



RECEIVE NEWS BY EMAIL

Sign up!

Surviving the 2015 AEP materials creation process

June, 05 2014

ORDER A REPRINT OF THIS STORY



By *Debbie R. Mabari*

The Centers for Medicare & Medicaid Services (CMS) recently released its model documents for the 2015 Annual Enrollment Period (AEP). The rigorous, highly complex rules and regulations for member marketing materials wreak havoc on health plans year after year. The clock is now ticking.



Medicare plans must create, print and deliver AEP materials, specifically, Annual Notification of Change (ANOCs) and Evidence of Coverage (EOCs), to members by September 30. Preparing AEP materials can be a time-consuming, labor-intensive process and wrought with compliance risk.

Here are three tips for the best chance of making it through AEP on schedule and in compliance, while maintaining your sanity throughout the process:

1. Create a Comprehensive Task List and Timeline

From data entry to PBP reports to subject matter expert input to compliance approval, numerous tasks, and various departments and people, are involved in creating AEP materials from start to finish. Having a well-thought-out production timeline will help ensure your materials are completed on time and are compliant.

AEP materials must be in members' hands by September 30 – that is the date from which you should work backward when developing your timeline. Set a deadline for each task involved in the production schedule to stay on track. And be sure to leave plenty of time for subject matter experts to review materials, and, likely, make lots of changes. Also schedule time for CMS to review materials (more on that below) and for your print and fulfillment vendor to print and mail the materials.

Consider using a program that allows you to assign tasks, people and deadlines to ensure streamlined project management. A comprehensive tool that helps a team track progress and signals alerts when you've fallen behind can make your job infinitely easier.

2. Use the 2015 Model Documents

Some health plans may be tempted to create their 2015 AEP materials by making updates to their 2014 templates. Many try to do this using a comparison tool that identifies the differences between the 2014 and 2015 documents, and updating information where needed.

With the ANOCs numbering between 8-20 pages, and the EOC documents ranging between 120-200 pages, this is an extremely risky method. If one data point of the thousands you update is missed, your health plan is out of compliance. This creates the need for issuing ERRATAs, a correction sheet plans must mail to all members informing them of errors in previously published materials. Your plan could also face costly fines from CMS.

Also, keep in mind that if you update the 2014 documents – or create any AEP materials that veer from the 2015 model documents provided by CMS – you are required to submit them to CMS for a 45-day review. This is a big chunk of time lost when you only have until the end of September to get these materials in your member's hands.

Using the 2015 model documents provided by CMS – which only requires a 10-day file and use approval period – is the least risky and most expeditious way to prepare your AEP materials.

3. Use a "Central Source of Truth" Data Grid for All Plan Benefit Information

Plan benefit information that must be included in members' ANOCs, EOCs and Summary of Benefits (SB) could have variables that number in the tens of thousands. With such a large number of data elements to manage, plans must use one "central source of truth" for benefit information if they expect to meet CMS's requirements.


It is risky and difficult to pull data from multiple sources when creating these documents. Not only is it difficult to discern what is the most current information, but it's also an extremely complicated process to ensure the materials are populated with the correct variables. And errors in materials lead to ERRATAs, and ERRATAs lead to fines from CMS.

Use one master grid for all plans. Populate your data grid correctly and then drop the variables into the templates. Consider using a tool that will help automate this process and ensure CMS compliance.

Debbie R. Mabari is CEO of Cody Consulting.

SEARCH



Don't Miss Inovalon's Innovative Strategies for Success Webinar Series 



The trouble with narrow networks

Around the country, narrow provider networks are sparking consumer backlashes, prompting regulatory intervention and also raising questions about the value of current insurance designs.

[Read more](#)

1 2 3 4

Editorial

Surviving the 2015 AEP materials creation process

Debbie R. Mabari

The Centers for Medicare & Medicaid Services (CMS) recently released its model documents for the 2015 Annual Enrollment Period (AEP). The rigorous, highly complex rules and regulations for member marketing materials wreak havoc on health plans year after year. The clock is now ticking.



Private ACOs gain momentum



While Medicare's ACOs have had mixed early outcomes, some young commercial accountable care ventures, including PPO plans, are showing promise.

Catastrophic payouts soaring



The boom in employer self-funding is coming along with many more catastrophic claims, raising concerns for insurers bundling third-party administrative services and stop-loss coverage.

Let's talk about death: Key issues in palliative care



As new generations age, with some 10,000 Americans expected to turn 65 every day over the next 15 years, the ability to extend life is increasing. But a logistical conversation about death is one that families, couples and policymakers can't avoid.

Medicaid expansion helps smooth out turmoil



As Medicaid enrollment grows to record levels, covering 65 million people nationwide, providers are starting to see some positive trends in their rates of uncompensated care, as managed care organizations garner new membership.

RECEIVE NEWS BY EMAIL 

Stay informed with our industry-leading weekly email newsletter


Sign me up!

Medicaid financing in a bind, state ponders ACO



As a once-promising tax scheme to maximize federal Medicaid dollars fades from practicality, budget woes are coming to the fore and creating an impetus for program redesigns.

WEBINARS AND WHITE PAPERS

all resources 

WHITE PAPERS

[Transforming Healthcare: Health Insurance Marketplaces Pose Both Opportunities and Challenges](#)

WHITE PAPERS

[Care Episodes & Bundled Payment: Building and Automating Your Strategy](#)

WHITE PAPERS

[CrossPoint for Managed File Collaboration and Data Quality Analytics](#)

WHITE PAPERS

[Employer Perceptions Study Results - Private Insurance Exchanges and Defined Contribution Benefit Programs](#)

WHITE PAPERS

[Trend Report – The Shift to Defined Contribution Employee Health Plans](#)



HEALTHCARE PAYER NewsWeek SUNDAY EDITION

Brought to you by the publisher of *Healthcare Finance News* and *Healthcare IT News*

June 08, 2014 | www.healthcarepayernews.com

Volume 4 | Issue 23 | [Forward this issue to a friend](#)

SUBSCRIBE NOW

Sunday Feature

To improve hospitals, give consumers data

States are making a bold move toward healthcare transparency, betting that easily-available hospital data will empower consumers and drive quality changes.

News

Who's going to be the Trader Joe's of healthcare?

Much-loved by a key consumer demographic and highly-guarded by its corporate parent, Trader Joe's has pioneered affordable, great quality groceries. Can its model work in America's healthcare system?

Surviving the 2015 AEP materials creation process

The Centers for Medicare & Medicaid Services recently released its model documents for the 2015 Annual Enrollment Period. The rigorous, highly complex rules and regulations for member marketing materials wreak havoc on health plans year after year. The clock is now ticking.

Medicaid financing in a bind, state ponders ACO

As a once-promising tax scheme to maximize federal Medicaid dollars fades from practicality, budget woes are coming to the fore and creating an impetus for program redesigns.

HIMSS
Virtual Career Fair
NOW AVAILABLE ON DEMAND

HIMSS PAYER Insider
Health Insurance Marketplaces: Bringing Payers, Providers, and Technology Together in New Ways
Authorized by the Affordable Care Act, and starting in 2014, individuals and employees of small businesses will have access to affordable coverage through a new competitive private health insurance market -- the Health Insurance Marketplace (formerly known as Healthcare Insurance Exchanges). The state-based marketplace will provide individuals and small businesses with a "one stop shop" to find and