Enrollment Operations

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Agenda

- Enrollment Process: Pre-Submission
- Enrollment Process: Submission
- Enrollment Process: Post-Submission
- Retroactive Submissions
- Improvement Opportunities
- Best Practices
- MARx Redesign & Modernization

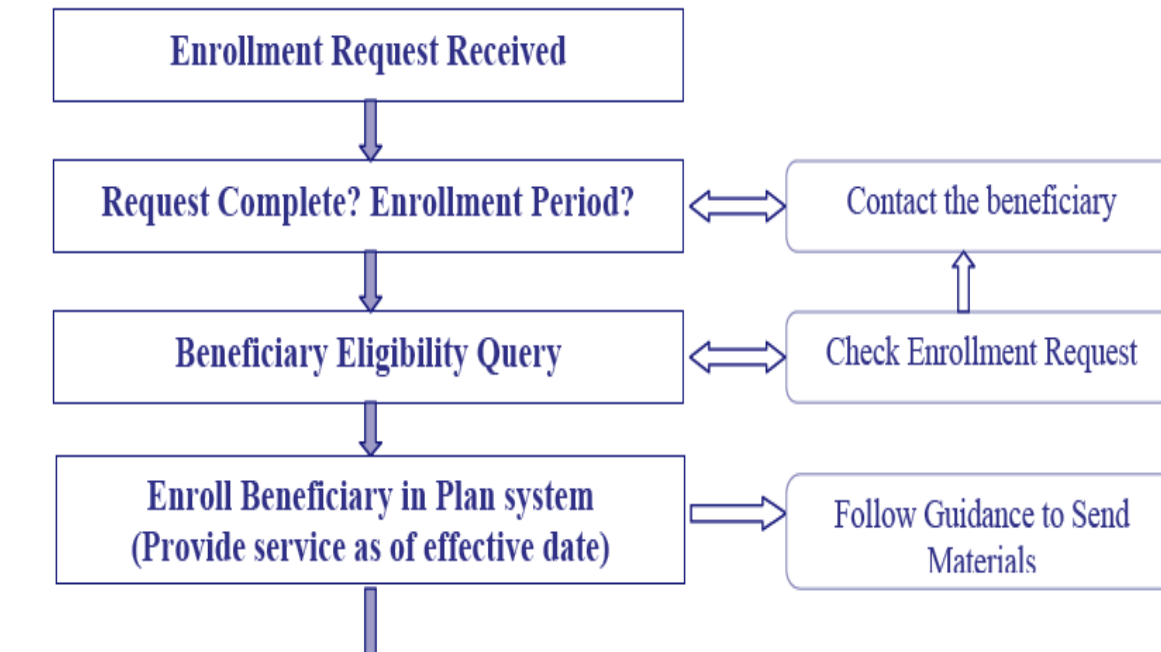# Enrollment Process: Pre-Submission

- Enrollment Request Received:
  - Plan takes one of three actions
    - Accept
    - Deny (up front)
    - Determine incomplete
  - Don't forget the <u>BEQ</u> and the enrollment period
- Enroll in your plan systems; for accepted enrollments, **coverage begins** on the effective date
- Provide appropriate notifications, etc., within timeframes

Enrollment Process: Submission
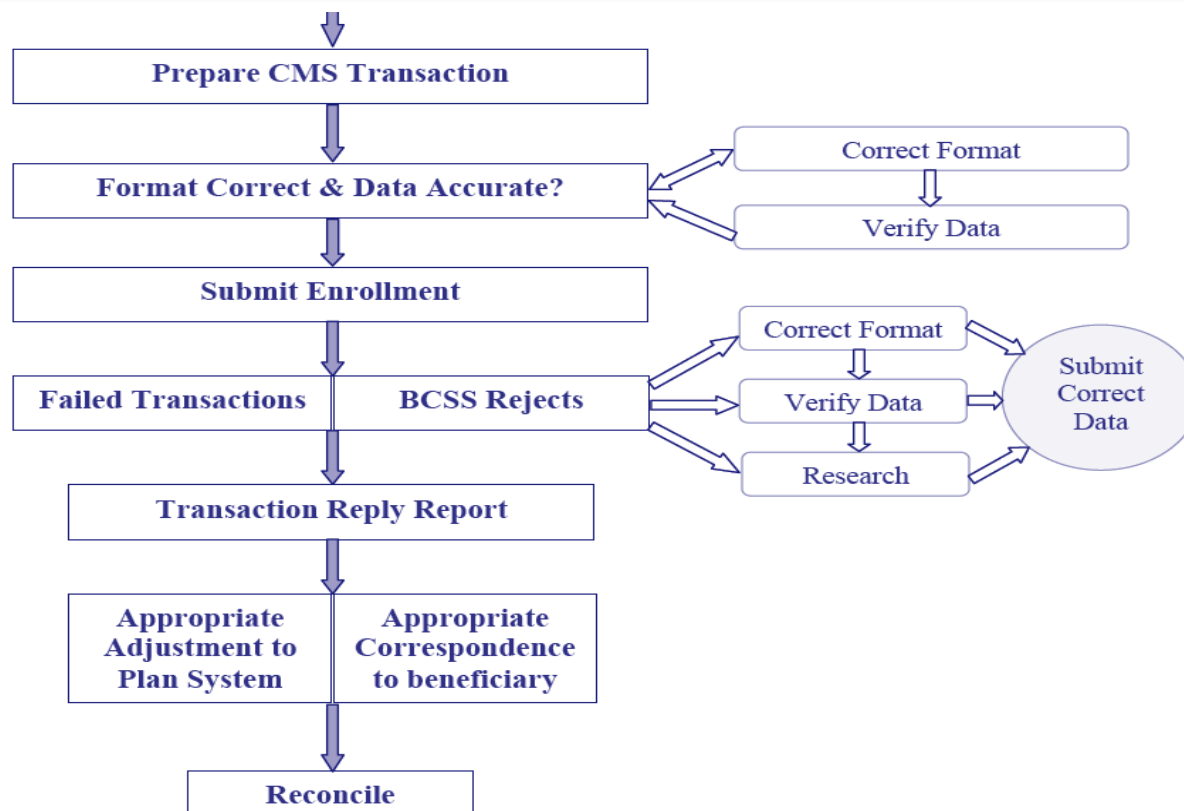
- Prepare CMS Transactions for submission
  - Is the format correct?
  - Is the data accurate?
    - What are your internal controls?
      - <u>Data quality</u> issues we see often: HICN, election period, application date
- Submit Transactions
  - Submit early and often
- Review Batch Completion Status Summary (<u>BCSS</u>)
  - Identify errors, correct and resubmit during CPM
- Transaction Reply Reports (TRR), etc.

Enrollment Process: Submission

EXAMPLE ENROLLMENT PROCESS

Enrollment Request Received

↓

Request Complete? Enrollment Period? ⇔ Contact the beneficiary

↓ ⇧

Beneficiary Eligibility Query ⇔ Check Enrollment Request

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Enroll Beneficiary in Plan system (Provide service as of effective date) ⇒ Follow Guidance to Send Materials

Enrollment Process: Submission

Enrollment Process: Post-Submission

- Reconcile after every submission
  - Use the BCSS to identify rejections and failures
  - Correct your errors and resubmit within CPM
- Data Quality
  - Compare what you believe you sent to what was actually submitted
- Review the TRR
  - Another opportunity to correct and resubmit
  - Includes CMS-generated actions that you must react to
  - This is not optional

Enrollment Process: Post Submission

- Review your monthly reports
- Internal quality checks
  - Develop a quality assurance plan
  - How do you ensure consistency?
- Better internal quality checks means fewer manual corrections
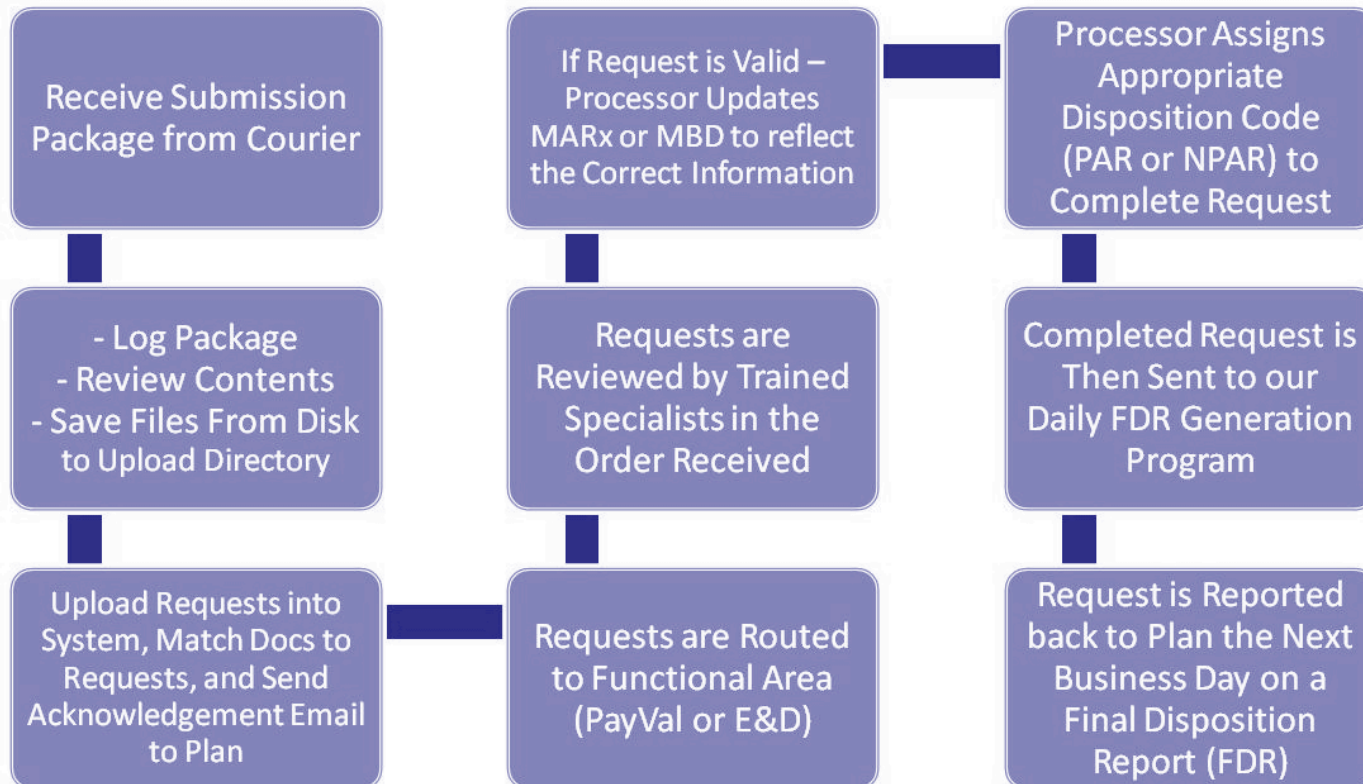- When necessary, submit to CMS Retro Processing Contractor

What is a Retroactive Request?

- CMS has 3 categories of retroactivity as defined in the February 24, 2009, HPMS memo:
  - **Category 1** requests represent normal business processes that organizations may address through the MAPD Help Desk
  - **Category 2** requests represent normal business processes that organizations may address through the RPC
  - **Category 3** requests require organizations to obtain approval from their CMS Regional Office Account Manager (AM) prior to submitting requests to the RPC

Retroactive Submissions

- The Retroactive Processing Contractor processes
  - Retroactive enrollments/disenrollments
    - PBP change enrollments
    - Segment Changes
    - Reinstatements
  - Payment Validation Adjustments
    - SCC Changes
    - Medicaid Changes
    - ESRD Changes
    - LIS Updates

RPC Process Flow

Receive Submission Package from Courier

- Log Package
- Review Contents
- Save Files From Disk to Upload Directory

Upload Requests into System, Match Docs to Requests, and Send Acknowledgement Email to Plan

If Request is Valid – Processor Updates MARx or MBD to reflect the Correct Information

Requests are Reviewed by Trained Specialists in the Order Received

Requests are Routed to Functional Area (PayVal or E&D)

Processor Assigns Appropriate Disposition Code (PAR or NPAR) to Complete Request

Completed Request is Then Sent to our Daily FDR Generation Program

Request is Reported back to Plan the Next Business Day on a Final Disposition Report (FDR)

Category 2 Cases

- Qualifying action or event reported by CMS to an organization via TRR/MMR within the last three months

- Corrections for an effective date due to a recent erroneous CMS action against a member (e.g., erroneous death indicator)

- Employer Group/Union Health Plans (EGHPs)

- CTM Complaints

Category 3 Cases

- Effective dates for the current calendar month minus three more months are classified as Category 3
  - Actions reported by CMS to the plan via TRR/MMR more than three months from when the TRR/MMR was made available are considered Category 3 requests; including erroneous actions taken by CMS (i.e., loss of Part A or B)
- RO Approval Letter **only** waives the timeliness requirement
  - Submission must reconcile with RO approval
  - Docs still required
  - One submission per RO approval; not piecemeal

Reinstatements

- Reinstatements due to mistaken disenrollment made by the member

- Reinstatement for disenrollment due to erroneous death indicator or erroneous loss of Part A and/or Part B

- Reinstatement due to a member's involuntary disenrollment by an organization (e.g., plan error)

Over 6 & Probe Study Reviews

- Over 6 Requests - Payment validation requests with an effective date greater than six months from the RPC received date

  - Upfront documentation is required for all "Over 6" pay validation requests

- Probe Study Review–the RPC is responsible for reviewing documentation for plans that submit payment validation adjustments

  - Each month a 5% random sample of payment validation changes is selected and plans are contacted to provide supporting documentation to support the previously processed transactions

    All "Over 6" requests are excluded from the Probe Study review process

How to Submit Retro Requests

- Submission spreadsheet
  - Separate spreadsheet for Category 2 & 3
  - Macro function validates data
- Documentation Worksheet
  - Required for each request
  - Provide detailed explanation, especially for plan errors
  - Select the appropriate request type and election period
  - Include appropriate documentation (i.e., enrollment form, continue to use letter, etc.)

Improvement Opportunities

- Reduce rejections and subsequent re-work
  - Analyze why; make changes that fix root causes
- Staff training
  - Learn the enrollment periods
  - Learn from your mistakes
- Front-end editing and quality control
  - Self audit and internal controls
  - Quality assurance plan testing

Improvement Opportunities (Cont'd)

- Look for trends in your data
- Consider the "types" of rejections:
  - **Format Errors:** Something is incorrect about the values of the data or its placement in the record
  - **"BEQ" Errors:** The data submitted is erroneous or incorrect choices made during processing
  - **Duplicate Errors:** CMS already has what you are trying to send in

Best Practice Reminders

- Develop and implement internal quality controls
- Use BEQ (or its equivalent) to validate the data
- Train your staff; stay up-to-date
- Use your BCSS and TRR to reconcile every submission
- Prepare for peak periods
  - AEP readiness plan

Best Practice Reminders (Cont'd)

- Correct initial submission means timely plan payment

- Develop tools to help your organization identify trends and take actions

- For example, if you identify TRCs that indicate a formatting problem; review the mechanism that creates the transactions and your internal quality check points

- If you identify several TRCs that indicate a "BEQ" problem; review your internal processes, manuals, training materials, etc.

Sample of Reject TRC Focus Areas

TRC Code	Rejected TRC Description	Potential Focus Area
1	Invalid Transaction Code	Format
3	Invalid Contract Number	Format
8	Beneficiary Claim Number Not Found	BEQ
19	Enrollment Rejected – No Part A/ Part B Entitlement	BEQ
20	Enrollment Rejected – PACE Under 55	Format or BEQ
38	Enrollment Rejected, Duplication Transaction	Duplicate
39	Enrollment Rejected, Currently Enroll in Same Plan	Duplicate

Important Note

- The descriptions of potential areas to focus on for certain TRCs are only samples to help you create your own tools

- It does not include every TRC

- You should develop the approach that's best for your organization

Frequently Seen Errors

- Election Type Code (enrollment period selection)
  - Determining the correct enrollment period is important
  - Train your sales areas and enrollment processors
- Duplicate Transactions
  - Use the BCSS; many duplicates appear to be related to not reconciling submissions
- Disenrollment Reason Codes
  - All plan submitted disenrollment transactions must include 1 of the 4 valid disenrollment reason code values for plan submitted actions
  - The election period must also be correct

Plan Submitted Disenrollment Reason Codes

Plan Action	When to Use	Reason Code	Election Type Code
Voluntary Disenrollment	Beneficiary has requested disenrollment during a valid enrollment period	11	Correct value
*Failure to Pay Plan Premium	Beneficiary has failed to pay Plan premiums; Plan has met all requirements in CMS guidance	91	X
* Permanent Move out of Plan service area	Beneficiary has been determined to be out of the Plan service area per the CMS guidance; all requirements have been met	92	X
* Loss of SNP status	Beneficiary has been determined to no longer meet the eligibility requirements for SNP enrollment per the CMS enrollment guidance; all requirements have been met	93	X

*Represent Involuntary Disenrollment, as described in CMS Enrollment guidance

MARx Redesign & Modernization

- Target implementation is **April 2011**
- Basic formats will remain largely the same
- Improvements:
  - Calendar month based processing for enrollment
  - Existing payment-month process with Plan Data Due date remains for computing and delivering payment
  - Simplified, single enrollment transaction
  - New Cancelation Transactions
  - Daily Transaction Reply Reports
  - Limited on-line plan user access for certain updates
- Stay tuned!!!! More details coming soon

Questions???