

Leadership Chat & Roundtable

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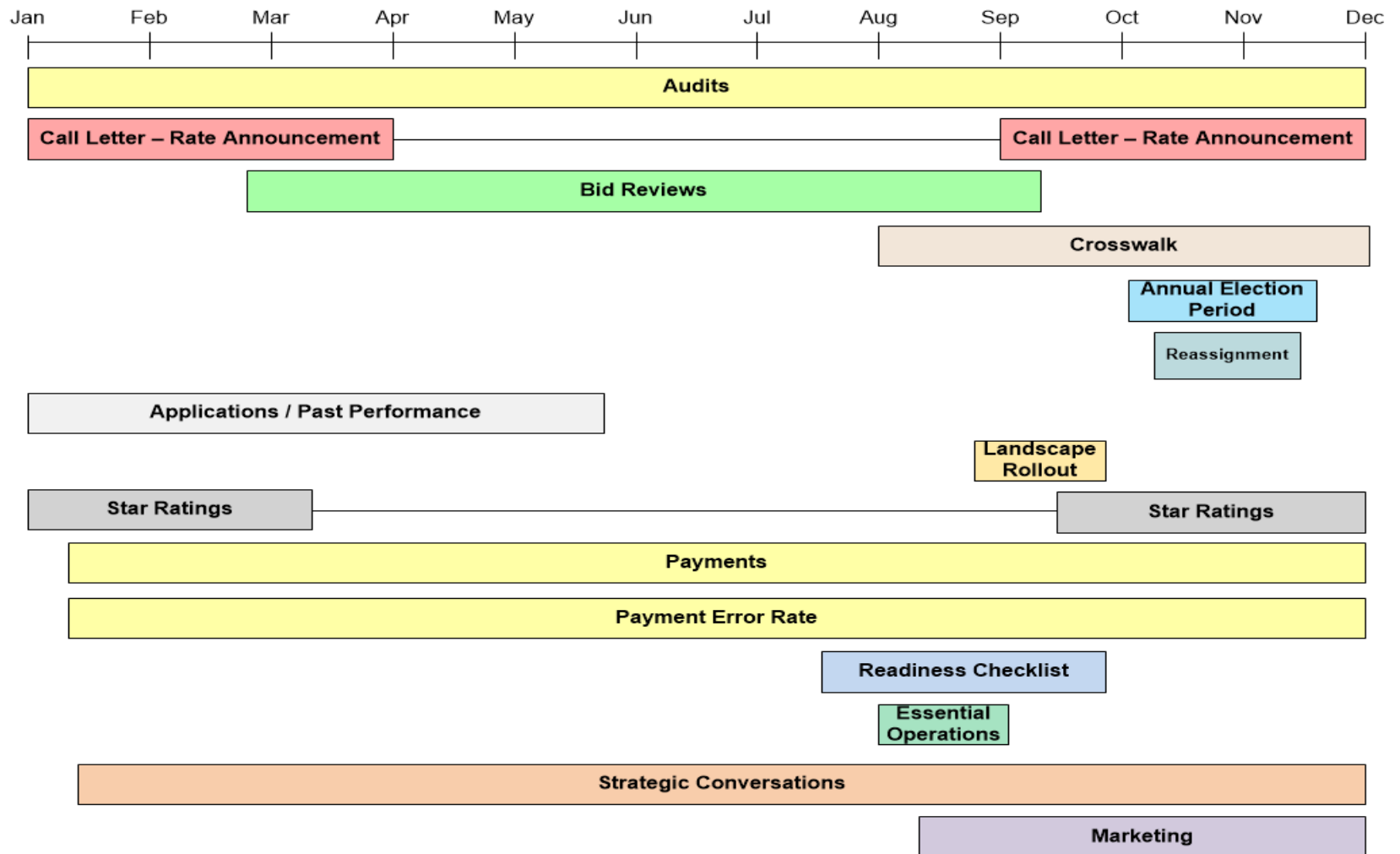
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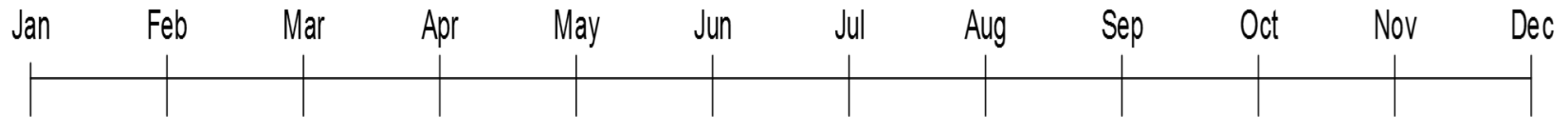
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September 7, 2017

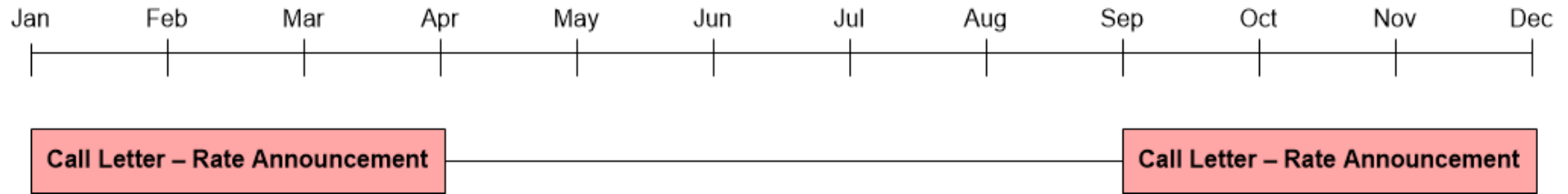




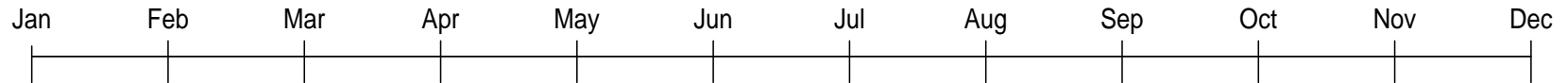


Audits

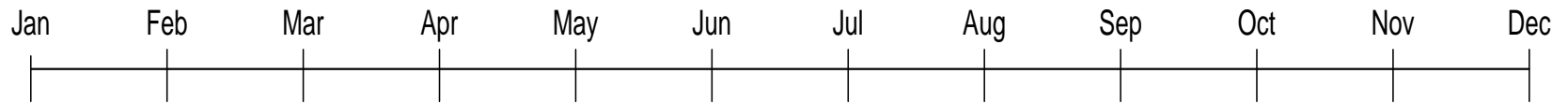
- Audit scheduling
- Audit staffing/coordination
- PACTs
- Enforcement Action
- Feedback loop - protocol changes
- Audit validation and close out
- Groups involved: MOEG, MCAG, MDBG, MEAG, MPPG, MMCO, RO, OGC



- Prepare for Call Letter and Rate Announcement in the fall
- Release Advance Notice according to statutory requirements
- Release Rate Announcement according to statutory requirements
- Release draft and final Call Letter in parallel
- After release of Call Letter and the Rate Announcement prepare guidance and make system changes to support new policies
- Groups involved: MDBG, MPPG, MEAG, MOEG, MCAG

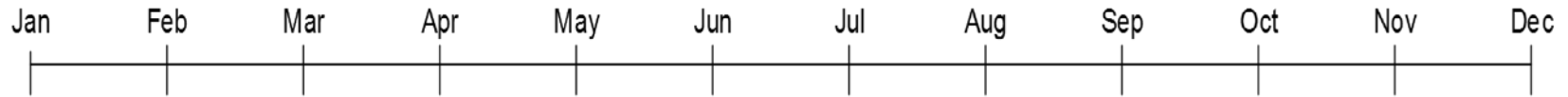


- Bids, including Plan Benefit Package and/or Bid Pricing Tools, are due the first Monday in June.
- Call Letter and other guidance provides most standards and requirements for bid submissions.
- CMS conducts bid review and approval from early June to late August, including:
 - Formulary review and approval
 - Transition policies review and approval
 - Medication Therapy Management (MTM) program review and approval
- CMS releases Part D National Average and provides rebate reallocation period in late July to early August. Bids are approved by late August.
- Contracts are executed in mid-September.
- Groups involved: MDBG, MCAG, OACT, MPPG, MMCO, CMMI

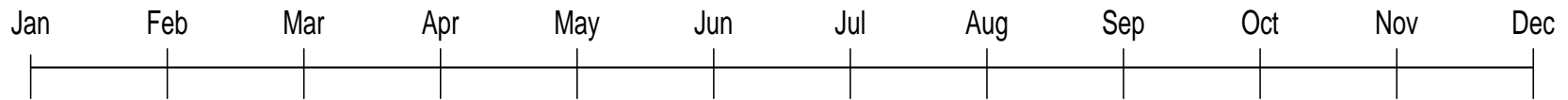


Crosswalk

- Plan contracts can change yearly. The crosswalk process provides a seamless transition to a different plan in the same organization for enrollees in plans that consolidate, reduce their service area, or move membership.
- Plans submit bids, renewals and terminations. HPMS tracks the plans' submissions; the operational aspects are coordinated to make sure members are placed into the correct plans.
- Groups involved: MEAG, MDBG, MCAG

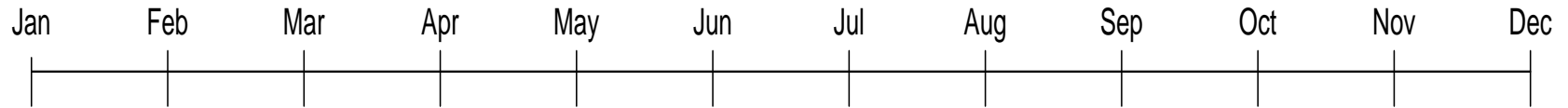


- Conduct quality assurance to ensure that Part D sponsors submit accurate and valid drug pricing, formulary, and pharmacy data for display on the Medicare Plan Finder.
- Finalize benefit offerings and contracting for the upcoming plan year, and publish annual Plan Landscape files on CMS.gov.
- Publish Star Ratings to be made available to beneficiaries during the Medicare Part D open enrollment periods.
- Monitor the Complaint Tracking Module (CTM), which captures and tracks Medicare Part D complaints as a means of immediate and longitudinal oversight for the Medicare Drug Benefit Program.
- Groups involved: MDBG, MCAG, MMPG, MOEG, OACT, MMCO, ROs, OC



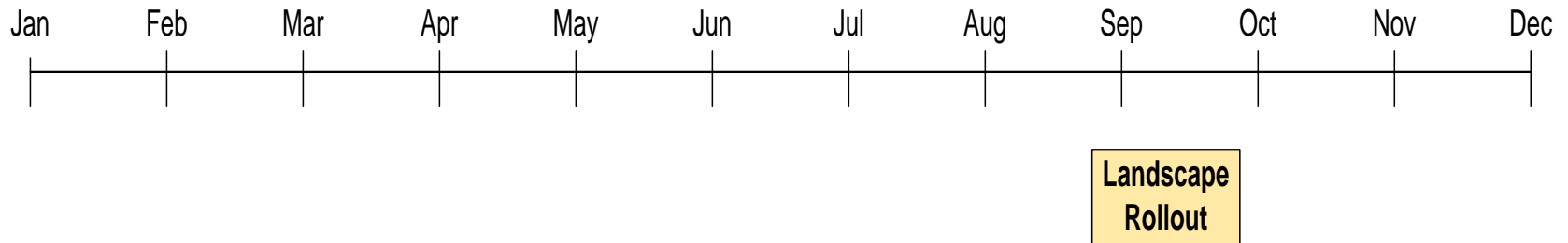
Reassignment

- Coordinate the reassignment of dual-eligible beneficiaries into new plans when their current plan is terminating or if their Prescription Drug Plan (PDP) is going above the subsidy amount at the end of the year.
- Beneficiaries are placed into a zero premium PDP if they do not choose one on their own, making sure that they have uninterrupted coverage that makes use of the Low Income Subsidy.
- Groups involved: MEAG, MDBG, MCAG

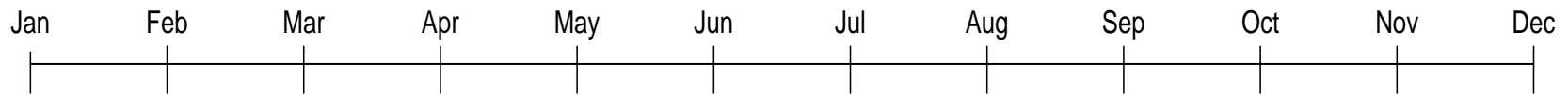


Applications / Past Performance

- Steps include:
 - Prepare application and obtain OMB clearance
 - Preliminary fall past performance review
 - Post the current year applications
 - Plans submit to CMS a Notice of Intent to Apply
 - Plans submit applications
 - Issue application deficiency notices
 - Issue application notices of intent to deny
 - Post Past Performance results on website
 - Issue Denials and Approvals
 - Appeals
- Groups involved: MDBG, MCAG, ROs, OSORA



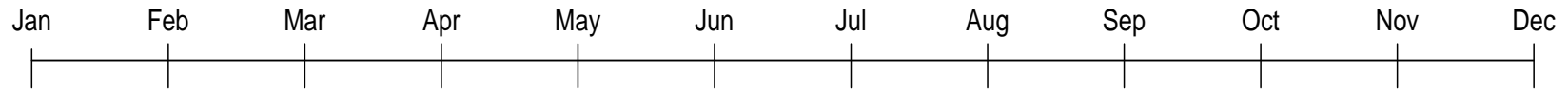
- Collaborate with other groups to summarize next calendar year plan options.
- Provide information to public, stakeholders, and partners to work with beneficiaries who are choosing plan options.
- Marketing begins October 1.
- Annual election period is between October 15 and December 7.
- Groups involved: MCAG, MDBG, MPPG, OC, ROs, OACT, OSORA



Star Ratings

Star Ratings

- Implement the collection of quality and performance measures for MA and Part D plans.
- Calculate Star Ratings for MA and Part D plans and Quality Bonus Payment Ratings for MA plans, and manage the Quality Bonus Payment appeals process.
- Develop and manage CAHPS surveys, lead cross-component survey coordination, and provide guidance and mentoring to other components involved in such survey work.
- Publish Star Ratings to be made available to beneficiaries during the AEP.
- Groups involved: MDBG, CCSQ, MPPG, MCAG, MOEG, MEAG



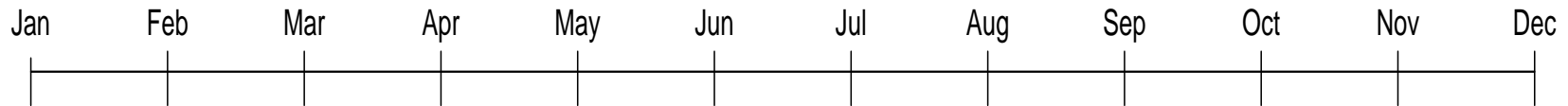
Payments

- **Payment Part C**
 - Rate Announcement in tandem with bidding provides operational payment parameters
 - Payments monthly – Prospective, retrospective adjustments and reconciliations
 - Payment systems – HPMS, RAS, EDS, MBD, MARx and APPS
 - Continuous operations and maintenance
 - Quarterly software updates and off-cycle updates
 - Risk adjustment
 - Continuous RAPS data collection
 - Continuous encounter data collection
 - Initial, mid-year and final risk score updates
 - Overpayment reruns
- Groups involved: MCAG, MDBG, MEAG

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Payments

- **Payment Part D**
 - Rate Announcement in tandem with bidding provides operational payment parameters
 - Payments monthly – Prospective, retrospective adjustments and annual reconciliations (both Part D and coverage gap)
 - Payment systems – HPMS, RAS, MBD, MARx, APPS, DDPS and PRS
 - Continuous operations and maintenance
 - Quarterly software updates and off-cycle updates
 - PDE data collection
 - DIR reporting June/July
 - Risk adjustment updates – initial, mid-year, final and overpayment reruns
 - Re-openings – usually one a year
 - Coverage Gap Discount Program – quarterly invoicing and payment processing
- Groups involved: MCAG, MDBG, MEAG

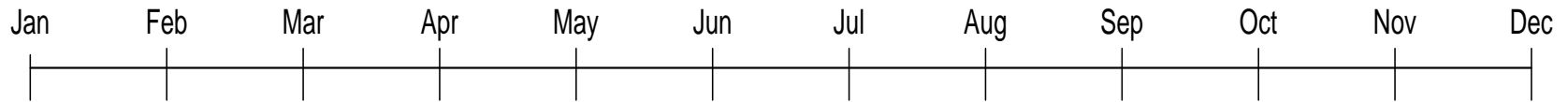


- Statutorily required payment error estimates are calculated annually for Part C and Part D
- Samples drawn and data systems readied in the fall
- Plan guidance and supporting documentation requests sent out generally after the beginning of the year
- Plans submit documentation with a late spring/early summer deadline
- Certified reviewers analyze the documentation over the summer
- Error estimates are calculated and QA'd toward the end of the summer
- Publish Part C and Part D error estimates and corrective actions in the Agency Financial Report (AFR) in November

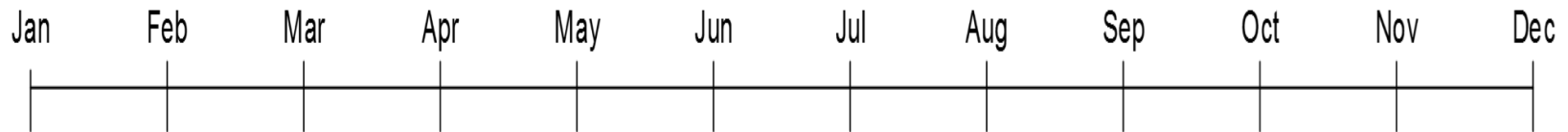


Readiness Checklist

- Prepare an annual “Readiness Checklist” against which plans self-audit and discuss any problematic areas with the RO Account Manager.
- Covers 13 different categories of topics, such as reporting, marketing, beneficiary protections, and grievances, initial coverage/organization decisions, and appeals.
- Groups involved: MDBG, MCAG, MEAG, MPPG, MOEG, OHI, ROs

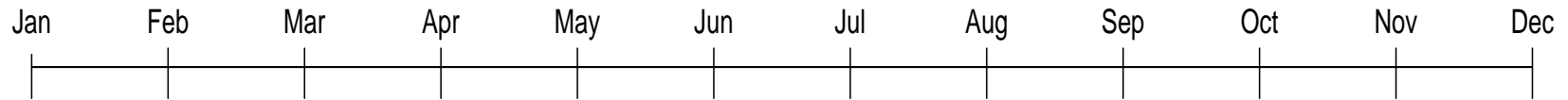


- Essential operations test for new Part D sponsors is a real-time review of a new applicant's capacity for running a Part D plan.
- Important beneficiary protection tool.
- Covers multiple topics, including enrollment, claims processing, formulary administration, exceptions, and appeals.
- Groups involved: MDBG, MEAG, ROs



Strategic Conversations

- An effective and consistent communication tool.
- Provide real time information via one-on-one targeted discussions.
- Foster professional relationship building between AMs and organizations.
- Create a positive communication feedback loop across programs areas to help drive improvements.
- Groups involved: ROs, MOEG, MDBG, MCAG, MEAG, CPI, FCHCO, OCR, OMH, OHI



Marketing

- May – CMS releases model materials for the next contract year. These include: the standardized Annual Notice of Change (ANOC); the Evidence of Coverage (EOC); the ANOC/EOC Errata Notice; the Part D Explanation of Benefits (EOB); the Excluded Provider Model; the Formulary (Comprehensive and Abridged); the Low Income Subsidy (LIS) Rider; the Provider Directory; the Pharmacy Directory; the LIS Premium Summary Table; the Prescription Transfer Letter; and the Transition Letter.
- June – CMS releases updates to the Medicare Marketing Guidelines.
- October 1 – Plans begin marketing for the next contract year.
- November - January – CMS performs retrospective reviews on beneficiary communications (ANOC/EOC) and marketing materials (Summary of Benefits) to ensure accuracy and timeliness to members.
- Groups Involved: MCAG, MDBG, ROs



THANKS

A 3D illustration featuring six small, white, cartoonish characters standing in a row on a reflective surface. Each character is holding a large, colorful letter. From left to right, the letters are: a red 'T', an orange 'H', a yellow 'A', a light green 'N', a dark green 'K', and a blue 'S'. The characters are positioned behind the letters, with their arms raised to hold them. The entire scene is set against a plain white background.