



**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

DISENGROLLMENT 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 MARx OR MBD DEPENDING ON THE  
REQUESTS.

SO, AGAIN, IF IT'S ENROLLMENT OR  
DISENGROLLMENT, MARx 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 1<sup>st</sup> 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.