



DPO 2013 Quarterly Webinar Trainings



*The Premium
Withhold Process
Webinar*

January 30, 2013

Your Guides to a Successful Training Experience

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Agenda

- Introduction/Housekeeping Items
- Webinar Objectives
- Topic 1: The Premium Withhold Process
- Topic 2: Withholding Rules/Reporting
- Topic 3: Essential Strategies for Managing Changes
- Knowledge Checks
- Q & A

The Infinite Conferencing Screen

Closed Captioning Window appears here and is active when the Webinar begins.

- A. SSN and Medicare Claim Number (HICN)
- B. CMS contractor ID number
- C. Customer Service number and Plan Website.
- D. Choice A and C
- E. Choice B and C

Click **Ask a Question** to ask a business question or for technical support

Supporting Material | Ask a Question | Answered Questions

Click **Supporting Material** button to download course documents

Click **Answered Questions** to see responses from the presenters

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Polling

Poll Question

Module 2: Knowledge Check #2 Multiple Choice: Which of the following elements must be on the Health Plan ID card?

- A. SSN and the Healthcare Insurance Claim Number (HICN)
- B. CMS contract number and PBP number
- C. Customer Service Number and Plan Website.
- D. Choice A and C
- E. Choice B and C

Submit

Poll will open. Select the correct choice and click the **Submit** button.

Poll Answers

Module 2: Knowledge Check #2 Multiple Choice: Which of the following elements must be on the Health Plan ID card?

Poll Results (1 answers)

A. SSN and the Healthcare Insurance Claim Number (HICN)	0%
B. CMS contract number and PBP number	0%
C. Customer Service Number and Plan Website.	0%
D. Choice A and C	0%
E. Choice B and C	100%

Close

Poll displays the results. When polling has stopped, this screen will close for you.

Questions/Support

- Additional Questions/Information

CM_DPO@cms.hhs.gov

- Technical Support

DPOwebinar@CMSDrugHealthPlanEvents.org

Objectives

By the end of this session, you should be able to:

1. Describe the premium withhold process starting from the point plans submit premium information to the Social Security Administration (SSA)/Railroad Retirement Board (RRB) for processing and ending with plans receiving responses in return;
2. Explain the reasons why the Medicare Advantage and Prescription Drug System (MARx) or SSA may reject a withholding request;
3. Recall various rules associated with premium processing and;
4. Apply appropriate and accurate changes to PPO and Part C premiums.

Topic 1: The Premium Withhold Process

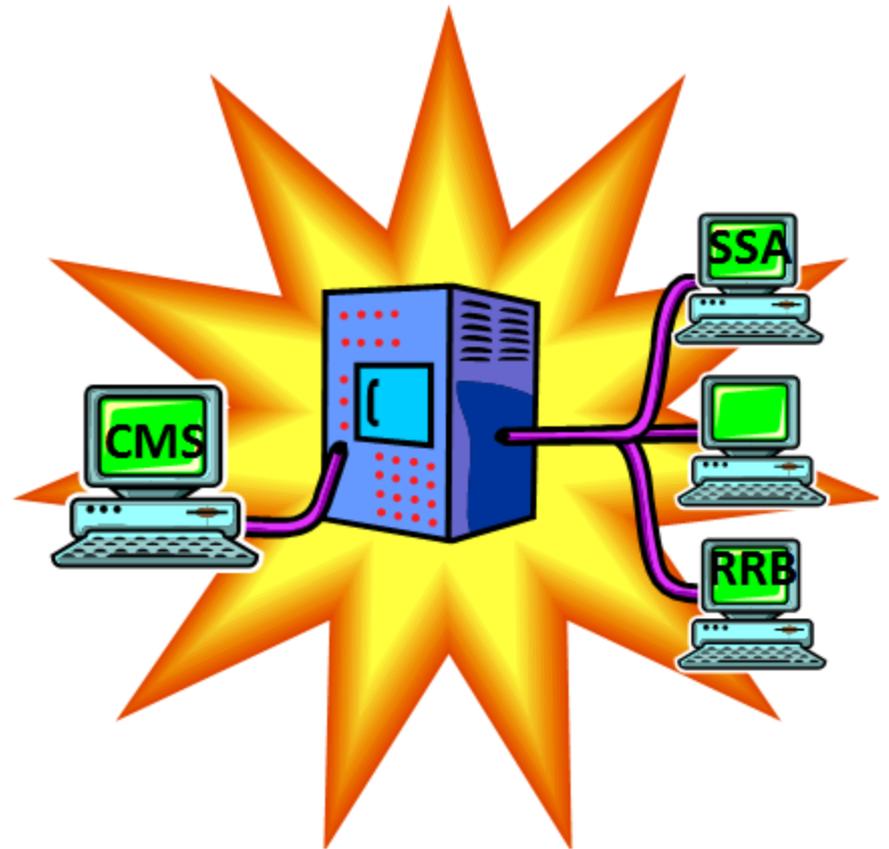


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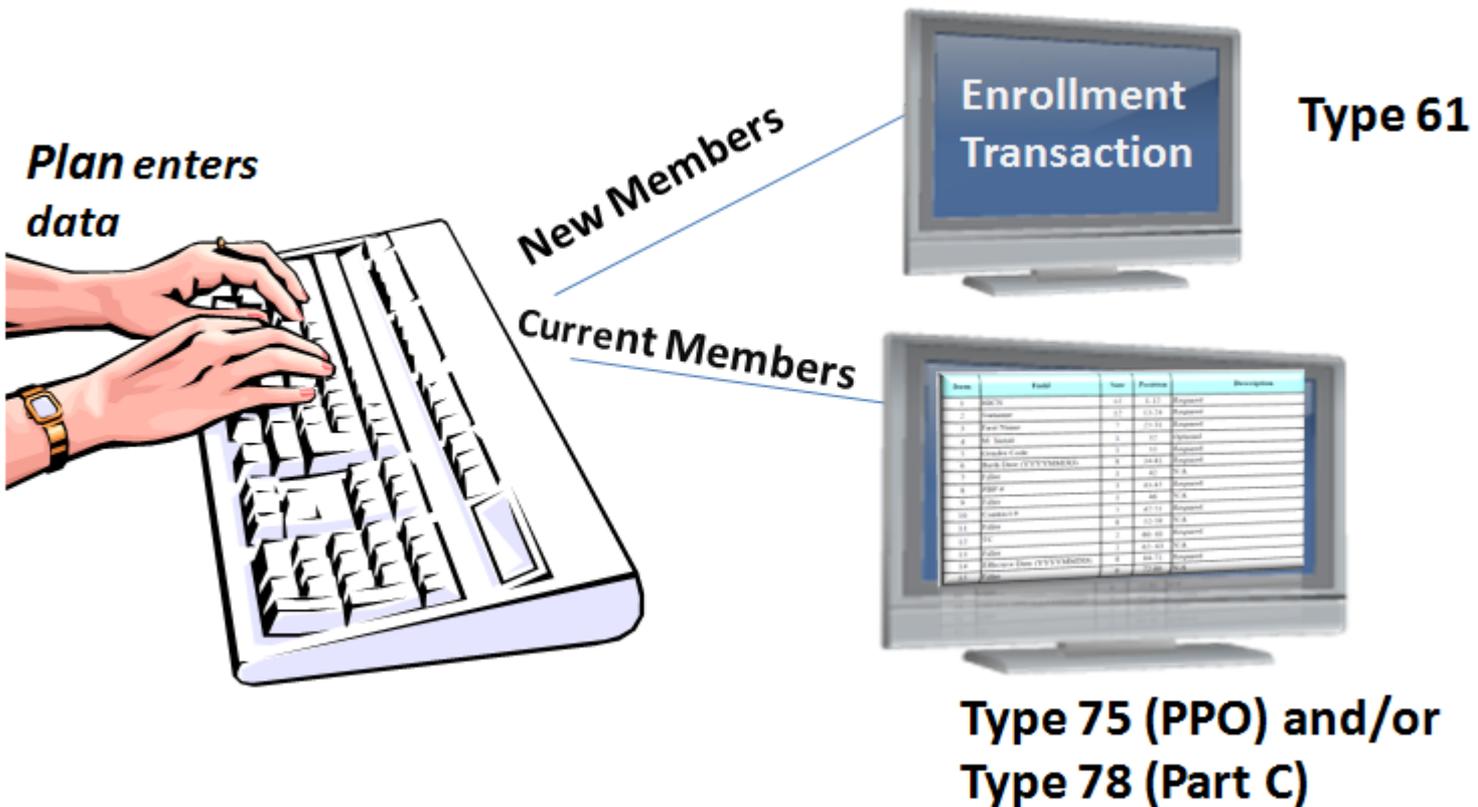
Premium Withhold Overview

- Plans
- CMS
- Social Security Administration (SSA)
- Railroad Retirement Board (RRB)



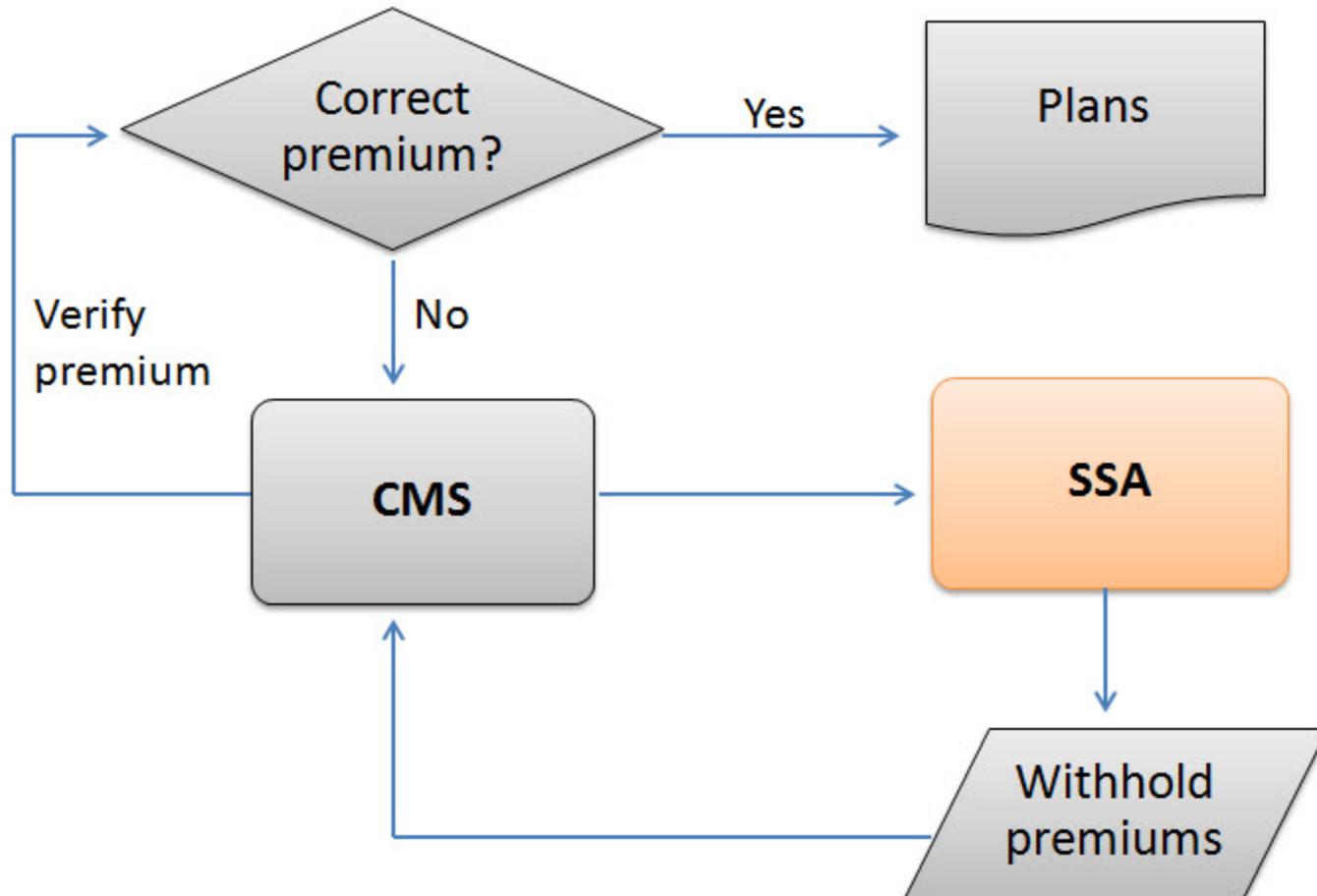
Premium Withhold Processing

Processing begins when plans submit Premium Information



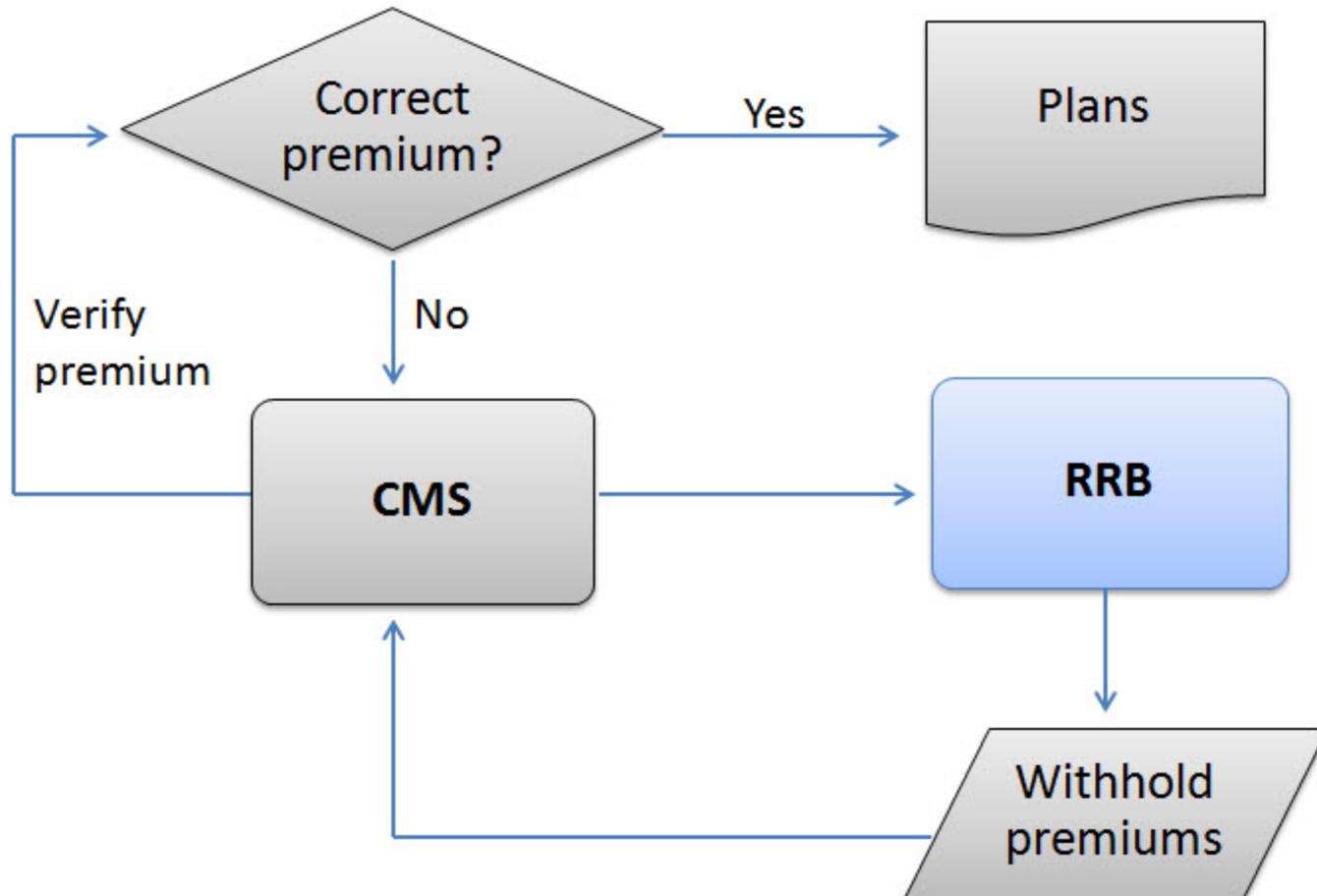
Premium Withhold Processing (SSA)

SSA Withholding – Type 61/75 – PPO = S



Premium Withhold Processing (RRB)

RRB Withholding – Type 61/75 – PPO = R

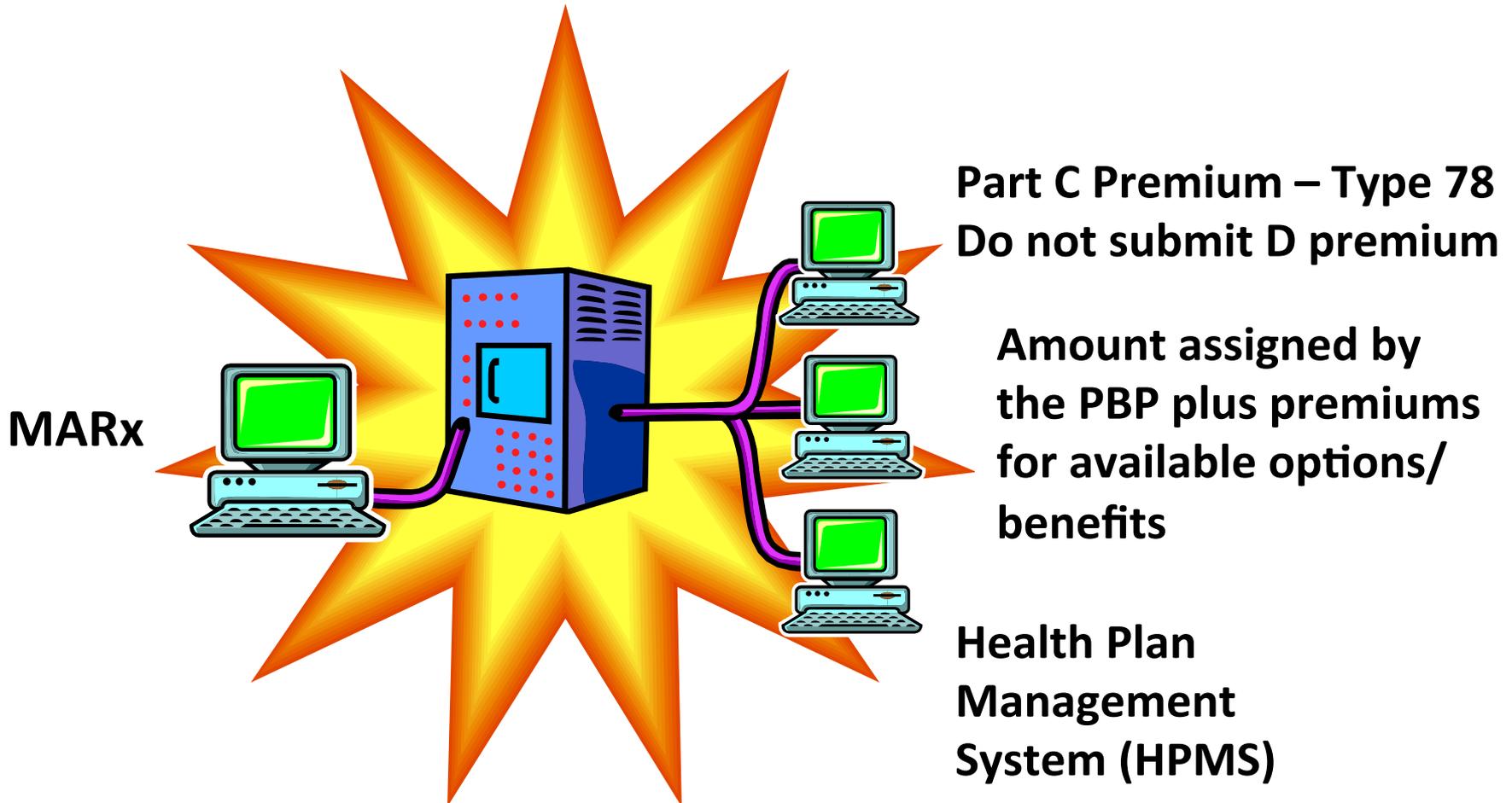


Premium Withhold Processing (DB)

Direct Bill (i.e. self-pay) – Type 61/75 – PPO = D



Premium Withhold Processing



Part B Premium Reduction

- No specific plan transaction to submit this data
- MARx determines if the submitted contract and PBP number (on an enrollment) offer this benefit
- If so, MARx sends a transaction to SSA/RRB
- SSA/RRB reduce or eliminate the Part B premium deducted from the benefit check

Premium Withhold Processing Timing Issue

- Differences in the timing of CMS & SSA monthly processing cause rejects even if the premiums are low
- SSA rejects withholding requests exceeding the \$300 safety net limit
- This difference may require SSA to process a withholding request with premiums due for two or three months which can exceed \$300

Transaction Reply Codes (TRCs) – Submittal

- 119 – Part C premium accepted
- 120 – PPO change sent to SSA/RRB; waiting on response
- 191 – PPO is the same as submitted or bene has no premium
- 237 – Part B reduction information sent to SSA/RRB
- 240 – PPO change is accepted and will be sent to SSA/RRB

TRCs – SSA/RRB Edits

- 185 – SSA/RRB accepted WH request
- 186 – SSA/RRB rejected WH request
- 213 – SSA rejected WH request as premium amount exceeds their limit
- 225 – SSA rejected WH request due to insufficient funds
- 235 – SSA accepted Part B reduction request
- 236 – SSA rejected Part B reduction request

Topic 1 – Knowledge Check (Q)

Part C premium amount reported on transaction type 78 includes:

- A. Basic Part C premium
- B. Any amount paid directly to the plan
- C. Any additional amounts for optional supplemental benefits elected by the member
- D. A and C

Topic 2: Withholding Rules/Reporting





Premium Withhold – All or Nothing Rule

SSA/RRB deducts total premiums owed (C&D and any retro amounts that may be due) – no pro-rated or partial deductions

If benefit is insufficient to cover the entire premium amount, SSA/RRB rejects the request; plans receive TRC 144; change member to DB

If SSA \$300 limit exceeded, SSA rejects the request; plans receive TRC 213; change member to DB

Note that RRB does not have a safety net limit.



Premium Withhold – Single Payment Option Rule

Beneficiaries enrolled in a single plan must elect one payment option for both Part C & Part D premiums

Beneficiaries legally enrolled in two different plans may elect two payment options, one option for each plan's premium

Topic 2 – Scenario

Example 1

Beneficiary enrolls in a Medicare Advantage Prescription Drug (MAPD) Plan for Part C & Part D coverage, which results in a Part C & Part D premium.

The member must elect one payment option.

Topic 2 – Scenario

Example 2

Beneficiary enrolls in a Private Fee-for-Service (FFS) Plan for Part C coverage and a Prescription Drug Plan (PDP) for Part D coverage, which results in enrollment in two different types of plans and two different premiums.

The member may elect to pay the Part C premium via direct bill & the Part D premium via withhold.

Premium Withholding Report (MPWRD)

This report includes:

- Premium payment options
- Premium start and end dates
- Part C & Part D premiums withheld
- LEP withheld for beneficiaries in withhold status

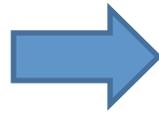
Item	Field	Size	Position	Description
1	Record Type	2	1-2	D = Detail Record PIC XX
2	MCO Contract Number	5	3-7	MCO Contract Number PIC X(5)
3	Plan Benefit Package Id	3	8-10	Plan Benefit Package ID PIC X(3)
4	Plan Segment Id	3	11-13	PIC X(3)
5	HIC Number	12	14-25	Member's HIC # PIC X(12)
6	Surname	7	26-32	PIC X(7)
7	First Initial	1	33	PIC X
8	Sex	1	34	M = Male, F = Female PIC X
9	Date of Birth	8	35-42	YYYYMMDD PIC 9(8)
10	PPO	3	43-45	PPO in effect for this Pay Month "SSA" = Withholding by SSA "RRB" = Withholding by RRB "OPM" = Withholding by OPM PIC X(3)
11	Filler	1	46	Space
12	Premium Period Start Date	8	47-54	Starting Date of Period Premium Payment Covers YYYYMMDD PIC 9(8)
13	Premium Period End Date	8	55-62	Ending Date of Period Premium Payment Covers YYYYMMDD PIC 9(8)
14	Number of Months in Premium Period	2	63-64	PIC 99
15	Part C Premiums Collected	8	65-72	Part C Premiums Collected for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of premiums paid in a prior premium period. PIC -9999.99
16	Part D Premiums Collected	8	73-80	Part D Premiums Collected (excluding LEP) for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of premiums paid in a prior premium period. PIC -9999.99
17	Part D Late Enrollment Penalties Collected	8	81-88	Part D Late Enrollment Penalties Collected for this Beneficiary, Plan, and premium period. A negative amount indicates a refund by withholding agency to Beneficiary of penalties paid in a prior premium period. PIC -9999.99
18	Filler	77	89-165	Spaces

Premium Withhold – LIPS

Beneficiary



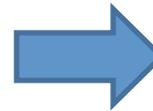
**Eligible for LIPS
and has elected
the withholding
option**



SSA



**SSA withholds
the non-
subsidized
amount
(MPWRD)**



CMS



**CMS pays
subsidy to the
plan
(MMR)**



Premium Withhold – LEP

WH Status

- SSA/RRB withholds the penalty amount
- CMS retains it
- Appears on the MPWRD

DB Status

- Plan bills the premium amount plus LEP
- CMS deducts the LEP from the plan payment
- Appears on the LIS/LEP Report (By BENE) & PPR (TOTAL)

Topic 2 – Knowledge Check (Q)

On what report will you find the LEP for a beneficiary in Direct Bill status?

- A. MPWRD
- B. LIS/LEP
- C. MMR
- D. PPR

Topic 2 – Questions?



Topic 3: Essential Strategies for Managing Changes



Helpful Hints

- Submitting PPO Changes (75)
- Processing Part C Premium Changes (78)
- No Premium Report
- Some TRCs to Note

Submitting PPO Changes – 75

- Must be submitted for upcoming month
 - Ex: prior to plan data due date in Nov. for a Dec. effective date
 - Current members - use 75 with prospective date
 - New members with a prospective effective date - use 61
 - New members with a current month effective date - use 61/DB for one month & 75/WH for prospective date

Processing Part C Premium Changes – 78

- Plans must report if member elects optional supplemental benefits
- The allowable date range is CPM -3 to CPM +2
- EOY: MARx populates new C premium; min value for PBP
- EOY: PPO remains the same except if the minimum C premium is zero

No Premium Report (EOY)

- EOY: MARx populates Part C & Part D premiums for upcoming year
- Members on report
 - Member has no Part D premium for upcoming year
 - Member has no Part C premium; min value for PBP = 0
- Released in Mid-Nov. & Mid-Dec.

No Premium Report

- The PPO of members on this report is NP
- If a member on this report has elected optional benefits
 - Plans will submit 78 to update Part C premium
 - Plans will submit 75 to change member back to SSA/RRB WH

TRCs – MARx Edits

- 182 - Submitted Part C premium is incorrect; MARx sets it to basic C premium for the PBP
- 144 - MARx set PPO to DB for a variety of reasons
 - Retroactive effective date
 - WH agency unable to WH entire premium
 - BIC of M, T, TA
 - Submitted C premium incorrect
 - Submitted PPO = OPM

TRCs – MARx Edits

- 170 – PPO changed to DB due to EGHP
- 171 – PPO changed to DB due to incorrect effective date
- 252 – PPO changed to DB due to no SSN in CMS systems
- 253 – PPO changed to DB due to no premiums received from WH agency in two months

TRCs – MARx Edits

- 254 – PPO changed to DB; request spans SSA/ RRB jurisdiction
- 255 – PPO changed to SSA; plan submitted RRB incorrectly
- 256 – PPO changed to RRB; plan submitted SSA incorrectly
- 262 – PPO rejected for RRB; submitted prior to 6/2011 when RRB began WH

Topic 3 – Knowledge Check (Q)

When processing Part C premium changes, all is true except _____

- A. The allowable date range is CPM -3 to CPM +2
- B. Plans must report if member elects optional supplemental benefits
- C. Part D premium must be reported as well
- D. EOY: MARx populates new Part C premium; min value for PBP

Topic 3 – Questions?

For more information, contact:

CM_DPO@cms.hhs.gov



Post Webinar Survey

- Please use the following link:

[https://www.surveymonkey.com/s/
DPO2013QuarterlyWebinarTrainings_January](https://www.surveymonkey.com/s/DPO2013QuarterlyWebinarTrainings_January)

Survey will be available until
5PM EDT Friday, February 1, 2013

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- Please use the following link:

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trainings](http://www.cmsdrughealthplanevents.org/cms/index.php/events/cms-2013-dpo-trainings)

Thank You for Attending!

