



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
Subject Matter Expert Panel

Paul Collura, Andrea Hamilton, Michael Kavouras, Julie Kennedy, Teresa Kries, Gloria Parker, Jennifer Shapiro, Michelle Turano

>> WE HAVE, OUR CONFERENCE
HELPERS HAVE GATHERED YOUR
QUESTIONS.
WE HAVE GIVEN YOUR QUESTIONS TO
THE VARIOUS PRESENTERS SO THEY
HAVE THEM IN HAND.
THEY WILL READ YOUR QUESTIONS
AND THEN ANSWER THEM TO THE
BEST OF THEIR ABILITY.
UM--OK,
YOU'RE GOING TO GO FIRST, MIKE?
ALL RIGHT.
MIKE BORRIS IS GOING FIRST, SO
WE'LL SEE HOW THIS WORKS.



>> [LAUGHTER]

>> PLAYING SOME MUSICAL CHAIRS

UP HERE.

SORRY ABOUT THAT.

OK, WE'RE GOING TO GO THROUGH
THESE QUICKLY, AND I'M GOING TO
SYNOPSISIZE SOME OF THESE
QUESTIONS, BECAUSE SOME OF THEM
ARE A LITTLE BIT LENGTHY.

THE FIRST QUESTION RELATES TO
THE CONCEPT OF, VIA THE
SURVEILLANCE CONSOLE, WHETHER
C.M.S.,
IN OUR OVERSIGHT PLANS, IF WE
COULD PROVIDE POSITIVE FEEDBACK
AS WELL AS THE NEGATIVE FEEDBACK
THAT WE'VE OBSERVED.

WHAT WE REINFORCE TO OUR
SHOPPERS IS THAT IT'S REALLY
IMPORTANT TO GET A LOT OF
DETAILS AS IT RELATES TO THE
DEFICIENCIES, AND WE'VE RECEIVED
FEEDBACK IN THE PAST FROM
ORGANIZATIONS THAT THAT'S REALLY
WHERE THEY WANT THEIR FOCUS TO

BE PLACED, THAT HEARING BACK
FROM OUR SHOPPERS ABOUT WHAT
THE POSITIVE ARE IS ALL WELL AND
GOOD, BUT REALLY THEY NEED THE
DETAILS AROUND THE NEGATIVE.
WE WANT TO REINFORCE THAT WHEN
YOU GET AN OBSERVATION IN THE
SURVEILLANCE CONSOLE AND IT IS
FULLY COMPLIANT, THAT'S A GOOD
THING, SO IF YOU SEE THE EMPTY
COLUMN SAYING "YES, COMPLIANT;
YES, COMPLIANT; YES, COMPLIANT"
TO EVERY SINGLE QUESTION, YOU
SHOULD TAKE THAT AS AN AGENT OR
PLAN REP THAT ACTUALLY
COMPLETELY NAILED THAT
PARTICULAR PRESENTATION.
THERE WAS NOT A SINGLE FINDING.
SO I'M NOT SURE IF YOU'RE ALL
LOOKING FOR MORE, YOU KNOW,
SORT OF, UH, ADDITIONAL, YOU
KNOW, "WE THOUGHT THE AGENT WAS
PROFESSIONAL" OR THINGS OF THAT
NATURE, BUT WE FELT THAT WAS A
DISTRACTION FROM ACTUALLY

FOCUSING ON THE DETAILS AROUND
THE DEFICIENCIES.

SO WE'VE HEARD ORGANIZATIONS ASK
FOR BOTH, THESE BOTH WAYS.

WE PREFER IT THIS WAY FOR NOW,
BUT, AGAIN, WE'LL CONTINUE TO
TAKE A LOOK AT THIS PARTICULAR
AREA, BUT WANTED TO REINFORCE
THAT "NO COMMENTS" SHOULD BE
TAKEN AS PERFECT PERFORMANCE AS
IT RELATES TO A PARTICULAR SHOP.
OK, THE NEXT QUESTION, IS WILL
C.M.S.

ISSUE A CUMULATIVE RESULTS
REPORT OF PLANS' PERFORMANCE
DURING THE A.E.P.

AND O.E.P.

SURVEILLANCE AND SECRET SHOPPING
ACTIVITIES?

YES, WE ARE ACTUALLY GOING TO BE
ISSUING BOTH OUR NATIONAL
INDUSTRY REPORT, AS WE DID FOR
THE A.E.P.

WE'LL HAVE THE A.E.P./O.E.P.
REPORT.

THAT SHOULD BE COMING OUT IN THE
NEXT COUPLE OF MONTHS, AND AS
WE DID LAST YEAR, WHERE WE
PRODUCED INDIVIDUAL PLAN
REPORTS, THIS YEAR, BECAUSE OF
THE ADVENT OF THE CONSOLE,
WE'LL ACTUALLY BE PRODUCING
REPORTS THAT'LL COMPARE YOUR
PERFORMANCE TO THE INDUSTRY
PERFORMANCE AND THAT'LL
ACTUALLY BE AVAILABLE TO YOU
DIRECTLY IN THE CONSOLE.

THAT WAY, WE DON'T HAVE TO DEAL
WITH SENDING IT OUT VIA E-MAIL.
YOU ALREADY HAVE ACCESS TO IT
AND WE'LL SEND OUT THAT
INFORMATION THAT WAY.

OK.

A QUESTION CAME IN AS, WHO DO WE
USE AS OUR SECRET SHOPPERS?

UH-

>> [AUDIENCE LAUGHS]

>> IT WOULD RUIN THE SECRET.

[LAUGHS]

I THINK THAT'S THE--WE

UTILIZE OUR REGIONAL, WE USE OUR
REGIONAL OFFICES.

I KNOW GLORIA COVERED THAT
EARLIER.

WE HAVE 2 CONTRACTORS THAT WE
USE.

WE DON'T, AND WE HAVEN'T
IDENTIFIED THEM BY NAME FOR
OBVIOUS REASONS.

WE'RE NOT GOING TO DO THAT HERE
EITHER.

THE QUESTION ALSO CAME IN, THE
SECOND PART OF THIS WAS WHAT
TRAINING HAVE THEY RECEIVED,
ESPECIALLY ON THE REQUIREMENTS
OF DIFFERENT PRODUCTS--FOR
EXAMPLE, COST PLANS, M.A.,
PART D, SNIP, ETC.

THE TRAINING IS ACTUALLY A
C.M.S.-APPROVED TRAINING.

WE WORK WITH OUR CONTRACTORS AND
REGIONAL OFFICE STAFF.

THERE'S A VERY INTENSIVE
TRAINING PROGRAM THAT WE HAVE
THEM GO THROUGH.

OUR CONTRACTORS ALSO HAVE IT

WEB-BASED.

THEY HAVE TO GO THROUGH THE

TRAINING PROTOCOLS BEFORE THEY

CAN GO OUT AND DO THE SHOPS.

WE ARE CONSTANTLY EVALUATING

PERFORMANCE.

THE SAME WAY THAT YOU EVALUATE

YOUR AGENT PERFORMANCE, WE

EVALUATE OUR SHOPPER

PERFORMANCE, AND WE HAVE PULLED

PEOPLE OFF SHOPPING WHO WERE NOT

PERFORMING UP TO OUR

EXPECTATIONS.

SO IT'S A CONSTANT EVALUATION.

WE WILL BE REFINING OUR TOOLS,

THOUGH.

I THINK THE IMPLICATION HERE IS

THAT WE NEED TO DO A BETTER JOB

WITH SOME OF THE SPECIALTY

PRODUCTS, THE P.F.F.S.,

THE SNIPS, AND WE WILL BE

REFOCUSED ON THAT, SO WE DO

EXPECT TO SEE SIGNIFICANTLY

IMPROVED PERFORMANCE NEXT YEAR

AS IT RELATES TO THAT ELEMENT.

OK, WE GOT THE QUESTION A LOT
ABOUT THE CONSOLE AND THE SPACE
LIMITATIONS, THE CHARACTER
LIMITATIONS.

PEOPLE WANTED MORE THAN 1,000.

I SEE A LOT OF HEADS NODDING.

UH, MAYBE I SHOULD ASK THE
QUESTION: WHAT'S ENOUGH?

>> [AUDIENCE LAUGHS]

>> YOU KNOW, I KNOW EARLY ON WE
STARTED WITH 250, AND THAT
WASN'T NEARLY ENOUGH, THEN
1,000.

THERE HAS NOT BEEN A SINGLE
INCIDENT--WE'LL
TELL YOU, THIS YEAR--BASED
ON OUR EXPERIENCE, WHERE WE HAVE
NOT BEEN ABLE TO MAKE A
DECISION BASED ON THE RESPONSES
WE'VE RECEIVED.

IT REALLY IS TO YOUR ADVANTAGE
TO BE TO THE POINT, TO BE
CONCISE.

WE THINK THAT THAT'S AMPLE SPACE

FOR YOU TO ANSWER THE QUESTION

AND TO DEFEND A PARTICULAR

VIOLATION.

WE DON'T NEED A LOT OF DETAIL.

IF YOU TELL US, FOR EXAMPLE,

THAT THERE IS, YOU KNOW, A

C.M.S.-APPROVED

PRESENTATION THAT YOU UTILIZED

AT THE EVENT, YOU DON'T NEED

YOU TO UPLOAD THE PRESENTATION.

WE TAKE YOU AT YOUR WORD, AND IF

WE NEED TO GET A COPY OF THAT,

WE'LL ACTUALLY GO BACK AND ASK

YOU FOR THAT OFF-LINE.

WE'LL GET IT VIA E-MAIL.

SO I'D BE INTERESTED TO HEAR

BACK FROM YOU ALL, IF SOMEBODY

CAN E-MAIL

ME OR CALL ME, IF YOU HAVE A

PROPOSAL IN TERMS OF WHAT YOU

THINK ENOUGH IS--

WE JUST HAVE TO DRAW THE LINE

SOMEWHERE.

WE'RE GETTING LITERALLY

THOUSANDS OF RECORDS THAT WE

HAVE TO REVIEW, SO WE HAVE TO
HAVE SOME EFFICIENCIES HERE.
SO PLEASE, E-MAIL
ME OR CALL ME AND GIVE ME SOME
SUGGESTIONS THERE.
FINALLY, AS IT RELATES TO
SURVEILLANCE, THERE WAS A
QUESTION ABOUT BEING CITED FOR A
NO-SHOW
AT AN INFORMAL SALES EVENT VS.
A PUBLIC ADVERTISED SALES EVENT,
AND WHETHER WE WEIGHTED IT THE
SAME, BECAUSE THERE WAS, I
GUESS, LESS IMPACT FROM THE
BENEFICIARY STANDPOINT.
WE WANT TO MAKE CLEAR ONE THING,
AND I THINK THERE'S CONFUSION
ON THIS.
IT'S IN THE MEDICARE MARKETING
GUIDELINES.
THERE IS NO REQUIREMENT THAT YOU
HAVE TO UPLOAD INFORMAL SALES
EVENTS INTO H.P.M.S.
SOME PLANS ARE STILL DOING THAT,
I SUPPOSE FOR THE PURPOSE OF

BEING COMPLETE AND FORTHRIGHT.

WE ONLY REQUIRE YOU TO UPLOAD
FORMAL SALES EVENTS IN H.P.M.S.,
AND THAT'S WHY WE WENT OUT WITH
AN H.P.M.S.

MEMO TO CLARIFY, FOR THOSE THAT
ARE DOING BOTH UPLOADS, TO
INDICATE IN YOUR UPLOAD WHETHER
IT'S AN INFORMAL OR A FORMAL
SALES EVENT IN THAT EXTRACT WHEN
YOU'RE UPLOADING IT, SO THAT
WAY WE CAN DISTINGUISH AND TREAT
THEM DIFFERENTLY.

SO WE ARE ACTUALLY TAKING A LOOK
AT THEM.

THERE ARE DIFFERENT REQUIREMENTS
FOR INFORMAL AND FORMAL SALES
EVENTS.

SO, JUST WANTED TO REINFORCE THE
POLICY AROUND THAT.

I WANT TO SHARE THAT THERE WERE
3 QUESTIONS WE RECEIVED THAT WE
WILL NOT BE ABLE TO ANSWER TODAY
BECAUSE THEY DO NEED TO GO TO A
MARKETING POLICY AREA.

ONE RELATES TO AGENT/BROKER

COMPENSATION, SO THE PERSON

THAT ASKED THAT QUESTION, WE

WILL REFER THAT ONE.

ANOTHER QUESTION WAS ABOUT

THE--ACTUALLY,

THE LAST 2 WERE ABOUT OUR C.M.S.

AGENT TESTING PILOT PROGRAMS AND

OUR STANDARDIZED TRAINING

MODULES.

I PRESUME THAT WAS ABOUT THE

AGENT/BROKER TRAINING MODULES

AS WELL.

AND BOTH OF THOSE QUESTIONS,

AGAIN, WILL GO TO OUR POLICY

AREA.

SO, THAT VERY QUICKLY TOOK US

THROUGH SURVEILLANCE AND, I

THINK, PAUL, YOU'LL TAKE THE

COMPLAINTS.

>> WE RECEIVED A FEW QUESTIONS,

AND I WILL OPEN UP WITH THIS

FIRST ONE HERE, WHICH IS SIMILAR

TO SOME OF THE OTHERS THAT WE

RECEIVED.

THIS FIRST ONE STARTS OFF "PLANS
HAVE NO MEANS TO RESPOND TO THE
R.O.

NO ACTION NEEDED CATEGORY
MARKETING MISREPRESENTATION
COMPLAINTS.

IS THERE A WAY C.M.S.
CAN ACCEPT PLAN INVESTIGATIONS
AND REMOVE THOSE MARKETING
MISREPS FOUND TO BE INACCURATELY
CLASSIFIED?"

AND THAT'S SIMILAR TO A COUPLE
OF OTHER QUESTIONS THAT WE HAVE
HERE.

WITH MARKETING MISREPRESENTATION
COMPLAINTS IN PARTICULAR,
BECAUSE WE ARE AWARE THAT IT CAN
BE OVERUTILIZED, THAT SHOULD
ALREADY BE A FACTOR THAT'S IN A
PARTICULAR PARENT
ORGANIZATION'S COMPLAINT VOLUME,
AND SO WHILE WE EXPECT THAT
SOME OF THOSE INSTANCES MAY NOT
BE THE MOST WELL-FOUNDED
ALLEGATIONS, THEY SHOULD BE

AFFECTING MOST PLANS FAIRLY

EQUALLY, AND SO WE USE A

CONSISTENT APPROACH IN

EVALUATING PLANS AGAINST EACH

OTHER AND RELATIVE TO THEIR

PEERS.

SO WHAT DOES THAT MEAN?

THAT MEANS THAT IF YOU'RE IN A

CONVERSATION WITH YOUR ACCOUNT

MANAGER, AND THEY'RE TELLING YOU

THAT WHEN IT COMES TO MARKETING

COMPLAINTS THAT YOU'RE 4 TIMES

THE NATIONAL AVERAGE, WHERE

YOU'RE A SIGNIFICANT OUTLIER, OR

THAT YOUR PRIVATE

FEE-FOR-SERVICE

PLANS ARE OFF THE CHARTS WHEN IT

COMES TO MARKETING COMPLAINTS,

YOU CAN REBUT THAT BY SAYING

"OK, WELL, THIS INDIVIDUAL

COMPLAINT REALLY WASN'T OUR

FAULT" OR "THIS ONE, THE

BENEFICIARY JUST DIDN'T

UNDERSTAND IT."

WHILE YOU CAN DO THAT, YOU ALSO

HAVE TO ASK THE QUESTION FOR
THE PLANS THAT ARE NOT OUTLIERS
RELATIVE TO THEIR PEERS, WHY
ARE THEY IN SUCH GOOD SHAPE,
THEN?

ARE THEY COMMUNICATING THEIR
PRODUCTS VERY WELL TO THEIR
BENEFICIARIES?

WHAT'S GOING ON WITH YOUR
ORGANIZATION?

AND SO THAT'S MY RESPONSE BACK
TO THAT, THAT THE DATA IS
RELIABLE ENOUGH THAT WHEN WE
FACTOR IN SOME OF THE NATURAL
NOISE IN THE NUMBERS, WHEN YOU
APPLY IT CONSISTENTLY ACROSS
ACCOUNTS, THE OUTLIERS STILL
STAND, AND THE ORGANIZATIONS
THAT WE SEE AS OUTLIERS WHEN IT
COMES TO MARKETING
MISREPRESENTATION COMPLAINTS,
COINCIDENTALLY, OR MAYBE NOT
COINCIDENTALLY, ALSO TEND TO THE
PLANS THAT SHOW UP IN THE
VARIOUS SURVEILLANCE CONSOLES,

THEY SHOW UP IN OUR SECRET
SHOPPING, THEY'RE THE PLANS THAT
OUR D.O.I.'S
HAVE ISSUES WITH AS WELL, AND SO
IT GIVES US AN ADDITIONAL WAY
TO VERIFY THAT OUR DATA IS
SOMEWHAT RELIABLE.

[PAUSE]

I RECEIVED A QUESTION HERE.
IT HAS TO DO WITH C.T.N.'S
THAT ARE NOT TRULY COMPLAINTS
AGAINST THE PLAN, SUCH AS
SOCIAL SECURITY PROCESSING OR
PART B PREMIUM RETURN, AND THIS
PARTICULAR INDIVIDUAL IS
CONCERNED ABOUT THIS COMPLAINT
COUNTING AGAINST THE PLAN WITH
REGARD TO PERFORMANCE METRICS.
AND ONCE AGAIN, THESE ARE THE
KINDS OF ISSUES THAT CAN AFFECT
ALL PLANS EQUALLY, SO IT'S
SOMETHING THAT ALL PLANS DO
NEED TO, YOU KNOW, HAVE IN THEIR
COMPLAINTS, THAT THERE ARE SOME
THINGS THAT MAY BE ATTRIBUTED TO

THEM THAT MAYBE AREN'T THEIR
RESPONSIBILITY, BUT I'LL TURN IT
IN THE OTHER DIRECTION AND SAY
IF YOU REFER BACK TO THE
DECEMBER 9 2008 H.P.M.S.

MEMO FROM DR.

CYNTHIA TUDOR, WHERE WE TALKED
ABOUT VARIOUS EXCLUDED
COMPLAINT CATEGORIES THAT ARE
EXCLUDED FROM YOUR PLAN
PERFORMANCE METRICS, THERE ARE
SOME COMPLAINTS THAT ARE IN
THAT BUCKET THAT ARE NOT HELD
AGAINST YOUR PLAN, AND HAVING
REVIEWED SOME OF THOSE
COMPLAINTS, I CAN TELL YOU THAT
SOME OF THEM SHOULD BE HELD
AGAINST THE PLAN, BECAUSE THERE
WAS SOMETHING--EITHER
THERE WAS A MISCOMMUNICATION OR
MISUNDERSTANDING ON THE
BENEFICIARY'S PART THAT CAN BE
TIED TO PLAN PERFORMANCE.
AND SO WHILE WE RECOGNIZE THAT
OUR C.T.M.

DATA IS NOT PERFECT, IT DOES
GIVE YOU ENOUGH INFORMATION TO
DETERMINE WHICH PLANS ARE
SIGNIFICANT OUTLIERS IN MEETING
OUR EXPECTATIONS.

I RECEIVED ANOTHER COMPLAINT
ALONG THOSE LINES THAT C.M.S.
IS AWARE THAT SOME AGENTS AND
OTHERS ARE USING THE MARKETING
MISREPRESENTATION TO GET AN
S.E.P.

FOR THE MARKETING
MISREPRESENTATION COMPLAINTS,
AND ONCE AGAIN, THIS INDIVIDUAL
IS CONCERNED ABOUT THAT
AFFECTING THEIR PLAN PERFORMANCE
METRICS, AND I THINK I'VE
ADDRESSED THAT BEFORE, BUT I
ALSO WANT TO TALK ABOUT THIS
PARTICULAR QUESTION AND TAKE IT
TO THE NEXT LEVEL, BECAUSE THE
WAY THE MARKETING
MISREPRESENTATION S.E.P.
IS IN PLACE, IT'S SUPPOSED TO BE
VERY BENEFICIARY-FRIENDLY.

WE TAKE THE BENEFICIARIES AT
THEIR WORD, BECAUSE WE ARE SO
CONCERNED ABOUT THEM BEING IN
THE PLAN THAT BEST SUITS THEM.
AND FOR THAT REASON, AT TIMES WE
ARE RESTRICTED--AND
WE'RE NOT INVESTIGATORS, WE ARE
CASE WORKERS, AND WHILE WE DO
HAVE INVESTIGATIVE RESOURCES AT
OUR DISPOSAL, OUR PRIMARY FOCUS
IS TO HELP THE BENEFICIARIES,
AND SO WHEN WE GET A MARKETING
MISREPRESENTATION COMPLAINT, WE
DON'T PUT THE BENEFICIARIES
THROUGH THE 3RD DEGREE, AND IN
SOME CASES, WHILE WE MAY
BELIEVE AN AGENT OR A BROKER
MIGHT BE BEHIND THE STEERING,
WE JUST DON'T HAVE THE MEANS AND
WE ARE NOT WILLING TO PUT THE
BENEFICIARIES IN A POSITION
WHERE WE INTERROGATE THEM TO
DETERMINE WHETHER OR NOT WE
SHOULD PROCEED WITH THEIR
RETROACTIVE OR PROSPECTIVE

ENROLLMENT CHANGE AS A RESULT

OF ALLEGED MARKETING

MISREPRESENTATION.

AND I TRIED TO MAKE THE POINT IN

THE PRESENTATION EARLIER, BUT

WE RECOGNIZE THAT THESE ARE JUST

ALLEGATIONS, AND SO ANYTHING

THAT WE WOULD DO FROM A

COMPLIANCE OR AN ENFORCEMENT

PERSPECTIVE WITH REGARD TO

MARKETING AND MARKETING

MALFEASANCE WOULD BE BACKED UP

WITH MORE INVESTIGATION.

HOWEVER, OF COURSE, IF YOU ARE A

SIGNIFICANT OUTLIER, IT KIND OF

TELLS US WHAT DIRECTION WE

SHOULD DIVERT THOSE

INVESTIGATIVE RESOURCES.

THERE WAS A GOOD SUGGESTION I

RECEIVED HERE ABOUT C.M.S.'S

PLANS TO REVIEW CLOSED CASES TO

LOOK FOR TRENDS AND PATTERNS

WITH REGARD TO THE WRONG

ASSIGNMENT OF A COMPLAINT TO A

PLAN.

THIS INDIVIDUAL IS REMARKING
THAT THEY'VE BEEN RECEIVING
SOME COMPLAINTS THAT HAVE
ABSOLUTELY NOTHING TO DO WITH
THEIR PLAN OR ANY OTHER PLAN,
AND SO THEY WANT C.M.S.
TO DO SOME QUALITY CHECKS, AND,
WE MAY HAVE ALREADY DONE THAT.
I'M NOT AWARE IF WE HAVE, BUT
IT'S CERTAINLY SOMETHING FOR US
TO CONSIDER, BUT IN THE
MEANTIME, IF YOU DO HAVE A
COMPLAINT THAT IS ATTRIBUTED TO
YOUR ORGANIZATION, PLEASE USE
THE PLAN REQUEST FEATURE
N.C.T.M.
AND REFER THAT BACK TO YOUR LEAD
CASEWORKER SO WE CAN EITHER GET
IT ASSIGNED TO THE APPROPRIATE
ACCOUNT OR WE CAN DELETE IT
FROM THE C.T.M.
I RECEIVED A QUESTION ABOUT
SOCIAL SECURITY PREMIUM
WITHHOLD, AND THIS INDIVIDUAL
WANTED TO KNOW WHY IT WAS SUCH

A BIG PROBLEM AT THE ONSET OF
PART D, AND THEY ASK THIS
QUESTION BECAUSE SOCIAL SECURITY
HAD BEEN DEDUCTING PART B
PREMIUMS FOR YEARS.

THIS IS A VERY GOOD QUESTION.
GOING BACK TO 2006, IN ADDITION
TO STANDING UP THE ACTUAL
BENEFIT PORTION OF MEDICARE PART
D WE ALSO HAD TO IMPLEMENT
PREMIUM WITHHOLD, AND
BENEFICIARIES HAVE A STATUTORY
RIGHT TO PREMIUM WITHHOLD FOR
THEIR PART D PREMIUMS.

AND SO WHAT WE HAD TO DO WAS
PERFECT EXCHANGES WITH THE
SOCIAL SECURITY ADMINISTRATION
FOR ALL THE VARIOUS CONTRACTS
AND PLAN BENEFIT PACKAGES THAT
YOU ALL OFFER.

AND BECAUSE OF THAT IMMENSE
VARIATION, WHICH IS CERTAINLY
MUCH MORE THAN PART B PREMIUMS,
THERE WAS A GREATER PROBABILITY
FOR US TO GET SOMETHING WRONG,

AND IN ADDITION, WHAT WAS
HAPPENING WAS ANYTIME A
TRANSACTION THAT WE WERE
SENDING OVER TO SOCIAL SECURITY,
IF FOR ANY REASON IT DID NOT
MATCH--IT
COULD HAVE BEEN A MIDDLE
INITIAL--IT
WOULD NOT PROCESS, AND IT WOULD
GO INTO A HOLDING PATTERN, AT
WHICH TIME--AND
YOU KNOW THIS VERY WELL--YOU
DIDN'T GET THE MONEY AND THE
PREMIUM WITHHOLD WOULD HAVE
BEEN DELAYED.
AND SO UNTIL WE CAME UP WITH A
PROCESS TO IMPROVE THE
RELIABILITY OF THOSE EXCHANGES
AS WELL AS IMPLEMENT A PROCESS
FOR US TO WORK THOSE EXCEPTION
CASES WHERE WE HAD THOSE DATA
MISMATCHES, WE HAD THOSE ISSUES
RELATING TO PREMIUM WITHHOLD.
2006 WAS PROBABLY THE BIGGEST
YEAR FOR IT, BUT IT LINGERED

INTO 2007 AND INTO PART OF 2008.

BUT WE HAVE REALLY PERFECTED OUR
SYSTEMS, OR I'D LIKE TO THINK
WE'VE PERFECTED OUR SYSTEMS IN
SUCH A WAY WHERE IT'S A LOT
MORE RELIABLE, AND WE ALSO THINK
THAT THE PLANS ARE REALLY
ENJOYING IT, BECAUSE IT DOES
LEAD TO PREDICTABLE AND
RELIABLE PAYMENTS.

I HAVE A QUESTION HERE ABOUT
PLANS BALANCING THE DIRECTIVE
IN MODEL DOCUMENTS TO CALL
1-800-MEDICARE
VS.

THE DIRECTION GIVEN IN THE
PRESENTATION EARLIER NOT TO
DIRECT BENEFICIARIES TO CONTACT
1-800-MEDICARE.

1-800-MEDICARE
IS SOMETHING THAT ALWAYS NEEDS
TO BE AVAILABLE TO
BENEFICIARIES, AND IN MY
PRESENTATION I EVEN CALLED IT
THE MODE OF THE LAST RESORT FOR

RESOLVING C.T.N.

COMPLAINTS, AND 1-800-MEDICARE

IS CERTAINLY MUCH MORE BROADER

THAN MEDICARE PART A, PART B,

PART C, OR PART D.

IT IS HUGE; IT IS

ALL-ENCOMPASSING,

AND SO THERE WILL BE SITUATIONS

WHERE IT IS CERTAINLY

APPROPRIATE TO REFER

BENEFICIARIES TO 1-800-MEDICARE.

BUT I WANT TO USE THIS AS AN

OPPORTUNITY TO PROVIDE A LITTLE

BIT OF CLARIFICATION ON WHAT I

SAID EARLIER.

FOR COMPLAINTS THAT YOU AS A

MANAGED CARE ORGANIZATION OR

PART D DRUG SPONSOR CAN RESOLVE,

WE EXPECT YOU TO TRY TO TAKE

THOSE ON, AND IF YOU ARE HAVING

DIFFICULTY WITH THOSE ISSUES,

YOU SHOULD BE WORKING WITH YOUR

LEAD REGIONAL OFFICE TO RESOLVE

THOSE ISSUES.

WHEN YOU SEND BENEFICIARIES TO

1-800-MEDICARE

FOR PLAN ISSUES, IT'S NOT THE
BEST WAY TO PROVIDE CUSTOMER
SERVICE.

IT INVOLVES REWORK, IT INVOLVES
HAVING A CUSTOMER SERVICE
REPRESENTATIVE DEVOTE TIME THAT
COULD BE DEVOTED TOWARDS OTHER
ACTIVITIES AS WELL, AND SO WE
REALLY LOOK TO YOU AS THE
INDIVIDUALS WHO KNOW THE ISSUES
BEST THAT YOUR MEMBERS ARE
FACING TO ATTEMPT TO TACKLE
THOSE ISSUES.

IT'S A BALANCE.

IN OUR MODEL MATERIALS, WE WILL
CONTINUE TO ENCOURAGE THE USE
OF 1-800-MEDICARE
FOR PROMOTING, ENROLLING IN
EXTRA HELP OR CONSIDERING EXTRA
HELP AND THINGS LIKE THAT, BUT
IF IT'S A PLAN ISSUE, WE EXPECT
THAT IN MANY OF THOSE MODEL
DOCUMENTS THAT YOU PROVIDE YOUR
OWN CUSTOMER SERVICE HOTLINE

NUMBERS SO THAT BENEFICIARIES

CAN CONTACT YOU DIRECTLY.

AND I HAVE ANOTHER QUESTION HERE

THAT RELATES TO THE COVERAGE

GAP, AND THERE WAS ACTUALLY A

COUPLE OF OTHERS IN HERE.

I'M GOING TO HOLD OFF ON

ANSWERING ANY MORE QUESTIONS ON

THE COVERAGE GAP.

THERE WILL BE A LOT MORE TO COME

ON THAT IN THE DAYS AND WEEKS

TO COME FROM C.M.S.,

BUT I WANTED TO MAKE SURE I PUT

IT IN THE PRESENTATION EARLIER

TO YOU TODAY, BECAUSE THERE IS A

VERY IMPORTANT PIECE TO THIS TO

MAKE IT SUCCESSFUL, AND EVEN

THOUGH C.M.S.

IS ADMINISTERING THE CHECKS, IN

ORDER FOR US TO ISSUE THE

CHECKS CORRECTLY AND TIMELY, WE

ARE GOING TO NEED TO RELY ON

P.D.E.

DATA FROM YOU.

AND SO, PLEASE PAY VERY CLOSE

ATTENTION TO ALL OF OUR

INSTRUCTIONS WITH REGARD TO

P.D.E.

DATA, BUT ALSO REALIZE THAT IF

WE DON'T GET THAT DATA FROM YOU

TIMELY AND ACCURATELY, WHEN

BENEFICIARIES CONTACT US AND

SAY THAT THEY'VE REACHED THE

COVERAGE GAP, AND WE BELIEVE

THAT THEY'RE ENTITLED TO THIS

REFUND BUT WE HAVEN'T ISSUED

THEM A CHECK, WE'RE GOING TO

HAVE TO COME BACK TO YOU, AND

THAT COULD BE IN THE FORM OF A

COMPLAINT, OF AN INQUIRY AND SO

ON, AND SO WE REALLY WANT TO TRY

TO AVOID THAT.

AND THAT'S IT FOR MY QUESTIONS.

>> THANK YOU.

T'S A LITTLE STRANGE.

I CAN'T SEE THE PEOPLE OVER ON

THAT SIDE OF THE ROOM AT ALL.

SORRY ABOUT THAT.

K, SO THE FIRST QUESTION IS,

WILL THE PAST PERFORMANCE

POINTS BE MADE PUBLICLY

AVAILABLE, AND I'M GOING TO

INTERPRET THAT QUESTION A COUPLE

OF DIFFERENT WAYS TO GIVE A

COUPLE OF DIFFERENT ANSWERS.

FIRST, THE METHODOLOGY OF WHAT I

TALKED ABOUT TODAY, THE ANSWER

IS YES, WE'RE GOING TO PUBLISH

THAT.

IT'LL EITHER BE THROUGH AN

H.P.M.S.

MEMO OR A MANUAL CHAPTER, BUT

PROBABLY BOTH.

WE CAN DO AN H.P.M.S.

MEMO MORE QUICKLY THAN WE CAN DO

A MANUAL CHAPTER, BUT THE GOAL

IS TO BE VERY CLEAR ABOUT THE

METHODOLOGY.

I HAVE EVERY EXPECTATION THAT IT

WOULD INCLUDE THE POINTS THAT

COULD BE ACCUMULATED PER

CATEGORY, AND WE HOPE TO GET

THE H.P.M.S.

MEMO VERSION OF THAT OUT BY THE

END OF THE SUMMER.

THE OTHER WAY I COULD INTERPRET

THAT IS, WOULD AN INDIVIDUAL

ORGANIZATION'S POINTS BE MADE

PUBLICLY AVAILABLE?

THE ANSWER THERE IS NO.

WE'RE NOT GOING TO PROVIDE THAT

PUBLICLY.

HOWEVER, YOUR ACCOUNT MANAGERS

ARE GOING TO RECEIVE COPIES OF

YOUR RESULTS AND WILL BE HAVING

A CONVERSATION WITH YOU IF YOU

HAD ANY NEGATIVE POINTS

ACCUMULATED IN ANY PARTICULAR

DIMENSION OR CATEGORY.

SO THOSE CONVERSATIONS WILL BE

HAPPENING ALSO, WE HOPE, DURING

THE SUMMER.

THE NEXT QUESTION IS, WHEN DO WE

COMPLETE THESE ANNUAL

PERFORMANCE REVIEWS EACH YEAR?

THE ANSWER IS, PER REGULATION,

THE PERIOD OF PERFORMANCE THAT

WE CONSIDER IS JANUARY 1ST OF

ONE YEAR THROUGH THE END OF

FEBRUARY OF THE NEXT YEAR.

THAT'S 14 MONTHS, AND THAT

PERIOD OF TIME COINCIDES WITH

THE PERIOD OF TIME THAT, THAT

EXACT TIME THAT YOUR

APPLICATION IS DUE FOR THE

FOLLOWING YEAR.

AND SO WE LOOK BACK, TAKE THAT

14-MONTH

PERIOD OF TIME AND WE DO THIS

WHOLE ANALYSIS IN MARCH AND

APRIL, ROLL IT OUT IN MAY.

SO ANY--AND

THE QUESTION GOES ON TO SAY, YOU

KNOW, WHAT IF AN ORGANIZATION

GOT A NOTICE OF NON-COMPLIANCE

EARLY DURING THAT 14 MONTHS, BUT

THEN BY THE END OF THE 14

MONTHS IT ACTUALLY FIXED THE

PROBLEM?

AND THE ANSWER IS, IT DOESN'T

MATTER TO US.

IF YOU RECEIVED A NOTICE OF

NON-COMPLIANCE

OR ANY KIND OF PERFORMANCE

PROBLEM AT ANY POINT IN TIME

DURING THAT 14 MONTHS, IT
COUNTS, AND THE REASON, AGAIN,
COMES BACK TO CONSISTENCY, BEING
A WAY FOR US TO QUANTIFY THIS,
AND, AGAIN, WE HAVE 800
CONTRACTS AND WE CAN'T LOOK AT
THE TIMING OF EVERY SINGLE EVENT
WITHIN THE 14 MONTHS THAT'S IN
REGULATION, SO WE KIND OF TAKE
THAT 14 MONTHS AS A SINGLE
PERIOD, AND WE LOOK AT ANYTHING
THAT OCCURRED DURING THE 14
MONTHS.

SO I GET IT.

I GET YOUR ISSUES OF YOU HAD A
PROBLEM EARLY ON BUT IT'S FIXED.
WE ARE LOOKING FOR CONSISTENT
PERFORMANCE.

AND THEN THE QUESTIONER WENT ON
TO SAY, WOULD C.M.S.
CONSIDER NOTIFYING OUTLIERS
AHEAD OF THE S.A.E.

APPLICATIONS?

THIS IS A QUESTION I GET ALL THE
TIME, BECAUSE PEOPLE THINK IT

WOULD SAVE US ALL A LOT OF
TROUBLE IF AN ORGANIZATION KNEW
THEY WOULD NOT HAVE THEIR
APPLICATIONS APPROVED.

THEY WOULDN'T HAVE TO SUBMIT AN
APPLICATION; WE WOULDN'T HAVE
TO GO THROUGH THE EFFORT OF
REVIEWING IT.

BUT THE FACT OF THE MATTER IS,
IT CAN'T HAPPEN THAT WAY.
AGAIN, THAT 14 MONTHS IS WRITTEN
INTO REGULATION.

IT ENDS AT THE END OF FEBRUARY.
WE'RE ALREADY RECEIVING
APPLICATIONS AT THAT POINT IN
TIME.

THIS IS AN INCREDIBLY INTENSIVE
PROJECT FOR US TO DO DURING
MARCH AND APRIL IN TIME FOR
NOTICES OF INTENT TO DENY TO GO
OUT IN MAY.

AND FOR AN ORGANIZATION WHO IS
GOING TO RECEIVE THAT NOTICE OF
INTENT TO DENY FROM US IF THEY
CHOOSE TO PURSUE THIS

APPLICATION, THEY HAVE APPEAL

RIGHTS.

SO NO MATTER WHAT, WE NEED TO

LET THAT PROCESS PLAY OUT AS IT

IS.

I DON'T THINK WE HAVE ANY OTHER

OPTION THERE.

OK, THE NEXT QUESTION WAS ALSO

ARE WE GOING TO PUBLISH THE

METHODOLOGY IN THE POINTS--I'VE

ANSWERED THAT.

OK, THE NEXT QUESTION: OUTSIDE

OF THE ANNUAL PERFORMANCE

REVIEW, WILL ACCOUNT MANAGERS

PROVIDE PERIODIC REPORTING TO

PLANS ON HOW THEY'RE PERFORMING

ACROSS THE MEASURES AND THE 9

DIMENSIONS?

WE ARE HOPING TO PROVIDE DATA TO

ACCOUNT MANAGERS MORE

FREQUENTLY, PERHAPS AS MUCH AS

QUARTERLY, TO TRY TO HAVE

CONVERSATIONS WITH SPONSORS OF

WHEN THEY'RE KIND OF HITTING

SOME OF THESE KEY INDICATORS.

WE ARE ROLLING THAT OUT
HOPEFULLY IN THE NEXT FEW
WEEKS, SO ACCOUNT MANAGERS WILL
START HAVING CALLS WITH
YOU--HOPEFULLY,
YOU KNOW, WHILE MAYBE FOR SOME
OF YOU NOT AT ALL, IF YOU DON'T
HAVE ANY OF THESE SORT OF
HOT-BUTTON
ISSUES, BUT IF YOU DO, YOU
SHOULD BE HEARING ABOUT IT MORE
FREQUENTLY.
THE NEXT QUESTION IS, CHANGING
TOPICS, IS THERE TRAINING FOR
1-800-MEDICARE
STAFF--THIS
IS REGARDING COMPLAINTS IN
C.T.M.--WHERE
SOME, CERTAIN QUESTIONS WOULD
HAVE PUSHED THE COMPLAINT TO A
DIFFERENT PLAN AND NOT TO THEM?
AND I THINK THE ANSWER HERE THAT
PAUL'S ALREADY GIVEN IS THAT
THERE IS A MECHANISM BUILT IN
FOR YOU TO HAVE THAT

REASSIGNED, AND TO THE EXTENT
THAT YOU'RE NOT GETTING THE
COMPLAINT REASSIGNED, IT SHOULD
VERY WELL COUNT AGAINST YOUR
PLAN BECAUSE YOU'RE NOT DOING
YOUR JOB TO CLEAN THAT UP.

OK, THE NEXT ONE.

"WE KNOW THAT MANY PLANS HAVE
NOT BEEN AUDITED BY C.M.S.,
THEREFORE THE PLAN WOULD NOT
HAVE ANY CAPS.

HOW IS THIS CONSIDERED IN
DETERMINING THE POINTS IN THE 9
DIMENSIONS?"

THIS IS A TERRIFIC QUESTION.
THE CAPS I TALKED ABOUT IN MY
PRESENTATION TODAY WERE AD HOC
CAPS; THAT MEANS CAPS THAT WE
ISSUED COMPLETELY OUTSIDE OF
THE AUDIT PROCESS.

SO IT IS NOT--THIS
IS SEPARATE AND ASIDE AND
DISTINCT FROM AUDITS, AND IT'S
DONE THAT WAY ON PURPOSE.

SO I WOULD, WHEN I SAID WE'D

MAKE EVERY EFFORT TO REALLY
SYNTHESIZE INFORMATION, I THINK
WE DO KEEP THE AUDIT
INFORMATION A LITTLE BIT
SEPARATE, BECAUSE THERE'S SOME
RELATIONSHIP BETWEEN THE OUTCOME
OF THIS PERFORMANCE REVIEW AND
WHO MIGHT GET AUDITED IN THE
FUTURE AS WELL, SO WE TRY TO
ACTUALLY HAVE THEM AS SORT OF
INDEPENDENT LOOKS AT AN
ORGANIZATION.

SO AGAIN, WHEN I'M TALKING ABOUT
CAPS IN THE PERFORMANCE REVIEW,
IT'S AD HOC CAPS, NOT AUDIT
CAPS.

OK, THE NEXT QUESTION: WHEN CAN
WE EXPECT TO RECEIVE OUR
PLAN-SPECIFIC
CALL CENTER MONITORING RESULTS
THIS YEAR?

I'M GOING TO ASK YOU TO CALL A
MEMBER OF MY STAFF FOR THAT
ANSWER.

LINDA GOOSES WILL BE ABLE TO

HELP YOU WITH ALL OF YOUR CALL

CENTER MONITORING-RELATED

QUESTIONS.

AND THEN THE NEXT FEW ARE

QUESTIONS ON THE STAR RATINGS

AND HOW THEY'RE WEIGHTED AND HOW

THEY'RE RANKED, AND I DO NOT

HAVE ANSWERS TO THOSE, BUT I

WILL PASS THEM ON AND WE'LL SEE

IF WE CAN GET THOSE PUBLISHED;

AND THEN A COUPLE OF QUESTIONS

ON DATA VALIDATION, AND I'M ALSO

NOT THE SUBJECT MATTER EXPERT

ON DATA VALIDATION, SO I'M NOT

GOING TO BE ABLE TO ANSWER

THOSE.

>> THE FIRST QUESTION IS: WHAT

IS THE TURNAROUND TIME REQUIRED

FOR THE 5% RANDOM SAMPLE FOR THE

OVER 6-MONTH

PROBE STUDY?

CAN YOU HEAR ME?

NO?

[LOUDER]

CAN YOU HEAR ME NOW?

>> YES.

>> ALL RIGHT.

THE QUESTION IS: WHAT IS THE
TURNAROUND TIME REQUIRED FOR
THE 5% RANDOM SAMPLE FOR THE
OVER 6-MONTH

PROBE STUDY REVIEW?

AND I DO WANT TO CLARIFY IF THE
REQUESTED EFFECTIVE DATE IS 6
MONTHS OR OLDER, DOCUMENTATION
IS REQUIRED WHEN YOU SEND IT TO
THE RETROPROCESSING CONTRACTOR.
THEY ONLY DO PROBE STUDIES ON
PAYMENT VALIDATION REQUESTS
THAT ARE LESS, WHERE THE
EFFECTIVE DATE IS LESS THAN 6
MONTHS, AND THE TURNAROUND TIME
THAT YOU'RE REQUIRED TO SUBMIT
THAT DOCUMENTATION TO THE R.P.C.
IS 7 BUSINESS DAYS.

AND THE REASON THAT THE
TURNAROUND TIME IS SO QUICK IS
BECAUSE THE EXPECTATION IS YOU
HAVE THAT DOCUMENTATION ON
HAND, AND THE R.P.C.

IS JUST REQUESTING SOMETHING

THAT YOU ALREADY HAVE, SO IT'S

7 BUSINESS DAYS.

THE NEXT QUESTION IS: COULD YOU

PLEASE CLARIFY IF THE NEW

ENROLLMENT PERIOD WILL TAKE

EFFECT FOR 2011 OR 2012

ENROLLMENTS, AND IT'S FOR 2011.

THE SECOND PART OF THAT QUESTION

I'M NOT GOING TO ANSWER, BUT

IT'S WILL THE MARKETING PERIOD

CHANGE WITH THE NEW ENROLLMENT

PERIOD?

AND THAT'S DEFINITELY NOT

SOMETHING THAT I'M GOING TO

ADDRESS.

NOTHING'S BEEN ANNOUNCED, SO

I'LL DEFINITELY PASS THAT ON TO

YOU, THE MARKETING GROUP, AND IF

ANYTHING CHANGES, YOU'LL

DEFINITELY HEAR ABOUT THAT.

BUT THE NEW ENROLLMENT CHANGES

ARE GOING TO TAKE EFFECT FOR

2011, AND IF YOU HAVE NOT--YOU

SHOULD HAVE ALREADY RECEIVED THE

JULY PRELIMINARY COMMUNICATION

TO LET YOU KNOW ALL OF THE

CHANGES, THE SOFTWARE CHANGES

THAT ARE GOING TO HAPPEN FOR THE

JULY RELEASE, AND THERE WAS A

C.R.

OR CHANGE REQUEST THAT IS BEING

IMPLEMENTED IN JULY TO ADDRESS

THE A.E.P.

CHANGES AS WELL AS THE O.E.P.

THE NEXT QUESTION: R.P.C.'S

TRANSMIT DISPOSITION REPORTS

ELECTRONICALLY TO PLANS.

RECOGNIZING THAT RETROACTIVITY

SHOULD BE MORE OF AN EXCEPTION,

IS THERE AN OPPORTUNITY TO ALLOW

PLANS TO ALSO SUBMIT RETRO

REQUESTS TO R.P.C.

VIA SECURE E-MAIL

OR ENCRYPTION?

THAT'S REALLY A GOOD QUESTION.

WE JUST PRESENTED TO OUR OFFICE

OF INFORMATION SYSTEMS A

SOLUTION, A TECHNICAL SOLUTION

THAT WOULD ALLOW THE PLANS, OR

WOULD ALLOW THE R.P.C.
TO DEVELOP A PORTAL--AND
WE GOT APPROVAL, SO I CAN
ANNOUNCE THIS--TO
DEVELOP A PORTAL THAT WOULD
ALLOW THE PLANS TO NOT ONLY
SUBMIT THEIR SUBMISSIONS
ELECTRONICALLY, BUT ALSO VIEW
THE STATUS OF THEIR INQUIRIES,
AND WE WOULD ALSO ALLOW THE
REGIONAL OFFICE ACCOUNT MANAGERS
TO SEE THE RESULTS ONLINE AS
WELL, SO THAT'S COMING.
WE JUST GOT APPROVAL FROM
O.I.S.,
SO WE'RE NOW IN THE DEVELOPMENT
PHASES OF THAT PROJECT, SO STAY
TUNED.
LAST QUESTION: COULD YOU EXPLAIN
OR GIVE MORE EXAMPLES OF
CATEGORY ONE REQUESTS?
DURING YOUR PRESENTATION, YOU
SAID EMPLOYER GROUP ISSUES WERE
CATEGORY ONE; [INDISTINCT]
INDICATES EMPLOYER GROUP ISSUES

ARE CATEGORY2--SOMEONE

WAS REALLY PAYING ATTENTION, SO

THANK YOU.

ONE EXAMPLE, ANOTHER EXAMPLE, IS

THE NUMBER OF UNCOVERED MONTHS.

THAT'S SOMETHING THAT WE

CONSIDER A CATEGORY ONE, AND

YOU WOULD SUBMIT IT TO THE HELP

DESK.

YOU WOULD CALL THE HELP DESK AND

YOU WOULD SUBMIT IT

RETROACTIVELY.

AND THERE IS A C.R.,

A CHANGE REQUEST, THAT'S GOING

IN--I

BELIEVE THAT'S ALSO IN THE JULY

RELEASE--THAT

WILL ALLOW YOU TO DO THAT.

YOU WON'T HAVE TO CALL THE HELP

DESK TO SUBMIT IT RETROACTIVELY.

YOU WON'T HAVE TO GO THROUGH THE

RETROACTIVE UTILITY TO ACTUALLY

HAVE THAT HAPPEN, BUT YOU'LL GET

MORE INFORMATION ABOUT THAT.

BUT RIGHT NOW THAT'S CONSIDERED

A CATEGORY ONE, SO YOU HAVE TO

CONTACT THE HELP DESK.

ALSO, EMPLOYEE GROUPS WOULD FALL

UNDER CATEGORY ONE AS WELL, AND

THERE'S A DISTINCTION.

THERE'S A DIFFERENCE BETWEEN

EMPLOYER OR SOMEONE WHO

QUALIFIES WITH A RETIREE DRUG

SUBSIDY, SO YOU SUBMIT A

TRANSACTION 60 AND YOU GET THAT

T.R.C.

127, WHERE YOU HAVE TO REACH OUT

TO THE BENEFICIARY TO SAY,

"HEY, YOU KNOW, IF YOU JOIN OUR

PLAN YOU COULD POSSIBLY LOSE

YOUR SUBSIDY."

SO THOSE ARE THE ISSUES THAT

WOULD FALL UNDER THE CATEGORY

ONE ISSUES, WHEREAS THE GROUP

ENROLLMENTS, THOSE COULD BE

CATEGORY 2, BECAUSE YOU KNOW,

GROUP ENROLLMENTS, YOU DON'T

ALWAYS RECEIVE THOSE TIMELY, SO

THAT COULD FALL OUTSIDE OF THE

TIME FRAME FOR IT TO BE

CONSIDERED A CATEGORY ONE, SO

YOU WOULD SUBMIT IT TO THE

R.P.C.

WITH THE APPROPRIATE

DOCUMENTATION.

SO THOSE ARE ALL OF MY

QUESTIONS.

OH, ONE OTHER THING I DID WANT

TO SAY.

I DID RECEIVE ANOTHER QUESTION

ABOUT THE RESPONSE TIME FOR THE

RETRO PROCESSING CONTRACTOR.

CONTRACTUALLY, THEY ARE REQUIRED

TO PROVIDE RESPONSES WITHIN 35

DAYS, BUT THEIR TIME FRAME IS

NOWHERE NEAR 35 DAYS.

LAST WEEK IT WAS LIKE 14 DAYS,

BUT CONTRACTUALLY THEY'RE

REQUIRED TO RESPOND WITHIN 35

DAYS.

SO FOR YOU IT WOULD BE A

TRIGGER.

IF YOU KNOW THAT YOU SENT

SOMETHING TO THEM AND IT'S BEEN

OVER 35 DAYS, THAT'S WHEN YOU

WOULD REACH OUT TO THEM TO SAY,

"HEY, I SUBMITTED A REQUEST TO
YOU AND IT'S BEEN OVER 35 DAYS."

BUT IF IT'S BEEN LESS THAN THAT,
PLEASE DON'T SEND YOUR REQUEST
AGAIN, BECAUSE IT'LL JUST GET
CODED OUT AS A DUPLICATE, OK?
THAT'S IT.

OK.

>> LAST, BUT NOT LEAST.

I'LL TRY TO MAKE THIS QUICK SO
EVERYBODY CAN WRAP UP FOR THE
DAY.

I HAVE 3 QUESTIONS.

THE FIRST ONE: IF A PLAN
IDENTIFIES AN AREA OF
NON-COMPLIANCE
THROUGH AN AUDIT, THEN CORRECTS
THE PROBLEM AND IMPLEMENTS A
CAP, WILL THE PLAN BE ISSUED A
NOTICE OR WARNING AS A RESULT
OF A SELF-DISCLOSURE
TO C.M.S.?

AND MY ANSWER IS THAT IT'S NOT
LIKELY THAT YOU WOULD RECEIVE A

NOTICE OR WARNING FROM C.M.S.

FOR THAT ISSUE, WITH, OF COURSE,
THE EXCEPTION OF FRAUD.

UM, YOU KNOW, THAT'S A WHOLE
OTHER CATEGORY THAT, THAT--I
CAN'T GIVE YOU A GOOD ANSWER.

I CAN'T GIVE YOU A CONSISTENT
ANSWER FOR ALLEGATIONS OF FRAUD.

I WILL SAY THAT THERE ARE ALWAYS
GOING TO BE COMPLIANCE ISSUES
WITHIN AN ORGANIZATION.

THERE IS NO SUCH THING AS
PERFECTION, SO WE DON'T EXPECT
PERFECTION.

WE EXPECT THAT THERE WILL BE
ISSUES, BUT IT'S ALWAYS BETTER
FOR YOUR ORGANIZATION TO FIND
THEM, CORRECT THEM, AND SHOW US
THAT YOU'VE DONE SOMETHING ABOUT
IT.

FRANKLY, TO ME THAT SOUNDS LIKE
A PROCESS THAT WORKS, SO I
DON'T THINK IT MAKES SENSE
UNLESS, LIKE I SAID, THERE'S
ALWAYS EXTREME EXCEPTIONS.

THAT DOESN'T MAKE SENSE FOR

C.M.S.

TO ISSUE YOU A NOTICE OF

NON-COMPLIANCE

OR ANOTHER CAP ON TOP OF YOUR

CAP FOR A PROBLEM THAT YOU'VE

CORRECTED AND BEEN ABLE TO

DISCLOSE TO C.M.S.,

SO FRANKLY, THE FACT THAT YOU

WERE ABLE TO IDENTIFY AND

CORRECT THAT ISSUE WITHOUT

C.M.S.

GETTING INVOLVED, I THINK SO

MUCH THE BETTER.

QUESTION NUMBER 2--AND

I THINK THIS IS SORT OF

SHARED--I

THINK IT WAS SUBMITTED TO JEN

AND MIKE FOR THEIR

PRESENTATION, BUT IT SORT OF HAS

TO DO WITH AUDITING, SO I'LL

TRY TO ANSWER THIS ONE INSTEAD.

THE QUESTIONER STATES THAT WE'VE

SAID THAT THE FOCUS OF AUDITING

WILL BE ON OUTCOMES, NOT

POLICIES AND PROCEDURES, BUT
IT'S CONTRADICTING TO SAY THAT
THE COMPLIANCE PROGRAM
REQUIREMENTS INCLUDE AN ELEMENT
WHERE AN ORGANIZATION MUST HAVE
POLICIES AND PROCEDURES, SO WHEN
ARE THEY THE FOCUS, AND WHEN
ARE THEY NOT?

GOOD QUESTION, AND HERE'S MY
ANSWER.

FOR THE PROGRAM AUDITS THAT
C.M.S.DOES--AND
WE DIDN'T REALLY TALK A LOT
ABOUT THAT TODAY--BUT
IN THE OLD WAY OF AUDITING, IT
USED TO BE EVERY 3 YEARS YOU
GOT AN AUDIT OF EVERYTHING UNDER
THE SUN AT YOUR PLAN,
REGARDLESS OF WHO YOU WERE,
WHERE YOU WERE, WHETHER OR NOT
YOU NEEDED AN AUDIT, WE WERE
GOING TO COME LOOK AT
EVERYTHING.

WE'VE REALLY MOVED AWAY FROM
THAT SORT OF AN APPROACH TO ONE

THAT'S REALLY DRIVEN BY RISK.

SO IT MAY MEAN AUDITING LESS

ORGANIZATIONS EVERY YEAR.

IT MAY MEAN LOOKING AT MORE

FOCUSED AREAS WITHIN AN

ORGANIZATION, BUT NOW THAT WE

HAVE SO MUCH MORE DATA

ACCESSIBLE TO US THROUGH THE

WORK OF MY COLLEAGUES AT THE

OTHER END OF THE TABLE, WE DON'T

NEED TO RELY ON AUDITS FOR

EVERYTHING.

SO WITH PROGRAM AUDITS THIS

YEAR, WE'RE REALLY FOCUSING ON

OUTCOMES, ASKING FOR UNIVERSES

AND SAMPLES, AND SORT OF THAT

DEMONSTRATION END OF THE

SPECTRUM.

IF ALL OF THAT PART OF THE

AUDIT, IF THAT DOESN'T GIVE US

ANY HEARTBURN, FRANKLY, I DON'T

THINK I NEED TO SEE YOUR

POLICIES AND PROCEDURES, 'CAUSE

I'M GOING TO ASSUME THAT

THEY'RE WORKING, AND WHETHER OR

NOT--DON'T

REPEAT THIS--BUT

WHETHER OR NOT THEY'RE, YOU

KNOW--WHAT

THEY SAY AS WRITTEN IS LESS

IMPORTANT TO ME THAN WHETHER OR

NOT THEY'RE WORKING AND YOUR

OUTCOMES ARE RIGHT.

SO FROM A PROGRAM AUDIT

PERSPECTIVE, I'M GOING TO FOCUS

ON OUTCOMES.

NOW, COMPLIANCE PLAN AUDITS, I'M

GOING TO GIVE YOU A SLIGHTLY

DIFFERENT ANSWER, BECAUSE THIS

IS THE FIRST TIME IN A REAL WAY

THAT C.M.S.

IS AUDITING OR ASSESSING

COMPLIANCE PROGRAMS.

SO WE WILL BE ASKING FOR YOUR

CODE OF CONDUCT, YOUR CODE OF

ETHICS, AND WE WILL BE ASKING

FOR POLICIES AND PROCEDURES

THAT REFLECT YOUR COMMITMENT TO

ADHERING TO MEDICARE LAWS AND

REGULATIONS.

DOES THAT MEAN I NEED TO SEE

EVERY POLICY AND PROCEDURE FOR

EVERY OPERATIONAL AREA?

NO.

WE ARE ALSO TRYING TO BE VERY

MINDFUL OF BURDEN.

SO, LIKE I SAID, ON THE PROGRAM

AUDIT SIDE, A MUCH STRONGER

FOCUS ON OUTCOMES; ON THE

COMPLIANCE PROGRAM SIDE, THERE

MIGHT BE A LITTLE MORE WIGGLE

ROOM, BUT WE'RE NOT GOING TO

ASK FOR ALL OF YOUR POLICIES AND

PROCEDURES FOR THE WHOLE

ORGANIZATION.

THEN THE LAST QUESTION IS A VERY

EASY ONE.

"THE COMPLIANCE PROGRAM AUDIT

YOU SPOKE ABOUT, WILL THESE BE

ON-SITE

REVIEWS OR DESKTOP REVIEWS?

THESE WILL BE ON-SITE.

AND THAT'S IT.

AND I THINK I'M ALLOWED TO SAY

IF THERE ARE ANY OTHER

QUESTIONS AND PEOPLE WANT TO

COME TO THE MICROPHONES, WE

HAVE SOME TIME TO TAKE THOSE.

DON'T BE SHY.

[PAUSE]

>> WE HAVE ABOUT 10 MORE MINUTES

ALLOTTED.

IF YOU HAVE OTHER QUESTIONS,

WE'LL BE GLAD TO TAKE THEM.

WOULD YOU MIND COMING TO THE

MICROPHONE?

>> [INDISTINCT].

>> THERE WERE A COUPLE OF MORE

QUESTIONS.

SINCE WE'VE GOT TIME, WHO HAS

THOSE?

>> I'LL JUMP IN ON THAT ONE.

FOR THE QUESTIONS THAT, LIKE,

FOR EXAMPLE, WE SAID THAT WE

WOULD HAVE TO TAKE BACK AND GET

ANSWERS, THEY'LL BE POSTED TO

THE WEB SITE, THE CONFERENCE

PORTAL WEB SITE WHERE YOU WENT

IN TO REGISTER.

ALL THE MATERIALS WILL BE MADE

AVAILABLE THROUGH THAT.

>> OK.

>> THERE WERE A COUPLE OF OTHER
QUESTIONS FOR PAUL AND MICHAEL,
AND WE THOUGHT THAT THEY WERE
GOING TO HAVE TO LEAVE.

THEY'VE GOT A PLANE TO CATCH.

DO YOU HAVE A MINUTE OR 2?

>> WE HAVE ABOUT 5 MINUTES.

>> ABOUT 5 MINUTES.

OK, THANK YOU [INDISTINCT].

WHOO!

>> [AUDIENCE LAUGHING]

>> MAYBE THEY'LL ANSWER A FEW.
AGAIN, AS MICHELLE SAID, I TOLD
YOU WE WOULD ANSWER EVERY
QUESTION, AND WE WILL, BUT MAY
NOT CAN DO IT THIS AFTERNOON.

[PAUSE]

>> [INDISTINCT]?

OK.

I JUST RECEIVED A SUGGESTION
THAT C.T.M.

DOWNLOADS AND REPORTS BE
MODIFIED SO THAT WHEN WE

DOWNLOAD THE C.T.M.

COMPLAINTS YOU COULD TAKE A LOOK

AT THEM BY CLOSURE.

THAT IS CERTAINLY A SUGGESTION

WE COULD TAKE BACK.

OUR C.T.M.

RELEASE 13 IS SCHEDULED FOR LATE

JUNE, SO IT WILL BE TOO LATE

FOR US TO CONSIDER THAT FOR THIS

YEAR, BUT IT IS CERTAINLY

SOMETHING WE CAN CONSIDER FOR

NEXT YEAR.

I DON'T THINK THAT THAT, UM,

THAT DOESN'T SOUND LIKE A VERY

DIFFICULT THING FOR US TO DO,

THE RESOLUTION DATE FIELD, AND

THAT MIGHT BE SOMETHING WE CAN

ACCOMMODATE.

DO YOU WANT TO TAKE ONE, MIKE,

OR DO YOU WANT ME TO GO?

>> [INDISTINCT]

>> OH, OK.

"PLEASE DESCRIBE YOUR ROLE IN

CASEWORK.

ARE YOU JUST ANALYZING DATA

BEHIND THE SCENES, OR

INTERACTING WITH THE REGIONAL

OFFICES?"

>> [AUDIENCE LAUGHING]

>> WELL, MAYBE I SHOULD EXPLAIN

MY ROLE A LITTLE BIT BETTER.

I'VE BEEN VERY INVOLVED IN PART

D CASEWORK SINCE THE PROGRAM

INCEPTION BACK IN 2006, AND I'VE

WORKED ON VARIOUS TYPES OF

ENROLLMENT ISSUES, PREMIUM

WITHHOLD ISSUES, MARKETING

MISREP, B.A.E,

L.E.T.,

YOU NAME IT, AND TRYING TO WORK

WITH OUR POLICY FOLKS TO

OPERATIONALIZE THAT INTO

CASEWORK PROCEDURES THAT MAKE

SENSE FOR OUR STAFF.

IN MY ROLE, WORKING IN THE

CONSORTIUM FOR MEDICAL HEALTH

CARE OPERATIONS, BECAUSE OUR

STAFF DO THE LARGE MAJORITY OF

CASEWORK FOR C.M.S.,

MY JOB IS TO MAKE SURE THAT THE

POLICY MAKES SENSE FROM AN
OPERATIONAL PERSPECTIVE, AND
THAT OUR CASEWORKERS ARE IN THE
BEST POSSIBLE POSITION TO
ADDRESS THE ISSUES, AND PART OF
THAT ALSO INVOLVES MAKING SURE
THAT THE PLANS MEET THEIR
RESPONSIBILITIES IN TERMS OF
FULFILLING THEIR OBLIGATIONS
AND WITH REGARD TO THE VARIOUS
COMPLAINT, TIMELINESS STANDARDS
AND RESOLUTIONS AND THE QUALITY
OF THE RESOLUTIONS AND
INAPPROPRIATE CLOSURES AND
THINGS OF THAT SORT.

AND SO, AS PART OF THAT ROLE, I
WORK VERY CLOSELY WITH OUR
REGIONAL OFFICE CASEWORKERS, AND
ALL 10 OF OUR REGIONAL OFFICES
TO DETERMINE WHAT POLICIES NEED
TO BE CHANGED, WHAT OPERATIONS
NEED TO BE MODIFIED, AS WELL AS
MAKE SUGGESTIONS FOR
ENHANCEMENTS TO OUR C.T.M.
BASED ON THEIR FEEDBACK AND MY

ASSESSMENT, BECAUSE ONE OF MY
PRIMARY ROLES IS TO MAKE SURE
THAT WE HAVE THE WORKLOAD THAT
IS AVAILABLE AND BEING USED
EFFICIENTLY WITH REGARD TO
CASEWORK HANDLING.

DO YOU WANT TO ANSWER A COUPLE,
SINCE WE HAVE TO LEAVE?

>> SURE.

OK, WE GOT A VERY POPULAR
QUESTION.

I KNOW THIS IS AN AREA THAT WE
TALK TO PLANS A LOT ABOUT, THE
3-DAY
TIME FRAME FOR RESPONDING TO
VIOLATIONS THAT ARE SENT TO YOU
IN THE CONSOLE, PLANS HAVE ASKED
FOR MORE TIME.

A COUPLE OF REACTIONS TO THAT:
ONE, THE EVIDENCE SORT OF IS TO
THE CONTRARY--WE'VE
ACTUALLY SUCCESSFULLY HAD PLANS
RESPOND TO LITERALLY THOUSANDS
OF VIOLATIONS WITHIN THE 3-DAY
TIME FRAME, SO I KNOW WHY PLANS,

I THINK, MAY WANT MORE TIME.

I THINK WE'VE SEEN THAT YOU'VE
BEEN ABLE TO CONDUCT YOUR
INVESTIGATIONS AND RESPOND
ACCORDINGLY.

WE'RE ALSO PUSHED UP AGAINST THE
BALANCING ACT BETWEEN PLANS
WANTING THE INFORMATION IN REAL
TIME AND FOR US TO TAKE TIMELY
COMPLIANCE ACTIONS AS WELL.

THE MORE TIME WE START BUILDING
INTO THESE LONGSTANDING
INVESTIGATIONS, THE MORE TIME
THAT IT'S GOING TO CREATE ON
THE BACK END, SO WE'RE GOING TO
TAKE THE COMMENTS BACK BECAUSE
WE DID HEAR A LOT OF THAT, AND
WE'LL REASSESS.

IF WE DO INCREASE IT, IT WON'T
BE BY MUCH, BECAUSE I THINK
PLANS HAVE DONE A PRETTY GOOD
JOB IN THIS REGARD.

WE HAVEN'T SEEN MUCH OF A
PROBLEM THERE.

BUT WE'LL CERTAINLY THINK ABOUT

IT.

THERE'S A QUESTION ABOUT PLANS
THAT HAVE SALES PRESENTATION,
BUT THERE'S NOT, I GUESS AT THE
VENUE THERE'S NOT AN
OPPORTUNITY TO ALLOW SIGNAGE TO
GUIDE PEOPLE TO THE MEETING
ROOMS, AND PERHAPS THAT'S BEEN A
REASON WHY SOME OF THE
DEFICIENCIES HAVE BEEN FOUND,
PARTICULARLY RELATED TO
NO-SHOWS.

YOU KNOW, FROM OUR VANTAGE
POINT, IT'S REALLY IMPORTANT
THAT WHEN YOU'RE HOLDING A SALES
EVENT, THAT YOU MAKE SURE THAT
THE VENUE STAFF MANAGERS KNOW
THAT YOU'RE ACTUALLY GOING TO
BE HOLDING A SALES EVENT.

WE LOOK AT THE EVENTS FROM THE
PERSPECTIVE OF WHAT A
BENEFICIARY WOULD FEEL LIKE
GOING TO THAT EVENT, SO IF A
SHOPPER, WHO'S ACTUALLY REALLY
TRYING HARD TO FIND AN EVENT,

IF THEY'RE HAVING TROUBLE, THE
BENEFICIARIES CERTAINLY WOULD
AS WELL.

BUT YOUR SHOPPER SHOULD NOTE ANY
KIND OF EXTRANEOUS--OR
NOT YOUR SHOPPERS--YOUR
REPS AND YOUR AGENTS SHOULD NOTE
ANY KIND OF EXTRANEOUS
DIFFICULTIES THEY MAY HAVE HAD
THAT MAY BE UNFORESEEN, SO THAT
IF THERE IS A PROBLEM, THAT YOUR
STAFF AND YOUR COMPLIANCE
OFFICE ARE AWARE OF THEM, SO
THAT IF A VIOLATION'S NOTED,
YOU CAN RESPOND TO THEM
ADEQUATELY.

BUT THOSE KINDS OF THINGS SHOULD
BE RARE AND SHOULD BE ESCALATED
TO THE PLANS THAT YOU CAN
RESPOND ACCORDINGLY.

AND THEN I HAVE MORE QUESTION
I'M GOING TO ASK WHOEVER ASKED
IT TO MAYBE CLARIFY, BECAUSE I
CAN'T--THERE'S
AN ACRONYM HERE, AND IT'S, I

COULDN'T READ THE WRITING.

"THE METHOD FOR CALCULATING"-AND

IT LOOKS LIKE M-M.M.R.,

DO YOU THINK?

>> M.M.R.'S?

>> "--IS

STILL UNCLEAR.

IS IT POSSIBLE TO RELEASE AN

EASY-TO-UNDERSTAND

METHODOLOGY AND REGULARLY

RELEASE PLAN STATUS MONTHLY

UPON AVAILABILITY?

THERE'S A CONCERN THAT THE

CURRENT METHOD FAVORS LARGER

PLANS WHEN A STANDARD AVERAGE IS

USED REGARDLESS OF PLAN SIZE."

IS THAT--CAN

YOU CLARIFY WHICH ASPECT OF

SURVEILLANCE YOU'RE TALKING

ABOUT THERE?

>> [INDISTINCT]

>> OH, MARKETING

MISREPRESENTATIONS, OK.

UM, OK, SO THIS GOES BACK TO

SORT OF, WHAT'S OUR METHODOLOGY

FOR ASSESSING THE WEIGHT OF THE
VIOLATIONS AND HOW WE'RE SORT
OF CALCULATING, 'CAUSE RIGHT NOW
THE WAY WE DO IT IS, WE LOOK AT
NUMEROUS FACTORS FROM THE
COMPLIANCE TEAM SAMPLE--I'M
LOOKING FOR GLORIA OUT THERE.
THERE'S NUMEROUS FACTORS WE TAKE
INTO ACCOUNT.

WE LOOK AT PERCENTAGE OF
VIOLATIONS, WE LOOK AT THE TYPE
OF VIOLATIONS--AGAIN,
HOW SERIOUS IT IS--IS
IT MARKETING MISREP, IS IT AN
ADMINISTRATIVE FINDING?

DID THEY FINDINGS RECUR?
FOR EXAMPLE, DID YOU HAVE
VIOLATIONS FOR DRUG COVERAGE IN
OCTOBER AND NOVEMBER AND
DECEMBER?

WE LOOK AT ALL OF THOSE FACTORS
IN TERMS OF ASSESSING
COMPLIANCE PERFORMANCE.

>> [INDISTINCT]

>> UH-HUH.

>> [INDISTINCT]

>> UH-HUH.

>> [INDISTINCT]

>> YEAH, THE WAY WE CURRENTLY

REPORT IT TO YOU--THERE'S

A COUPLE OF WAYS WE TRY TO CUT

THE DATA.

THE ONE THAT'S AVAILABLE IN

PUBLIC TO YOU THAT'S ON THE

CONSOLE IS THE PERCENTAGE OF

EVENTS WITH DEFICIENCIES, SO WE

TAKE THE TOTAL NUMBER OF

DEFICIENCIES, REGARDLESS OF THE

TYPE OF VIOLATION, AND WE DIVIDE

THAT BY THE NUMBER OF EVENTS

WE'VE ATTENDED.

DOES THAT HELP YOU?

>> [INDISTINCT]

>> THAT'S OK.

>> [INDISTINCT]

>> OH, ARE YOU TALKING ABOUT

COMPLAINTS?

OH, I'M SORRY.

THEN THIS IS REALLY A PAUL

QUESTION ABOUT THE C.T.S.

>> [LAUGHING]

>> [AUDIENCE LAUGHING,

APPLAUDING]

>> BUT IT DOES [INDISTINCT]

SURVEILLANCE [INDISTINCT].

[LAUGHING]

SO WE'LL TRY COMPLAINTS IN PAUL.

>> [INDISTINCT]

>> IT'S ALL RIGHT.

LET'S PASS IT OVER HERE.

>> THAT'S A REALLY GOOD

QUESTION.

WITH REGARDS TO THE MARKETING

MISREPRESENTATION COMPLAINTS,,

WHAT WE DO IS WE NORMALIZE IT

FOR A TOTAL PLAN ENROLLMENT

BASED ON THE VARIOUS PLAN

OFFERINGS IN YOUR ORGANIZATION,

SO THAT WAY WE KIND OF HAVE A

LEVEL PLAYING FIELD SO THAT OUR

LARGER PLANS CAN BE COMPARED TO

SOME OF THE MEDIUM-SIZED

AND SMALLER ORGANIZATIONS.

YOU LOOK LIKE YOU'RE STILL

PUZZLED.

>> THIS IS YOUR FAULT THIS TIME.

>> [ALL LAUGHING]

>> WE NORMALIZE THE DATA, THE
RAW COMPLAINTS THAT WE RECEIVE,
THE MARKETING COMPLAINTS, BY
MONTH, AND WE ADJUST IT FOR
TOTAL PLAN ENROLLMENT.

>> [INDISTINCT]

>> WELL, WE DON'T REALLY HAVE
AVERAGE TARGETS.

WHAT WE COULD DO IS WE COULD
TAKE A LOOK AT ALL OF THE
MARKETING COMPLAINTS, AND WE
COULD TAKE A LOOK AT OUR TOTAL
NUMBER OF MEDICARE BENEFICIARIES
THAT ARE ENROLLED IN THOSE PLAN
TYPES, AND THEN WE COME UP WITH,
YOU KNOW, A NATIONAL
APPROXIMATION OF WHAT WE CAN
EXPECT AN ORGANIZATION TO HAVE,
AND THAT COULD BE .2--AND
I'M JUST MAKING THIS UP---.02
MARKETING COMPLAINTS PER 10,000
BENEFICIARIES, AND THEN WHEN WE
DRILL DOWN A LITTLE BIT FURTHER

AND WE TAKE A LOOK AT AN

INDIVIDUAL ORGANIZATION AND

THEIR PARTICULAR PLAN TYPES,

WE'LL SEE THAT MAYBE THEY'RE

.08,

AND SO WE'LL SAY, "GEE, THIS

ORGANIZATION HAS SO MUCH MORE

RELATIVE TO THEIR ENROLLMENT,

WITH THEIR ENROLLMENT

ADJUSTMENT COMPLAINTS COMPARED

TO WHERE MOST OF THE PLANS ARE.

OK?

>> [INDISTINCT]

>> YOU'RE BEING COMPARED BY 2

THINGS: THE CONTENT OF THE

COMPLAINTS ITSELF, AS WELL AS

THE DATA.

SO IN ADDITION TO DOING WHAT I

JUST DESCRIBED, WE ACTUALLY

WILL LOOK AT THE COMPLAINTS,

BECAUSE YOU GOT TO REMEMBER,

TOO, 2/3 OF THE COMPLAINTS ARE

DIRECTLY WORKED BY REGIONAL

OFFICE CASEWORKERS, AND SO WE'RE

INTIMATELY INVOLVED WITH THE

NATURE OF THE ALLEGATION AS WE
WORK WITH THE BENEFICIARIES TO
DETERMINE IF THEY HAVE A NEED
FOR A RETROACTIVE CHANGE, AND
IN THE COURSE OF DOING THAT, WE
MIGHT LEARN A LITTLE BIT MORE
ABOUT THE NATURE OF THE
ALLEGATION, AND BECAUSE OF
THAT, WE GET SOME VALUABLE
INSIGHTS ON THE PERFORMANCE OF
THE PLAN WITH REGARD TO
MARKETING.

AND I'M SORRY, JULIE, I DO HAVE
2 QUESTIONS HERE, BUT THEY'RE
PRETTY QUICK.

I THINK I MAY BE ABLE TO ANSWER
THEM.

>> [INDISTINCT]

>> THERE'S A QUESTION HERE ABOUT
HOW OFTEN DOES C.M.S.
PROVIDE TRAINING TO
1-800-MEDICARE
STAFF?

AND THIS PERSON GOES ON TO
DESCRIBE A PARTICULAR ISSUE

WHICH I WILL ENSURE GETS ROUTED
TO MAKE SURE THAT WE HAVE THE
APPROPRIATE [INDISTINCT]
IN PLACE, BUT BECAUSE
1-800-MEDICARE
STAFFS UP DURING PEAK TIMES TO
MEET CALL NEEDS, AND BECAUSE OF
THE NATURE OF A CUSTOMER SERVICE
OPERATION WITH HIGH PLAN
TURNOVER, OUR 1-800
STAFF ARE CONSTANTLY DOING
TRAINING, AND SO WE DO WELCOME
THE OPPORTUNITY FROM YOUR SIDE,
IF YOU ARE HEARING THAT SOME OF
THE BENEFICIARIES WHO ARE
CONTACTING 1-800
MIGHT NOT BE GETTING THE
INFORMATION AS WELL AS THEY
POSSIBLY CAN, WE ENCOURAGE YOU
TO PROVIDE THAT FEEDBACK TO
YOUR LEAD CASEWORKER OR ACCOUNT
MANAGER.
AND THEN THERE'S ONE OTHER
QUESTION HERE ABOUT WHAT MAKES
A DETERMINATION OF MARKETING

MISREPRESENTATION COMPLAINTS AS

R.O.

ACTION VS.

NO R.O.

ACTION.

IF A COMPLAINT IS NO R.O.

ACTION, THAT MEANS THAT THERE IS

NO ACTION THAT IS NECESSARY ON

THE PART OF A REGIONAL OFFICE

CASEWORKER TO MAKE THE

BENEFICIARY WHOLE, AND THAT

USUALLY MEANS NOT MAKING A

CHANGE IN THEIR ENROLLMENT, AND

THAT USUALLY MEANS A

PROSPECTIVE ONLY CHANGE IN THEIR

ENROLLMENT HAS SATISFIED THE

BENEFICIARY'S NEEDS.

IF IT GOES INTO THE R.O.

ACTION NEEDED BUCKET, IT

TYPICALLY INDICATES THAT EITHER

THE C.S.R.

AT 1-800

DID NOT THINK THEY WARRANTED THE

CONDITIONS FOR MARKETING

MISREPRESENTATION S.C.P.,

OR THE BENEFICIARY INDICATED
THAT THEY WOULD ALSO LIKE TO
EITHER HAVE THEIR ENROLLMENT
WIPED OUT OR CANCELLED, OR HAVE
A RETROACTIVE CHANGE IN
ENROLLMENT.

SO THAT'S WHY WE GROUP THEM
DIFFERENTLY, AND THAT'S ALSO
THE REASON WHY THEY'RE INTO 2
DIFFERENT BUCKETS, AND THAT'S
WHY THEY'RE HANDLED DIFFERENTLY
AND YOU HAVE TO PULL DIFFERENT
REPORTS TO SEE WHICH ONE IS
WHICH.

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