

CMS

CENTERS for MEDICARE & MEDICAID SERVICES



Payment Slide Presentations

2011 Regional IT Technical Assistance



Introduction and Overview



2011 Regional IT Technical Assistance Payment



Getting Started

- Materials
- Cell Phones
- Restrooms
- Question & Answer



Practice Example



Select your response to this question.

When you leave this room today, you will:

1. Keep your response card for the next session.
2. Take your response card home as a souvenir.
3. Place your response card in the basket by the door as you exit.

Purpose

Discuss the reports used to reconcile payment, provide an overview of monthly Plan payments received by CMS, and introduce the new Plan Payment Report (PPR) and Payment and Premium Withhold web portal.

Audience

- Staff:
 - Medicare Advantage (MA) Plans
 - Medicare Advantage – Prescription Drug (MA-PD) organizations
 - Prescription Drug Plans (PDPs)
 - Employer Sponsored Group Health Plans (EGWPs)
 - Demonstration Plans, Program of All-Inclusive Care for the Elderly (PACE) organizations
- Third Party Submitters

Learning Objectives

- Define common terms
- Understand how to reconcile plan payments using various payment reports
- Review recent changes to reports and identify some common issues through scenarios
- Provide basic payment formulas and map payment amounts to fields on the report

Agenda

- Introduction/Overview
- Affordable Care Act (ACA) Payment Changes
- Plan Payment Report (PPR)
- Premium Withhold Report (PWR) including Low Income Subsidy/Late Enrollee Penalty (LIS/LEP) Data File
- Monthly Membership Report (MMR)
- Question & Answer Session

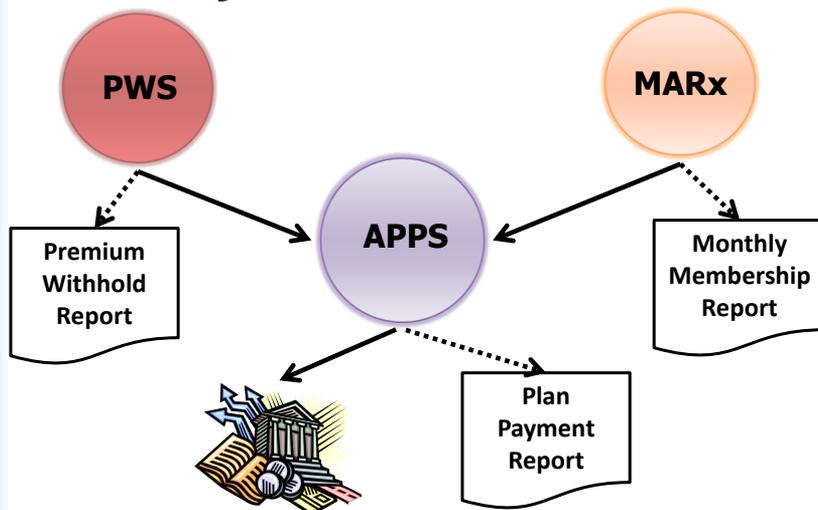
Key Terms

Term	Description
MARx	Medicare Advantage Prescription Drug System
HPMS	Health Plan Management System
PWS	Premium Withhold System
APPS	Automated Plan Payment System

Reports Overview

- Contract-level Reports
 - Plan Payment Report (PPR) Data File
- Beneficiary-level Reports
 - Monthly Membership Detail Report (Drug and Non-Drug)
 - Monthly Premium Withholding Report Data File (MPWRD)
 - Low Income Subsidy/Late Enrollment Penalty (LIS/LEP)

Payment Data Flow



Technical Assistance Tools

HPMS Help Desk	HPMS@cms.hhs.gov
MAPD Helpdesk	http://www.cms.gov/mapdhelpdesk/ mapdhelp@cms.hhs.gov
Technical Assistance Registration Service Center (TARSC)	www.tarsc.info
FAQ Payment & Premium Portal (PWSOPS)	www.pwsops.com
Customer Service and Support Center (CSSC)	www.csscooperations.com

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2011 Regional IT Technical Assistance Payment



Goals of Presentation

- Describe changes to Medicare Advantage (MA) payment rates due to Affordable Care Act (ACA)
- Describe how quality now affects MA plan payments
- Provide examples that show how risk adjustment affects payment

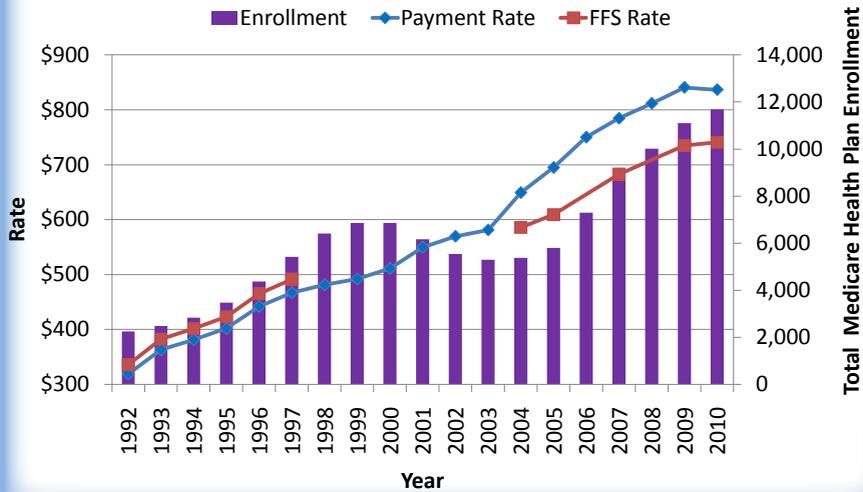
Introduction to Affordable Care Act Payment Changes

Feature	Pre ACA	ACA
Quality Adjustment	County rate not quality adjusted	County rate is adjusted for quality
Relationship to FFS	Not always based on FFS	Based to FFS Rates
Rebate Percentage	75% of savings	Depends on quality of plan, maximum is 70%
Level of County Rate	No restriction	Cannot exceed pre-ACA rate

Medicare Advantage Payment Rates (1982 – 2011)

Date	Rules
1982 to 1997	MA county rates equal 95% of county FFS costs
1998 to 2000	Balanced Budget Act of 1997 (BBA) FFS costs no longer determine MA rates. MA county rates equal the highest of 3 rate calculations (floor, minimum of 2%, and blend of local and national rates).
2001 to 2003	Benefit Improvement Act of 2000 (BIPA) Increased floor county rates
2004 to 2010	Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) MA county rates increased by the higher of: <ul style="list-style-type: none"> • Previous year's county rate plus the National MA growth rate • FFS county rate (rebasement years only)
2011	Affordable Care Act of 2010 (ACA) Rates frozen at 2010 levels

Payment Rates, FFS Rates, and Medicare Health Plan Enrollment, 1992 to 2010



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Affordable Care Act Payment Changes

MA Payment Rates 2012 and Beyond (Affordable Care Act of 2010)

- MA County rates will be directly tied to original Medicare costs in a county
- MA rates will vary from 95% of original Medicare spending in high-cost areas to 115% of original Medicare spending in low-cost areas
- The rate changes will be phased in over 2, 4 or 6 years depending on the level of payment reduction in a given area
- Plans eligible for quality bonus payments



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Affordable Care Act Payment Changes

Quality Bonus Payment Demonstration (2012)

- The blended rate for plans with three (3) or more stars will not be capped at the level of the pre-Affordable Care Act rate
- The quality bonus payment percentage for plans with three (3) or more stars will be applied to each part of the blended benchmark
- Plans with less than three stars will not be eligible to receive any quality bonus payments under the demonstration

Quality Bonus Payment (QBP) Demonstration and ACA

Contract Star Rating	2012 QBP % under Demonstration	QBP % Under ACA
Less than 3 Stars	None	None
3 Stars	3%	None
3.5 Stars	3.5%	None
4 Stars	4%	1.5%
4.5 Stars	4%	1.5%
5 Stars	5%	1.5%

- Key Features of Demonstration:
 - QBP % applied to both portions of rate, not just FFS rate
 - Sliding scale to provide incentives for quality improvement

Double Bonus Counties

(Affordable Care Act 2010)

- In 2012 there are 210 double bonus counties
- Double Bonus County:
 - 2004 MA capitation rate was an urban floor rate
 - MA penetration rate of at least 25% as of December 2009
 - Average FFS county spending in upcoming contract year is less than the national average FFS spending
- Only plans with three or more stars will be eligible to receive a double county bonus
- Eligible plans in these counties receive double the quality bonus percentage

Rebate and Quality Bonus

(Affordable Care Act 2010)

- Rebates will be adjusted by plan quality ratings
- The new rebate structure is phased in over two years
- Special rules apply for low enrollment and new plans

Star Rating	2012	2013	2014
4.5 + Stars	73.33%	71.67%	70%
3.5 to < 4.5 Stars	71.67%	68.33%	65%
< 3.5 Stars	66.67%	58.33%	50%

Relationship to Payment

- A plan's payment depends on:
 - The beneficiary's risk score, and
 - The relationship between the bid amount and the MA benchmark (rate*risk score)
- Bid > Benchmark
 - CMS payment = benchmark
 - Beneficiary premium = difference
- Bid < Benchmark
 - CMS payment = Bid + MA Rebate
 - MA Rebate = X% of (Benchmark – bid)

Example for 2012 (Los Angeles – 4 Year Transition County)

	5 Star	4.5 Star	4 Star	3.5 Star	3 Star	< 3 Star
County Rate	\$969.32	\$959.99	\$959.99	\$955.32	\$950.65	\$922.65
Plan Average Risk Score	1.2	1.2	1.2	1.2	1.2	1.2
Benchmark	\$1,163.18	\$1,151.99	\$1,151.99	\$1,146.38	\$1,140.78	\$1,107.18
Example Plan Bid	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Rebate Percentage	73.33%	73.33%	71.67%	71.67%	66.67%	66.67%
Savings	\$163.18	\$151.99	\$151.99	\$146.38	\$140.78	\$107.18
Plan Rebate Amount	\$119.66	\$111.45	\$108.93	\$104.91	\$93.86	\$71.46

Example for 2012

(Monroe, NY – 4 Year Transition County – Double Bonus County)

	5 Star	4.5 Star	4 Star	3.5 Star	3 Star	< 3 Star
County Rate	\$830.63	\$815.53	\$815.53	\$807.98	\$800.43	\$755.12
Plan Average Risk Score	1.2	1.2	1.2	1.2	1.2	1.2
Benchmark	\$996.76	\$978.64	\$978.63	\$969.58	\$960.52	\$906.14
Example Plan Bid	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00
Rebate Percentage	73.33%	73.33%	71.67%	71.67%	66.67%	66.67%
Savings	\$96.76	\$78.64	\$78.63	\$69.58	\$60.52	\$6.14
Plan Rebate Amount	\$70.95	\$57.67	\$56.35	\$49.87	\$40.35	\$4.09

Evaluation



Please take a moment to complete the evaluation form for the Affordable Care Act Payment Changes module.

Your Feedback is Important! Thank you!

Plan Payment Report



2011 Regional IT Technical Assistance Payment



Purpose

This session will provide an understanding of the newly formatted Plan Payment Report (PPR), associated reports, payment sources, and define the consolidated payment reported on the PPR.

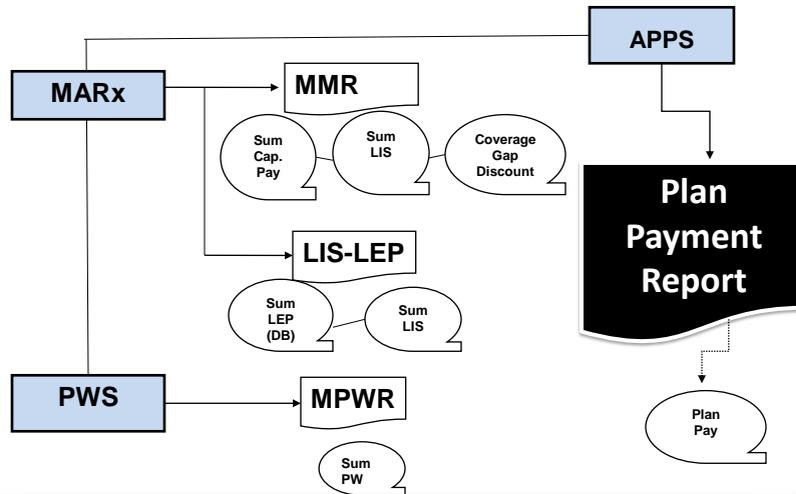
Objectives

- Gain an understanding of the consolidated payment communicated on the PPR
- Identify the five tables included in the new structure on the PPR
- Determine the value and uses of the PPR Summary Section
- Explain the data sources of each table on the PPR
- Describe recent updates to Adjustment Reason Codes

PPR Overview

- Automated Plan Payment System (APPS) generates the PPR after final monthly payment calculated
- PPR displays summarized amounts wired to Plan accounts by Treasury Department
- PPR includes Parts A, B & D amounts
- A New Summary Table added

Monthly Plan Payment Process

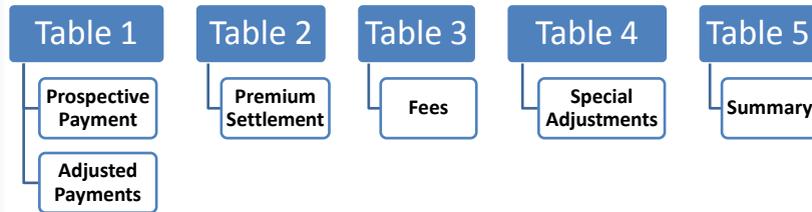


Consolidated Payment

The consolidated payment includes the following payment and adjustment amounts

- Capitated Payment
- Premiums
- Fees
- Special Adjustments

Plan Payment Report Format



PPR Table 1 - Capitated Payment

Section Within Table	Description
Prospective Payments	<ul style="list-style-type: none"> Provides base payment
Adjusted Payments: <ul style="list-style-type: none"> Prior months affecting A/B & D payments Prior months affecting A/B payments Prior Months affecting D payments 	<ul style="list-style-type: none"> Provides adjustments to prior months affecting Parts A, B & D payments Provides number of months or enrollees affected by payment Defines adjustment with Adjustment Reason Codes (ARCs) Summarized from MARx/MMR adjustment records
Coverage Gap Discounts	<ul style="list-style-type: none"> Provides summary of prospective and adjusted CGD amounts included in the Part D payments in Table 1. These payments are based upon estimates using Bid data. Also reported on MMR on beneficiary level.

Prospective Payments

PLAN NUMBER : H9999
 PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 PAYMENT MONTH : 08/2011
 RUN DATE : 08/23/20101
 REPORT SECTION : CAPITATED PAYMENT – CURRENT ACTIVITY
 TABLE NUMBER : 1

ARC	PAYMENT TYPE	COUNT	PART A
	PROSPECTIVE PART A PAYMENT	30,013	13,992,935.06
	PROSPECTIVE PART B PAYMENT	30,012	
	PROSPECTIVE PART D PAYMENT	29,309	
(01)	DEATH OF BENEFICIARY	80	-69,898.31

Prospective Payments

Example

ARC	PAYMENT TYPE	COUNT	PART A
	PROSPECTIVE PART A PAYMENT	30,013	13,992,935.06
	PROSPECTIVE PART B PAYMENT	30,012	
	PROSPECTIVE PART D PAYMENT	29,309	
(01)	DEATH OF BENEFICIARY	80	-69,898.31
(02)	RETROACTIVE ACCRETION	527	229,997.69
(03)	RETROACTIVE DELETION	273	-151,632.43

What should the plan do regarding this negative adjustment?

Consult the MMR to reconcile the amount.

Changes Resulting in Adjustments

CHANGE TO...	CHANGE DESCRIPTION
Enrollment	<ul style="list-style-type: none"> • Enrollment period changes • Voluntary disenrollments • Involuntary disenrollments
Status	<ul style="list-style-type: none"> • Beneficiary / health status changes • Plan status changes • Beneficiary's risk factor updates • ESRD reclassification

Adjustment Reason Codes (ARCs)

ARC	PAYMENT TYPE
(01)	DEATH OF BENEFICIARY
(02)	RETROACTIVE ENROLLMENT (appears as accretion on PPR)
(03)	RETROACTIVE DISENROLLMENT
(06)	CORRECTION TO PART A ENTITLEMENT
(07)	RETROACTIVE HOSPICE STATUS
(08)	RETROACTIVE ESRD STATUS
(09)	RETROACTIVE INSTITUTIONAL STATUS
(10)	RETROACTIVE MEDICAID STATUS
(11)	RETROACTIVE CHANGE TO STATE COUNTY CODE
(12)	DATE OF DEATH CORRECTION
(13)	DATE OF BIRTH CORRECTION

ARC Example 1

Plan Express is diligent in reconciling their monthly reports. Plan Express reviewed both the PPR and the MMR for ARCs and adjustment amounts for August 2010. Plan Express's PPR communicated a count of 535 members with a ARC of 03 (retroactive disenrollment). The dollars associated are reported on the PPR as (-)\$750,000 to Part D payment adjustment amount.

ARC Example 1 (Continued)

To what members does the adjustment apply?

1. All enrolled as of August 2010
2. All Part D beneficiaries with retroactive disenrollment effective August 2010
3. All beneficiaries with retroactive disenrollment effective August 2010

Adjustment Payment Calculation



New Adjustment Reason Codes

ARC	Adjustment Name
44	Retroactive Correction of Previously Failed Payment
50	Adjustment Due to Beneficiary Merge
94	ARCs Uniquely Assigned to Identify Payment Adjustments due to Cleanups

Coverage Gap Discount

ONE MONTHLY PLAN PAYMENT REPORT

PLAN NUMBER 89999
 PLAN NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 PAYMENT MONTH 012011
 ROL DESIG 00000000000000000000000000000000
 REPORT SECTION 00000000
 TABLE NUMBER CAPGATED PAYMENT - CURRENT ACTIVITY

ARC	PAYMENT TYPE							
	PROSPECTIVE PART A PAYMENT							
	PROSPECTIVE PART B PAYMENT							
	PROSPECTIVE PART D PAYMENT							
	DEATH OF BENEFICIARY							
(01)	RETROACTIVE ADJUSTION							
(02)	RETROACTIVE DELETION							
(03)	PART A ENTITLEMENT LOSS							
(04)	HOSPICE							
(05)	ESRD							
(06)	INSTITUTIONAL							
(07)	MEDICARE							
(11)	RETRO SIA							
(12)	CORRECTION TO DEATH							
(13)	CORRECTION TO SIBSH							
(14)	CORRECTION TO SIA							
(15)	AWR RATE							
(16)	CORRECTION TO PART B ENT							
(17)	CONTRACTING AGED							
(18)	REC							
(19)	RETRO DELETE DUE TO ESRD							
(20)	DRUG FACTOR ADJUSTMENT							
(21)	RETRO RIA RECON							
(22)	RETRO RIA RECON (MED-YEAR)							
(23)	PART D LOW-INCOME STATUS							
(24)	PART D SIA							
(25)	PART D SIA FACTOR							
(26)	RETRO SIA FACTOR							
(27)	RETRO SIA FACTOR (MED-YEAR)							
(28)	RETRO SIA FACTOR (MED-YEAR)							
(29)	RETRO SIA FACTOR (MED-YEAR)							
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(95)	RETRO SIA FACTOR (MED-YEAR)							
(96)	RETRO SIA FACTOR (MED-YEAR)							
(97)	RETRO SIA FACTOR (MED-YEAR)							
(98)	RETRO SIA FACTOR (MED-YEAR)							
(99)	RETRO SIA FACTOR (MED-YEAR)							
(00)	TOTALS	00	627	13,881	1,161	12,293,731.18	3,815,434.03**	29,990,633.82

** THE TOTAL PART D INCLUDES COVERAGE GAP DISCOUNT OF:
 PROSPECTIVE = 999,999.99
 ADJUSTMENT = -9,999.99
 TOTAL = 999,999.99

NEW

*** THE TOTAL PART D INCLUDES COVERAGE GAP DISCOUNT OF:
 PROSPECTIVE = 999,999.99
 ADJUSTMENT = -9,999.99
 TOTAL = 999,999.99

***** CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING *****

Amount already included in amounts above.



Example 2

Section 1 of the Plan Payment Report can best be reconciled by

1. Mapping the count to the payment amounts
2. Subtracting all adjustments from the final payment amounts
3. Drilling down to the beneficiary level to validate payment by using the MMR



PPR Table 2 - Premium Settlement

PAYMENT	CATEGORY	PART C	PART D	NET PAYMENT
PART C	PREMIUM WITHHOLDING	1,276.00		1,276.00
PART D	PREMIUM WITHHOLDING		11,495.00	11,495.00
PART D	LOW INCOME PREMIUM SUBSIDY		271,863.70	271,863.70
PART D	LATE ENROLL PENALITES (DIRECT BILL)		-1,751.00	-1,751.00
TOTALS		1,276.00	281,607.70	282,883.70

Premium Withhold and Late Enrollment Penalty descriptions and payment amounts

Example 3

Plan HealthyLife is reconciling the premium amounts reported on the PPR. Using the Premium Withhold Report (MPWR) to validate the premiums they find they cannot validate the amount. What are the source reports for information reported in Table 2?

1. MMR and MPWR
2. MMR and PPR
3. MMR, MPWR, and LIS/LEP

PPR Table 3 – User Fees

Plan-Level Adjustment Type	Description
Education User Fees	<ul style="list-style-type: none"> • Different rates by Plan type • Applied first nine months of year • Fee based on prospective payment • Part C and D
Coordination of Benefits (COB) User Fees	<ul style="list-style-type: none"> • Rates • Applied first nine months of year • Enrollment count is base for calculation • Part D

PPR Table 3 – User Fees

DESCRIPTION	INPUTS	PART A	PART B	PART D	NET PAYMENT
EDUCATION USER FEE:					
1) PART A AMT SUBJECT TO FEE	\$13,907,129.63				
2) X FEE RATE	0.00054	-7,509.85			-7,509.85
3) PART B AMT SUBJECT TO FEE	\$12,300,444.44				
4) X FEE RATE	0.00054		-6,642.24		-6,642.24
5) PART AMT SUBJECT TO FEE	\$4,058,351.85				
6) X FEE RATE	0.00054			2,191.51	-2,191.51
TOTAL					-16,343.6
COB USER FEE:					
1) PROSP D MEMBERS	29,309				
2) X FEE RATE	\$0.28				
TOTAL \$		-7,509.85			

User Fee amounts displayed by Part A, B and D

PPR - User Fees

- CMS collects user fees January – September every year
- User Fee Table shows COB monthly user fee of \$0.13 per Part D member
- National Medicare Education Campaign (NMEC) User Fee
 - Different rates based on plan type
 - Rate for MA and MAPD is 0.047%
 - Rate for PDP is 0.05%

Example 4

Plan Express reviews their PPR and Table 3 displays \$3,100.50 subject to Part A Education User Fee on their September 2011 PPR. What is the user fee amount that should be displayed on the report?

1. \$1.46
2. \$14.57
3. \$403.07

PPR Table 4 – Special Adjustments (Contract-Level Adjustments)

- CMS advanced payments
- CMS offset of advanced payments
- CMS payments and offset
- Annual Part D reconciliation
- Temporary advances against system problems
- Settlements of past payments issued
- Coverage Gap offsets

Special Adjustments Example

DOC ID	DESCRIPTION	SOURCE	TYPE	PAYMENT Category	PART A	PART B	PART D	NET PAYMENT
2010-1234	INTERIM PAYMENT FOR 2010 RA RECON	DRAPP	RSK	Capitated	15,813.19	13,854.80	0.00	29,667.99
				Premium C	0.00	0.00		0.00
				Premium D			0.00	0.00
				LIS			0.00	0.00

Description of Adjustment and Adjustment Amount

Question: Why did this Plan receive this adjustment?

Special Adjustment Codes

- CGD – Invoice for Coverage Gap Discount
- CMP – Civil Monetary Penalty
- CST – Cost Plan Adjustment
- PTD – Annual Part D Reconciliation
- OTH – Other-Non specific adjustment group
- RSK – Risk Adjustment



PPR Table 5 - Payment Summary

CMS MONTHLY PLAN PAYMENT REPORT				PAGE:5/5			
PLAN NUMBER	: H9999						
PLAN NAME	: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
PAYMENT MONTH	: 08/2011						
RUN DATE	: 08/23/2010						
REPORT SECTION	: CAPITATED PAYMENT - CURRENT ACTIVITY						
TABLE NUMBER	: 1						
SOURCE	PAYMENT	SUMMARY	PAYMENT TYPE	PREVIOUS BALANCE	CURRENT ACTIVITY	NET PAYMENT	BALANCE FORWARD
TABLE1	PART A		CAPITATED	0.00	13,881,468.61	13,881,468.61	0.00
TABLE1	PART B		CAPITATED	0.00	12,293,731.18	12,293,731.18	0.00
TABLE1	PART D		CAPITATED	0.00	3,815,434.03	3,815,434.03	0.00
TABLE2	PART C	PREMIUM WITHHOLDING	PREMIUM	0.00	1,276.00	1,276.00	0.00
TABLE2	PART D	PREMIUM WITHHOLDING	PREMIUM	0.00	11,495.00	11,495.00	0.00
TABLE2	PART D	LOW INCOME PREMIUM SUBSIDY	PREMIUM	0.00	271,863.70	271,863.70	0.00
TABLE2	PART D	LATE ENROLL PENALTIES	PREMIUM	0.00	-1,751.00	-1,751.00	0.00
TABLE3	EDUCATION USER FEE		FEES	0.00	-16,343.60	-16,343.60	0.00
TABLE3	PART D COB USER FEE		FEES	0.00	-8,206.52	-8,206.52	0.00
TABLE4	INTERIM PAYMENT FO R 2010 RA RECON		SPECIAL ADJUSTMENTS	0.00	-29,667.99	-29,667.99	0.00
TOTALS				0.00	30,219,299.41	30,219,299.41	0.00

Payment Tables, Payment Summary Descriptions, Payment Type and Corresponding Payment Amount



PPR Table 5 - Payment Summary

CMS MONTHLY PLAN PAYMENT REPORT PAGE: 5/5

PLAN NUMBER : H9999
 PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 PAYMENT MONTH : 08/2011
 RUN DATE : 08/23/20101
 REPORT SECTION : CAPITATED PAYMENT - CURRENT ACTIVITY
 TABLE NUMBER : 1

SOURCE	PAYMENT	SUMMARY	PAYMENT TYPE				
TABLE 1	PART A		CAPITATED				
TABLE 1	PART B		CAPITATED				
TABLE 1	PART D		CAPITATED				
TABLE 2	PART C	PREMIUM WITHHOLDING	PREMIUM				
TABLE 2	PART D	PREMIUM WITHHOLDING	PREMIUM				
TABLE 2	PART D	LOW INCOME PREMIUM SUBSIDY	PREMIUM				
TABLE 2	PART D	LATE ENROLL PENALTIES	PREMIUM				
TABLE 3		EDUCATION USER FEE	FEES				
TABLE 3		PART D COB USER FEE	FEES				
TABLE 4		INTERIM PAYMENT FO R 2010 RA RECON	SPECIAL ADJUSTMENTS	0.00	-29,667.99	-29,667.99	0.00
TOTALS				0.00	30,219,299.41	30,219,299.41	0.00

This section provides a summary of all payments received by payment. Table also provides a summary of the payment and identifies the payment type. Summarizes all table totals.



PPR Table 5 - Payment Summary

CMS MONTHLY PLAN PAYMENT REPORT PAGE: 5/5

PLAN NUMBER : H9999
 PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 PAYMENT MONTH : 08/2011
 RUN DATE : 08/23/20101
 REPORT SECTION : CAPITATED PAYMENT - CURRENT ACTIVITY
 TABLE NUMBER : 1

	PREVIOUS BALANCE	CURRENT ACTIVITY	NET PAYMENT	BALANCE FORWARD
	0.00	13,881,468.61	13,881,468.61	0.00
	0.00	12,293,731.18	12,293,731.18	0.00
	0.00	3,815,434.03	3,815,434.03	0.00
	0.00	1,276.00	1,276.00	0.00
	0.00	11,495.00	11,495.00	0.00
	0.00	271,863.70	271,863.70	0.00
	0.00	-1,751.00	-1,751.00	0.00
	0.00	-16,343.60	-16,343.60	0.00
	0.00	-8,206.52	-8,206.52	0.00
	0.00	-29,667.99	-29,667.99	0.00
TOTALS	0.00	30,219,299.41	30,219,299.41	0.00

In addition to net payment this section provides the previous balance (which would display as a negative amount), current activity, and balance forward amounts.



PPR Data File Version



Summary

- Gained an understanding of the consolidated payment communicated on the PPR
- Identified the five tables included in the new structure on the PPR
- Determined the value and uses of the PPR Summary Section
- Explained the data sources of each table on the PPR
- Described recent updates to Adjustment Reason Codes

Evaluation



Please take a moment to complete the evaluation form for the Plan Payment Report module.

Your Feedback is Important! Thank you!



2011 Regional IT Technical Assistance Payment



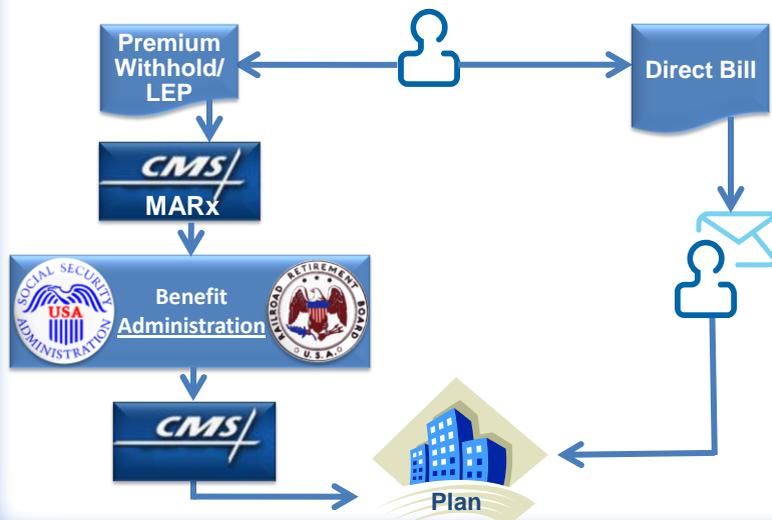
Purpose

This module will describe the Premium Withholding process, the components of the Monthly Premium Withholding Report (MPWR) and how to use reports to reconcile Table 2 of the Plan Payment Report (PPR).

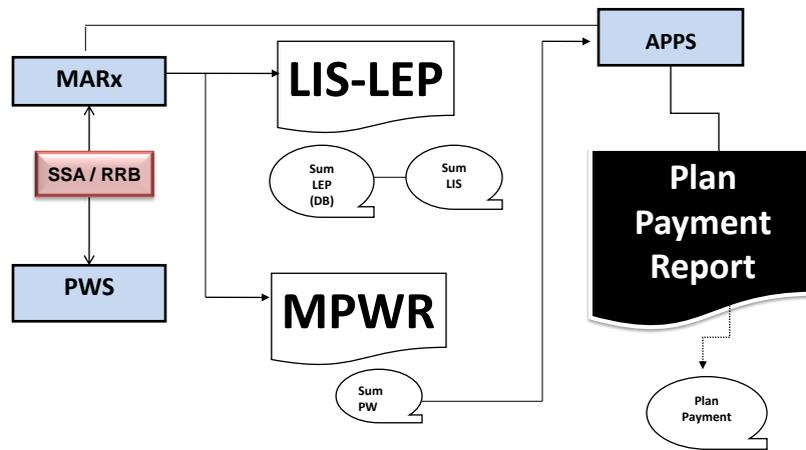
Objectives

- Describe the premium withholding process
- Explain how the premium withhold amount is determined
- Describe how to reconcile Table 2 of the PPR using the MPWR and the Low Income Subsidy/Late Enrollment Penalty (LIS/LEP) Reports
- Introduce the Premium Withhold and Payment Portal

Process Overview



Premium Data Flow



Reconciling MPWR with PPR

MPWR

- Premium payment option
- Premium withhold start and end dates
- Premiums collected
- LEP collected

(Informational only – does not affect plan settlement)

PPR - Table 2 –

Premium Settlement

- Part C Premiums
- Part D Premiums
- LEP for Direct Bill beneficiaries
(Will affect payment)

Mapping Premium Amount Fields

Field	MPWR	Field	PPR Data File
15	Part C Premiums Collected	23	Part C Premium Withholding Amount
16	Part D Premiums Collected	24	Part D Premium Withholding Amount

The premium amounts reported on the MPWR are beneficiary-level and the PPR reports contract-level information.

Example

Jane Smith elected premium withhold option for deduction of Part C premiums in January 2011. What is the average processing time for the premium withhold to be received and reported by CMS?

1. Following risk adjustment run
2. Two to three months
3. Next payment month

MPWR Detailed Information

Contract/Plan Level Information:

- Plan’s CMS contract number
- Specific Plan Benefit Package (PBP) identification number for each beneficiary
- Plan Segment identification number

Beneficiary Level Information:

- HIC number
- Surname
- First Initial
- Sex
- Date of Birth

HIC Numbers

Issued By	Digits	Letters	Other
Social Security Administration	9 digit Social Security number	Beneficiary Identification Code (BIC) - At least one letter suffix in 10 th position	If there’s an 11 th position, it may be either a letter or number.
Railroad Retirement Board	Pre-1964: 6 random digits Post-1964: 9 digit Social Security number	Up to a 3 letter prefix	

Premium Payment Withhold Option Field

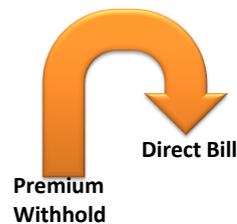
“Premium Payment Option” field displays the following descriptions:

- “SSA” - Withholding by SSA
- “RRB” - Withholding by RRB (effective 2011)



Reasons Why Premium Withhold Requests Not Accepted

- Retroactive withholding not allowed
- Premium too high
- No benefit check
- Insufficient funds



Example

On December 15, 2010, Summer Health Plan requested a SSA premium withhold status for a beneficiary to begin January 1, 2011. What will the January 2011 MPWR communicate?

1. RRB
2. Direct Bill
3. SSA
4. Nothing, member will not appear

Premium Withholding Details and Rules

Once selected, premium withhold status remains in effect until either:

- CMS notifies the organization that the premium withhold request has rejected, failed, or changed to direct bill; or
- The member requests direct billing.

Important Fields

Field	Description
Premium Start Date	Date(s) premium period payment covers
Premium End Date	Ending period encompassing premium collected for payment month
Part C Premiums Collected	Part C premium collected by SSA
Part D Premiums Collected	Part D premium collected by SSA
Part D Late Enrollment Penalty (LEP) Collected	Reported separately-not included in Part D Premium Collected Field

Example

April 2011

PPR – Table 2

PAYMENT	CATEGORY	PART C	PART D	NET PAYMENT
PART C	PREMIUM WITHHOLDING	90.00		90.00
PART D	PREMIUM WITHHOLDING		100.00	100.00
PART D	LOW INCOME PREMIUM SUBSIDY		200.00	200.00
PART D	LATE ENROLL PENALITES (DIRECT BILL)		-50.00	-50.00
TOTALS		90.00	250.00	340.00

Example (Continued)

Spring Health Plan has reviewed the PPR and is now reviewing the MPWR to validate the Part C premium amount collected.

The Part C Premiums Collected field reported the following positive amount:

- \$90 for the April 2011 MPWR

Is PPR reconciled? Yes

Part D Late Enrollment Penalties

- LEP amount is based on number of uncovered months.
- LEP is incurred after coverage gap of 63 or more days in Part D coverage.
- Once an LEP is incurred, it will always be part of that beneficiary's premium.
- LIS beneficiaries will not be assessed an LEP premium.

Example

Ms. Connie Verte is changing MA-PD Plans. Her previous plan assessed an LEP.

Question: *Will she still be assessed an LEP at her new Plan?*

Low-Income Premium Subsidy

- Beneficiaries eligible for Low Income Premium Subsidy (LIPS)
 - 25%
 - 50%
 - 75%
 - 100%
- Subsidy paid to plans prospectively

Example

Sunshine Health's Part D premium is \$40, which is less than the regional low income premium benchmark. Fifty beneficiaries are eligible for the 75% LIPS. What should the PPR display on Table 2 – Low Income Premium Subsidy Field?

1. \$2,000
2. \$500
3. \$1,500

Premium Refunds

- The MPWR will display refunds as negative amounts
- PPR will reduce the total premium by the negative amount
- Review the MPWR to monitor refunds of premium withhold
- SSA/RRB processes refunds

Tracking and Reconciling

- **Monthly Premium Withholding Report Data File (MPWR)** - Monthly reconciliation file of premiums withheld, including Part C & Part D premiums and any Part D LEPs
- **Plan Payment Report (PPR)** - Itemized list of final monthly payment to Plan

LIS/LEP Report

- Beneficiary-level
- PWS reports premium information
- Low Income Subsidy Amount
- Low Income Premium Subsidy Percentage
- Late Enrollment Penalty for Direct Bill

Reconciling PPR Using LIS/LEP Report

LIS/LEP Report

- Field 17 (Low Income Subsidy Amount)
- Field 18 (Net Late Enrollment Penalty Amount-Direct Bill)

PPR Report - Table 2-Premium Settlement

- Field 25 (Low Income Subsidy)
- Field 26 (Late Enrollment Penalty)

LIS/LEP Timing

- Premium Period Information
 - Premium/Adjustment Start Date
 - Premium/Adjustment End Date
 - Number of Months
 - Net Monthly Part D Basic Premium
 - LIPS Percentage

Example

Summer Health Plan reviews the May 2011 PPR, which displays the total LIS premium amount of \$200. The LIS/LEP reports \$300. What field on the LIS/LEP report should Summer Health Plan consult?

1. LIPS Percentage
2. Part D Premium Payment
3. Number of Months

Premium Withhold and Payment Operations Web Portal



Welcome to the Centers for Medicare & Medicaid Services FAQ Payment & Premium Portal

CMS is pleased to provide you with answers to Frequently Asked Questions related to Payment Operations and Premium Withhold.

FAQs **Library** **Contacts**

View our frequently asked questions, for answers to your Medicare payment and premium questions.

Visit our Library page to stay up-to-date on payment and premium information.

Visit our contacts page to find your CMS central office health insurance specialist.

www.pwsops.com

Summary

- Described the premium withholding process
- Explained how the premium withhold amount is determined
- Described how to reconcile Table 2 of the PPR using the MPWR and the LIS/LEP Report
- Introduced the Premium Withhold and Payment Portal

Evaluation



Please take a moment to complete the evaluation form for the Premium Withhold Report module.

Your Feedback is Important! Thank you!



2011 Regional IT Technical Assistance Payment



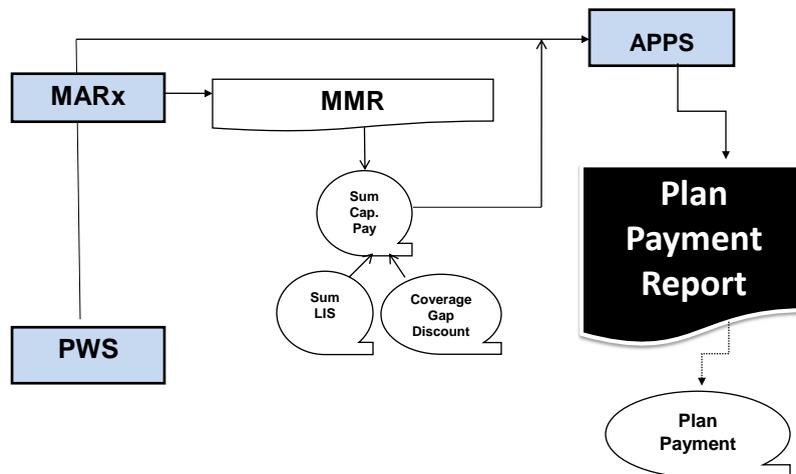
Purpose

Examine the Monthly Membership Report (MMR) in order to reconcile and validate the capitated summary-level payment of the Plan Payment Report (PPR).

Objectives

- Describe the versions of the MMR
- Identify the payment-related fields on the MMR that map to the PPR
- Explain the fields and functions of report
- Identify most recent enhancements to MMR
- Describe how to submit updates to the Electronic Correspondence Referral System (ECRS)

Report Data Flow



MMR Report Versions

Report Name	Layout
Monthly Membership Detail Data File	Data File
Part C Monthly Membership Detail Report - Non-Drug Report	Report
Part D Monthly Membership Detail Report - Drug Report	Report
Monthly Membership Summary Report	Report
Monthly Membership Summary Data File	Data File

MMR Detail Report

- Beneficiary-level information on the report version:
 - Basic beneficiary information
 - Flags/indicators
 - Payment and adjustments
- Plan-level information on PPR:
 - Table 1-Capitated Payment
 - Excludes Low Income Premium Subsidy Amount
 - Table 2-Premium Settlement
 - Includes Low Income Premium Subsidy Amount

MMR Detail Non-Drug Sample

Enrollee Status Flags

CLAIM NUMBER	S E AGE STATE X GRP CNTY	FLAGS																		
		P	P	A	H	E	I	C	R	O	D	E	E	O	M	A	B			
SURNAME	F	DMG	BIRTH DATE	O	T	S	R	S	H	I	I	E	O	A	H	R	S	A	PIP	
I	RA	DATE	A	A	B	P	D	T	C	D	L	C	N	U	P	C	P	I	DCG	
123456789A	F	8084	33800																	
FIRST	G	8084	19200206	Y	Y										1			A	Y	Z9Z9
987654321B	M	8084	33800																	
SECOND	H	8084	19251008	Y	Y	Y	Y								4			T	N	Z9Z9



MMR Detail Non-Drug Sample (Continued)

PAYMENTS/ADJUSTMENTS									
LAG	F	FTYPE	FACTORS			AMOUNT			
START	END				FRAILTY-SCORE	MSP	MSP		
ADJ	REA	FCTR-A	FCTR-B	PART A	PART B	TOTAL PAYMENT			
	200405	200405	Y	C	99.9999	\$SSSS\$9.99			
	ZZ	1.0650	1.0650	\$SSSSSS\$9.99	\$SSSSSS\$9.99	\$SSSSSS\$9.99			
	200405	200405	Y	C	99.9999	99.9999 \$SSSS\$9.99			
	ZZ	1.0650	1.0650	\$SSSSSS\$9.99	\$SSSSSS\$9.99	\$SSSSSS\$9.99			

Map the beneficiary-level Part A and Part B capitated payments to the plan-level payments on the PPR



MMR Detail Drug Sample

Enrollee Status Flags

				----- FLAGS -----			
CLAIM NUMBER	S E AGE X GRP	STATE CNTY		P P	S L L D C	A D J	
-----				O R R G U I N M C	-----		
SURNAME	F I	DMG RA	BIRTH DATE	O T T H R N S I A	M T H S		
-----				A A B P C C T N I	-----		
1234567890AB	F		33800	XXXXXXXXXXXXX			99
FIRST	G	8084	19200206	Y Y N		N Y	Z9
0987654321AB	M	8084	33800				Z9
SECOND	H	8084	19251008	Y Y Y		Y N	Z9

MMR Detail Drug Sample (Continued)

----- PAYMENTS/ADJUSTMENTS -----						
RA FCTR	DATES		LOW-INCOME COST		LOW-INCOME COST	
	START	END	SHARING PERCENTAGE	SHARING PERCENTAGE	SHARING SUBSIDY	

DIRECT SUBSIDY	COVERAGE GAP					
PAYMENT AMT	DISCOUNT		TOTAL PAYMENT			

20.0405	200504	200505		ZZ	\$SSSSSS9.99	
\$SSSSSS9.99		\$SSSSSS9.99				\$SSSSSS9.99
20.0405	200504	200505		ZZ	\$SSSSSS9.99	
\$SSSSSS9.99		\$SSSSSS9.99				\$SSSSSS9.99

Scenario 1

A MA-PD may reconcile their consolidated PPR payment using what report(s)?

1. MMR-Non Drug
2. MMR-Drug
3. Neither
4. Both

Beneficiary Information

- Health Insurance Claim (HIC) Number
- Last Name, First Initial
- Gender
- Age Group
- Risk Adjustment Age Group (RAAG)
- Birth Date
- State/County Code

Mapping the Beneficiary

PPR Snapshot

PLAN NUMBER	: H9999
PLAN NAME	: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PAYMENT MONTH	: 08/2011
RUN DATE	: 08/23/20101
REPORT SECTION	: CAPITATED PAYMENT – CURRENT ACTIVITY
TABLE NUMBER	: 1

ARC	PAYMENTTYPE	COUNT	PART A
	PROSPECTIVE PART A PAYMENT	30,013	13,992,935.06

MMR Snapshot

CLAIM NUMBER	SURNAME	FIRST	SECOND	S	E	AGE	GRP	STATE	CNTY	P	P
										A	A
123456789A				F	8084	33800				Y	Y
987654321B				M	8084	33800					
				H	8084	19251008				Y	Y



Flags/Indicators

- Long Term Institutional (LTI) Flag
- End Stage Renal Disease (ESRD)
- Part D Risk Adjustment Factor Type
- Medicare as Secondary Payer (MSP)
- Hospice



Long Term Institutional Flag (LTI)

- Minimum Data Set (MDS) reports LTI
- Ninety day stay to initiate
- Triggers set of different RxHCC coefficients
- LTI status trumps LIS (Low Income Subsidy) status when deciding which set of coefficients to use

LTI Example

Month of MMR	Institutional Flag	Low Income Subsidy Flag	LTI Multiplier or Part D RAFT Used to Determine LTI
June 2010	"Y"	"Y"	Multiplier
June 2011	"Y"	"Y"	Part D RAFT

Question:

Which is used to determine LTI status for payment calculation, the LTI multiplier or the Part D Risk Adjustment Factor Type Code?

Scenario 2

Beneficiary is a 75 year old-aged female in a Part D Plan flagged for LTI in February 2011. What factor is applied to the mid-year 2011 risk score?

1. 1.309
2. 1.08
3. 0.215

RAFT – Part C

RAFT Code	Description	RAFT Code	Description
C	Community	E2	New Enrollee Post-Graft II (ESRD)
C1	Community Post-Graft I (ESRD)	G1	Graft I (ESRD)
C2	Community Post-Graft II (ESRD)	G2	Graft II (ESRD)
D	Dialysis (ESRD)	I	Institutional
E	New Enrollee	I1	Institutional Post-Graft I (ESRD)
ED	New Enrollee Dialysis (ESRD)	I2	Institutional Post-Graft II (ESRD)
E1	New Enrollee Post-Graft I (ESRD)	SE	New Enrollee Chronic Care SNP

RAFT – Part D

RAFT Code	Description	RAFT Code	Description
D1	Community Non-Low Income Continuing Enrollee	D6	New Enrollee Community Low Income Non-ESRD
D2	Community Low Income Continuing Enrollee	D7	New Enrollee Community Low Income ESRD
D3	Institutional Continuing Enrollee	D8	New Enrollee Institutional Non-ESRD
D4	New Enrollee Community Non-Low Income Non-ESRD	D9	New Enrollee Institutional ESRD
D5	New Enrollee Community Non-Low Income ESRD	Blank	Does not apply

ESRD Flag

- Updated in real time
- Trigger to check RAFT
- Automatic termination based on transplant or end of dialysis treatment

ESRD Example

Date of MMR	ESRD Flag	Default Payment	Next Model Run	Mid-Year Payment Adjustment Reported
February 2010	"Y"	Default Payment Calculated Based on Factor Type "ED"	March 2010	July 2010

Question: *When will the Plan receive the payment calculated by RAS?*

Medicare as Secondary Payer (MSP) Flag

- Prior to July 1, 2010, MSP field indicated 'Y=Aged/Disabled MSP' only
- As of July 1, 2010, field includes these values:
 - 'Y=Aged/Disabled factor applicable to beneficiary'
 - 'N=Aged/Disabled factor not applicable to beneficiary'
- Triggers the MSP reduction from payment
- Reduction included in Total Payment on MMR
- Excludes hospice enrollees

Medicare as Secondary Payer (MSP) Flag (Continued)

MMR Field #	Field Description
16	MSP Flag for Aged/Disabled
36	MSP Flag for ESRD
82	MSP Factor for Aged/Disabled or ESRD
83/84	MSP Reductions for Part A and Part B

Updates to MSP Status

- Electronic Correspondence Referral System (ECRS) MSP inquiries
- Notifies the Coordination of Benefit Contractor (COBC) electronically
- ECRS User's Guide
https://www.cms.gov/manuals/downloads/msp105c05_att1.pdf

MSP

----- PAYMENTS/ADJUSTMENTS -----						
LAG	F	T	FACTORS		AMOUNT	
START	END		FRAILTY-SCORE	MSP	MSP	
ADJ						
REA	FCTR-A	FCTR-B	PART A	PART B	TOTAL PAYMENT	
200405	200405		Y	C	99.9999	\$SSSS\$9.99
ZZ	1.0650	1.0650	\$SSSSSS\$9.99	\$SSSSSS\$9.99		\$SSSSSS\$9.99
	200405	200405	Y	C	99.9999	99.9999 \$SSSS\$9.99
ZZ	1.0650	1.0650	\$SSSSSS\$9.99	\$SSSSSS\$9.99		\$SSSSSS\$9.99

When an MSP flag is present when manually calculating payment, reduce the total payment by the MSP reduction

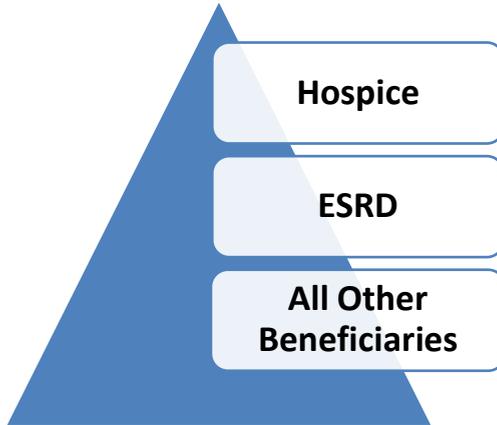


MSP Calculation Part B Payment

Risk Adjuster Payment/Adjustment Amount		\$427.00
Part B		
MA Rebate for Part B Cost Sharing Reduction	+	\$14.00
MA Rebate for Other Part B Mandatory Supplemental Benefit	+	\$6.50
MA Rebates for Part D Supplemental Benefits	+	\$5.70
MSP Reduction/Reduction Adjustment Amount	-	\$352.70
Total Part B Payment	=	\$100.50



Payment Flag Hierarchy



Hierarchy Example

Flag	Hospice	ESRD	Medicaid	Institutional
Value Populated	"Y"	"Y"	"Y"	"Y"

Question: *At what rate is the Plan paid?*

Hospice

Adjustment Reason Codes (ARCs)

Code	Adjustment Reason
25	Part C Risk Adjustment Factor Change/Recon
26	Mid-year Risk Adjustment Factor Change
37	Part D Risk Adjustment Factor Change
41	Part D Risk Adjustment Factor Change (mid-year)

Scenario 3

A MA-PD plan reviews their drug MMR indicating a mid-year payment adjustment for some of their beneficiaries.

What reason code will the Plan see on this MMR for these adjustments?

1. ARC 37
2. ARC 41
3. ARC 25

Scenario 4

- When reconciling MMR, ABC Health Plan noticed beneficiary erroneously reported as deceased.
- CMS informed Health Plan that MARx is updated with date of death based on information from SSA.
- ABC Health Plan contacted beneficiary's representative and directed them to contact Social Security Administration to correct Date of Death for beneficiary.
- SSA processed change and CMS updated systems.

Question: *What ARC will the Plan see reflected in the MMR?*

ARC 12

MMR Payment Data Fields

Field Number	Field Name
64	Total Part A MA Payment
65	Total Part B MA Payment
66	Total MA Payment Amount
77	Total Part D Payment

Capitated Payments, Rebates, and Premiums

Bid to Benchmark Relationship	Payment
Bid > Benchmark	Payment reduced by premium
Bid = Benchmark	No rebate added or premium subtracted from payment
Bid < Benchmark	Rebate added to payment

Scenario 5

MA Plan Sunny Day submitted a bid for \$450 to offer an MA-PD plan. The benchmark was \$400. What is the result of this bid?

1. A rebate of \$50
2. A premium of \$50
3. Neither a rebate or a premium

Benchmark Example

Plan Type	Bid – Benchmark Relationship
Rain MA-PD	Part A/B Bid < Benchmark
Snow MA-PD	Part A/B Bid > Benchmark
Storm MA Only	Part A/B Bid < Benchmark
Winter PACE Plan	Dual Eligible Beneficiary
Sunny Prescription Drug Plan (PDP)	

Part D Coverage Gap Discount (CGD)

- Discount for each non-LIS enrollee in a Part D plan
- New Part D prospective payment component
- Adjustments to prospective CGD payments for changes in enrollment and LIS statuses

Mapping MMR to PPR

MMR Field Number	Field Name	*PPR Field Number	Field Name
64	Total Part A MA Payment	66	Part A Payment Amount
65	Total Part B MA Payment	67	Part B Payment Amount
66	Total MA Payment Amount	**N/A	N/A
77	Total Part D Payment	68	Part D Payment Amount
86	Part D Coverage Gap Discount Amount	17	Coverage Gap Discount Amount

*Fields from Table 5-Summary of the PPR

**PPR does not sum the total Part A and B payments only the full capitated payments including Parts A, B, and D.



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Monthly Membership Report

Premium Settlement

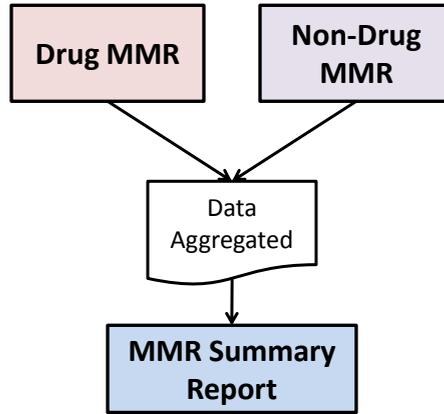
- Table 2-Premium Settlement on PPR
- Reconciled using
 - Monthly Premium Withhold Report
 - Low Income Subsidy/Late Enrollment Penalty (LIS/LEP) Report
 - MMR
- LIS Premium Subsidy
 - Field 25 on PPR
 - Field 35 on MMR



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Monthly Membership Report

MMR Summary Report



MMR Enhancements

Report	Change
MMR Summary	Field Added: <ul style="list-style-type: none">• Total Low Income Premium Subsidy Amount field
MMR Detail	The affected monthly Part A, B, and D payment rates used in the payment calculations added to the MMR Detail Data File

Summary

- Described the versions of the MMR
- Identified the payment-related fields on the MMR that map to the PPR
- Explained the fields and functions of report
- Identified most recent enhancements to MMR
- Described the submission of updates to the Electronic Correspondence Referral System (ECRS)

Evaluation



Please take a moment to complete the evaluation form for the Monthly Membership Report module.

Your Feedback is Important! Thank you!