

Medicare Advantage Conference Puerto Rico June 24, 2009

Enrollment Operations
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Discussion Overview

- Data impact
- Enrollment Process: Pre-Submission
- Enrollment Process: Submission
 - Enrollment Process: Breakout Topics
- Enrollment Process: Post-Submission
 - CMS Response/Plan Action & Reconciliation
- Manual Corrections
- Best Practice Examples
- Take Away Messages
- Resource list

Plan Enrollment Data Impact

- Data Accuracy is vital to you:
 - Enrollment data impacts many Plan processes including:
 - Plan payment
 - PDE submission
 - Premium Withhold processes
- Additionally, there are many more intersections and dependencies
- The following context diagram provides a visual representation of these interfaces

Context Diagram Glossary

IACS	Individuals Authorized Access to the CMS Computer Systems	PDP	Prescription Drug Plan
LDAP	Lightweight Directory Access Protocol	SPAP	State Pharmaceutical Assistance Program
RAPS	Risk Adjustment Processing System	Supplemental Payers	Other Health Insurance that supplements payments on the same claim Part D plans pays
DDPS	Drug Data Processing System	RDS	Retiree Drug Subsidy System
NMUD	National Medicare Utilization Database	COBC	Coordination of Benefits Contractor
RAS	Risk Adjustment System	COBA	Coordination of Benefits Agreement
FACS	Financial Accounting Control System	VDSA	Voluntary Data Sharing Agreement
APPS	Automated Plan Payment System	CWF	Common Working File
MARx	Medicare Advantage and Prescription Drug System	B Transactions	Claims component of the pharmacy transaction
PRS	Payment Reconciliation System	N Transactions	"Information" component of pharmacy transaction
MBD	Medicare Beneficiary Database	TrOOP	True Out-of-Pocket
PWS	Premium Withhold System	TrOOP Facilitator	Contractor that facilitates the calculation of TrOOP amounts at the Plans
Deemed	Medicare-Medicaid eligibles (duals) that are generally sent to CMS on the state MMA file exchange to be "deemed" eligible for LIS. Also SSI eligibles are "deemed."	4Rx	RxBIN-Routing# RxPCN-Processor Control number RxGroup RxID-Cardholder ID
EDB	Enrollment Database	Destination Rx	Contractor that takes formulary submissions from plans
UI	User Interface	Switch	Entity/vendor providing claims routing services between pharmacies and plans/PBMs/processors
HPMS	Health Plan Management System	Infocrossing	Provides third party eligibility checking and enrollment submission services
FERAS	Front-End Risk Adjustment System	MAO	Medicare Advantage Organization
PDFS	Prescription Drug Front-End System	LIS	Low/Limited Income Subsidy
MA	Medicare Advantage Plan	MIIR	Management Information Integrated Repository
MA-PD	Medicare Advantage-Prescription Drug Plan	PBM/processor	Pharmacy Benefits Manager

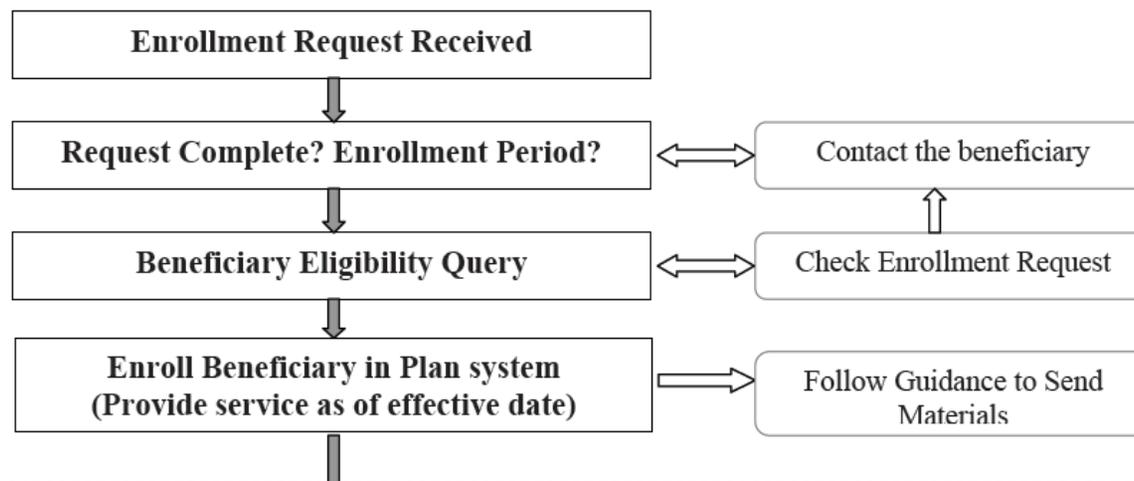
Enrollment Process

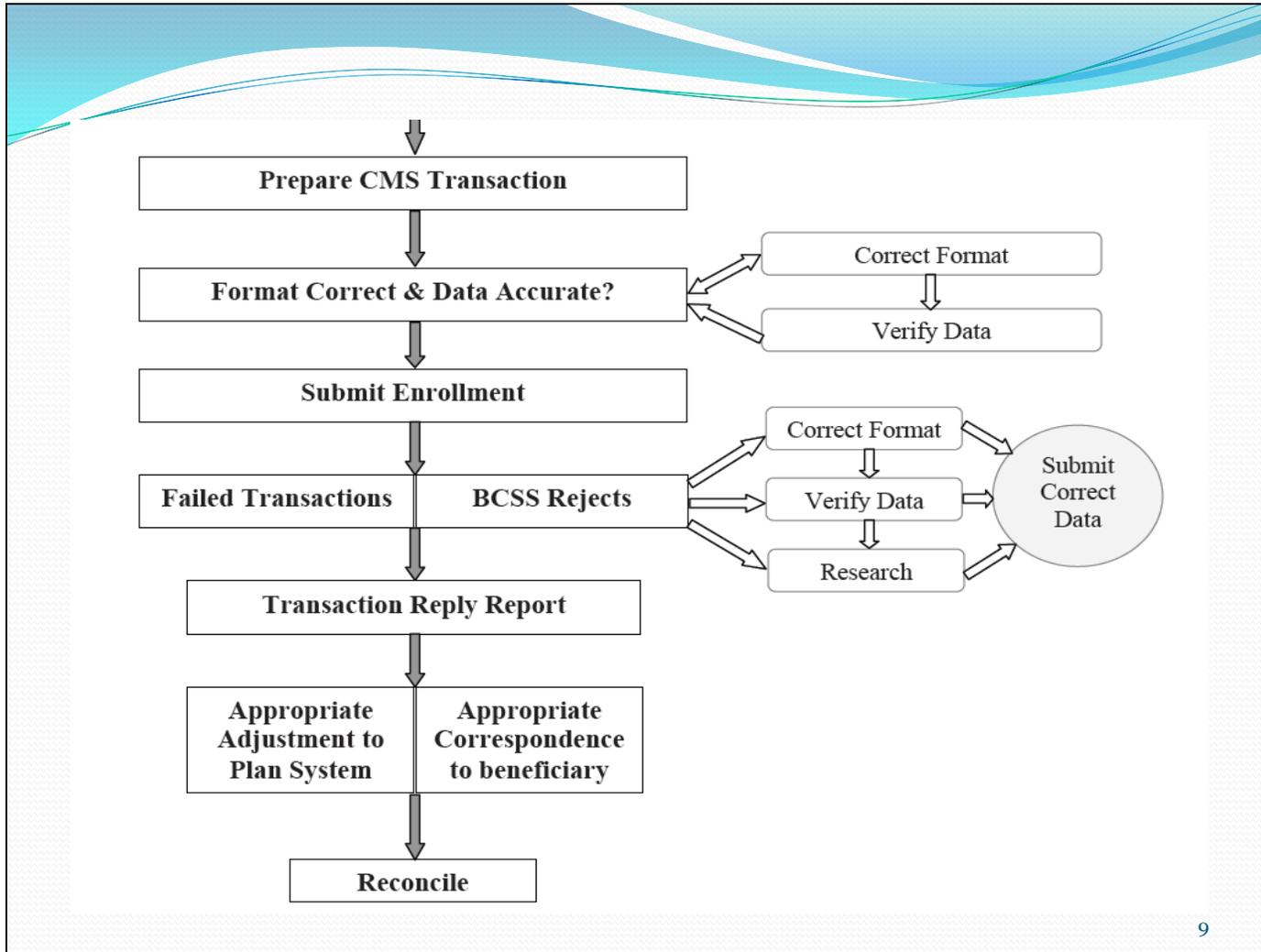
- Enrollment operations at the Organization; Pre-submission:
 - Enrollment Request Received
 - Plan takes 1 of 3 actions
 - Accept
 - Deny (up front)
 - Determine incomplete
 - Don't forget the BEQ and the enrollment period
 - Enroll in your plan systems; for accepted enrollments **coverage begins** on the effective date*
 - Provide appropriate notifications, etc., within timeframes

Enrollment Process

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

EXAMPLE ENROLLMENT PROCESS





Process Breakout - BEQ

- You must verify
- You must use BEQ (or its equivalent)
- MARx submission is not a substitute for BEQ
- Validate data before submitting
 - Don't just "override" when something looks wrong
- Incorrect HICN rejections
- Failures here = time and money lost

Process Breakout – Data Quality

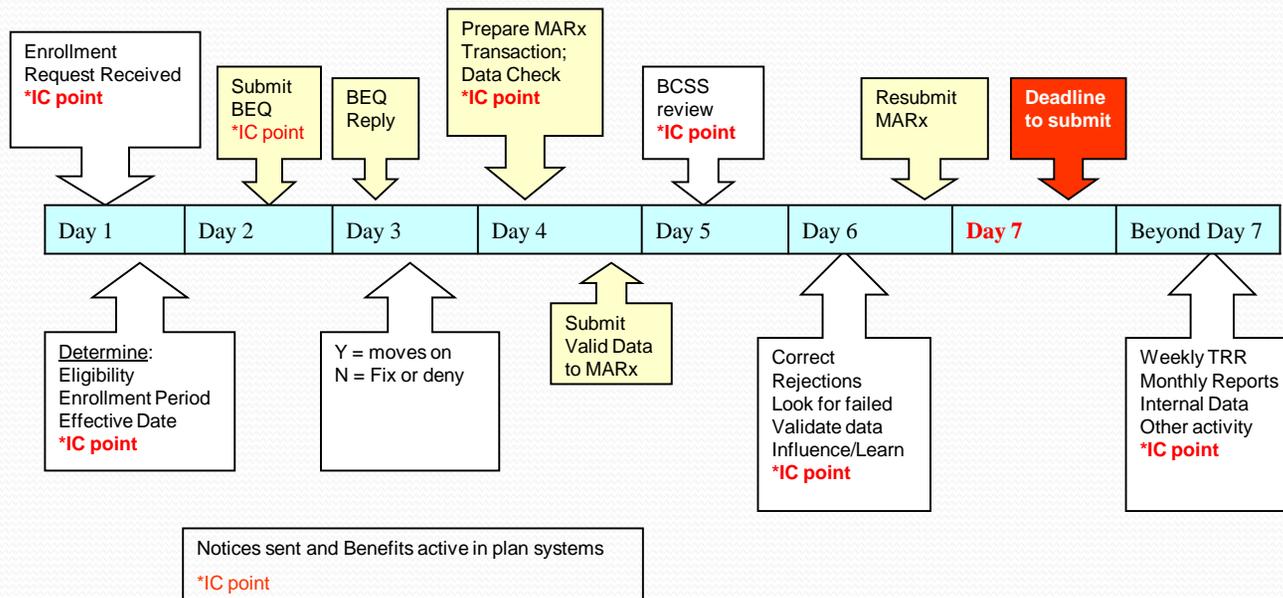
- Validate data before you submit
- Monitor your processes and outcomes
- A successful process has many internal controls
 - How do you validate your data?
 - What are your data quality checks (examples: systems edits and “sanity checks”)?
- Get it right the first time and achieve:
 - Fewer complaints and better service
 - On-time and accurate payments
 - Cost savings related to operations

Process Breakout – BCSS

- Follows submission, usually next day
- Identifies accepted and rejected transactions
 - Includes TRC for each processed transaction
 - Indicates if there are failed transactions
 - If yes; retrieve Failed Transaction Report
- Provides you with the ability to identify errors, then correct and resubmit within the CPM
 - Identify errors
 - Find the root cause
 - Train, educate and insert internal controls as needed
 - Resubmit corrected data within the CPM

SAMPLE Enrollment Process Timeline

****"IC Point"** means: Internal Control point; a place in the process where you should have a control



Reconciling Enrollment Post-Submission

- Reconcile **every time** you submit
 - Use the BCSS to identify rejections and failures
 - Correct your errors and resubmit within CPM
- Your data
 - Compare what you believe you submitted to what actually was submitted
 - If you didn't submit it, you can't find it on CMS reports
- Review the TRR every week
 - Another opportunity to correct and resubmit
 - Also has information including auto-actions that you must react to
 - This is not optional

Reconciling Enrollment - continued

- Review your monthly reports
- Monitor yourself
 - How do you audit your processes to ensure they are effective and that they are being completed timely?
 - What is your operations architecture?
- Attention to submission and reconciliation throughout the processing month will mean much less manual retro activity
- When necessary, submit to CMS Retro Processing Contractor following that process

Manual Corrections

- Strive to prevent the need for manual retroactive corrections
 - Consider your operations architecture – are you structured to get it right up front, or to clean up later?
 - Get it right up front and have less to clean up later
- Sometimes life happens...
 - There will be some errors that require manual intervention
 - Follow the February 24, 2009 memo process
 - Learn from errors you identify, look for ways to improve processing

Manual Corrections

- Submit according to the category of retroactivity
- Ensure you have all supporting documentation (even if you're not asked to submit it)
- Retro Processing Contractor (currently Integriguard)
- Category 3:
 - If you have good internal controls, you have good data quality and you use all the files available, you will have very few category 3 issues.
- The goal is for you to learn why there are category 3 issues and address that underlying issue

Best Practice Example: TRC Analysis

- Some TRCs indicate a likely data quality issue:
 - 006: Bad Birth Date
 - 007: Bad HICN Format
 - 037: Bad Enroll Date
 - 038: Duplicate
 - 051: Bad Disenr Date
 - 102: Bad App Date
 - 104: Bad Elect Type
- Some TRCs indicate a likely process issue:
 - 008: HICN Not Found
 - 009: No Bene Match
 - 032: Memb Has No B
 - 038: Duplicate
 - 102: Bad App Date
 - 103: ICEP/IEP No Ent
 - 104: Bad Elect Type

EXAMPLE REJECTED TRC TOOL

TRC Code	Rejected TRC Description	Initial Opportunity to Identify Issue
1	INVALID TRANSACTION CODE	Format/Edit
2	INVALID CORRECTION ACTION CODE	Format/Edit
3	INVALID CONTRACT NUMBER	Format/Edit
4	BENEFICIARY NAME REQUIRED	Format/Edit
6	INVALID BIRTH DATE	Format/Edit
7	INVALID CLAIM NUMBER	Format/Edit
8	BENEFICIARY CLAIM NUMBER NOT FOUND	BEQ
9	NO BENEFICIARY MATCH	BEQ
19	ENROLLMENT REJECTED - NO PART-A/PART-B ENTITLEMENT	BEQ
20	ENROLLMENT REJECTED - PACE UNDER 55	Format/Edit
32	ENROLLMENT REJECTED, BENEFICIARY NOT ENTIT PARTB	BEQ
33	ENROLLMENT REJECTED, BENEFICIARY NOT ENTIT PARTA	BEQ
34	ENROLLMENT REJECTED, BENEFICIARY IS NOT 65	Format/Edit
35	ENROLLMENT REJECTED, BENEFICIARY IN HOSPICE STATUS	Valid
36	ENROLLMENT REJECTED, BENEFICIARY IS DECEASED	BEQ
37	ENROLLMENT REJECTED, INVALID DATE	Format/Edit
38	ENROLLMENT REJECTED, DUPLICATE TRANSACTION	Duplicate
39	ENROLLMENT REJECTED, CURRENTLY ENROLL IN SAME PLAN	Duplicate
40	ENROLLMENT REJECTED, MULTIPLE ENROLLMENT TRANSACTIONS	Valid
42	ENROLLMENT REJECTED, BLOCKED	Enrollment
44	ENROLLMENT REJECTED, OUTSIDE CONTRACT PERIOD	Format/Edit
45	ENROLLMENT REJECTED, BENEFICIARY IS IN ESRD	Format/Edit
50	DISENROLLMENT REJECTED, NOT ENROLLED	Format/Edit
51	DISENROLLMENT REJECTED, INVALID DATE	Format/Edit
52	DISENROLLMENT REJECTED, DUPLICATE TRANSACTION	Duplicate
54	DISENROLLMENT REJECTED, RETROACTIVE DATE	Format/Edit
56	DEMONSTRATION ENROLLMENT REJECTED	Valid
60	CORRECTION OR CHANGE REJECTED, NOT ENROLLED	Format/Edit

**EXAMPLE
REJECTED TRC TOOL**

TRC Code	Rejected TRC Description	Initial Opportunity to Identify Issue
102	REJECTED; INVALID OR MISSING APPLICATION DATE	Format/Edit
103	ICEP/IEP ELECTION WITH MISSING A/B ENTITLEMENT DATE	Enrollment
104	REJECTED; INVALID OR MISSING ELECTION TYPE	Format/Edit
105	REJECTED; INVALID EFFECTIVE DATE FOR ELECTION TYPE	Enrollment
106	REJECTED, ANOTHER TRANS RCVD WITH LATER APP DATE	Valid
107	REJECTED, INVALID OR MISSING PBP NUMBER	Format/Edit
108	REJECTED, ELECTION LIMITS EXCEEDED	Enrollment
109	REJECTED, DUPLICATE PBP NUMBER	Duplicate
110	REJECTED: NO PART A AND NO EGHP ENROLLMENT WAIVER	Enrollment
112	REJECTED; CONFLICTING EFFECTIVE DATES	Format/Edit
114	DRUG COVERAGE CHANGE REJECTED; NOT AEP OR OEPI	Enrollment
116	ENROLLMENT OR CHANGE REJECTED; INVALID SEGMENT NUM	Format/Edit
122	ENROLLMENT/CHANGE REJECTED, INVALID PREM AMT	Valid
123	ENROLLMENT/CHANGE REJECTED, INVALID PREM OPT CD	Valid
124	ENROLLMENT/CHANGE REJECTED, INVALID UNCOV MONTHS	Format/Edit
126	ENROLLMENT/CHANGE REJECTED, INVALID CRED CVRG FLAG	Format/Edit
127	PARTD ENROLLMENT REJECTED, EMPLOYER SUBSIDY STATUS	Valid
128	PARTD ENROLL REJECT, EMPLOYER SUBSIDY SET:NO PRIOR TRN	Format/Edit
130	PART D OPT-OUT REJECTED, OPT-OUT NOT VALID	Format/Edit
133	PART D ENROLLMENT REJECTED, INVALID SECONDARY INSURANCE FLAG	Format/Edit
156	BATCH TRANSACTION REJECTED, USER NOT AUTHORIZED FOR CONTRACT	Format/Edit
157	CONTRACT NOT AUTHORIZED FOR TRANSACTION CODE	Format/Edit

EXAMPLE REJECTED TRC TOOL

TRC Code	Rejected TRC Description	Initial Opportunity to Identify Issue
182	INVALID EGHP FLAG VALUE	Format/Edit
184	EGHP FLAG VALUE NOT 'Y'	Format/Edit
185	PROCESSING DELAYED DUE TO MARX SYSTEM PROBLEMS	Valid
186	PART D FBD AUTOENROLL OR FACILITATED EROLL REJECT	Valid
189	REINSURANCE DEMONSTRATION ENROLLMENT REJECTED	Valid
171	PLAN CHANGE REJECTED INVALID CHANGE EFFECTIVE DATE	Format/Edit
172	CHANGE REJECTED;CREDITABLE COVERAGE/2 DRUG INFO NA	Format/Edit
176	REJECTED, 2ND RQST WITH SAME EFF AND APPL DATE	Valid
196	ENROLLMENT REJECTED, BENE NOT ELIGIBLE FOR PART D	BEQ
199	TRANSACTION REJECTED RESEARCH STATUS	Valid
200	RX BIN BLANK OR NOT VALID	Format/Edit
201	RX ID BLANK OR NOT VALID	Format/Edit
202	RX GROUP NOT VALID	Format/Edit
203	RX PCN NOT VALID	Format/Edit
208	PLAN CHANGE REJECTED BOTH 4RX AND NON 4RX CHANGES	Format/Edit
209	4RX CHANGE REJECTED, EFF DT DOES NOT MATCH ENRT DT	Format/Edit
211	RE-ASSIGNMENT ENROLLMENT REJECTED	Valid
214	PLAN CHG REJECT: UNCVRD MNTHS WITH OTHER CHANGES	Format/Edit
215	UNCOVERED MONTHS CHNG REJECTED, INCORRECT EFF DATE	Format/Edit
216	UNCOVERED MONTHS EXCEEDS MAX POSSIBLE VALUE	Format/Edit
217	CANT CHANGE NUMBER OF UNCOVERED MONTHS	Valid
220	TRANSACTION REJECT; INVALID POS ENROLL SOURCE CODE	Format/Edit

Best Practice Example:

Incoming/Processing Comparison Internal Control

Monday					
Plan	Enrollment Requests Received	Accepted	Up-Front Denial	Incomplete	Total
	100	80	5	15	100
	Outcome	Submitted	Communication	Communication	Total
	100	80	5	15	100
CMS	MARx BCSS (for Submitted)	Accepted	Rejected	Failed	Total
	80	71	7	2	80

Take Away Messages

- Do you have meaningful internal controls?
 - Accountability, testing, diligence, change
- Does your business model anticipate changes in volume throughout the year?
 - November 15th is coming... are you ready?
- Train your organization on:
 - Enrollment periods: train everyone in the loop; - Don't forget Marketing
 - Your compliant enrollment process
 - TRC and what they mean; use BCSS and TRR
 - Reconciliation
 - The mechanism to ensure you got it right

Resources

- Key Memos – go to: [HPMS](#)
 - November 13, 2008 – Report review and reconciliation
 - February 24, 2009 – Updated manual retro process
- Enrollment Policy and operational guidance – go to:
<http://www.cms.hhs.gov/home/medicare.asp>
 - MA (Chapter 2)
 - Cost plan (Chapter 17-D)
 - PDP Enrollment and Disenrollment Guidance
 - Plan Communications User Guide (PCUG)
- MMA Help Desk: [Call 1-800-927-8069](tel:1-800-927-8069)
<http://www.cms.hhs.gov/MMAhelp/>
 - Technical assistance
 - Not for policy questions