



TRANSCRIPTS

Health Plan Management System (HPMS)

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Good morning, everybody. You're ready for lunch. You've had a long morning. You're not sleeping. By a show of hands, how many of you have ever used the HPMS? You're not allowed to throw anything at me during this presentation. If you do--I don't know, I'll blame it all on Don. So we were asked to come up and say a couple words about the health plan management system, and so that's what we're here for, obviously. We--first off I'll just introduce again Tim Hoogerwerf, Don Freeburger, Christie Holtje. We're all on the--systems analysts, essentially, on the HPMS. So if you could--I don't know where the slides are at here. Are we--do I just hit this? Hey, look at that--there we go, back. Yes I do work on computers every day.

Okay, HPMS in pace. So again, we came up from the Baltimore central office. I see some familiar faces out there. Hey Jeremy, how you doing? See? He's over there. Is that Mitch? Oh my goodness--if anything--I'll blame it on Mitch, anything you don't like. Okay, so what we'll do is give you an overview of some of the modules and some of the functionality that's in the HPMS that really pertains to Pace organizations. Just give you some walk-through here. So we'll do some background, some user access. I'll talk about auditing and monitoring, which really are two different things although they sound like two different things. Christie will talk about the CTM and we'll take some questions, and so before we start, I'd like to say that I just celebrated my tenth year. I know, I look like I'm in my 20s.

I just celebrated my tenth year at CMS, and the first module with--HPMS is a modular system. The first module that I worked on was the brand new Pace monitoring module. And this is the module that everybody knows and loves, where you enter your quality data on a quarterly basis, and that was the first introduction I got to the health plan management system, and I always--Pace as a program was introduced to me at that time as kind of like the sickest of the sick and the frailest of the frail, and that you do really, really, really good things. Coming to the federal government, I was kind of thinking, well, I'm really not going to see where the rubber meets the road, so to speak. I'm going to be an IT guy and I'm not going to know what happens out there in the field, and I was lucky to have Pace as my first thing. I actually was able to meet a lot of the people in CMSO who were working with Pace organizations. I was able to speak at some Pace conferences back then, ten years ago, and I got to see what it is that you do, and the value that you give to your beneficiaries. So from my standpoint, Pace is kind of near and dear to my heart. It's one of the 15 modules that I work on right now, but I think it's just a great thing what you're doing, and so I'll just leave it at that, before I start saying really gushy things.

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So anyway, let's go ahead and move on. So you should congratulate yourselves on what you do. Okay. Oops, so health plan management system, the HPMS, it's a web-based system. We essentially started--I want to say in '98 or '99. The HPMS started as a very small system. We did primarily quality data. We had some (inaudible) caps if any of you are aware of that. We did what then--what was called the adjusted community rate, which is something called and ACR. Now it's kind of like the whole bit process. We did the plan benefit package and that's really where the HPMS started. We've grown a lot. I think we have upwards of 40-some--does that sound about right? 40, 45 modules? Don just--yeah, over 7,000, 8,000 users in the managed care world.

So the HPMS has grown over the years, and essentially it's grown because it is an agile platform. We're a web-based system. For those of you who don't have access to the system, or need more access, you can access the HPMS from anywhere. I want to say in 2004, 2005, we instituted a VPN so you can access the HPMS either at your site, or you can access it from home, and we're a really agile development platform. So as new business requirements happen in managed care, we're able to kind of support those business processes as needed. Let's see here. That's a little HPMS history. I've already talked about us being a web-based system.

Some of the various functions that I was talking about--let me see, we kind of made a list. So we have--these days, all of the--basically I look at the HPMS as we do all of the data and CMS managed care, other than enrollment and payment, and some quality stuff. That's a simple way that I think about it, but things like contracting, applications. So all of your H numbers start with us. Bids, PBPs, formularies, auditing, monitoring, there's complaints tracking, obviously. Planned reporting, all kinds of quality stuff, fiscal soundness--I mean, you name it, we have it in there. Some of that obviously does not pertain to Pace organizations at all. Some of it does. Some of it may pertain to you. For example, Pace organizations could use the marketing module. I don't think it's required. You'd have to talk with policy about that. So again, as things happen for Pace organizations, we can bring them in.

We also work closely with the Medicaid side of the house, when we're doing requirements for specifically the Pace monitoring module that I'll be talking about later, to make sure that we support you, and I'll talk a little bit about that later. So let's see. So that's my slide that I've read from, and everybody can just raise your hands, get up, stretch a little bit, because Don's going to talk, and it's going to be really good, I promise.

And again, if you don't like the presentation, we'll just blame it on Don, or Mitch (inaudible). Is that okay, Mitch? Okay, so Don, I'll turn it over to you, and then I'll be back in a few minutes to speak on some other things.

Thanks, Tim, I think. Good morning, everybody. I am Don Freeburger and I work with the HPMS team on user access specifically. I see a lot of you, based on the survey results, already have access, so maybe we've already had conversations about some of this stuff, but I'm going to make some comments this morning, geared more towards those folks that never yet accessed the system.

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If you are a new user, the first thing you're going to need is a four-character CMS user ID, and in order to get that, there's a process. You go out to this Web site and you download the form. And we have some instructions that are step-by-step instructions for how to correctly fill out the form. Thanks. So the first thing you want to do when you're filling out the form is you really want to be legible, because we don't want to have to guess at what the information is on the form, because if we get it wrong, it's just really going to delay the whole process and when you get the ID.

There's two key pieces of information that you need to provide us, in order for you to efficiently get the ID on a timely basis, and that first one is the SSN number. It's important that that be legible and correct, because if we get it wrong in the system, it's going to be really hard to change, and that delays the process for quite some time. And the SSN is used in part as the default password for your ID. So if you ever forget your password, or you log up the account and you call for a reset, they're going to reset it to a default format, which is first two letters of your last name, followed by the last six characters of your SSN. So it's important that we get it in there correct.

And we're also going to ask you for an e-mail address, and people tend to be a little careless when they provide the e-mail address. It's not always legible, but that's important because that's how we're going to notify you of what the ID is. So make sure we get that correct. So what happens? You download the form, you send it in. What happens next? That usually takes us about five to ten working days to process the request, and then once we get everything in there, things start to happen automatically and the system generates an e-mail to you. First one's going to come from an address that says ESS user. It's going to say welcome to CMS data systems. It's going to have your user ID and a default password format, and it's going to tell you a lot of other stuff that you really don't need to know. You don't want to pay attention to that; you can forget about it.

The second ID is going to follow on a real close--like a half a day or a day later. It's going to come actually from the HPMS server, and it's going to have the same kinds of information. It's going to have the ID, the default password, and it's going to have instructions on how to log on to the system. So that's--you want to be on the lookout for that, because it will tell you everything you need to do, and it will give you contact information if you have problems logging on to the system, which is quite possible the first time you try it.

Now when you send the form in, this is the address you send it to, and it's recommended that you use a courier service, because the mail is slower and it does not come directly to my desk. So if you use courier, UPS, or FedEx, it comes directly to my desk, and it makes it a whole lot quicker, and there's less chance of the form getting lost somewhere in our big building. We do need the original form. You cannot fax the form, because page three of the form is a legal contract. It's a data use agreement whereby you agree that you're going to abide by all the rules. And that's pretty much it.

Once you get the ID and you get that second e-mail, you're pretty much good to go. If you have any questions, we're going to have contact information later on in the slides.

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Let me give you my phone number, just in case you need to call me. It's 410-786-4586. And the only other thing I would like to mention is if you have an ID, when you have an ID, you need to be aware that on an annual basis, beginning from the date when you get the ID, you have to log on and certify the ID, and this--if you don't do it, you're going to lose the ID. So what happens is 60 days before you're due to certify this, you should be getting nuisance e-mails saying you need to do this, and there will be instructions there. And if you have problems doing that, of course you can always call me or e-mail us and we'll help you through that, but what happens is if you don't do it by the annual date of when it's due, what's going to happen is you're going to get a little bit of a grace period, a 30-day grace period, but every day that you miss, the ID gets locked up at midnight.

So you can come into work the next day and it's not going to work. If you don't use the system a lot, and some people, a year goes by and I didn't sign in, and they ignore the e-mails and all of a sudden the ID is gone. So after 30 days past that due date, the ID gets canned and nuked and it's--the only way to get it back is to apply for a new one. So just--that's just something I want you to be aware of, so save you some headaches. And that's all my comments, and I'm going to turn it to Tim and he's got a lot more to say, I'm sure.

What Don failed to mention on related to user access is we, CMS employees, follow the exact same process. It's no different. So if you're frustrated, believe me, we've been frustrated, if you ever have issues. The other thing that I just wanted to mention about user access, and it's on the last slide, but if you have that HPMS user ID and you think you need access to something else that you don't currently have access to, so if you have a user ID but for some reason it was set up incorrectly, or if we have a new module and you're not added, there's an e-mail address on the very last slide that you would send that request to. So everybody looks very, very excited.

I'm sorry, well, I'll try to keep pace with you. Oh, thank you very much. I'll be here all morning. My wife thought I was coming to talk about salsa today. Shall I continue this line of jokes? No, I shouldn't, should I? I should stop right now, just end it. Okay, so it's actually--let's go--let's see what my next slide is. User access? HPMS auditing. Okay, well so this actually--it's good that this slide is here, because you just heard from Margaret, or did she introduce herself as Peggy, probably? Yes, okay. So, good.

So in the managed care world, CMS does obviously all kinds of oversight stuff. We do auditing, and that is--it's supported by the HPMS auditing module. And so what I would actually like to do--well, I'll give a little background and then I'm going to bring up what I consider to be as a really good resource for you when you get into the--by a raise of hands, how many have used the auditing module--not the Pace monitoring, the auditing module? How many of you loved the experience? Nobody. Oh, we got one over here? Was it good? That's good, okay. I worked on it. For the rest of you, Don did the work.

Okay, so some background: the auditing module really--back in the--I want to say the late--like maybe around the year 2000, CMS was managing its auditing results in not a systematic way. There were databases flowing between the regions and back and forth, so CMS got together and with the regional offices and with the organizations and came



up with the auditing module, or the auditing process at that time. Currently, the Pace organizations still do use this auditing module. So when it's used for all of the different types of audits that you will do--the trial, the routine, the focus--she did speak about that, I looked at her slides.

So the first thing--so that's kind of like a background. It's about ten years old, and the idea here is that--the idea with the module, as it currently exists, and I can tell you that probably 2011, 2012, we will be going through a redesign of the whole--of this audit module. Things like findings and caps and stuff like that, I mean, there's only so many ways you can handle those things from a systems standpoint. But just to let you know in the future that you will see some change in the functionality. But back to where we are. So the whole idea here was that, you know, managed care, and in this case, including obviously the Pace organizations, it's kind of like a cooperative thing. CMS has its input based on the audit results, and then we can get those over to you, and then you have the ability to electronically enter in your comments. What are you going to do--back to CMS, and then CMS can respond back and forth.

So if you have any corrective action plans based on any of your audit findings, and I know that none of you ever have had a corrective action plan, right? Right, everybody says, sure. You can kind of go back and forth and have this dialogue within the system and get all of your work done. And the system can kind of manage that process. So if you could pull up the first PDF document that I had talked about, and you do not have this, and there's a reason why you don't have this, because--because you could access this within the HPMS auditing module. And in fact, if you can scroll down--keep going, keep going, keep going, keep going--okay.

The first thing that I would ask you to do is that when you access the HPMS auditing module, and again, you'll see a screen print in here in a minute, but when you access the HPMS auditing module, at the bottom left-hand corner of that auditing module is the HPMS auditing user guide, this thing. And it's beautiful and it's wonderful. It has full color screenprints and incredibly detailed but easy to understand explanations of everything. I wrote it, thank you very much, thank you. Actually, I worked with--obviously there's a large work group that worked on this, but the first thing that you would see here is it's kind of like steps to an auditing review. Now I recognize that Pace is a little different than managed care, but as far as the HPMS system works, you would be doing things like this. The spirit of an audit will happen. So I would point you to these first--I think it's pages five through eight or five through nine. You can go ahead and scroll through here. I'm not going to read all this stuff, because you're hungry, I'm hungry, you've had a long morning--keep going through here.

But basically--you can stop right there--but basically what's happening, what it'll explain to you is the whole process. So CMS goes out, they review your things, they determine mets, not mets, met with notes, et cetera, et cetera. They enter all that stuff into the HPMS system, they submit it, then you come in and you can respond to that stuff and you can go back and forth on these corrective action plans, until you get those are accepted and released. So I'm going to talk about--I'm not going to go through every little detail, but I'm just going to talk about some of the things that I think would be good



for you to recognize as you're using the auditing module. And of course, I'll take any specific questions kind of at the end.

But this is the HPMS auditing module start page, so when you log into the system, you'll come to the HPMS main page, and under the monitoring flyout, it says MMC auditing, and for purposes of the auditing, you're MMC auditing. It's Medicare Managed Care. And so what's going to happen is you're going to see--again, I'm going to point out some things that just are key to making sure that you have a wonderful experience. You're going to see, when you log into the system on the left-hand navigation bar, a series of functions, things that you can do, and the very first thing up there, it says select a review. And so when CMS does its audit, it's going to enter all of its information, and then your plan manager is going to ask you to go into the HPMS probably and enter in your auditing data. They'll give you an audit ID. It'll be 11145 or something, I don't know, and so what you're going to do is you're going to come into the auditing module, and you're going to click on that Select An Audit link, and you're going to type in your audit number and hit enter.

What I want to make sure you understand from a navigation standpoint is if you look at the screenprint up here, you can see that some of the little links on the left-hand side there are bright white, and some of them are kind of grayed out. So if something is grayed out in the system, you can't do anything with it. So that's--just make sure that it's the first thing, because a lot of calls that I get from Pace organizations--how many of you have called me and spoken with me directly? So I mean, I've spoken with some of you. Was it helpful, I hope? Okay, good. So I just want to make sure it was helpful. But careful, I may sing before this is over. So--but in any case, so you're going to click on that, you're going to enter in your auditing ID, and then you're going to have to go ahead and do your work. So if you can kind of scroll that--and again, I'm kind of rifling through this. I got 44 minutes. We're loving this, this is great, keep going, keep going, keep going. Keep going, auditing--okay, there we go, this is up one slide please. This is very exciting.

Okay, so you're going to enter in your auditing ID and then it's going to show you all of the audits that could potentially apply to you. Now the HPMS is really cool in that, since we are a federal government system, we make sure that you can't see anything that other people shouldn't see, and that we don't see other things, and (inaudible). So you're only going to see audits that would have your organization to them. You would enter your audit ID and then you would see the audits that matched that ID down at the bottom, and you'll click on the review ID and let's go ahead and scroll on down. And again, the reason why I have--I'm kind of walking through this is basically two things. We were told, A, that we were not allowed to use the live site today because of security purposes, obviously, but B, I want to make sure that you know what your resources are when you get into the system.

So you get into the system and you've selected your ID, and the main things that I'm going to talk about here is when CMS comes to you and they say, okay, your audit stuff is in there, can you go ahead and enter in your responses to our findings. So if want to scroll down on this page, I'm just going to show you--I want to get to the kind of where

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the rubber meets the road here. Okay, keep going. What you can do is--this is the page I want you to get to. This is called the finding detail page. And I may not go much farther than this for the auditing portion, but for each not met, we call that a deficient element. Anything that's met, or met with no--that's not a deficiency, but for each deficiency, things that are not met, or met with note, we require to do a corrective action plan. Okay, so the first thing you get is what's called a CAR, it's a corrective action required. And can I use my silly but always humorous example, is that okay?

Okay, so you have the--how many of you have seen the Pace audit guide, right? So everybody knows the Pace auditing guide. It has like all those PR1, PR2, Q11, whatever. Okay, so let's say that your auditing element is CMS requires you to smell good. So we went out and did an audit, you didn't smell good, right. So you got a not met on that element, right. And so CMS says you need to do something. The requirement is you need to smell good. You need to do something to smell good, right? That's a corrective action required--do something. So you come back with your corrective action plan and you say, okay, I'm going to take a bath every night, I'm going to use Lifebuoy, going to wash my hair, and that's your corrective action plan, okay.

And then what's going to happen is that's going to be sent over to CMS, and somebody like Mitch Kroll or somebody's going to read that, and they're going to say, okay, that's a good plan. Not quite good enough. Use soap, use Lifebuoy, I also want you to use shampoo. And so then they'll send that over to you, and we call this the CAP iterative process. And for each of these iterations you have the opportunity to kind of work collaboratively with CMS to come up with what the total corrective action plan is.

So what's going to happen is as you can see up here, on my testing site, we have a deficiency and a corrective action required. That's that CAR thing I talked about. And then a recommendation and note. CMS may say, you need to do something to smell good. I recommended taking a bath. So then you came back in at the bottom, and this is where it's important. This is where everybody gets caught up. It says MCO CAP, working version. How many of you have seen this? Okay, a lot of you have seen this.

Okay, the most important thing to recognize is that if there is not an edit button on the right-hand side of that, then you can't do anything. You see the--everybody sees the little light-up button to the right-hand side of that. What that means is that the CAP resides with CMS. It's still on CMS' side, okay, and a lot of times, reviewers may accidentally submit the CAP back and forth, and it may end up being on the wrong side. So what you need to make sure is that the CAP resides with you, and then you're going to come in here, and you're going to click on that edit button, and you're going to type in--I'm going to take my bath, and I'm going to use Lifebuoy, and then if CMS comes back and says I want you to use shampoo, right, so then you're going to see a second line underneath that one, and then you're going to have a new working version, right? And that new working version is going to take the information that you entered on the first one, it's going to pre-fill it so you don't have to do a lot of typing, and you can modify that. I'm going to take a bath, I'm going to use Lifebuoy, and I'm going to use Prell. No?

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Okay, please tip your waitresses. So--I told you, I might sing before this is over. This was a long drive this morning. Okay, and you'll go on and on, and basically what's going to happen is you're going to do this back and forth. Is everybody with me? Is this helping at all? Okay, good. I know I'm making fun, but the idea is to make this useful for you. So that's going to go back and forth until CMS says, I accept that plan of action. You've worked with CMS back and forth, and both of you--CMS says I accept your plan of action. What CMS is going to do is they're going to put in a CAPS accepted date for that element.

They're going to put in a date, you're done. You're not done yet, because it could be that CMS wants to make sure that you took your bath and used--so CMS may say, as part of the corrective action plan, I accept it. I'm going to come out in a month and make sure--I'm going to verify something. Now obviously I'm being silly here. What you're doing is very important. Don't think I don't recognize that, but again, it's early and we haven't had lunch. So anyway, you'll go back and forth until you accept it, and then it may be--at that point it goes into what we call CAP monitoring.

So on the left-hand side you'll see where it says CAP submission. So that CAP submission stuff happens while you're working out what the CAP is going to be--goes back and forth. And once we get that accepted date, we go into what we call CAP monitoring, okay, and basically what you're trying to get to the point is that you get a release. In other words, you had a corrective action plan, you came up with a plan of action. CMS and you agreed, you put in that accepted date, then you may do some follow-up and you get identical iterations for that follow-up work, on this screen. You'll go back and forth until you get a release date. Once you get a release date for all elements that were deficient--again, those are not met, right? What's that? Not mets are deficient elements. I was trying to test you. That didn't work.

So tall and tan and young and handsome, the boy from HPMS keeps talking. I'm sorry, I told you I'd sing. So--thank you. So in any case, so you'll get the release. Once you have a release for all not met elements, the audit's closed, you're done. It's the same process for whether it's going to be a focused audit or a routine audit, et cetera. So that's basically, in a nutshell, the HPMS auditing module. We have reports in the system--again, on the left-hand navigation bar. Click on reports, you have a couple reports. You can actually go in, view the findings, not just the deficient stuff. You can also view the things that were met. You can see if CMS did put in comments that you may want to see. We'll take questions right at the end. Did you raise your hand? We'll do questions right at the end--I'm very long-winded. I tend to talk a lot.

Okay, so let's go ahead and--so that's good. So that's the Pace--that's the MMC auditing module and Pace audit module, and again, that's where you'll be working with--what Peggy was talking about. Okay, so we can go back to the slide presentation now. I have 37 minutes, 36 minutes. So that's Pace monitoring. So we talked about the background, accessing the module, creating--okay, so now we're on Pace monitoring. Okay, so Pace monitoring, everybody's used it, right? You've all been in there? And again--everybody raise your hand if you've used the Pace monitoring module. This is where you report your nine quality data elements, right? A lot of you have raised your



hands. Okay, so--oh, and again, just one more thing on auditing. A lot of times, Pace organization users will not get monitoring assigned to their user ID. You'll get this Pace monitoring thing, you'll get some contact stuff. If you don't have the Pace monitoring link, obviously you would send an e-mail to that e-mail address that's on the very last slide. Okay, so again, background on Pace monitoring. Remember when I was talking about the very first Pace module I worked on? This was it, and they were defining what those Pace quality indicators were going to be back then, and I think we have--I think there's nine of them. This is the (inaudible) the unusual incidents, the appeals grievances and all that kind of stuff.

And I believe that Dr. Davenport probably spoke Monday--I'm not sure who spoke on this Monday about the level two pace reporting, and that currently isn't supported in the HPMS. I think we'll be in discussions with them at some point. I think what I'm talking about is the level one, which are those nine quality indicators--is that correct? Okay, great, because I know this is kind of new, and so--we'll be there to support that if they come to us and request it. So anyway, some background here. So again, accessing the Pace monitoring module, it's from that same monitoring flyout. It'll say Pace monitoring, and again, I'm just going to talk about some of the main things, just a couple of the stumbling blocks that happen. So if we could bring up the Pace monitoring PDF. Okay, and what I'd like to do is again, when you--go ahead and scroll down, scroll down, scroll down.

Okay, so this is the HPMS start page up at the top there, and then you're going to go to the monitoring link, and then you'll get the Pace monitoring--go ahead and scroll down to the second screen print there so we can see that. So here it is, and you'll see it says Pace monitoring and then reports. So under Pace monitoring, we have the edit--you can go on up one more time. Right there, okay. So what is the first two links there? It says edit/paste site and data collection, and then edit a page site.

Okay, the most important thing to understand is the way that this module was designed and built, it works at the Pace site level, right. So each of you have a contract number, which is an H number, okay, and when you're reporting data into this, you're reporting it at the site level. So the first thing you have to do is to create your page sites, right? Has everybody done that? There's any questions on that, because there have been a lot of questions. A lot of people--especially--are there any new Pace organizations in here, brand new? Okay, so brand new Pace organizations, when you go in, you will see--you're going to click on data collection the first time you go in, and it's going to say, you have no page sites. You can't submit data.

Right, so the first thing you need to do is click on the edit page sites, and go ahead and scroll down to the next slide, I believe, and you'll see this screen here, and you'll select your contract number, and again, you're only going to see your contract number, because what Don has done is he has assigned your user ID to your contract number, and you're not going to see anybody else's contract numbers. Let's go ahead and scroll down again, and what you're going to do is you're going to get to this edit a page site.

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So you can edit page sites. So if a Pace phone number, or an address or something changed or whatever, you can edit that. You can delete a Pace site. Again, we're not going to delete all the data that you'd entered, if you happened to delete one. We keep everything in history, and then you of course can add a new Pace site. And if you go ahead and scroll down, you'll see the types of information that we're requiring. When you add a Pace site, it's like the name, and just some general information, and the reason why I wanted to stop at this site is that we say at the very bottom, it says--I can't read. It says start reporting quarter, or data starting reporting quarter. So remember, we do this on a quarterly basis, right. You're going to report all of your information for all of the nine quality indicators each quarter, except for the flu, which is going to be reported from November through March--or is it November through the end of February? Is it March? Thank you, I can never keep this straight. And then that is actually reported out in the second quarter's reports. But all the other indicators you'll be reporting on a quarterly basis. But what we want to do is if it's a brand new site and right now we're--for example, right now we are in the fourth quarter, right, but if you were creating a brand new Pace site that actually started in the third quarter, you need to make sure that when you create your Pace site initially that you select third quarter. That way the third quarter's data entry will be available for you to enter data. Any questions on that? If you do, save them for the end, make sure we understand that. So if you could go ahead and scroll down, I'll just go through a couple more things. So you create your Pace sites, keep going, keep going, keep going, keep going, keep going. And now we're going to--keep going, delete. Boy, I talk a lot, but I also put a lot of screen prints in these things. Keep going.

So anyway, you're going to enter Pace data. Keep going down, keep going down. You would select your contract, you would select your site, keep going, and then--then you would select your quarter, and interestingly for this screenprint, there's a reason why it's there. So you're going to have--like let's pretend that we're in the time where the flu immunizations are open, which again is going to be November through March. Okay, so you can enter data for the third quarter, or just your flu data, and so to enter data for the third quarter, obviously you're going to enter the total number of beneficiaries at the end of the collection period. I know it's not the end of the collection period, okay, but you need to enter something there so that the system will allow you to enter your data. Okay, because you can do this on a daily basis, anytime. You're hanging out in the evening, watching--you know what I was thinking about when we came up here? I was telling them this really cool show, it's called Parking Wars, and it's in Philadelphia. Has anybody seen that? Is that not hysterical? I think it's--I'm sorry. When in Philly.

So in any case, so anyway, you have to put in a number there for the number of beneficiaries at the end of the quarter. If you don't, you're going to get all kinds of cool error messages. Keep going. The system's really not going to let you do things that it doesn't want you to do. Keep going. And we're almost done with the data collection here. There are all of your quality indicators. So you can see grievances, appeals. To enter data for one of those you're just going to click on the blue text. You're going to enter your data. If you have nothing to report for that quarter--remember, CMS wants an accounting of everything. So if you have no data, just make sure you click on the little no data button, then hit submit at the bottom. It'll turn grey, life is good.

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That's pretty much it. The only other thing I want to make sure that you understand is we do give a grace period. So you know, fourth quarter, October, November, December, you're going to have until I think 30 days. You're going to have until January 30 or 31 to get your data in there. At that point, that quarter's going to close. When you come in to enter data for the quarter, that quarter will show there--it's going to be grayed out. You're not going to be able to see it, you're not going to be able to enter any data. If something happened where you missed the data entry, you need to call your--did we call them account managers for Pace organizations? Or who is your contact at CMS? Your account manager, okay, I just wanted to make sure. So you're going to need to call your account manager and say, I need to request that you open up quarter four, quarter one or whatever, and what they can do is they can actually go in and say, okay, they can open it up and give you an extra two weeks, so that you can get your data entered. Okay, so don't fear. If you miss a deadline, you certainly do, but just contact them and say I need to request an extension. So that's why I have talked about requesting extensions. It's very simple, they can do it.

Now, it's up to your plan manager whether or not they want to allow that extension, or how long they're going to give you. That's between you and your account manager. Okay, so that's pace monitoring. I'll be here all morning, so I'll be taking some questions in a few minutes. Okay, so with that, we can go ahead and pull the slide presentation back up, and I'm going to turn it over to Christie, who's going to be talking about the complaints tracking module.

Tim is always a very hard person to follow, so I'll try to do my best. A little background, let me forward through to CTM. A little background on CTM. Basically, CTM is a system that is used to help manage the complaints received on behalf of beneficiaries and providers for those beneficiaries, related to the MA and Part D programs. The way complaints come into the system is for the ones that go to 1-800-MEDICARE, they get loaded at about 11:00 in the morning, Monday through Saturday, and they're available for you to view at that time. ROs, or the regional offices, can also enter in some of those complaints, and those are uploaded at an ongoing basis. So as they receive them, it gets put into CTM. So here I am going to also do what Tim did and use the plan user guide that is in CTM as a way to kind of go along and offer you guys a way to relate what I'm saying now back to something you can actually have tangible in your hands.

So if we can bring up the CTM user guide, we're actually going to go to--we'll start off at page seven, which will show you the HPMS user, or the HPMS homepage. And you'll see the left-hand nav that's--Tim had already discussed. Actually, this isn't the right page. So I guess I'm going to have to do what Tim did and have you scroll down and scroll down until we get there. Let's see. So keep going. It's actually this one right here, and what you'll see is you'll have to go into that monitoring section, and the very first one, CTM, is called the complaint tracking module.

So if somebody tells you that you have access to CTM and you can't find it, you got to look under the complaints tracking. And I actually have gotten a lot of calls and e-mails about that. So once you select on that, if you go to the very next page, you'll see a



screenshot that will show you what you'll see once you click on complaints tracking. And in that--so if you wouldn't mind scrolling down to the next page, please, thank you.

What you'll see here is the CTM homepage. Over on the left-hand nav you'll see the CTM dashboard, and I'll go over that a little bit in a little bit. You'll see my open complaints, a few other reference items and documentation. Where you will find this document is under that documentation link. And if you scroll down a little bit further on this--you'll actually see--back up, just on that page, so all the way back up--you'll see a list of--keep going. There you go, right there. You'll see a list of all of the different types of documentation that we have in HPMS for CTM. The FAQs, the record layout, and for those of you that are new and you want to see how you should respond or resolve a complaint, you can look under the examples that are on there--the SOP, and then the user manual plan version is exactly what we're seeing here. The categories and sub-categories are a list of all active categories and sub-categories that we currently have for complaints. The sub-category hints goes along with our most recent release where we actually redesigned all of the categories and sub-categories. So if you're wondering why some of the old categories you remember seeing are no longer there, it's because we decided that not enough people were using them, and we needed to recategorize them.

So I'm actually going to continue on now, and talk to you a little bit about two different ways you can go in to view your complaints. So if we can go to about--I'm hoping it's going to be on page 18, we can discuss the my open complaints. And the my open complaints is one way to view all of your open complaints. And in that--let's see if this is the right page. None of that looks right. Oh, there we go. Okay, so my open complaints is the easiest way for you to view all of your open complaints. The other way to view is actually through the search complaints, at which time you will see both your open or closed--whichever you actually want to choose on, you can also bring it down a bit further and search for specific things. But my open complaints is a very good way for you to see what's open right now. They are all color-coded. They are color-coded based on the immediate need, urgent need, and then all others.

The immediate need--let me see if it actually says--will be in pink, and the urgent complaints are all in yellow. So let me see. Next thing I would like to actually talk about is once you actually open a complaint, what you will see. So if we go--scroll down here a bit. That's actually what you will see if it's an urgent or immediate need. So let's keep scrolling down. We're looking to go to a few pages down. Right there. This is what you see when you actually open a complaint. You'll have all of your complaint information on that first page, and it'll be the complaint ID, the--actually I can't even read half of this. What issue level it is, complaintant information and the detail about the complaint, and there are a few other links at the very top that are the plan--sorry, the plan request, the complaint history, the complaint attachments, which by the way is very cool. I've gotten a lot of positive things about that and we will go through it in a few minutes, and how to print to PDF. It is very important that when you are working on a complaint that you do enter in notes and comments frequently, because the--sorry, our case workers within CMS do try to go in and make sure that all of the immediate need complaints and the urgent complaints are being worked on continuously, and that's their way to gauge



whether or not you've actually gone in and started working on it, is having that note in there saying, hey, I'm doing something.

So and it's also important to read any comments that are in there from the ROs or the central office users. So they will try to communicate to you that way. I actually would like to go down a little bit here, and I can skip ahead for my notes, but that's all how to edit a complaint. Right here, how to request a CMS action on a complaint. This has to do when you need to recategorize a complaint, or if you don't believe it belongs to your organization, it actually belongs to another one. If the issue level you feel is incorrect, there's a lot of different reasons you would actually have to submit it to CMS for them to review and recategorize these things for you.

Or if it doesn't belong to your plan, they will reassign it to the proper plan that it does belong to, and what will happen is once you send it to them, it will then be off of your plate until they answer it, and then once they answer it and either it gets forwarded over to somebody else, or they change the category for you, you'll see that you can't actually go in and actively work on that case. So let me see. I think I would like to go down a little bit more now.

How to upload complaint attachments. This was new as of June of this year. We had a lot of people, including our own CMS users, who said it would be really nice to be able to attach some follow-up information, some supporting information, the original complaint, if it came in through a fax or whatever, into that complaint. And this is our way of being able to help you to do that. And what it is, is there is the link at the top of the complaint when you go into it, for complaint attachments. When you select that tab, it will go into--you see a little bit lower there on the screen. What you would do is you would select the upload attachment button, which is kind of hard to see on here, but when you select that it'll bring you to another pop-up screen. In that pop-up screen you tell it where to go to find that file. You put in your description of the file and you hit the save button, and it will then show up again on this page as a little link, for you to be able to access or allow the ROs to access, or you know, what have you.

However, one thing to note, if it does get forwarded over to another plan, they will not be able to see your attachments. They also will not be able to see your personal notes that you had within your organization. One key thing to tell you about this is that the file extension has to be in all lowercase, so you can't have a file with the extension .PDF that's all in uppercase and try to upload it; you will get an error. We're trying to fix that for our next go-round because we will be adding new functionality within CTM in May of 2011. But for now, if you try uploading anything with that capital letter you will get an error message and it will not allow you to upload.

Okay, so let's continue. We're going to actually skip ahead quite a few pages here, and go to the CTM dashboard. So we'll keep scrolling. Because Tim kind of took up a lot of time with his jabbering, so all right, keep going. Keep going. So I figured when you get into CTM, you can read a lot of this yourself, and if not--there we go, CTM dashboard. If not, you guys are more than welcome to e-mail me. My e-mail is actually at the end of



this document. It is incorrect because they've decided to just truncate it down to cms.gov instead of cms.hhs.gov. But in any event, we'll talk about the dashboard.

The dashboard was a new feature that again was added back in June. It allows you to see the number of pending plan requests, which I spoke about earlier, where you send it over to CMS, asking them to do something for you, whatever it may be. It allows you to see the answered plan requests, CMS closed complaints, which are ones you sent to us and said please close this for us, because we can't, for whatever reason. The ones sent to the RPC or the retro processing contractor, and the issue level changed complaints. Now, what you would see is when you went in there, in fact, if you skip ahead a few--not this page but the very next one, the very top there you'll actually see what you would see if you went into your dashboard, and over on the left-hand side it's all of the things I just mentioned, the pending plan requests. And then right next to it, you see a number. If it's a zero, you don't need to look at anything. If it does have a number there, it would also be a hyperlink. You can click on it and actually go in and see which complaints those were that were sent, completed, what have you. So that's it for the dashboard. We are now on to the reports, and for the CTM reports, there's a lot here for you to review. There's the marketing misrepresentation report, the aging report, and the repeat complainant report.

And I'm only going to touch on these really quick, because there is a lot of information in this document for you to look at, and I'm just going to tell you what information is in there, and then if you need to actually view it, you can go in there and take a look at it yourselves. But so the very first one I'm going to speak of is the marketing misrepresentation report, which if you go to the very next page is the first one listed. And this basically pulls all the complaints for you, with a category of enrollment/disenrollment, and the subcategory of enrollment, exception, marketing misrepresentation.

Now granted, the reason we have a report specifically for this is because you have no access to them. They are all CMS issues. However, it shows you the number that you would have that are the marketing misrepresentation. So this is a good way for you to be able to see that, and see where CMS is in resolving those issues. If we scroll about two pages, we'll get to the plan aging report, and in that one, it displays how long your unresolved complaint has been open. So it's a way for you to gauge how quickly you are answering your complaints, which I know nobody really likes going in to CTM because it usually is a bad thing for you, but it displays how long your unresolved complaint's been open.

So you can do some in-house looking at are we actually answering these complaints in a timely matter or not. And then if we scroll down a couple more pages we get to the repeat complainant report, and this report is basically a way for you to see whether or not this beneficiary has more than one complaint in CTM. It's often beneficial for people to see if this is a beneficiary who likes to complain a lot, and may not have true legitimate issues. I hope not, but in that case, this report will help you to be able to see those and be able to pull them up based on the (inaudible) or by the beneficiary's name.

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I think that that is basically all I really have time for today. But I do stress that you take a look at this document when you get a chance, and as Tim says, you know, just sitting back, picking up your feet, and have time to go into HPMS. But my e-mail is at the very last page of the document, and it is Christie.holtje, my last name, @cms.hhs.gov. So if you guys have any questions about CTM, I'd be happy to answer them for you. All right, it's up to Tim.

Pull the slide presentation up again. Queasy? Queasy. Questions. Thank you. So I just wanted to follow up a couple things on what Christie and Don have said. One of the most important things, obviously, for the HPMS team, we really do--I think--I don't know how many people we have on the team now, 11, 12, 13, 14 people, something like that, we really do care about what we do, and the last thing we want to do is have you out there frustrated, using the system. I use systems on the computer that frustrate me as well. That's not always to say that what you will have to do in the HPMS is always easy. What's important for you to know is that you can always contact us. The HPMS help desk is open constantly. The user access mailbox is there. Additionally, my phone number and e-mail address are on the user guides, Christie's is as well. We're here to help. Don't ever feel like you're out there alone. Obviously you could talk with your account managers, but we're here to support you in using the system, so if you ever have any issues, please feel free to contact us. I just want to make sure you know that. We really mean that, because we want to make sure that the last thing that you need to think about in your day, is having difficulty reporting data in the HPMS. You need to be doing what it is that you do at your organizations, not worrying about using a computer system that's going to frustrate you. So please just make sure that you know that we're here to help you out, and to kind of make things easier for you.

With that, we'll go ahead and it looks like we've got maybe ten more minutes. I know that lunch is happening here, or a break, so we'll take any questions that we have. Again, we've only covered a couple of the modules. I know that we have like fiscal soundness and all other kinds of things that you do work in, but we'll take whatever questions we can, and if we can't answer them, we'll take it back and--

I have a couple of comments or questions. I'd like to thank both you and Don. As a new user, I think I had both of you on speed dial for about a month. You were very helpful and I would attest that they are very available to help new users. As a new user, one comment I had is I think it would be very helpful to have new user training. I think that would cut down on a lot of the frustration and difficulty using the system for the first time. My experience is with the Pace monitoring module.

So one thing that--the module is very time-consuming in that you have to data enter all the information. You can't upload anything, you can't download anything. Are there any plans to modify that in the future?

Currently, I mean we've had different discussions, and different modules. Like for example, in our marketing module, we do marketing sales events, and organization users are able to upload those in bulk, right, like using a template. And we have other functions in the system where that can happen. Basically you're uploading a file, we



read it into the database, we validate it, and it goes forward. We haven't had a request for that on the Pace module, but I certainly will take it down.

Generally what we do with each of our modules, and like I said, we have something like high 30s, 40 modules--we usually have annual releases of each of these modules, and so we'll go through a process where we'll sit down with the business--we call them business owners, but the owners of the module, and we'll say okay, what things are you thinking about? What's working, what's not? We haven't had a lot of that with Pace, so I'll definitely take that down to see if--as far as upload and validation.

One other comment in the Pace module, when you're data entering the grievances, if you have a grievance received on the last day of that quarter, and it can't be resolved immediately and it's resolved two weeks later to the next quarter, your resolution date will only go as far as the quarter that you're working in.

That is correct, and I believe that there was--now you'll have to speak with your account manager. I believe that there was a decision made years ago that you would enter in the data when--I'm assuming when it's been resolved, is that correct? So I think what would happen is if that has happened, you would have to get rid of that grievance or whatever, and enter it into the next quarter, does that make sense?

Okay, I wasn't aware of that. There's not a lot of definitions surrounding this, so as a new user, it's very difficult to know what steps you're supposed to take and be aware of that.

Right, and a lot of times too, we try as best as we can. There's always a lot of disconnect between what the system has and then what policy and operations teams want you to do as well. And we do our best to kind of put those things together, and we have lots of workgroups that try to do that. We don't always get there.

Do you have an FAQ for the Pace monitoring module?

We do not.

Oh, that might be something too. That would be very helpful. And then going back to your discussion on audits, we just recently underwent our TAV and then our first survey. So is it my understanding then that the report comes back in this audit module, and then that's where you enter your corrective action plan?

Yes, that's where you'll enter in your corrective action plan. Now it may be that--I have to stress, there's always a relationship between the account managers and those who are out on--the CMS staff that's working with you through your audit. A lot of times I know that there will be communication going back and forth outside of the system, but the system is the system of record for that data. So at some point, you're going to have to come into the system and enter in your corrective action information, that's correct.



Okay, and if you have access to the Pace monitoring module, do you also have access to auditing?

I believe we have what are called profiles. I believe if you get--I'm not sure, Don, if we know this, but yeah. So if you come in as a Pace organization user, you get a profile. By default, you'll get the Pace monitoring and the MMC auditing modules.

Okay, thank you very much.

You're welcome. Yeah, and if you don't--like (inaudible) just said, if you don't, call Don or send an e-mail to the hpms_access. We got a question over here.

Hi, Marty Stucher, manager, Medicare Advantage.

Hi, Marty, how are you?

Hi. Thank you, all three of you, for your presentation. I just wanted to comment on the CTM module, because I heard some mummerings in the audience. It's a huge system. It's heavily used by Medicare advantage. It's rarely used in Pace, so for those of you who are not familiar with it, and you're sitting here wondering if you're supposed to be doing something that you're not doing, or what in the world we're talking about, especially if you're new users, usually in Pace, and for our eight Pace organizations, we get about, I don't know, eight complaints a year in CTM. They've either come from a Congressional office into our regional office, they've come from 1-800-MEDICARE, or they've come from the DOI. It is separate and different from your grievances, so don't confuse that, and I just wanted to make that statement. Thank you again for being here, though, and these people really do answer your phone calls. I keep saying that I think there's really four Tim Hoogerwerfs in central office and not just one, because he always picks up his phone, and if he doesn't, he calls me back in about four or five minutes. So don't hesitate to reach out to your account managers and the staff, because they really are helpful. Thanks.

Yeah, thank you for bringing that up. I think when I was preparing for my speech here, we looked in the system and there had only been three as of October 1, for the Pace organization. So you guys are doing a great job, but yes, thank you very much for bringing that up.

Hello, hello? Okay, hi, this is Tammy McClamm, the manager of the health plans branch in Philadelphia, and I guess to piggyback on Marty's statements, A, thank you very much for coming. We definitely appreciate it. But I would also like to clarify to folks that what we see in our region is a lot of the plans calling in to our case workers regarding their issues. And we're going to talk about this a little later when we do the retroactive processing session, but those calls should be directed to the account managers, not to our CTM case workers. That's really the mechanism for our Congressional offices or beneficiaries to call in and add a complaint to the system.



Just like a managed care plan, any issues that you have related to your beneficiaries should come through your account manager. Thank you.

We were so thorough--oh, we have one over here. By the way, my daughter really is playing drums, I wasn't joking. I spent all of my 20s here, down past my belt touring around in the back of a Ford Astro van, with rock bands. Can you believe it? I kid you not. I still look as good, but the hair is (inaudible).

Are you ready?

Absolutely.

Okay.

I was just trying to, while they were walking over, just kind of make smalltalk.

Hi, there. I'm just wondering, as someone who writes some of the reports from the CMS side, how you would explain some of these little word processing quirks in HPMS. Which is to say, it won't accept apostrophes or semicolons, a couple of other things. It's kind of a bothersome little thing. It seems like it would be an easy fix. Comment on that?

Right, okay, so I'm not going to get technical, but I'll get a little technical. The HPMS, we're a web-based system. We sit on an Oracle platform. It's a database, so we're not like Microsoft Word, okay, so what ends up happening is when you--let's say you're working on a corrective action plan, and obviously you're not going to work on that within the HPMS, although I recommend you do--just kidding. But you're going to work on it, and then you're going to copy, and you're going to paste it into that thing, right?

So basically what happens is when you're pasting Word text, which is a certain type of character that the computer recognizes, you're pasting it into basically database code, okay, and what happens is a lot of these--like a question mark may turn upside-down and it looks kind of strange. There's really nothing we can do about that, because it's the nature of you're not writing something into a Word document, you're writing it into a database. So it's just how Oracle handles those characters. We have done everything we have been able to, to expand the size of character fields. Generally you have 4,000 characters. Where that's not been large enough we've tried to allow for attachments, but there's just really--it's one of those things that it's like, you know, it is what it is.

For those of you who are technical in nature, the technical description is that the injugulating infribulator of the imbobulator when you paste it in, injigulates the frobulator. That's the technical--that's how it's been described to me technically. But in seriousness, it is--it's like the nature of using a database. Don from technically, is there any other--I mean, that's what it is. So that's how it's been described to me by the--because obviously we're analysts, but there's a whole technical staff, and then we have contractors that obviously do a lot of the coding of the system, and it's just been explained to me that it's the nature of using database when you copy and paste. So I

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would say that obviously it's always good when you paste everything, have to look at-- and I do apologize for it. I wish there was something we could do. Any other questions?

Okay, I'm assuming--come up and--thank you all very much for having us up, we appreciate it.

END