



DPO 2013 Quarterly Webinar Trainings
"Premium Withhold Process"
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Topic 1 – The Premium Withhold Process

Basically for the Premium Withhold Overview, we have some obvious entities involved in this process, the plan sends the information in to CMS, CMS accepts the information and edits it for accuracy and then sends it on to two withholding agencies that are participating in this, the Social Security Administration and the Railroad Retirement Board.

Processing will begin with the plan. You have the information for their members and I want to make a distinction here, the plans will be submitting information for their new members, new enrollees, using the transaction type enrollment transaction Type 61. For current members who want to change their status, they would be submitting two transactions, the first one would be the transaction Type 75, which is the PPO change transaction and what I mean by PPO, is the premium payment option and right now there are three options for that, Social Security, Railroad Retirement Board and direct bill.

The other transaction that plans can submit for their current members is the Type 78, Part C premium changes, that is if the Part C premium and I'll get into more detail on that. On the next slide, I'm going to be talking about the premium payment option or PPO changes, the plan will be submitting. If a member wants to have their premium withheld from their Social Security check, again the plan would either submit a 61 for their new member or a 75 for current member and the premium payment option would be set to S.

Now on this diagram, I'm starting at the box that says CMS, think of that as CMS/MARx. We'd be submitting the premium payment option change that was received from the plan through Social Security. Social Security, if all goes well, is going to withhold the premiums that we requested that they withhold and return those premiums to CMS.

What MARx does when the premiums are returned, is that they verify that the premium sent back to us from SSA or RRB or actually SSA on this screen, are what MARx expects. What MARx has is the premium information for that particular member. If the premiums are correct and they were withheld for the correct plan, then MARx sends those premiums on to the plan.

If the information and the payment sent by SSA are incorrect, then MARx has to do some more research. Basically, what could happen, there are timing differences and maybe after we sent the initial information to SSA, the plan submitted another change or there was another change made to the



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beneficiary's premium information. For example, maybe they became low income or they changed plans, so MARx can go back, examine the information and submit updated information to SSA in hopes of correcting and getting correct premium information back so that it can be sent on to the plan.

The other point that I want to make, we're talking about Premium Withholding, but also the opposite could occur. If the beneficiary is currently in withholding and it needs to be stopped, maybe the beneficiary wants to be direct bill or they disenrolled from the current plan, that information is sent in by the plan and this information is sent on to Social Security. Now if the beneficiary wants to be direct bill, obviously this results in a refund to the beneficiary, so SSA would send that retraction information back to CMS, CMS would verify the amount retracted is accurate and they would deduct the appropriate premiums from the plans payment.

So on the next slide, we can talk about the same process, but involving the Railroad Retirement Board. Again, it's the very same process. The only change is that on the 61 or the 75 transaction that is being submitted by the plan, the premium payment option would be R, for Railroad Retirement Board. Again, it is the same process, MARx submits information to RRB, RRB sends it back, the premium, and then before we send them on to the plan, there has to be a verification done that we have received the correct premium amount and that it is for the correct plan before we send them out.

Now on the next slide, we'll talk about the third option, which is the simplest one, where if the beneficiary doesn't want to get involved with Social Security or the Railroad Retirement Board, they just want to have their relationship directly with the plan, then the premium payment option would be D for direct bill and then obviously that is between the member and the plan, and it is up to the plan how they want to do that whether they want to withdraw premium from the member's checking account or coupon book or whatever, that is between the plan and member. All CMS knows is that member is direct bill.

On the next slide, I've been talking about submitting PPO or premium payment option changes. Now I want to talk a little bit about submitting Part C premium changes. Basically they come in on a transaction type 78, I want to make a point where we don't -- the plans do not submit Part D as in Dog premiums. It's pretty black and white. On the HPMS file, MARx accesses the premium on the HPMS file and basically wherever the member is enrolled then MARx can determine Part D as in Dog plan. They don't need a planned transaction for that, we need a planned transaction for Part D premium. This is because there may be a basic Part C premium or not for a particular plan that the member is enrolled in,



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but members can also elect optional benefits and these optional benefits have different premium amounts tied to them. We don't know, MARx cannot determine that, so that's why we rely on the plan to submit the Part D premium to us.

When the plan submits the Part C premium, they would include the -- all the premiums for any optional benefit the member has requested in addition to the basic Part C premium if there is one for the particular PDP that the member is enrolled in. There are some edits that MARx can do, they do know something and I'll get into that later, we talk about transaction reply codes back to the plans, but basically we need the plan to submit Part C premium information.

I want to talk a little bit about Part B as in Boy, premium reduction. Basically some plans, not all plans, some plans can offer benefits to their members that reduces the Part B premium that Medicare beneficiaries have to pay to Medicare. The vast majority of Medicare beneficiaries get this Part B premium deducted from their Social Security or RRB check, but there are some that pay it directly. I'll talk a little about that. Basically there is no specific transaction to submit the information to MARx, like there is for the PPO changes or the Part C premium changes. MARx is able to determine if the plan is offering this benefit simply by looking at the contract and PDP number on an enrollment transaction where PDP change transaction and again, MARx bases its analysis on the HPMS file, so we will know, MARx will know this plan is offering Part B reduction and how much that reduction is. If they are, then MARx sends the transaction to Social Security or RRB and what they do, when they receive this is they reduce the amount they are deducting from the check for Part B or actually it can be wiped out, depends how much the plan is offering to reduce the premium by, what exactly happens.

So beneficiaries should see that their checks should be going up because their Part B premium is being reduced or wiped out by this plan benefit. I do want to talk a little bit about the direct billing, Medicare beneficiaries who pay their Medicare premiums direct to Medicare, this also works for them. It may take a little bit longer because it has to come through another system, but basically when this information is routed to the direct billing system, they are able to reduce the bill that is sent out to the beneficiaries that are in this status to reduce the Part B premium. A lot of times though, this may take a little bit longer and maybe some of the members who are expecting the bill to go down, it doesn't go down right away and actually what the direct billing does is they -- when they get this information, they establish a credit. There are really no refunds if the member is paying Part B premium by direct bill they are credited on upcoming checks for the amount they didn't really have to pay.



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So on the next slide, I'm going to talk a little about timing issues we have with Social Security and RRB. There are differences of timing between CMS and SSA and also RRB. Even though your premiums may be low for one month if the information isn't accepted in process for two or three months there can be a hit to a member's check. We also do want to bring to the fact that you all, many of you know this, SSA has withholding limits for the how much premiums they take from a check for one month and they have recently raised that limit from \$200 to \$300. We were monitoring that for a few months in 2013 to see how that was going and we haven't seen any issues with it. We will be officially notifying plans in the March plan payment letter that now the SSA safety net limit is \$300, not \$200 anymore. Basically what I was trying to say with the timing issue is that you may have a withhold request for one of your members and premiums aren't that high for one month, but if it is two or three months before it can be processed at SSA or RRB it may go higher than \$300 or it may wipe out a beneficiary's check in which case we will let you know and the beneficiary will have to be put on direct bill status.

I'll talk a little bit later about how we have tried to alleviate this retroactivity by enforcing perspective effective date on PPO changes, but I'll get into that a little bit later.

I'm going to talk about transaction reply codes that you receive from CMS. I'm not going into exhaustive detail, but just call your attention to some of them. Basically, these are transaction reply codes, associated with plan submitting transactions. So basically the 119, you would be getting for transaction type 78. Also want to bring your attention to transaction reply code 237. Since as I stated there is no specific plan transaction, same thing to tell MARx this beneficiary is eligible for Part B premium reduction. This is to let you know MARx figured it out for itself and its sending that information on to SSA or RRB so it is in process for the particular member.

On the next slide, a few more transaction reply codes I have listed. These codes are more related to SSA/RRB editing. Basically, they are probably familiar to many plans, but basically it's telling the plan they have accepted or rejected a withhold request, we notify the plans. I don't want to go too far without the slide in front of you. The slide that I'm looking for is transaction reply code related to SSA/RRB edit. This is some of the reply codes the plans will receive after MARx has submitted their transaction to SSA/RRB, the two big ones are 185 and 186 which tells the plans what happened to the withholding request. The transaction code 213 is the one we just talked about, which now will hopefully you won't see unless the premium exceed the \$300 safety limit.



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Then down at the bottom, 235 and 236 are to let you know what happened with the Part B reduction request that we sent to withholding agency. At this point, I'm going to turn over to Stacey Plizga to present the first knowledge check.

>> Stacey Plizga: Thank you, KIM. The first Knowledge Check is: The Part C premium amount reported on the transaction type 78 include: Is it A, basic part C premium; B, any amount paid directly to the plan; C, any additional amounts for optional supplemental benefit elected by the member; or is it D, both A and C?

The correct answer was D, both A and C, so the correct answer is basic part C premium and any additional amounts for optional supplemental benefit selected by the member.

Topic Number 2: Withholding Rules and Reporting

>> Kim Miegel: Thank you, Stacey. I'm going to go over two of our famous rules related to the withholding process. The first rule is the famous all or nothing rule. Basically SSA and RRB are only going to deduct what we tell them to deduct and if retroperiod are involved, they will attempt to deduct the entire amount the beneficiary owes at the point they know about it. There is no ability to prorate and try to space out the premium deduction so that the bene's check is not impacted that much. Basically if we are going to wipe out the beneficiaries check, SSA and RRB will tell us and we notify the plan with the TRC 144 that the member can change to direct bill.

The other which we already talked about, if the \$300 limit is exceeded, that the plan will receive 213 and also 144 and change beneficiary to direct bill. I do have a note on this slide that at this point the Railroad Retirement Board does not have any safety net limits, so the only problem with them would be if it happened to be insufficient funds for the RRB member. So the takeaway from this slide, there really is no ability to prorate by SSA or RRB, they will attempt to withhold everything and all the plan can do if they receive this notice, is try to submit again for a future date to try to get the premium under \$300, and maybe lower the beneficiary check will be able to cover it.

On the next slide, is our other famous rule, the single payment option rule. And this basically boils down to if the beneficiary is enrolled in one plan, they get one premium payment option. If the beneficiary is we will say legally enrolled into different plans that they can have two premium payment options. So



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may I have the next slide, we'll walk through a little more specific example of what I'm trying to say here.

Basically in example one, this is the one plan option, the beneficiary enrolls in the MAPD plan for Part C and Part D, they have Part C and Part D premium. They have to pay both those premiums, via one method, either SSA, RRB or direct bill. So one plan, one premium payment option. This next slide is example number two. We have a beneficiary that is legally -- when I say legally, that means it is allowed by CMS, to be enrolled in one plan for Part C coverage and then another plan - standalone PDP for Part D drug coverage. They are in two different plans; they can have two different premium payment options. There is no rule that says they have to have two different premium options, they can have the same, they can withhold for both of their plan enrollments, but they do have the option of electing to have Part C premium withheld and then the Part D premium direct bill, it's up to what the member tells each specific plan they are enrolled in.

I'm going to talk a little bit about the monthly premium withhold report. This is the major report for withholding that the plans receive every month on this report is the premium payment option which we've been talking a lot about. On this report it would be those who are having SSA or RRB withholding. This would not have your direct bill members on this report. The premium start and end dates are basically what the premium is going to be transferred to you represents. If there is retroactivity, there could be adjustments to prior periods and also would have the next month's premium on this report. And by next month's premium, what I mean is because we've been talking about timing differences between the agencies, if for example you receive the March 1 payment monthly premium withhold report, it's going to have February's premium on it. There is that one month lag between the payment month and the premium month.

The report also has Part C and D amounts withheld and also I'm going to talk a little bit more in detail about the late enrollment penalty or LEP. On this report, if your member is in withhold status and the member has a late enrollment penalty, SSA and RRB withhold this late enrollment penalty, may transfer it to CMS, along with the plan's premium. CMS keeps that part and sends the rest of the premium on to the plan, but for the plan's information, what CMS has retained out of that is on this monthly premium withhold report for your members that are in withhold status.

I'm going to talk a little bit about low income status and how that impacts premium payments to plans.



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Basically some beneficiaries qualify for assistance in paying their Part D premium and we call this low income status. And they qualify for a low income premium subsidy and basically what we're talking about here is the basic Part D premium only. So the two scenarios we have, is if the Part D premium is totally covered by CMS 100% subsidy, then the plan will see this payment on the monthly membership report, CMS is paying this Part D premium and you'll see it on the monthly membership report. It isn't going to be on the monthly premium withhold report because nothing is being withheld for this particular beneficiary. The premium is totally subsidized and paid by CMS, so you will see it on the monthly membership report.

If on the other hand this basic D premium is not totally covered by CMS, say for example, the member is 75%, the subsidized amount is 75%, and CMS pays that and that will be on the monthly membership report. The beneficiary is responsible for 25% and that is an unsubsidized portion and that will be on the monthly premium withhold report. A little note here - that if the member is direct bill, obviously the plan is collecting the 25% from the member through the direct bill process.

Another note I want to make here is that I said basic fee premium, if a member has elected enhanced Part D coverage and there is an enhanced premium for that, that's all on the member, CMS is not subsidizing an enhanced Part D premium for that, the member is liable for that payment to the plan. If you bring up the next slide, please, I'm going to talk about late enrollment penalty, which I kind of was speaking about a few slides back. A late enrollment penalty is assessed to beneficiaries if they don't immediately enroll in a Part D plan when eligible, there is grace period I will not get into here. For purposes of this presentation, beneficiaries have to pay late enrollment penalties if they don't enroll in time in a Part D plan. It is basically calculated at 1% of the national Part D premium each year added to the plan's premium.

Now the two different scenarios we have here, the beneficiary is in withhold status, SSA and RRB will withhold the penalty amount, along with the plan's premium, if there is one. CMS or MARx notifies SSA/RRB what this LEP amount is so that they know it has to be withheld. They send this amount back to CMS, CMS keeps the LEP amount and sends the plan premium to the plan. So in this scenario, the LEP, which CMS retained, is going to be in monthly premium withhold report. Now the beneficiary is in direct bill status, CMS is assuming that the plan is billing the late enrollment penalty to the member in addition to any plan premium they have. Since CMS is assuming this, they are going to deduct late enrollment penalty from plan payment and you can see this on the LIS/LEP report for each particular member that's in this status and also on the plan payment report you can see the total that has been



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deducted from your payment for your members that are in direct bill status that have late enrollment penalty. Back to Stacey to do another knowledge check.

>> Stacey Plizga: Thank you, Kim, we are now on our second knowledge check for topic number two. And the question is: On what report will you find the LEP for beneficiary in direct bill status? Is it A, MPWRD; B, list and LEP; C, MMR, or D, PPR.

The correct answer was answer choice F - LIS/LEP. We are going to now take this opportunity to see if you have any questions.

>> Kim Miegel: Thank you, Stacey. I believe that you have one or two you were going to ask for -- that you had received from the plan and then after that, I have a few I can also read from the list that I have here.

>> Stacey Plizga: The first question that I received Kim, was "If the request for premium withhold exceeds the harm limit because of the delay between CMS and SSA, will I have to resubmit a PW request?"

>> Kim Miegel: Yes, it might be when this rejection is received, the plan should explain to the member what happens and if the member wants to continue to try to get their premiums withheld from the withholding agency, then the plan can submit another 75. Now I'm going to get into the time frame a little bit later, but basically you need to put a perspective date and I'll get into the example of that later, like future date that you can use that would minimize the retroactivity by the time it gets to SSA so there is more of a chance of getting the premium withheld.

>> Stacey Plizga: The second question I have is: "Is there a report that shows total LEP amount for direct bill status?"

>> Kim Miegel: Yes. We have that information on the plan payment report the plans get every month and that sort of totals up their payment for the different categories, it totals up their payment for the late enrollment penalty being deducted from the plan payment for their direct bill members and also if they want to reconcile that amount then they would use a LIS/LEP report that has the amount for each particular beneficiary.



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So I'm going to answer one or two more questions we have here in the queue. There is one question here on how often can a member change their SSA withhold request. If they requested it in January for SSA withhold can they change to direct bill in March? That is a really good question. Basically, CMS policy says we don't have a limit on how often a member can change their mind, but I would if I was plan advising a member This is not a member issue, but it is an issue between CMS, SSA and RRB. I've been trying to give you a feel for the timing issues we have, many plans on the phone are well aware of how if a lot of changes are sent in, it takes a while for them all to take effect. So if a plan is in withhold and they want to change to direct bill it may take a few months for the direct bill to kick in, and then for the direct bill to finally take place. There may be some confusion on member's part if they make a lot of changes. The more changes they make, the more issues there could be in getting the timely change to SSA and getting it effectuated for the member. It might be a little warning you want to give to your members that there is going to be delay any time they make a change and so they need to be aware of that.

The other question I will answer before I move on, because we are running a little out of time. When did the limit for SSA deduction increase from \$200 to \$300? SSA notified CMS that they were raising the limit based on our request, which we have been requesting for two years. They agreed to raise it effective with January 2013. There was some cost in here by management that to us they felt before we officially roll this out to the plan that we wouldn't see any adverse impact on information coming back from SSA based on this change. We have been monitoring it and have not seen any, so we will be notifying the plans officially. We send out a plan payment letter after every -- as you are getting MMR and plan payment report for the upcoming payment CMS sends out an HPMS letter and it will be on the one for March.

So that's all we have time for now to answer, let me get back to the slides.

Topic 3 – Essential Strategies for Managing Changes

Basically this last topic I thought I would highlight hints to help plans and also provide information to those who are not plans on some of the issues we have in getting in the premium withholding process.

I'm going to talk some more about submitting PPO changes as if I haven't talked enough about it. We'll talk about processing Part C premium changes, the famous no premium report and I'm going to highlight a few more transaction reply codes. So if we can go to the next slide. I'm going to talk a little bit more about the PPO change transaction type 75. I mentioned before that if there is retroactivity in getting the



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information over to the withholding agency, it can really be an impact on beneficiaries' checks and can even be rejected. So we have instituted edit logic in MARx that PPO changes have to be submitted for an upcoming month. Now on this slide, I'm talking about an example, so prior to the plan data due date or the cut-off in November, that the PPO change has to be effective for December or later, you can't get November, it has to be December. So that is what I mean when I say perspective month or upcoming month. So if a current member that you have wants withholding and we are in November and it is before the plan data due, the plan can submit a 75 with a perspective date which in this case would be 12/01, the member could get a 12/01 effective date. If it is a new member enrolling with a perspective effective date, the plan can use just one transaction 61, so the enrollment effective date is 12/01 and PPO withhold effective date is 12/01, it's okay to be on the same transaction and everything should go through fine. There was new member enrolling with a current month effective date then that is where we get complicated. A member obviously before plan data due date November and member can enroll for November 1 effective date but they cannot get withhold for November 1. The plan would have to send in a 61 for 11/01 and then direct bill for one month and then immediately send the 75 with withholding for December 1. So that is complicated and that is why I did a separate slide on that one. Bring up the next slide and I'll talk about the Part C premium changes on the 78.

As we previously discussed, MARx doesn't know the particular Part C premium for your particular member. So we have plans submit that on a 78. We have a wider date range to submit a 78 from CPM - 3 retroactive to CPM +2. We decided to allow retroactivity in this particular transaction because we felt that since the beneficiary was already in withholding status a retro change in Part C premium would have less of an effect on them than it would be if you are starting withholding from scratch. So that's why we allowed that retroactive period to submit Part D premium changes, it also helps plans at the end of the year when trying to get your beneficiary set up for 2013. It helps -- you can send it in retroactively to get the correct Part C premium updated.

EOY, I should have spelled this out, means end of year, I'm just reminding folks what happens when we go from one year to the next, MARx has a process where they populate next year's Part C premium. So that potentially not every single plan in the country that has a Part C premium has to send in a transaction. They will look to the HPMS file and then populate the minimum value for the PDP that the member is enrolled in. So hopefully that would cut down some transactions plans have to send in. Also, at the end of the year, as MARx is doing this, they would keep the same premium payment option SSA withhold or direct bill whatever is on the beneficiary record for the prior year.



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Except if the minimum Part C premium happens to be 0 and there is no Part D premium at all, then MARx is going to change the PPO to no premium and in that particular situation where MARx has changed the PPO to no premium I'll talk about on the next two slides when we talk about the no premium report.

No Premium Report

On the first slide -- MARx goes through a process where they attempt to populate the Part C & D premiums for the upcoming year. And in some cases, if there is no Part C Premium and no Part D premium it can cause the existing PPO to be changed to no premium so, to notify plans that this has happened, we've come up with this no premium report. The members on this report are going to be people that don't have a Part D premium for the upcoming year and they don't have a Part C premium as far as we know. In other words, the minimum value for the plan is 0. This year this report was sent out to plans in mid-November and mid-December for their review and the action that they would need to take.

So all the numbers on this report, they have been changed to no premium by MARx. If the member on this report has actually elected Part C optional benefits then the plans are going to have to submit a 78 to update the Part C premium. As far as MARx knows, the basic premium is 0, so if the member has elected something for which they owe a premium the plans need to tell us with a 78. In addition, since there are no premiums the plan and the beneficiary need to be changed back to withhold, the 78 will have to be sent in to change the number back to withhold. I do want to make a point here, if the member was in direct bill, the plans do not have to send in transaction to change the number back to direct bill.

When the plans submit a 78 to update the Part C premium, the MARx is automatically going to change the member to direct bill. So that is why the plans need to submit the 75 to change the member to withhold if that is what the number needs to be. If the member is in direct bill the plan doesn't have to do anything other than submit the 78 to update the Part C premium.

I'm going to talk about some transaction reply codes related to MARx editing. The focus on these that we're trying to give some reasons that you would see MARx changing your beneficiary to direct bill. I want to go into detail in transaction reply code 182 – submitted Part C premium is incorrect. Basically as I stated before, MARx knows what the basic C premium is for PDP. They also know what HPMS tells us, they add up all optional premiums that could possibly be elected for members of that PDP and give us



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high value. MARx knows the low value and high value. When a 78 comes in, they are going to edit that and check that the amount that the plan sent in for the C premium falls within that range. If it doesn't, then if it is for whatever reason there was mistake, the plan sent in the wrong C premium and it exceeds those values, MARx is going to set the PPO to no premium if lowest Part D value is 0 or set the beneficiary to direct bill if the lowest Part C value is greater than 0 and that is what MARx will populate. Overall what I'm trying to say is MARx is going to edit the 78 and if it falls in the range, you are good, Part C sent in by the plan. If it's not good, then MARx will populate the lowest Part C value for the PDP and then populate the PPO as appropriate. No premium if it is 0 and direct bill if there is a dollar amount on HPMS file for the Part C premium for that PDP.

Plans also receive transaction reply 144s for other reasons, retroactive effective dates, this would be on your PPO changes we went through that in exhaustive detail. If the withhold agency is unable to withhold the entire premium, that's the all or nothing rule. A BIC of M, T, or TA, there is no check for beneficiaries with those BICs. This submitted C premium is incorrect, just went through that. And then if for whatever reason the PPO is set to O for OPM that would be changed to direct bill. Personnel management is not participating in this program at this time.

On the next slide, I have a few more examples of why MARx would change a beneficiary to direct bill. If employer group members cannot have withhold, the last one on the slide 253, PPO changes direct bill due to no premium received from the withholding agency in two months. We have sent the withhold request to SSA, SSA has accepted it, but we have not received any premium for them for two months. So we're going to change the beneficiary to direct bill and let you know. In the past, this has gone on and on and on and by the time the plans realize it or we realize it, it is six, seven, eight months down the road and basically the same thing is going to happen, we are going to change the bene to direct bill and the plan has to try again. Something happened to the SSA. This way we're trying to notify plan sooner that this is happening and that we can try again, but SSA isn't withholding premiums they told us they were going to do.

The next slide is just more TRCs, these are basically related to SSA/ RRB interaction if members go from SSA to RRB entitlement, these are types of reply code you would see. I'm going to turn it over to Stacey for a Knowledge Check and then, if we have more time remaining I'm going to go through some more Qs and As.



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>> Stacey Plizga: Thank you, Kim, I hope everyone is ready, we are moving on to our topic three Knowledge Check. And the question is: When processing part C premium changes all is true except: A, allowable date range is CPM negative 3 to positive 2; or is it B, the plans must report if member elected optional supplemental benefit; or C, Part D premium must be reported, as well; or is it D, EOY MARx populates new Part C premium; minimum value for PDP?

The correct answer for topic number three knowledge check is C, Part D premium must be reported as well. Kim, back to you, do you have any more questions you would like to address perfect we wrap up this webcast?

>> Kim Miegel: I'm trying to bring the questions back up, one from memory I recall before I lost the questions was a plan had asked if the member is in a 0 premium plan, but the plan knows they have a late enrollment penalty can they be submitted for SSA withhold? Absolutely. They can as long as there is something to be withheld, the member can have SSA withhold.

Why would member show on SSA deduction as of March, but plan has not received payment since March of 2012? That would be a remedy ticket, if there is specific plan issues, you obviously should be receiving SSA premium within most three or four months after you send the request in. If nothing has been received on your monthly premium withhold report that is the time to call CMS and open a remedy ticket and we can research it. Sometimes as -- I said before, there is issue at SSA, if there is, and then whoever researching can get back to you and tell you what the problem is. Sometimes if the premium is low, we can submit a transaction to resend the withhold transaction to SSA to get started. Sometimes if we resend it, it does get started. If the premiums are low enough it wouldn't exceed \$300, we could try that, as well. We can't tell until we do more research into the particular issue that you are having with particular member.

There is another question, if a member from SSA deduction, does January premium amount come out of January SSA check or their February check? January premium is coming out of their January check, but you won't get it until the February monthly premium withhold report is sent to the plan.

So I may have confused people when I said that, but basically you get your March payment from CMS, included for February premium from SSA and RRB, that is what I meant by one month behind. Okay. There is another question here, who refunds the bene late enrollment penalty paid when there is determination that the late moment penalty should not have been charged? When the number of



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uncovered months is zeroed out, and MARx re-computes the late enrollment penalty to be 0, and the beneficiary is in withhold status that information is sent to SSA/RRB and SSA/RRB refunds the member if it is direct bill beneficiary then obviously the plan is refunding the member and CMS will be refunding the plan for what was taken out based on direct bill beneficiary.

We have other questions, but we will provide answers to those later after the webcast. They are a little more complicated than we have time to get through now.

I would like to remind you that webinar materials are available at [CMS drug health plan event dot org](http://CMSdrughealthplan.event.dot.org) website, including on this web page are the reporting of the webinar, the transcript, the speaker presentation and also support documents. This website is also a resource for information about future CMS events, so please check this website often.

That is it for our webinar today, we hope that you enjoyed the webinar, we would like to thank you for attending and please check the CMS event site for the documents that will be loaded and please take the time to fill out a survey so we can use your comments in planning future webinars. Thank you so much.