



CMS 2010 Tri-Regional Plan Compliance Conference
Dallas Hilton Lincoln Center, May 19-20, 2010

A MOSAIC of More: More insight, More answers, More compliance...

Verbatim Transcript
Plan Panel

Moderator: Kathryn Coleman, Kansas City Associate Regional Administrator,
Division of Medicare Health Plans Operations

>> WE HAVE A REAL TREAT NOW, AS I MENTIONED EARLIER. IN PLANNING THIS CONFERENCE, WE WERE VERY INTERESTED IN HEARING FROM YOU. AND I KNOW SOMETIMES IT'S DIFFICULT TO WANT TO SPEAK OUT IN CERTAIN CIRCUMSTANCES, SO PAT THESE FOLKS ON THE BACK WHO WERE WILING TO GET IN FRONT OF YOU AND SHARE INFORMATION FROM THEIR PARTICULAR VIEWPOINT. THE MODERATOR OF OUR PLAN PANEL IS KATHRYN COLEMAN, ASSOCIATE REGIONAL ADMINISTRATOR IN KANSAS CITY. YOU MET HER YESTERDAY. SO I WILL TURN THE PROGRAM NOW OVER TO KATHRYN.

[APPLAUSE]

>> GOOD MORNING. WELCOME BACK. I HOPE YOU ALL HAVE HAD A GOOD DAY HERE YESTERDAY WITH US. THIS MORNING WE HAVE A BIT OF A TWIST ON WHAT WOULD BE A TRADITIONAL CMS CONFERENCE SESSION. YESTERDAY YOU ALL SPENT THE ENTIRE DAY LISTENING TO US AND OUR SIDE OF THE STORY. TODAY AND THIS MORNING, WE'RE GONNA TURN THE TABLES A BIT AND SPEND SOME TIME HEARING FROM SOME OF YOU.



AS I WAS PUTTING MY THOUGHTS TOGETHER LAST EVENING, I WAS REMINDED OF AN EXCHANGE I HAD WITH MY SON CHARLIE. AS I WAS ROLLING MY SUITCASE THROUGH THE KITCHEN ON THE WAY TO THE BACK DOOR TO LEAVE, HE SAID, "WHERE YOU GOING, MOMMY?" HE'S 2, YOU KNOW, SO HE'S NATURALLY CURIOUS CONSTANTLY ABOUT WHAT I'M DOING, AND I SAID, "OH, I'M GOING TO DALLAS, TEXAS." HE SAID, "OH. GO SEE YOUR FRIENDS?" AND-- [LAUGHTER]

AND I HESITATED A BIT AS I TRIED TO ANSWER THAT QUESTION. AND I ADMIT I WAS TAKEN A BIT ABACK AND I SAID, "YEAH, SORT OF." AND THAT STORY IS SORT OF A BIT OF A METAPHOR FOR ALL OF US HERE TODAY. I THINK, YOU KNOW, WE ALL STRUGGLE A LITTLE BIT ABOUT OUR RELATIONSHIPS WITH YOU ALL. ON THE ONE HAND WE'RE YOUR REGULATORS, AND THEN ON THE OTHER HAND WE TALK ABOUT BEING PARTNERS AND WORKING TOGETHER. AND IN SOME WAYS YOU ALL ARE OUR FRIENDS. YOUR SUCCESS AND OUR SUCCESS REALLY DEPENDS ON HOW WE WORK TOGETHER. AND THE BETTER WE GET AT TALKING WITH YOU AND HEARING YOU AND, FOR THIS MORNING, REALLY LISTENING TO YOU, I THINK THE BETTER OFF WE ALL ARE IN SERVING OUR BENEFICIARIES WHO--LIKE MY MOTHER, WHO REMINDS ME ALL THE TIME THAT SHE'S A BENEFICIARY. OR YOUR FATHER, YOUR GRANDFATHERS, AUNTS AND UNCLES-- THE KIND OF CARE THAT THEY'RE ALL COUNTING ON ALL OF US TO PROVIDE. OUR BOSS, JIM KERR WHO YOU MET YESTERDAY, IS FAMOUS FOR SAYING, "NO ONE COMES TO WORK EACH DAY WITH THE INTENTION TO DO SOMETHING WRONG." SO I THINK THE MORE WE WORK TOGETHER AND

LISTEN AND COOPERATE, THE BETTER OFF WE ALL WILL BE. SO WITH THAT, LET ME INTRODUCE TO YOU THESE BRAVE SOULS WHO WILLINGLY AGREED TO COME AND BE WITH US THIS MORNING. WE'RE SO DELIGHTED TO HAVE THIS DISTINGUISHED PANEL OF PLAN EXPERTS HERE. THANK YOU ALL VERY MUCH FOR YOUR WILLINGNESS TO PARTICIPATE. FIRST, WE HAVE ON THE END THERE STEPHEN LONG. HE IS THE COMPLIANCE OFFICER FOR PEOPLES HEALTH, A MEDICARE ADVANTAGE PLAN IN SOUTHEAST LOUISIANA, AND HE'S BEEN THERE FOR THE LAST 13 YEARS. HE'S PREVIOUSLY WORKED WITH PLANS SUCH AS BLUE CROSS BLUE SHIELD AND A LOCAL MEDICARE ADVANTAGE PLAN IN NEW ORLEANS. NEXT TO STEPHEN IS MY PERSONAL FAVORITE PANELIST, RICH APPEL FROM CIGNA, WHO I'VE HAD THE PLEASURE OF GETTING TO KNOW OVER THE LAST DAY OR SO. HIS ACCOUNT'S MANAGED OUT OF OUR REGION IN KANSAS CITY, SO WE'RE PARTICULARLY PROUD OF HIM. RICH IS CIGNA'S COMPLIANCE OFFICER FOR THEIR SENIOR SEGMENT, AND HE'S RESPONSIBLE FOR THEIR MEDICARE ADVANTAGE PRIVATE FEE-FOR-SERVICE PLAN AND THEIR MEDICARE PART "D" PLAN. HE WAS PREVIOUSLY DIRECTOR OF CIGNA'S SPECIAL INVESTIGATION UNIT RESPONSIBLE FOR REFERRAL INTAKE AND DATA MINING. AND FINALLY, LAST BUT NOT LEAST, WE HAVE LISA LUSBY FROM PASSPORT ADVANTAGE HEALTH PLAN. AND LISA IS THE DIRECTOR OF THEIR MEDICARE ADVANTAGE PRODUCT AND RESPONSIBLE FOR ALL ASPECTS OF THEIR SPECIAL NEEDS MEDICARE ADVANTAGE PLAN IN KENTUCKY. SO WITH THAT, WELCOME TO ALL OF YOU. WHAT WE HAVE THIS MORNING IS A SERIES OF QUESTIONS

THAT I GAVE TO THE PANELISTS IN ADVANCE SO THEY COULD THINK THEM OVER AND REFLECT UPON THEM AND HOPE THAT THEY COULD SHARE WITH YOU SOME OF THEIR BEST PRACTICES AND REAL-WORLD EXPERIENCES OF WORKING WITH CMS. AND HOPING THAT YOU ALL CAN GAIN MORE INSIGHT--THERE'S THAT WORD AGAIN--INTO WHAT THEY ARE DOING AND HOW THEY ARE WORKING WITH US AND PERHAPS SHARE SOME OF THEIR IDEAS. AND THEN IF ANY OF YOU WOULD LIKE TO ASK THEM QUESTIONS OR PROVIDE ADDITIONAL INSIGHTS, WE'D WELCOME YOU TO EITHER OF THE MICROPHONES IN THE AISLE, BECAUSE WE WANT YOU ALL TO FEEL LIKE YOU HAVE AN OPPORTUNITY TO ADD TO WHAT THEY'RE SAYING, AS WELL. SO WITH THAT, I'LL TAKE MY SEAT, AND WE'LL START WITH THE QUESTIONS. AND IF EACH OF THE PANELISTS COULD JUST GIVE A BRIEF FLAVOR FOR WHAT YOUR PLAN IS LIKE BEFORE YOU ANSWER YOUR FIRST QUESTION JUST SO YOU ALL HAVE A SENSE OF WHERE THEY'RE COMING FROM AND WHAT PERSPECTIVE THEY'RE COMING FROM. SO SINCE I TALKED UP--SINCE I TALKED UP RICH, HE GETS TO GO FIRST. SO, RICH, THE FIRST QUESTION IS, WHAT DO YOU BELIEVE IS THE BIGGEST CHALLENGE FACING YOUR ORGANIZATION IN THE NEXT 6 MONTHS TO ONE YEAR?

>> AND AGAIN, I CAN START BY JUST A LITTLE BACKGROUND. WE HAVE A NATIONAL PART "D" PLAN THAT'S BEEN IN EXISTENCE SINCE THE INCEPTION OF THE PROGRAM. WE ALSO OFFER A--I SAY "NATIONAL," BUT IT'S REALLY NOT A NATIONAL-- BUT IN ABOUT 13 STATES A MEDICARE ADVANTAGE PRIVATE FEE-FOR-SERVICE PLAN. AND WE HAVE AN ARIZONA HMO PLAN, AS WELL, THAT'S BEEN AROUND FOR

MANY, MANY YEARS, EVEN PRIOR TO US GETTING ON THE PART "D" SIDE. SO I THINK, AS FAR AS THE CHALLENGES FACING US, THE CHANGE--IT IS A-COMING. WE'VE SEEN IT WITH THE REVISED REGULATIONS TO PART "D" AND MA PLANS, HEALTH CARE REFORM, AND IT'S GOING TO BE COMING-- SORRY. CAN FOLKS HEAR ME NOW? >> YES.

>> IT'S GOING TO BE COMING FAST AND FURIOUS. AND I THINK, AS A PLAN, WE REALLY HAVE TO BE NIMBLE ENOUGH TO BE ABLE TO DIGEST THE GUIDANCE, THE REGS THAT ARE COMING DOWN THE PIKE PRETTY QUICKLY, DISSEMINATED AMONGST THE ORGANIZATION, AND REALLY FROM MY PERSPECTIVE, ACT AS THAT KEY LIAISON TO HELP OUR OPERATION AREAS UNDERSTAND THAT GUIDANCE, AND THEN WHERE THERE ARE QUESTIONS, WORK WITH REGIONAL OFFICE TO GET CLARIFICATION TO IDENTIFY POTENTIAL ISSUES. A PERFECT EXAMPLE IS THIS PAST MONTH THERE'S BEEN A LOT OF GUIDANCE RELEASED CONCERNING PART "D" DRUG COVERAGE IN THE COVERAGE GAP, DIFFERENTIAL BETWEEN PLANS, AND WE'RE--WE'VE BEEN IN OUR BID PROCESS SINCE THE BEGINNING OF THE YEAR AND WE'VE HAD TO DIGEST THE GUIDANCE THAT COMES OUT, MAKE SURE THE BID TEAM IS AWARE OF IT, MAKE ANY MODIFICATIONS TO THE BID THAT--AS EVERYBODY KNOWS, THAT DEADLINE IS NOT GOING TO BE GOING AWAY. AND I THINK PLANS REALLY HAVE TO BE NIMBLE AND HAVE TO SORT OF KEEP AN EYE LOOKING FORWARD IN ANTICIPATION OF, "OK, THIS IS WHAT'S OUT THERE IN HEALTH CARE REFORM. WHAT IS THAT GOING TO MEAN WHEN THE HEALTH CARE REFORM REGS ARE CODIFIED AND WE START

GETTING HPMS MEMOS, UPDATES TO GUIDANCE?" SO IT'S REALLY BEING NIMBLE AND BEING ABLE TO ACT PRETTY QUICKLY ON REVISIONS.

>> STEPHEN, WOULD YOU LIKE TO TAKE A STAB AT THAT QUESTION?

>> SURE. PEOPLES HEALTH IS THE ADMINISTRATOR OF 5 PLANS IN THE NEW ORLEANS AREA. WE SERVE 14 COUNTIES, OR PARISHES, AS WE LIKE TO CALL THEM. WE HAVE ABOUT 44,000 MEMBERS, SO, YOU KNOW, WE'RE NOT TOO BIG. WE OFFER ONE HMO, 2 HMOs WITH A POINT OF SERVICE, AN EGWP OPTION, AND ALSO A DUAL-ELIGIBLE SPECIAL NEEDS PLAN. I GUESS, YOU KNOW, STARTING IT, I'M NOT A PAID ACTOR. SO--AND I DID ANSWER MY QUESTIONS BEFORE YESTERDAY AND I DID NOT CHANGE THEM, SO THERE'S NOTHING THERE. ANYWAY, I SEE THE KEY CHALLENGE IS--FOR US IS DATA SUBMISSION AND DATA VALIDATION. YOU KNOW, I THINK IT'S OBVIOUS THAT'S THE NEW WAY CMS IS CONDUCTING OVERSIGHTS OVER THE PLANS. YOUR OLD OPERATIONAL ISSUES--THEY'RE STILL THERE. YOU KNOW, LIKE THEY SAID, THAT'S OUTCOME-BASED, AND TRADITIONALLY IN OUR ORGANIZATION, COMPLIANCE FOCUSED ON THAT. SO WHAT WE'VE BEEN TRYING TO DO IS CHANGE THE CULTURE OF THE OPERATIONAL DEPARTMENT SO THAT, YOU KNOW, THEY HAVE AN UNDERSTANDING THAT, YOU KNOW, COMPLIANCE ISN'T NECESSARILY THERE TO HANDHOLD THEM AND WALK THEM THROUGH EVERY ISSUE. THEY DO NEED TO BE ACCOUNTABLE, YOU KNOW, FOR KNOWING WHAT THE RULES AND REGS ARE AND ESTABLISHING THAT. SO, YOU KNOW, WE SEE THAT THAT IS A REAL KEY ISSUE IN OR AREA THAT WE DO NEED TO FOCUS ON. OTHER THINGS THAT WE SEE IS I THINK THAT CMS IS--LIKES THE USE OF

ATTESTATIONS NOW. THEY'RE PRETTY EASY TO CHECK OFF AND SAY, "YES, WE DO EVERYTHING CORRECTLY." AND, YOU KNOW, YOU REALLY NEED TO CONCENTRATE ON MAKING SURE THAT YOU DO HAVE THE APPROPRIATE BACKUP TO SUPPORT THOSE ATTESTATIONS. AND I THINK THAT AS IT ALL ROLLS UP--YOU KNOW, THE NEW DATA VALIDATION PROJECT THAT WE ALL NEED TO GO THROUGH AND GET THESE OUTSIDE CONTRACTORS IN--I THINK THAT'S GOING TO BE A CHALLENGE FOR US, AS WELL.

>> DO YOU HAVE ANYTHING TO ADD, LISA?

>> I DO HAVE A DIFFERENT CHALLENGE.

>> GOOD.

>> WELL, JUST TO START FOR A MINUTE ABOUT OUR PLAN, PASSPORT ADVANTAGE IS A FULLY INTEGRATED DUAL-ELIGIBLE SPECIAL NEEDS PLAN IN THE LOUISVILLE METROPOLITAN AREA. WE'RE SPONSORED BY A CONSORTIUM OF THE SAFETY NET PROVIDERS IN THE AREA. AND ACTUALLY, OUR PLAN WAS BORN OUT OF A MEDICAID PLAN THAT STARTED BACK IN THE LATE NINETIES AND THEN ADDED ON THE SPECIAL NEEDS PLAN BACK IN 2006. SO OUR POPULATION IS VERY DIFFERENT FROM WHAT YOU MIGHT SEE IN SOME OF THE OTHER MEDICARE ADVANTAGE AND MAPDs ACROSS THE COUNTRY. WE HAVE ABOUT--JUST ABOUT 10,000 MEMBERS, WHICH FOR A SPECIAL NEEDS PLAN IS PRETTY LARGE. MORE OF OUR MEMBERS ARE ON THE PLAN BECAUSE THEY'RE DISABLED VERSUS AGED, ABOUT 61%. ABOUT 70% HAVE A BEHAVIORAL HEALTH DIAGNOSIS, AND WE HAVE A COUPLE HUNDRED ESRD MEMBERS ON THE PLAN. SO THE POPULATION IS VERY DIFFERENT. ONE OF THE BIGGEST CHALLENGES FOR US AS A DUAL SPECIAL NEEDS

PLAN IS MAKING SURE THAT, YOU KNOW, LIKE STEPHEN AND RICH HAVE SAID, KEEPING UP WITH THE PACE OF CHANGE, BUT AT THE SAME TIME KEEPING MEMBERS IN THE FOREFRONT OF WHAT WE'RE DOING, AND MAKING SURE THAT WE REALLY FOCUS ON THE MODEL OF CARE REQUIREMENTS--THAT IS A REQUIREMENT THAT IS UNIQUE TO SPECIAL NEEDS PLANS. AND WHAT THAT REQUIREMENT IS, IF YOU'RE NOT FAMILIAR, IS WE ARE REQUIRED TO HAVE AN INDIVIDUALIZED SPECIAL PLAN OF CARE FOR EACH AND EVERY MEMBER ON OUR PLAN. AND SO WHILE DATA VALIDATION AND ALL OF THE OTHER REQUIREMENTS ARE THINGS THAT WE NEED TO MEET, WE REALLY VIEW THIS AS AT THE HEART OF WHAT WE DO--MAKING SURE THAT EACH MEMBER HAS A TEAM THAT'S FOCUSED ON THEIR CARE AND A PLAN TO ADDRESS THEIR NEEDS. SO THAT'S REALLY ONE OF OUR BIGGEST CHALLENGES: CONSIDERING OUR POPULATION TO MAKE SURE THAT WE'RE ABLE TO CONTACT MEMBERS, THAT WE KEEP THE MEMBER, THEIR CAREGIVERS, INFORMED, AND A REALLY STRONG COMMUNICATION LOOP WITH THEIR PROVIDERS AND THE OTHER INDIVIDUALS ON THEIR INTERDISCIPLINARY TEAM. SO...

>> OK. DO WE HAVE ANY ADDITIONAL COMMENTS OR QUESTIONS FROM THE AUDIENCE BASED ON WHAT WE'VE HEARD SO FAR? ANYTHING THAT ANYONE WANTS TO ADD? OK. AND IF YOU COULD JUST STATE YOUR NAME AND THE PLAN, THAT WOULD HELP. THANKS.

>> SURE. CHARRO KNIGHT-LILLY, ARCADIAN HEALTH PLAN, AND THIS QUESTION IS FOR STEPHEN. YOU MENTIONED THAT ONE OF YOUR CHALLENGES WAS INTEGRATING THE CULTURE OF COMPLIANCE INTO THE ORGANIZATION. CAN YOU SHARE WITH US SOME OF THE TACTICS THAT

YOU'RE TAKING TO IMPROVE THAT PROCESS?

>> SURE. ONE OF THE FIRST STEPS WE HAVE TAKEN IS, YOU KNOW, HAVING THE OPERATIONAL DEPARTMENTS CONDUCT THE TRADITIONAL CMS OPERATIONAL AUDITS WITHIN THEIR OWN DEPARTMENTS. NUMBER ONE, YOU KNOW, THAT KEEPS A FOCUS ON, YOU KNOW, THE TRADITIONAL METHODS BY WHICH CMS WAS LOOKING AT SO THAT THEY'RE CONSTANTLY MAKING SURE THAT THEIR PROCESSES ARE MEETING THAT. THE FOLLOW UP TO THAT IS THOSE AUDITS ARE SUBMITTED UP TO THE COMPLIANCE AREA FOR VALIDATION. SO, YOU KNOW, IT'S NOT JUST, YOU KNOW, CHECKING OFF BOXES SAYING, "WE'RE GREAT." YOU KNOW, IT DOES HAVE TO GO THROUGH A VERIFICATION PROCESS. YOU KNOW, THAT'S KIND OF ONE OF THE FIRST STEPS THAT WE'RE TAKING TO DO THAT.

>> AND IS THAT SOMETHING YOU DO ON AN ANNUAL BASIS, STEPHEN?

>> DEPENDING ON THE MEASURE. YOU KNOW, IF YOU'RE LOOKING AT CHECKING TO MAKE SURE THAT YOUR SALES FORCE IS TRAINED AND HAVE THEIR LICENSURE AND ALL THAT, THAT WOULD BE ANNUAL. BUT, YOU KNOW, FOR OPERATIONAL AREAS SUCH AS ENROLLMENT, YOU KNOW, WE DRIVE THAT DOWN TO QUARTERLY. OR LOOKING AT ORGANIZATION DETERMINATIONS, APPEALS AND GRIEVANCES, WE HAVE A QUARTERLY SCHEDULE FOR THAT.

>> ANY OTHER QUESTIONS BEFORE WE MOVE ON? OK. LISA, WHY DON'T YOU GO NEXT. IS THERE A BEST PRACTICE, IN YOUR WORKING WITH CMS OR IN CMS WORKING WITH YOU, THAT YOU WOULD LIKE TO SHARE? IT COULD BE YOUR OWN PLAN'S BEST PRACTICE OR SOMETHING THAT MAYBE

YOUR CMS ACCOUNT MANAGER DOES WELL IN WORKING WITH YOU THAT YOU'D LIKE TO SHARE.

>> WELL, I WOULD SAY ONE OF OUR BEST PRACTICES IS REALLY AROUND WORKING OUR CTM COMPLAINTS. AND WE HAVE--WHAT OUR ACCOUNT MANAGER HAS GIVEN US FEEDBACK ON IS A VERY, VERY LOW CTM RATE AS IT COMPARES TO SOME OTHER PLANS. AND I DON'T KNOW WHAT THE OTHER RATES ARE, BUT WE'VE HAD QUARTERS WHERE WE'VE HAD ZERO OR ONE OR JUST, YOU KNOW, A VERY, VERY SMALL HANDFUL. SO, CONSIDERING OUR POPULATION AND, YOU KNOW, MANY OF THE CHALLENGES THAT WE HAVE, YOU KNOW, WE'RE VERY, VERY PROUD OF THAT AND CONSIDER OUR CTM PRACTICES REALLY TO BE A BEST PRACTICE, AND THAT'S THE FEEDBACK THAT WE'VE RECEIVED FROM OUR ACCOUNT MANAGER. AND I ALSO JUST WANT TO ADD ANOTHER THING, YOU KNOW, TO ACKNOWLEDGE CMS. A BEST PRACTICE THAT WE REALLY FEEL IS JUST BEING ACCESSIBLE AND REASONABLE, OPEN TO FEEDBACK. WE'VE HAD MANY OPPORTUNITIES FOR COLLABORATIVE CONVERSATION AROUND THE SURVEILLANCE LISTENING SESSIONS. THAT WAS REALLY A FANTASTIC OPPORTUNITY THAT WE WERE AFFORDED TO PROVIDE FEEDBACK. THERE ALWAYS SEEMS TO BE AN OPPORTUNITY TO PROVIDE FEEDBACK AND INPUT ON POLICY BEFORE IT'S ENACTED AND MAY OR MAY NOT TAKE OUR RECOMMENDATIONS, BUT THE DIALOGUE IS ALWAYS OPEN AND TWO-WAY. SO WE REALLY APPRECIATE THAT AND HOPE THAT THAT WILL CONTINUE.

>> RICH, DO YOU HAVE A BEST--I MEAN, SOMETHING THAT YOU THINK IS WORKING WELL WITH CMS?

>> YEAH. I THINK, JUST TO REITERATE WHAT WE HEARD

YESTERDAY, WAS JUST OPEN LINES OF COMMUNICATION, AND IT TRULY IS A PARTNERSHIP. AND ONE OF THE THINGS WE DO AS WE GET CLOSE TO MARKETING SEASON IS WE ESTABLISH WEEKLY CONFERENCE CALLS WITH OUR ACCOUNT MANAGER, OUR CASEWORKER, AND OUR MARKETING REVIEWER. AND IN ADDITION TO WORKING THROUGH ISSUES, QUESTIONS WE MAY HAVE, WE PROVIDE ON A FLOW BASIS THOSE KEY ITEMS THAT HAVE BEEN SUBMITTED FOR REVIEW. AS EVERYBODY KNOWS, DIFFERENT ITEMS HAVE DIFFERENT TURNAROUND TIMES FOR REVIEW. AND A LOT OF TIMES WE FIND OURSELVES WHERE WE NEED TO REQUEST EXPEDITED REVIEWS SO THAT WE CAN MEET THE NEEDS OF SOME OF OUR DOWNSTREAM FULFILLMENT VENDORS. AND HAVING THIS ONGOING CONVERSATION OF WHAT WE'RE GOING TO BE SUBMITTING, WHEN WE'RE GOING TO BE SUBMITTING, AND IF WE NEED THAT EXPEDITED REVIEW--THOSE OPEN LINES OF COMMUNICATIONS ARE VERY IMPORTANT BECAUSE THEY REALLY FACILITATE PLANNING BOTH ON OUR SIDE BUT ALSO ON OUR MARKETING REVIEWER'S SIDE SO THAT HE CAN GET OUR FEEDBACK. AND IT REALLY HAS WORKED WELL WHERE WHEN WE HAVE EXPEDITED REQUESTS, THEY GET REVIEWED VERY QUICKLY, AND WE'RE ABLE TO MEET THE NEEDS. AND A LOT OF TIMES, AGAIN, IT MAY BE A 45-DAY DOCUMENT WHERE WE'RE HOPING TO

GET IT REVIEWED AND APPROVED IN A MATTER OF WEEKS SO THAT WE CAN MEET SOME OF OUR COMMITMENTS. AND THAT PRACTICE OF THOSE OPEN LINES OF COMMUNICATION, COMMUNICATING WHAT'S COMING DOWN THE PIKE, I KNOW IT'S WORKED FOR US, AND I'M LOOKING--I SEE OUR ACCOUNT MANAGER HERE. I THINK

IT'S BEEN WORKING ON THEIR SIDE,
AS WELL, TO ASSIST WITH THE LOAD
BALANCING.

>> AND FOR THOSE OPEN LINES OF
COMMUNICATION, DOES THAT JUST
EXIST BETWEEN YOU AND YOUR
ACCOUNT MANAGER? OR IS IT
DIFFERENT LEVELS OF THE
ORGANIZATION FEEL LIKE THEY HAVE
A LINE OF COMMUNICATION WITHIN
YOUR--

>> OH, YEAH, THAT--

>> TO CMS?

>> WITHIN OUR ORGANIZATION, JUST
AS AN EXAMPLE, EVERY MARKETING
DOCUMENT THAT'S GENERATED COMES
THROUGH MY AREA FOR REVIEW, AND
MY AREA IS THEN RESPONSIBLE FOR
FILING. AND REALLY, THE
READY-TO-MARKET PROCESS IS
ACTUALLY FOR 2011 ALREADY
STARTED ON OUR SIDE FOR THE
PLANNING OF WHAT WE NEED TO
DEVELOP AND WHEN, AND MY TEAM IS
A KEY COMPONENT IN THAT AND SORT
OF THE--IT'S A PARTNERSHIP BOTH
WITH CMS BUT ALSO OPERATIONS AND
COMPLIANCE, WHERE WE'RE NOT
VIEWED AS, "OH, THEY'RE THE ONES
THAT ARE GONNA SAY NO," BUT
RATHER WE'RE THE ONES THAT
PARTNER WITH THE OPERATIONS TO
ASSIST IN, "OK, THIS MAY NOT
WORK, BUT HAVE YOU THOUGHT ABOUT
THIS APPROACH TO SOMETHING?" AND
REALLY, SINCE DAY ONE,
COMPLIANCE AND OPERATIONS REALLY
HAVE--IT'S BEEN INGRAINED THAT
IT'S JUST PART OF THE PROCESS
WHERE COMPLIANCE ISN'T AN
AFTERTHOUGHT BUT IT'S UPFRONT.
AND IT TRULY IS A PARTNERSHIP,
BOTH WITHIN OUR ORGANIZATION AND
THEN WITH CMS. AND A LOT OF
TIMES WE'LL BRING OUR MARKETING
LEAD INTO THESE WEEKLY
CONFERENCE CALLS IF THERE ARE
QUESTIONS ABOUT THE GUIDANCE,
INTERPRETATION, ET CETERA,

RATHER THAN HAVING ME GO TO THE CALL AND TRY TO DISSEMINATE THE INFORMATION BACK. SO--AND THAT'S WORKED WELL.

>> GREAT. STEPHEN, HOW ABOUT YOU? DO YOU HAVE SOME BEST PRACTICES THAT YOU'D LIKE TO SHARE?

>> SURE. YOU KNOW, I AGREE WITH RICK AND LISA. YOU KNOW, IT IS A PARTNERSHIP. IT DOES NEED TO BE--YOU KNOW, IT NEEDS TO BE NOURISHED. YOU KNOW, I THINK I CAN ADD THAT, YOU KNOW, IF YOU'RE DOING A MAJOR INITIATIVE, CHANGING THE WAY YOU DO BUSINESS, OR EVEN, YOU KNOW, SUBSTANTIAL CHANGE TO THE OPERATIONS, YOU KNOW, LET YOUR ACCOUNT MANAGER KNOW. OR IF YOU'RE EVEN COMMUNICATING AN ISSUE DIRECTLY TO THE CENTRAL OFFICE FOR WHATEVER REASON, YOU REALLY NEED TO KEEP THEM IN THE LOOP, BECAUSE I REALLY THINK THE LAST THING THAT THEY WANT IS THE SURPRISE. YOU KNOW, SO IT'S REALLY KEEPING, YOU KNOW, THAT RELATIONSHIP. AND COMING BACK ON THE OTHER SIDE, YOU KNOW, YES, THEY ARE OUR REGULATORS. BUT, YOU KNOW, THEY DO VIEW IT AS A PARTNERSHIP, AND, YOU KNOW, I'D LIKE TO SHARE AN EXAMPLE OF THAT. I MEAN, I THINK YOU ALL KNOW WHAT HAPPENED IN NEW ORLEANS 5 YEARS AGO. IT WAS A BEAUTIFUL SATURDAY AFTERNOON. WE HAD ABOUT 30,000 MEMBERS AND ABOUT 18,000 PROVIDERS. ON SUNDAY, WE HAD NO MEMBERS--OR, WE HAD MEMBERS, WE DIDN'T KNOW WHERE THEY WERE, AND WE HAD NO PROVIDERS. YOU KNOW, OUR ACCOUNT MANAGER WAS INSTRUMENTAL IN HELPING US THROUGH THAT PROCESS. SHE ORGANIZED DAILY CONFERENCE CALLS WITH THE REGIONAL OFFICE SO THAT WE COULD ASSESS WHAT WAS

GOING ON WITH THE PLAN. YOU KNOW, HOW WERE WE GONNA FIND OUR MEMBERS? THE MEMBERS THAT WE FOUND IN GUAM--HOW WERE WE GOING TO MAKE SURE THAT THEY COULD ACCESS THE SERVICES THEY NEED? SO, YOU KNOW, IT IS A DEMONSTRATION ON BOTH ENDS OF THAT PARTNERSHIP. AND IT'S NOT ALWAYS, YOU KNOW, "YOU'RE NOT DOING THINGS RIGHT" OR "YOU COULD DO THINGS BETTER," AND, YOU KNOW, JUST NOT TECHNICAL ASSISTANCE. THEY TRULY ARE A PARTNER. THEY WANT YOU TO SUCCEED. SO I THINK THAT THAT'S IMPORTANT TO SAY.

>> GREAT. DOES ANYONE ELSE HAVE ANY BEST PRACTICES OR IDEAS THAT THEY'D LIKE TO SHARE IN YOUR INTERACTIONS WITH CMS? THINGS THAT HAVE WORKED WELL? OK. I THINK THAT'S VERY TRUE. AT THE REGIONAL OFFICE LEVEL, WE HAVE A DEEP APPRECIATION FOR THE BENEFICIARIES THAT WE SERVE, JUST LIKE YOU ALL DO IN YOUR MEMBERS. AND WE'RE ACCOUNTABLE TO SO MANY PEOPLE, JUST AS YOU ARE, THAT ARE DEPENDING ON US TO BE THERE NO MATTER WHAT THE CIRCUMSTANCES. AND I THINK THE EVIDENCE OF WHAT HAPPENED TO YOU ALL IS REALLY A TESTAMENT TO THE STRENGTH OF OUR PARTNERSHIPS AT CMS WITH YOU ALL IN CARING FOR PEOPLE. IT'S DEFINITELY WHAT DRIVES, I KNOW, ME AND MY STAFF EVERY DAY, IS THAT BENEFICIARY THAT'S ON THE OTHER END OF THE LINE. SO THANKS FOR SHARING THAT EXAMPLE. I APPRECIATE IT. THE NEXT QUESTION'S A FUN ONE, I THINK, BECAUSE YOU GET TO TOUT A LITTLE BIT ABOUT YOURSELF AND THE GREAT WORK THAT WE KNOW YOU ALL DO. AND, STEPHEN, I DON'T THINK YOU'VE HAD A CHANCE TO GO FIRST, SO WE'LL PICK ON YOU.

CAN YOU SHARE WITH THE GROUP SOMETHING FROM THE LAST YEAR, 18 MONTHS OR SO, THAT YOUR PLAN ACCOMPLISHED THAT YOU ARE MOST PROUD OF?

>> YEAH. AND I KIND OF ALREADY, YOU KNOW, SPOKE TO IT, IS THAT, YOU KNOW, WE DID SEE THE CHANGE IN OVERSIGHT FROM THE CMS POINT OF VIEW. AND, YOU KNOW, WE DID DO A LOT OF WORK TO UPDATE OUR PROGRAM TO ACCOMMODATE THAT SO THAT THE COMPLIANCE AREA COULD FOCUS MORE ON THE NEW WAY--AND I KEEP SAYING THAT, BUT EVENTUALLY IT'LL JUST BE "THE WAY." YOU KNOW, THAT THEY'RE LOOKING AT THE PLANS AND, YOU KNOW, THERE'S A ELEMENT OF UNKNOWN WHEN YOU'RE SUBMITTING DATA--WHO IT'S GOING TO, WHO'S ACTUALLY, YOU KNOW, LOOKING AT IT AND MAKING A DETERMINATION OF WHETHER YOU COULD HAVE SOME PROBLEM IN YOUR PROCESSES SO--YOU KNOW, IN FOCUSING AND CHANGING THE MINDSET OF NOT ONLY YOUR OPERATIONAL DEPARTMENTS BUT YOUR SENIOR MANAGEMENT, AS WELL AS YOUR COMPLIANCE STAFF, TO GET MORE IN TUNE WITH DATA THAT WE'RE SUBMITTING AND WHAT IT COULD POTENTIALLY BE USED FOR, AND MAKING THAT YOUR COMPLIANCE PROGRAM AS WELL AS MAINTAINING THE OTHER FUNCTIONS.

>> AND HOW HAVE YOU GONE ABOUT DOING THAT? I MEAN, DO PEOPLE GET THEIR OWN DATA? ARE THEY TALKING ABOUT IT? ARE THEY PRESENTING IT TO YOU?

>> YOU KNOW, IT'S A WORK IN PROGRESS, YOU KNOW. AND IT'S CHANGING THE MINDSETS OF SOME OF YOUR OPERATIONAL MANAGERS TO UNDERSTAND THAT, YOU KNOW, IT'S JUST NOT AN ONEROUS REQUIREMENT, ANOTHER THING THAT COMPLIANCE WANTS. YOU KNOW, IT'S A

STRUGGLE, BUT IF YOU CAN, YOU KNOW, TRAIN THEM PROPERLY, LET THEM KNOW THAT, YOU KNOW, THAT IF--I GUESS PUT IT THIS WAY. YOU USED TO GET YOUR AUDIT EVERY 3 YEARS, AND YOU WOULD LOOK AT YOUR PROCESSES AND FIX THEM, AND YOU'D GET DINGED BY CMS BECAUSE YOU MISSED A COUPLE OF ENROLLMENT CONFIRMATION LETTERS. WELL, YOU KNOW, YOU SUBMIT DATA, AND THEN 2 OR 3 DAYS LATER--ZIP. YOU GOT AN E-MAIL THAT SAYS YOU'RE NONCOMPLIANT, YOU KNOW, BUT IT IS REAL TIME. AND TO, YOU KNOW, WORK WITH AN OPERATIONAL DEPARTMENT THAT NOT ONLY HAS TO DEAL WITH THAT BUT HAS PERSONNEL ISSUES, YOU KNOW, EFFICIENT OPERATIONS TO ADDRESS, IT'S JUST ONE MORE THING FOR THEM. SO, YOU KNOW, IT'S TRAINING AND EDUCATION, AND I THINK IT'S ALWAYS GONNA BE A WORK IN PROGRESS.

>> LISA, DO YOU WANT TO GO NEXT? DO YOU WANT TO TALK A LITTLE BIT ABOUT SOMETHING FROM THE LAST YEAR, 18 MONTHS, THAT YOU'RE MOST PROUD OF?

>> SURE. WE JUST WENT THROUGH AN OPERATIONAL PLATFORM CONVERSION, WHICH, YOU KNOW, ANYBODY WHO'S BEEN THROUGH A SYSTEM CONVERSION KNOWS WHAT FUN THAT IS. WE CHANGED EVERYTHING--ALL OF OUR CLAIMS, ENROLLMENT, MEDICAL MANAGEMENT. ALL OF OUR SYSTEMS WERE CHANGED. SO WHILE THAT WAS GOING ON, THROUGH THE WHOLE TRANSITION WE WERE ABLE TO REALLY MAINTAIN AN EFFECTIVE LEVEL OF MEMBER SATISFACTION. WE WERE ABLE TO REDUCE OUR CALL VOLUME TO OUR MEMBER SERVICE CALL CENTER, IMPROVE ACCESS TO OUR TTY AND TDD SERVICES BY--WE CHANGED OUR TECHNOLOGY FOR THAT, AS WELL--IMPLEMENTED TESTING

PROGRAMS ON INTERPRETER AVAILABILITY IN TTY/TDD. AS I MENTIONED EARLIER, OUR CTM VOLUME IS VERY LOW AND CONTINUES TO BE LOW. OUR VOLUNTARY DISENROLLMENT RATE WAS MAINTAINED THROUGHOUT. SO SEVERAL OF THE INDICATORS THAT WE WATCH THROUGHOUT OUR SYSTEM CONVERSION WERE EITHER IMPROVED OR MAINTAINED AT THE LEVEL THEY WERE. SO WE REALLY ARE PROUD OF HAVING MADE SUCH A HUGE CHANGE THAT IMPACTS EVERY ASPECT OF THE PLAN FOR BOTH OUR MEMBERS AND PROVIDERS AND TO MAINTAIN AND EVEN IMPROVE OUR SERVICE LEVELS. SO THAT'S SOMETHING THAT WE'RE VERY, VERY PROUD OF.

>> GREAT. OK, RICH, LAST BUT NOT LEAST.

>> AND I THOUGHT ABOUT THIS A LITTLE BIT, AND I THOUGHT I WOULD BRING SOMETHING THAT JUST RECENTLY HAPPENED, AND I THINK IT MAY BE APROPOS TO THIS IN WE HAVE A CALL CENTER LOCATED IN NASHVILLE, TENNESSEE. NOW, IF FOLKS HAVE SEEN THE WEATHER AND THE NEWS, YOU KNOW WHAT HAPPENED DOWN THERE WITH THE ENORMOUS RAINFALL THEY HAD AND THE FLOODING DOWN THERE, AND THE CITY ACTUALLY CLOSED DOWN THE BUILDING THAT HOUSED OUR CALL CENTER. SO WE HAD TO IMPLEMENT OUR DISASTER RECOVERY PLAN, AND, YOU KNOW, THE DISASTER RECOVERY PLAN TENDS TO BE SORT OF AN EXERCISE. "OK, WE'LL DO THIS, BUT WE'LL NEVER HAVE TO IMPLEMENT THIS." AND SO IT'S SORT OF SOMETHING YOU PUT TOGETHER, YOU REVIEW EVERY YEAR, YOU DUST IT OFF, BUT YOU DON'T THINK YOU'LL EVER HAVE TO IMPLEMENT IT. BUT HAVING AN EFFECTIVE DISASTER RECOVERY PLAN IS CRITICAL BECAUSE WE WERE ABLE

TO ENSURE THAT ALL OF OUR EMPLOYEES WERE SAFE. WE DEPLOYED FOLKS TO WORK-AT-HOME SITUATIONS. WE DEPLOYED OTHER FOLKS TO 2 OTHER LOCATIONS, AND WE WERE ABLE TO KEEP THE CALL CENTER RUNNING. THE FIRST COUPLE OF DAYS WE DID HAVE SOME LONGER HOLD TIMES AS WE WERE WORKING TO GET THE FOLKS UP AND RUNNING IN THE VARIOUS LOCATIONS, COMMUNICATED ON A DAILY BASIS WITH THE REGIONAL OFFICE TO LET THEM KNOW WHAT WAS GOING ON. BUT BY DAY 3, WE WERE JUST ABOUT BACK TO NORMAL HOLD TIMES AND AVERAGE SPEED-OF-ANSWER TIMES, AND IT REALLY IS A CREDIT TO THE OPERATION FOLKS WHO WORK DOWN THERE, WHO WERE ABLE TO REALLY IMPLEMENT THIS PLAN. AND AS AN ASIDE, THE NASHVILLE LOCATION NOT ONLY HOUSES OUR PRIVATE FEE-FOR-SERVICE CALL CENTER, BUT WE ALSO HAVE A GOVERNMENT CONTRACT TO PROCESS CLAIMS ON THE PART "B" SIDE, AND THE NASHVILLE LOCATION IS THE HUB FOR THAT SIDE. SO FROM THAT PERSPECTIVE, I GUESS OUR CALL CENTER WAS JUST SMALL POTATOES FROM THE PERSPECTIVE OF GETTING THESE CLAIMS PROCESSED. AND ON BOTH FRONTS WE WERE ABLE TO IMPLEMENT THAT DISASTER RECOVERY PLAN ALMOST FLAWLESSLY. SO IF THERE'S ANY LESSON LEARNED THERE, IT'S REALLY MAKE SURE YOU'VE GOT AN EFFECTIVE DISASTER RECOVERY PLAN. BECAUSE, ALSO AS STEPHEN INDICATED 5 YEARS AGO, YOU NEVER KNOW WHEN YOU'RE GOING TO HAVE TO IMPLEMENT IT. AND IF YOU DO, YOU WANT FOLKS TO KNOW WHAT TO DO, WHERE TO GO, ENSURE YOUR EMPLOYEES ARE SAFE, AND THEN ENSURE YOU CAN CONTINUE TO PROVIDE THE SERVICE TO OUR BENEFICIARIES.

>> THAT'S A GREAT EXAMPLE AND ABSOLUTELY CRITICAL. AND THOSE OF YOU WHO HAVE BEEN THROUGH THAT PROCESS OF DESIGNING, LIKE--WE CALL THEM "COOP" IN THE GOVERNMENT--IT'S JUST--IT'S UNBELIEVABLE AT THE BEGINNING THAT YOU'LL EVER SEE THE END.

>> RIGHT. RIGHT.

>> BECAUSE IT'S JUST SO HUGE TO FIGURE OUT EVERYTHING THAT YOU DO, AND HOW WOULD YOU EVER DO IT IN ANOTHER WAY? SO YOU LEARN A LOT ABOUT YOUR ORGANIZATION AND HOW IT FUNCTIONS, AND THEN HOW YOU CAN FIGURE OUT HOW TO MAKE IT FUNCTION AFTER THE FACT. SO THANKS FOR SHARING THAT. CAN I PICK ON YOU JUST A LITTLE BIT, RICH, BECAUSE I THINK YOU HAVE ANOTHER EXAMPLE THAT I WOULD LIKE YOU TO SHARE. IF YOU WOULDN'T MIND, COULD YOU TALK A LITTLE BIT ABOUT--I THINK IT WAS, LIKE, 2 YEARS AGO--WHEN YOU GUYS WERE ABLE TO UNCOVER THAT AGENT WITH THE P.O. BOX?

>> YEAH. IT WAS ACTUALLY--IT WAS ABOUT--I THINK ABOUT 6 MONTHS AGO. AND DURING THE COURSE OF THE ENROLLMENT VERIFICATION CALLS, WE WERE MAKING CALLS AND WE WERE GETTING A LOT OF CALLS TO--IT APPEARED TO BE A CELL PHONE MAILBOX THAT HAD NOT BEEN ESTABLISHED YET. SO WE STARTED TO DIVE INTO IT, AND WE STARTED TO NOTICE A PATTERN THAT THERE WERE ABOUT 60 OR 70 INDIVIDUALS THAT HAD ONE OF 5 DIFFERENT CELL PHONE NUMBERS THAT ALL WENT TO A MAILBOX THAT HADN'T BEEN ESTABLISHED YET. ADDITIONALLY, WHEN WE STARTED TO DIVE INTO OTHER DEMOGRAPHIC DATA, ALTHOUGH THEY HAD A RESIDENT ADDRESS IN THE REGION, THEY ALL HAD A MAILING ADDRESS THAT CONSISTED OF ONE OF 5 POST OFFICE BOXES.

SO WE LOOKED AT IT, WE ENGAGED OUR SPECIAL INVESTIGATIONS UNIT, AND WE DETERMINED THAT THE POST OFFICE BOXES WERE AT A LOCAL KINKO'S. AND WHAT IT TURNED OUT WAS THAT WE BELIEVE THAT THIS IS PART OF--I KNOW FOLKS HAVE HEARD ABOUT THE BOGUS CLINICS THAT HAVE BEEN SET UP TO SUBMIT CLAIMS FOR HIGH-DOLLAR PROCEDURES. I THINK FLORIDA, IT STARTED, AND IT'S EXPANDED INTO GEORGIA AND WE'VE SEEN SOME IN TEXAS, AND WE'RE SPECULATING THAT THE PURVEYORS OF THESE CLINICS WERE ABLE TO STEAL INDIVIDUALS' IDENTITIES. THEY THEN WOULD--ALL THESE INDIVIDUALS WERE ENROLLED THROUGH THE ONLINE ENROLLMENT TOOL, SO THEY DIDN'T EVEN HAVE TO WORRY ABOUT SIGNING AN ENROLLMENT FORM. THEY WOULD DO IT THROUGH THE ONLINE ENROLLMENT TOOL, AND THEY--WE'RE SPECULATING THAT THEY WERE GOING TO THEN USE THESE INDIVIDUALS TO START FUNNELING THESE CLAIMS THROUGH. SO WE WERE ABLE TO IDENTIFY THIS. WE COMMUNICATED IT OUT TO OUR ACCOUNT MANAGER. WE WORKED VERY QUICKLY TO GET THESE FOLKS OUT OF THE PLAN AND BACK INTO THEIR PREVIOUS COVERAGE, WHETHER IT WAS ORIGINAL MEDICARE OR WITH ANOTHER CARRIER, AND WE DID NOT HAVE THE IMPACT OF THE CLAIMS STARTING TO FUNNEL THROUGH. SO IT JUST EMPHASIZES THE IMPORTANCE OF THE ENROLLMENT VERIFICATION CALLS, AND IN THESE INSTANCES, THERE WAS NOT A BROKER OR AGENT LISTED ON THE FORM--THAT'S WHY WE'RE SPECULATING THAT WAS THROUGH THESE CLINICS. SO IT'S MORE THAN JUST A TOOL TO ENSURE THAT THERE ISN'T BROKER OR AGENT

MISCONDUCT, BUT IT REALLY IS AN EFFECTIVE FRAUD TOOL--IN THIS CASE, TO COMBAT THESE BOGUS CLINICS THAT HAVE BEEN SET UP. AGAIN, I'M SPECULATING THAT IT WAS ONE OF THE CLINICS THAT WAS TRYING TO FUNNEL THESE ENROLLMENTS THROUGH, BUT NONE OF THESE INDIVIDUALS HAD ANY IDEA THAT THEIR INFORMATION WAS BEING USED IN THIS WAY.

>> THAT'S A GREAT EXAMPLE, AND WE WERE REALLY PROUD THAT YOU

GUYS WERE ABLE TO UNCOVER THAT. AND IN THE END, EVERYBODY, I THINK, BENEFITED FROM THAT GREAT WORK THAT YOU GUYS DID TO FIGURE OUT WHAT WAS GOING ON. SO I KNOW WHEN WE HEARD ABOUT IT, WE SAID, "WELL, I WONDER WHAT OTHER PLANS ARE DOING. YOU KNOW, HOW DOES THIS FIT INTO THEIR OPERATIONS? WOULD WE ALL HAVE BEEN ABLE TO FIGURE THIS OUT AS QUICKLY?" AND SO WE WERE VERY PROUD OF YOU GUYS FOR THAT. DOES ANYONE HAVE ANY OTHER ACCOMPLISHMENTS THAT YOU ALL WOULD LIKE TO SHARE WITH US OR THE GROUP, THINGS THAT YOU'RE PARTICULARLY PROUD OF, OR DO YOU HAVE QUESTIONS OF THE PANELISTS BASED ON WHAT YOU'VE HEARD UP HERE? YOU GUYS ARE A QUIET GROUP THIS MORNING. THAT'S FINE. I UNDERSTAND, NOT BEING A MORNING PERSON MYSELF. WELL, WE'VE TALKED A LOT ABOUT WHAT YOU GUYS HAVE DONE AND THE GREAT WORK YOU'VE DONE. NOW I'D LIKE TO ASK--STEPHEN, COULD YOU GIVE US SOME SUGGESTIONS FROM YOUR PERSPECTIVE, GIVE SUGGESTIONS TO CMS WHERE YOU THINK THE GREATEST OR LARGEST OPPORTUNITY FOR US-- IS FOR US TO IMPROVE OUR RELATIONSHIP WITH YOU? WHAT COULD WE BE DOING BETTER?

>> AHM. MY ANSWER? I

MISUNDERSTOOD THE QUESTION.

>> WE'VE GOT 24 MINUTES.

[LAUGHTER]

>> YOU KNOW, I GUESS, YOU KNOW,
IN ADDRESSING THAT QUESTION, I

THINK CMS IS ALREADY DOING IT,
AND IT'S THE TRANSPARENCY. YOU
KNOW, I SAID TO MY COWORKER
THAT'S HERE WITH ME THAT I
THOUGHT YESTERDAY WAS PROBABLY
THE MOST TRANSPARENT COMPLIANCE
CONFERENCE I HAD BEEN TO. I KNOW
THAT CMS HAS, YOU KNOW, I GUESS,
STRUGGLED OVER THE YEARS COMING
UP WITH HOW THEY'RE GONNA
CONDUCT OVERSIGHT WITH THE PLANS
AND--YOU KNOW, WHEN THEY FIRST
TOOK AWAY THE WORKSHEETS FROM US
AND HOW UPSET WE WERE, YOU KNOW?
AND IT'S--WE KNOW WE'RE
RESPONSIBLE TO HAVE OVERSIGHT
FOR EVERY ASPECT, BUT, YOU KNOW,
IN HAVING THOSE KEY IDEAS OF
WHAT YOU'RE LOOKING AT GIVES US
THE ABILITY TO PUT IN THE
APPROPRIATE PROCESSES TO CONTROL
THAT AS WELL AS THE OTHER
ASPECTS THAT YOU'RE NOT
NECESSARILY GONNA LOOK AT ON ANY
REGULAR BASIS. SO, YOU KNOW, I
THINK THAT, YOU KNOW, THAT WAS A
GREAT IMPROVEMENT, AND I HOPE TO
SEE MORE OF IT.

>> GREAT--MOVING AWAY FROM THAT
"GOTCHA" KIND OF APPROACH.

>> RIGHT.

>> HOW ABOUT YOU, LISA? DO YOU
HAVE ANY IDEAS FOR IMPROVING
YOUR RELATIONSHIP WITH CMS OR
WHAT WE COULD DO TO HELP YOU?

>> WELL, I THINK FOR US, ONE OF
THE THINGS THAT WE'VE SPENT A
GOOD BIT OF TIME AND FRUSTRATION
ON IS, I THINK, TRYING TO
FURTHER AND ADVANCE THE MEDICARE
AND MEDICAID INTEGRATION. AND I
KNOW IN, YOU KNOW, SOME OF THE
NEWLY PASSED REGULATIONS,

THERE'S AN OFFICE FOR DUALS THAT'S BEING CREATED. I THINK, YOU KNOW, WE'RE VERY, VERY EXCITED ABOUT THAT AND INTERESTED TO SEE HOW THAT GETS ROLLED OUT IN COLLABORATION WITH THE REGIONAL OFFICES. I THINK ONE OF THE THINGS THAT, I THINK, IS AN OPPORTUNITY FOR IMPROVEMENT IS FURTHER EDUCATION WITH THE ACCOUNT MANAGERS AND THE REGIONAL OFFICE STAFF ON HOW THE DUAL SPECIAL NEEDS PLANS WORK, PARTICULARLY AROUND THE INTEGRATION OF THE MEDICARE AND MEDICAID BENEFITS. AND, YOU KNOW, THERE ARE SO MANY OPPORTUNITIES TO STREAMLINE REDUNDANCIES. THERE ARE A LOT OF THINGS THAT I THINK WE DO THAT CMS DOES, THAT PROVIDERS, MEMBERS DO AND EXPERIENCE BECAUSE THERE ARE, YOU KNOW, PARALLEL PROCESSES RUNNING ALONG FOR MEDICAID AND MEDICARE. AND SO--YOU KNOW, FROM EVERYTHING: FROM CLAIMS AND FINANCE AND ON DOWN THE LINE. SO, YOU KNOW, MORE--THE THEME OF THE CONFERENCE IS "MORE," RIGHT? MORE INTEGRATION IS GOOD FOR US. IT'S GOOD, REALLY ULTIMATELY, FOR OUR MEMBERS. THE MORE WE CAN INTEGRATE AND EDUCATE OURSELVES, CMS, PROVIDERS ABOUT INTEGRATION, THE EASIER IT IS FOR MEMBERS TO ACCESS THEIR BENEFITS AND GET WHAT THEY NEED AND NOT HAVE THAT HASSLE FACTOR, AND FOR PROVIDERS TO HAVE A HASSLE FACTOR IN GETTING PAID. SO WE REALLY THINK, YOU KNOW, WE HAVE EXPERTISE IN THIS AREA. WE'VE BEEN WORKING ON THE MEDICAID SIDE FOR, YOU KNOW, 13, 14 YEARS, AND NOW IN THE MEDICARE, SO WE REALLY LOOK FORWARD TO MORE INTEGRATION. AND, YOU KNOW, ANYTHING THAT

WE CAN DO TO HELP SHARE OUR EXPERTISE AND OFFER INPUT, WE'RE EXCITED TO DO THAT.

>> SURE. I KNOW, PERSONALLY, WE STRUGGLE WITH THAT, EVEN WITH-- WE DON'T HAVE A LOT OF SNP PLANS IN OUR REGION, BUT THE PACE PROGRAM IS A SIMILAR, YOU KNOW, PARTNERSHIP IN BALANCING BETWEEN OUR DIVISION AND THE MEDICAID DIVISION AND HOW DO YOU MAKE THAT WORK. AND IT DOES TAKE AN EXTRA EFFORT, AND I KNOW THAT WE DON'T ALWAYS DO THE GREATEST JOB AT THAT. IT'S COMPLEX.

>> YES, IT IS DEFINITELY COMPLEX, AND IT'S DIFFERENT.

>> JULIE HEADS UP OUR PACE SUBCOMMITTEE FOR THE CONSORTIUM, AND I KNOW THAT SHE WORKS VERY HARD ON THAT, SO, HOPEFULLY, A LOT OF THE BEST PRACTICES OUT THAT GROUP WILL TRANSLATE OVER. OK, RICH, WHAT COULD WE DO BETTER FOR YOU IN KANSAS CITY THAT WE'RE NOT ALREADY DOING?

>> AND I THINK I'M GONNA BUILD A LITTLE BIT ABOUT--ON THE THEMES THAT STEPHEN TALKED ABOUT, AND IT'S THE TRANSPARENCY IN THE--I THINK BACK TO MICHAEL'S TALK YESTERDAY AND LAST NIGHT. I WENT ON AND WENT TO THE WEB PAGE WHERE THE MARKETING SURVEILLANCE REPORT WAS OUT THERE, AND I THINK CONTINUING TO PUBLISH INDUSTRY-WIDE REPORTS, PROVIDING MORE INDUSTRY-WIDE BENCHMARKING INFORMATION. RIGHT NOW WE'RE WORKING ON REDUCING OUR CASEWORK VOLUMES AND SORT OF LOOKING AT MORE INFORMATION ABOUT BEST PRACTICES THERE. WE'VE BEEN IMPLEMENTING SOME ON OUR OWN. ONE OF THE THINGS WE STRUGGLE WITH IS RETROACTIVITY, TRYING TO SET OUR TARGET METRICS, AND ARE OUR TARGET METRICS IN LINE WITH THE INDUSTRY? ARE WE BEING TOO

LENIENT? ARE WE BEING TOO
AGGRESSIVE? SO ADDITIONAL
INDUSTRY-WIDE METRICS
TRANSPARENCY ON COMMUNICATING
WHAT--FROM AN INDUSTRY
PERSPECTIVE--WHAT IS CONSIDERED
THE NORM, WHAT IS AN OUTLIER SO
THAT WE CAN BETTER STRIVE TO BE
AN OUTLIER EITHER ON THE
POSITIVE SIDE OR BELOW THE LINE,
BUT NOT ONE OF THE NEGATIVE
OUTLIERS. AND I THINK A LOT OF
STEPS HAVE BEEN TAKEN TO PROVIDE
THAT INFORMATION, AND CONTINUING
TO DO THAT IS SOMETHING THAT I
LOOK FORWARD TO SEEING.

>> OK, GREAT. I'M GLAD YOU ALL
HAD AN OPPORTUNITY TO HEAR FROM
PAUL COLLURA YESTERDAY, BECAUSE
HE TRULY IS THE EXPERT ON
CASEWORK FOR THE CONSORTIUM AND
HAS A LOT OF GOOD INSIGHTS INTO
HOW TO LOOK AT YOUR CASEWORK--
WHAT DOES IT MEAN? WHAT IS IT
TELLING US? WHAT IS IT TELLING
YOU ABOUT HOW YOU'RE PERFORMING?
AND IT TRULY IS A GOOD BAROMETER
OF WHAT'S GOING ON WITHIN YOUR
PLAN AND MAYBE WHERE SOME OF THE
DISCONNECTS OR BREAKDOWNS ARE
OCCURRING AND WHAT YOU CAN DO TO
QUICKLY ADDRESS THOSE ISSUES.
SO I ENJOYED LISTENING TO HIS
PRESENTATION, SO I HOPE YOU DID,
TOO. WHAT ABOUT THE REST OF YOU?
DO ANY OF YOU OUT THERE IN THE
AUDIENCE HAVE IDEAS OR
SUGGESTIONS THAT YOU WOULD LIKE
TO SHARE WITH CMS AND THE FOLKS
HERE TODAY? OK, WE HAVE A--
OH, I--DID I FORGET--OK. I CAN'T
CONTROL IT.

>> IT'S NOT ON.

>> STEPHEN WANTS TO TALK.

[LAUGHTER]

>> JUST ONE OTHER SUGGESTION--I

CAN'T LET THE OPPORTUNITY GO.
YOU KNOW, I THINK THAT THE PART

"C" AND "D" USER CALLS ARE FANTASTIC, AND MAYBE A CONSIDERATION TO CREATE MAYBE A Q-AND-A WEB SITE OR SOMETHING THAT WE CAN ACCESS. OFTENTIMES THERE ARE QUESTIONS THAT ARE ASKED THAT, YOU KNOW, EVERYBODY ON THAT CALL WANTS TO KNOW THE ANSWER, AND OFTENTIMES IT'S--THE ANSWER IS PRODUCED OFFLINE AND DIRECTLY TO THE PERSON WHO ASKED IT. SO I'D OFFER THAT AS A SUGGESTION, AS WELL.

>> SO, LIKE, AN ONLINE RESOURCE THAT YOU COULD GO BACK, SAY, "OH, THAT WAS A REALLY GOOD QUESTION THEY ANSWERED," BUT THEY'RE GONNA TELL JUST THAT ONE PERSON RATHER THAN THE GROUP?

>> CORRECT.

>> OK. GOOD. WE GOT A SECOND ON THAT ONE.

>> AND A THIRD.

>> AND A THIRD. HI.

>> MY NAME IS BERNICE MESSA AND I REPRESENT VARIOUS HEALTH PLANS. ONE OF THE THINGS THAT RICHARD MENTIONED, SPECIFICALLY WITH PHANTOM CLINICS, IS SOMETHING THAT HAS AFFECTED SEVERAL HEALTH PLANS WITH FRAUD WASTE--OR, JUST WITH FRAUD WITH PROVIDERS. A COUPLE MONTHS AGO, A FEW OF US WERE LUCKY ENOUGH TO ATTEND A CONFERENCE--OR WORKGROUP, MORE PER SE--THAT WAS HELD IN ATLANTA, WHERE IT WAS HELD BY HEALTH INTEGRITY, AND THEY SHARED PROVIDER'S NAMES THAT ARE KNOWN ALREADY TO BE DOING FRAUDULENT ACTIVITIES. SO I THINK IT WOULD BEHOOVE ALL ORGANIZATIONS IF THAT INFORMATION COULD BE SHARED WITH ALL THE MA PLANS, AS WELL AS THEY HAD MENTIONED THERE WAS APPROXIMATELY 200,000 MEDICARE BENEFICIARIES WHO'VE BEEN COMPROMISED, AS FAR AS THEY

KNOW, ARE ACTUALLY PARTICIPATING IN SOME OF THESE FRAUDULENT ACTIVITIES. AND I UNDERSTAND THAT P.H.I. IS VERY--A MAJOR CONCERN. HOWEVER, I THINK IT WOULD BEHOOVE THE PLANS TO BE AWARE OF BENEFICIARIES OUT THERE WHO KNOWINGLY ARE PARTICIPATING IN SOME OF THESE FRAUDULENT ACTIVITIES. WHEN WE WENT TO THE SEMINAR--OR THE WORKGROUP--IN ATLANTA, IT WAS IN THE ACTUAL CMS BUILDING. IT WAS HELD BY HEALTH INTEGRITY, BUT THERE WAS NO ONE REPRESENTING CMS THERE, AND I THINK THAT THAT'S CRUCIAL IN PART OF GETTING ALL OF THIS FRAUD WASTE AND ABUSE UNDER CONTROL.

>> AND--I'M SORRY, I MISSED--YOU SAID IT WAS SPONSORED BY...

>> IT WAS SPONSORED BY HEALTH INTEGRITY, THE MEDIC.

>> THE MEDIC?

>> YES.

>> OK. THANK YOU. I APPRECIATE THAT.

>> AND JUST ONE THING I CAN ADD BECAUSE I DO COME FROM THE SIU. THERE IS AN INDUSTRY-WIDE ORGANIZATION, AND I'M NOT SURE HOW ACTIVE CMS IS IN IT, BUT I KNOW FROM AN ORGANIZATION WE ARE THE NHCAA, WHICH ACTUALLY--ONE OF THE THINGS THEY DO IS THEY MAINTAIN A DATABASE FOR PLANS TO GO IN, FOR MEMBER PLANS TO GO IN AND ENTER INFORMATION ABOUT CASES THEY'RE INVESTIGATING, PROVIDERS THEY MAY BE INVESTIGATING. AND THAT IS REALLY SOMETHING THAT, FROM AN SIU PERSPECTIVE, FROM OUR ORGANIZATION, WE ARE VERY ACTIVELY INVOLVED WITH THAT ORGANIZATION. THEY HAVE A WONDERFUL--A TRAINING CURRICULUM FOR--IF YOU HAVE SPECIAL INVESTIGATIONS UNITS OR

INVESTIGATORS WHERE THEY CAN ACTUALLY GET CERTIFIED, AN OFFICIAL DESIGNATION THAT THEY SPONSOR. AND IT REALLY IS A GREAT ORGANIZATION TO GET TOGETHER, TO MEET WITH OTHER PLANS, SEEING SIMILAR INSTANCES OF FRAUD WASTE AND ABUSE, GET INFORMATION ABOUT WHAT SOME OF THE EGREGIOUS PROVIDERS ARE. THEY HAVE AN ANNUAL CONFERENCE EVERY YEAR THAT THEY BRING TOGETHER, AND WE'RE VERY ACTIVE IN SPEAKING THERE, AS WELL. AND I WOULD RECOMMEND THAT FOR BOTH CMS--IF YOU HAVEN'T LOOKED INTO THAT, GETTING ACTIVELY INVOLVED--AND ANY MEMBER PLANS. ANY PLAN SPONSORS THAT AREN'T A MEMBER, I WOULD HIGHLY RECOMMEND THIS ORGANIZATION.

>> GREAT. THANK YOU.

>> HI. MY NAME IS LUCENA GARCIA AND I ACTUALLY WORK FOR THE PUERTO RICO TEACHERS ASSOCIATION, AND I HAVE 3 SUGGESTIONS TO CMS. THE FIRST ONE WOULD BE TO HAVE THE STANDARD DOCUMENTS AT LEAST IN SPANISH, BECAUSE WE SPEND A LOT OF TIME BACK AND FORTH, SENDING THE DOCUMENTS TO GET IT APPROVED. AND I KNOW THAT ALL AROUND THE UNITED STATES THE LATINO POPULATION IS GROWING, SO I THINK THAT WILL BE EASIER IF WE HAVE THE DOCUMENTS IN THE SPECIFIC LANGUAGE THAT YOU WANT IT. THE SECOND WOULD BE PROBABLY PROVIDING MORE EDUCATION TO THE ACCOUNT MANAGEMENT TEAM. BECAUSE WE HAVE--ACTUALLY, OUR ACCOUNT MANAGER CHANGED, I THINK IT WAS A YEAR AND A HALF AGO, AND WE HAVE NOTICED THAT SHE DOESN'T KNOW A LOT ABOUT THE EMPLOYER GROUPS BECAUSE WE ARE ACTUALLY [INDISTINCT], AND NOW SOMETIMES WE DO HAVE TO SPEND SOME TIME

WAITING UNTIL SHE GETS THE ANSWER FROM THE RIGHT PEOPLE. SO I THINK IT WILL BE EASIER IF SHE HAS THE INFORMATION AVAILABLE. AND THE THIRD SUGGESTION WOULD BE IMPROVING THE COMMUNICATION BETWEEN THE DIFFERENT OFFICES. BECAUSE WE HAVE HAD CERTAIN SITUATIONS WHERE WE ARE TALKING WITH A PART "D" GROUP, WHICH IS ONE STATE, AND THEN--THEY ALREADY KNOW SOMETHING ABOUT OUR SPECIFIC SITUATION, AND WHEN WE TALK TO OTHER TEAMS THAT ARE NOT PART OF THE PART "D", THEY ARE NOT AWARE OF THAT. SO I THINK IT WOULD BE EASIER IF ALL THE OFFICES ARE MORE [INDISTINCT] SO THEY CAN KNOW AND THEY CAN FACILITATE US THE TOOLS TO MAKE IT BETTER. SO THAT'S--THOSE ARE MY SUGGESTIONS.

>> GREAT. AND WHEN YOU'RE TALKING ABOUT THE COMMUNICATION BREAKDOWN, IS IT MOSTLY WHEN YOU'RE TALKING TO THE ACCOUNT MANAGER AND THEN SOMEONE AT CMS BALTIMORE?

>> YES. SPECIFICALLY, SOMETIMES WE DO TALK WITH OUR REGION, WHICH IS NEW YORK. AND WE ARE TALKING WITH THE FINANCE AREA, BUT THEY KNOW CERTAIN--THEY HAVE CERTAIN INFORMATION THAT, FOR EXAMPLE, THE PART "D" GROUP DOESN'T KNOW. THAT WE MIGHT HAVE CERTAIN WAIVERS ALREADY APPLIED, AND THOSE TYPE OF THINGS MAKE IT HARD FOR US TO SOMETIMES EXPLAIN TO THEM HOW WE WORK AND WHAT ARE OUR NEEDS. BECAUSE IF--

>> YEAH, COMMUNICATION IS CRITICAL AND...

>> YES. THANK YOU.

>> WE TRY REALLY HARD. WE SOMETIMES DON'T DO SUCH A GOOD JOB. THAT'S A GOOD POINT. DOES ANYONE ELSE HAVE ANY OTHER SUGGESTIONS OR COMMENTS THEY'D

LIKE TO MAKE? OK. I'VE GOT ONE MORE QUESTION FOR THE PANEL, AND THEN WE'LL GIVE YOU GUYS ANOTHER OPPORTUNITY TO SAY ANYTHING YOU'D LIKE. UM...STEPHEN, YOU WANT TO TELL US WHAT KEEPS YOU UP AT NIGHT?

[LAUGHTER]

>> SHE'S 14 MONTHS OLD. HER NAME IS [INDISTINCT].

[LAUGHTER]

YOU KNOW, I THINK THAT, FOR MY PERSPECTIVE, IS OVERSIGHT OF OUR DELEGATED ENTITIES. I THINK THAT--AS ALL THE VARIOUS CHANGES THAT COME THROUGH, A LOT OF THEM THAT AFFECT THE REVENUE, COMPANIES ARE REALLY LOOKING TO OUTSOURCE ADMINISTRATIVE FUNCTIONS TO SOME LARGER COMPANIES WHO HAVE EXPERTISE IN THAT AREA, CAN PROBABLY DO IT BETTER. YOU KNOW, ONE OF THE THINGS THAT I SEE THAT'S A CHALLENGE IS MOST OF THESE COMPANIES ARE HUGE, AND, YOU KNOW, FOR US, WE'RE A SMALL PLAN. SO, YOU KNOW, IF YOU HAVE A PBM THAT'S A NATIONAL COMPANY AND POSSIBLY HAS THEIR OWN STANDALONE PART "D" PLAN--YOU KNOW, THEIR CLAIMS OPS ARE OPERATIONS IN UTAH AND THEIR CUSTOMER SERVICE CENTER IS IN TENNESSEE OR SOMETHING LIKE THAT--AND TO ENSURE THAT A COMPANY THAT LARGE, THAT'S THAT SEGMENTED, HAS THE PROPER COMMUNICATION PATHS TO ENSURE THAT THESE DIFFERENT AREAS ALL UNDERSTAND THE DIFFERENT ASPECTS HAS PROVED TO BE QUITE A CHALLENGE. YOU KNOW, AN EXAMPLE JUST ON THE PBM SIDE, IF, YOU KNOW, THEY'RE ADMINISTERING, YOU KNOW, SEVERAL MAPD PLANS, SEVERAL STANDALONES, AS WELL AS THEIR OWN, THEY KIND OF HAVE A ONE-SIZE-FITS-ALL APPROACH. AND,

YOU KNOW, TO MAKE SURE THAT THEIR BUSINESS IS EFFICIENT, THEY WANT TO KEEP THAT, AND IT'S REALLY HARD TO BALANCE THAT. YOU KNOW, WHAT YOU'RE DOING FOR A-- FOR US, ANYWAY--A PLAN THE SIZE OF CIGNA VERSUS A PLAN THE SIZE OF OURS, IT'S NOT GONNA WORK. AND, YOU KNOW, THERE'S LAYERS AND LAYERS OF DEPARTMENTS AND ADMINISTRATIVE TYPE OF ISSUES YOU HAVE TO, YOU KNOW, GO THROUGH, AND, YOU KNOW, IT'S A STRUGGLE FOR US TO GET THE DATA WE NEED FROM THE LOCAL PHARMACY, LET'S SAY. WE SHOULD HAVE THE ABILITY TO GET IN THERE AND GET THE INFORMATION THAT WE NEED, AND THINGS LIKE THAT ARE STILL A STRUGGLE FOR US. UM, YOU KNOW, I THINK THAT THAT'S PRIMARILY WHERE I SEE, YOU KNOW, OUR BIGGEST RISK OF GETTING FOUND NONCOMPLIANT IN A LOT OF AREAS. THERE'S AN ELEMENT OF CONTROL THAT YOU DON'T HAVE THAT IS EXPECTED, THAT YOU ARE EXPECTED TO HAVE. SO, THAT'S IT.
>> HOW ABOUT YOU, RICH?
>> I THINK ONE THING, AND WE JUST EXPERIENCED THIS, IS SCALABILITY WITHIN OUR PLAN. WE JUST, ON THE PRIVATE FEE-FOR-SERVICE SIDE, EXPERIENCED MEMBERSHIP GROWTH THAT I DON'T THINK EVEN THE MOST OPTIMISTIC MARKETING AND SALES PERSON WOULD'VE EXPECTED. AND IT DID GENERATE SOME CHALLENGES, SOME OPPORTUNITIES FOR US, AND ONE OF THE REALLY IMPORTANT LESSONS LEARNED IS THAT--MAKING SURE WE'VE GOT SCALABILITY WITHIN OUR PLAN. OBVIOUSLY, IT DOESN'T MAKE SENSE TO PLAN FOR 4 MEMBERS AND END UP HAVING CSR FOLKS SITTING AROUND NOT DOING ANYTHING. BUT I THINK HAVING EFFECTIVE PLANS IN PLACE SO THAT

IN THE EVENT THAT YOU DO EXPERIENCE MEMBERSHIP GROWTH THAT WASN'T ANTICIPATED, YOU CAN LOOK TO OTHER AREAS TO BORROW RESOURCES AND HAVE THOSE PLANS IN PLACE TO REALLY EXPECT THE UNEXPECTED. DUE TO THIS GROWTH, LIKE I SAID, WE HAVE HAD SOME BUMPS IN THE ROAD, SOME OPPORTUNITIES, AND IT REALLY HIGHLIGHTED THE FACT THAT WE REALLY NEED TO MAKE SURE THAT WE HAVE THAT EFFECTIVE SCALABILITY FROM A PEOPLE PERSPECTIVE, FROM A PROCESSING PERSPECTIVE, FROM A--EVEN SYSTEM BATCH WINDOW PERSPECTIVE TO ANTICIPATE UNEXPECTED--THAT UNEXPECTED MEMBERSHIP GROWTH.

>> ALL RIGHT, LISA, YOU'RE NEXT.
>> OK. WHAT KEEPS ME UP AT NIGHT? I WOULD SAY, REALLY, THE ABILITY TO CONTINUE SERVING A DUAL-ELIGIBLE SPECIAL NEEDS POPULATION IN THE RATE ENVIRONMENT. THE PAYMENT POLICIES, AND, YOU KNOW, MY BIG HEADACHE THESE DAYS IS THE STAR RATING SYSTEM. PROBABLY EVERYBODY HAS A STAR-RATING WORKGROUP RIGHT NOW. BUT, REALLY, YOU KNOW, THE STAR RATING SYSTEM, I THINK, WAS DEVELOPED NOT AS A PAYMENT MECHANISM, BUT NOW IT WILL BE USED FOR ONE. AND IT SEEMS TO FIT A LOT OF WHAT WE DO, BUT NOT ALL OF WHAT WE DO. IT DOESN'T CONSIDER MANY OF THE REQUIREMENTS THAT APPLY TO A SPECIAL NEEDS PLAN--THE ADDITIONAL HEDIS MEASURES, STRUCTURE AND PROCESS MEASURES, ALL THE MODEL OF CARE REQUIREMENTS. SO THERE'S A SIGNIFICANT CHUNK OF HIGH-TOUCH MEMBER ACTIVITY THAT IF I WERE A MEMBER SELECTING A PLAN OR CMS WANTING TO COMPENSATE A PLAN,

I'D WANT TO KNOW ABOUT THESE THINGS AND CONSIDER THESE OTHER FACTORS THAT WEIGH SO HEAVILY, AND HOW A MEMBER IS CARED FOR BY THE PLAN YET THEY'RE NOT PART OF THE COMPENSATION SYSTEM. AND, IN FACT, YOU KNOW, WHEN IT COMES TIME TO EARN THE BONUS, OUR HEALTH OUTCOMES WILL BE COMPARED TO EVERYONE ELSE IN THE SAME MANNER. AND, YOU KNOW, THE POPULATION DIFFERENCES--YOU KNOW, THE FACT THAT WE HAVE ESRD MEMBERS, A LARGE NUMBER OF THEM ON THE PLAN, THAT THEY'RE MORE DISABLED THAN AGED--AND, YOU KNOW, ALL THE THINGS THAT I MENTIONED EARLIER ARE NOT CONSIDERED IN THAT. IT'S JUST A STRICT COMPARISON. SO, YOU KNOW, THAT'S JUST ONE EXAMPLE OF THAT SORT OF FRUSTRATION THAT WE HAVE AROUND. "OK, WE'RE DIFFERENT AND, YOU KNOW, THE POPULATION IS DIFFERENT. WE HAVE DIFFERENT REQUIREMENTS--THE SAME REQUIREMENTS, BUT MORE REQUIREMENTS. AND SO HOW CAN WE

WORK WITH CMS TO MAKE SURE AND TRY TO ENSURE THAT AS THINGS ARE ROLLED OUT, THAT THE DUAL-ELIGIBLE SPECIAL NEEDS PLANS ARE AT THE FOREFRONT OF PLANNING RATHER THAN A REACTIVE ACTION TO TRY TO RETROFIT THIS GROUP OF VULNERABLE MEMBERS INTO POLICIES AND ACTIVITIES IN SUCH A WAY THAT THE MEMBERS AREN'T HARMED?" SO, YOU KNOW, WE REALLY--IT'S IMPORTANT TO US TO CONTINUE TO SERVE THIS POPULATION. IT'S PART OF OUR MISSION. THE MEMBERS IN THE PROVIDER COMMUNITY NEED THIS SERVICE, AND WE WANT TO CONTINUE TO PROVIDE IT. BUT IT'S REALLY--WHAT KEEPS ME UP AT NIGHT IS THE ABILITY TO DO THAT IN THE

CURRENT POLICY ENVIRONMENT.

>> GREAT. THANK YOU. DOES ANYONE ELSE HAVE ANY LAST COMMENTS OR THOUGHTS THAT THEY'D LIKE TO SHARE? QUESTIONS? ANYONE ON THE PANEL HAVE ANY LAST COMMENTS?

>> I JUST WANT TO THANK THE FOLKS AT CMS FOR SETTING UP THIS CONFERENCE. I KNOW IN THE PAST-- I DON'T THINK THE KANSAS CITY REGIONAL OFFICE HAS BEEN PART OF IT, AND I KNOW MYSELF, FROM ATTENDING IT FOR THE FIRST TIME, I'VE REALLY FOUND THE SPEAKERS-- BOTH THIS MORNING AND YESTERDAY--ADDED A LOT OF INSIGHT, ADDED A LOT OF VALUE, ADDED A COUPLE OF THINGS THAT'LL KEEP ME UP AT NIGHT. HA HA! BUT I REALLY FOUND THIS CONFERENCE WORTHWHILE, SO I WANT TO THANK YOU, AND HOPEFULLY THIS WILL BECOME AN ANNUAL EVENT.

>> THANK YOU. I'LL GIVE YOU ONE LAST SHOT, AND THAT WILL END 3 MINUTES AND 50 SECONDS EARLY. AND ON RICH'S NOTE, I WILL JUST REMIND YOU ALL BECAUSE I KNOW THAT I VALUE YOUR OPINIONS AND THOUGHTS, SO PLEASE DON'T FORGET TO FILL OUT YOUR EVALUATIONS TODAY. I DON'T THINK WE CAN REMIND YOU ENOUGH THAT THAT IS SO CRITICAL, AND THIS PANEL IS PART OF THE FEEDBACK WE RECEIVED FROM LAST YEAR'S CONFERENCE. SO YOUR OPINIONS DO MATTER AND COUNT. SO THANKS A LOT, AND THANKS, STEPHEN, RICH, AND, LISA, FOR YOUR PARTICIPATION THIS MORNING. I REALLY APPRECIATE YOUR HONESTY AND OPENNESS.

THANK YOU.

>> THANK YOU FOR THE OPPORTUNITY.

>> THANK YOU.

[APPLAUSE]

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