be closed

At a minimum, the local help desk will handle:

- Password resets;
- PC and PC software configurations - Tier Two can assist Tier One or provide guidance in correcting the problem, but ultimately it is the responsibility of Tier One to resolve PC configuration/setup issues. The settings must follow NGD and CMS guidelines;
- PC or LAN related problems;
- Proper functioning of local workstations, network and network connections;
- Contacting AT&T for any AT&T Global Network Service (AGNS) issues on the contractor side; and
- Local training and business process issues.

The help desk training provided by the NGD trainers will provide more details on what is expected of the local help desk.

Information Technology

For those sites that currently have PCs on the CSRs' desktops, little, if any, change in demand for infrastructure support is expected. Connectivity between the NGD servers in Louisville, KY and contractor mainframe claims processing systems (i.e., data center) is planned to be via MDCN/AGNS using SNA. Contractor PCs at Call Centers using the NGD will access the NGD servers in Louisville using MDCN/AGNS via IP.

Existing call monitoring applications, such as e-Talk Recorder and Witness eQuality Balance, that are integrated with a call center's Automatic Call Distribution (ACD) system should continue to function with no change.

Impact on Data Center Resources

Contractors shall work with their respective data centers to ensure Data Center staff performs the following tasks in support of the NGD implementation. These tasks include, but are not limited to:

- Provide a Data Center Point of Contact (POC) to coordinate NGD testing and deployment activities;
- Assist in planning for adequate MDCN/AGNS bandwidth and routing changes;
- Create and assign standard system mainframe User IDs per CMS/NGD requirements;
- Provide TN3270, TCP/IP, or SNA connectivity information and create any required SNA LUs to establish the necessary sessions; and
- Ensure that claims systems test regions and test data are available as required for system testing.

After initial testing the following support is required:

- Test regions need to be available during normal business hours beginning when system testing starts and continuing through the deployment of the desktop at all call centers. Availability of test regions will also be required for subsequent quarterly releases.
- Ensure system production regions are available by contractor Go Live date(s).
- Ensure system production regions are available during Call Center hours of operation.

NGD Access for Other Departments

It may be desirable for other departments (Correspondence, Benefits Integrity, Medical Review, and so on) to have limited access to the new system. If so, some minimal training for the users from these departments will be required. Using the NGD in other departments will be considered on a case-by-case basis. Other departments will be

expected to acquire the necessary NGD Siebel desktop licenses and appropriate PCs within their own budgets.

Security Issues

Call and Data Center

NGD retrieves data from systems, such as the CMS Enrollment Database (EDB) and the SSA Master Beneficiary Record (MBR). These systems are Privacy Act protected and require high levels of security. Data and Call Centers are required to follow strict security controls in their data center implementation to segregate CMS data from other business data and to safeguard the confidentiality, integrity and availability of such data.

NGD Network Traffic and Overview

For MCSC-NGD implementation, connectivity must be established between Siebel NGD and SNA (System Network Architecture) servers, the Medicare Data Communications Network (MDCN) and the Medicare Call Center's servicing data center. Currently, the Siebel NGD and SNA gateway servers reside at the AdminaStar Federal Data Center in Louisville, Kentucky.

A Customer Service Representative (CSR), as a NGD user located at the Medicare Call Center, uses a browser-based, thin client with zero footprint to access the Siebel NGD servers. All communications between client and server travel via the MDCN, provided by AT&T Global Network Services (AGNS). This configuration establishes Private Virtual Connection's (PVC) from each Call Center to the NGD Data Center, and between the NGD Data Center and all Medicare Data Centers. Call Centers are directly connected to Louisville NGD via AGNS. Louisville NGD is connected to all host Medicare Data Centers. The Louisville DC queries the host for the information. After Louisville DC gets the information from the host data center, paints the screen and sends the data back to the call center's CSR desktop.

When the Siebel NGD application requests Medicare shared claims processing systems information for an NGD user, the NGD systems' Integration Server acts on behalf of the NGD user and utilizes a CICS transaction-based approach to retrieve the requested information. This SNA connection communicates directly with the Medicare shared claims processing systems (MCS, VMS, FISS) via the MDCN, to process the NGD users' information request.

NGD update requests to Medicare shared claims processing systems are limited to users within the local call center, as controlled by their specific Local System Administrator and their local NGD security profile. Therefore, updates are allowed only to native users. **Non-native call center NGD users (e.g. other Medicare Call Centers) will have read-only access to the specific data center's Medicare systems as described in the Mainframe ID's paragraph below.** Memorandums of understanding between the data center and call center contractors will be needed prior to NGD's authorization (or

capability) to update Medicare shared claims processing systems that are not native to the NGD user. If this non-native update capability becomes necessary, CMS will work with call center contractors to establish these memorandums of understanding.

Mainframe IDs

The Siebel application identifies the information's requester and determines the source required to fulfill the information request. This information is passed to the Integration Server, which establishes a session between NGD Data Center and the source Data Center. The Integration Server uses an established Logical Unit (LU) connection from available LU session pools. Each Data Center will be assigned a specific number of LU session IDs, which will be assigned and controlled by AGNS.

CMS-Pub.60AB

The session pool concept is referred to as Master ID since only a limited number of sessions are available for a larger number of users sessions. Master IDs are used by NGD Integration Servers, which acts in behalf of NGD users, to access the source Data Center's mainframe. Master IDs have been successfully implemented within other CMS applications with similar large user base and technical requirements. It is important to note that allowing NGD users read-only access to other Medicare contractors databases is not a new idea, and in theory the NGD read-only access is not too different than the shared access that all Medicare contractors have to the Common Working File (CWF).

The Data Center's System Administrators restricts and controls access to the shared claims processing systems housed at their data center, thus protecting the Government's Medicare claims information that they have been entrusted to maintain. **It is the Data and Call Centers System Administrators' responsibility to establish, add, and maintain the NGD-provided LU sessions and Master IDs on the mainframe's security software for NGD access as needed for development, validation, training, and production.** The benefit of establishing and maintaining a limited number of LU IDs and Master IDs for each Call Center, versus establishing individual accounts for each NGD user, results in reduced administrative tasks and costs.

NGD Security Responsibilities

The NGD Contractor (currently AdminaStar Federal) is responsible for the security controls within NGD. **It is National NGD Security Administrators' responsibility to establish, add maintain, and track the AGNS-provided LU sessions and Master Ids for all Medicare contractors on the applicable NGD software, (e.g., Siebel server, Jacada server, etc.).** The NGD software is developed to enable each Call Center to grant security access to its files, and will only retrieve/display data defined within the security access granted. Security tests have been developed to ensure access controls mechanisms are in place and operating as intended.

Stringent controls and monitoring processes will be in place to ensure that only assigned personnel gain access to the range of IDs assigned to their Center. Those transactions will be performed in NGD's authentication servers within a secured environment.

The NGD system generates transaction logs with information to fulfill user traceability requirements. The Siebel server, Integration server, and CICS/SNA gateway logs will document the transactions being performed, who performed them, when they were performed, what User ID and what LU session, host, and system were used to perform the transaction. This logging supports the use of Master IDs within the NGD, providing individual accountability for NGD users. Auditing will be performed within the NGD network and will provide a trace mechanism for the Medicare shared claims processing systems to validate users.

Security Oversight

Oversight and separation of duties for NGD security will be accomplished by:

- (1) Establishing System Administrators for Call and Data Centers, when applicable, with access only to the range of IDs designated for their Center;
- (2) Establishing a National NGD Security Administrator responsible for establishing user IDs and granting security access to Call and Data Center's System Administrators; and
- (3) Designating a third-party to audit security functions and logs, including the National NGD Security Administrator.

Shared/Standard System Issues

The Next Generation Desktop relies on extensive interfaces with many standard Medicare systems, operated by CMS as well as contractors. In order to make each contractor's deployment to the NGD as problem-free as possible, it would be helpful if each contractor provided systems documentation for any changes or customizations that they have made to the standard system. By providing this documentation during the discovery period, it will allow the NGD developers to make any necessary adaptations before deployment. Once a site has implemented NGD, the NGD team will need to be made aware of any local planned changes to these shared systems well in advance. This will allow time to make sure that the interfaces with the shared systems continue to perform correctly.

NGD updates will occur quarterly and will follow the release schedule used for the shared system updates. Once the NGD is implemented, contractors are requested to inform the NGD team of any notifications of changes being planned to the standard systems currently accessed. This will serve as a backup to the current process CMS has in place for notification of systems changes. It is important that the NGD sites work

closely with the NGD team to coordinate any additional testing needed specific to NGD in conjunction with testing for the shared system quarterly releases.

Implementation Planning and Support

Implementation of the NGD will represent significant change for many call centers. Managers and staff will need to be available for pre-implementation meetings (e.g., conference calls, in-house meetings, completion of surveys, etc.), to provide information about the site in general, the technology used, and to plan for the rollout of the NGD. To minimize the impact of this change, at a minimum, the call centers will be provided with the following assistance:

- Planning for functional, technical, and business process change;
- Deployment Notebook detailing key aspects of the deployment process;
- Deployment Checklist/Project Plan and updates to the project plan;
- Regularly scheduled NGD specific conference calls;
- Training assistance as described above; and
- 24 x 7 post-implementation support (on site, if required).

Future Changes to the Next Generation Desktop

The CMS will implement an NGD Change Control Board that will include representation from the contractor community. Change requests can be submitted in a variety of ways: feedback forms within the NGD system, change requests submitted to the NGD helpdesk and participation in user acceptance testing and functional workgroup meetings. The change control procedures will be provided in the call center deployment notebook for further reference. New releases of the NGD are expected to follow the current standard mainframe system quarterly release schedule.

Retirement of Redundant Systems

After implementation of the NGD, several existing systems will become redundant. These include the current MCSC Forte application, the 1-800 GT-X application and some of the CustomView implementations. There may be other contractor or call center specific applications that will also become redundant. Retirement of these redundant applications may involve archival of data and disposition of any surplus hardware. The CMS and the affected contractors will determine the specific tasks required.

Beneficiary Telephone Inquiries Workload

Beneficiary Telephone Inquiries workload (Workload 1) is the cumulative inquiries as reported on the CMS-1565, Line 25, Beneficiary Column.

Beneficiary Written Inquiries (Activity Code 13002)

The instructions for beneficiary written inquiries are contained in MCM Section, 5104.B. Also refer to the Activity Dictionary (Attachment 2 to the BPRs) for the lists of tasks for this activity. Please note that in FY 2004 only beneficiary written inquiries should be reported in Activity Code 13002. Provider Written Inquiries should be reported using Activity Code 33002.

Workload

Written Inquiries workload (Workload 1) is the cumulative inquiries as reported on the CMS-1565, Line 27, Beneficiary Column.

Walk-In Inquiries (Activity Code 13003)

The instructions for walk-in inquiries are contained in MCM, Section 5104.C. Also refer to the Activity Dictionary (Attachment 2 to the BPRs) for the lists of tasks for this activity. Please note that in FY 2004 only beneficiary walk-in inquiries should be reported in Activity Code 13003. Provider Walk-In Inquiries should be reported using Activity Code 33003.

Workload

Walk-In Inquiries workload (Workload 1) is the cumulative inquiries as reported on the CMS-1565, Line 26, Beneficiary Column.

Customer Service Plans (Activity Code 13004)— Include Your Annual CSP and Costs for Customer Service Plan Activities in Your Budget Request.

Refer to the Activity Dictionary (Attachment 2 to the BPRs) for the lists of tasks for this activity.

FY 2004 CSP funding will be at the same level as that for FY 2003 funding. Contractors who wish to continue CSP activities for FY 2004 should submit an annual CSP to their Associate Regional Administrators for Beneficiary Services. There is no national format for the CSPs and copies of the CSP should not be sent to CMS headquarters. Plans should be as innovative as possible and propose only the most effective education and outreach activities. For those contractors whose service areas cross CMS regional lines, contractors should not restrict their CSP activities to the local RO area. Within their CSP budget, these contractors should include activities that would have the greatest impact for beneficiaries in their entire geographic service area. Each regional office will decide the CSP funding level for their contractors.

Those contractors receiving funding should utilize their resources in the following beneficiary efforts including but not limited to:

- Establish partnerships and collaborate with local and national coalitions and beneficiary counseling and assistance groups;
- Provide service to areas with high concentrations of non-English speaking populations and for special populations such as: blind, deaf, disabled and any other vulnerable population of Medicare beneficiaries; and
- Work with appropriate Congressional staffs to resolve beneficiary issues with Medicare.

Due to the diversity of the Medicare beneficiary population, these activities have not been prioritized. Be prepared to discuss this plan with your regional office.

Second Level Screening of Beneficiary and Provider Inquiries (Activity Code 13201) (CR-2719)

The Medicare fee-for-service contractor reports the costs specified below that are associated with second level screening of potential fraud and abuse inquiries for beneficiaries and the referral package for provider fraud and abuse inquiries in Activity Code 13201.

For beneficiary inquiries of potential fraud and abuse, report costs for the following:

- Second level screening of beneficiary inquiries that are closed;
- The number of medical records for beneficiary inquiries that are closed; and
- The number of potential fraud and abuse beneficiary inquiries that are referred to the PSC or Medicare fee-for-service contractor BIU.

For provider inquiries, report the costs associated with compiling the referral package and sending it to the PSC or Medicare fee-for-service contractor BIU.

Report the number of second level screening of beneficiary inquiries that were closed in workload column 1; report the total number of medical records ordered for beneficiary inquiries that were closed in workload column 2; and report the total number of potential fraud and abuse beneficiary complaints identified and referred to the PSC or Medicare fee-for-service contractor BIU in workload column 3.

Second Level Screening of Provider Inquiries (Miscellaneous 13201/01):

The Medicare fee-for-service contractor must keep a record of the cost associated for all provider inquiries of potential fraud and abuse that are referred to the PSC or Medicare fee-for-service contractor BIU in Activity Code 13201/01.