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Streamlining compliance with Medicare Part C and D reporting on plan oversight of agents

- » Compiling data for CMS's Plan Oversight of Agents report can be labor-intensive and time-consuming.
- » Organizations should re-evaluate their data collection and tracking processes to streamline this process.
- » Errors come with heavy consequences, including intermediate sanctions or civil monetary penalties.
- » Organizations should develop best practices for data collection and reporting.
- » Collecting data during investigations, using the right data capture tool and workflow, and frequently validating data will streamline the process.

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Medicare Advantage Organizations (MAOs), Part D Plans, and Cost Plans across the nation have finalized their Part C and Part D reports for submission to the Centers for Medicare & Medicaid Services (CMS) for the 2015 calendar year. Submitting these



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reports comes as a relief to Plan sponsor organizations, as many started compiling data as early as September in order to meet the February 28 deadline, as mandated by CMS.

Included in the CMS Part C and Part D reporting requirements is a section on "Plan Oversight of Agents."

This reporting section captures data elements regarding licensed agents and brokers who have been the subject of marketing violations during the reporting period (calendar year). Compiling data for these reports can be labor-intensive and extremely time-consuming, particularly for organizations that employ manual processes to collect and track the required data elements.

As a result, a number of organizations are re-evaluating their current data collection and tracking processes and seeking solutions to streamline management of this data collection with the investigation and reporting outcomes of agent compliance violations.

Plan oversight of agents

In July 2008, Congress enacted the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), which prohibits certain marketing and sales activities by Medicare Advantage (MA) agents and brokers. In essence, the law was designed to ensure that agents/brokers were not employing aggressive, deceptive, or fraudulent marketing practices that could result in Medicare beneficiaries enrolling in Plans that do not meet their needs. CMS takes these rules and regulations very seriously, and Plan sponsors must conduct a thorough investigation of all marketing misconduct complaints discovered during their own agent/broker monitoring and oversight activities.

Plan sponsors must then submit reports to CMS on all marketing complaints received via the Complaint Tracking Module (CTM) or

other channels, such as member grievances and state regulatory agency complaints, for all of its employed and contracted agents/brokers.

As required by CMS, these reports must be compiled in two data files reported from the contract level. The first data file is the Agent/Broker file, which contains 18 data elements of agent/broker-specific data and marketing investigation outcomes. The second file is the New Enrollment file, which contains 16 data elements regarding beneficiary enrollments associated with an agent/broker.

The Agent/Broker data requirements include identifying data on the agent/broker, such as the national producer number (NPN), agent license data, training and testing data, and the number of marketing complaints, disciplinary actions, and terminations per agent/broker. The New Enrollment file requirements include beneficiary data that corresponds to agent/broker enrollments. With many Plan sponsors employing hundreds of agents/brokers, compiling the data necessary to comply with the Part C and Part D requirements can be a full-time job for Plan Compliance departments, if not managed efficiently.

Reporting challenges

A major challenge in compiling these reports is collecting all of the required data in a timely and efficient manner. Data on agent identifiers, compliance investigations, and beneficiary enrollment generally reside in separate systems, and pulling data from these systems is a huge undertaking. Adding to this, if all agent/broker data is not captured during the process of investigating marketing complaints, manual intervention is necessary to gather and harmonize data. The result is a laborious, time-consuming practice.

In addition, CMS frequently updates its reporting requirements and technical specifications, usually annually and with multiple reiterations, thus adding to the stress of

compiling and submitting the reports within the required timeframe. As an example, in the Part C Reporting Requirements and Technical Specifications Document (version March 12, 2015), CMS acknowledged that technical specifications for three reporting sections, including Plan Oversight of Agents, were “significantly upgraded to accommodate user needs for data trending, policy development, auditing and compliance monitoring.” As a result, Plan sponsors must adjust systems and processes to meet new or edited requirements.

Consequences of poor reporting

Errors in Part C and Part D data reporting and non-compliance with submission requirements come with heavy consequences. CMS has widely publicized its position regarding failure to comply with the reporting requirements.

In the release of the Part D Technical Specifications (updated September 2015), CMS states that Plan sponsors “can expect CMS to rely more on compliance notices and enforcement actions in response to reporting requirement failures.” This is in response to Plan sponsors resubmission of Part D reports due to faulty data.

Enforcement actions may include intermediate sanctions, including suspension of marketing and enrollment activities or civil monetary penalties.

Streamline compliance reporting of plan oversight of agents

To overcome the challenges that come with generating the Part C and Part D reports and to mitigate compliance risk, Plan sponsor organizations should develop best practices for data collection and reporting.

Collect required agent/broker identification data during compliance investigations

Include all of the agent identifier data within the agent investigation process. This will allow

for central agent data validation during the investigation process rather than pulling identifier data afterwards from separate sources to match data captured within the investigation.

Use the right data capture tool

Employ an application that is specifically tailored for investigations within an MAO that captures the appropriate agent identifier data, matches it to the beneficiary data, and produces the Part C and Part D reporting elements exactly as CMS requires for submission. This eliminates much of the manual data manipulation and greatly reduces the time involved in pulling, reviewing, and validating data for submission.

Use the right workflow

Leverage a best-in-class methodology and related toolsets to help identify all pieces of important data at critical points in an investigation process. Having a workflow that is mapped to the proper data capture tool will insure the right people are capturing the right data at the right time.

Centralize, pull, and validate data frequently

Being able to automatically pull and review the reporting data as needed from a centralized repository allows for the correction of data errors on an as-you-go basis in one place as the “single source of truth.” In addition, having all of the data captured centrally provides everyone in the organization with visibility into the data to get a real-time view of all aspects of investigations in different stages of the process, allowing for faster and better decision-making.

Conclusion

With the 2015 reporting period still fresh on the mind, now is the time for organizations to begin thinking about how they can improve the Part C and Part D reporting process for next year. Centralizing and synchronizing required data for the agent investigation process will improve the reporting outcomes, allow for frequent data validation, and reduce much of the manual data association that generally occurs in the reporting process. The end result is reduction in compliance risk to the organization. ☐

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