

# Readiness Assessment for Current Medicare Advantage Organizations Continuing to Operate MA Plans in CY 2009

This Readiness Assessment reminds organizations that have Medicare Advantage (MA) contracts with CMS in CY 2008 that will continue into CY 2009 of the operational requirements critical to ensuring that the plan's enrollees receive effective Medicare information and benefits in CY 2009.

This Assessment consists of four sections. Section 1 should be completed by **ALL** Medicare Advantage Organizations (MAOs). This section is organized by topic area. Section 2 should be completed **only** by PFFS plans. Section 3 should be completed by **both** PFFS and MSA plans. Section 4, the final section, should be completed **only** by MSA plans.

**Depending on whether or not you offer Part D and the type of plan offered under the contract for which you are responding, you will be guided through the tool and will be presented only with those sections and questions that apply.**

Please be sure to complete all questions with the most accurate and up-to-date information at the time of your response. It is in the best interest of your organization to respond to the questions candidly and to solicit assistance as needed. By checking "Yes" to the questions below, you are indicating that your organization is ready in this program area and believes it meets all CMS requirements. If CMS has reason to believe an organization may have checked "Yes" in error, this will invite a focused audit or some other verification activity from CMS with a possible compliance action as the end result. Organizations have much to gain (by way of technical assistance) by checking "No" when appropriate, and much to risk (by inviting audits) by checking "Yes" inappropriately.

Please submit the readiness assessment, as directed in the HPMS memo titled "Readiness Assessment for Current Medicare Advantage Organizations Continuing to Operate MA Plans in CY 2009" **no later than 5 p.m. EST on December 22, 2008**. The last two questions of the tool will allow you to apply your responses to this submission to other contracts that meet specified criteria.

## 1) Does your organization offer Part D under this contract?

Yes  
No

**2) Which plan type is offered under this contract?**

Private Fee-for-Service (PFFS)  
Medical Savings Account (MSA)  
Other (all other plan types)

**SECTION 1: TO BE ANSWERED BY ALL MEDICARE  
ADVANTAGE PLAN TYPES**

**A. Customer Service**

**3) Do you have a detailed plan for determining and hiring the appropriate number of customer service staff necessary to respond appropriately to questions about the plan(s) that you will offer in 2009 given your anticipated enrollment and marketing strategy?**

Yes

No - Please explain and include (where appropriate) your expected readiness date  
below

Explanation & (where appropriate) Expected Readiness Date

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**4) Do you have a detailed plan to ensure that your call center staff is appropriately trained to answer questions about the plan(s) that you will offer for 2009?**

Yes

No - Please explain and include (where appropriate) your expected readiness date  
below

Explanation & (where appropriate) Expected Readiness Date

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**5) Have you ensured that your call centers are able to accommodate and respond to inquiries from non-English speaking/reading beneficiaries and those who are hearing/speech impaired?**

Yes

No - Please explain and include (where appropriate) your expected readiness date  
below

Explanation & (where appropriate) Expected Readiness Date

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**B. Complaint Resolution**

**6) Does an adequate number of your staff access CTM at least daily to identify new complaints against your organization and initiate action to resolve those complaints?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**7) Do members of your staff appropriately distribute CTM complaints to the individuals/departments within your organization responsible for resolving the specific issue or problem?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**8) Does your organization follow the procedures outlined in the Complaints Tracking Module (CTM) Plan Standard Operational Procedure (SOP) at all times?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**9) Do you track and ensure timely CTM complaint resolution according to CMS guidance? "Immediate Action" complaints require resolution within two business days.**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**10) Have you ensured that the individual who resolves a CTM complaint coordinates with staff responsible for entering the plan's resolution into the system and appropriately closing the complaint per CMS guidelines?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**11) Do staff working on CTM complaints regularly and systematically share operational information from other parts of your organization with call center staff so that call center staff may respond to a member's questions pertaining to the status of his or her complaint?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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### **C. Marketing**

**12) Are you prepared to mail out complete enrollment packets to those beneficiaries who request them?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**13) Given that organizations are accountable for the completeness and accuracy of their marketing materials, do all your marketing materials include all necessary information and have they undergone a thorough quality control review prior to submission to CMS for review?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**14) Have you filed for CMS approval of all your marketing materials?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**15) Have you properly identified those marketing materials that qualify for File & Use?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**16) Does your organization meet the CMS requirement for File & Use of marketing materials, by which at least 90 percent of the materials that qualify for File & Use are submitted under this process? Organizations may request a manual review of no more than 10 percent of materials that qualify for File & Use.**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**17) Do you monitor your marketing review requests to ensure that you do not request CMS staff review on more than 10% of your potential File & Use materials?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**18) Have all telephonic enrollment/sales scripts been approved by CMS?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**19) Have you instructed agents/brokers to utilize ONLY the approved sales presentations?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**20) Did you begin marketing CY 2009 benefits to Medicare beneficiaries using CMS-approved and CMS-File & Use accepted marketing materials no earlier than October 1, 2008?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**21) Did you cease marketing CY 2008 plans by October 1, 2008, when marketing of CY 2009 plans began?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**22) Have you trained all marketing representatives/brokers/agents, as is required to be done annually, on Medicare marketing guidelines, compliance requirements, federal and state regulations, specific plan details and product limitations?**

Yes

No - Please explain and include (where appropriate) your expected readiness date

below

Explanation & (where appropriate) Expected Readiness Date

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**23) Have you trained all marketing representatives/brokers/agents specifically on the new MIPPA marketing requirements, such as the prohibition on outbound marketing calls and calls to former members who have disenrolled (except to conduct a disenrollment for quality integrity purposes)?**

Yes

No - Please explain and include (where appropriate) your expected readiness date

below

Explanation & (where appropriate) Expected Readiness Date

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**24) Have you tested all marketing representatives/brokers/agents on Medicare marketing guidelines, compliance requirements, federal and state regulations, specific plan details and product limitations, and do you require an 85% passing score for each individual before he/she is allowed to conduct marketing for your organization?**

Yes

No - Please explain and include (where appropriate) your expected readiness date

below

Explanation & (where appropriate) Expected Readiness Date

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**25) Have you documented all brokers' state licensure and updated it as needed per state licensure guidelines?**

Yes

No - Please explain and include (where appropriate) your expected readiness date

below

Explanation & (where appropriate) Expected Readiness Date

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**26) Do you investigate all agent allegations reported to the plan from any source, including your own customer service complaints, Departments of Insurance, the MEDIC and CMS (through CTM)?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**27) Do you have a detailed process for taking progressive disciplinary actions against your marketing representatives/brokers/agents?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**28) Will you have a process in place no later than January 1, 2009, to report the dismissal of any broker or agent for cause to the appropriate state(s) where that agent was licensed?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**29) Do you keep a log of these reports of dismissal for cause and will you share them with CMS when requested?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**30) Do you maintain files for each of your marketing representatives/brokers/agents that will contain information on education, testing scores, licensure, compliance, investigations, etc?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below



Explanation & (where appropriate) Expected Readiness Date

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**31) Do you enter all scheduled sales seminars (including subsequent cancellations and changes) in HPMS?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**32) Are you able to ensure that your members will (or did) receive the CY 2009 ANOC/EOC by October 31, 2008?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**D. Enrollments/Disenrollments**

**33) Have you trained telephonic enrollment staff to explain the details of your plan(s)?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**34) Do you develop an incomplete application that you receive from a beneficiary attempting to enroll in your plan?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**35) Do you verify eligibility for each enrollment application that**

**does not already include evidence of Medicare eligibility?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**36) Do you follow a process that allows for appropriate up-front plan denial or CMS rejection of an enrollment in accordance with CMS requirements (i.e., providing beneficiary notices within 10 days of receipt of the enrollment request or CMS rejection notice via weekly or monthly TRR, whichever is earliest)?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**37) Do you send individuals an acknowledgement notice within ten (10) calendar days of your receipt of an *enrollment* request from that individual, as well as a confirmation notice within ten (10) calendar days of receiving confirmation of enrollment from CMS?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**38) Do you send individuals an acknowledgement notice within ten (10) calendar days if you receive the *disenrollment* directly from the individual or within ten (10) calendar days if you receive the disenrollment from CMS through the TRR?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**39) Do you have a process in place to transmit enrollment and disenrollment transactions to CMS within 7 calendar days of receipt?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**40) Do you review and process CMS TRR and other MARx reports in a timely and consistent manner, and take appropriate actions to resolve rejections and correct errors?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**41) Are you prepared to download enrollments at least daily from the Online Enrollment Center (OEC)?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

N/A - If your organization has opted out of the OEC or is an MSA

Explanation & (where appropriate) Expected Readiness Date

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**42) Do you have processes in place to request enrollment and disenrollment corrections in accordance with CMS requirements?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**43) Do you have systems and processes in place to ensure referrals to IntegriGuard are made appropriately and timely?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**E. Contracting Provisions and Subcontractor Oversight**

**44) Have any of the MA provider contracts that will significantly affect members' access to services in the upcoming contract year been terminated during CY 2008 by either party?**

Yes - Please explain

No

N/A - Please explain

Explanation & (where appropriate) Expected Readiness Date

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**45) Have you recently changed any of your delegation arrangements/contracts?**

Yes - Please explain

No

N/A

Explanation & (where appropriate) Expected Readiness Date

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**46) Do you accurately identify emergency and urgently needed services and cover them as appropriate for members who seek care outside of your contracted provider network?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

N/A - If your organization is an MSA

Explanation & (where appropriate) Expected Readiness Date

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**47) Are you familiar with the rates that you must use when paying all types of non-contracted Part C services providers, especially less common providers such as critical access hospitals that provide services to your plan members?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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## **F. Appeals and Grievances**

**48) Does your staff fully understand the difference between a Part C appeal and a grievance and the processing timeframes for each category?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**49) Do you follow separate processes to address Part C appeals and grievances according to the required timeframes?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**50) Has CMS approved all the necessary member communications that you issue to members who file grievances or Part C appeals throughout each of these processes?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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## **G. Compliance**

**51) Do you have an internal compliance procedure to self-monitor for all the Medicare operational requirements within your organization and have you established procedures for**

**developing corrective action plans for departments out of compliance?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**52) Have you established an internal process for reporting all breaches of personal health information to a central point of contact within your organization and are you familiar with CMS' protocol, which you must follow when reporting this information immediately to CMS?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**H. Other Requirements**

**53) Are you prepared to differentiate between clean and non-clean claims that providers submit to your organization, and do you know when it is appropriate to pay interest on a claim?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**54) Do you have a process for tracking local and national medical review policy (LMRP, NMRP) and ensuring that you are appropriately covering Medicare services?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**55) Do you accept and send electronic transactions for all medical claims using only the National Provider Identifier (NPI) as the provider identifier in the transaction? CMS is monitoring industry implementation of the NPI.**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**56) Has your organization updated HPMS to show key management names and contact information and do you have a process for keeping this information current at all times?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**57) Are you aware that CMS is developing a set of Part C reporting requirements, which MA organizations will be required to collect and report beginning in 2009?**

Yes

No

Explanation & (where appropriate) Expected Readiness Date

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**58) Do you comply with all the Medicare Secondary Payer (MSP) procedures and requirements outlined in the Medicare Managed Care Manual at Chapter 4, Section 80?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**59) Do you submit offshore subcontractor attestations to CMS for each offshore subcontractor?**

Yes  
No - Please explain and include (where appropriate) your expected readiness date  
below  
N/A

Explanation & (where appropriate) Expected Readiness Date

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***Plan types other than PFFS or MSA will be skipped to the section "Apply Responses to Other Contracts." MSA plans will be skipped to Section 3.***

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**SECTION 2: TO BE ANSWERED BY PFFS PLANS ONLY**

**60) Is your enrollment packet complete with all the necessary PFFS disclaimers and a provider / beneficiary leaflet?**

Yes  
No - Please explain and include (where appropriate) your expected readiness date  
below

Explanation & (where appropriate) Expected Readiness Date

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**61) Does your marketing training plan include instructions to recite the disclaimer (listed in the 2009 Call Letter) each time the marketing representative/agent/broker makes a PFFS presentation?**

Yes  
No - Please explain and include (where appropriate) your expected readiness date  
below

Explanation & (where appropriate) Expected Readiness Date

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**62) Does your plan mail PFFS information, including the plan's Terms and Conditions, to any provider who may inquire?**

Yes  
No - Please explain and include (where appropriate) your expected readiness date  
below



Explanation & (where appropriate) Expected Readiness Date

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### **SECTION 3: TO BE ANSWERED BY PFFS AND MSA PLANS ONLY**

**63) Do you ensure that your telephonic enrollment staff is trained on explaining the verification call process?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**64) Do you have a system in place for outbound education and verification calls that includes placing three calls within ten (for PFFS) or seven (for MSA) days of application receipt, following up with the applicant in writing, documenting all calls, and cancelling enrollments when requested by the beneficiary?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**65) Do you conduct provider education and outreach in areas where the plan will be available?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**66) Do you have a provider dispute resolution process? Does the plan receive, track and resolve provider complaints, including paying correct payment amounts, timeliness or payments, process for denied claims, etc.?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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*PFFS plans will be skipped to the section "Apply Responses to Other Contracts."*

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## **SECTION 4: TO BE ANSWERED BY MSA PLANS ONLY**

**67) Do you train your telephonic enrollment staff to explain the unique eligibility and enrollment requirements/limitations for MSA plans?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**68) Do you train your telephonic enrollment staff to explain the unique features of your MSA plan(s) (e.g., costs before and after the deductible has been met, MSA account, tax liability and reporting requirements)?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**69) Do you facilitate the establishment of the MSA account, including educating the beneficiary that the enrollment is not complete until the MSA account is set up?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**70) Do you work with the MSA trustee partner to facilitate verification of the information necessary to establish the account in accordance with the USA Patriot Act?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**71) Do you fund the MSA account prior to receiving payment from CMS?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**72) Do you allow enrollees to transfer the funds to another MSA account after receipt of initial deposit?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**73) Do you recover funds from the MSA account following disenrollment?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**74) Do you notify current members of their tax reporting liability ([www.cms.hhs.gov/msa](http://www.cms.hhs.gov/msa) - MSA Tax Reporting Fact Sheet)?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**75) Do you notify all members who were enrolled in your plan at any time during the previous year of their tax reporting liability during the first quarter of the current year?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**76) Do you pay providers timely and, at a minimum, the lesser of 100% of expenses for covered services or 100% of the amount that would have been paid under Original Medicare (including the amount that would otherwise have been paid as a deductible, coinsurance and permitted balance billing), after the enrollee has met his/her deductible?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**77) Do you provide EOBs and benefit summary information to beneficiaries in a timely manner?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**78) Do you have a current contract in place with your MSA Trustee and does the contract adhere to the requirements outlined in CMS' MSA Banking Guidance ([www.cms.hhs.gov/msa](http://www.cms.hhs.gov/msa) – CMS Banking Guidance, March 1, 2007)?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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**79) Do you determine when the annual deductible has been met and that the amount credited towards the deductible is based on services covered under Original Medicare and at an amount payable under Original Medicare (unless the provider is paid at a different rate as specified under contract)?**

Yes

No - Please explain and include (where appropriate) your expected readiness date below

Explanation & (where appropriate) Expected Readiness Date

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### **Apply Responses to other Contracts**

**139) Organizations with more than one MAO contract continuing to operate MA plans in CY 2009 have the option of completing this Readiness Assessment online once and then applying the responses to their other ongoing MA contracts when:**

- 1. The contract type is the SAME (e.g., PFFS, MSA, MA-PD, etc.), AND**
- 2. ALL responses are IDENTICAL.**

Apply the responses from the current online submission to other contracts (when conditions 1. and 2. above are met), OR

Complete INDIVIDUAL submissions by contract number when there is only one MA contract continuing into CY 2009 OR the responses differ by contract number

**140) Please apply these 2009 Readiness Assessment responses to the following contracts (for which responses are IDENTICAL):**

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**When you have completed all responses, click "Submit."**

**NOTE: Once you click the submit button below, you cannot return to correct, update, or print this set of responses.**

Contact [Joan.Peterson@cms.hhs.gov](mailto:Joan.Peterson@cms.hhs.gov) if you have questions.

Thank you for completing this Readiness Assessment.