

Beneficiary Inquiries Carrier Activity Dictionary

CAFM Code	Activity Name	Definition	Tasks	Workload
13002	Beneficiary Written Inquiries	<p>All costs associated with answering beneficiary/Congressional questions through correspondence.</p> <p>Reference:</p> <ul style="list-style-type: none"> • MCM, Part 2, Chapter 2, Section 5104.B. 	<ol style="list-style-type: none"> a. Log/Control and stamp all written inquiries with receipt date in mailroom b. Answer Inquiry in writing, via telephone, or e-mail c. Send Response d. Maintain Quality Control Program for written policies and procedures e. Transfer misrouted correspondence f. Establish a correspondence Quality Control Program g. Perform continuous quality reviews of outgoing letters 	<p>Workload 1 is the cumulative inquiries as reported on the CMS-1565, Line 27, Beneficiary Column.</p>
13003	Walk-In Inquiries	<p>All costs associated with answering questions from beneficiaries visiting the Medicare Contractor facility.</p> <p>Reference:</p> <ul style="list-style-type: none"> • MCM, Part 2, Chapter 2, Section 5104.C. 	<ol style="list-style-type: none"> a. Maintain sign-in sheets for walk-in individuals b. Keep records of contact by recording facts, questions, and responses given to individual c. Conduct inquiry interview d. Provide Medicare publications, as required 	<p>Workload 1 is the cumulative inquiries as reported on the CMS-1565, Line 26, Beneficiary Column.</p>
13004	Customer Service Plans	<p>All costs associated with providing beneficiary outreach and educational seminars, conferences, and meetings for contractor's entire geographic area and not limited to the local RO.</p>	<ol style="list-style-type: none"> a. Establish partnerships and collaborate with local and national coalitions and beneficiary counseling and assistance groups b. 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 c. Conduct Medicare awareness training/education with appropriate Congressional staffs to resolve beneficiary issues with Medicare 	

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13005	Beneficiary Telephone Inquiries	<p>All costs associated with answering beneficiary/Congressional questions over the telephone.</p> <p>All costs associated with the monitoring of a Customer Service Representative's (CSRs) telephone skills and the accuracy of the response.</p> <p>All costs associated with planning/conducting training; and inputting/reviewing performance data.</p> <p>All costs associated with purchasing and maintaining telephone systems and equipment (e.g. IVRs).</p> <p>Reference:</p> <ul style="list-style-type: none"> • MCM, Part 2, Chapter 2, Section 5104.A. 	<ol style="list-style-type: none"> a. Answer telephones b. Completing internal paperwork c. Inputting data into the system d. Analyzing reports and data e. Mailing information requested f. Making follow-up calls g. Monitoring Call h. Completing Scorecard i. Inputting Scorecard j. Reviewing Scorecard with CSR k. Planning/conducting training for CSRs 	<p>Workload 1 is the cumulative inquiries as reported on the CMS-1565, Line 25, Beneficiary Column.</p>

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13201	Second Level Screening of Complaints Alleging Fraud and Abuse	<p>Costs associated with screening second level beneficiary inquiries of potential fraud and abuse that are closed, ordering medical records for beneficiary inquiries that are closed, and sending the referral package to the PSC or Medicare fee-for-service contractor BIU. This also includes the costs associated with the referral package for provider inquiries of potential fraud and abuse.</p> <p>Workload associated only with beneficiaries.</p> <p>Misc. Code: 13201/01 - Second Level of Complaints Alleging Fraud and Abuse by Providers – Costs associated with the referral package for provider inquiries of potential fraud and abuse.</p>	<p>The tasks below are associated with beneficiary inquiries only.</p> <ul style="list-style-type: none"> a. Calls the beneficiary (CR 2719) b. Reviews claims history (CR 2719) c. Reviews provider correspondence files for educational/warning letters or contact reports that relate to similar complaints (CR 2719) d. Requests itemized billing statements, when necessary (CR 2719) e. Requests medical records, when necessary (CR 2719) f. Resolves complaints, whenever possible (CR 2719) g. Refers complaints that are not fraud and abuse to the appropriate staff within the contractor or PSC, if appropriate (CR 2719) h. Screens all Harkin Grantee complaints for fraud and abuse (CR 2719) i. Screens all OIG Hotline complaints for fraud and abuse (CR 2719) j. Develops the referral package for the PSC or Medicare fee-for-service contractor BIU on fraud and abuse complaints (CR 2719) k. Refers the referral package to the PSC or Medicare fee-for-service contractor BIU within 30 calendar days of receipt of the complaint in the AC mailroom, or within 30 calendar days of receiving medical records (CR 2719) l. Maintains statistics and reports, as required (CR 2719) 	<p>Workload 1 is the total number of second level screening inquiries that were closed for beneficiaries.</p> <p>Workload 2 is the total number of medical records ordered for beneficiary inquiries that were closed.</p> <p>Workload 3 is the total number of potential beneficiary fraud and abuse complaints identified and referred to the PSC or Medicare fee-for-service contractor BIU..</p>