REED & ASSOCIATES, CPAs

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

RETROACTIVE ENROLLMENT & PAYMENT VALIDATION

RETROACTIVE PROCESSING CONTRACTOR (RPC)

ENROLLMENT DATA VALIDATION (EDV) REVIEW

STANDARD OPERATING PROCEDURE

(FOR ENROLLMENTS, DISENROLLMENTS, ENROLLMENT CANCELLATIONS, DISENROLLMENT CANCELLATIONS, & RESIDENCE ADDRESS CHANGES)

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Retroactive Processing Contractor (RPC) – Reed & Associates, CPAs

Effective August 3, 2007, Reed & Associates, CPAs (Reed) was designated by Centers for Medicare & Medicaid Services (CMS) as the national contractor responsible for the review of the transactions submitted by organizations directly to Medicare Advantage Prescription Drug System (MARx). As part of the MARx R&M release, CMS established this task to ensure transactions submitted by organizations directly to MARx are accurate, valid, and supported by appropriate member-related documentation. All submissions to Reed as part of this task must be in accordance with the processes outlined in these Standard Operating Procedures (SOPs) as well as the latest CMS Guidance.

CMS Guidance/Regulations

The information provided in this SOP should not be interpreted as CMS policy, nor shall it supersede official CMS Enrollment Guidance including but not limited to:

- Medicare Managed Care Manual Chapter 2 – Medicare Advantage Enrollment and Disenrollment Instructions

- Medicare Prescription Drug Benefit Manual Chapter 3 – Eligibility, Enrollment and Disenrollment

- Medicare Managed Care Manual Chapter 17d – Medicare Cost Plan Enrollment and Disenrollment Instructions

- Programs of All-Inclusive Care for the Elderly (PACE) Manual Chapter 4 – Enrollment and Disenrollment

- Medicare-Medicaid Plan Enrollment and Disenrollment Guidance

- CMS published Health Plan Management System (HPMS) memos

The Medicare Managed Care Manual (Publication # 100-16) is available on the web at:

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326

Compliance with Standard Operating Procedures (SOPs)

To review the enrollment data selected for the monthly sample set, formal procedures have been developed by the RPC in accordance with our CMS contract. Any requested documentation from the organizations that do not comply with the guidelines may not be accepted. Careful adherence to these guidelines will ensure that requested documentation submitted to the RPC will be reviewed timely and accurately.

The Enrollment Data Validation (EDV) Review Process

Overview:

The Enrollment Data Validation (EDV) Review Process consists of a monthly sample review of enrollment related transactions submitted to CMS. All organizations that submit activity via the MARx UI, and/or batch-submitted actions as described above will be selected for the monthly EDV review process.

As part of this review process, the RPC will request supporting documentation for the transactions selected within the monthly EDV sample set. The monthly sample review will be for the previous month's activity in MARx reported on each organization's Transaction Reply Report (TRR).

Upon receipt of the documentation, the RPC will review the documentation submitted for the sampled transactions to verify the documentation provided by the organization supports the transaction submitted to CMS.

To complete the EDV review process, the RPC will report all findings to the CMS Central Office and the Regional Office Account Managers for final review and to address any follow-up action needed on negative findings. The findings will also be assessable to the organization through the Electronic Retroactive Processing Transmission (eRPT) system.

Transaction Types Included in the EDV Review Process:

A. Enrollments (Transaction Type Code 61)

Enrollment transactions are defined as an action that initially enrolls a beneficiary into a given plan contract number and Plan Benefit Package (PBP) number. PBP change transactions are defined as a move within a given contract number to another PBP number.

B. Disenrollments (Transaction Type Code 51)

Disenrollment transactions are defined as an action that terminates a beneficiary's enrollment in a given plan.

C. Enrollment Cancellations (Transaction Type Code 80)

Enrollment cancellations are defined as an action initiated by the beneficiary to cancel an enrollment transaction**.**

D. MMP Enrollment Cancellations (Transaction Type Code 82)

MMP Enrollment cancellations are defined as an action initiated by the beneficiary to cancel an enrollment transaction**.**

E. Disenrollment Cancellations (Transaction Type Code 81)

Disenrollment cancellations are defined as an action that cancels a previously submitted disenrollment, leaving no gap in coverage for the beneficiary.

F. Residence Address Changes (RACs) (Transaction Type Code 76)

Residence Address Changes are defined as changes in residential address information.

Instructions for Submitting Requested Documentation to the RPC (Reed & Associates)

To request supporting documentation for the sampled transactions, the RPC will send each organization selected for the EDV review an Excel file (Enrollment Data Validation (EDV) Spreadsheet) listing the sampled transactions. EDV Spreadsheet will be sent via a "Review Package" in the Retroactive eRPT system (https://portal.cms.gov/). Review packages will be submitted via the eRPT system approximately between the 7th and 10th business day of each month.

Upon receiving the list of sampled transactions, organizations will have seven business days to submit the required supporting documentation for each transaction. Organizations whose documentation is not **received** by the RPC within seven business days will automatically fail the EDV review process.

For assistance with identifying the appropriate supporting documents to return to the RPC for each sampled transaction, please refer to the "EDV Documentation Requirements Matrix" The EDV Documentation Requirements Matrix is located on the Reed & Associates website under the EDV Toolkit. If organizations have questions regarding a sampled transaction, they may contact the RPC's Client Services Department.

Organizations Submitting Requested Documentation to the RPC

Requested documentation that meets all the requirements explained in this SOP should be returned to the RPC via the eRPT system (https://portal.cms.gov/), using the "Review Package." Organizations should ensure that all packages returned to the RPC have been reviewed very carefully noting that all elements described below are included.

Requested Documentation Packaging Instructions:

A. Requested Documentation

Documentation supporting each transaction must be submitted electronically as PDF files via the eRPT system (https://portal.cms.gov/), using the "Review Package."

The use of documentation which has not been approved by CMS could negatively impact the RPC's review of the sampled transaction. Organizations should only submit documentation that is outlined as acceptable in the CMS guidance. See the EDV Documentation Requirements Matrix under the EDV Toolkit section of the Reed & Associates website for more detailed information.

Each documentation packet should include the Enrollment Data Validation Documentation Worksheet (found on the Reed & Associates website) that corresponds to the sampled transaction along with the specific documents required for the type of transaction and situation. The documentation worksheet for each request should provide sufficient information for the RPC to understand any special circumstances with the transaction.

For your electronic documentation to be accurately matched to the transactions listed on the Documentation Request spreadsheet, you must submit the documentation in a single PDF file for each transaction. ***Use the Transaction ID, including the (-) dash, provided on EDV Spreadsheet as the file name for the electronic documentation.*** The requested documentation will not import properly if the Transaction ID is not used as the file name. Any additional characters or missing information in the file name could negatively impact the RPC's review of the sampled transaction.

IMPORTANT: As outlined above, the exact syntax must be used when naming the supporting documentation file to ensure it is imported into our system and correctly matched to the transaction listed on the Enrollment Data Validation (EDV) Spreadsheet. The standard process for submitting retroactive processing transactions electronically is to upload the supporting documentation to the "Review Package" received in eRPT system from the RPC.

NOTE: There is no need to encrypt files uploaded to eRPT as it is a secure system.

Enrollment Data Validation Disputes

To dispute the review results on specific sampled transactions, please complete the EDV Dispute Form located in the Enrollment Data Validation Toolkit on the Reed & Associates website and e-mail the completed form directly to the RPC at EDVDisputes@reedassociates.org.

The Regional Office Account Management Team member assigned to your organization ***must*** be copied on the e-mail. If your Regional Office Account Management Team member is ***not*** copied on the e-mail, your request will be denied by the RPC.

Once EDV Detailed Reports are made assessable to the organization in eRPT, you will have six months to submit an EDV Dispute Form to the RPC.

If the sampled transactions being disputed are more than six months old, the organization will need to send the EDV Dispute to the Regional Office Account Management Team member assigned to your organization. If the Regional Office Account Management Team member determines the EDV Dispute is valid, the information will be forwarded to the RPC for review.

RPC's Client Services Department

For all other inquiries regarding the Enrollment Data Validation review process, please feel free to contact our Client Services department:

Phone: (402) 315-3660
E-mail: clientservices@reedassociates.org

System issues and questions regarding the eRPT application should be forwarded to the MAPD Help Desk (email: MAPDHelp@cms.hhs.gov; phone: 1-800-927-8069). Although the RPC relies heavily on the eRPT application, its development and maintenance is managed by another CMS contractor. Therefore, the RPC can only provide limited support regarding the application.

Acronyms and Abbreviations

Acronyms & Abbreviations	Definitions
AM	Account Manager
BAE	Best Available Evidence
CCM	Current Calendar Month
CMS	Centers for Medicare and Medicaid Services
CMS ART	CMS - Analysis, Reporting and Tracking (ART) system.
CTM	Complaint Tracking Module
DMEC	Division of Medicare Enrollment Coordination
EDI	Electronic Data Interchange
EDV	Enrollment Data Validation
EGHP	Employer Group Health Plan
ELMO	Eligibility Enrollment Medicare Online
eRPT	Electronic Retroactive Processing Transmission
FBDE	Full Benefit Dual Eligible Individual
FDR	Final Disposition Report
HCC	Hierarchical Condition Categories - CMS-HCC
HHS	Health & Human Services
HPMS	Health Plan Management System
IOM	Institute of Medicine
LIS	Low Income Subsidy
MA	Medicare Advantage
MAO	Medicare Advantage Organizations
MAPD	Medicare Advantage Prescription Drug
MA-PD	Medicare Advantage Prescription Drug Plan
MARx	Medicare Advantage Prescription Drug System
MBD	Medicare Beneficiary Database
MBDSS	Medicare Beneficiary Database Suite of Systems
MBI	Medicare Beneficiary Identifier
MCO	Managed Care Organization
MMA	Medicare Modernization Act (of 1999)
MMCO	Medicare Medicaid Coordination Office
MMP	Medicare/Medicaid Plan
MMR	Monthly Membership Reports
PACE	Program of All-Inclusive Care for the Elderly

Acronyms & Abbreviations	Definitions
PBP	Plan Benefit Package
PCUG	Plan Communication User Guide
PDF	Portable Document Format
PDP	Prescription Drug Plan
RAPS	Risk Adjustment Processing System
RAS	Risk Adjustment System
RO	Regional Office
RPC	Retroactive Processing Contractor (Reed)
SAA	State Administering Agency
SAR	Service Area Reductions
SCC	State & County Code
SOP	Standard Operating Procedure
SSA	Social Security Administration
TC	Transaction Code
TRC	Transaction Reply Code
TRR	Transaction Reply Report
TTC	Transaction Type Code
UI	User Interface