



TRANSCRIPT

Retroactive Enrollment Process (RPC)
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Well, good afternoon. I guess that was a good start to the afternoon. It startled me. Cathy and I are here today to talk about retro enrollment processing--enrollment and disenrollment. Now when we were kind of brainstorming about what kinds of things we wanted to cover during the conference, we were thinking about, what are the issues that were coming across we're seeing that we'd like to kind of talk about, and this one kept coming up, that we're seeing more and more folks contacting the regional offices and their account managers regarding how do I process retroactive requests, and disenrollments.

So I'm going to give just a little background on the process, and then Cathy's really going to go into the good, good, good gory details. And when I was thinking about this yesterday, I think it was Dr. Davenport who was comparing Pace to a teenager at this point, and when I think about the retroactive process, it fits into the teenager. There are some issues going on that we're still trying to work through, and we're going to get there, but it's going to take a little bit of time. So keep that in mind, it's probably too high.

Okay. All right, we're working. Okay, so we're going to cover today a little bit about the enrollment process, just a real general overview. We're going to get into the definition of retroactive requests, how to submit those to the retroactive processing contractor when they become too old to manage on your own, and then some improvement opportunities as well. Then we have a couple resources for you as well, and keep in mind that your account managers are always a resource. Now I have a little question before I go to the next slide, and that is, is anyone familiar with the February 24, 2009, HPMS memo? That's what I was afraid of. Okay, well, what we're going to do is we're going to make sure you all get a copy of it, so that when we move forward with this, after we give a little education, you'll all be aware of the process, how it works. It's really great and I'll also send that out with the December--wait, the December 2009 one, which is the one you should be aware of.

Both of those, we'll send them out to you. It gives you the process, how it works. It gives you a couple of tip sheets. Also you can go to the reedandassociates.org Web site. Lays it out there really terrific. I go there sometimes when I have questions. So little background, then we'll get started.

The enrollment process, to keep in mind, participants must of course meet eligibility requirements for Pace program. The Pace eligible enrollee must agree to enrollment conditions, and sign that Pace enrollment agreement which will then dictate the enrollment date which will be effective the following month of the month they sign it for.

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This document is very, very important, because what we're seeing is with retroactive requests, specifically ones that are older than 90 days or three months and have to go to the retro processing center, all the documentation has to go along with that request. If there's one piece missing it will not be processed, and then it delays your payments. So having that signature, whether it's an enrollment or a disenrollment, is really going to be the key to whether it happens or doesn't happen.

And what we're doing in the regional office is we're really taking a look at folks who call in with requests over and over again to take actions. We're trying to track and trend and see what kinds of issues you all are experiencing out there with regards to this, so that we can find ways to improve that and make it better. So once you have that signed enrollment form you want to go ahead and prepare--and this is probably more for IT folks. I'm not sure how in-depth you all get into this, so I won't go real in detail into it. You can talk to me afterwards if you're really interested in it.

But you want to go ahead and prepare your CMS transactions for submission, submit those transactions, review your batch completion status summaries and your transaction reply reports. It's important for the plans to go back and match their data, to see whether their enrollment was accepted or not accepted. If it wasn't accepted, there is a timeframe, which Cathy's going to go into, where you can go ahead and submit it again--maybe the code was wrong. Maybe the (hicken ?) was wrong. There could be a million things that may have been wrong. So it's really important to do those quality checks of your data upfront, so we can go ahead and get that processed.

The next two slides are really just an example, laid out for you in a couple of grids of how the process works, and what actions you may have to take if something doesn't go quite as planned. So like I said before, you have your enrollment requests, request is completed, enrollment period is there. You want to check all of these things before you submit. You'll do your eligibility query for the beneficiary, enroll them in your plan's system as of the effective date, so they can go ahead and start getting those services they need. Prepare that transaction, format it correctly, data's accurate, that quality check we were talking about. Submit the enrollment, and if you get those failed transactions or rejects, you need to really go back and follow through and see what the issues were.

You want to again just reconcile, reconcile, make sure you're using the correct information. Develop some kind of a quality system within your Pace plans to check these things so that we can avoid the errors, which really do affect payment. Review your monthly reports. Like I said, internal quality checks, and then when necessary, as I was saying earlier, you may have to submit to CMS your retro processing contractor.

When this happens, there are some steps that you may need to follow. Get in touch with the account manager, get an approval. That approval needs to be sent, and Cathy is going to cover all of those goodies for you. Are you ready? And I do want to say a special thank you to Cathy for stepping in and helping me out today.

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Thank you, Tammy. Hi, everyone. My name is Cathy Fero and I did indeed letter in the fine sport of outrigger canoeing in high school. Ironical fact, not as fun, is that I'm a terrible swimmer, and so at the age of 14 I used to take to the open ocean with five other girls about the same age as me, and steer a canoe in four to six mile races. And the number one lesson I learned doing that is to stay calm at all times, and that has kind of fed into the rest of my life here.

I'm here today because I am the senior case worker in the Philadelphia regional office. Every regional office has a person like me, a senior case worker. It's kind of a jack of all trades. The one thing that I do specialize in, though, is something I think of as problems. I solve problems. I also recently became the lead case worker for Pace plans in the Philadelphia region, so if you should ever happen to get a CTM, I would be the person handling that CTM on the CMS side. Bless you.

As the senior case worker I help all of the staff in the Philadelphia regional office to develop and resolve all types of inquiries--beneficiary inquiries, provider inquiries and so forth. Many of those inquiries involve requests for retroactive enrollment or disenrollment. And so that is why I'm here today, because I do see a lot of requests. I have seen maybe some of the requests that you yourselves have put through, and so I'm familiar with them, maybe what you're dealing with out there and maybe what some of your concerns are.

I'm going to be speaking today about retroactive requests of all kinds, and the retroactive processing contractor, three letters that maybe put fear into some hearts, the RPC, also known as (inaudible) associates. Tammy just described to you very briefly the process for which you should be submitting enrollments to us, and then making sure that your information matches our information. Ideally, if all of that goes well, you can avoid having retroactive requests, but in the course of your ongoing procedures with submitting, reconciling and so forth, you may encounter some enrollment errors, which of course must be corrected. These errors will fall into three categories by CMS definition, and here they are.

Categories one and two, CMS considers to be solvable in normal business procedures, either by calling the MAPD helpdesk, or by calling--or by going through the RPC for the change. Category three is where we are running into effective dates that are older than three months, and therefore we call them category three. We require these to be reported and approved by the CMS account manager before the action is taken, and I'm going to talk about all of these categories in more detail now.

We don't have a slide about category ones. I'm not sure that it maybe happens to a lot of you, but category one are considered standard retroactive actions. They do include things like documented systems failures, like the day before you're supposed to put all your enrollment transactions, you had a power outage or something like that. You can go ahead and call the MAPD helpdesk. They can help you get a badge through, and go ahead and just fix that, and we consider that to be normal business procedures.

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Also, corrections to 4RX data, corrections to late enrollment penalty or uncovered months, which we sometimes call Code 72 corrections--those are also considered to be things that you can resolve through the MAPD helpdesk. I'm hoping that all of you are all familiar with the MAPD helpdesk, because they are very helpful in resolving all types of technical issues regarding enrollment. If you can't get something through, that is probably your best bet, your first stop, for trying to figure out why something won't go through.

So in general they're very helpful as well. Now moving on to category two cases, which I think some of you may see more often, category two cases will include retroactive enrollment and retroactive disenrollment, disenrollment actions with effective dates within three months, or those resulting from an automatic action taken by CMS that are identified and reported timely. So let me give you two examples. If today is any day in November, and it is any day in November, it's November 17, requests for September 1, October 1, and November 1 effective dates are considered to be category two. That's how we count the three months--the current month, and two months back. When you go back one more month, August 1, and anything earlier than that, that would be considered category three, which we're going to talk about in just a second.

A second slightly different example--let's say that you identify a discrepancy when you're reconciling with a CMS report. Let's say you received that CMS report in September 2011, and one of your patients shows an erroneous date of death, for example. You have until November 2011 to submit a correction for that error, for it to be considered a category two and not have to go through the category three procedures that I'm about to discuss. So that's how we're thinking about the three months there.

The three month rule, in case you're wondering, comes from some regulations that we have that you do your reconciliations within 45 days, and just for ease of streamlining--purposes of streamlining the process, we have sort of rounded that over into three months so we can think about that easily. Now when you're going over three months, let's say today is November 17, and you're looking to enroll somebody August 1, 2011, August 1, 2010, for example, we're going to call that a category three case.

Category three cases are all considered to be exceptions. It is outside of CMS guidelines, outside of what we consider to be general business process for enrollments, and so anytime a category three comes up, we do expect those to be reported to your account manager, and the action to be approved by the account manager before they go ahead and get taken. So as I mentioned, if today is any day in November, any action 810 and back is going to be considered to be more than three months.

When you are going to request such an approval, and some of you may have already started to explore this process and go through it, there's a few pieces of information that your account manager is going to need in order to provide the approval. The first is an exact count of the (inaudible) records--that could be one, it could be hundreds.

We also want to know what the root cause of the error is. When we talk about this sometimes, we're talking in big numbers, and maybe in your case, maybe there was just

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an oversight or something like that. But we do want to know what the root cause is, and we also want to know what steps you are taking to address that root cause. The reason we're looking for this type of information is because we want to make sure that there are no areas in the organization that are slipping, where reconciliations are not being done, enrollment forms are not being processed correctly and so forth, and so we do want to see if something has sat in the organization for more than 45 days or three months, what's going on there and what you're doing to address that issue.

Based on the documentation that you provide, your account manager will provide you with a written approval for the specific cases that you have submitted. It is not an ongoing approval, it is just for that batch of cases. You would include this approval with your request to the retro processing contractor, and with that approval, you should still include all of the usual documentation that you would include with their retroactive request, and I'm going to go over that in just a second. The CMS approval only waives the timeliness requirement. We still expect there to be documentation provided with that retroactive request.

I should also mention that if you do happen to have a category three case in the CTM, the complaints tracking module, the case worker who's dealing with that case can go ahead and provide the approval so that we can keep the CTM timely. So if you do happen to have one of those CTMs, make sure you communicate with the case worker who's assigned. So if you're in Philadelphia, that's likely to be me, and if you are in another region, somebody could be your account manager, but it might be somebody else, so you might want to check with that.

So I've mentioned the retroactive processing contractor a couple of times. Just to back up a little bit, since I think some of you may be new to the process, the retroactive processing contractor is a third party contractor that we use to take retroactive actions, and sometimes they're called marks actions, that just like I've been describing. The types of things that they can process are retroactive enrollments and disenrollments of all kinds. They're listed there on the screen for you, including plan benefit, plan package, change enrollments, segment changes, and reinstatements. They also do payment validation adjustments, and that would include state and county code changes, ESRD changes, Medicaid changes, and LIS updates. So they have a full arsenal at their fingertips to correct records.

They handle all types of really retroactive enrollments. Of course that would include standard enrollments. That would be just somebody enrolled during the annual enrollment period for a one-one effective date, for example. Enrollment corrections--perhaps you submitted the wrong date to CMS and you would like to correct that date. And of course case enrollments as well. They can also process retroactive PBP, plan benefit package changes. So for example, if somebody moves and they need to be shifted, that would be something they could do. If a beneficiary chooses of course a new PBP, they can do that as well. And if something was erroneously--again, erroneously submitted to CMS, the wrong PBP, a keying error or something like that, the RPC can fix that as well.

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The RPC of course also handles retroactive disenrollments. This would include voluntary and involuntary disenrollments and of course any corrections due to plan error, they're able to correct as well. Finally, the RPC is able to handle reinstatements. This could be, for example, a beneficiary disenrolled from your plan mistakenly, perhaps even by enrolling in a different plan, they've been disenrolled from your plan. The RPC can handle those types of actions. If there has been an erroneous disenrollment due to an erroneous death indicator, or the erroneous loss of Part A and B, they're able to correct those records, although often times CMS will also correct those records as well.

And if there's any sort of plan error requiring reinstatement, they're able to correct those errors. I do want to mention, though, the three things that you did not see on these last three slides, it seems kind of obvious what is on the slides, but what is not on the last three slides, are enrollment exceptions. Certain reinstatements, certain retroactive enrollments, retroactive disenrollments, are outside of our guidelines, and may not typically be allowable, and in those cases the RPC will not take those actions. Because they're considered enrollments exceptions, you would need to come to CMS for assistance with those types of actions. Some examples might be if someone has been cancelled for non-payment of premium and there is some reason for them to be reinstated. If they have been cancelled due to enrollment in another plan, and they also cancelled that plan, in those cases typically we allow 30 days for the beneficiary to contact the plan they would like to be in and get reinstated. If that time has elapsed, at that point their reinstatement would be considered an exception, for example, and so those types of things you would need to bring to the attention of CMS for assistance.

So now you're probably wondering how do I make a submission to the retro processing contractor. The retro processing contractor region associates does have what they call an RPS toolkit that is on their Web site. The Web site is listed on Slide 20, it's reedassociates.org. It includes a spreadsheet and multiple worksheets that you want to take a look at when you're thinking of making a submission. The first thing, there is a validation spreadsheet. It includes several tabs at the bottom of the spreadsheet for different types of requests. Let's say you have three disenrollments and a state and county code change. All of that can go into the same workbook on all of those different tabs there, and every single sheet has a validation button that helps you to make sure that the data you have entered is--I can't say accurate, but it is going to clear the RPC, that it's definitely a category two or a category three. That button is there to help you.

There are also multiple worksheets, they're documentation worksheets to help you ensure that you provide the documentation that's necessary for the RPC, to validate the action and take the action. There's different types of worksheets for different types of actions, so you just want to pick the correct one and be sure to include a worksheet for every single request included.

The chart here just helps you to understand the flow of how things go, what the RPC--you can see once it gets to the RPC it does take several steps. As they do their intake validate the information and then take the action. The RPC does have contractually up to 45 days to take the action requested, or actually I should say 45 days to process the request, and they may or may not take the action, depending on what you've provided.

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Lately, 14 days has been more typical. They have not run up to the 45 days I don't think anytime in the past year, so they have been able to keep up with the workload fairly well this year. So you should hear back relatively quickly.

And so I've gone over just briefly what retroactive actions are, what you might be looking at and how you should be handling them. The things to take away is, well first of all, hopefully to avoid them, because as you can see, there's a lot that goes into taking a retroactive action, and there's a lot of good reason for that. Because when a retroactive action is taken on a beneficiary's record, sometimes it has a lot of unintended effects to the beneficiary, and we do try to avoid them. We try to deal with things in real time, because that's just the optimal way to do it.

However, we have the processes in place to correct those errors. If you do need assistance with them, by all means, please do contact your account manager, or someone like myself in the office. But we do want to impart you some improvement opportunities for taking these types of actions. First of all, you want to validate your data before submitting. You want to review your upload error reports timely. Review the final disposition reports from the RPC timely. Submit all of the RO approvals together, those are the category threes, rather than one at a time, and be sure to be detailed on the documentation worksheet, especially if there has been a plan error involved. Want to make sure that the RPC is aware of that.

And finally, you just want to make sure to take care with your submission and make sure you get all of the details in there, for example, including the signed cover letter with the attestation with every submission; submitting all requests for all contracts on the same Excel file helps the RPC to do their job faster. Providing the correct election period for all applicable requests. I should say, this is sort of another way of saying that the RPC is not there to do any homework for you. They see the information that you provide, make a determination, and either take the action or don't. They're not going to go behind the scenes and think, oh, well they put AEP, maybe they meant SEP. They don't do that type of work, so just be sure to take care when you're selecting that information.

Also helps them if you use the same password on the spreadsheet. Just helps them to be able to open those spreadsheets, of course, and if you have any requests that have been rejected by the RPC, they have a client services division there. I have been told that they are generally helpful. Their contact information is available on their Web site. I think there's an e-mail address, there's a phone number that you can call. Of course, if they are unresponsive to you, by all means contact your account manager and we'll try to facilitate that communication, but when you do get something rejected you can call client services and speak to them about maybe what is missing, what can be done to make sure that action goes through the second time, because nobody wants to go back and forth with the RPC like that, over and over again.

Tammy mentioned two memos, available on HPMS, December 24, '09 and February 24, '09. They detail everything that I have talked about. They include a lot of examples of what's a category one, two, or three. I mean, I would not try to get too bogged down



in the details of one, two, and three, but be aware that when something has aged beyond three months that that is definitely a category three.

The Reed Associates Web site is also very helpful, reedassociates.org. It has that toolkit that I mentioned and also has a Reed Associates standard operating procedure for submitting retroactive requests, and that SOP is very helpful in addition to the memos as well. So Tammy and I are available for questions if there are any.

Tamara and Cathy, thank you for that presentation. I especially appreciated the extra resources that you gave us. My question is, in a category three case for retroactive enrollment, once all the documentation is submitted and the account manager has reviewed and approved, what's the expected timeline for correction?

Well once the account manager has taken the approval, they will provide that approval to you and then you would submit it to the RPC. (Inaudible.) And so from there, once you make your submission, could be up to 45 days at that point. Does that answer your question?

I would just like to add one thing, because it's a little bit probably the elephant in the room for some people, but some of these we do realize when you submit them multiple times to the retro processing center, and they keep coming back rejected, and then you contact your account managers, and we do try and work through those and help you with those, when they get very old. We're not opposed to that. We're trying to be helpful in that regard. Just keep in mind that it's a lot for us to go through and actually make sure it's valid. We do have other work assignments. So we are taking that seriously, and as I said earlier on, when we do take action on those cases and take a look at them, we're really tracking and trending where the issue started--was it with the RPC center, was it something that was done early on with the enrollment--what is it, so that we can try and fix it, so that it doesn't happen again? So we are working on those things. I know there's still some policy guidance that's being worked through, so there's going to be some additional assistance regarding this area.