



## CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE

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### **End of Year Transition/MARx Activity & Enhancements**

**Randy Brauer, CM/MPPG/DPP**

**John Campbell, CM/MPPG/DPP**

#### **Randy Bauer:**

Good morning. I appreciate that applause because I seldom hear it at the end. [Applause ]

I am sure I won't hear that later.

All righty. You already know who I am. I have been with the agency going on my ninth year. Very interesting place to work, 12 years in the industry prior to that, also a very interesting place to work and I hope today will cover some information to you in keeping with the theme for our conference, which is the approach to the annual enrollment period for January 2011 enrollments. I want to spend time talking about the transition from 2010 to 2011, your organization's readiness, reconciling your enrollment data, keenly important in the transition from one year to the next. Of course, MARx 2011.

Let's dive right in. The first thing I wanted to share, the enrollment responsibilities we share, as of July, we had about 17.8 million beneficiaries enrolled, and about 11.7 Medicare Advantage. People all of you are responsible for providing quality healthcare to. That is an awesome responsibility. Getting the basics of enrollment, and data sharing so that we can all be positions to provide care to our beneficiaries is very important. That's the theme we should keep in mind for the rest of the conversation this morning.

End of year guidance. September 1, the memo came out, make sure you download that, if you haven't already. It's about nine pages of very useful information to help you transition from 2010 to 2011. My focus is the MARx activity, the CMS systems activity to transition programs from one year to the next, but there's a plethora of information you will hear about today, be sure to take a look at that information as a whole. I will focus on the end of year memo from September 1, the MARx systems information for your transition.

Please carefully review that memo. It's a lot of work to transition from one year to the next. To give you a quick timeline, on October 9, CMS will be prepared to accept enrollment, earlier than in the past, and I will spend more time talking about that in a moment.

On October 12, for you MA organization out there especially, this is the date you are required to submit any planned submitted roll-over activity. I will go into great detail about the roll-over process in a few slides, but I will say the date October 12 about 40 times. I want you all to remember that date. October 12.

In early November, CMS will conduct reassignment, a process most of you are familiar with; for low income beneficiaries, the benchmark in the premium, all of that. I won't go into detail there but wanted to include it together timeline. Early December is the automated version of roll-over and January, the plan data due date cutoff where all the activity reflecting January 1 enrollments



## CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE

need to be in.

January 1 effective date. In years prior, if you had a January 1 effective enrollment you had to hold on to the transaction until the cutoff date in November. This year we're able to move that back, can you submit January 1 effective dates after the cut-off date in October. That's a significant improvement obviously being driven by the change in the annual enrollment period, but remember, that period doesn't happen until next fall. This fall the AEP is November 15 through December 31 as we all know and love it, but we will be able to submit January 1 enrollment transactions as early as October 9. The important thing to remember, being able to submit January 1 transactions on October 9 doesn't mean the enrollment period started earlier, just our system is able to accommodate January 1 enrollment dates earlier than the past. What would you be submitting then? Initial enrollment, special enrollment periods where the beneficiary might be making a prospective -- January 1 enrollment period election would have the election type on the transaction -- those may not be submitted until November 15. Look at the enrollment guidance for your plan type, the prescription drug plan, Medicare Advantage, the annual enrollment period and instruct instructions you need to follow, requests received early, or unsolicited annual enrollment period, you have acknowledge the individual processes as instructed and hold on to the transaction until the 15th of November, then submit on the 15th of November with the application date field, and the election type fields.

Remember you might receive a valid January 1 election prior to the start of November 15, or the enrollment period, perfectly fine, and you may submit as early as October 9

Okay, my favorite conversation, rollover. CMS rollover and plan generated roll TKR-T over,-- this is an area a little confused, I will do my best to clarify. Under ordinary circumstances, you renew plans from one year to the next, you are responsible for doing at the time you upload bid bids, complete cross-walk, tells us how your plan landscape changed from this year to next year, the data feed will tell MARx how to transition beneficiaries -- knocking into everything -- tell MARx how to transition your beneficiaries from one identifier to another when there is a change. Couple quick examples. Renewing a PVP, next year still PPD 05, nothing for you to do, MARx will continue into the next year. If you have a consolidation, taking all of PD P2, consol Dade dating -- the break between CMS generated, what I just described, and plan-submitted is where it's less than an entire PPD changing. The benefit, local organization, service area reductions, generally the removal of only a part of plan. If you have a three-county PVP this year, next year two, the individuals in that third county that has been non-renewed, service area reduced, need to be disenrolled, however I can't identify them, I want you to do to do that, that's a plan submitted roll over -- we will dig a little deeper.

CMS-generated, I think I covered fairly clearly now. Other things to mention about that: When CMS generates its rollover activity you will hear about that, happened in December just prior to the January payment calculation. That means you will get the transactions that result with CMS's activity in December, and I believe the transaction reply is due to be available to you around December 14. The end of your memo I referred to has all these dates, please check there, but around December 14 you will see CMS-generated rollover transition activity on your weekly transaction reply report.

Another quick note to keep in mind on CMS generated roll-over, generally speaking nothing to submit with one exception, if a beneficiary's PDP number changed because of your cross-walk, remember the example where I said you had PV P2, consolidating two PVP 3, in that instance you need 4 RX data, I wouldn't know what that is, data you submit to us. When there's been a



## **CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE**

change CMS has done on your behalf you will need to submit 4 Rx data, the information in the data that came out last week.

Unsubmitted activity generally applies to Medicare Advantage organization, and largely we are talking about activity that's necessary because of the changes in the law that effect privacy for service and special needs plans. There's been a variety of guidance documents, renewal, requirements for privacy, special needs organization will look in the coming year. It's in the scenario where CMS cannot automatically address that we need you to do what we refer to as plan submitted rollover and/or termination actions. That's an important point. It's only for those approved scenarios. So, we really aren't in the business of having organizations shuffle membership around. What's important is where you have a situation, your cross-walk, your renewal has been approved CMS and involves moving part or less than a whole of a PVP, where we need you to submit actions. Described in more detail in the memo.

In short, any approved renewal or termination scenario that impacts less than a whole 2010 PVP going into 2011 is not something I am going to do for you in December. It's something you're going to submit for me in October. If anyone is keeping track, the fourth time, October 12, 2010. We asked you submit any plan SKWREP generate on, not before October 12. Before 4:00 p.m. eastern time, you have responsibilities regarding making sure that data is accurate and tracking and confirming to folks on my team as well as the regional office accounted manager that you successfully submitted and completed the summary and status report telling the position of the activity you sent in.

Again, the detailed instructions are in the memo, but any organization that must submit planned rollover activity must review in the memo, review with all areas of your organization that are impacted. Make sure your information technology people are aware of this information, but please don't just hand the memo over to the IT folk and say make this happen. Your enrollment, everything involved, to get membership moved from one to another in the coming scenario needs to be coordinated well on your hands, and we want this to be as seamless and boring as possible as far as renewal seasons go.

It's important this be done correctly and on time. Give thought to how you can quality control this activity. Do not send transactions that are not part of this rollover activity. Once you send it's nearly impossible for me to un-do it. Please don't go there. Quality control, you ought to know how many individuals are moving from one part to another based on one of these scenarios. You should be counting the number of transactions and if they are not the same, something's wrong. Use the information available to quality control your submissions prior to hitting "send." the second most important things is you must reconcile your batch completion summaries status report. Any of you out there who think you can wait for your weekly TRR, you are wrong. You must review your batch completion summary status report. It should come the next day, the 13th, possibly the 14th, depends on volume. If we get a tremendous amount of activity all at once, some of those reports might be pushed off to the 14th, but I expect most to be available on the 13th. I really want to encourage you, ask you to review your batch summary report. That's the first glimpse to ensure what you submitted is successful. It's important this activity is successful, because everything is linked, connected to activity that continues further through the end of the year as we transition into 2011. We want you to, upon receipt of batch completion summary, summarize what happened in an e-mail to your account manager, as well as folks on my team. It's all in the memo I referenced. Send us a note, let us know what happened. That's very important. Don't send me a copy of the batch completion summary, I can get that myself. I just want a summary.



## **CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE**

Again, I will mention a second time, equally important to not submit MARx activity you consider roll-over when it's not. You cannot map or SHOEF your membership around, plan renews according to your cross-walk.

A quick side note for organization with segments or implementing segments in 2011, there's only a handful of you. If you are here, listening on the web, check out the memo, there's instruction there, please contact the MAPD help desk, a ticket will come to someone on the team, they will get back to you directly. There will be activity you are required to submit, less critical it's submitted prior to October 12. Rather than bore you with the long conversation make a note, give a call and we will set up a time and review with you one-on-one.

You heard Lynn and Jim talk about the annual enrollment period and the change for next fall. I want to talk about the same thing but from the MARx or systems angle. This year the AEP is November 15 through December 31. It is not starting in October, despite the fact that our system can accept January 1 enrollment, not a change to the AEP Changing the system now in preparation for next year. The January date is just for special enrollment periods.

In 2011 for -- the annual enrollment period will change, October 15 through December 7 of every year AEURBGS pretty positive change, I think myself, will offer us an awful lot of time to get systems activity right, everybody set up and make the transition in benefits and coverage as seamless as possible. Another thing that's changed in the system based on recent legislation is the sunset of Medicare and [indiscernible] beneficiaries, or the OEP and OEP new. Over this year as of -- the last possible date a beneficiary could have made is March 31, 2010, way past that. The new election period is December 31 of this year. We will no longer accept those types in MARx, reflected in detail in the November systems release memo which also went out, you should be able to find that information there in more detail.

The guidance Jim and Lynn are responsible for has been updated and the systems will not change because we don't need to, to reflect the AEP, other than move back our ability to accept January 1, which we are doing in advance by doing this fall.

The new Medicare Advantage MADP, enrolled mode care advantages are allowed to disenroll, select a prescription drug plan. You will find more detail on this. From the systems perspective we created a new dis-enrollment -- rather election period identifier or type code. The letter D as in dog, and the letter D will be used by Medicare Advantage organization submitting dis-enrollment transactions under the new MADP.

It will not be submitted by prescription drug plans, despite the fact the MADP comes with the opportunity to elect a prescription drug plan. Instead, colleagues in policy created a coordinating special enrollment period for prescription drug plan and the election type to -- special election period is S as in special. You will submit prescription drug plans, the S election type on any transaction provided to the coordinating SEP when a beneficiary qualified by making use of the MADP. Wow, that's an awful lot of acronyms.

One of the common themes you will hear today is organizational readiness. My focus is on your operations and systems preparedness. Just a couple thoughts to ponder. Is your organization ready for the AEP? Have you thought about staffing? Have you thought about the holidays? Is your whole organization ready? Your IT department, marketing, customer service, enrollment. It takes a village to get through this. Please be sure your organization is prepared at every level. Have you accounted for reconciling it every step in the process? One thing that continues to



## **CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE**

happen, at least it seems from experience, we collectively continue to struggle with successful reconciliation. So something I want you to take home from this conversation today is, we reconciling every step in the process. If we think we are, where's the proof of that? The proof would be you identify any issues you have early on, you get those individual discreet issues corrected, but at the same time you identify why you had the issue and you correct that, so it doesn't reoccur. If you are not reconciling your batch submissions with -- and not reconciling weekly TRR, not reconciling full enrollment file, you are not going to be successful. It's really just that simple. It's work you have to do. So, let it go, have a wake, whatever you need to do to get through the grieving process, but accept that as reality and please, think about reconciling. You heard me talk about internal -- most of you, heard me talk about internal controls dozens of times. I will try to not bore you to tears, but it's fundamental, helps us all stay on track. We have speed limits for a reason. It's a control, controls how fast we go on a road, based on traffic, proximity to schools. To always be looking back, ensure what you did is what you should have done and the outcome is what was KPWEBGTed. It's not the end of the world if it's not. My perspective, you need internal controls to identify those issues and work on them, correct them, stop having them.

How you control your work is a direct relationship to the quality of your output. Again, I am focusing on operations, systems activity here, but this is general, you could apply it more generally. From my perspective, with my blinders on, I am talking about the activity you submit to Mark and the information you get back from Mark. Make sure that you are stepping outside your machine, looking back to ensure it's running properly.

A little more about enrollment data specifically. I don't think it's a surprise to any of you your payment starts with accurate enrollment information. If you expect to be paid accurately by CMS, we expect you report enrollment accurately. Why you are required certification, CEO certifies the information is accurate, we can ensure the payment is also accurate. There are many down stream dependencies to enrollment data. Not getting that critical piece up front will wreak havoc with other -- including low-income subsidy status, our ability to talk to SAA if there's people KWRO\*EUPL request premium withhold, the single issue of WHAOPS, I didn't do enrollment right becomes 15, 16 problems very quickly. Focus on getting the easy part right and the rest will fall into place.

Use your data to look for things you could do better, analyzing trends. Again, you can review your own outcome, so you submit something, get a response, what was that response? Are you getting a bunch of rejections? Why? Why are you getting a bunch of rejections? A timing thing? Something you can't avoid? Something avoidable? There's a variety of places you can tighten up that ship and it's important to you use the data available to you, to make your own decisions about what you are doing well, not, what you could do better, and provides you a opportunity to give feedback to us.

When you find something that needs to be corrected, submit as quickly as you can to the retroactive contracting processor. He's here today, along with Andrea Hamilton in my shop, will go over best practices, frequently asked questions to the retroactive processing contractor. They do a terrific job of keeping us on task. Turn-around time is 15 to 20-day range, pretty impressive, I think. You can help us ensure we have positive results like that, doing your quality check of submissions before you submit them. If you don't include documentation or clearly explain on the cover page what it is you want me to do, then I have no idea what to do and I can't do anything. It will result in a rejection to you, means you have box it up again, submit a second time. This is a time-waster and money waster for all of us. Please do quality control



## **CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE**

those things before you ship them out. You should have a check list of things to include for the variety of requests you need to ask for and make sure it's complete before you drop it in the mail or submit it.

Make sure what you are asking for is something we can actually do. This is a good one. We often get requests for what people refer to as reinstatements, simply not the case this is a reinstatement. The request is premium dis-enrollment issue. Long-standing -- once dis-enrollment occurred, date of dis-enrollment passed, an individual paying premium after that date is not eligible for reinstatement. Don't send a request to me. I will not do it for you. Once the data dis-enrollment has passed there's no opportunity for reinstatement. A valid request based on dis-enrollment for failure to pay premium, perhaps it was an error. I have seen it happen, a beneficiary has two names, two El Alberta Joneses, both payments were applied to only one's account, the other got disenrolled. Once you get that sorted out -RGS obviously a mistake, yes send to the retroactive processing contractor, but explain what happened, what you need so we know how to fix what you are asking us to fix.

I would also say, in addition to the last comment, make sure you do that, understand what's being sent back to you and I would say I am a little concerned about the category three requests we continue to receive. The idea behind category three is you would use this as an opportunity to identify why you center issues that aged that old. Frankly, if you are reconciling in preparation for C [indiscernible] certification there shouldn't be any, but there are. When that happens you should be learning from that, shouldn't happen again. But we're seeing some organization with just a constant stream of category 3 requests. That's a little concerning. I haven't done a lot of analysis on that yet. We will work on it, talk to you about it, but I wanted to throw it out there as something to consider. When you identify an issue that aged beyond the category 2 time frame problem, you shouldn't have issues that are that old and if you do, you should be learning the analysis of the issue in preparation of correction submission, stop it from happening by fixing the problem up front.

Couple of quick reminders.

It's important you remember to submit correct dates on your transactions, and this is, sounds simple, but something that happens from time to time. You may not submit different value to defeat what is otherwise a valid rejection. Remember that your enrollment transaction is your claim for payment. What you send in to me to enroll Randy to your health plan is you telling the agency "pay me for Randy; I will provide him care." it's important the data there be accurate. You may not adjust the value or change such that the document no longer supports them. We will find that to be out of compliance.

Something that used to happen a long time ago, the submission of something called current-month enrollment transaction, submitting an effective current date, and retroactive contracting officer to establish -- don't do that. You may not submit current month effective date and then ask for corrective action. A simple reason why you can't: In order to submit the current month effective date you have to make it up. You can't be submitting the correct values because it's for a different enrollment effective date than the beneficiary originally asked for and qualified for. That amounts to false data. Do not submit those. Instead, submit them to the retroactive processing contractor with full documentation so we can process efficiently and quickly. That takes us through the transition, annual enrollment period and being ready for it. Now I want to talk about the mar MARx -- and time time has really flown, there is a break-out session this afternoon, people will be able to talk in more detail. I hope you take advantage of that interesting



## CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE

information this afternoon. I will touch on areas I think are keenly important and we will have questions at the end.

Why are we doing this? Well, because we need a more modern and nimble system that is able to position us for the growth the Medicare program is about to experience as the baby boomers age. We needed to fix underlying data structure issues that make our process now in the modernized MARx world more efficient and flexible. The advance announcement of this initiative was provided to you all in May, the 26th of May, included a pretty good overview. I will go deeper in the break-out session and of course the final communication on the detailed information will come out later this fall to provide you with everything you need to know. The first area I want to talk about for the new MARx operating system, launch of April 2011, unified -- first you have to decide which transaction do I pick? 60? 61, 72? Under what circumstances do I use those? We will eliminate all but one, simply a code 61 transaction, one enrollment to reflect enrollment. All the functionality, however, of the existing variety of codes will continue to be available to you behind the scenes, MARx is smart enough to know what you are asking, and we will use a variety of data fields. For example, the employer group flag, the [indiscernible] flag will be the key forever MARx to, to unlock the activity for employer group actions.

It will be simpler to use one enrollment code, endis-enrollment code, but the functionality you are accustomed to will be there for you. In fact, even more, come is wonderful. Another enhancement, a cancellation transaction. If you have a beneficiary requesting enrollment, then cancellation, in compliance with the requirement to allow such a thing, the only way to cancel is to stake is with the -- not a good process, and sometimes doesn't work, winds up at the retroactive processing contractor. If I was in a plan, enrolled in your plan, causes dis-enrollment, then I cancel and I am no where. The new MARx cancellation transaction restores to the previous plan if possible. Automatic reinstatement if you will. I say where possible because you all know beneficiaries can make many elections at a time. There are circumstances under which the series of events may be too complex to address. Will be handled under the RPC as today. The lion's share will be handled well by cancellation transaction and ensuring no break in coverage.

This is the best one, I think. All know how CPM works, the current payment month cut-off date, roll the calendar forward. That's still a very important process because it determines what data we will use to calculate payment. Very much like your credit card bill, you charge until the 12th of the month and everything you paid for on the 12th will be on the bill you paid and everything on the 13th on the next bill. Same concept. Everything before cut-off is on the next payment run, everything after on the payment after that. That process exists and will continue after April 2011, but what will be different, in our current environment that process dictates what is the effective date of enrollment and dis-enrollment we will be able to accept and process. When we decouple payment from enrollment in this underlying correction to the system, we will actually be free from the CPM, have a calendar-month based for enrollment processing, better aligned with the policy, which is enrollment periods are generally a calendar month.

Going forward, after MARx redesign we will have a five-month rolling range for effective date and I will walk through an example now.

Say today is any day in May 2011. May 1, 30, you may submit an April 1 enrollment or dis-enrollment, May 1, June 1, July 1, August 1. If you have a dis-enrollment earlier than April the functionality flag will enable a direct submission of that information to us. You will be able to go



## CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE

back to February 1 or March 1 for employer dis-enrollment or actively. Pretty significant change. You will have the entire month to get this work done. This time frame, combined with the consolidated enrollment transaction into a single transaction, using code 60, 62, for resubmitting 127 process and those sorts of things. This should allow for the direct batch submission of accurate information within this time frame with very few exceptions. That's what we are looking for. > [Applause ]

I am not done yet -- well, thank you. I think I will just leave now. But I have more to say. Another interesting -- helpful improvement, will be the automated number of uncovered month resets at AO\*EUPBLG 65. The number of uncovered months is a conference all its own, I won't dig into that too deeply with only 18 minutes left here, but the number of uncovered month data is data you submit to me and have to correct it sometimes. One of those times for correction is where a beneficiary experiences a second or additional initial enrollment period for Part D. The simplest example is a beneficiary eligible due to disability under age 65, a period of uncovered months determined by you, late enrollment penalty applies to that person. At the point where they turn age 65 they are eligible for a second initial enrollment period for Part D and at the start of that second initial enrollment period any previous [indiscernible] comes to an end. Must be reset. It's your responsibility to watch for that, set the re-set action to turn the penalty off. After MARx redesign we will do that for you. The other condition where you have to re-set is on the start of low-end subsidy for a person with a penalty. It's on the list of things to do, but for age 65 we will do the automatic reset for you.

A nice segue to daily transaction report. Not only do we respond on -- but with communication as well. To tell you a -- specific status, ASRD, tell but automatic dis-enrollment, change an entitlement, all via transactions, right now we are limited to telling you once a week. Another big one, auto enrollment, tell you once a week. We want to tell you auto enrollment the day we auto enroll. We are sending a transaction reply report. You will hear more about this in the breakout sessions, and in the final communication later this fall.

The plan user interface enhancement. This is a good one, the one that comes with all the strings. Really exciting step forward to provide a use interface where you can provide information for individuals -- resident address, number of uncovered months and so forth. Online capability will give you the ability to submit, but does not replace batch transactions. If you can process in batch, that is our expectation. Don't think we will hire 5000 people to key enrollments all day. Not going to happen. At the moment two individuals with update capability for parent organization. Doesn't sound like a lot, but think about this, at the RPC, all the activity you send to the RPC we do with less than 20 people. For my division that runs the entirety of MARx and all the systems that help you do enrollment and pass off to the folk who is do payment, get us prepared with the data store to do all the work for [indiscernible] and other stuff, plus retiree drug subsidy program, the [indiscernible] incentive payment, I have 14 people and myself. If we can do it, two people of your organization can do it. Again, the expanded time frame for your ability to submit transactions combined with your robust reconciliation efforts should reduce the need to ever have to log on to correct anything.

Being able to log on doesn't replace the batch processor, they will have additional things you will be happy to be part of. One of those is the quality reviews. Quality reviews, when you log on, we will record the date, time, user ID of anyone doing anything in the system, knowing who you are, and every time you update we will take a snapshot, ask for a random sampling to report what you have done, mandatory quality review PHROESZ. process. You will have a particular amount of time, details aren't worked out yet, how to submit to me or the processing



## **CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE**

contractor and we will expect 100% compliance with the submission of documentation and it's quality. If you fail to meet 100% compliance you lose your online access and default to submitting to the retroactive processing contractor for their intervention as necessary. The last item here, beneficiary address. You all know that we have information about beneficiaries' addresses from the Social Security administration, the mailing address, doesn't care where you live, they care about where to send the check, so to speak. The information analysis reflective of beneficiary's mailing address reported to the Social Security administration, on occasion the county code information incorrect. Now you submit to the retroactive processing contractor who makes them for you. In the future directly to us the entire residence address as you verify on MARx, the same processing schedule you do everything else, no more RPC submission. Pretty good improvement, I think.

The review with, the RPC currently, will continue to happen, but not in reaction to spreadsheets, but the transactions you processed. The beneficiary residence address only during the time the beneficiary is enrolled in your organization and we will use it to determine the state and county TKOED for eligibility and payment purposes.

The detailed system information will come out later this fall. I have seen drafts, starting to look really good. We will provide enhanced functionality and make fundamental corrections improvements internally. If you attend the breakout sessions, I hope you enjoy them both. Stay tuned, of course, things are moving quickly and we are only eight months away from implementation, assuming we hit the target of April.

Quick summary before we take questions. Please read, follow the end of year guidance memo. It's very important. For those submitting planned roll-over activity, termination, it's critically important. You must get that information in on October 12, 2010 before 4:00 p.m. eastern. Your data should be right, you should have quality controlled it, and we are not expecting to find a lot of staff you here.

Be ready, organization, review your structure, staffing, all those things to see if there's anything you can be even more prepared for than you think you already are today. That's very important, and of course, the MARx enhancement targeted for April 2011.

I have really enjoyed standing up here chatting. I hope I didn't bore you too much. I am happy to take questions for the remainder of my time and I am going to be hanging around if you have particular questions. If you have questions, try to keep them to the topics discussed here. If you have a specific beneficiary question, catch me out there, I am happy to address those sorts of things one-on-one. Thank you.

[Applause ]

All right. You know how this works. If you have a question, come on down to the front microphones. If you are in the middle of the row, can't access one of the floor mics, raise your hand and we will have someone bring a microphone to you. Any questions?

Must have been a very complete session for information. Not one of you? Are you sure? Good. Now, please remember to give your name, who you work for.

Question: My name is Kim Bradford, I work for UPMC health plan. In the situation where it will be necessary to hold enrollments because we can't submit transactions until after the 11/15 time frame, CMS is now tracking timeliness, can you give some idea of how that will affect



## CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE

plans?

Good question. Can everyone hear me? In the policy guidance, chapter 2 and 3, specifically, we say when you must hold an unsolicited enrollment application, that's okay, you won't be dinged. The day way the data is used by CMS, tracking the -- the application date compared to the receipt time and date stamp. Because unsolicited annual enrollment period election on that transaction you must include November 15, 2010 as application date and submit on the 15th. To us, we compare that date to your time and date stamp it will be the same day. You will be fine. Wonderful. We have a question in the back right.

Question: Susan Smith with human A. Two questions associated with the rollover process. For enrollments not active as of October 12 or November 1 or December 1 effective dates, retroactive effective date that comes in later, what process do we use for submitting the roll-over transaction if a plan is required for 2011?

Good question. When you are submitting enrollments for beneficiaries joining the outfit for the first time as of October 1, November 1 or December 1 of 2010 we enhanced the system to be able to capture them for a CMS-generated rollover and get that done automatically. Where you must submit a plan-submitted rollover, joined in 2010, requiring plan-generated activity for 2011, firsting [indiscernible] and upon receipt TP-LGS election, following guidance.

Same election type code –

Yes, letter X, all that good stuff.

The other question related to group employer group account. We have several that typically as of the beginning of AUBG October have not submitted renewal. What will the process be for groups that –

Not quite sure I am following that. There's a few other questions, how about you and I meet and we talk about that. If it's we need to share we will, I apologize.  
Thank you.

Question: Jade, from Wellpoint. Regarding the state and county code transactions, on occasion we have had submissions to the RPC only effecting the residence for payment. The actual address is fine in MARx, how would that be done without the RPC?

When you send to the RPC, they correct value in our tables for the state and county code. The address CMS recorded doesn't change, but the state and county code is manually overridden. In the future the CMS address will continue to exist, not overwritten or replaced, your beneficiary will live in a separate area pointed to it for planned payment. Make sense? perfect.

Question. : On October 12, county say is part of reduction, meeting 51 transaction, accepted, member showing termination as of December 31, that part is fine. How about we receive applications for enrollees after October 12 or during November for potential October -- sorry, November 1 or December 1 enrollment i in that SAR county. If I understood you correctly, on those we will proceed with the 61 transaction as is, follow it by another 51 transaction because they are in the SAR county?

That is correct. Just to -- let me say so I am sure I am answering the question. You have an



## **CMS 2010 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN FALL CONFERENCE**

EDP with two counties this year, next year will have one. In October you have a beneficiary way valid election period, you moved to enroll in the county being dropped for November 1, I can't imagine why, but eke, they want -- coverage, you submit the code 61 with the valid values, election, effective date of November 1, so on, follow that up with the code 51 dis-enrollment on the circumstances where it's necessary to submit your own termination due to service area reduction.

Another alternative -- where say the member is a non-SAR county currently, after October 12 or whatever reason they happen to move, have other valid election, a plan change coming in for November 1 or December 1 to the SAR county –

Into the county going away?

Exactly.

Same thing, submit the transaction to KRET the enrollment, follow according to end of year instructions using all of those values. That situation wouldn't be -- quality check towards the end of December. Anything could happen between October 13 to December 31 as

[Lost  
audio connection.]

[Conference is on lunch recession until 1:10:00 p.m. eastern time.]