
Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal AB-01-101

Date: JULY 26, 2001

CHANGE REQUEST 1715

SUBJECT: Harkin Grantees: Complaint Tracking System

This Program Memorandum (PM) provides instructions for implementing the Harkin Grantee Tracking System (HGTS). This information pertains to the role of the Medicare contractors, including the role of the Medicare Fraud Information Specialists (MFISs).

Harkin Grantee Project Description

The Harkin Grantees (named after Senator Tom Harkin) are part of a broad anti-fraud and abuse initiative to combat waste, fraud, and abuse within the Medicare program. The anti-abuse initiative is supported by the partnership between the Department of Health and Human Services, Office of Inspector General, and the Administration on Aging.

The Harkin Grantees are senior volunteers who focus on detecting and reporting fraudulent or improper Medicare activities primarily in home health care, nursing facilities, hospice, and among durable medical equipment suppliers.

Harkin Grantee Tracking System Instructions

The Medicare contractors will be responsible for collecting, tracking and reporting the administrative and monetary results of fraud and abuse complaints generated by the Harkin Grantee state projects. The contractors will also be responsible for developing aggregate reports and making the reports available to the Harkin Grantee state project coordinators every six months. The contractors will be expected to disseminate only the information that is collected for the aggregate reports to the Harkin Grantee state project coordinators.

The MFISs will continue to play a key role in outreach efforts with the Harkin Grantees and should be available to explain the general content of the aggregate reports.

Data Collection

The Medicare contractors must designate a person to input the complaint information into the HGTS database located on the Winframe system. The contractors will enter data on a continuing basis related to complaints generated by the Harkin Grantee state projects. (Winframe database access and operation instructions are included with this document as Attachment 1.) **For access to the CMS Winframe system, e-mail Scott Wakefield at Swakefield@cms.hhs.gov.**

The Harkin Grantees will report their complaints according to their usual procedure; however, the complaint form must clearly identify that the complaint is coming from a Harkin Grantee state project and the state project number as noted on the suggested model form (see Attachment 2).

Upon receiving the Harkin Grantee complaints, the Medicare contractor will enter the following information into the Winframe database fields:

Project number	Medicare contractor number
Date of report	Overpayment Identified
Provider number	Overpayment Recovered
Provider name	Fraud Investigation Database number
Provider city	Action Taken
Provider state	Further Explanation

Data Dissemination/Aggregate Report

The contractor will compile information in the database into an aggregate report. The contractor will distribute the aggregate report to the Harkin Grantees state project coordinators every six months. Aggregate reports should be distributed by the second week of October 2001 (covering data between January - June) and the second week of January 2002 (covering data between July - December).

The information for the October 2001 aggregate report should be retroactive to January 2001. Contractors are advised to input all past Harkin Grantee complaints into the database system beginning January 2001 so that this information will be available for the first aggregate report.

The *effective date* for this PM is September 1, 2001.

The *implementation date* for this PM is no later than September 1, 2001.

These instructions should be implemented within your current operating budget.

This PM may be discarded after September 1, 2002.

Any questions regarding these instructions should be directed to Kimberly R. Pugh on (410) 786-6912. Questions regarding the operation and/or access of the Winframe database should be directed to Scott Wakefield on (410) 786-4301 and Binh Nguyen on (410) 786-3682.

Attachments

ATTACHMENT 1

ORT System

File Edit

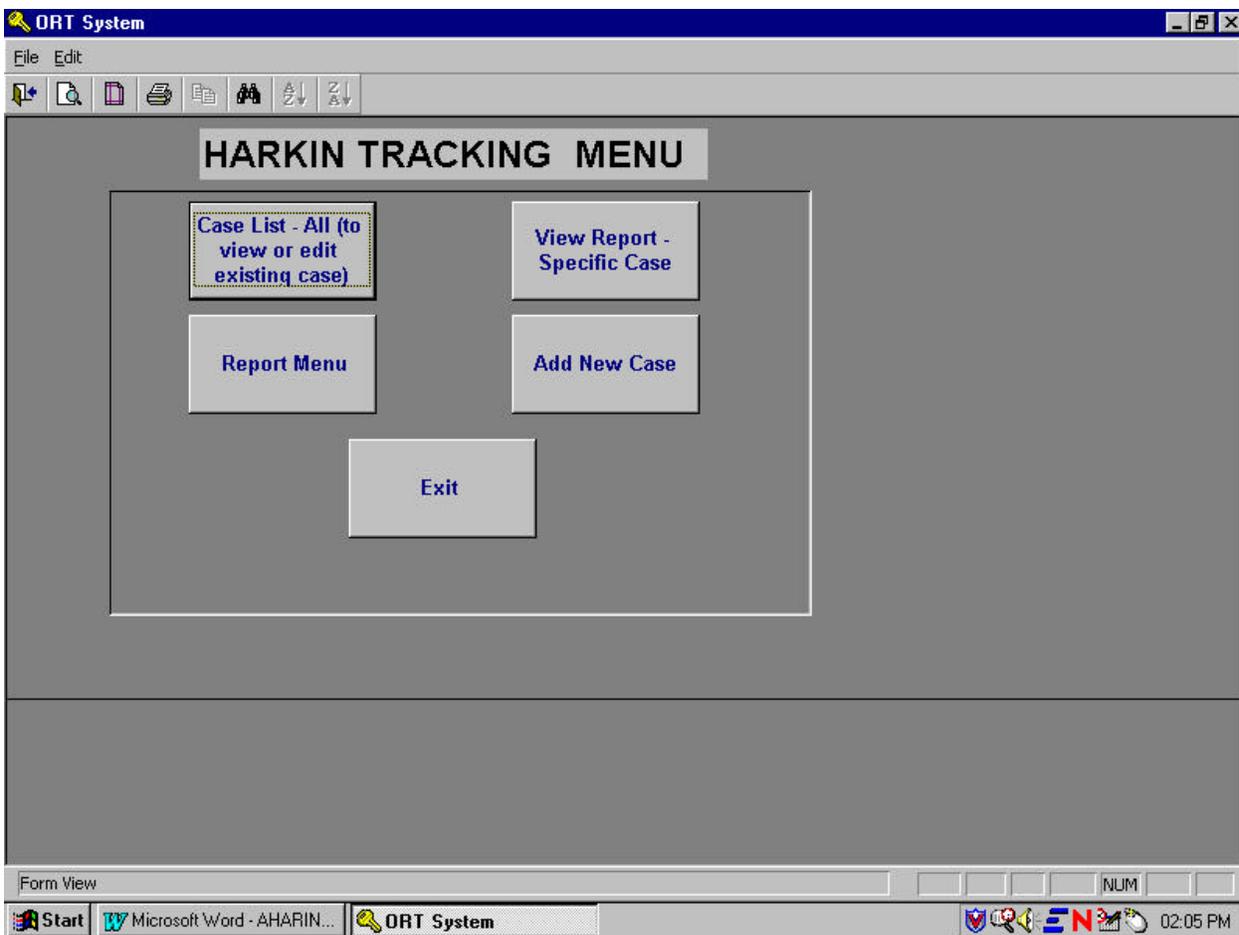
Please enter your User ID

OK

Form View

Start ORT System 11:09 AM

To log on to the Harkin Tracking system, **enter your user ID on the text box and click on OK.** If your user ID is not profiled in the system database or you accidentally entered the wrong user ID, the message box will read, **You do not have access to the system, please verify your user ID or contact the system administrator.** At this point, click on “ok” to go to the next screen. If you are sure that you have entered your ID correctly and still have trouble accessing the system, contact Scott Wakefield at (410) 786-4301, or Binh Nguyen at (410) 786-3682.



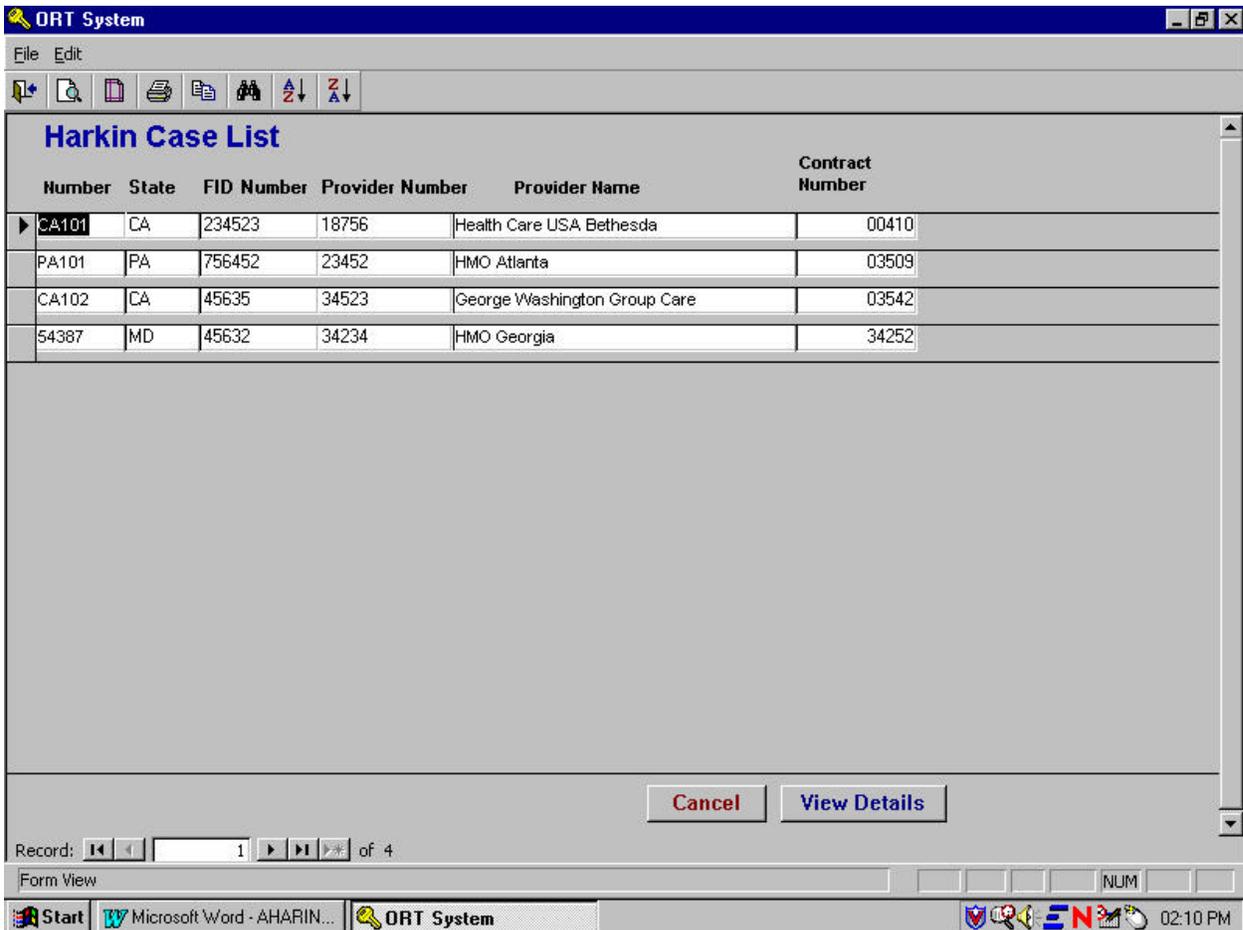
Once you are in the system, the **Harkin Tracking Menu** is the first screen that will be displayed. **Users who do not have AWrite@ access will not see the AAdd New Case@ function.** The following are descriptions of each function:

1. **Case List - All (to view or edit existing case)** - Clicking on this will allow you to view all the case listings in order by case number.
2. **Report Menu** - Clicking on this will open the Report Menu that allows you to view a case report in either a “Details” or “Tabular” format. These reports reflect criteria such as date, state, provider number etc.
3. **View Report-Specific Case** - Click on this button if you want to access a specific report by case number.
4. **Add New case** - You will only see this function button if you have “Read & Write” access. When accessed, you will get an empty form that will allow you to enter the information for each case.
5. **Exit** - Click on to exit the Harkin Tracking System.

The following are instructions for navigating each selection.

@Case List - All (to view or edit existing case):

The cases are listed by ascending order. To view a specific case, move the cursor to the front of the "" **Number**" and click on the "**View Details**" button on the bottom of the screen. If you click on "**Cancel**", you will go back to the previous screen. Or, you can click on "**File**", and then elect "**Close Form**" to take you back to the previous screen.



When you click on "**View Details**", the next screen should appear.

VIEW/Edit Harkin Case **Preview Report** **Cancel** **Save**

Complaint Number: FID Number: State:

Date Of Initial Contact: Date Complaint Closed:

Provider Name: Provider Number:

Provider Address: Amount Dispute:
 Amount Recovered:

Contractor Number: Action Taken:

Explanation:

Record: of 1 (Filtered)

complaint number FLTR NUM

Start Microsoft Word - AHARIN... ORT System - [View/...]

02:11 PM

- Remember that the form allows for "Read only" access unless you have read and **write** capability. **If you have "Read only" access, you will not be permitted to alter the information on this form.** If you have "write" access, then you can edit and after you make changes, click on "Save" before you close the form.
- When you choose the "View Report" button, you will see the report in the "Details" format. To view the "Tabular" format, you should go to the "Report Menu" on the first screen (Harkin Tracking Menu) and choose the category and case number you want to view.

If you choose AReport Menu@ you will see this screen:



You are given the option of viewing by “**Detail Description**” or “**Tabular Format**”. For example, if you want to view project CA101 you could choose “**Detail Description**” format (click on “**Specific Case**”, then enter CA101 and click on “**OK**”), you will then see the preview report of CA101 as reflected in the next chart.

ORT System

File Edit

Harkin Case Report Date Report: 05/15/2001

Complaint Number: CA101 FID Number: 23452 State: CA

Date Of Initial Contact: 01/02/2001 Date Complaint Closed:

Provider Name: Health Care USA Bethesda Provider Number: 18756

Provider Address: 235 Millersville Rd Amount Dispute: \$34,567.00
 Oxford Drive CA Amount Recovered: \$13,456.00

Contractor Number: 00410 Action Taken: Fraud Unit Referral

Explanation: This case is referred to the central office for review. It has been applied the new Action Taken codes on 2/8/2001.

Ready NUM

Start Microsoft Word - AHARIN... ORT System 02:14 PM

If you choose to view the “**Tabular Format**” for the project CA101, you would go to the “**Tabular Format**” category, choose “**Specific Case**”, enter the case number CA101, and click on “**OK**”). An example of the tabular format of the preview report for CA101 is given on the next page.

The tabular format contains 2 pages, you just click on the **right Arrow** on the bottom next to the word “**page**”, or **left Arrow** to get back to the previous page.

Harkin Case Report

Tuesday, May 15, 2001

Complaint Number	FID Number	State	Date of Initial Contact	Date Complaint Closed	Provider Number	Provider Name	Provider Address
CA101	23452	CA	01/02/2001		18756	Health Care USA Bethesda	Oxford Drive Oxford Drive

The following descriptions present the various options presented to you for viewing the cases. For example, “**All Cases**” will show you all the projects currently in the system.

View Report - Specific Case -- Displays the “**Detail Description**” format of that case. The report will resemble the one displayed for case CA101 on Page 8.

Add New Case (complaint number): (You will only see this button if you have AWrite@ access)

To enter new case (also referred to as complaint), begin by filling in "Complaint Number" by taking the existing project code (i.e. CA000) and adding subsequent case in sequential order (i.e. CA001, CA002, DC200, DC201, DC202, etc.) Fill in the remainder of the required information, then click on "Save" before you close the form.

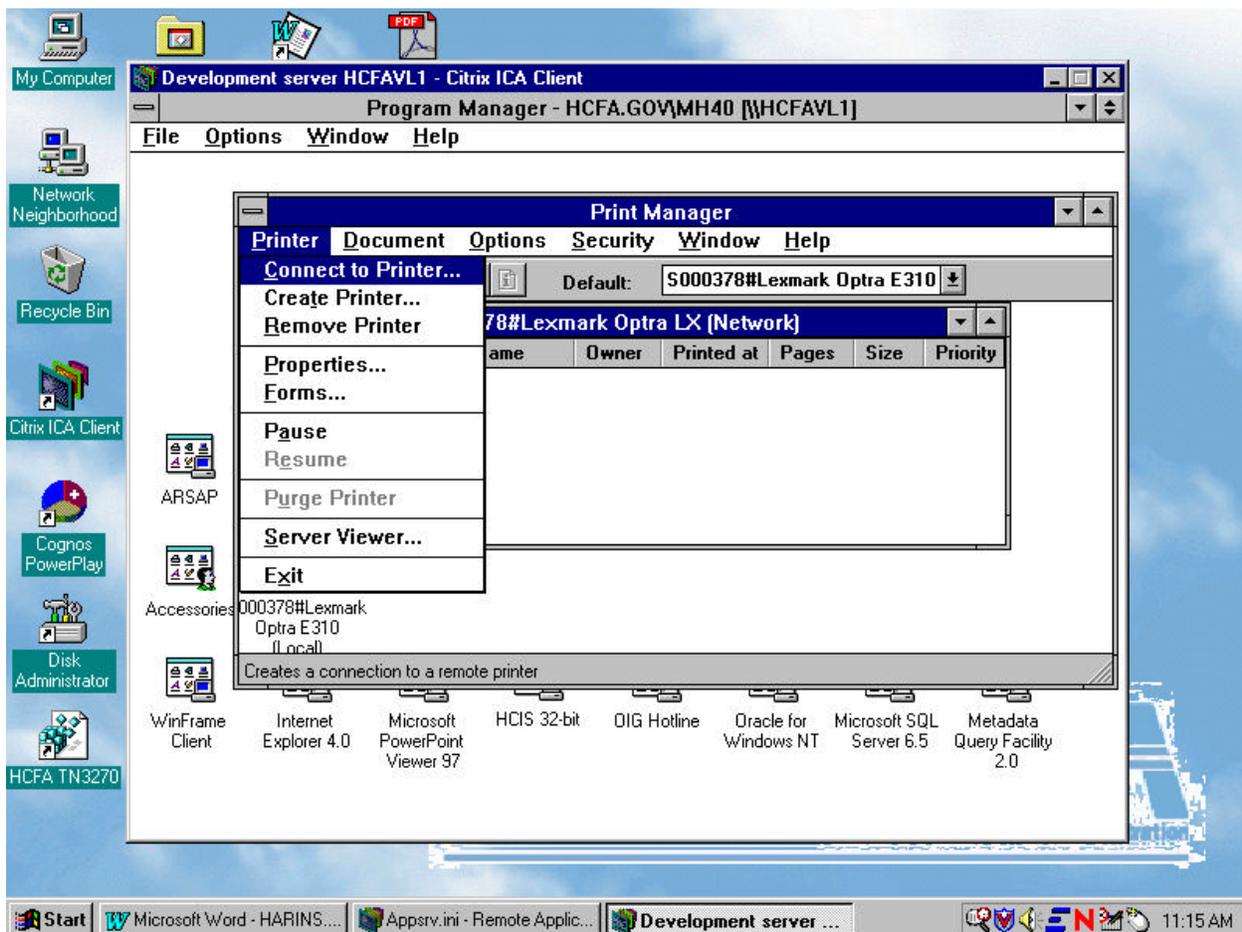
"Complaint Number" is a mandatory field and must be filled in when you want to add a new case.

Exit: Click to exit the Harkin Tracking System.

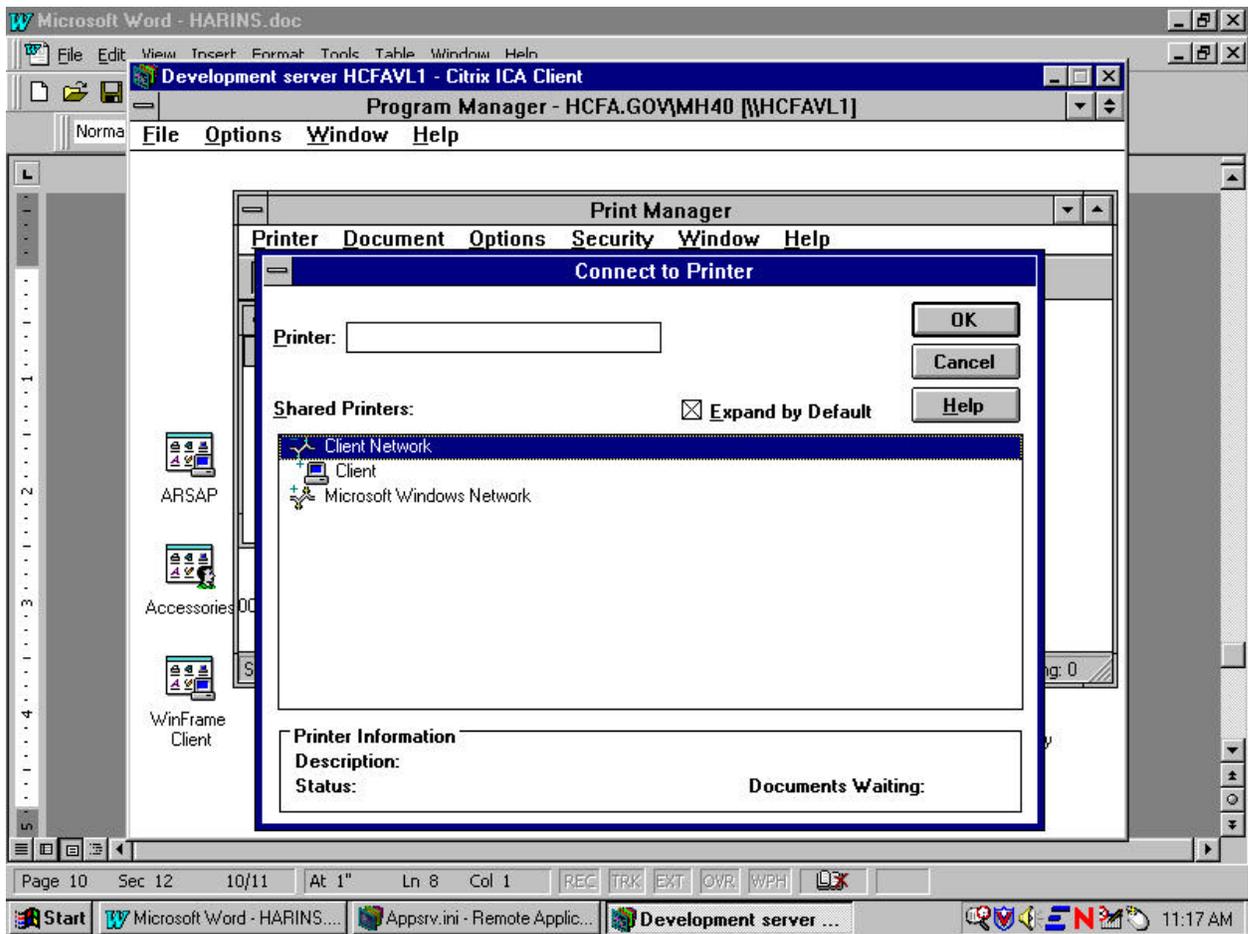
SET UP THE DEFAULT PRINTER ON WINFRAME

The Winframe Client is supposed to automatically create the default printer when you log on. If the default printer is not set, the system will indicate this and you will not be able to view the reports. The following section provides instructions on how to set the printer on the Winframe, however, you should set up the default printer for your local LAN before you log on to Winframe.

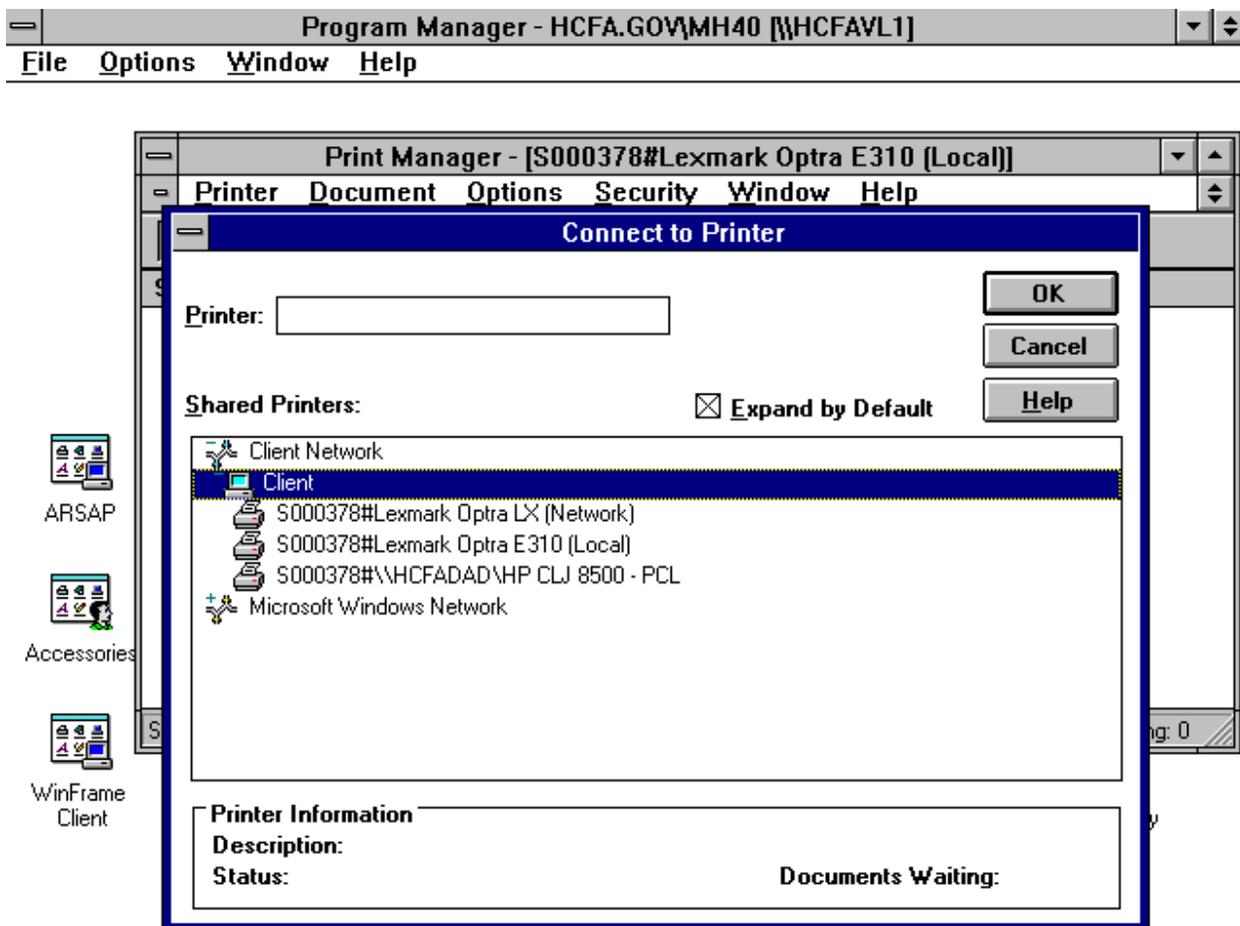
After you log on the Winframe, click on group icon “**Main**”, click on “**Control Panel**”, click on “**Printer**”. Click on **Printer** on the **Menu**, and you will see the following screen:



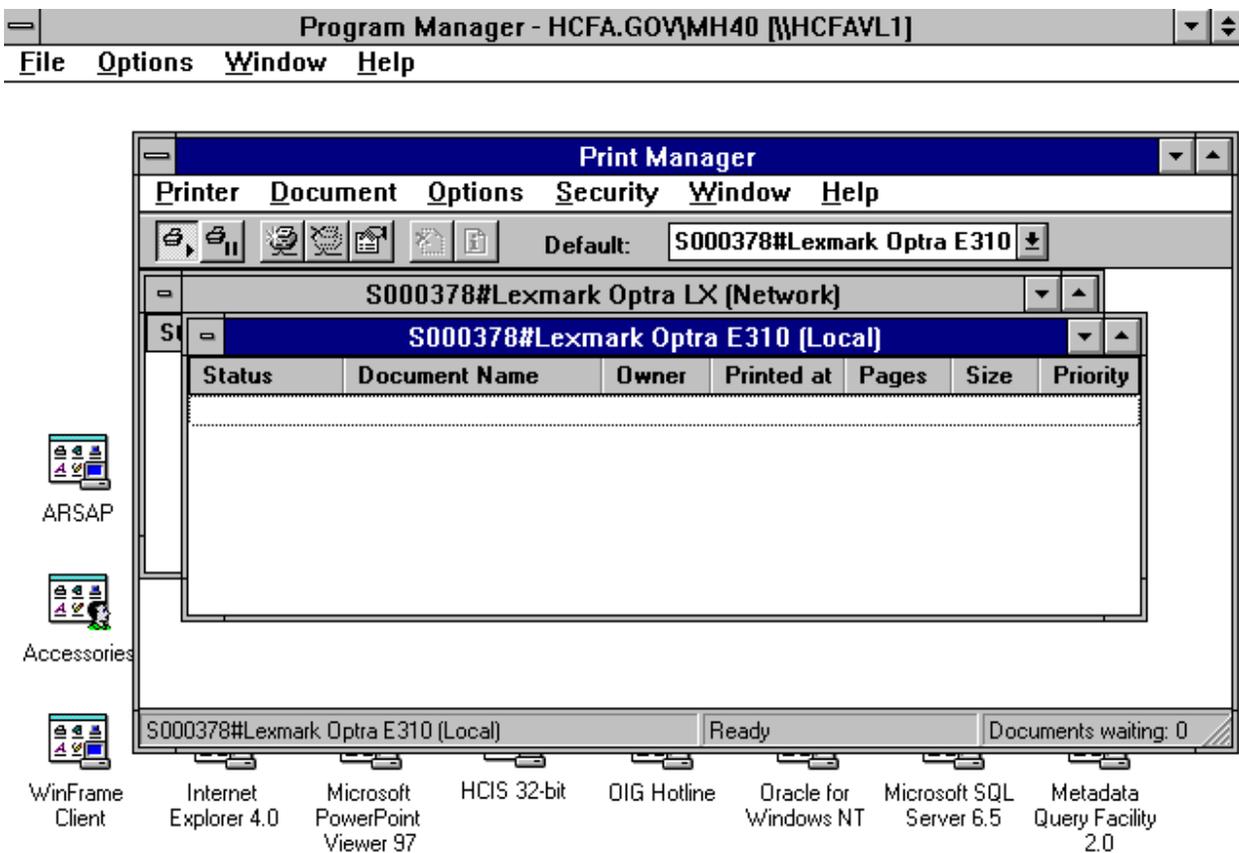
Then click on “**Connect to printer**”. At this point you will have to wait because the Winframe will try to connect to the other printer server (indicated by “hourglass” on screen). The following screen will then appear:



Click on “**Client Network**” and then “**Client**”. At this point you will see the list of Printers which are set up on your local PC. Each will be different depending on what type of printer you are connected to locally.



For example, if you have three printers connected locally, you will select a printer for the report to be sent to. Highlight the printer name, then click on “OK”. Click on “OK” for the next 1 or 2 windows and you will see the following screen displayed:



At this point you will see the printer you picked displayed on the “**Printer Manager**” window.

This will set up your default printer on Winframe and you should be able to view the reports.

If you have any questions about the printer setup, please contact Binh Nguyen at (410) 786-3682.

State (if not evident in name)

**Grantee Name
MODEL FORM**

Grantee Phone #

FID # _____

HARKIN PROJECT FRAUD AND ABUSE COMPLAINT REFERRAL FORM

DATE:

(insert information on contractors here)

From: (Your Name)

Organization:

County:

Address:

City:

State:

Zip:

Phone: (With Area Code)

Fax #

E-Mail (If Applicable)

Beneficiary Name:

Medicare #:

Medicaid #:

Date of Birth:

Address:

Phone #: (With Area Code)

City:

State:

Zip:

Beneficiary Can Be Contacted at:

Between _____ a.m. and _____ p.m.

Name of Complainant (If Different From Beneficiary):

Address:

Phone #: (With Area Code)

City:

State:

Zip:

Complainant Can Be Contacted at:

Between _____ a.m. and _____ p.m.

Complaint Against: (Name of facility, provider, physician, lab, supplier, etc.)

Claim # (If appropriate)

Date(s) of Service:

Business Address:

Phone: (With Area Code)

Provider Number:

City:

State:

Zip:

Please describe your complaint. If known, include procedure code and/or description of service, amounts billed, amount you paid, etc. You may continue on the next page if you need more room. If you feel you were billed for services or supplies that were not provided, continue with the non-rendered service section below.

State (if not evident in name)

Grantee Name

Grantee Phone #

Description of Complaint (Continued)

Non-rendered Services Section:

Did you see any provider that day? _____ If yes, who? (Physician's Assistant, Nurse, Lab, X-ray Technician)

Was the service(s) provided on another day? _____ If yes, when? _____

Have you ever seen the provider listed? _____ If yes, when? _____

Have you contacted the provider/supplier regarding this billing? _____ Yes _____ No

If yes, to whom did you speak and what was the result of the conversation?

Release of Information: Please read carefully and sign where indicated

I, _____, hereby authorize _____ and

(insert name of project) to discuss my complaint with _____ for the purpose of investigating possible fraud or abuse.

I understand that, except for action already taken, I may revoke this authorization at any time. I also understand that a photocopy of this authorization has the same effect as the original. I further understand that the parties named above will not disclose this information to anyone else without my consent. This authorization expires one (1) year from the date on which it is signed.

Signature _____

Date _____

State *(if not evident in name)*

Grantee Name

Grantee Phone #

Important: Please attach the appropriate Medicare and/or Medicaid Explanation of Benefits relating to this incident. Also attach any other information you feel may be important to this complaint. When completed mail to: *(insert name of project)*