

CMS

CENTERS for MEDICARE & MEDICAID SERVICES



Enrollment Slide Presentations

2011 Regional IT Technical Assistance





2011 Regional IT Technical Assistance Enrollment



Technical Assistance Tools

- USB with Downloaded Materials
- PowerPoint Slides
 - Hard Copies Provided
- Job Aids
- Evaluation Form



Questions



Options available for asking questions:

- Question Cards
- Email: enrollment@ardx.net
- Live during session



Agenda Topics

Introduction
Enrollment Systems & Data
Question and Answer Session
Enrollment
Question and Answer Session
Breakout Group I – MARx Enhancements and Functionality
Breakout Group II – Enrollment Data Corrections, Retroactivity & Data Certification

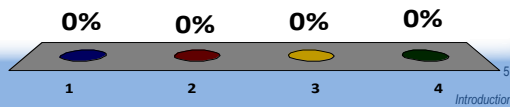
The session includes two 15-minute breaks and a one hour lunch

Practice Example



Select your response to this question.
Today's training is located in?

1. Orlando
2. San Diego
3. Chicago
4. Not sure where I am or how I got here



Introduction



2011 Regional IT Technical Assistance Enrollment



Module Description

- Statistics
- Progress
- Improvement Opportunities
- MARx
- Scenario Review

Medicare Enrollment

- Total Medicare Beneficiaries = 47M

- Aged: 39 M

- Disabled: 8 M

ESRD: 473 K

Approximate, rounded numbers; 2010



3
Enrollment Systems & Data

Health Plans and Part D

April 2011

- Health Plans: 12,236,646
 - MA: 11,789,913
 - Other: 446,733
- PDP: 18,598,538
- Total: **30,835,184**



4
Enrollment Systems & Data

MARx Transactions

Year	Total Submitted	Reject	%
2008	27,150,564	3,387,835	12.48%
2009	23,856,588	2,019,941	8.5%
2010	27,325,471	1,300,927	4.8%
2011* *Thru 4/24	5,659,458	250,945	4.5%

MARx Transactions

Enrollment and disenrollment:

2010

- 11,588,182
 - Net rejection: 5.5%

2011 (through April 24)

- 2,030,431
 - Net rejection 6.5%

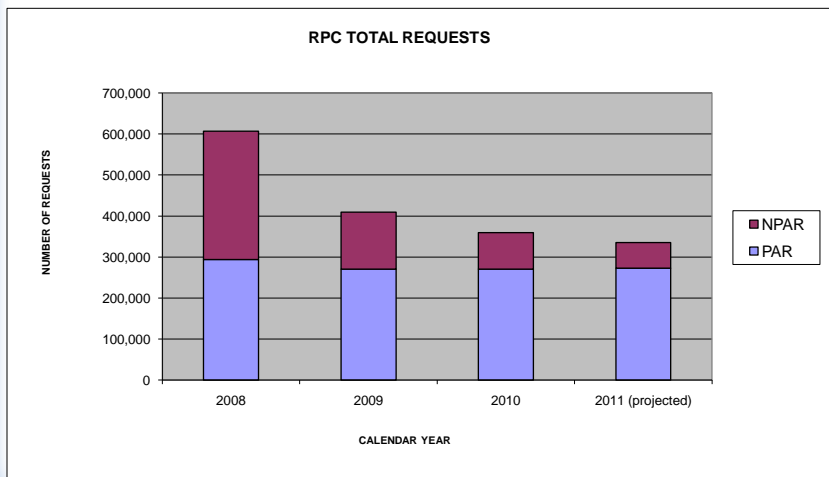
Manual Activity & Corrections

- RPC Manual Corrections:

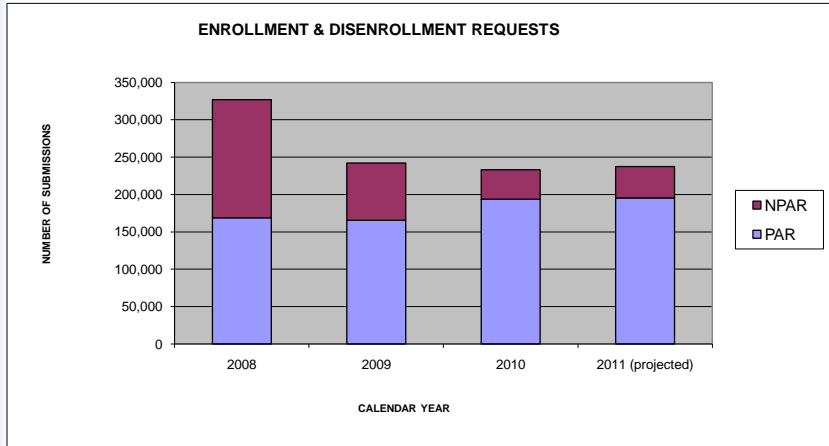
- 2008: **606,718**
- 2009: **409,555**
- 2010: **359,432**
- 2011: **335,601***

*Projected based on trends through mid-April 2011

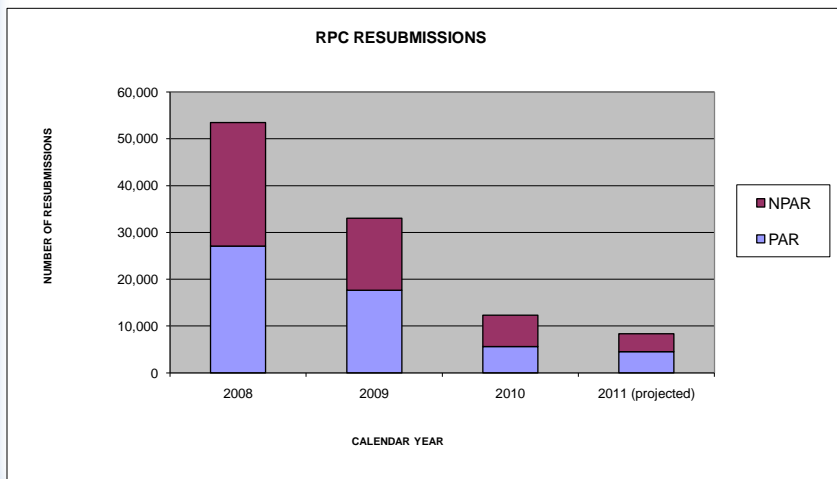
RPC Trends



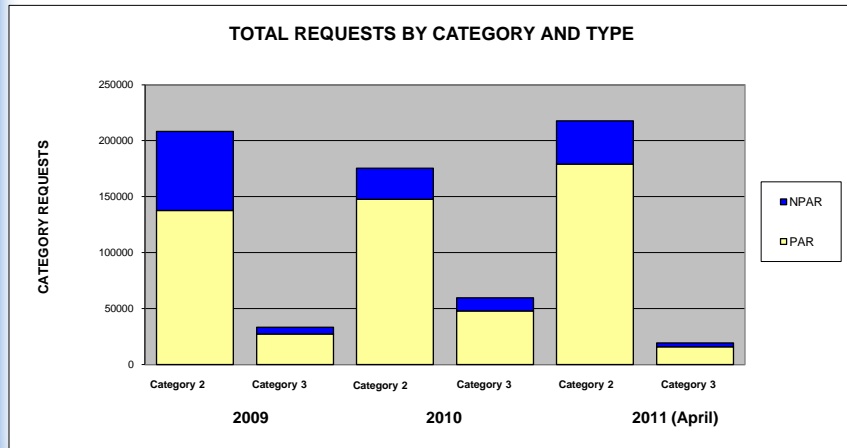
RPC Enroll/Disenroll



RPC Resubmissions



Category 2 vs. 3



Progress

- Since 2008 MARx rejections improved from 12.5% to about 5%
- RPC activity improvements
- MARx functionality improvements and impact over time

Improvement Opportunities

1. Increase in MARx Enroll/Disenroll transaction rejections in 2011

- Continue to reduce errors
 - Analyze why it happened; make changes
- Staff training
- Self audit, internal controls and testing
- Reconcile at every intersection

Improvement Opportunities

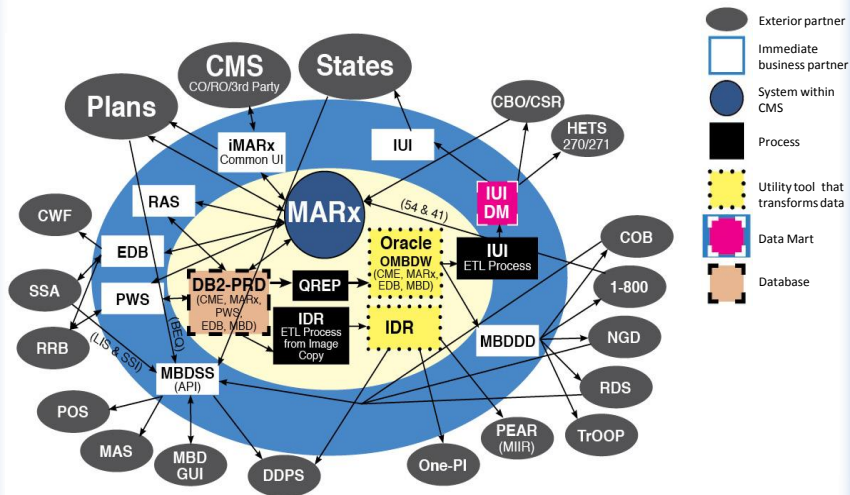
2. RPC submissions

- Utilize the MARx enhancements to get correct, valid data into CMS
- Quality control manual correction requests
- Resubmission quality
- Enhancements to RPC process
 - Fully electronic submission coming
 - Process and response

MARx

- Redesign & Modernization implemented May 2011
- Performance so far
- User Interface
 - Average of over 5,500 users accessing daily
- FAQ

MARx Interfacing and Downstream Systems



End of Year

- Not too early to be thinking about EOY
 - Your accurate PBP crosswalk is the key
- Watch for the EOY Memo in the Fall
 - Review with all functional areas
- MA Organizations – “Plan Submitted” transactions

FAQ

- Review of a few basics
- Review of the most frequently asked questions at the MAPD Help Desk

Current Calendar Month (CCM)

- MARx Enrollment Processing is now on the CCM Cycle
- On any day in the month, Plans may directly submit transactions with effective dates of:
 - The current month
 - The prior month
 - Up to 3 months prospective
 - Does not apply to Premium Withhold, which is bound to the CPM

CCM Example

- On any day in June, you can submit effective date of:
 - May 1st
 - June 1st
 - July 1st
 - August 1st
 - September 1st

Current Payment Month (CPM)

- Current Payment Month (CPM) is the same as it always has been
- Plan Data Due dates
- CPM changes every Plan Data Due date
- Premium Withhold

What is Today's CPM?

- Before this month's cutoff
 $CPM = CCM + 1$
- After this month's cutoff
 $CPM = CCM + 2$

June 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

June 10th Plan Data Due Cutoff
 Through June 10th, CPM is JULY
 After June 10th CPM is AUGUST



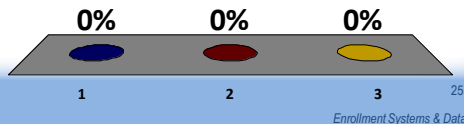
July 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
31					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July 8th Plan Data Due Cutoff
 Through July 8th, CPM is AUGUST
 After July 8th, CPM is SEPTEMBER



What Processes Rely On CPM?

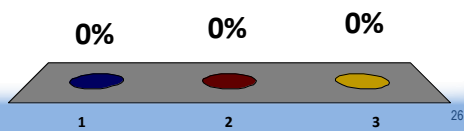
1. Enrollment
Effective Dates
- ✓ 2. Payment and
Premium Withhold
3. 4Rx Data



Enrollment Systems & Data

What is the CPM on July 11, 2011?

1. July
2. August
- ✓ 3. September



Enrollment Systems & Data

Premium Withhold

- Premium Withhold on enrollment transaction
- Effective date must equal CPM
- Transactions that are retroactive to the CPM will be automatically set to Direct Bill – TRC 144

PW Example

- CPM August 2011 begins immediately following the June 10, 2011 cut-off
- CPM of August continues through July 8, 2011
- PW effective dates of August 1 or later may be submitted during the August CPM
- PW effective dates of July 1 or earlier will be automatically reset to Direct Bill

Enrollment Periods

- Election Type Code (enrollment period)
- Plans continue to have challenges with:
 - determining the correct enrollment period
 - selecting the correct period value on transactions
- You may NOT resubmit rejected transactions using the “S” or “X” election type codes for the sole purpose of defeating a rejection

Election Type Codes

- “E” vs. “F”
- MA ICEP and delayed Part B
- Common Rejections:
 - Application Date not within EP
 - Effective Date not within EP
- “Current Month Enrollment” submissions
 - This is NEVER acceptable

ICEP

- Begins 3 months prior to having BOTH Part A/B
- Ends **on the later of:**
 - The end of Part B IEP, or
 - The last day before having BOTH Part A/B

ICEP Example # 1

- Part A = May 2009
- Part B = May 2009
- Part D = May 2009
- Part B IEP = Feb 1, 2009 thru Aug 31, 2009
- ICEP begins 3 months prior to having both A/B
- Bene first has A/B on May 1, 2009
- 3 months prior to this point is Feb 1, 2009
- ICEP begins Feb 1, 2009

ICEP Example # 1 (continued)

- ICEP ends on the later of:
 - End of Part B IEP or last day before having both A/B
- Part B IEP ends on Aug 31, 2009
- Last day before both A/B is April 30, 2009
- The later of these 2 is Aug 31, 2009, therefore the ICEP in this example ends on Aug 31
- ICEP = Feb 1, 2009 through Aug 31, 2009

ICEP Example # 2

- Part A = May 2009
- Part B = July 2011
- Part D = May 2009
- Part B IEP = Feb 1, 2009 thru Aug 31, 2009
- ICEP begins 3 months prior to having both A/B
- Bene first has A/B on July 1, 2011
- 3 months prior to this point is April 1, 2011
- ICEP begins on April 1, 2011

ICEP Example # 2 (continued)

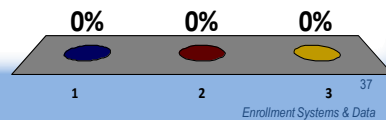
- ICEP ends on the later of:
 - End of Part B IEP or last day before having both A/B
- Part B IEP ends on Aug 31, 2009
- Last day before both A/B is June 30, 2011
- The later of these 2 is June 30, 2011, therefore the ICEP in this example ends on June 30
- ICEP = April 1, 2011 thru June 30, 2011

ICEP & IEP/D Calculation Tool

- Excel based tool to help you apply the rules we just reviewed
- This tool, when used properly, can assist in determining the ICEP and 1st IEP/D
- This is only a tool to assist you; you are still responsible for final determination and accuracy

A: 05/01/2011 B: 08/01/2011 What is the MA ICEP?

- ✓ 1. May 1 – August 31, 2011
- 2. May 1 – November 30, 2011
- 3. Doesn't have one



Part D IEP

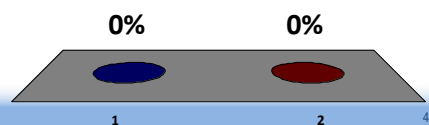
- The IEP for Part D is not the same as the MA ICEP
- The Part D IEP is generally the 7 month period surrounding the Part D eligibility start date
 - An individual may have an additional “IEP” for Part D

Part D IEP

- Delayed Part B has no impact, nor does it create a new Part D IEP opportunity
- The Part D IEP election type code value is “E”
- The election type code value of “F” only applies when an individual has an additional Part D IEP (e.g., disabled attaining age 65)

Election Type Code “E” and “F” are interchangeable

1. True
2. False



State & County Code

- CMS Address information
 - Sources
- Address vs. “Residence for Payment” on M203 Snapshot
- SCC correction and the new Residence Address function in MARx

M203 Snapshot

Beneficiary Name DOB: [redacted]

Age: 95 Sex: FEMALE
State: IN (15) County: HOWARD (33)

Beneficiary Detail: Snapshot (M203) User: 1000 Role: MCO REPRESENTATIVE Date: 11/15/2007

Change data to re-display Beneficiary Details and click "Find"

As Of: 11/15/2007 [Find]

Contract: 18655 Contract: 31224
MCO Name: TRISTAR INSURANCE MCO Name: HOWARD HEALTH, INC.
PBP Number: A01 PBP Number: E01
Segment Number: 123 Segment Number: 000
Special Needs Type: Special Needs Type:
Bonus Payment Portion Percent: 0% Bonus Payment Portion Percent: 0%
Demographic Blend Portion Percent: 73% Demographic Blend Portion Percent: 0%
Residency Status: Out of Area Residency Status: In Area

Residence for Payment: State: MN (24) County: ANOKA (010)

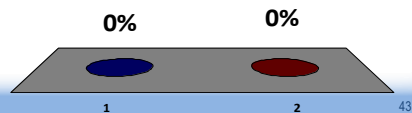
Payment Flags: Disabled CHF Part B Premium Reducible Long Term Institutional BIPA
Subsidy Start: 01/01/2006 Subsidy End: 12/31/2006 LI Premium Subsidy Level: 100.00%
LI Co-payment Level: 1
Original Reason for Enrollment: 1

Payments For Payment Date 02/2007

Rate Used	Part A	Part B	Part D	Total
PCMA/SPD/PLAF	4269.70	4244.64	93.00	4697.34

Plans should submit a Residence Address for every enrollee. Do you agree?

- 1. Yes
- 2. No



Resources

- MARx Handbooks – online and HPMS
- MAPD Helpdesk, go to:
<http://www.cms.hhs.gov/MAPDHelpDesk/> on the web;
includes the Plan Communications User Guide (PCUG)
- HPMS – CMS communications on a variety of topics
- For Enrollment and Disenrollment Guidance, go to:
<http://www.cms.hhs.gov/home/medicare.asp> on the web
and scroll down to “Eligibility and Enrollment”
- Electronic conference materials include the calculation tool

Questions



Evaluation



Please take a moment to complete the evaluation form for the Enrollment Systems & Data module.

Your Feedback is Important! Thank you!



2011 Regional IT Technical Assistance Enrollment



Module Description

- CMS 4144-F
- Updates to Enrollment Guidance
- 2010 Audit Results
- FAQ
- Scenario Review
- Q & A

CMS 4144-F

- New Election Periods
- Involuntary Disenrollment D-IRMAA
- Extension of Grace Period for Good Cause and Reinstatement
- Cost Plan Enrollment Mechanisms

Guidance Update Highlights MA & Part D

- 5 Star SEP
- Revisions due to MARx R&M
- New model notices
- Loss of SNP status – grace period
- “Complete” elections & SEP eligibility
- SEP for Non-Renewal/SAR

Guidance Update Highlights

MA & Part D (continued)

- EGHP Enrollments & Election Periods
- “Short Form” for online enrollment
- Elections by authorized reps
- Disenrollment effective date for confirmed current incarceration

2010 Audit Results Top Enrollment Findings

- **ENR106** (84%)
Sponsoring Organization must process completed enrollment request and transmit enrollment information to CMS within 7 calendar days of receipt of completed enrollment request.
- **ENR201** (84%)
Sponsoring Organization must respond appropriately and timely to incomplete enrollment requests.

2010 Audit Results Top Enrollment Findings (continued)

- **ENR302** (79%)
Sponsoring Organization must communicate appropriately and timely with beneficiaries regarding denial of enrollment requests (excluding denials by CMS).
- **ENR501** (74%)
For MA-PD plan and PDP sponsors with facilitated enrollees: The Sponsoring Organization must provide facilitated-enrolled beneficiaries all required notifications and plan materials timely.

2010 Audit Results Top Enrollment Findings (continued)

- **ENR107** (68%)
Sponsoring Organization must communicate appropriately and timely with beneficiaries upon receipt of a completed enrollment request.

2010 Audit Results Top Disenrollment Findings

- **DNR301** (84%)
Sponsoring Organization must correctly identify and disenroll beneficiaries who move out of service area.
- **DNR202** (58%)
Sponsoring Organization must communicate appropriately (stating reason for denial) and timely (within 10 days) with beneficiaries regarding denial of disenrollment requests.

2010 Audit Results Top Disenrollment Findings (continued)

- **DNR302** (53%)
Sponsoring Organization must communicate appropriately and timely with beneficiaries in response to an indication of a potential move out of service area and of the subsequent disenrollment due to move out of service area, if applicable.

FAQ Topics

- Verification of Election Period
- ICEP when Part B is delayed
- Premium withhold rejects
- Disenrollment of “Legacy” ineligible

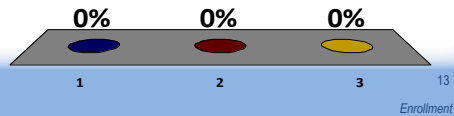
Scenario #1
For retro Medicaid terminations, SNP
grace period starts upon loss of
Medicaid.

1. True
 2. False
- 



Scenario #2
6/1 enrollment w/PW submitted on 5/20.
When is PW effective?

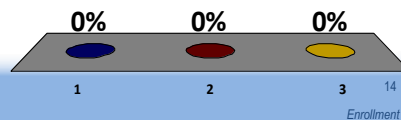
- 1. June 1st
- 2. July 1st or later
- 3. Never



Enrollment

Scenario #3
Part A = 7/1/10 Part B = 7/1/11
What is the ICEP?

- 1. 4/1/2010 – 10/31/2010
- 2. 4/1/2011 – 10/31/2011
- 3. 4/1/2011 – 6/30/2011

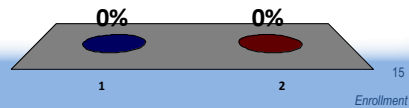


Enrollment

Scenario #4

5 Star plans may accept enrollment requests from Jan 1 – Dec 31 of the year in which they have 5 Star status.

- 1. True
- 2. False

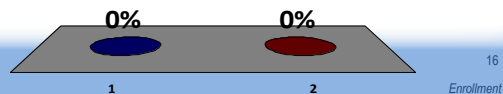


15
Enrollment

Scenario #5

Payment of past due premiums following disenrollment constitutes “good cause” for reinstatement.

- 1. True
- 2. False



16
Enrollment

Questions



Evaluation



Please take a moment to complete the evaluation form for the Enrollment module.

Your Feedback is Important! Thank you!



2011 Regional IT Technical Assistance Enrollment

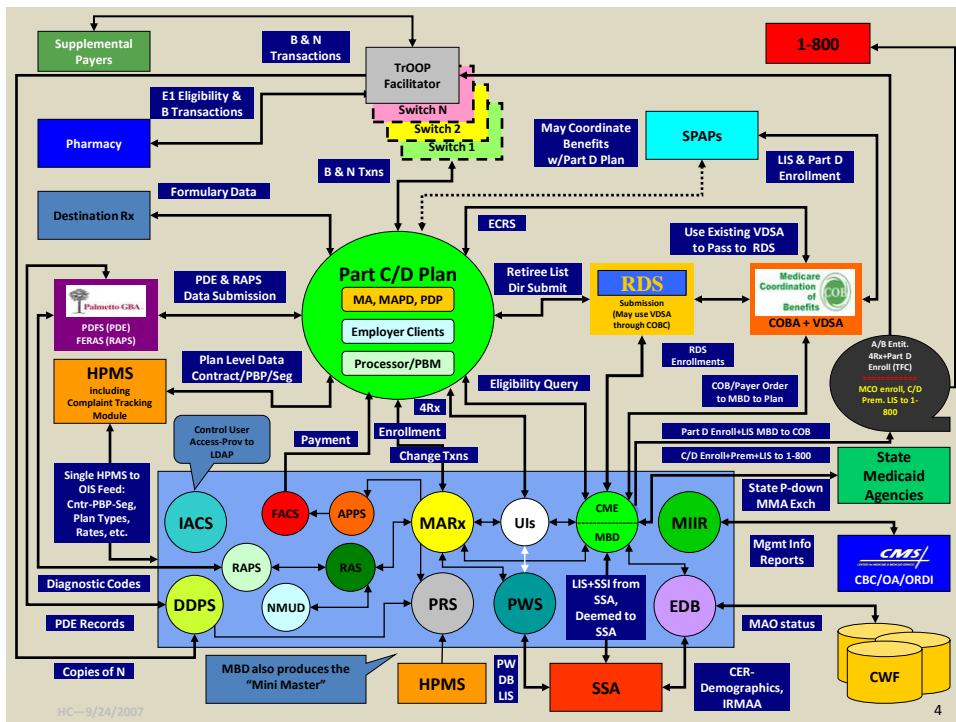


Module Description

- MARx Enhancement Review
- Analysis
- MARx User Interface: Update Role
- Summary
- Questions

MARx Features Review

- Architecture
- Daily TRR
- Current Calendar Month (CCM) Cycle
- Single Enrollment Transaction
- Cancellation (TC 80/81)
- Function Specific Change Transactions
- Residence Address



Analysis

- Reconciliation
- Both CMS report data and Plan data
- Example: Avoidable Reject TRC

Analysis

- Use the CMS response together with Plan data
- Look for anomalies, trends and repetition
- Use trending analysis to find root cause

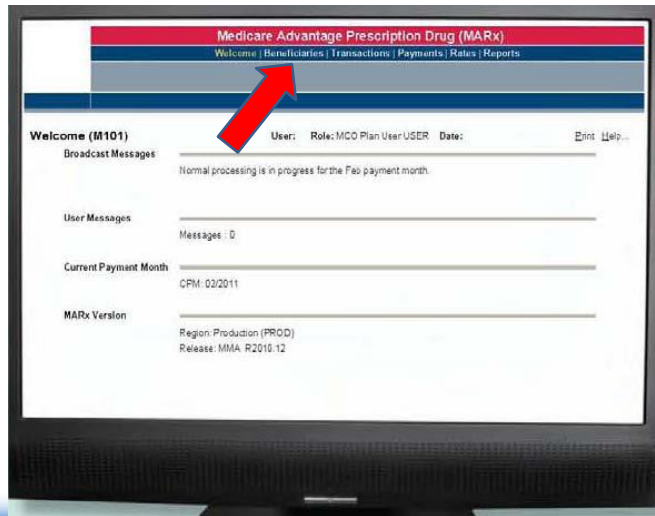
Example: Avoidable Reject TRC

- Build an internal quality control point around errors that should be “avoidable”
- Use the feedback to adjust processes

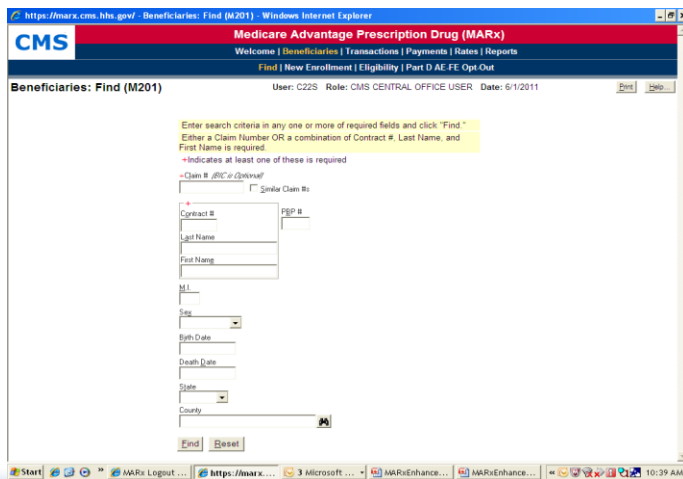
MARx UI – Update Role

- Access to MARx for direct update
- Does not replace batch
- Replicates batch options
- 2 users per Parent Organization

101 – Welcome Screen



M201 – Beneficiary Find



M204 – Primary Drug Insurance

Claim #: DOB:


Age: Sex: State: County:

Snapshot | Enrollment | Status | Payments | Adjustments | Premiums | SSA - RRB | History | Transactions | Factors | Utilization | MSA | Medicaid | Residence Address | Rx Insurance

Enrollment View (M204) User: Role: MCO REPRESENTATIVE W/UPDATE Date: 2/10/2011 Close Update Print Help...

Enrollments 1-1 (of 1) (Click on Contract# to view details)

Contract	PBP #	Segment #	Drug Plan	Start	End	Source	Disenrollment Reason	Primary Drug Insurance	Payment
1 Hxxx1	093	000	Y	04/01/2010		Hxxx1		View	View



M204 – Payment

Claim #: DOB:


Age: Sex: State: County:

Snapshot | Enrollment | Status | Payments | Adjustments | Premiums | SSA - RRB | History | Transactions | Factors | Utilization | MSA | Medicaid | Residence Address | Rx Insurance

Enrollment View (M204) User: B4ZS Role: MCO REPRESENTATIVE W/UPDATE Date: 2/10/2011 Close Update Print Help...

Enrollments 1 (of 1) (Click on Contract# to view details)

Contract	PBP #	Segment #	Drug Plan	Start	End	Source	Disenrollment Reason	Primary Drug Insurance	Payment
1 Hxxx1	017	000	Y	07/01/2009	10/31/2009	Hxxx1	VOLUNTARY DISENROLLMENT THROUGH PLAN	View	View




M204 – Update

Claim #: DOB: _____

State: _____ Age: _____ Sex: _____
County: _____

Snapshot | Enrollment | Status | Payments | Adjustments | Premiums | SSA - RRB | History | Transactions | Factors | Utilization | MSA | Medicaid | Residence Address | Rx Insur

Enrollment View (M204) User: _____ Role: MCO REPRESENTATIVE W/ UPDATE Date: 2/10/2011 Close Update Print Help



Enrollments 1-1 (of 1) (Click on Contract# to view details)

	Contract	PBP #	Segment #	Drug Plan	Start	End	Source	Disenrollment Reason	Primary Drug Insurance	Payment
1	Hcoo1	000	000	Y	04/01/2010		Hcoo1		View	View





M212 – Update Enrollment

Claim #: DOB: _____

State: _____ Age: _____ Sex: _____
County: _____





Update Enrollment | Update Institutional/NHC | Update Medicaid | Update Premiums | Update Rx Insurance | Update Residence Address

Update Enrollment (M212) User: B4ZS Role: MCO REPRESENTATIVE W/ UPDATE Date: 3/4/2011 Close Print Help

Click "More" to view or update additional information for each enrollment.
Click "Submit" to validate and submit updates for all enrollments as well as the M200 screens.
Add, update, or delete one row, then click the "Submit" button.

Select	Contract	PBP#	Seg#	Start Date	End Date	Application Date	Default App. Date	More Info	Disenrollment Reason
<input type="checkbox"/>	Sxoo1	008	000	01/01/2009		11/15/2008	<input type="checkbox"/>	More	
<input type="checkbox"/>	Sxoo2	038	000	03/01/2008	12/31/2008	02/14/2008	<input type="checkbox"/>	More	T3 - DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN
<input type="checkbox"/>	Sxoo3	001	000	01/01/2007	02/29/2008	12/21/2006	<input type="checkbox"/>	More	T3 - DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN
<input type="checkbox"/>	Sxoo3	002	000	01/01/2006	12/31/2006	12/15/2005	<input type="checkbox"/>	More	
<input type="checkbox"/>	Hcoo1	000	11/01/1996	12/31/2001			<input type="checkbox"/>	More	T1 - VOLUNTARY DISENROLLMENT THROUGH PLAN

M230 – (“More”)

Claim #: DOB:
 Age: Sex:
 State: County:

Update Enrollment | Update Premiums | Update Rx Insurance | Update Residence Address

Additional Update Enrollment Information (M230) User: B4ZS Role: MCO REPRESENTATIVE W/ UPDATE Date: 2/10/2011 [Print] [Help]

Enrollment for Contract **hxxx1** , PBP Number **111** , Segment Number **000**, starting **03/01/2008** and ending **10/31/2009**

Click "Save and Return to Update Enrollment" to preserve your updates and return to the M212 screen.
Updates made on this screen will be validated against the other enrollment and submitted when you click "Submit" on the M212 screen.

Enrollment		Election Period Types		Disenrollment	
S - SPECIAL ELECTION PERIOD (SEP)		S - SPECIAL ELECTION PERIOD (SEP)			

Other

EGHP	ESRD Override	Enroll Override	Employer Subsidy Enrollment Override	Enrollment Source	Part D AE/FE Opt-Out
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B - BENEFICIARY ELECTION	<input type="checkbox"/>

Save and Return to Update Enrollment | Return without Saving | Reset

Enter Disenrollment

Claim #: DOB:
 Age: Sex:
 State: County:

Update Enrollment | Update Institutional/NHC | Update Medicaid | Update Premiums | Update Rx Insurance | Update Residence Address

U Enrollment (M212) User: B4ZS Role: MCO REPRESENTATIVE W/ UPDATE Date: 3/4/2011 [Close] [Print] [Help]

Click "Save and Return to Update Enrollment" to preserve your updates and return to the M212 screen.
Click "Submit" to update and submit updates for both the enrollment and the disenrollment as the M230 screens.
Add, update, or delete one row, then click the "Submit" button.

Select	Contract	PBP#	Seg#	Start Date	End Date	Application Date	Default App. Date	More Info	Disenroll Reason
<input type="checkbox"/>	Sxxx1	008	000	01/01/2009		11/15/2008	<input type="checkbox"/>	More	
<input type="checkbox"/>	Sxxx2	038	000	03/01/2008	12/31/2008	02/14/2008	<input type="checkbox"/>	More	13 - DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN
<input type="checkbox"/>	Sxxx3	001	000	01/01/2007	02/29/2008	12/21/2006	<input type="checkbox"/>	More	13 - DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN
<input type="checkbox"/>	Sxxx3	002	000	01/01/2006	12/31/2006	12/15/2005	<input type="checkbox"/>	More	
<input type="checkbox"/>	hxxx1		000	11/01/1996	12/31/2001		<input type="checkbox"/>	More	11 - VOLUNTARY DISENROLLMENT THROUGH PLAN

Submit | Cancel Enroll | Cancel Disenroll | New Enrollment | Reset

Disenrollment – Continued

Claim #: DOB:
 State: Age: Sex:
 County:

Update Enrollment | Update Premiums | Update Rx Insurance | Update Residence Address

Additional Update Enrollment Information (M230) User: B4ZS Role: MCO REPRESENTATIVE W/ UPDATE Date: 2/10/2011

Enrollment for Contract , PBP Number 111 , Segment Number 000 g 03/01/2008 and ending 10/31/2009

Click "Save and Return to Update Enrollment" to present updates and return to the M212 screen.
 Updates made on this screen will be validated against enrollments and submitted when you click "Submit" on the M212 screen.

Enrollment		Election Period Types		Disenrollment	
S - SPECIAL ELECTION PERIOD (SEP)		S - SPECIAL ELECTION PERIOD (SEP)			
Other					
EGHP	ESRD Override	Enroll Override	Employer Subsidy Enrollment Override	Enrollment Source	Part D AE-FE Opt-Out
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B - BENEFICIARY ELECTION	<input type="checkbox"/>



Disenrollment – Continued

Claim #: DOB:
 State: Age: Sex:
 County:

Update Enrollment | Update Institutional/FHC | Update Medicaid | Update Premiums | Update Rx Insurance | Update Residence Address

Update Enrollment (M212) User: B4ZS Role: MCO REPRESENTATIVE W/ UPDATE Date: 3/4/2011

Click "More" to view or update additional information for each enrollment.
 Click "Submit" to validate and submit updates for both the M212 as well as the M230 screens.
 Add, update, or delete one row, then click the "Submit" button.

Select	Contract	PBP#	Seg#	Start Date	End Date	Application Date	Default App. Date	More Info	Disenroll Reason
1 <input type="checkbox"/>	Sxxx1	008	000	01/01/2009	xx/xx/xxxx	11/15/2008	<input type="checkbox"/>	<input type="button" value="More"/>	11 - VOLUNTARY DISENROLLMENT THROUGH PLAN
2 <input type="checkbox"/>	Sxxx2	038	000	03/01/2009	12/31/2008	02/14/2008	<input type="checkbox"/>	<input type="button" value="More"/>	13 - DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN
3 <input type="checkbox"/>	Sxxx3	001	000	01/01/2007	02/29/2008	12/21/2006	<input type="checkbox"/>	<input type="button" value="More"/>	13 - DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN
4 <input type="checkbox"/>	Sxxx3	002	000	01/01/2006	12/31/2006	12/15/2005	<input type="checkbox"/>	<input type="button" value="More"/>	
5 <input type="checkbox"/>	Hxxx1	000	000	11/01/1996	12/31/2001		<input type="checkbox"/>	<input type="button" value="More"/>	11 - VOLUNTARY DISENROLLMENT THROUGH PLAN



Cancellation

- A plan can only cancel transactions it submitted
- Follow the policy and rules in guidance
- Begin with the M204, and click update...

Cancellation of Enrollment

Claim #: DOB: _____

Age: _____ Sex: _____


State: _____ County: _____

Snapshot | Enrollment | Status | Payments | Adjustments | Premiums | SSA- RRB | History | Transactions | Factors | Utilization | MSA | Medicaid | Residence Address | Rx Insurance

Enrollment View (M204) User: _____ Role: MCO REPRESENTATIVE W/ UPDATE Date: 2/10/2011 [Close](#) [Update...](#) [Print](#) [Help...](#)

Enrollments 1-1(of 1) (Click on Contract# to view details)

Contract	PBP #	Segment #	Drug Plan	Start	End	Source	Disenrollment Reason	Primary Drug Insurance	Payment
1 Hxxx1	000	000	Y	04/01/2010		Hxxx1		View	View



Cancel Enrollment

Claim #: _____ DOB: _____
 State: _____ Age: _____ Sex: _____
 Country: _____

Update Enrollment | Update Institutional/AHC | Update Medicaid | Update Premiums | Update Rx Insurance | Update Residence Address

Update Enrollment (M212) User: B425 Role: MCO REPRESENTATIVE W/UPDATE Date: 3/4/2011 Close Print Help

Click "More" to view or update additional information for each enrollment.
 Click "Submit" to validate and submit updates for both the M212 as well as the M230 screens.
 Add, update, or delete one row, then click the "Submit" button.

Select	Contract	PBP#	Seg#	Start Date	End Date	Application Date	Default App. Date	More Info	Disenroll Reason
<input type="checkbox"/>	Sxxx1	008	000	01/01/2009		11/15/2008		More	
<input type="checkbox"/>	Sxxx2	038	000	03/01/2008	12/31/2008	02/14/2008		More	13 - DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN
<input type="checkbox"/>	Sxxx3	001	000	01/01/2007	02/29/2008	12/21/2006		More	13 - DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN
<input type="checkbox"/>	Sxxx3	002	000	01/01/2006	12/31/2006	12/15/2005		More	
<input type="checkbox"/>	Hxxx1		000	11/01/1996	12/31/2001			More	11 - VOLUNTARY DISENROLLMENT THROUGH PLAN



Enter a Residence Address

- Residence is only needed when there is a State & County Code discrepancy
- Do not submit a residence address for all members
- Quality Review mandatory
- Begin by clicking on the Residence Address Tab...



Residence Address M243

Claim #: FIRST M. LAST DOB: [REDACTED] Age: 110 Sex: MALE
 State: MD (30) County: HOWARD (123)

Residence Address (M243) User: RXQZ Role: MCO REPRESENTATIVE WITH UI UPDATE Date: 05/26/2010

Contract	Address Start Date	Address End Date	Address 1	Address 2	City	State	ZIP	SSA State Code	SSA County Code
1	H1111	01/01/2008	12/31/2008	111 First Street		Baltimore	MD	21244 - 1234	11 COUNTY (111)
2	H1111	01/01/2007	12/31/2007	222 Second Avenue	Apt 1	Baltimore	MD	20740 - 0000	11 COUNTY (111)



Residence Address M242

Claim #: FIRST M. LAST DOB: [REDACTED] Age: 110 Sex: FEMALE
 State: MD (30) County: HOWARD (123)

Update Residence Address (M242) User: RXQZ Role: MCO REPRESENTATIVE WITH UI UPDATE Date: 05/26/2010

Action	Contract	Address Start Date	Address End Date	Address 1	Address 2	City	State	ZIP	SSA State Code	SSA County Code
New	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	H10x1	01/01/2007	12/31/2007	101 AL ZWELL LANE	Apt 101	BALTIMORE	MD	21244 - 1234	30	COUNTY (123)

Submit Delete Reset



Plan MARx UI Functions

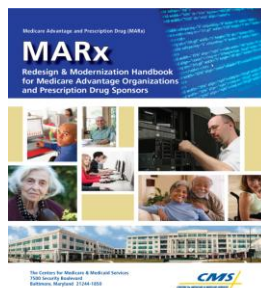
- Enrollments
- Enrollment Cancellations
- Disenrollments
- Disenrollment Cancellations
- Residence Address Updates
- 4Rx Updates
- ****None of these functions replace Batch file processing (always your first choice)**



Resources

- MAPD Help Desk, 1-800-927-8069
 - mapdhelp@cms.hhs.gov
 - <http://www.cms.gov/mapdhelpdesk>
- Plan Communications Users Guide (Latest Version)

MARx Redesign and Modernization Handbook



MARx User Interface Handbook





Evaluation



Please take a moment to complete the evaluation form for the MARx Enhancements & Functionality module.

Your Feedback is Important! Thank you!



Enrollment Data Corrections, Retroactivity & Data Certification



2011 Regional IT Technical Assistance Enrollment



Enrollment Data Corrections, Retroactivity & Data Certification

Breakout Session

- Andrea Hamilton, CMS/CPC, RPC Project Officer
- Denyse Wise, Program Director, Reed & Associates



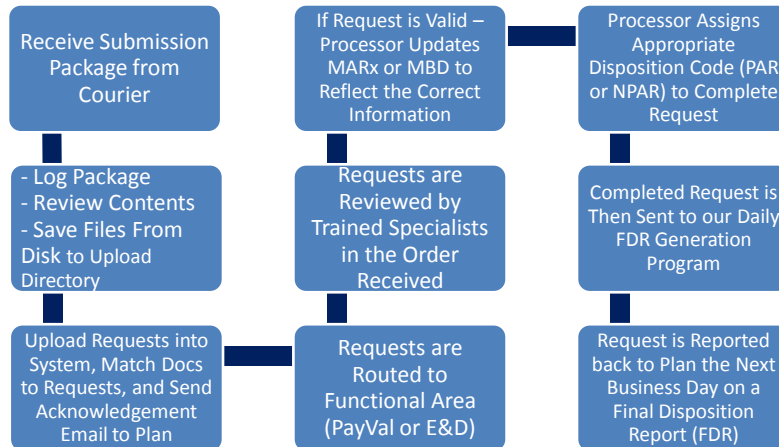
Agenda

- Recap RPC Roles & Responsibilities
- Regional Office Account Manager (AM) Approvals
- Quality Review for Plan-Submitted Transactions Directly to MARx
- Quality Assurance Standards
 - Best Practices
 - Mismatch Data
 - Documentation Requirements
- Future/Ongoing Projects

Retroactive Services Supported by The RPC

Post Enrollment Adjustments:	Payment Validation Adjustments:	Other Services Performed by the RPC:
<ul style="list-style-type: none"> ➤ Retroactive Enrollments: <ul style="list-style-type: none"> ➤ Standard Employer/Union Group Health Plan (EGHP) ➤ Auto – and Facilitated Enrollments ➤ PACE ➤ Plan Benefit Package (PBP) Changes ➤ Retroactive Disenrollments ➤ Reinstatements ➤ Segment Changes 	<ul style="list-style-type: none"> ➤ Medicaid Status Changes ➤ Low-Income Subsidy Deeming Updates ➤ ESRD Status Changes* <p>*Note: RPC does not have access rights to make ESRD Status Changes in CMS Systems.</p>	<ul style="list-style-type: none"> ➤ Quality Review Process ➤ Review and Reporting on Monthly Certifications of Enrollment & Payment Data (Attestations) ➤ Enrollment Data Analysis & Trending for CMS Offices

RPC Operation – Request Process Flow



Definition of Category 2 Request Using Current Calendar Month (CCM) Processing

Before MARx R&M

- Effective Dates Within 3 Months = Effective date including the current calendar month and the 2 previous calendar months
- If today is any day in June 2011; allowable retroactive effective dates for RPC Submission are June 1, May 1, and April 1.

Post MARx R&M

- Category 2 Requests are still defined as “within 3 months”
- For RPC Purposes – Plans should only submit requests where Effective Dates are CCM -2
- If today is any day in June; allowable retroactive effective **date** for Cat 2 RPC Submission is April 1.

Regional Office – Account Manager Approval

❖ Overview

❖ Types of RO Approvals:

- ✦ **Category 3 Requests (over 3 months old)**
- ✦ **Plan Error Reinstatements**
- ✦ **Noncompliant Retroactive Request – falls outside CMS guidance**
 - Missing Required Documentation
 - Documentation Does not Support Requested Effective Date
 - Incomplete Documentation (e.g., missing beneficiary signature)

Regional Office – Account Manager Approval

❖ Regional Office Approval Letters (ROA Letters)

- ✦ **Approval Type:** *Category 3 / Plan Error Reinstatements / Other (description required and may involve further review by Central Office)*
- ✦ **Issue specifics:** *Required: A spreadsheet (preferably RPC Spreadsheet) which includes the beneficiary level detail for each approved request*
- ✦ **Documentation requirements:** *As a general rule, all retroactive requests require full supporting documentation as described in the RPC's latest SOP*

Regional Office – Account Manager Approval

Submission Process

1. Identify your exception cases
2. Contact your AM
3. Upon receipt of the RO approval complete the RPC Submission Package



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RPC Breakout Session

Example Case: For a valid Category 3 Submission containing 30 retroactive cases what should you submit to the RPC for processing?

1. Company Cover Letter, RPC Spreadsheet, 30 RPC Doc Worksheets noting your AM has approved each case along with supporting documentation.
2. Company Cover Letter with your RO Approval Letter attached, RPC Spreadsheet, 30 RPC Doc Worksheets noting your AM has approved each case along with supporting documentation.
3. Copy of your RO Approval Letter, RPC Spreadsheet, 30 RPC Doc Worksheets noting your AM has approved each case along with supporting documentation.



0%

0%

0%

1

2

3

10



RPC Breakout Session

TRUE OR FALSE: When an approved Category 3 request is appropriately denied by the RPC due to missing required documentation; the plan must obtain a new RO Approval in order to resubmit to the RPC for processing?

- ✓ 1. True
- 2. False



RPC - Quality Review (QR)

❖ Overview:

- ✚ Monthly Quality Reviews (QR) shall be conducted on various plan-submitted transactions posted directly to MARx

❖ Goals:

- ✚ Ensure actions submitted through the MARx UI are valid and supported with plan documentation
- ✚ Ensure plans maintain strict adherence to CMS policies and requirements

RPC - Quality Review (QR)

❖ Process Summary:

- ✚ Similar to the existing QR Process (formerly called Probe Study) for Pay Val transactions (SCCs, Medicaid & ESRD)
- ✚ RPC shall generate a monthly random sample per contract (sample percentage starts at 5%)
 1. Sample set for Tran Codes 51, 61, 77, 80 & 81
 2. Sample set for Tran Code 76 (Residence Address Changes)
- ✚ Plan's POC will receive a report from the RPC listing sampled cases

RPC - Quality Review (QR)

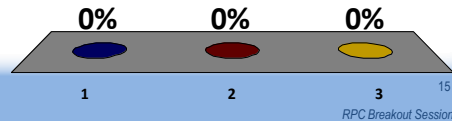
❖ Rules & Requirements:

- ✚ 7 calendar days to deliver completed required documentation
- ✚ Documentation requirements are the same as today (subject to updates)
- ✚ A Failed Quality Review will be evaluated and addressed by CMS Offices (CO & RO) on a case-by-case basis

How long does a Plan have to deliver documentation to the RPC upon receipt of their Quality Review Sample Report?



1. 7 Calendar days
2. 7 Business days
3. 17 Calendar days



Quality Assurance Standards for RPC Submissions

Best Practices
&
Documentation Requirements

Quality Assurance

❖ Best Practices

- ✦ Limit the number of Spreadsheets you submit per package (one Spreadsheet for all Contracts)
- ✦ Do NOT send supplemental documentation unless your AM instructs you to do so
 - ✦ Refer to our new Documentation Matrix for a list of appropriate Documentation

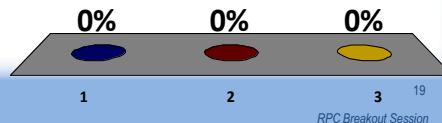
Quality Assurance

❖ Best Practices

- ✦ Do NOT try to correct an enrollment discrepancy by first submitting an invalid prospective Effective Date to CMS and then following it up with an Effective Date “correction” with the RPC.

Example Case: On June 20th, Plan identifies an enrollment with an effective date of 04/01/2011 that is not reflected in CMS' system and according to their internal system it should be – CCM Cut-Off for an effective date of 04/01/2011 has passed. How should this discrepancy be corrected?

1. Submit an enrollment directly to CMS via batch or UI for an effective date of 05/01/2011 and then submit a request to the RPC to back the effective date up to 04/01/2011
2. Submit the discrepancy to the RPC as a Retroactive Enrollment with an effective date of 04/01/2011 by July 1st, 2011
3. Submit the request to your Regional Office for Approval



Quality Assurance

❖ Mismatch Data

- ✚ Data (Information) on Submission Spreadsheets **MUST** match information in corresponding documentation
- ✚ Submission Spreadsheets are official records prepared and attested to by organizations and **cannot** be altered by the RPC

Review the following RPC Documentation Worksheet and identify the mismatch data.

RPC Documentation Worksheet

This document is required for all retroactive enrollment, reinstatement, disenrollment, PBP change and Segment change requests.

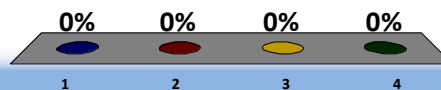
Date:	5/12/2011	Category 2 or 3:	2
Request for:	<input type="checkbox"/> Enrollment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Disenrollment <input type="checkbox"/> PBP Change <input type="checkbox"/> Segment Change <input type="checkbox"/> Combination Request		
Beneficiary Name:	Ben. E Ficiary	HIC Number:	123456789A
POA or Legal Representative (if applicable):			
Contract Number:	X1234	PBP Number:	034 Segment Number: 000
Plan Type:	Local CCP	Election Period:	SEP
Effective Date of Retroactive Request:	April 1, 2011	Application Date (Date Enrollment Request Received by Organization):	December 14, 2010
Complete This Section for Category 3 Requests or CTM Requests (With RO Approval) Only:			
Date of RO/AM Approval:		CTM Case:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Regional Office Account Manager:			
Reason for Request <i>(Please be as detailed as possible):</i>			
The beneficiary was disenrolled for enrolling in another organization. After receiving the disenrollment notice, the beneficiary contacted the plan and requested reinstatement. The Continue to Use notification was then sent to the beneficiary and is included in this packet.			
Please process a reinstatement into X1234 PBP 043 with an effective date of May 1, 2011.			



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RPC Breakout Session

From the Previous slide...which of the following fields contains a mismatch on the documentation worksheet?

1. Contract Number
2. PBP Number
3. Effective Date
- ✓ 4. Both 2 & 3

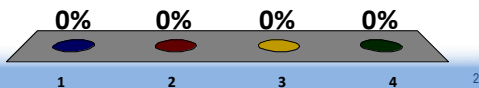


22
RPC Breakout Session

What percentage of Retroactive Requests in the last 12 months were denied due to documentation issues?



1. 10%
2. 5%
3. 1%
4. 22%



Documentation Requirements

❖ Completing the RPC Documentation Worksheet

- ✚ Review your information to ensure it is accurate and consistent
- ✚ Be sure to complete all appropriate fields
- ✚ Provide a CLEAR comprehensive explanation in the Reason for Request section

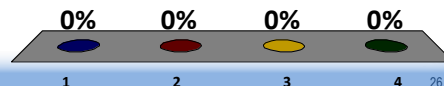
Documentation Requirements

✚ Enrollment Request Mechanism Document

- ✚ CMS Model Paper Application
- ✚ Telephonic Enrollment Request
- ✚ EGHP File
- ✚ PBP Model (Short) Enrollment Form
- ✚ ***A Data Dump or Extract File from your Database is NOT an acceptable Enrollment Mechanism for substantiating a member-initiated enrollment or enrollment change***

Which of the following is an example of a valid method for acquiring a verbal signature?

1. A screenshot of internal system notes stating the beneficiary was contacted
2. A phone log with the date and time of the call and who was contacted, followed by a description of the call
3. An email between organizational departments stating the verbal signature was acquired
4. 1 or 2 are acceptable



Future & Ongoing Projects

- Electronic Submission Abilities – CMS/RPC ECM (Enterprise Content Management) Project
- ESRD Processing Standards
 - RPC currently does not process ESRD updates directly into REMIS
 - RPC will soon communicate back to the plans any action taken by CMS personnel
 - ESRD Updates will soon require 100% upfront documentation to review and submit to CMS for further processing

More...Future & Ongoing Projects

- Medicaid
 - New SOP in development at CMS' office
 - Medicaid Update will soon require 100% upfront documentation for processing by the RPC
- ✚ **NOTE: Plans will receive advance notice and information on these enhancements prior to implementation and will receive a grace period to transition their operations and processes to align with these or any new retroactive procedural changes**

Still have questions...



~ Q & A ~

Resources:

- RPC Toolkit & SOPs - <http://www.reedassociates.org/payvalMMCPV.php>
- MARx R&M Handbook - https://www.cms.gov/MAPDHelpDesk/downloads/MARx_RM_HANDBOOK_Final_2010_12_16.pdf

Contact the RPC

Client Services Department

Phone: (402) 315-3660

Email: clientservices@reedassociates.org

Manager, Quality Assurance: Bob Hursh – bhursh@reedassociates.org

Evaluation



Please take a moment to complete the evaluation form for the Enrollment Data Corrections, Retroactivity, & Data Certification module.

Your Feedback is Important! Thank you!