

Casework and Compliance

Where have we been and where are we going?

Nancy Ng
Director, Customer Relations Branch
New York Regional Office



Evolution of Casework

Where have we been?

- **January and February 2006**
3,500 Complaints Received *Daily*



- **November and December 2008**
3,500 Complaints Received *Weekly*

Evolution of Casework

Where have we been?

- **May 2006** -- Limited CTM Functionality
 - No HICNs, No plan request capability and No plan closure of complaints
- **May 2009** -- Robust CTM Functionality
 - RPC indicators, improved extract capability, sorting and reports, and viewing of all marketing complaints



Evolution of Casework

Where have we been?

- **CTM Expansion to SHIPs**
 - Pilot Project began in Spring 2008 – Nine States
 - Reduce calls to 1-800 MEDICARE & CMS Regional Offices
- **Reciprocal Complaint Sharing With State DOIs and CMS Regions**



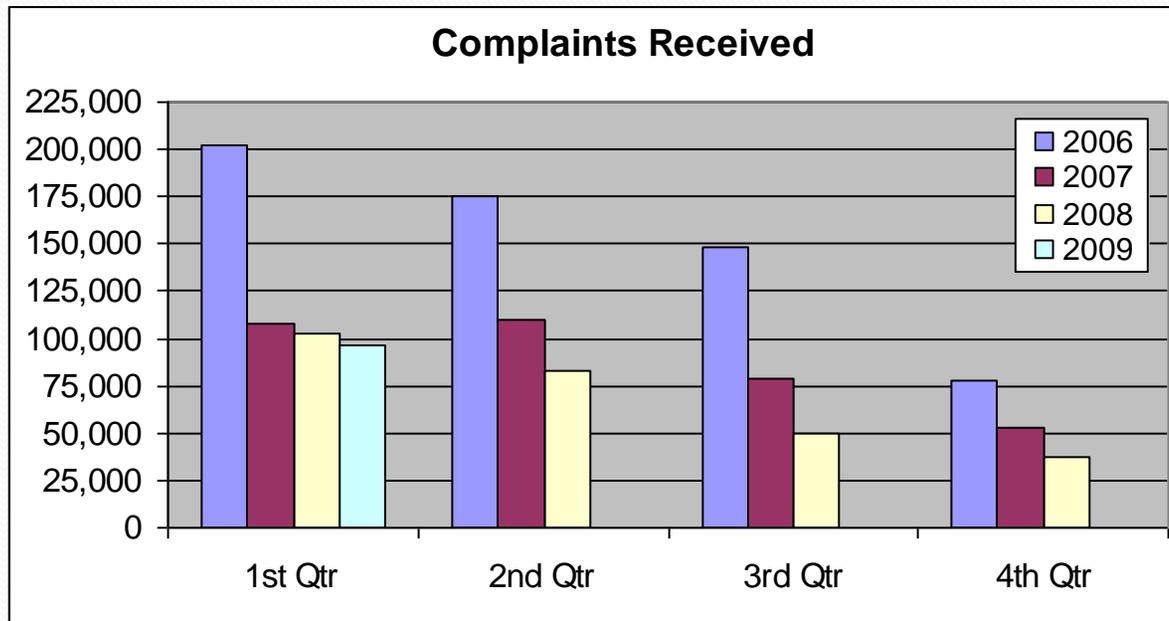
Evolution of Casework

Where have we been?

- **Emerging Kinds of Casework**
 - **2006 & 2007**
Premium Withhold and Enrollment Issues
 - **2008 & 2009**
Marketing Misrepresentation, BAE Assistance Process, Late Enrollment Penalties, and Enrollment Issues

Evolution of Casework

Where have we been?



Evolution of Casework

Where have we been?

- **Where There's Smoke (Casework) There's Fire (Compliance Issues)**
 - Past Focus
 - Fixing Problems
 - Resolving Immediate Access Issues
 - Current Focus
 - Examining the Root Causes
 - Identifying Compliance Issues
 - Holding Plans Accountable for Their Members

Evolution of Casework

Where are we going?

- **Fewer Exclusions**
 - Last Fall, CMS significantly reduced the number of complaints excluded from plan performance metrics
 - Increasing plan accountability for resolving casework
- **New Resolution Timeframes**
 - Today, 95% of immediate need complaints must be resolved within 2 days
 - For 2010, 95% of urgent complaints must be resolved within 7 days and 95% of all others within 30 days

Evolution of Casework

Where are we going?

- **What Does a Large Number of Complaints Mean?**
 - Plans are not fulfilling contractual obligations
 - Plans' members are not getting the services they paid for and deserve
 - Taxpayer dollars are not being well spent
 - Heightened Congressional concern

How to Prevent Complaints?

Lessons Learned and Best Practices

- Promoting Your Own Customer Service Hotlines with Your Membership.
- Using the New Enrollments to Establish “Ownership” of Your Members’ Issues.
- Not Referring Members to 1-800 MEDICARE for Assistance.
- Anticipating and Preparing for Periods of High Call Volume.

How to Prevent Complaints?

Lessons Learned and Best Practices

- **Fixing Access Issues Immediately!**
 - Don't Wait for MARx to be Updated
- **Reconcile and Review!**
 - Reconcile TRRs and MMRs.
 - Review Batch Completion Reports
 - Don't rely on retro-adjustments
- **Submitting Your Enrollments to CMS Frequently**
- **Downloading Your OEC Enrollments Daily**



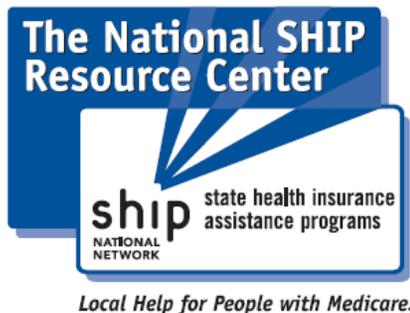
How to Prevent Complaints?

Lessons Learned and Best Practices

- **Monitoring CTM Complaints and Identifying Trends**
 - Analyze data, identify trends, and examine complaint categories
 - Use data as early beacon to an emerging issue
 - Seek technical guidance from your Account Manager early

How to Prevent Complaints?

Lessons Learned and Best Practices



- **Participating in CMS' SHIP Unique ID Program**
 - Today, only ½ of the large MAOs and PDPs participate in the program, or have a dedicated SHIP hotline

How to Prevent Complaints?

Lessons Learned and Best Practices

- Making initial contact with the member when the CTM complaint is received
- “Owning” your members’ issues – even when they are outside your control
- Notifying your members when you resolve their complaints
- Proactively reaching out to repeat complainants

Most Common Types of Complaints

- Marketing Misrepresentations
- Retroactive Enrollment/Disenrollments
- Premium Withhold
- Late Enrollment Penalty

Marketing Misrepresentations

- Beneficiaries who report they were misled, did not enroll or have complaints with a sales interaction
- Beneficiary may have buyer remorse
- Beneficiary confused
- Beneficiary may not remember how they enrolled
 - + enrolled by employer
 - + enrolled through ON-LINE Enrollment Center
- May be misclassified

Expectation From Plans on MM

- Need to Investigate every MM Case (timely)
- Does the plan have an effective agent oversight process?
- Evaluate the agent's explanation
- What are the corrective action guidelines ?
- Will the agent undergo additional training?
- Is this agent a repeat offender?

DOI Notice

- MIPPA requires that MA organizations provide notice of agent terminations to DOI per state law
- Most state laws require notice due to termination for Cause
- State will notify National Insurance Producer Registry (NIPR)
- All DOIs receive a WEEKLY ENCRYPED FILE of all CMS MARKETING COMPLAINTS IN CTM.

Enrollments/Disenrollments

- Beneficiary alleges enrollment in a Plan but CMS records do not show enrollment, some enrollment goes back 2 or more years.
 - Multiple enrollment into plans
 - Beneficiary changes mind and wish to return to previous plan
 - New Plan cancelled but Old Plan did not get reinstated.
 - **PLAN MUST WORK THEIR REPLY LISTINGS**

Enrollments/Disenrollments

- Beneficiary not disenroll due to Move Out of Area.
- Beneficiary not disenrolled from Plan System even when CMS records show enrollment into another Plan.
- PLAN MUST WORK THEIR REPLY LISTINGS

Enrollments/Disenrollments

- Solution
 - Plans need to work their TRRs
 - Send the notice to bene based on TRR and what to do if information is not correct
 - Work with bene to resolve issues
- Result – Happy Beneficiaries



Premium Withholds

- Takes 2-3 months to take affect
- Takes 2-3 months to withhold correct amounts when you change plans in the beginning of the year
- Any underpayments or overpayments will be adjusted by Social Securty

Premium Reductions

- Need to educate beneficiary that Premium rebate is applied to a Part B premium that have to pay.

For example: Part B premium \$96.40 for 2009

Plan Rebate	\$50.00
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Bene Pays	\$46.40
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- Not all beneficiaries pay the standard \$96.40, some pay 20 to 100% of \$96.40 due to late Part B Enrollment Penalty.
- Takes 2-3 months for premium reduction to show in their checks.
- Need to know how much \$ they get monthly from SSA

Late Enrollment Penalty

- Will be assessed if you did not enroll in a Part D Plan when you became eligible:
 - + initial enrollment period
 - + when you stopped having creditable coverage
 - + by 5/15/2006
- Will be reviewed by CMS Contractor (Maximus)
- PLAN MUST AFFECT FAVORABLE DECISIONS TIMELY. OTHERWISE BENEFICIARY WILL CALL THE REGIONAL OFFICE

What's In It For You?

- **Retaining Members**
 - Keeps members happy
- **Reducing Probability of Bad PR**
 - Keeps CMS happy
 - Keeps CMS Partners
 - Keeps HMOs Board of Directors happy
- **Decreasing Likelihood of Compliance Action**
 - Keeps everybody happy

