



**CMS 2010 BI-REGIONAL MEDICARE HEALTH PLAN COMPLIANCE
CONFERENCE**

Boston & New York – Serving Our Beneficiaries Together

Verbatim Transcript
Q & As
Marva Nathan

>> WHAT I WANT TO DO NOW IS MOVE RIGHT INTO OUR QUESTION AND ANSWER PERIOD. AND I KNOW THAT SOME OF YOU HAVE BEEN REALLY GOOD ABOUT GIVING ME QUESTIONS. I HAVE ABOUT 25 TO 30 OF THEM ON YOUR SLIPS, BUT DON'T LET THAT STOP YOU. IF YOU STILL HAVE MORE QUESTIONS, WRITE THEM DOWN, AND I'LL BE HAPPY TO TAKE THEM. WHAT I WANT TO SAY ABOUT THAT IS WHAT I SAID YESTERDAY, THE ONES THAT WE NEED A RESPONSE FROM FOR--FROM THE PRESENTERS WHO ARE NOT HERE TODAY, I WILL GET THOSE ON THE WEBSITE FOR YOU ON THIS WEBSITE, CPC EVENTS. AND THAT WILL PROBABLY BE BY MID-JUNE. I'VE CHECKED WITH THE POWERS THAT BE AND TRIED TO GET OUR TIMEFRAMES RIGHT. SO REMEMBER TO GO BACK TO THE WEBSITE AND TAKE A LOOK AT THOSE. YOU DON'T KNOW WHAT THEY ARE, BUT THERE ARE ABOUT 25 TO 30 OF THEM. THE ONES THAT WE CAN ANSWER RIGHT

NOW, WE'RE GOING TO DO THAT WITH THESE EXPERTS THAT ARE IN THE ROOM, IF NOT, THE ACTUAL PRESENTERS. SO WHAT I WANT TO DO RIGHT NOW IS INVITE DEBRA SMITH AND CONNIE HERBSTMAN, AND ERICKA AND--ERICKA WILLIAMS, CHARLENE CLARK TO GATHER CLOSE UP HERE BECAUSE YOU'LL TAKE THAT MICROPHONE AND RESPOND TO THE QUESTIONS THAT WE HAVE THAT ARE RELEVANT TO YOUR AREAS. BUT I'D LIKE FOR ADELE AND DAYLE--WHERE ARE YOU--TO COME UP HERE BECAUSE YOU ACTUALLY WERE PRESENTERS AND THERE'S--YOU HAVE SEVERAL, I THINK, QUESTIONS. SO LET'S DO THE--OH, RIGHT UP HERE.

>> HAVE A SEAT.

>> NOW, I THINK THE MICROPHONES ARE ALL GOING TO WORK THAT ARE ON YOUR TABLE, SO WHAT I INVITE YOU TO DO IS JUST TAKE QUESTIONS--THEY HAVE THEIR WRITTEN QUESTIONS. YOU DON'T HAVE WRITTEN QUESTIONS YET BECAUSE YOU JUST FINISHED, BUT I'VE ASKED YOU TO STAY BECAUSE THERE MAY BE SOME FOLLOW-UP ON THE CONVERSATION WE JUST HAD ABOUT SURVEILLANCE. AND IF YOU TAKE THE MICROPHONE, PLEASE DO INTRODUCE YOURSELF AND YOUR ORGANIZATION. THAT'S REALLY IMPORTANT FOR US TO KNOW, AND IT GIVES THE SPEAKERS AN IDEA OF WHAT YOUR PERSPECTIVE IS. SO I APPRECIATE YOU DOING THAT. AND WHAT I'M GOING TO DO NOW IS JUST LET THEM ROLL. THEY HAVE--THIS SIDE OF THE ROOM ANYWAY HAS QUESTIONS IN WRITING, AND SO YOU KNOW WHAT--WHAT HAS BEEN PRESENTED TO YOU ALREADY. I WELCOME ANYONE ELSE TO GET UP AND ASK A QUESTION, IF THAT'S WHAT YOU WANT TO DO. AND I'M ASSUMING OUR SEGMENT HERE IS PROBABLY GOING TO LAST ABOUT 20 MINUTES OR SO. SO--OH, NORMA

SAID SHE'LL TAKE YOUR QUESTIONS
IF YOU WANT TO WRITE SOMETHING
DOWN. SO PLEASE DO. ALL RIGHT;
ONE, TWO, THREE, GO.

>> OKAY. OKAY. I'M JUST GOING-
-CAN I STAND? DO YOU MIND?

>> YES, YOU COULD, OF COURSE.

>> I CAN'T REACH IT. OKAY. HI,
I'M DEBRA SMITH, AND I HOPE
YOU'VE ENJOYED BROOKLYN AND HAVE
SEEN SOME OF THE OTHER BOROUGH
OF NEW YORK. I'M JUST GOING TO
GO OVER THE AEP AND THE OEP, THE
CHANGES AS A RESULT OF THE
HEALTHCARE REFORM SO THAT
EVERYBODY HAS THE SAME
INFORMATION BECAUSE WE HAD A LOT
OF QUESTIONS ON THAT. AND JUST
INITIALLY, THE AEP RIGHT NOW,
THE ANNUAL ENROLLMENT PERIOD IS
THROUGH NOVEMBER 15TH THROUGH
DECEMBER 31ST, OKAY, AND THE
CHANGES ARE EFFECTIVE JANUARY
1ST. THAT'S THE WAY IT LOOKS
NOW AND THAT'S WHEN PEOPLE CAN
GO IN AND OUT OF THE PLANS, PICK
UP PART D, DROP PART D, ORIGINAL
TO MA, MA-ONLY, MAPD, THE WHOLE
BIT; THAT'S THE ENROLLMENT
PERIOD. BASED ON THE HEALTHCARE
REFORM, THERE HAS BEEN A CHANGE.
THAT CHANGE WILL OCCUR DURING
THE ANNUAL ENROLLMENT PERIOD
DURING THE CALENDAR YEAR OF 2011
TO BE EFFECTIVE IN 2012, WHICH
MEANS IN--IN THE END OF NEXT
YEAR, 2011, THAT ANNUAL
ENROLLMENT PERIOD IS CHANGING TO
OCTOBER 15TH THROUGH DECEMBER
7TH TO BE EFFECTIVE JANUARY 1ST,
2012, OKAY? BECAUSE WE WERE
GETTING QUESTIONS; THERE WAS
INFORMATION OUT THERE. SO WE
JUST WANT TO CLARIFY THAT THAT
IS GOING TO OCCUR AT THE END OF
NEXT YEAR, OCTOBER 15TH THROUGH
DECEMBER 7TH, AND THE CHANGE
WILL BE EFFECTIVE JANUARY 1ST,
2012. NOW, WE'VE ALSO HAD
QUESTIONS ABOUT, "WELL, HOW IS

THAT GOING TO IMPACT ON THE ANOC, THE RELEASE OF THE ANOC, THE ANNUAL NOTICE OF CHANGE, AND OTHER THINGS THAT YOU AS PLANS RELEASED TO YOUR ENROLLEES BECAUSE WE'RE GOING TO HAVE LESS TIME TO GET THIS OUT?" AND, REALLY, AT THIS POINT IN TIME, WHAT WE WANT TO SAY IS THAT YOU JUST HAVE TO STAY ALERT AND BE PATIENT. AND AS TIME GOES ON, THERE ARE GOING TO BE CHANGES AND RELEASES AND YOU'RE GOING TO GET NEW INFORMATION. RIGHT NOW, WE DON'T HAVE ALL OF THE INFORMATION OUT THERE. I WAS TOLD THIS MORNING THAT IN THE JULY SOFTWARE RELEASE, THERE WILL BE INFORMATION ABOUT CHANGES BASED ON THE HEALTHCARE REFORM HAVING TO DO WITH THE ANNUAL ENROLLMENT PERIOD AND THE OPEN ENROLLMENT PERIOD. AND JUST LET ME TOUCH ON THE--THE OPEN ENROLLMENT PERIOD. CURRENTLY, WHAT THAT IS, IS USUALLY JANUARY THROUGH MARCH, IT'S A 90-DAY PERIOD AND PEOPLE CAN CHANGE. THEY CAN GO FROM AN MA TO ORIGINAL MEDICARE, ORIGINAL MEDICARE TO AN MA, AN MAPD TO ORIGINAL MEDICARE WITH A PART D PLAN. THEY CAN MAKE SLIGHT CHANGES. YOU CANNOT DROP OR PICK UP A PART D PLAN, OKAY? THAT OEP IS CHANGING AS OF CALENDAR YEAR 2011. SO AS OF JANUARY 1ST, 2011, IT IS NO LONGER 90 DAYS; IT WILL BE 45 DAYS. AND DURING THAT PERIOD, THE ONLY THING THAT A PERSON CAN DO IS GO FROM AN MA PLAN OR AN MAPD PLAN TO ORIGINAL MEDICARE. AGAIN, THEY CAN ONLY GO FROM AN MA PLAN TO AN MAPD PLAN TO ORIGINAL MEDICARE. THEY CAN'T MAKE ALL THOSE DIFFERENT CHANGES. AND WHAT WE HAVE TO REMEMBER, THAT ALSO MEANS THAT IF SOMEONE IS GOING FROM AN MAPD

PLAN TO ORIGINAL MEDICARE,
THAT'S OKAY BECAUSE THEY CAN
PICK UP A PART D PLAN. BUT IF
THEY DON'T HAVE PART D, AND
THEY'RE GOING TO THE ORIGINAL
MEDICARE FROM AN MA PLAN, THEY
CANNOT PICK IT UP, OKAY? IT IS
NOT--EXCUSE ME? IF THEY'RE
GOING FROM AN MA-ONLY PLAN?
>> THEY CAN PICK UP; IT'S A NEW
CHANGE.

>> IT'S A NEW CHANGE? I'M
SORRY. I'M GETTING INFORMATION
AS WE SPEAK. SO AS--THIS IS--
YOU HAVE TO BE JUST ON YOUR TOES
WHEN YOU DEAL WITH CMS. WHAT?
SIT DOWN, IS THAT WHAT SHE--I
SHOULD SIT DOWN. OKAY, YOU CAN.
>> YOU CAN.

>> ALL RIGHT. WHY DON'T YOU
JUMP IN?

>> ALL RIGHT. ALL RIGHT. THE
OPEN ENROLLMENT PERIOD IS NO
MORE. AND IT IS NOT CALLED THE
OPEN ENROLLMENT PERIOD ANYMORE.
IT IS NOW CALLED AN ANNUAL
DISENROLLMENT PERIOD. INSTEAD
OF 90 DAYS, IT'S 45 DAYS. BUT
BEFORE, YOU COULDN'T ACQUIRE
PRESCRIPTION DRUG COVERAGE IF
YOU DIDN'T HAVE IT BEFORE; NOW,
YOU CAN DURING THAT PERIOD.
THIS IS FOR PEOPLE WHO HAVE
MEDICARE ADVANTAGE PLANS. BUT
YOU CAN ACQUIRE IT. THIS IS A--
THIS IS A NEW CHANGE FOR THAT
PERIOD. AND THAT IS FOR--NO,
2011.

>> IT'S 2011.

>> 2011. THIS IS GOING TO
HAPPEN THIS COMING JANUARY, 45-
DAY PERIOD, BIG DIFFERENCE THAT
YOU CAN ACTUALLY PICK UP A PART
D PLAN.

>> INTERESTING.

>> THIS WAS COMPLETELY DIFFERENT
FROM WHAT THE OEP WAS.

>> OKAY. THANK YOU. I DID
NOT...

>> SORRY.

>> NO, NO, NO, I'M GLAD YOU CLARIFIED THAT. I DID NOT SEE THAT. I MUST HAVE MISSED THAT. SO THANK YOU VERY MUCH. OKAY. SO WHAT DAYLE JUST SAID IS THAT YOU CAN PICK UP THE PART D WHEN YOU'RE GOING FROM AN MA PLAN TO ORIGINAL MEDICARE. BUT, AGAIN, THAT'S THE ONLY THING YOU CAN GO. YOU CAN GO MAPD TO ORIGINAL WITH PART D OR MA TO ORIGINAL, AND YOU CAN'T PICK UP A PART D PLAN.

>> YOU CAN'T PICK UP A PART D PLAN IF YOU DON'T HAVE IT.

>> YOU CAN'T DO ALL THE OTHER THINGS THAT YOU COULD DO, AND IT'S NO LONGER GOING TO BE 90 DAYS.

>> AND IT'S NO LONGER CALLED THE OEP.

>> OKAY.

>> RIGHT?

>> THANK YOU. THAT'S THE OTHER THING. IT'S NO LONGER CALLED THE OEP. AND THAT'S EFFECTIVE AS OF JANUARY 1ST, 2011. OKAY, SO WE HAVE TWO DIFFERENT THINGS GOING ON HERE. ONE THING IS GOING TO AFFECT 2012, AND THIS NEW WHATEVER YOU CALL IT...

>> ADP.

>> NOT OEP. WHATEVER--THIS 2011...

>> OR ADD.

>> WHATEVER, WHATEVER. OKAY.

>> HI, THIS IS ANDREA FROM CENTRAL OFFICE, AND I DID THE ENROLLMENT--DISENROLLMENT BREAKOUT SESSION YESTERDAY. AND DAYLE IS ABSOLUTE CORRECT. AND IF YOU WANT MORE ADDITIONAL INFORMATION ON THE CHANGES, IN THE JULY SOFTWARE RELEASE, YOU'LL SEE ALL OF THE CHANGES RELATED TO THE AEP. AND THEN IN THE NOVEMBER SOFTWARE RELEASE, THE NOVEMBER OF THIS YEAR--SO YOU KNOW HOW YOU GET THAT HPMS MEMO THAT LISTS ALL OF THE

CHANGES FOR THE SOFTWARE
RELEASES FROM MARX AND FOR MBD
AND ANY OTHER SYSTEMS THAT ARE
IMPACTED? SO IN THE NOVEMBER
RELEASE, YOU'LL SEE ALL OF THE
CHANGES RELATED TO THE OEP THAT
DAYLE IS REFERENCING.

>> ALL RIGHT.

>> OKAY.

>> THANK YOU.

>> THANK YOU. CAN I ASK A QUICK
QUESTION AND CLARIFY THAT LAST
PART?

>> CAN YOU TELL US WHO YOU ARE,
PLEASE?

>> YES. THIS IS SARAH PEIX FROM
HEALTH NEW ENGLAND, SPRINGFIELD.
JUST CALLING OR JUST ASKING
ABOUT WHETHER OR NOT YOU CAN--
WHEN YOU DO THAT SWITCH DURING
THE DISENROLLMENT PERIOD YOU
JUST TALKED ABOUT, ARE YOU ABLE
TO SWITCH FROM AN MA-ONLY PLAN
TO AN MAPD OR IT'S JUST ORIGINAL
MEDICARE WITH PART D?

>> DAYLE.

>> NO.

>> AS FAR--UNLESS ANDREA WANTS
TO ANSWER THAT?

>> ANDREA.

>> ANDREA?

>> GO AHEAD, ANDREA.

>> DO YOU WANT--DO YOU WANT IT--
NO, DO YOU WANT TO ANSWER THAT
OR DO YOU WANT ME TO TAKE THAT?
OKAY.

>> YOU MAY, DAYLE.

>> MY UNDERSTANDING IS THAT THIS
IS--THIS PERIOD IS FOR PEOPLE
WHO ARE IN MA PLANS, SO IT'S NOT
SOMEBODY WHO'S IN ORIGINAL
MEDICARE WHO WANTS TO SWITCH TO
AN MA PLAN. IF SOMEBODY IS IN
ORIGINAL MEDICARE AND THEY WANT
TO SWITCH TO AN MA PLAN, THAT
WOULD HAVE TO BE DONE DURING THE
ANNUAL ENROLLMENT PERIOD. THIS
NEW PERIOD IS CALLED THE ADP,
WHICH IS ANNUAL DISENROLLMENT
PERIOD. SO THIS IS A WHOLE NEW

BALL GAME. THIS ISN'T FOR PEOPLE IN ORIGINAL MEDICARE. THIS IS JUST FROM PEOPLE WHO ARE IN MA PLANS WHO WANT TO MAKE A SWITCH OF SOME KIND. AND THE OTHER HUGE CHANGE IS THAT, YOU KNOW, YOU WERE NEVER ABLE TO DURING THIS TIME PERIOD ACQUIRE PRESCRIPTION DRUG COVERAGE AND NOW YOU CAN. SO THAT--THOSE ARE THE DIFFERENCES.

>> GOOD GIRL.

>> EXCUSE ME. THE ONLY WAY YOU CAN ADD PRESCRIPTION DRUG COVERAGE IF YOU'RE AN MA-ONLY PLAN IS TO GO BACK TO ORIGINAL MEDICARE AND ADD A PDP, IS THAT CORRECT?

>> OH, I SEE.

>> OH, I SEE WHAT YOU'RE SAYING.

>> OH, OKAY.

>> YOU'RE SAYING, "CAN YOU GO FROM AN MA-ONLY TO AN MAPD PLAN?"

>> RIGHT.

>> AND I ACTUALLY--THAT'S A GOOD QUESTION, AND I DON'T KNOW THE ANSWER TO THAT. DOES ANDREA KNOW THE ANSWER TO THAT?

>> OKAY.

>> OKAY.

>> I DON'T THINK--I DON'T THINK SHE CAN.

>> OKAY.

>> I WAS JUST GOING TO ASK, IF PEOPLE HAVE SPECIFIC QUESTIONS ABOUT THE CHANGES, IF YOU CAN WRITE THEM OUT AND WE'LL MAKE SURE THAT THEY GET TO POLICY FOLKS. AND I'M REALLY OPERATIONS. I KNOW A LITTLE BIT ABOUT IT BECAUSE WE'VE DONE THE SYSTEM CHANGES, BUT I WOULD REALLY FEEL MUCH MORE COMFORTABLE IF POLICY WERE TO MAKE THOSE--ANSWER THOSE QUESTIONS.

>> THANKS ANDREA. DAYLE, DID YOU HAVE A QUESTION--YOU HAD ONE QUESTION THAT YOU WERE GOING TO

ANSWER?

>> I DON'T HAVE ANY QUESTIONS IN FRONT OF ME.

>> OH, THEY WERE NOT--IT WAS NOT RELATED TO THIS PARTICULAR TOPIC?

>> NO.

>> THAT'S IT?

>> I HAVE NO QUESTIONS IN FRONT.

>> ALL RIGHT. SO ADELE, IT'S ON YOU.

>> GOOD MORNING. I'M ADELE PIETRANTONI AND I'M THE PHARMCIST IN THE BOSTON REGIONAL OFFICE FOR THOSE OF YOU WHO DIDN'T HAVE AN OPPORTUNITY TO MEET ME IN THE BREAKOUT SESSION. THERE WERE THREE QUESTIONS THAT WE HAD FROM OUR BREAKOUT SESSION AND I'LL READ THEM AND GIVE YOU THE RESPONSE. THE FIRST ONE SAYS, "CMS IS LIMITING PARTY BENEFIT DESIGN TO SIX TIERS BUT HAS ONLY SPECIFIED COPAY LIMITS FOR FOUR TIERS. HOW DO PLANS DETERMINE CO-PAY MAXIMUMS IF WE WANT TO OFFER MORE THAN FOUR TIERS?" FIRST, THE MAJORITY OF PLANS SPONSORS GENERALLY UTILIZE THREE TIERS AND A SPECIALTY TIER. FOR PLAN SPONSORS WITH ADDITIONAL TIERS, WE WOULD CONDUCT AN ANALYSIS TO IDENTIFY THE DRUG TIER COST-SHARING OUTLIERS RELATIVE TO OTHER PLANS--SPONSORS--PLAN SPONSORS' COMPETING BENEFIT PACKAGES. SO WE'LL LOOK AT YOUR COMPETITION AND THEIR BENEFIT PACKAGES SUBMITTED. WE WILL TAKE INTO CONSIDERATION PLAN TYPES SUCH AS BASIC VERSUS ENHANCED, THE NUMBER OF DRUG TIERS WITHIN A PBP, THE COST STRUCTURE AND DIFFERENCES AMONG PLANS. SO WE WILL BE LOOKING AT THIS ON A CASE BY CASE BASIS. JUST KEEP IN MIND THAT THE LIMIT TO SIX TIERS IS ABOUT BEING CLEAR TO OUR BENEFICIARIES AS YOU HEARD

THE SHIP DIRECTORS TALKED ABOUT AND, ADDITIONALLY, MAKING SURE THAT THEY'RE NOT DISCRIMINATORY. SO KEEP THAT IN MIND IF YOU'RE UTILIZING MORE THAN FOUR TIERS AND THINK ABOUT--AND THAT'S WHAT CMS WILL BE KEEPING IN MIND AS WE REVIEW THOSE. THE NEXT QUESTION THAT I'VE HAD QUITE-- I'VE HAD THIS QUESTIONS SEVERAL TIMES, IS FOR BENEFICIARIES THAT ENTER THE COVERAGE GAP IN 2010 AND, THEREFORE, QUALIFY FOR THE \$250 REBATE, DOES THE BENEFICIARY NEED TO HAVE SPENT \$250 TO RECEIVE THE \$250 REBATE? OR WILL THEY QUALIFY AS LONG AS THEY ENTER THE GAP? THE ANSWER TO THAT QUESTION IS BENEFICIARIES QUALIFY FOR THIS REBATE AS SOON AS THEY ENTER THE GAP. OKAY, SO THERE'S YOUR--AND NOW--SO THAT WAS THE 2010 REBATE. NOW, I HAVE A QUESTION ABOUT THE 2011 50% DISCOUNT ON-- IN THE COVERAGE GAP FOR BRAND NAME DRUGS. PLEASE CONFIRM THAT THE CMS' EXPECTATION THAT 50% DISCOUNT WILL APPLY IN 2011 FOR APPLICABLE BENEFICIARIES EVEN THOUGH FORMULARIES FOR 2011 WERE NOT SUBMITTED SHOWING THIS. YES, THE 50% DISCOUNT WILL APPLY. CMS FULLY EXPECTS THAT ALL MANUFACTURERS OF APPLICABLE DRUGS WILL SIGN AN AGREEMENT WITH CMS. WE'LL CAREFULLY MONITOR MANUFACTURERS' PARTICIPATIONS TO ENSURE THAT OUR BENEFICIARIES CONTINUE TO HAVE ACCESS TO THE MEDICALLY NECESSARY AND NEEDED INFORMATION--MEDICATIONS. SO THAT'S THE THREE QUESTIONS THAT I HAVE, MARVA. AND I DON'T KNOW IF ANYONE HAS ANY FOLLOW-UPS. >> ARE THERE ANY FOLLOW UPS FOR ADELE? THANK YOU, ADELE. >> THANK YOU. >> CONNIE, WHERE ARE YOU? THIS

IS CONNIE HERBSTMAN. SHE IS A--
SHE SAID HER--SHE IS AN ASSET
THAT NO ONE REALLY CLAIMS. BUT
SHE IS--SHE IS ACTUALLY WORKING
IN THE BOSTON REGIONAL OFFICE
AND SHE'S REPORTING TO OUR
CENTRAL OFFICE.

>> YES.

>> SO SHE IS THE EXPERT FOR THE
QUESTION THAT SHE HOLDS IN HER
HANDS WHICH I'M FORGETTING. SO
GO AHEAD. TAKE IT AWAY, CONNIE.

>> YES. SO I BELIEVE THIS IS A
QUESTION THAT CAME IN AFTER THE
MEDIC PRESENTATIONS. SO THANKS,
MARVA. MY NAME IS CONNIE
HERBSTMAN AGAIN. I WORK OUT OF
THE BOSTON RO. I'VE ALSO WORKED
OUT OF NEW YORK AND OUR
BALTIMORE CENTRAL OFFICE SO I
KNOW SOME OF YOU FROM THOSE--
THOSE MEANS. I WORK TO OVERSEE
THE MEDIC CONTRACTOR WHO IS
UNABLE TO STAY UNTIL TODAY SO
I'M ANSWERING THIS QUESTION NOW.
I ALSO WORK ON C AND D FRAUD,
WASTE AND ABUSE ISSUES FOR
CENTRAL OFFICE. SO, THE
QUESTION IS THERE ARE SITUATIONS
IN WHICH YOUR PROVIDER WOULD NOT
ACT IF A PATIENT WAS AN ORIGINAL
MEDICARE BUT FLAUNTS THE
MEDICARE RULES IF THE PATIENT IS
IN MEDICARE ADVANTAGE. FEAR OF
BREAKING THE LAW IS NOT PRESENT
IN M.A. FOR PROVIDERS. HOW CAN
WE MAKE IT SO SINCE IT'S ALL
FEDERAL MONEY? SO IN RESPONSE,
CMS WOULD JUST LIKE TO REITERATE
THAT IN ACCORDANCE WITH THE LAW,
THE FEDERAL GOVERNMENT DOES AND
YOU ALL AS PLAN SPONSOR SHOULD
ALSO HOLD PROVIDER TO THE SAME
STANDARDS WHETHER THEY'RE IN THE
FEE FOR SERVICE ORIGINAL
MEDICARE PROGRAM OR MEDICARE
ADVANTAGE. FOR EXAMPLE, A FALSE
CLAIM IS A FALSE CLAIM IN ANY
GOVERNMENT PROGRAM AND SHOULD BE
PURSUED AS SUCH. AS YOU ALL

KNOW IN MEDICARE ADVANTAGE, CMS CONTRACTS WITH SPONSORING ORGANIZATIONS LIKE YOURSELVES, NOT WITH INDIVIDUAL PROVIDERS SO THEREFORE IT'S INCUMBENT UPON THE PLANS TO ENFORCE THE LAW WITH PROVIDERS IN THEIR NETWORK OR PROVIDERS WHO PROVIDE SERVICES TO YOUR MEMBERS. FINALLY, I JUST WANTED TO REITERATE AGAIN AS YOU'VE HEARD THROUGHOUT THIS CONFERENCE, THE PLAN IS RESPONSIBLE FOR ALL OF THE ACTIVITIES OF DOWNSTREAM ENTITIES WHICH INCLUDES PHYSICIANS AND OTHER PROVIDERS. SO I HOPE THAT HELPS CLARIFY THINGS. I'M HAPPY TO ANSWER ANY RELATED QUESTIONS OR FOLLOW-UP ON ANY OF THE OTHER MEDIC ISSUES.

>> THANK YOU, CONNIE.

>> NOTHING ELSE? ALL RIGHT, THANK YOU.

>> WE HAD ANOTHER QUESTION THAT ERICA WILLIAMS IS PREPARED TO ANSWER AS A SUBJECT MATTER EXPERT. I THINK IT WAS ABOUT MARKETING.

>> HELLO. I'M ERICA WILLIAMS. CAN YOU HEAR ME?

>> TAKE--YEAH, POINT IT UP. THAT'S GOOD.

>> OKAY. MY NAME IS ERICA WILLIAMS AND I WORK FOR THE NEW YORK REGIONAL OFFICE. THE QUESTION WE RECEIVED IS, "ANY THOUGHTS ABOUT DISCONTINUING THE OEV CALLS, WHICH STANDS FOR OUTBOUND EDUCATION AND VERIFICATION CALLS? OUR PLAN HAS ONLY REACHED ONE IN FIVE BENEFICIARIES ON THE FIRST TRY AND ONE IN SIX ON THE THIRD. CALLERS REACHED ARE CONFUSED AND QUESTIONING WHY WE ARE QUESTIONING THEM ABOUT THEIR PLAN SELECTION. MOST ARE UPSET WITH THE CALL AND QUESTIONING IF WE KNOW WHAT WE'RE DOING. THE

OEV CALLS DON'T SEEM TO BE HELPFUL FOR THE MEMBERS." TO ANSWER THE QUESTION IF THERE ANY THOUGHTS ABOUT DISCONTINUING THESE OEV CALLS, THAT'S MORE A POLICY DECISION AND I WORK WITH OPERATIONS BUT I HAVEN'T HEARD OF ANY THOUGHTS ABOUT DISCONTINUING THE OEV CALLS. AND IF THEY'RE QUESTIONING WHY THE PLAN IS CALLING THEM, I WOULD SUGGEST MAYBE USING THE MODEL THAT'S IN THE MEDICARE MANUAL GUIDELINES--MEDICARE MARKETING GUIDELINES AS A MODEL BECAUSE BASICALLY THESE CALLS ARE TO ENSURE THAT THEY UNDERSTAND THE PLAN RULES. SO THE BENEFICIARY SHOULDN'T BE CONFUSED IF YOU'RE CALLING THEM JUST TO EXPLAIN THE PLAN RULES. SO I'M NOT REALLY SURE WHY THEY'RE QUESTIONING WHY THE PLAN IS CALLING THEM. AND THAT WAS PRETTY MUCH IT. ANY OTHER QUESTIONS?

>> CAN I ADD ONE THING TO THAT? I TALKED ABOUT THIS A LITTLE BIT IN THE PRESENTATION THIS MORNING. BUT THIS IS ALSO SOMETHING WHERE THERE'S A REQUIREMENT ON THE AGENTS AND BROKERS TO TELL BENEFICIARIES THAT THEY'RE GOING TO BE GETTING THESE CALLS. SO YOU'RE GOING TO WANT TO MAKE SURE THAT YOUR REPRESENTATIVES ARE TELLING THEM THAT THEY'RE GOING TO GET THE CALLS SO WHEN THEY DO GET THIS CALLS, THEY DON'T GO, "WHO ARE YOU?" SO THAT--THAT MIGHT--THAT MIGHT HELP AS WELL.

>> YES. THANK YOU, DAYLE.

>> THANK YOU, ERICA. THANK YOU, DAYLE. ANYTHING ELSE ON THAT POINT? AND THEN CHARLENE CLARKE, I CAN'T SEE AROUND THE CORNER. CHARLENE, ARE YOU THERE?

>> EXCUSE ME.

>> TAKE IT AWAY.

>> CHARLENE CLARKE, HEALTH INSURANCE SPECIALIST, NEW YORK REGIONAL OFFICE. THE QUESTION I HAVE HAS TO DO WITH THE COVERAGE DETERMINATION FOR PART D. THE PERSON THAT WROTE THIS WANTED TO KNOW HOW MANY TIMES THEY WERE REQUIRED TO CONTACT THE BENEFICIARY FOR A FAVORABLE OR AN ADVERSE COVERAGE TERMINATION OR THE REPRESENTATIVE WHETHER IT BE EXPEDITED OR STANDARD. THEY ALSO WANTED TO KNOW IF IT SHOULD BE ORAL OR WRITTEN, AND HOW MANY TIMES THEY NEEDED TO SEND IT. THE GUIDANCE STATES THAT IF A COVERAGE DETERMINATION WAS RECEIVED BY TELEPHONE IT CAN BE RESPONDED TO BY TELEPHONE BUT A FOLLOW-UP LETTER MUST BE SENT WITHIN THREE DAYS. AND THAT GOES FOR EXPEDITED AND FOR STANDARD DETERMINATION RELATED TO PART D COVERAGE DETERMINATIONS. ANY OTHER QUESTIONS?

>> NO FOLLOW-UPS? THANK YOU, CHARLENE. THAT IS THE END OF OUR Q&A SESSION--IS IT--YES, GO AHEAD, DEBRA.

>> WE'RE GOING TO CLARIFY THE OEV--SORRY, THE ADP.

>> WE'RE BACK TO OEV AND ADP AGAIN?

>> WE CLARIFIED IT THAT THE ONLY THING YOU CAN DO DURING THE ADP IS GO FROM A PLAN TO ORIGINAL MEDICARE. YOU CANNOT SWITCH BETWEEN PLANS. SO WE JUST WANTED--THAT WAS A QUESTION THAT WAS ASKED.

>> ALL RIGHT.

>> OKAY. SO YOU CAN ONLY GO FROM AN MA OR AN MA-ONLY OR AN MAPD TO ORIGINAL MEDICARE. YOU CAN'T--OKAY? OKAY. ALSO, ONE OTHER THING WE JUST WANT TO MENTION IS KAISER FAMILY FOUNDATION HAS SOME EXCELLENT

SUMMARIES ON HEALTH CARE REFORM
THAT YOU MAY WANT TO PICK UP
WHEN YOU GET BACK TO THE OFFICE.
>> I THINK THAT QUESTION BECAUSE
IT'S A LITTLE HARD TO SORT OUT.
I THINK WE'LL ADD THAT TO OUR
LIST THAT WE'LL POST. SO WE GET
THE ANSWER RIGHT IN WORDS, AND
WRITE IT DOWN AND PUT IT OUT
THERE AS A RESPONSE. SOME OF
THE OTHER QUESTION THAT WE'VE
ANSWERED THIS MORNING I THOUGHT,
WELL, IF WE ANSWER THEM, WE
PROBABLY DON'T HAVE TO ADD THAT
TO OUR LIST OF 30 OR SO
QUESTIONS. BUT THIS ONE SEEMS
TO BE NOT AS EASILY EXPLAINED OR
UNDERSTOOD AS ONE MIGHT HOPE.
THAT IS THE END OF OUR Q&A
SESSION SO I WANT TO THANK ALL
OF THE EXPERTS WHO IMPROMPTULY
STOOD UP AND SAID, "YES, I'LL
TAKE THAT QUESTION." SO I
TACKLED THEM DURING THE BREAK
AND THEY SAID "OKAY." THANK YOU
VERY MUCH.