



MMC 20/20

CONSULTANTS • SYSTEMS

Medicare Advantage and Medicare Part D

Enrollment and
Reconciliation Systems

About MMC 20/20 Consultants/Systems

MMC 20/20, Inc. opened its doors over twelve years ago as a full service, national consulting firm dedicated solely to the Medicare Managed Care industry. Today, MMC 20/20 has grown to a dedicated staff of over 50, and our clients represent more than 60% of the Medicare Managed Care enrollees nationwide.

MMC 20/20 Systems, Inc., a member of the MMC Group has since become the leading software provider and systems solutions expert to the industry.

We have assisted Medicare Advantage contractors with a variety of initiatives including Medicare Revenue Realization (our Medicare revenue improvement and recovery services), operational and process/procedural review, CMS audit preparation, strategic and business planning and more.

By working hand-in-hand with our clients over the years, MMC has consistently led the way in developing innovative approaches to challenging issues. As such these concepts are interwoven through our consulting services and integrated into our systems, providing a full service approach for our clients.

As a result of this experience and our proven solutions, our clients have benefited from these innovative approaches which have been copied but unmatched by others. MMC is clearly the recognized leader in customizing and implementing policies and procedures that assist our clients and enable them to successfully optimize Medicare Advantage revenues while remaining compliant with CMS regulations and requirements.

A Technical Overview

All MMC 20/20 software products are server-based and share a database back-end. The applications run on a UNIX platform (Solaris, AIX and Linux are all supported) and use an Oracle DB as the database engine to ensure full scalability. A browser-based user interface makes MMC 20/20 software easy to implement and utilize. As web-based applications, the software products are easily deployed on the Plan's network and browser based connectivity ensures ease of deployment across multiple platforms. The system is designed to reside on the Plan's servers, which ensures HIPAA compliance and allows for updates to be more easily deployed and maintained by Plan personnel. The specific server and operating environment configuration requirements for implementation depend on Plan membership and the number of expected end-users. ASP hosting services are available.

As part of our overall systems implementation, our Medicare experts train client personnel in both the processes and the software programs so Plan staff are well equipped in all areas. All MMC 20/20 software products are maintained for CMS required changes and on-going system enhancements to ensure best in class tools which allows your Plan to be compliant, automated and efficient.

EnrollPlus/EnrollD—Front End Enrollment Solution for Medicare’s Unique Challenges

Integrated software for enrollment of Medicare Advantage, MA-PD and PDP members. MMC 20/20 enrollment tools are integrated with our reconciliation tools, and provide comprehensive workflow management and compliance reporting to ensure an efficient and automated enrollment process. EnrollPlus/EnrollD support and automate the end to end process of enrollments and interactions with CMS.

EnrollPlus and EnrollD Key Features

- Handles auto-assigned members (the full premium subsidy members)
- Allows for real time access to application status for member services
- Utilizes Smart Application™ to guide the user through the required fields for each type of enrollment— MA, MA-PD or PDP
- Creates dynamic work queues to facilitate efficient processing of incomplete applications and rejected and accepted transactions
- Generates and manages CMS submission and rejection process
- Allows for automation of member letter generation based on defined transaction codes to increase efficiencies and compliance
- Reports on production activity, CMS compliance, and member level actions
- Manages enrollment, disenrollment and changes reported to CMS

Full Service Risk Adjustment Management

RiskTraq—Claims and Encounter Management and Tracking for Risk Adjustment

RiskTraq Key Features

In use in the marketplace since 2003, RiskTraq addresses the challenges associated with the submission of MA encounter data and the research and submission of missing HCC factors. Combined with RAVE, MMC 20/20’s proprietary suspect identification service, HCC diagnoses are accurately and fully reported to CMS.

- Identifies potential member and encounter level errors prior to submission and determines which claims are valid for risk adjustment submission
- Automates compliance with the CMS 5% rule to prevent duplicate cluster submissions
- Automates the creation of the RAPS submission file
- Allows for the acceptance of the RAPS return file to facilitate diagnostic cluster level error identification and resolution
- Tracks and manages all research related to unreported diagnosis codes including fax generation, emails, spreadsheets and letters to providers

RAVE / DVU – Risk Adjustment Valuation Enhancer and Diagnostic Verification Unit

Based in our Hardeeville, SC office, this service offers access to analysts, nurses and certified medical coders in the following areas:

- RAVE – an analysis of a variety of data sets identifies conditions not submitted to CMS affecting risk scores and future reconciliation payments
- Clinical and non-clinical personnel handle all aspects of risk adjustment suspect research from initial contact with providers to condition research (including, but not limited to fax/mail research, on-site chart reviews, and remote EMR reviews) to creation of a RAPS submission file with conditions not previously submitted and affecting member risk scores
- Our team of qualified registered nurses and certified medical coders train Plan personnel or provider offices either on-site or remotely for accurate and comprehensive risk adjustment coding and documentation guidelines in adherence with ICD9 AHA coding standards
- Assistance with CMS-directed audits as well as mock audits for planning and preparation purposes.
- Detailed data review and reporting identifying trends, inefficiencies, HCC prevalence and missed opportunities

AccuTraq—Proven Technology for Medicare Advantage Revenue Realization®

First available product on the market to provide Plans with a fully comprehensive payment reconciliation system for all Part C payment components. Implemented in 2000, AccuTraq enables Plans to quickly and efficiently process monthly data required for recovery efforts and meet the required CMS submission timelines for discrepancies from monthly membership reports, transaction reply listings and plan membership data. AccuTraq streamlines the research and verification process, automates submissions and tracks all payment corrections at the member level. Standard financial reporting enables the Plan to monitor the process at a member level and easily identify and report overall financial impact.

AccuTraq Key Features

Reconciliation

- Identification and full reconciliation of all factors affecting Part C payment including:
 - Enrollment/PBP/Contract/DOB/SCC
 - Risk Adjustment Factor Types (RAFT) – Entitlement/OREC/ESRD/INST
 - Medicaid Eligibility and Prior MCAID factors
 - Hospice
 - HCC Tracking
 - Nursing Home Certifiable (NHC)/Frailty
- Automation of CMS submissions within required submission time frames and required submission layouts
- Calculation of impact for multiple risk adjusted payment periods including the change in the data collection period and final reconciliation and applicable risk scores

Prospective Working Aged Process

- Tracking and management of the annual working aged survey process
- Automated submission formats for both respondent and non-respondents
- Calculation of the expected prospective working aged plan percentage
- Allows for integration with the COB process in the DTraq Activity Management module

Compliance & Certification

- Compliance and audit module for creation of ad-hoc audit samples for both user and submission tracking and validation
- Certification module to facilitate, manage and generate the required monthly attestation submission report and roster

Accounting

- Calculation of income and receivables at both the plan and member specific levels
- Easily configurable for all payment methodologies including the new bid process, Regional PPO, SHMO and Demonstration Plans

DTraq—Revenue, Billing and Prescription Drug Event Management for Part D

Best in class system to fully manage MA-PD and PDP revenue, member premium billing, PDE claims management, COB and TrOOP tracking.

DTraq Premium Management Key Features

- Monthly tracking and reconciliation of all member level payment characteristics including:
 - RxHCC - Long Term Institutional
 - Age - Low Income
 - Sex - Previously Disabled
 - Enrollment Status - Contract/PBP
- Low income co-pay level and subsidy level tracking and reconciliation
- Data sharing with Activity Management module

Activity Management Key Features

- Creates PDE records and submissions, and handles error resolution and resubmission
- Allows for time-stamping of edits, corrections, submissions to validate/confirm accurate processing order
- Automates full range of PDE pre-submission validation edits/corrections to efficiently minimize post-submission errors
- Provides comprehensive COB management
- Handles adjustments and deletions to PDE
- Tracks TrOOP including data from CMS TrOOP facilitator and provides data for member statements
- Prepares employer group subsidy files

DTraq Accounting Management Key Features

- Full financial reconciliation of monthly CMS Part D payment for all four MMA payment options at both the member and plan level:
 - Low income cost sharing
 - Low income premium subsidy
 - Reinsurance receivable
 - Risk sharing receivable
- Member premium income and receivable
- Revenue forecasting and variance analysis

DTraq Member Premium Billing Key Features

A detailed, comprehensive system which handles all aspects of member and group premium billing including:

- Customized member and group premium billings
- Retroactive adjustments for changes in:
 - Enrollment Status - Group Coverage
 - LIPS - SPAP Coverage
 - PBP - SSA, OPM, RRB Collections
- Application of cash at member and group level
- Generation of delinquency notices and follow up

INTRODUCING

Integrated Product Suite (IPS) – a fully integrated version of all MMC 20/20 Product Suite applications, EnrollPlus/D, AccuTraq, DTraq and RiskTraq allowing for enrollment processing, data ownership and management of both the RAPS and PDE submission process as well as full payment reconciliation for all Part C and Part D payment components. Through innovative research and design, MMC 20/20 Systems is pleased to provide the first available fully integrated software application.

IPS allows Plans to streamline a multitude of processes for both Part C and Part D data management and payment reconciliation while providing full financial accounting and reporting for all components both at the plan and member levels.

Integrated Product Suite Key Features

- Electronic enrollment application validation and automation of member correspondence
- Streamlined processes and efficiencies in sharing of COB/PWA information/surveys
- RAPS submission generation and management and RA suspect identification from multiple data sources
- PDE record management and error reconciliation including pre-submission validation
- Integrated reconciliation for discrepancies in enrollments, PBPs, SCCs, LTI, RAFT and MCAID/LICS
- Forecasting and trending Risk Adjustment reporting
- Full financial accounting reporting and supporting details

MMC 20/20

CONSULTANTS ● SYSTEMS

Phone: 770.475.7455
Fax: 770.234.5208
Email: info@mmc2020.com
Web: www.mmc2020.com

20 Towne Drive
Suite 391
Bluffton, SC 29910