



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

Boston & New York – Serving Our Beneficiaries Together

Verbatim Transcript
Enrollment/Disenrollment and Reconciliation
Kelli Singleton and Andrea Hamilton

>> OK, SO WITHOUT FURTHER ADO,
WE'RE GOING TO GET STARTED.

WE HAVE A LOT OF GOOD
INFORMATION FOR YOU

FROM A VERY EXPERIENCED AND
KNOWLEDGEABLE PRESENTER.

SO WITHOUT FURTHER ADO, IT GIVES
ME ESTEEMED PLEASURE

TO INTRODUCE ONE OF OUR
COLLEAGUES

FROM THE BALTIMORE REGIONAL
OFFICE--MS. ANDREA HAMILTON.

SHE'S GOING TO SPEAK TO YOU
ABOUT ENROLLMENT OPERATIONS.

THIS SHOULD BE OF GREAT
IMPORTANCE TO ALL OF YOU

IN THIS ROOM BECAUSE THIS IS THE
NUCLEUS OF YOUR OPERATIONS--

ENROLLMENTS AND DISENROLLMENTS.

I HOPE YOU ALL ARE AWARE OF
THAT.

IT'S ALSO THE NUCLEUS OF YOUR
REVENUE,

SO YOU SHOULD WANT TO HAVE AS
MUCH INFORMATION ABOUT THIS

AS POSSIBLE, YEAH? ALL RIGHT.

SO MS. HAMILTON. A BIT ABOUT
HER.

SHE WORKS IN THE DIVISION OF
PROSPECTIVE PAYMENT--

MEDICARE PLAN PAYMENT GROUP.

SHE IS THE PROJECT OFFICER

FOR THE RETROACTIVE PROCESSING
CONTRACTOR--RPC.

YOU ALL KNOW THEM AFFECTIONATELY
AS REED & ASSOCIATES.

AND SHE'S BEEN WITH CMS--FOR
OVER 8 YEARS.

SHE HAS OPERATED IN VARIOUS
CAPACITIES WITHIN THE AGENCY,

INCLUDING BEING A GOVERNMENT
TASK LEADER.

WE CALL IT GTL IN CMS LAND.

AND THAT IS WITH THE MEDIC
CONTRACT.

AND SHE IS THE TEAM LEAD-- OR
HAS BEEN THE TEAM LEAD

FOR THE 1-800-MEDICARE CONTRACT.

NOW, PRIOR TO JOINING CMS, MS.

HAMILTON SPENT 4 YEARS

AS A QUALITY ASSURANCE MANAGER,
AND TRAINER FOR CALL CENTERS

IN THE BANKING AND HEALTH CARE
INDUSTRY.

SO THAT'S QUITE A BACKGROUND WE
HAVE HERE.

AND WE ARE PLEASED TO HAVE YOU
HERE TODAY.

THANK YOU FOR TRAVELING ALL THE
WAY TO NEW YORK TO SHARE

YOUR EXPERTISE WITH US.

AND LET'S GIVE HER A ROUND OF
APPLAUSE AS SHE COMES

TO THE PODIUM.

[APPLAUSE]

>> THANK YOU. I'M ACTUALLY GLAD
THAT I'M HERE.

THIS IS ALWAYS A POPULAR TOPIC.

CAN YOU HEAR ME?

>> YES.

>> OK. ALL RIGHT. ENROLLMENT
OPERATIONS IS ALWAYS

A POPULAR TOPIC. AND WE HEARD
TODAY

ABOUT YOUR OVERALL COMPLIANCE.

AND ENROLLMENT AND DISENROLLMENT
IS JUST ONCE SMALL PIECE

OF ENSURING THAT YOUR OPERATIONS
ARE COMPLIANT,

OR THAT YOU ARE COMPLIANT WITH

CMS GUIDELINES.

AND AS KELLI STATED, ENROLLMENT
IS ESSENTIALLY

A REQUEST FOR PAYMENT.

SO YOU DO WANT TO MAKE SURE THAT
YOU FOLLOW

THE CORRECT PROCESSES.

SO ONE OF THE THINGS THAT I WANT
TO TALK ABOUT--

WE'RE GOING TO TALK ABOUT
ENROLLMENT IN GENERAL

FROM PRE-SUBMISSION TO
POST-SUBMISSION.

SO THE ENTIRE PROCESS OF
ENROLLMENT.

AND THEN I WANT TO SPEND A
COUPLE OF MINUTES

TALKING ABOUT RETROACTIVE
SUBMISSIONS.

SO IN THE EVENT--IN THE RARE
EVENT THAT YOU SHOULD HAVE TO

SEND SOMETHING TO THE RPC, WE
WANT TO MAKE SURE THAT YOU

UNDERSTAND WHAT THAT PROCESS IS,
WHAT CONSTITUTES

A RETROACTIVE ENROLLMENT OR
DISENROLLMENT,

OR A RETROACTIVE TRANSACTION IN
GENERAL,

AND THEN WHAT ITEMS NEED TO BE
SENT TO THE RPC.

AND THEN WE WANT TO SHARE SOME
IMPROVEMENT OPPORTUNITIES,

SOME BEST PRACTICES, AND TALK
ABOUT

MARx REDESIGN AND MODERNIZATION.

AND I DO KNOW THAT YOU RECEIVED
AN HPMS MEMO LAST WEEK

ABOUT MARx MODERNIZATION.

SO I JUST WANT TO KIND OF
EMPHASIZE SOME OF THOSE POINTS

THAT WERE OUTLINED IN THE HPMS
MEMO.

SO LET'S START WITH THE
ENROLLMENT PROCESS--

THE PRE-SUBMISSION.

SO WHEN YOU GET AN ENROLLMENT
REQUEST, YOU KNOW THAT THERE ARE

3 ACTIONS YOU CAN TAKE.

YOU CAN ACCEPT IT, YOU CAN DENY
IT, OR YOU CAN DETERMINE

THAT IT'S INCOMPLETE.

SO WHEN YOU ACCEPT IT,
ESSENTIALLY YOU'RE SAYING

ALL OF THE ELEMENTS HAVE BEEN
MET, NO MATTER WHICH VEHICLE

OF ENROLLMENT THAT YOU ACCEPT,
WHETHER IT'S THE TELEPHONE,

THE WRITTEN, OR IT'S THE ON-LINE
ENROLLMENT CENTER APPLICATION

THAT YOU'RE DOWNLOADING, THAT
YOU'RE PULLING DOWN

FROM THE WEBSITE.

SO IN THOSE INSTANCES,

YOU ACCEPT IT, YOU'VE CHECKED
IT,

YOU'VE MADE SURE THAT ALL OF THE
APPLICABLE ELEMENTS ARE THERE.

YOU'VE MADE SURE THAT THEY'RE
ENROLLING DURING

A VALID ENROLLMENT PERIOD AND
THAT THEY ACTUALLY QUALIFY

TO BE A PART OF YOUR PARTICULAR
PLAN.

IF YOU DENY IT, OF COURSE, THOSE
ELEMENTS HAVEN'T BEEN MET.

IF YOU DETERMINE THAT IT'S
INCOMPLETE,

YOU KNOW YOU WOULD SEND OUT THAT
NOTIFICATION

TO THE BENEFICIARY, TO THE
MEMBER, REQUESTING

ADDITIONAL INFORMATION SO THAT
YOU CAN CONTINUE TO PROCESS

THAT APPLICATION.

AND DON'T FORGET THE BEQ.

WE DID TALK ABOUT--I DID MENTION
MAKING SURE THAT THE REQUEST

IS MADE DURING A VALID
ENROLLMENT PERIOD.

BUT YOU ALSO WANT TO CHECK THE
BEQ TO MAKE SURE

THAT THEY, AGAIN, ARE ACTUALLY
ELIGIBLE TO ENROLL

IN YOUR PARTICULAR PLAN.

SO IF IT'S ACCEPTED, IF THE

ENROLLMENT IS ACCEPTED,

OF COURSE COVERAGE BEGINS ON THE
DAY--

ON THE REQUESTED EFFECTIVE DATE.

SO ESSENTIALLY THAT MEANS YOU

DON'T HAVE TO WAIT FOR A
RESPONSE FROM CMS

BEFORE YOU BEGIN PROVIDING
COVERAGE TO THAT BENEFICIARY.

SO IF IT'S AN APPLICATION, AN
ENROLLMENT APPLICATION

THAT YOU ACCEPT, COVERAGE BEGINS
ON THE FIRST DAY

OF THE REQUESTED EFFECTIVE DATE.

AND, AGAIN, DEPENDING ON
WHATEVER DECISION YOU MAKE,

WHETHER YOU ACCEPT IT, DENY IT,

OR DETERMINE THAT IT'S
INCOMPLETE,

OF COURSE, YOU HAVE TO MAKE SURE
THAT YOU'RE IN COMPLIANCE

WITH SENDING OUT ALL OF THE
NOTIFICATIONS TIMELY.

SO IF IT'S ACCEPTED, YOU SEND
OUT THAT WELCOME--

"WELCOME TO MY PLAN" ENROLLMENT
KIT.

IF YOU DETERMINE THAT IT'S
INCOMPLETE, OF COURSE, YOU

HAVE TO SEND OUT THAT
NOTIFICATION REQUESTING

THE ADDITIONAL INFORMATION

WITHIN THE SPECIFIED TIME FRAMES

THAT ARE OUTLINED IN THE
GUIDANCE.

AND IF YOU DENY IT, OF COURSE,
YOU SEND THAT DENIAL LETTER,

AS WELL.

SO IT COMES TO THE ACTUAL
SUBMISSION.

SO YOU PREPARED THE SUBMISSION--
TO SEND IT TO CMS.

AND ONE OF THE THINGS THAT WE DO
WANT TO STRESS IS MAKING SURE

THAT YOU HAVE--AND VERNISHA AS
WELL AS CYNTHIA--

WHEN THEY DID THEIR
PRESENTATIONS, THEY KIND OF

TALKED ABOUT INTERNAL QUALITY
CONTROLS.

SO I'M JUST GOING TO KIND OF
REEMPHASIZE THAT AS WELL

BECAUSE IT'S IMPORTANT TO MAKE
SURE THAT YOU

AS AN ORGANIZATION HAVE THOSE
CONTROLS IN PLACE

SO WHEN YOU SUBMIT INFORMATION
TO CMS, THAT IT IS QUALITY WORK.

AND THAT, AGAIN, SAVES EVERYONE
TIME AS WELL AS MONEY.

SO YOU WANT TO MAKE SURE WHEN
YOU'RE PREPARING

THE TRANSACTION TO BE SUBMITTED
TO CMS, YOU WANT TO MAKE SURE

THAT THE FORMAT IS CORRECT.

AND WHAT I MEAN, IS THE FORMAT
CORRECT?,

YOU KNOW, YOUR CONTRACT NUMBER
IS ONE LETTER

FOLLOWED BY 4 NUMBERS,

SO AS OPPOSED TO PUTTING H1234,
YOU SUBMITTED ABCD.

SO, AGAIN, THOSE ARE CERTAIN
QUALITY CHECKS THAT YOU CAN HAVE

IN PLACE, OR EDIT CHECKS, IN
YOUR INTERNAL TRACKING SYSTEMS,

OR YOUR INTERNAL SYSTEMS, TO
MAKE SURE THAT YOU HAVE

THOSE PROPER EDITS IN PLACE TO
AVOID THOSE DISCREPANCIES.

IS THE DATA ACCURATE?

WHEN YOU CHECKED THE BEQ, DID
YOU GET AN ERROR

BECAUSE THE HIC NUMBER--THERE
WAS A HIC NUMBER MISMATCH

OR THERE WAS A HIC NUMBER ERROR?

AND WE'LL TALK ABOUT THAT A
LITTLE BIT MORE.

SO, AGAIN, WHAT ARE YOUR
INTERNAL QUALITY CONTROLS?

AND WHAT ARE SOME MEASURES THAT
YOU HAVE IN PLACE INTERNALLY

TO MAKE SURE THAT WHAT YOU
SUBMIT TO US IS QUALITY MATERIAL

THE FIRST TIME AROUND?

SO YOU'VE DONE YOUR DATA QUALITY
CHECKS.

YOU HAVE YOUR INTERNAL VALIDITY
CHECKS IN PLACE.

AND YOU'VE DETERMINED THAT THE
DATA IS CORRECT,

AND YOU SUBMIT IT TO CMS.

WE WANT YOU TO MAKE SURE THAT
YOU SUBMIT EARLY AND OFTEN.

AND THIS IS SOMETHING THAT I
KNOW IF YOU'VE ATTENDED

MORE THAN ONE OF THESE
CONFERENCES, YOU'RE HEARING

THE SAME MESSAGES KIND OF OVER
AND OVER AGAIN.

AND IT'S KIND OF IMPORTANT THAT
WE STRESS THOSE POINTS

BECAUSE, BELIEVE IT OR NOT,
WE'RE STILL HAVING ISSUES

IN THIS AREA. EVEN THOUGH WE'VE
BEEN DOING THIS

FOR QUITE SOME TIME, SOME PLANS
STILL HAVE CHALLENGES

WITH SUBMITTING ENROLLMENT
TRANSACTIONS.

SO WE WANT YOU TO REVIEW--SO
ONCE YOU SUBMIT YOUR TRANSACTION

TO CMS, THE FIRST THING THAT
YOU'RE GOING TO GET IS

YOUR ENROLLMENT TRANSMISSION
MESSAGE FILE.

AND THAT'S JUST A RECEIPT THAT
WE SEND TO YOU IMMEDIATELY

TO SAY, "YES, WE ACKNOWLEDGE
RECEIPT OF YOUR SUBMISSION."

AND THEN THE FOLLOWING DAY,
YOU'RE GOING TO GET

THE BATCH COMPLETION STATUS
SUMMARY.

AND THAT JUST, AGAIN,
ACKNOWLEDGES YOU SUBMITTED--

AND I'LL JUST USE THIS EXAMPLE.

YOU SUBMITTED 1,000 REQUESTS TO
US.

CMS RECEIVED--OR ACKNOWLEDGES
RECEIPT OF 1,000 REQUESTS.

AND HERE'S A SUMMARY OF WHAT
HAPPENED TO THOSE 1,000.

500 WERE ACCEPTED, 500 WERE
REJECTED.

SO IT'S A HIGH LEVEL SUMMARY OF
WHAT WAS SUBMITTED TO US.

AND I'M SORRY. AH. TECHNICALLY
CHALLENGED.

AND THEN--AT THE END OF THE
WEEK, YOU'LL GET

YOUR TRANSACTION REPLY REPORTS.

AND THAT ALSO COMES AT THE END
OF THE MONTH AS WELL.

AND THE TRANSACTION REPLY
REPORTS GIVES YOU

A LITTLE BIT MORE DETAIL.

SO NOT ONLY DOES IT PROVIDE THE
STATUS OF WHAT YOU'VE

SUBMITTED TO US, BUT IT ALSO
GIVES YOU

ANY CMS-GENERATED ACTIONS.

SO ANY AUTO ENROLLMENT OR
FACILITATED ENROLLMENT ACTIONS

THAT TOOK PLACE OR ANY OTHER
ACTIONS,

SUCH AS LOSS OF ENTITLEMENT--
ANY ACTIONS THAT WERE GENERATED

BY CMS, YOU'LL ALSO GET THAT ON
YOUR TRANSACTION REPLY REPORT.

SO THE FIRST WAY--

OR THE FIRST MECHANISM THAT YOU
CAN USE FOR RECONCILIATION

IS YOUR BATCH COMPLETION STATUS
SUMMARY.

AND ONE OF THE THINGS THAT I DID
WANT TO SAY IS

THE BATCH COMPLETION STATUS
SUMMARY,

OR REVIEWING THAT, IS NOT A
REQUIREMENT.

BUT IT IS A REQUIREMENT FOR YOU
TO REVIEW

YOUR TRANSACTION REPLY REPORT.

BUT ONE OF THE BEST PRACTICES--
AND I'M KIND OF JUMPING AHEAD--

BUT ONE OF THE BEST PRACTICES
THAT WE KIND OF ADVOCATE

FOR PLANS IS TO REVIEW

YOUR BATCH COMPLETION STATUS
SUMMARY.

SO USING THAT SAME EXAMPLE THAT
I USED BEFORE,

YOU SUBMITTED 1,000

TRANSACTIONS.

YOU BELIEVE YOU SUBMITTED 1,100
AND CMS ONLY ACKNOWLEDGES

RECEIPT OF 1,000.

SO RIGHT THERE YOU KNOW THERE'S
A DISCREPANCY OF 100.

SO IF YOU LOOK AT THAT THE NEXT
DAY AS OPPOSED TO WAITING

UNTIL YOU RECEIVE YOUR
TRANSACTION REPLY REPORT,

THAT'S EASIER FOR YOU TO KIND OF
RECONCILE.

THEN YOU CAN SUBMIT IT THE
FOLLOWING DAY

AS OPPOSED TO WAITING TILL THE
FOLLOWING WEEK,

WHEN YOU DON'T GET IT, AND YOU
DON'T LOOK AT IT

UNTIL YOU REVIEW YOUR
TRANSACTION REPLY REPORT.

AND THE NEXT TWO SLIDES IS JUST
A VISUAL OF WHAT WE

KIND OF ALREADY TALKED TO YOU.

AND THIS POINT, THE VISUAL I
THINK IS IMPORTANT--

THAT YOU CAN SHARE WITH ANY OF
YOUR STAFF,

WHETHER IT'S ENROLLMENT
OPERATIONS OR SYSTEMS

OR WHOMEVER WITHIN YOUR
ORGANIZATION YOU THINK NEEDS

TO SEE THAT FLOW. AND ONE THING
I DID WANT TO POINT OUT,

I THINK UNDERSTANDING THE FLOW
OF ENROLLMENT ISN'T JUST LIMITED

TO ENROLLMENT OPERATIONS.

I THINK IT SPANS ACROSS YOUR
ORGANIZATION.

AND I THINK IF EVERYONE WITHIN
YOUR ORGANIZATION HAD

THAT UNDERSTANDING--AND I THINK
THIS IS SOMETHING

THAT VERNISHA MENTIONED AS WELL,
IS MAKING SURE

THAT ALL THE PIECES KNOW HOW
THEIR PARTICULAR PIECE FITS

INTO THE LARGER PICTURE.

SO IF THEY CAN SEE THE
ENROLLMENT PIECE OF IT

AND HAVE AN UNDERSTANDING OF
THAT,

AND THEN YOU CAN TELL THEM, OR
EXPLAIN TO THEM,

HOW THEIR PIECE FITS INTO THE
LARGER PUZZLE, I THINK

THEY'LL BE MORE EFFECTIVE.

SO, AGAIN, JUST REVIEWING WHAT
WE'VE ALREADY TALKED ABOUT.

YOU RECEIVE AN ENROLLMENT
REQUEST.

SO IT'S RECEIVED. YOU MAKE SURE
THAT IT'S CORRECT,

AND YOU MAKE A DECISION WHETHER
YOU ACCEPT IT, DENY IT,

OR YOU DETERMINE THAT IT'S

INCOMPLETE.

YOU RUN YOUR BATCH ELIGIBILITY
QUERY,

OR ITS EQUIVALENT.

SOME PEOPLE USE CONTRACTORS TO
DO THAT FOR THEM.

AND AFTER YOU'VE MADE THAT
DECISION,

YOU ENROLL THE BENEFICIARY INTO
YOUR PLAN, YOUR PLAN SYSTEM.

AND, AGAIN, IF YOU ARE ACCEPTING
IT, YOU DON'T HAVE TO WAIT

FOR--A RESPONSE FROM CMS.

YOU PREPARE YOUR CMS
TRANSACTION,

AGAIN, VERIFYING THAT THE FORMAT
IS CORRECT AND THAT THE DATA

IS ACCURATE.

YOU SUBMIT THE ENROLLMENT TO
CMS.

AND THEN, AGAIN, YOU GET YOUR
BATCH COMPLETION STATUS SUMMARY

THE NEXT DAY.

AND IT'LL NOT ONLY SHOW-- THE
REJECTED AND ACCEPTED,

BUT IT'LL ALSO SHOW THE FAILED--
ANY RECORDS THAT FAILED.

SO ANY RECORDS THAT DID NOT MEET

THAT PRELIMINARY DATA CHECK.

SO YOU THINK THAT THE DATA THAT
YOU SUBMITTED TO US WAS

IN THE CORRECT FORMAT AND THAT
THE DATA WAS ACCURATE,

BUT OUR SYSTEM SAYS OTHERWISE.

SO, AGAIN, IF YOU HAVE THOSE
EDIT CHECKS IN PLACE,

THOSE ARE SOME OF THE THINGS
THAT YOU COULD PREVENT FOR
FAILURES.

IF YOU REMEMBER, WE USED TO HAVE
A SEPARATE REPORT THAT

JUST SPECIFICALLY LISTED "FAILED
TRANSACTION."

AND WE GOT RID OF THAT REPORT
BECAUSE WE FOUND YOU WERE

LOOKING AT TOO MANY REPORTS THAT
WERE UNNECESSARY.

IT CONTAINED DUPLICATE
INFORMATION.

AND WE DID GET FEEDBACK FROM
PLANS, SO WE DO LISTEN TO YOU.

SO WE CONSOLIDATED THAT REPORT

WITH THE BATCH COMPLETION STATUS
SUMMARY.

SO WITH THE BATCH COMPLETION
STATUS SUMMARY, AGAIN,

YOU'LL SEE "FAILED," "REJECTED,"
AND "ACCEPTED."

AND THEN AT THE END OF THE WEEK,
YOU'LL GET

YOUR TRANSACTION REPLY REPORT,
WHICH PROVIDES

A LITTLE BIT MORE INFORMATION.

AND THEN, AGAIN, ONCE YOU GET
THAT TRANSACTION REPLY REPORT,

YOU WILL MAKE THE APPROPRIATE
ADJUSTMENTS IN YOUR SYSTEM

IF NECESSARY AND SEND OUT THE
APPROPRIATE CORRESPONDENCE.

AND ONE THING THAT I'LL
EMPHASIZE

THROUGHOUT THE PRESENTATION IS
RECONCILIATION.

WE REALLY WANT TO MAKE SURE THAT
PLANS RECONCILE

THEIR TRANSACTIONS WITH WHAT'S
SUBMITTED TO CMS

TO MAKE SURE THAT YOUR INTERNAL
SYSTEM MATCHES WHAT CMS HAS.

AND THAT'S--AN ISSUE THAT WE'RE
SEEING OVER AND OVER AGAIN,

WHERE PLANS AREN'T PROACTIVELY
MAKING SURE

OR PROACTIVELY TAKING MEASURES
TO ENSURE THAT OUR SYSTEMS

ARE IN SYNCH.

SO SOME PEOPLE ARE STILL
RECONCILING FOR THE AEP,

WHICH IS ANOTHER THING THAT
WE'LL TALK ABOUT

A LITTLE BIT LATER.

BUT, AGAIN, RECONCILE AFTER
EVERY SUBMISSION.

AND THAT'S DEFINITELY IMPORTANT.

SO USE THE BCSS TO IDENTIFY THE
REJECTIONS AND THE ERRORS.

AND, AGAIN, GOING BACK TO THAT
EXAMPLE THAT I USED,

SAY, FOR INSTANCE, THAT SAME
EXAMPLE HAPPENED EVERY DAY.

SO EVERY DAY, YOU BELIEVE THAT
YOU SUBMITTED 1,100

AND CMS ONLY ACKNOWLEDGES
RECEIPT OF 1,000.

WELL, THAT ADDS UP-- FOR THAT
5-DAY PERIOD

THAT YOU'RE RECEIVING
TRANSACTIONS.

SO IT'LL TAKE YOU A LOT LONGER
TO FIND THOSE DISCREPANCIES

AND THEN TO SUBMIT THEM.

AND YOU MIGHT MISS THE CUTOFF IF
YOU WAIT THAT LONG.

SO WE ENCOURAGE PLANS TO MAKE
SURE THAT YOU REVIEW YOUR BCSSes

FOR EVERY SUBMISSION THAT YOU
SUBMIT TO CMS.

AND THEN, AGAIN, IT'S JUST A WAY
FOR YOU TO ENSURE DATA QUALITY,

COMPARING WHAT YOU BELIEVE THAT
YOU SENT TO CMS

TO WHAT WE ACTUALLY RECEIVED.

AND REVIEWING YOUR TRANSACTION
REPLY REPORTS.

SO IT'S KIND OF LIKE A SEQUENCE.

SO YOU GET YOUR BCSS, THEN YOU
GET YOUR TRR,

THE WEEKLY TRR.

THEN YOU GET YOUR MONTHLY
REPORTS, WHICH ARE

YOUR FULL ENROLLMENT FILE, THE
MONTHLY MEMBERSHIP FILE,

AND THEN THE MONTHLY TRANSACTION
REPLY REPORT AS WELL.

AND, AGAIN, LIKE I MENTIONED,
REVIEWING THE TRR IS

NOT SOMETHING THAT'S OPTIONAL,
BUT THE BCSS IS.

AND WE KIND OF WENT BACK AND
FORTH ABOUT WHETHER WE WANTED

TO MAKE THAT A REQUIREMENT OR
NOT, BUT RIGHT NOW WE'RE STILL

IN A DEBATE ABOUT WHETHER WE
WANT TO MAKE THAT A REQUIREMENT.

SO RIGHT NOW IT'S OPTIONAL, BUT
IT'S STRONGLY ENCOURAGED

THAT PLANS DO REVIEW THE BATCH
COMPLETION STATUS SUMMARY

BECAUSE THERE IS A LOT OF
VALUABLE INFORMATION THERE.

AND, AGAIN, AFTER YOU GET YOUR
WEEKLY REPORTS, AGAIN,

REVIEWING YOUR MONTHLY REPORTS
AGAIN HELPS ENSURE THAT

THAT WHOLE RECONCILIATION
PROCESS TAKES PLACE EARLY ENOUGH

IN THE PROCESS SO THAT YOU CAN
RESUBMIT ANY SUBMISSIONS

DURING THE CURRENT PROCESSING
MONTH.

AND THAT'S ONE OF THE THINGS

THAT WE WANT TO STRESS.

WE WANT TO MAKE SURE THAT YOU
ARE ABLE TO RECONCILE AND SUBMIT

WITHIN THE CURRENT PROCESSING
MONTH TO PREVENT THE NEED

FOR YOU TO SUBMIT ANYTHING TO
THE RETROPROCESSING CONTRACTOR.

BECAUSE NOT ONLY DOES THAT TAKE
TIME AND MONEY FROM YOU,

BUT THAT ALSO TAKES TIME AND
ENERGY FROM US

BECAUSE NOW WE HAVE TO HIRE A
CONTRACTOR TO CORRECT WORK

THAT COULD HAVE BEEN DONE AHEAD
OF TIME IF THERE WERE

PROPER INTERNAL QUALITY CHECKS
IN PLACE

WITHIN YOUR ORGANIZATION.

SO WHAT ARE SOME INTERNAL
QUALITY CHECKS?

I KNOW THAT ORGANIZATIONS DIFFER
IN SIZE

AND DIFFER IN YOUR STRUCTURE.

BUT I THINK EVERY ORGANIZATION
SHOULD DEVELOP

A QUALITY ASSURANCE PLAN THAT
COINCIDES

WITH YOUR COMPLIANCE PLAN.

SO WHAT ARE SOME QUALITY
MEASURES THAT YOU HAVE IN PLACE?

WHAT ARE SOME EFFECTIVE TRAINING
MEASURES THAT YOU HAVE IN PLACE

NOT JUST WITH YOUR PROCESSORS,
BUT WITH YOUR MARKETING?

IS THERE A TRAINING PROGRAM THAT
ENSURES

THAT YOUR MARKETING
REPRESENTATIVES--

YOUR AGENTS AND BROKERS--
UNDERSTAND

THE APPROPRIATE ENROLLMENT
PERIODS?

YOU DON'T WANT YOUR AGENTS AND
BROKERS MARKETING TO PEOPLE

WHO AREN'T ELIGIBLE TO BE
ENROLLED IN YOUR PLAN.

SAY, FOR INSTANCE, YOU'RE A
SPECIAL NEEDS PLAN.

YOU WOULDN'T WANT YOUR AGENTS
AND BROKERS SPENDING TIME

AND MONEY AND ENERGY MARKETING
TO PEOPLE WHO AREN'T QUALIFIED

TO BE ENROLLED IN YOUR PLAN.

SO NOT ONLY LIMITING THE
ENROLLMENT TRAINING

TO YOUR ENROLLMENT PROCESSORS,
BUT BRANCHING THAT OUT

TO EVERY COMPONENT WITHIN YOUR
ORGANIZATION.

AND, AGAIN, BETTER INTERNAL
QUALITY CHECKS MEANS

FEWER MANUAL PROCESSING.

AND THAT'S WHAT WE MENTIONED
BEFORE--

THE BETTER YOU ARE AT

RECONCILING,

THE LESS SUBMISSIONS THAT WE'LL
HAVE

TO THE RETROPROCESSING
CONTRACTOR.

AND WE HAVE SEEN A REDUCTION IN
THE NUMBERS

THAT ARE GOING TO THEM, BUT IT'S
NOT AS LOW AS WE ANTICIPATED.

AND THAT'S WHY WE CONTINUE TO
FEEL THE NEED TO EDUCATE PLANS.

AND ONE OF THE THINGS THAT WE'VE
INSTITUTED WITHIN MY DIVISION,

WE HAVE INSTITUTED PHONE CALLS
WHERE WE FOLLOW UP WITH PLANS.

SO IF YOU'RE A REPEAT OFFENDER
OF REJECTIONS

ON YOUR BATCH COMPLETION STATUS
SUMMARY,

YOU'LL RECEIVE A PHONE CALL FROM
ONE OF MY COLLEAGUES.

AND HE'LL SAY, "HEY, PLAN" X, Y,
Z, "I NOTICED THAT

"ON YOUR BATCH COMPLETION STATUS
SUMMARY

THAT YOU RECEIVED YESTERDAY, YOU
RECEIVED"

X "NUMBER OF REJECTIONS FOR THIS
PARTICULAR ERROR."

SO, AGAIN, THEY'LL PROACTIVELY--
WELL, NOT PROACTIVELY

BECAUSE IT'S ALREADY HAPPENED.

YOU'VE ALREADY RECEIVED THE

REJECTION.

BUT THAT'S OUR WAY OF
COMMUNICATING TO YOU

THAT, "HEY, WE'VE NOTICED A
PROBLEM.

"WE WANT TO GIVE YOU AN
OPPORTUNITY

"TO CORRECT IT BEFORE IT BECOMES
AN ISSUE

"THAT NEEDS TO GET REPORTED TO
YOUR ACCOUNT MANAGER

AND IT BECOMES A FURTHER
COMPLIANCE ISSUE."

SO THAT'S OUR WAY OF, AGAIN,
TRYING TO REACH OUT TO YOU

TO EDUCATE YOU ON WHAT ARE--
SOME INTERNAL QUALITY CHECKS

THAT YOU CAN PUT IN PLACE TO
PREVENT THOSE ACTIONS

FROM HAPPENING AGAIN.

AND, AGAIN, IT ALL LEADS TO
FEWER SUBMISSIONS

TO THE RETROPROCESSING
CONTRACTOR

AND ENSURING THAT THE PAYMENTS
THAT YOU RECEIVE ARE

ACCURATE THE FIRST TIME.

AND I WANT TO TALK A LITTLE BIT
ABOUT

RETROACTIVE REQUESTS.

WE WANT TO MAKE SURE THAT YOUR
RECONCILIATION ACTIVITIES ARE

HAPPENING TO PREVENT SUBMISSIONS

TO THE RETROPROCESSING
CONTRACTOR.

BUT WE KNOW THAT THERE ARE GOING
TO BE INSTANCES THAT ARE

OUTSIDE OF YOUR CONTROL THAT ARE
GOING TO REQUIRE

SOME RETROACTIVE SUBMISSIONS, OR
SOME RETROACTIVE ACTIVITY.

SO IN THE EVENT THAT YOU DO HAVE
TO SUBMIT TO THE RPC,

WE WANT TO MAKE SURE THAT YOU'RE
AWARE OF THOSE INSTANCES

OR THOSE CATEGORIES.

SO ON FEBRUARY 24th, THERE WAS
AN HPMS MEMO THAT WAS SENT OUT

TO ALL PLANS, WHICH KIND OF
OUTLINED THE 3 CATEGORIES

OF RETROACTIVITY.

AND BEFORE THEN IT WAS ALL
LUMPED INTO ONE CATEGORY.

SO WE DECIDED TO DEVELOP SOME
MORE PARAMETERS

AROUND WHAT CONSTITUTES A
RETROACTIVE REQUEST?

AND WHAT ARE THOSE CATEGORIES,

TO PUT SOME MORE STANDARDS
AROUND THAT.

SO CATEGORY 1 ARE ANY REQUESTS
THAT REPRESENT

THE NORMAL BUSINESS PROCESSES
THAT ORGANIZATIONS MAY HAVE

WHICH WOULD ALLOW YOU TO JUST
CONTACT THE MAPD HELP DESK.

SO YOU DON'T HAVE TO CONTACT
YOUR ACCOUNT MANAGER,

YOU DON'T HAVE TO PROVIDE
DOCUMENTATION.

YOU CONTACT THE HELP DESK.

AND IN THOSE INSTANCES IF YOU
HAVE EVER EXPERIENCED

A CATEGORY 1 RETRO REQUEST, YOU
KNOW THAT YOU'LL GET

A HELP DESK TICKET NUMBER,

AND THEN YOU'LL GET AN E-MAIL

FROM ANOTHER ONE OF MY
COLLEAGUES--GLORIA WEBSTER--

GIVING YOU PERMISSION TO SUBMIT
YOUR BATCH RETRO FILE

TO US DIRECTLY.

AND SO FOR CATEGORY 2 REQUESTS,
AGAIN, THEY REPRESENT

NORMAL BUSINESS PROCEDURES, BUT
THEY HAVE TO GO TO THE RPC,

TO THE RETROPROCESSING
CONTRACTOR.

SO YOU'LL HAVE TO FOLLOW THOSE
GUIDELINES IN SUBMITTING

INFORMATION TO THEM.

AND THEN CATEGORY 3--AND THESE
ARE ALL TIMELINESS REQUIREMENTS.

AND I'LL TALK ABOUT THEM A
LITTLE BIT MORE IN DETAIL.

BUT CATEGORY 3--THEY, TOO, HAVE

TO GO TO THE RPC,

BUT BEFORE YOU SEND THEM TO THE
RETROPROCESSING CONTRACTOR,

YOU MUST GET APPROVAL FROM YOUR
ACCOUNT MANAGER,

AND I'LL TALK ABOUT WHY WE MADE
THAT CHANGE

BECAUSE THAT WAS A MAJOR CHANGE
AND WE RECEIVED FEEDBACK, LIKE,

"WHY DID THAT CHANGE?" OR "WHY
DID THAT HAPPEN?"

SO RETROACTIVE SUBMISSION.

WHAT IS A RETROACTIVE
SUBMISSION?

THE RPC PROCESSES, THEY DO
RETROACTIVE ENROLLMENTS,

WHICH INCLUDE PBP CHANGES. THEY
DO DISENROLLMENTS,

SEGMENT CHANGES, AND
REINSTATEMENTS.

AND THERE'S A SLIDE SPECIFICALLY
RELATED TO REINSTATEMENTS,

BECAUSE WE HAVE A LOT OF
QUESTIONS,

OR A LOT OF CONFUSION AROUND
WHAT WARRANTS A REINSTATEMENT

OR WHAT CONSTITUTES A
REINSTATEMENT.

SO I WANT TO MAKE SURE THAT
THAT'S CLEAR, AS WELL.

AND WE'VE ALSO MET WITH

THE DIVISION OF ENROLLMENT AND
ELIGIBILITY--AND POLICY

TO TALK ABOUT, WHAT ARE SOME THINGS THAT COULD BE ADDED

TO THE GUIDANCE TO KIND OF CLARIFY THE DEFINITION

OF REINSTATEMENT TO ELIMINATE SOME OF THAT CONFUSION?

SO IN THE NEXT RELEASE OF THE POLICY GUIDANCE,

YOU'LL SEE ADDITIONAL CLARIFICATION ABOUT WHAT IS

A REINSTATEMENT,

AND WHAT INFORMATION IS REQUIRED FOR A REINSTATEMENT.

BUT THE RPC ALSO HANDLES PAYMENT VALIDATION ADJUSTMENTS.

SO THEY DO STATE AND COUNTY CODE CHANGES;

MEDICAID CHANGES, ESRD UPDATES, AS WELL AS

LOW-INCOME SUBSIDY UPDATES.

AND I WANT TO--GO THROUGH THE RPC FLOW.

SOME PEOPLE SAY, "I SUBMIT THINGS TO THE RPC,

AND I NEVER KNOW WHAT HAPPENS,"

OR, "I'M NOT SURE" OR "CLEAR" "ON WHAT THEIR PROCESS IS."

SO I WANTED TO GO OVER THAT A LITTLE BIT.

SO YOU, THE PLAN, OR THE ORGANIZATION, YOU SUBMIT

A REQUEST TO THE RPC VIA YOUR

CARRIER, WHATEVER CARRIER

YOU DECIDE TO USE.

SO ONCE THEY RECEIVE IT, THEY
LOG THE PACKAGE

IN THEIR INTERNAL TRACKING
SYSTEM.

THEY REVIEW THE CONTENTS.

AND A LOT OF TIMES, EVEN THOUGH
YOU CAN SUBMIT IN HARD COPY,

A LOT OF PLANS--AND THANKFULLY
SO--A LOT OF PLANS ARE

SUBMITTING IT ELECTRONICALLY.

SO THEY SAVE THE FILES OR THE
DISKS THAT YOU PROVIDE,

AND THEY UPLOAD THAT TO THEIR
INTERNAL TRACKING SYSTEM.

SO ONCE THEY UPLOAD IT, THEY
UPLOAD THE DOCUMENTATION.

THEY MATCH THE DOCUMENTATION TO
THE ACTUAL REQUEST.

AND THEN THEY SEND YOU AN
ACKNOWLEDGEMENT E-MAIL.

AND THAT'S SIMILAR TO

THE ENROLLMENT TRANSMISSION
MESSAGE FILE

THAT YOU'VE RECEIVED FROM CMS IF
YOU WERE TO SEND US

SOMETHING DIRECTLY.

AND, AGAIN, IT'S JUST AN E-MAIL
SAYING, "WE ACKNOWLEDGED RECEIPT

"OF YOUR E-MAIL. IT'S IN OUR
QUEUE,

AND WE'RE GOING TO PROCESS IT."

SO AFTER THAT'S DONE, IT GETS
ROUTED--AFTER THEY UPLOAD

ALL THE INFORMATION, IT GETS
ROUTED TO THEIR PROCESSORS.

AND THEY HAVE KIND OF TWO SETS
OF PROCESSORS.

THEY HAVE PROCESSORS THAT DEAL

WITH PAYMENT VALIDATION
REQUESTS.

AND THEN THEY HAVE PROCESSORS
THAT DEAL

WITH ENROLLMENT AND
DISENROLLMENT.

AND ONE OF THE THINGS THAT I
INSTITUTED ONCE I BECAME

THE PROJECT OFFICER, I LIKE
CROSS-TRAINING BECAUSE I THINK

THAT THAT HELPS THE ORGANIZATION
AS A WHOLE.

SO EVEN THOUGH THEY HAVE TWO
SEPARATE GROUPS,

THEY'RE CROSS-TRAINED TO HELP
ONE ANOTHER.

SO DURING THE ANNUAL ENROLLMENT
PERIOD

OR SHORTLY AFTER THE ANNUAL
ENROLLMENT PERIOD, WE KNOW

THAT WE'RE GOING TO SEE AN
INFLUX OF ENROLLMENTS

AND DISENROLLMENT REQUESTS,

RETROACTIVE ENROLLMENT AND

DISENROLLMENT REQUESTS.

SO AS OPPOSED TO HIRING
TEMPORARY STAFF, I WANT TO PULL

FROM THE PAYMENT VALIDATION
PROCESSORS TO MAKE SURE

THAT THEY CAN STEP IN AND HELP
OUT.

SO THEY ARE CROSS-TRAINED.

SO AFTER THEY'RE ROUTED TO THE
APPROPRIATE PROCESSORS,

THE REQUESTS ARE REVIEWED BY THE
PROCESSORS.

AND ANY APPLICABLE, OR
APPROPRIATE, CHANGES ARE MADE

TO MAR_x OR MBD DEPENDING ON THE
REQUESTS.

SO, AGAIN, IF IT'S ENROLLMENT OR
DISENROLLMENT, MAR_x IS

UPDATED. IF IT'S A STATE OR
COUNTY CODE CHANGE,

THEN THE MBD SYSTEM WILL BE
UPDATED

TO REFLECT THOSE CHANGES.

SO AFTER THE CHANGES ARE MADE,
THE PROCESSORS ASSIGN

A DISPOSITION CODE.

IT'S EITHER "PROCESSED AS
REQUESTED."

SO MEANING THAT THE
DOCUMENTATION THAT YOU PROVIDED

SUPPORTED YOUR REQUEST.

SO THEY WERE ABLE TO PROCESS IT

SO YOU'LL GET

YOUR DISPOSITION REPORT,

YOUR FINAL DISPOSITION REPORT
THAT SHOWS

IT WAS "PROCESSED AS REQUESTED."

OR IT WASN'T PROCESSED AS
REQUESTED.

SO "NOT PROCESSED AS REQUESTED."

SO WE SAY NPAR.

SO IT'LL BE A PAR OR NPAR
DISPOSITION CODE

THAT YOU'LL RECEIVE.

SO ONCE A DISPO CODE IS
ASSIGNED, IT'S COMPLETED.

IT'S SENT TO A DIFFERENT
DEPARTMENT,

THEIR TECHNICAL DEPARTMENT, THAT
ACTUALLY GENERATES

THAT FINAL DISPOSITION REPORT
THAT'S SENT OUT TO YOU.

AND SO ONE OF THE THINGS THAT I
DO WANT TO SAY IS

WITH THE FINAL DISPOSITION
REPORT, WE KNOW THAT

THERE IS, AGAIN, SOME CONFUSION
AMONGST PLANS.

WHEN THEY GET THAT REPORT, WHAT
ARE THEY SUPPOSED TO DO WITH IT,

ESPECIALLY THE CODES THAT
REFLECT

THE "NOT PROCESSED AS
REQUESTED."

THERE WAS CONFUSION ABOUT,
"WELL, WHAT ACTION AM I SUPPOSED
TO TAKE AS AN ORGANIZATION?"

SO ONE OF THE THINGS THAT I'M
WORKING WITH THEM ON NOW IS

REVISING--OR ENHANCING THAT
REPORT TO MAKE IT

MORE USER FRIENDLY SO THAT YOU,
AS AN ORGANIZATION, KNOW

WHAT STEPS YOU'RE SUPPOSED TO
TAKE TO RESUBMIT,

IF YOU NEED TO, RESUBMIT TO THE
RPC. SO THAT SHOULD BE COMING...

WE'RE IN JUNE RIGHT NOW, SO IT
SHOULD BE COMING AROUND MID-JUNE

BECAUSE IT'S IN MY IN-BOX FOR ME
TO REVIEW RIGHT NOW.

AND, AGAIN, THE FDR, OR THE
DISPOSITION CODE,

THAT YOU RECEIVE, I EQUATE THAT
TO THE TRC CODES THAT YOU GET

ON YOUR TRANSACTION REPLY
REPORT.

SO, AGAIN, RETROACTIVE
SUBMISSIONS.

SO LET'S TALK ABOUT CATEGORY 2
CASES.

CATEGORY 2 ARE ANY QUALIFYING
ACTION OR EVENT THAT'S REPORTED

BY CMS ON YOUR TRR OR YOUR MMR
WITHIN THE LAST 3 MONTHS.

SO I'LL GIVE YOU AN EXAMPLE.

SO RIGHT NOW, WE'RE IN JUNE.

SO THE CUTOFF FOR--RIGHT NOW--

THE CURRENT PROCESSING MONTH
THAT WE'RE IN IS JULY, RIGHT?

SO THE CUTOFF FOR MAY WAS MAY
7th.

AND THE CUTOFF FOR THIS MONTH IS
JUNE 11th.

SO FROM MAY 8th TO JUNE 11th,
WE'RE IN JULY

AS THE CURRENT PROCESSING MONTH.

SO IF I'M REQUESTING AN
EFFECTIVE DATE FOR MAY 1st,

THAT FALLS WITHIN CATEGORY 2,
OK?

SO CORRECTIONS FOR AN EFFECTIVE
DATE

DUE TO A RECENT ERRONEOUS CMS
ACTION

OR EMPLOYER GROUP
DISENROLLMENTS.

YOU KNOW, EMPLOYER GROUP OR
UNION HEALTH PLAN DISENROLLMENTS

CAN BE RETROACTIVE UP TO 90
DAYS.

AND THAT STILL FALLS WITHIN
CATEGORY 2.

OR CTM COMPLAINTS.

WE AUTOMATICALLY CONSIDER THEM
CATEGORY 2 CASES.

CATEGORY 3. EFFECTIVE DATES FOR
THE CURRENT CALENDAR MONTH

MINUS 3 MORE MONTHS.

SO, AGAIN, I MENTIONED THERE ARE
SOME PLANS THAT ARE STILL

DOING THEIR AEP--RECONCILIATION
FOR THEIR AEPs.

SO IF YOU'RE REQUESTING A
JANUARY 1st OR A FEBRUARY 1st

EFFECTIVE DATE, YOU KNOW THAT
THAT FALLS WITHIN CATEGORY 3.

AND YOU HAVE TO GET APPROVAL
FROM YOUR ACCOUNT MANAGER.

OR, AGAIN, IF YOU RECEIVE A
TRANSACTION REPLY REPORT--

IF YOU RECEIVED IT IN JANUARY,

YOU RECEIVED YOUR TRANSACTION
REPLY REPORT IN JANUARY.

SO IN JANUARY, WE REPORTED TO
YOU A LOSS OF ENTITLEMENT

OF "A" AND "B."

BUT YOU'RE JUST REPORTING IT TO
THE RPC FOR RETROACTIVITY

BACK TO JANUARY, THAT, TOO,
CONSTITUTES A CATEGORY 3.

AND YOU WOULD HAVE TO GO TO YOUR
ACCOUNT MANAGER TO GET APPROVAL

BEFORE YOU SEND IT TO THE RPC.

AND ONE THING I DO WANT TO NOTE.

THE APPROVAL THAT YOU RECEIVE
FROM YOUR ACCOUNT MANAGER

DOES NOT GUARANTEE THAT YOUR
REQUEST

IS GOING TO GET PROCESSED AS

REQUESTED BY THE RPC.

THAT RO APPROVAL LETTER IS JUST
WAIVING

THE TIMELINESS REQUIREMENT.

IT'S NOT GUARANTEEING

THAT YOUR REQUEST IS GOING TO
GET PROCESSED.

SO IF YOU DON'T HAVE THAT PROPER
DOCUMENTATION THAT'S REQUIRED,

SO IT'S A RETROACTIVE ENROLLMENT
AND YOU DON'T PROVIDE

THE APPLICATION, OR THE
APPLICATION ITSELF

DOESN'T SUPPORT THE REQUESTED
EFFECTIVE DATE, IT'S GOING TO BE

DENIED REGARDLESS OF WHETHER YOU
HAVE THAT RO APPROVAL LETTER

OR NOT UNLESS YOUR RO ACCOUNT
MANAGER SAYS THEY'RE WAIVING

DOCUMENTATION, MEANING YOU DON'T
HAVE TO PROVIDE DOCUMENTATION.

AND THOSE ARE VERY RARE
INSTANCES WHERE ACCOUNT MANAGERS

WAIVE THE DOCUMENTATION
REQUIREMENT.

AND ONE OF THE REASONS THAT WE
WANTED CATEGORY 3 CASES TO GO

TO ACCOUNT MANAGERS IS BECAUSE
WE WANTED THE ACCOUNT MANAGERS

TO KNOW WHAT THEIR PLANS WERE
SUBMITTING.

WE WANTED TO MAKE SURE THAT
ACCOUNT MANAGERS UNDERSTOOD,

"HEY, THERE ARE SOME PLANS THAT
ARE SUBMITTING THINGS

THAT ARE 4 AND 5 MONTHS OLD."

SO THAT WAS JUST AN INDICATION
FOR THE PLAN FOR THEM

TO MAKE SURE THAT THEY'RE
FOLLOWING UP WITH THE PLANS

AND THEY CAN HAVE THAT
INTERACTION WITH THE PLANS

BEFORE THEY SUBMITTED ANYTHING
TO THE RPC.

AND WITH THE CATEGORY 3, WE WANT
TO MAKE SURE

THAT ACCOUNT MANAGERS ARE
GETTING THAT ROOT CAUSE ANALYSIS

FROM THEIR PLANS.

"SO WHAT HAPPENED?" "WHY DID IT
HAPPEN?"

AND WHAT ARE YOU DOING TO
PREVENT--OR "WHAT HAVE YOU DONE

"TO ENSURE THAT THERE'S NOT
GOING TO BE

A REOCCURRENCE OF THIS ISSUE?"

SO, AGAIN, FOR ANY ACCOUNT
MANAGER--I KNOW THEY HAVE

DIFFERENT REQUIREMENTS ABOUT
WHAT THEY REQUIRE TO APPROVE IT.

BUT THOSE ARE THE 3 KEY ELEMENTS
THAT WE'RE EXPECTING

FROM CENTRAL OFFICE, THAT WE'RE
EXPECTING THAT ACCOUNT MANAGERS

ARE BEING PROVIDED IF THEIR

PLANS DO NEED TO SUBMIT

A REQUEST FOR A CATEGORY 3.

ONE OTHER THING I WANT TO STRESS
WITH CATEGORY 3.

WE DID MAKE SOME CHANGES A
COUPLE OF MONTHS AGO

TO THE CATEGORY 3 PROCESS AS A
WHOLE BECAUSE WE WERE

STILL HAVING SOME ISSUES.

PLANS WEREN'T HAVING AN ISSUE

WITH SUBMITTING THE APPROVAL
LETTER

ALONG WITH THE CATEGORY 3
SUBMISSION,

BUT WE FOUND THAT THEY WERE
STILL SUBMITTING THEM

IN PIECEMEAL.

SO SAY, FOR INSTANCE, YOUR
ACCOUNT MANAGER GAVE

YOU APPROVAL TO SUBMIT 500
CATEGORY 3 CASES.

AND WHAT WE WERE FINDING IS, AS
OPPOSED TO SUBMITTING ALL 500

UNDER ONE APPROVAL LETTER, A
PLAN WOULD SUBMIT 100 THIS WEEK

AND THEN 200 THE NEXT WEEK AND
THEN 100.

AND THAT DIDN'T WORK. AND THAT
CAUSED AN EXTRA BURDEN

ON THE RETROPROCESSING
CONTRACTOR BECAUSE THEY

WEREN'T ABLE TO RECONCILE WHAT

WAS APPROVED VERSUS WHAT WASN'T.

SO ONE OF THE--LETTERS THAT WE
SENT OUT, OR HPMS MEMO,

THAT WE SENT OUT A COUPLE OF
MONTHS AGO WAS JUST AN ALERT

TO PLANS TO SAY, "HEY, WHEN YOU
GET YOUR APPROVAL LETTER

"FROM YOUR PLAN, MAKE SURE THAT
WHATEVER NUMBER"--

WHATEVER THAT NUMBER IS, WHETHER
IT'S 1,000, 500, OR 2--

"MAKE SURE THAT THAT SUBMISSION
COMES IN UNDER ONE."

SO FOR ONE APPROVAL, THERE
SHOULD BE ONE SUBMISSION.

SO NO PIECEMEAL SUBMISSIONS.

I WANT TO TALK A LITTLE BIT
ABOUT REINSTATEMENTS.

SO REINSTATEMENTS--THERE ARE 3
KIND OF CATEGORIES

FOR REINSTATEMENT.

AND THIS IS ALL

FROM THE ENROLLMENT AND
ELIGIBILITY POLICY.

SO RIGHT NOW REINSTATEMENTS DUE
TO MISTAKEN DISENROLLMENT MADE

BY THE MEMBER.

SO EXAMPLE: MEMBER, THERE'S A
BENEFICIARY THAT'S ENROLLED

IN PLAN "A." AND THEY WERE
MARKETED TO BY PLAN "B."

AND THEY DECIDE, "I WANT TO

ENROLL IN PLAN "B,"

NOT REALIZING OR UNDERSTANDING
THAT THAT'S AUTOMATICALLY GOING

TO DISENROLL THEM FROM PLAN "A."

AND SO THEY CONTACT PLAN "A" AND
SAY, "I'M SORRY."

BEFORE THE EFFECTIVE DATE FOR
PLAN "B," THEY SAY THEY CONTACT

PLAN "A," AND THEY SAY, "I
REALLY DON'T WANT TO BE ENROLLED

"IN PLAN B BECAUSE I REALLY
DIDN'T UNDERSTAND THAT

"THAT WAS GONNA DISENROLL ME
FROM PLAN A.

"I'M HAPPY WITH THE SERVICE THAT
YOU'VE BEEN PROVIDING ME.

I WANT TO STAY IN YOUR PLAN."

SO THAT'S NUMBER ONE FOR
REINSTATEMENT.

THE SECOND ONE IS REINSTATEMENT
FOR DISENROLLMENT

DUE TO ERRONEOUS DEATH INDICATOR
OR ERRONEOUS LOSS

OF PART "A" OR PART "B."

AND WE KNOW THAT THAT HAPPENS.

WE DON'T LIKE IT TO HAPPEN.

WE HAD A CONVERSATION WITH SSA
ABOUT WHY DOES THIS HAPPEN?

BECAUSE THEY'RE THE PEOPLE THAT
NOTIFY US THAT GENERATES

THOSE NOTIFICATIONS THAT YOU GET

IN YOUR TRANSACTION REPLY
REPORT.

SO IF THAT HAPPENS, AGAIN, THAT
WARRANTS A REINSTATEMENT.

THAT'S A VALID REINSTATEMENT.

THE LAST ONE IS REINSTATEMENT

DUE TO A MEMBER'S INVOLUNTARY
DISENROLLMENT BY AN ORGANIZATION

OR PLAN ERROR.

AND THIS IS ONE THAT WE HAVE A
LOT OF CONFUSION ABOUT.

AND THE MOST COMMON EXAMPLE IS
DISENROLLMENT DUE TO FAILURE

TO PAY PREMIUMS.

SO THERE'S ONE EXAMPLE WHERE
IT'S APPROPRIATE--

AND I'LL GIVE YOU BOTH.

THERE'S ONE EXAMPLE WHERE-- A
REINSTATEMENT IS APPROPRIATE,

AND THEN THERE'S ANOTHER EXAMPLE
WHERE IT'S NOT.

SO I'LL GIVE YOU AN EXAMPLE.

SO YOU REALIZE THAT A MEMBER HAS
NOT PAID THEIR PREMIUMS

FOR SEVERAL MONTHS.

SO YOU ISSUE THAT LETTER, AND
YOU SAY, "BENEFICIARY,

IF I DON'T RECEIVE YOUR
PAYMENT--"

I'LL JUST MAKE UP THIS DATE.

"IF I DON'T RECEIVE YOUR PAYMENT

BY JUNE 25th,

"EFFECTIVE JUNE 30th, YOU'RE
GOING TO BE DISENROLLED

FROM MY PLAN," OK?

THE BENEFICIARY MAKES THEIR
PAYMENT.

THEY PAY THEIR PREMIUM ON JUNE
24th,

BUT ON JUNE 30th, THE ENROLLMENT
OPERATIONS, OR WHOEVER PROCESSES

YOUR DISENROLLMENT, THEY DON'T
RECEIVE THAT NOTIFICATION

THAT THE BENEFICIARY HAS
ACTUALLY PAID THEIR PREMIUM.

SO THERE'S A MISCOMMUNICATION
INTERNALLY WITHIN YOUR SYSTEM,

SO YOU DISENROLL THE BENEFICIARY
ANYWAY,

ALTHOUGH YOU HAVE RECEIVED THEIR
PLAN PREMIUM.

SO YOU DISENROLL THE
BENEFICIARY.

THAT CONSTITUTES A REINSTATEMENT
BECAUSE YOU ACTUALLY RECEIVED

THE PAYMENT PRIOR TO THE
DISENROLLMENT DATE.

IN THE OTHER EXAMPLE, AGAIN, YOU
SAY, "IF I DON'T RECEIVE

"YOUR PAYMENT BY JUNE 25th,
YOU'RE GOING TO BE DISENROLLED

FROM MY PLAN EFFECTIVE JUNE
30th."

THE PERSON PAYS THEIR PREMIUM

JULY 1st.

THE DISENROLLMENT HAS ALREADY
BEEN EFFECTIVE,

SO THAT DOES NOT--WARRANT A
VALID REINSTATEMENT.

I SEE SOME HEADS NODDING, SO
HOPEFULLY THAT'S SINKING IN

AND THAT'S ADDING SOME
CLARIFICATION.

AND SO IF YOU WERE--OR IF YOU
HAVE SUBMITTED THOSE REQUESTS

TO THE RPC AND THEY'VE BEEN
DENIED, NOW YOU KNOW WHY.

AND HOPEFULLY THAT ADDS A LITTLE
BIT OF CLARIFICATION

SO THAT YOU WON'T HAVE THOSE
ISSUES.

AND LIKE I SAID, THE POLICY
FOLKS ARE GOING TO CLARIFY

THE STATEMENTS, OR THE
DESCRIPTIONS THAT ARE IN POLICY

RIGHT NOW BECAUSE WE KNOW THAT
THERE ARE A LOT OF QUESTIONS

AROUND WHAT IS A REINSTATEMENT,
SO WE'LL TRY TO MAKE IT

A LITTLE BIT CLEARER ABOUT WHAT
IS A REINSTATEMENT

AND THEN WHAT'S NECESSARY FOR
YOU TO GIVE A REINSTATEMENT--

WHAT IS A VALID REINSTATEMENT?

SO OVER 6 MONTHS AND PROBE STUDY
REVIEWS.

LIKE I MENTIONED, NOT ONLY DOES

THE RPC HANDLE ENROLLMENTS

AND DISENROLLMENTS, BUT THEY
ALSO HANDLE PAYMENT VALIDATIONS.

SO THE STATE AND COUNTY CODE
CHANGES, THE MEDICAID CHANGES,

ESRD, AS WELL AS THE LOW-INCOME
SUBSIDY UPDATES.

SO OVER 6 MONTHS--A PAYMENT
VALIDATION REQUEST--

WITH AN EFFECTIVE DATE THAT'S
GREATER THAN 6 MONTHS...

FROM WHEN YOU SENT IT TO THE
RPC.

SO FOR THOSE REQUESTS, UPFRONT
DOCUMENTATION IS REQUIRED.

SO NORMALLY WHEN YOU SEND

A STATE AND COUNTY CODE CHANGE
OR A MEDICAID CHANGE

OR AN ESRD CHANGE,

THEY DON'T REQUEST DOCUMENTATION
UP FRONT.

YOU JUST COMPLETE THAT
SUBMISSION SPREADSHEET

THAT YOU DOWNLOAD OFF OF THEIR
WEBSITE.

AND YOU COMPLETE THAT
SPREADSHEET AND SEND IT TO THEM.

AND DOCUMENTATION IS NOT
REQUIRED.

BUT IF THE REQUESTED EFFECTIVE
DATE IS 6 MONTHS OLDER

THAN WHEN YOU SUBMITTED IT TO
THE RPC,

THEN DOCUMENTATION IS REQUIRED
UP FRONT.

AND IF THAT DOCUMENTATION IS NOT
SUBMITTED

ALONG WITH THE REQUEST, IT'S
GOING TO BE DENIED.

SO ON YOUR FINAL DISPOSITION
REPORT, YOU'RE GOING TO SEE

A DISPOSITION CODE THAT EQUATES

TO "NOT BEING PROCESSED AS
REQUESTED"

BECAUSE THAT DOCUMENTATION WAS
NOT PROVIDED.

SO FOR PROBE STUDIES, FOR ALL
THE DOCUMENTATION--

SO YOU HAVE REQUESTED EFFECTIVE
DATES

THAT ARE LESS THAN 6 MONTHS AND
YOU DON'T HAVE TO SUBMIT

THAT DOCUMENTATION UP FRONT,
THEY'RE GOING TO DO

PROBE STUDIES, SO THEY'RE GOING
TO TAKE A 5% SAMPLE

OF ALL OF THOSE REQUESTS THAT
YOU SUBMIT.

AND THEY'RE GOING TO REQUEST
DOCUMENTATION.

AND IT'S A PRETTY QUICK
TURNAROUND THAT YOU HAVE

AS AN ORGANIZATION TO PROVIDE
THAT INFORMATION TO THE RPC

BECAUSE THE EXPECTATION IS YOU
HAVE IT IN HOUSE, YOU JUST

HAVEN'T SUBMITTED IT TO US, BUT
YOU'RE ADHERING

TO ALL OF THE CMS STANDARDS

AND YOU'RE MAINTAINING THE
DOCUMENTATION

THAT YOU'RE REQUIRED TO
MAINTAIN,

SO IT SHOULDN'T TAKE YOU LONG TO
PROVIDE

THAT DOCUMENTATION TO US.

SO THE TURNAROUND IS 72 HOURS
FROM WHEN YOU RECEIVED

THE REQUEST FROM THE RPC,

YOU'RE EXPECTED TO TURN IT
AROUND TO THEM.

SO NOW WE WANT TO TALK ABOUT HOW
TO SUBMIT REQUESTS TO THE RPC.

SO YOU HAVE THAT SUBMISSION
SPREADSHEET.

THERE'S A SUBMISSION SPREADSHEET

AND THEN THE DOCUMENTATION
WORKSHEET.

THE SUBMISSION SPREADSHEET IS
THAT EXCEL SPREADSHEET

THAT YOU COMPLETE. AND THERE'S
THE DIFFERENT TABS AT THE BOTTOM

FOR ALL THE TYPES OF REQUESTS
THAT YOU WANT.

SO IF IT'S A STATE AND COUNTY
CODE CHANGE--

THERE'S A TAB FOR ENROLLMENT,
THERE'S A TAB FOR DISENROLLMENT.

AND ANY OF THE ACTIVITIES THAT
IS UNDER THE PURVIEW OF THE RPC,

THERE IS TABS ASSOCIATED.

AND ONE OF THE THINGS THAT I
WANTED THEM TO INSTITUTE IS,

TO HELP YOU OUT, IS THEY
INCLUDED A MACRO FUNCTION

WITHIN THEIR SPREADSHEET.

SO REMEMBER THOSE INTERNAL
QUALITY CHECKS THAT WE WANTED

TO MAKE SURE THAT YOU HAD IN
PLACE?

WELL, IF YOU SUBMIT SOMETHING TO
THE RPC

AND YOU AS AN ORGANIZATION
ENABLE THAT MACRO THAT'S

ON THE SPREADSHEET, IT'LL DO
THOSE INTERNAL CHECKS FOR YOU.

SO IF YOUR DATA ISN'T FORMATTED
CORRECTLY, YOU'LL GET

A LITTLE ERROR MESSAGE THAT SAYS

"YOUR CONTRACT NUMBER IS NOT
VALID"

OR "THE BENEFICIARY NUMBER
DOESN'T MATCH THE FORMAT."

SO THOSE INTERNAL EDITS ARE
THERE.

AND THAT'S SOMETHING THAT YOU
CAN USE TO KIND OF COPY

FOR YOUR INTERNAL SYSTEMS AS
WELL, TO MAKE SURE THAT YOU HAVE

THOSE PROPER EDIT CHECKS,

LIKE THE ENROLLMENT PERIOD ISN'T
VALID

OR LIKE, AGAIN, THE CONTRACT
NUMBER

ISN'T IN THE APPROPRIATE FORMAT
OR WHATEVER.

SO THAT'S JUST ONE EXTRA STEP
THAT WE TOOK TO MAKE SURE

THAT WHAT YOU SUBMIT TO THE RPC,
SHOULD YOU NEED TO SUBMIT

A RETROACTIVE REQUEST, IS IN THE
APPROPRIATE FORMAT.

SO AFTER YOU'VE COMPLETED YOUR
SUBMISSION SPREADSHEET,

WE ALSO INCLUDE THE
DOCUMENTATION WORKSHEET,

AND THAT'S THAT COVER SHEET THAT
HAS TO BE COMPLETED

FOR EACH REQUEST.

SO FOR EACH ENROLLMENT REQUEST--

SAY, FOR INSTANCE, YOU HAVE 50
RETROACTIVE ENROLLMENTS.

AND YOU'RE SUBMITTING THEM FOR
THE EXACT SAME REASON.

SO YOU THINK, "WELL, WHY DO I
HAVE TO COMPLETE

A DOCUMENTATION WORKSHEET FOR
ALL 50 REQUESTS?"

WELL, BECAUSE, I EXPLAINED, ALL
50 REQUESTS MIGHT

NOT NECESSARILY GO TO ONE
PROCESSOR.

SO WE NEED TO MAKE SURE THAT THE
DOCUMENTATION WORKSHEET

CLEARLY ARTICULATES THE REASON
FOR THE REQUEST

AND THAT THE APPROPRIATE
DOCUMENTATION IS INCLUDED

AS WELL. SO MORE INFORMATION IS
BETTER THAN LESS.

SO IF YOU WANT TO MAKE SURE THAT
YOU CAN TELL THE STORY

AND THAT THE PROCESSOR
UNDERSTANDS WHY YOU'RE MAKING

THIS REQUEST AND THAT THE
DOCUMENTATION IS INCLUDED

AS WELL TO SUPPORT THE REQUEST.

AND WHEN I SAY,

"THE DOCUMENTATION SUPPORTS THE
REQUEST," YOU NEED TO MAKE SURE

THAT IF IT'S A RETROACTIVE
ENROLLMENT,

THAT THE APPLICATION THAT'S
INCLUDED,

THAT THE APPLICATION DATE IS

PRIOR TO THE REQUESTED EFFECTIVE
DATE.

SO I CAN'T SUBMIT AN APPLICATION
THAT'S REQUESTING

A JANUARY 1st EFFECTIVE DATE AND
THE APPLICATION ITSELF WAS

COMPLETED IN JANUARY.

ONE THING THAT I DO WANT TO NOTE
HERE, I'M NOT SURE IF THERE ARE

ANY PACE PLANS IN THE AUDIENCE

OR ANY ACCOUNT MANAGERS THAT
DEAL

WITH PACE PLANS, BUT RIGHT NOW,
WE DO HAVE INTERNALLY--

CMS IS WORKING ON SOME POLICY
WITH HEIDI'S GROUP

AND JOHN HEBB, THAT WORKS FOR
HEIDI.

ON PACE SPECIFICALLY, BECAUSE
THERE'S AN ISSUE

THAT WE'VE EXPERIENCED WITH SOME
OF THE PACE PLANS WHERE THEY

SUBMIT A REQUEST FOR
RETROACTIVITY

BUT THE DOCUMENTATION DOESN'T
SUPPORT THEIR REQUEST.

AND I'LL GIVE YOU AN EXAMPLE.

THERE'S A BENEFICIARY THAT WAS
ENROLLED IN PACE

UNDER MEDICAID SINCE 2006.

AND THE PERSON JUST BECAME
ELIGIBLE FOR MEDICARE IN 2009.

SO THE PACE ORGANIZATION SUBMITS
A REQUEST TO THE RPC,

AND THEY WANT AN EFFECTIVE DATE
FOR--I'LL SAY OCTOBER 1, 2009.

BUT THE APPLICATION THAT THEY
HAVE TO SUPPORT THAT REQUEST

DATES BACK TO 2006.

AND THAT'S NOT SOMETHING THAT
WE'RE COMFORTABLE WITH APPROVING

ON THE MEDICARE SIDE.

SO RIGHT NOW ALL OF THOSE
REQUESTS ARE GOING TO BE

REJECTED BY THE RPC.

AND YOU'LL GET A LETTER FROM THE
RPC SAYING YOU NEED TO CONTACT

YOUR ACCOUNT MANAGER.

AND YOUR ACCOUNT MANAGER WILL
HAVE TO PROCESS THAT REQUEST

UNTIL WE CAN INTERNALLY FIGURE
OUT SOME GUIDELINES

ABOUT WHAT ARE THE REQUIREMENTS
FOR PACE ORGANIZATIONS

AND WHAT THEY'LL BE REQUIRED TO
SUBMIT

OR WHAT'S CONSIDERED ACCEPTABLE
DOCUMENTATION

IN THOSE INSTANCES.

SO NOW WE WANT TO TALK ABOUT
IMPROVEMENT OPPORTUNITIES.

SO, AGAIN, TO REDUCE YOUR
REJECTIONS

AND SUBMIT THE RE-WORK, WE WANT
TO MAKE SURE THAT YOU

ANALYZE THE DATA THAT YOU
SUBMIT.

WE WANT YOU TO TREND YOUR DATA.

AND I THINK YOU'VE HEARD THAT
KIND OF EMPHASIZED

THROUGHOUT THE DAY.

AND YOU PROBABLY HEARD THAT
YESTERDAY AS WELL--

MAKING SURE THAT YOU TREND YOUR
OWN DATA

AND MAKE SURE THAT YOU CAN
IDENTIFY THE PROCESSES

THAT NEED TO CHANGE TO ENSURE
THAT THE DATA THAT YOU SUBMIT

IS QUALITY DATA.

AND THEN STAFF TRAINING-- MAKING
SURE THAT, AGAIN,

NOT JUST YOUR ENROLLMENT
PROCESSORS

BUT ALL OF THE EMPLOYEES WITHIN
YOUR ORGANIZATION HAVE

AN UNDERSTANDING OF WHAT THE
ENROLLMENT PERIODS ARE

AND THAT THEY ARE FOLLOWING THE
GUIDELINES

FOR ENROLLING PEOPLE
APPROPRIATELY

WITHIN THOSE GIVEN ENROLLMENT
PERIODS,

AND THAT YOU CAN, AGAIN, LEARN
FROM YOUR MISTAKES.

IF YOU REALIZE AT LAST AEP,
THERE WERE SOME ISSUES,

SOME SYSTEMS ISSUES ON YOUR PART
OR SOME TRAINING ISSUES,

WHAT HAVE YOU DONE TO CORRECT
THOSE AREAS THE NEXT GO-ROUND?

AND THEN FRONT-END EDITING AND
QUALITY CONTROLS.

AGAIN, MAKING SURE THAT YOU HAVE
THOSE INTERNAL QUALITY CONTROLS

IN PLACE AND THAT YOU'RE TESTING
YOUR QUALITY ASSURANCE PLAN.

AND WE KNOW THAT ONE COMPONENT,
OR ONE AREA,

THAT THE COMPLIANCE FOLKS ARE
LOOKING AT IS,

HOW MANY ENROLLMENT REJECTIONS
DO YOU RECEIVE?

THAT'S THE DATA THAT WE'RE GOING
TO BE PROVIDING

TO THE COMPLIANCE AND OVERSIGHT
GROUP.

AND THAT'LL BE ONE OF THE
TARGETS

THAT THEY USE TO DETERMINE WHO
WILL GET AUDITED.

SO, AGAIN, WE WANT TO MAKE SURE
THAT YOU HAVE AN UNDERSTANDING

OF WHAT THE ENROLLMENT PROCESS
IS.

AND, AGAIN--JUST EMPHASIZING THE
SAME POINT,

LOOKING FOR TRENDS IN YOUR OWN
DATA.

AND ONE OF THE THINGS THAT WE'VE
CREATED--

IT'S KIND OF LIKE A LITTLE CHEAT
SHEET

TO KIND OF GROUP THE ERRORS.

SO IS IT A FORMATTING ERROR, A
BEQ ERROR, OR A DUPLICATE?

SO, AGAIN, DEVELOPING YOUR
INTERNAL QUALITY CONTROLS;

USING THE BEQ;

TRAINING YOUR STAFF TO STAY
UP-TO-DATE;

USING THE BCSS AND THE TRR TO
RECONCILE

AFTER EVERY SUBMISSION;

AND PREPARING FOR PEAK PERIODS.

THERE WAS A PLAN

BEFORE THE LAST AEP THAT I MET
WITH,

THEY WERE HAVING SOME ISSUES.
AND SO I ASKED THEM, I SAID,

"DO YOU HAVE AN AEP READINESS
PLAN?"

THEY SAID, "WELL, WHAT IS THAT?"

AND ANY PROJECT THAT--I
UNDERTOOK, I WOULD ALWAYS

DO A LESSONS LEARNED. AND SO YOU
WOULD SAY,

"WHAT WORKED WELL?" "WHAT DIDN'T
WORK WELL?,"

AND "WHAT ARE SOME CHANGES THAT
WE CAN MAKE?"

SO WE KNOW THAT AEP IS A PEAK
PERIOD FOR ALL PLANS.

AT THE END OF THE AEP, YOU DO A
LESSONS LEARNED TO SAY,

"ARE THERE SYSTEM CHANGES THAT
WE NEED TO MAKE SURE THAT WE

IMPLEMENT BEFORE THE NEXT AEP?"

"ARE THERE TRAINING MATERIAL

THAT WE NEED TO MAKE SURE IS

"UPDATED BEFORE THE NEXT AEP TO
PREVENT SOME OF THOSE ISSUES

THAT WE ENCOUNTERED DURING THE
LAST AEP?"

"WHAT ARE SOME THINGS THAT WORK
WELL THAT WE WANT TO MAKE SURE

THAT WE SHARE ACROSS OUR
AGENCY?"

AND ONE OF THE THINGS THAT I
THINK VERNISHA ALLUDED TO

IN HER PRESENTATION, THERE ARE A
LOT OF PLANS THAT HAVE

MULTIPLE SITES.

SO HOW DO YOU ENSURE CONSISTENCY
AMONGST YOUR SITES?

SO IS ONE SITE OUTPERFORMING
ANOTHER?

WELL, THAT'S AN ISSUE BECAUSE
YOU WANT TO MAKE SURE

AS AN ORGANIZATION THAT YOUR
PLAN IS PERFORMING WELL

BECAUSE AS A WHOLE, YOU'RE ONE
ORGANIZATION.

IT'S NOT ONE SITE VERSUS
ANOTHER.

IT'S AN ENTIRE ORGANIZATION.

SO WE WANT TO MAKE SURE, AGAIN,
THAT YOU HAVE THE MEASURES

IN PLACE TO BE EFFECTIVE GOING
FORWARD.

AND, AGAIN, SOME BEST PRACTICES.

CORRECTING YOUR INITIAL
SUBMISSION MEANS TIMELY PAYMENT.

AND I STARTED WITH SAYING THAT
ENROLLMENT IS

REALLY A REQUEST FOR PAYMENT.

AND, YOU KNOW, EVERY MONTH, YOU
HAVE TO SUBMIT--

THE MONTHLY CERTIFICATIONS AND
ATTESTATIONS.

SO IF YOU DON'T DO THAT
RECONCILIATION, THEN HOW CAN YOU

ATTEST THAT THE INFORMATION THAT
YOU'RE PROVIDING TO CMS IS

ACCURATE AND THAT THE
INFORMATION THAT CMS PROVIDED

TO YOU IS ACCURATE UNLESS YOU
TAKE THE TIME TO COMPLETE

THOSE RECONCILIATION ACTIVITIES?

AND THEN DEVELOPING TOOLS TO
HELP YOUR ORGANIZATION IDENTIFY

TRENDS AND TAKING THE NECESSARY
ACTIONS.

AND, AGAIN, WE'VE GROUPED THE
TRANSACTIONS

INTO DIFFERENT AREAS.

AND, AGAIN, THIS IS JUST A
SAMPLE THAT WE'VE CREATED.

SO IF YOU RECEIVE A TRANSACTION
REPLY CODE 001,

YOU KNOW THAT THAT EQUATES TO AN
INVALID TRANSACTION CODE.

SO THAT ALERTS YOU TO A
FORMATTING ISSUE.

OR IF YOU RECEIVED A TRANSACTION
CODE 019, THAT MEANS

THE ENROLLMENT WAS REJECTED
BECAUSE THE PERSON

WASN'T ELIGIBLE FOR PART "A" OR
PART "B."

AND THAT'S A BEQ ISSUE.

SO ARE YOU CHECKING THAT
INFORMATION

PRIOR TO YOU SUBMITTING IT TO
CMS TO PREVENT

SOME OF THESE REJECTIONS?

OR IF YOU RECEIVED A 39, THAT'S
ENROLLMENT, REJECTED,

BECAUSE THEY'RE CURRENTLY
ENROLLED IN THE SAME PLAN.

AND THAT JUST, AGAIN, SPEAKS TO
THE PLAN,

ARE YOU AS AN ORGANIZATION NOT
DOING YOUR DUE DILIGENCE

TO MAKE SURE THAT YOUR
ENROLLMENT INFORMATION, THAT

YOU'RE RECONCILING THAT
INFORMATION?

ONE THING THAT I DID WANT TO GO
BACK TO ABOUT THE RPC,

THE RPC IS REQUIRED
CONTRACTUALLY--

THEY HAVE 35 DAYS TO PROCESS
YOUR REQUEST.

IT USED TO BE 45 DAYS, AND WE
REDUCED IT TO 35.

AND I THINK THE REASON THAT WE
WERE ABLE TO REDUCE IT IS,

NUMBER ONE, BECAUSE WHAT'S BEING
SUBMITTED TO THEM,

THE NUMBERS HAVE REDUCED AND THE
QUALITY OF INFORMATION THAT'S

BEING SUBMITTED TO THEM HAS
IMPROVED.

I THINK THAT'S A KUDOS FOR YOU.

SO, YOU KNOW, BECAUSE YOU ARE
TAKING SOME OF THESE SUGGESTIONS

INTO CONSIDERATION AND YOU'RE
IMPROVING YOUR PROCESSES

INTERNALLY, WE WERE ABLE TO THEN
REDUCE THE TURNAROUND TIME

THAT THE RETROPROCESSING
CONTRACTOR HAS TO TURN AROUND

INFORMATION TO YOU.

AND I THINK THEY'VE ALSO MADE
CHANGES ON THEIR PART, AS WELL,

TO BECOME MORE EFFICIENT

BECAUSE WE RECOGNIZE THAT IT'S A
PARTNERSHIP TO MAKE SURE--

AGAIN, WE'RE ALL IN THIS-- TO
MAKE SURE

THAT THE BENEFICIARIES ARE
RECEIVING

THE SERVICES NECESSARY.

AND, AGAIN, THIS IS JUST AN
IMPORTANT NOTE TO SAY

THAT THE PREVIOUS SLIDE IS JUST
A SAMPLE.

IT DOESN'T NECESSARILY MEAN JUST
BECAUSE YOU RECEIVE

A TRANSACTION REPLY CODE 001--

THIS PARTICULAR REASON IS ALWAYS
GOING TO BE A FORMATTING ISSUE.

IT COULD SPEAK TO OTHER ISSUES,
BUT, AGAIN, THAT'S JUST A SAMPLE

OF SOMETHING THAT YOU CAN USE
INTERNALLY TO DEVELOP

YOUR OWN Q.A. PROCESS.