**STATEMENT OF WORK**

Retroactive Processing and Payment Validation

1. **SCOPE**

The Contractor shall handle retroactive enrollment and disenrollment processing in support of the Centers for Medicare and Medicaid Services’ (CMS) Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA). The Contractor shall perform analyses of any enrollment discrepancies submitted by the Medicare Advantage Organizations (MAO’s), Cost Plans, Medicare Advantage Prescription Drug Plans (MA-PDs), Program of All-Inclusive Care for the Elderly (PACE) Plans, Prescription Drug Plans (PDPs), and organizations participating in the Financial Alignment Demonstration, hereafter referred to as Plans, and report on these activities.

In addition, the Contractor shall propose a data analysis plan for MAO’s, MA-PDs, PDPs, and organizations participating in the Financial Alignment Demonstration to provide CMS with a variety of information such as trending, national averages, and contract/Organization detail. The Contractor shall track and report Financial Alignment Demonstration data, including costs, separately from other Plans data, and provide data analysis relating to the Financial Alignment Demonstration, as needed.

The Contractor shall utilize the electronic Retroactive Processing Transmission system (eRPT) to receive and process retroactive transaction requests from Plans, including enrollments, plan benefit package (PBP) changes, reinstatements, disenrollments, state and county code (SCC) changes, Low Income Subsidy (LIS) adjustments, and End Stage Renal Disease (ESRD) adjustments. The eRPT is a CMS web-based application designed to facilitate and manage the electronic submission, workflow processing and storage of documentation associated with retroactive change requests including, but not limited to: enrollments, disenrollment, reinstatements, plan benefit package (PBP) changes, segment changes, state county code (SCC), low income subsidy (LIS), and End Stage Renal Disease (ESRD) submitted by Plans or a designated submitting organization, to the Retroactive Processing Contractor (RPC). The Contractor shall also utilize the eRPT to submit responses to the Plans regarding the Enrollment Data Validation (EDV) reviews.

**A. Background**

Medicare managed care programs operate under Section 1876, Section 1833, and Sections 1851 through 1859 with the Prescription Drug Program operating under Section 1860D of the Social Security Act. These statutory provisions authorize CMS to make payments to eligible managed care organizations on both a cost and a risk basis. Currently, there are over 25 million Medicare beneficiaries enrolled in 850 organizations that are paid over 12.5 billion dollars on a monthly basis.

Cost-based organizations are paid based upon an annual budget submission by the contracting organization. Risk-based payments to MAOs and some demonstration projects consist of a monthly capitation payment based upon a variety of factors that may include demographic characteristics of each Medicare enrollee. Demographic characteristics include age, sex, and county of residence, Medicaid status, ESRD status, and hospice election. Information regarding the demographic characteristics of each beneficiary comes from several sources, including Medicare beneficiaries, CMS databases, Social Security Administration (SSA) data, and contracting managed care organizations.

Monthly capitation payments are calculated differently for cost versus risk-based organizations. However, all requests for enrollment are received from the MAOs and submitted to the CMS Medicare Advantage and Prescription Drug System (MARx). The CMS Medicare Beneficiary Database (MBD) record is checked for Medicare entitlement, and the individual’s residence and health status information (demographics) is collected from the source databases. This information, along with the type of managed care organization, determines the capitation amount the MAO shall be paid for the beneficiary for that month. There are several special factors which impact the individual beneficiary payment, and therefore, the aggregate payment to the organization. Those special factors include Medicaid status, LIS and ESRD status among others. In some instances (e.g., ESRD status), the payment level is significantly impacted.

The Part C & D regulations require that managed care and prescription drug organizations provide CMS with a certification of all data that affects the calculation of CMS’ payments to the organizations. Pursuant to that authority, CMS has a requirement that managed care organizations and Part D Sponsors submit monthly statements certifying the accuracy of the enrollment data submitted to CMS for use in the calculation of payments. To make this statement, Plans shall certify the accuracy of not only their data, but also the data provided by CMS. This requirement, by nature, has led to increased scrutiny by Plans of CMS’ payment systems and reluctance to attest to the accuracy of data that is not controlled by the organization, but rather is provided to CMS by other State and Federal agencies according to widely varying schedules. Because the certification is required monthly, Plans anticipate all adjustments, with the exception of ESRD, brought to CMS’ attention shall be corrected in the next month’s report. While CMS is requiring Plans to dedicate resources to meeting the certification requirement, it shall also be prepared to address more timely the adjustments brought to its attention.

Since the implementation of MMA in 2003, timely processing and accuracy of MAO and PDP enrollments and disenrollments are having a greater effect on the accuracy of CMS payments. A Plan’s failure to process their enrollment requests timely affect the primary capitated payment, risk status and the accuracy of the pharmacy submitted Prescription Drug Events.

###### B. Purpose

The purpose of this task order is to:

* Complete all valid retroactive plan enrollment (including plan benefit package changes) and disenrollment adjustments submitted by Plans;
* Complete all valid LIS adjustments submitted by Plans;
* Complete analysis of plan discrepancies and provide results to CMS’ Central Office (CO) Regional Offices (RO), including at a consolidated “Parent Organization” level;
* Conduct proactive data analysis to identify enrollment trends and determine national, regional, and plan-type norms to establish baselines for Plans;
* Identify vulnerabilities that are emerging in Medicare Advantage Organizations (Part C) and Prescription Drug Plans (Part D) ;
* Establish and maintain positive working relationships with internal and external stakeholders, (i.e. plans).
* Complete all special status category adjustments submitted by Plans.
* Conduct quality reviews for enrollment transactions submitted by Plans
* Track and report data relating to the Financial Alignment Demonstration, including costs, separately from other Plan types, and to provide data analysis specific to the Financial Alignment Demonstration, as needed.

## II. REQUIREMENTS

Independently, and not as an agent of the Government, the Contractor shall furnish all the necessary services, qualified personnel, materials, equipment, and facilities, not otherwise provided by the Government, as needed to perform the requirements of the Statement of Work (SOW).

#### Tasks to be Performed/Requirements

CMS is interested in finding and implementing new and innovative approaches for handling retroactive enrollments, disenrollments, plan benefit package changes, reinstatements, status adjustments and demographic special status category updates submitted by Plans. The Contractor shall implement innovative techniques as appropriate for retroactive processing and status adjustments and other processes to be accomplished under this SOW. The Contractor shall provide a wide variety of statistical analysis, data analysis, and trending to support enrollment and status review activities. The Contractor shall use all appropriate CMS Medicare data, as well as data from other sources in accomplishing requirements.

**Task 1: Complete Retroactive Payment Validation Adjustments**

The Contractor shall receive retroactive adjustment requests for changes in special status categories (including ESRD, state/county code, Medicaid, and others as appropriate), enrollments (including plan benefit package changes) and disenrollments. Within 35 calendar days of receipt the Contractor shall:

* receive retroactive requests from Plans;
* record the requests into their internal tracking system;
* validate the plan submitted the required documentation prior to processing the request;
* update the status in CMS systems; and,
* distribute a Final Disposition Report (FDR) to Plans
* provide a Weekly Scorecard to CMS

The Contractor shall validate the documentation submitted for all retroactive enrollment, disenrollment, plan benefit package, and special status category requests. The Contractor shall utilize the eRPT system for receiving data from stakeholders, as applicable, and distributing the Final Disposition and Error Reports. The reports shall contain detailed actions taken and corrective actions if known for each request. The Contractor shall follow the policies and procedures that are in place at CMS for the completion of all retroactive adjustments. Please see the standard operating procedures that are in place, as well as the Medicare Managed Care Manual – Chapter 2, Chapter 17-D (<http://www.cms.hhs.gov/MedicareMangCareEligEnrol/01_Overview.asp>), and the Prescription Drug Plan (PDP) Enrollment and Disenrollment Guidance (<http://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicarePresDrugEligEnrol/index.html>).

The Contractor shall pass necessary data to, and receive data from, the eRPT so that the eRPT can function as set out in the eRPT Internal Control Document for the eRPT project, including the number of failed and successful transactions.

The Contractor shall provide CMS with a summary report of their weekly activity (Scorecard). The report shall provide a running summary of all activity identified under Task 1 and contain, at a minimum:

* Category
  + Enrollment and disenrollment
  + Payment Validation
* Transaction type
* Previous pending
* Total received
* Total completed
* Current pending
* Total pending over 35 calendar days
* Turnaround time
* Overall Total Weekly retroactivity

The contractor can develop their own format for consideration or the COR will work with the contractor on this deliverable.

**The Contractor shall assess the level of effort associated with the special reviews. Special reviews not requiring additional resources or funding shall be completed. Special reviews determined to require additional resources or funding shall be discussed with the COR prior to commencement by the Contractor.**

**Task 1a: Education and Training**

The Contractor shall plan, develop, and deliver education and training to Plans and other stakeholders as specified by CMS. The goal of the education and training is to increase the understanding of the retroactive enrollment process. The Contractor shall utilize various training methods for delivery (face to face and computer-based training). The Contractor shall plan to participate in CMS sponsored Medicare conferences. CMS will use these forums to encourage Plans to share best practices and to collect feedback about the retroactive enrollment operations.

The Contractor shall develop and upon CMS approval, publish standard operating procedures (SOPs) which include the necessary information and tools to submit retroactive requests. In addition, the Contractor shall establish a communication plan which identifies the method of communication to address questions and issues from Regional Office Account Managers and Plans.

**Task 2: Data Analysis and Trending (Ad-Hoc Reports)**

The Contractor shall develop and implement a nationwide data strategy that will analyze all applicable enrollment data to identify national trends. The Contractor shall integrate data from various sources to establish a national baseline for enrollment activity. The Contractor shall identify areas of vulnerability in the enrollment process and provide recommendations as directed by CMS. The Contractor shall be responsible for obtaining enrollment data for all plan types (e.g. MA plans, PDPs, MA-PDs, Cost plans, Demonstration Plans, including other stakeholders such as participating states, etc.). At a minimum, the Contractor shall be required to use the following data sources:

* + - 1. - MBD is the single, central, authoritative repository for beneficiary demographic and entitlement data, including low-income subsidy information and enrollment and eligibility information.

- Health Plan Management System (HPMS) – HPMS shall retain the following information:

* General contract and plan data - This consists of general information about MA-PD and PDP organizations and plans, such as contact information, service areas, plan types, website addresses, customer service hours and numbers, risk type, etc.
* Performance monitoring reporting - This consists of the routine reporting requirements in support of oversight. Possible reporting elements include: performance measures, rebate reporting, and utilization summaries.
* Complaint Tracking Module (CTM) – This module houses Part C & D complaints.
* MARx – is the single, central, authoritative repository for itemized beneficiary level and summary plan level payment and adjustment calculations. The system maintains membership data and automates monthly payments to plans based on beneficiary enrollment, demographic, and health status data.
* Contractor’s data generated from retroactive requests submitted by Plans.

The Contractor shall identify enrollment vulnerabilities and efficiently analyze large volumes of data. The Contractor’s ability to make use of the available data and apply innovative analytical methodologies is critical to the success of the task. The Contractor shall be able to track and report data relating to the Financial Alignment Demonstration separately from other Plan types, and provide other analysis, as needed, specific to the Financial Alignment Demonstration, including Contractor costs.

Any data from CMS systems shall be maintained in accordance with CMS and Federal privacy laws and regulations in accordance with the Contractor’s Security Plan.

In addition, the Contractor shall provide the following data by Parent Organization:

* Total number of transactions submitted
* Total number of failed transactions
* Total number of rejected transactions
* Total number of accepted transactions

### **Task 3: Update LIS Deemed Status for Part D Plan-Submitted Data**

The Contractor shall receive requests from Plans to update LIS deemed status. Within 35 calendar days of receipt the Contractor shall:

* enter the requests into their internal tracking system;
* validate the plan-submitted data to verify the plan has the required documentation prior to processing the request;
* update status in CMS systems; and,
* Distribute a FDR to the Plans.

The Contractor shall follow the policies and procedures in accordance with the Medicare Prescription Drug Benefit Manual, Chapter 13, Premium and Cost-Sharing subsidies for Low Income Individuals.

In addition, the Contractor shall maintain the ability to create special review teams as needed.  This shall be based on the fluctuating work load.  The fluctuating work load may be the result of the number of new organizations participating in the MA, MA-PD and PDP programs, the cycle of enrollment periods, implementation of changes in the law, implementation of new systems or business processes, both at the organizations and at CMS**.**

**The Contractor shall assess the level of effort associated with special reviews. Special reviews not requiring additional resources or funding shall be completed. Special reviews determined to require additional resources or funding shall be discussed with the COR prior to commencement by the Contractor.**

### **Task 4: Process Retroactive Adjustments for Special Needs Plans**

The Contractor shall receive retroactive adjustment requests from Specialized Medicare Advantage Plans for Special Needs Individuals. Within 35 calendar days of receipt the Contractor shall:

* enter the requests into their internal tracking system;
* validate the plan submitted the required documentation prior to processing the request;
* update status in CMS systems; and,
* Distribute a Final Disposition Report (FDR) to the Plans.

The Contractor shall follow the policies and procedures that are in place at CMS for the completion of all Special Needs Plan retroactive adjustments.  Please see the standard operating procedures that are in the Medicare Managed Care Manual – Chapter 2. Additional guidance will be provided by CMS.

In addition, the Contractor shall create special review teams as needed. This shall be based on fluctuating work load. The fluctuating work load may be the result of the number of new organizations participating in the MA, MA-PD and PDP programs, the annual enrollment period, implementation of changes in the law and/or implementation of new systems or business processed, both at the organization and at CMS.

**The Contractor shall assess the level of effort associated with special reviews. Special reviews not requiring additional resources or funding shall be completed. Special reviews determined to require additional resources or funding shall be discussed with the COR prior to commencement by the Contractor.**

### **Task 5: Quality Review of Plan Submitted Transactions**

The Contractor shall implement a strategy to perform quality reviews for enrollment transactions submitted to CMS by Medicare Advantage Plans, Cost Plans, PACE organizations, Prescription Drug Plan Sponsors, and organizations participating in the Financial Alignment Demonstration. The Contractor shall, at least monthly, review a sample of transactions (between 5 and 10%) submitted by the plan through the MARx user interface from all Parent Organizations as directed by CMS. In addition, the Contractor shall review a sample of transactions (between 5 and 10%) submitted by potential targeted Plans and/or contracts as specified by CMS. The Contractor shall request the supporting documentation from the selected organizations.

Upon receipt of the documentation, the Contractor shall have 35 calendar days to complete the quality review. The Contractor shall validate the requests submitted by the organizations and verify the appropriate documentation is being maintained by the organizations. The Contractor shall report the findings to the Regional Office Account Manager, Central Office, and the organization as directed by CMS. At minimum the report shall list the following by transaction type and Parent Organization:

* Total number of plan submitted transactions
* Total number of sampled plan submitted transactions
* Total number of sampled plan submitted transactions that passed the review
* Total number of sampled plan submitted transactions that failed the review
* Reason the plan submitted transactions failed the review

The Contractor shall notify the Regional Office Account Manager and Central Office of any requests in which the documentation did not support the requested change or was not received. The Contractor shall submit the schedule for quality reviews on a quarterly basis. The Contractor shall revise the schedule to conduct quality reviews for organizations under review by CMS as needed. The Contractor shall utilize information from the quality reviews to further support data analysis efforts.

### **Task 6: Process Reinstatements for Dual Eligible Beneficiaries**

The Contractor shall receive reinstatement requests from State Medicaid Agencies, their contracted enrollment brokers, and potentially Medicare-Medicaid Plans or potentially other appropriate stakeholders participating in the Financial Alignment Demonstration. Within 35 calendar days of receipt the Contractor shall:

* receive reinstatement requests from  appropriate stakeholders for  dual eligible beneficiaries for enrollment-related transactions for Financial Alignment Demonstration in demonstration specific format;
* enter the requests into their internal tracking system;
* validate the stakeholder submitted the required demonstration specific documentation prior to processing the request;
* for retroactive cancellations, reinstate person to the original Medicare plan in which person was enrolled (rather than intervening plans in case of multiple election for same effective date)
* update status in CMS systems; and,
* Distribute a Final Disposition Report (FDR) to the stakeholders.

The Contractor shall follow the policies and procedures that are in place at CMS for the completion of demonstration related all reinstatement requests, including formats and procedures specific to the demonstration.

The contractor shall modify their existing system to comply with the additional procedures and deliverable presented by the Financial Alignment Demonstrations Program’s CMS Leadership.

### In addition, the Contractor shall create special review teams as needed. This shall be based on fluctuating work load. The fluctuating work load may be the result of the number of new organizations participating in the MA, MA-PD and PDP programs, the annual enrollment period, implementation of changes in the law and/or implementation of new systems or business processed, both at the organization and at CMS.

The Contractor shall be responsible for providing a secure system architecture that supports the execution of the tasks referenced above. The Contractor shall ensure the system architecture allows for reliable and timely data to be reported to CMS.

### **Task 7: Project Management**

The CMS Analysis, Reporting, and Tracking System (CMS ART) is the contract management system utilized by CMS to track and analyze Contractor costs,hours, workload, and production. The Contractor shall submit deliverable reports in CMS ART in accordance with the Deliverables Schedule.

CMS ART training will be provided to the Contractor at a mutually agreeable date and location. It is anticipated that the training location will be in Baltimore, MD. The complete system training is normally held after the Contractor has submitted two cost reports. Specific requirements for the training may occur at any time as needed.

All significant CMS ART changes shall be communicated to the Contractor via the News/Updates feature of CMS ART.

All written documents for this project shall be submitted to CMS ART, unless otherwise specified by the Contracting Officer’s Representative (COR). The COR may request additional hard copies as necessary. All electronic files shall be submitted in a format that is compatible with Microsoft Office 2010. This is subject to change, and the Contractor shall be prepared to submit deliverables in any new CMS standard.

**1. Kick-Off Meeting (base year only)**

CMS will arrange a Kick-Off meeting with the Contractor within 10 business days after award to review the Task Order and answer any questions the Contractor has. This is to ensure that both the Contractor and CMS have a joint understanding of all work, timeframes, and deliverables required by for this Task Order. The Contractor, with all Key Personnel present, shall be prepared to provide CMS with a brief presentation outlining their ideas for completing the requirements of the Task Order. The Contractor shall take notes during the meeting. The Contractor is responsible for preparing notes from the meeting and submitting them to the COR within three business days after the kick- off meeting.

**2. Project Management Plan**

The Contractor shall submit a draft and a final Project Management Plan within 30 calendar days of task order award. These plans shall be submitted in the form of Microsoft Project Management or an equivalent software package with applicable narrative information. The draft plan shall be submitted in hard copy and electronic format no later than 15 business days after Task Order award. The COR will provide comments to the Contractor within 15 business days. The final plan shall be submitted no later than 10 business days after CMS provides comments on the draft plan. The draft Project Management Plan shall include, at a minimum, the following:

* Staffing – The Contractor shall provide an update on staffing to ensure that sufficient and qualified personnel are available to accomplish all contractual requirements. In addition, the Contractor shall list the staff devoted to each task or activity;
* Equipment – The Contractor shall provide an update to ensure all necessary equipment (e.g., telephones, PCs, T1 lines, etc) is available to accomplish all contractual requirements;
* Space – The Contractor shall provide an update to ensure that adequate building accommodations are available to house all staff and equipment. The Contractor shall also ensure a sufficiently-sized conference room is available to hold meetings among internal personnel (e.g., department staff meetings, board meetings) and with external groups (e.g., meetings with CMS staff).
* Key milestones signifying successful completion of each task and periodic internal assessment/progress reports planned; and
* Activity interdependency and critical path for completion of all tasks

The final Project Management Plan shall include, at a minimum, the information identified above for the draft plan, plus:

* A schedule for when milestones will be reached by the Contractor (i.e., dates that data/IT connectivity will be accessed by the Contractor); and
* The dates when the Contractor shall assume various functions prescribed in the SOW during the transition period.

The Project Management Plan shall be updated semi-annually after these initial submissions to reflect any changes in the project.

**3. Monthly Status Reports**

Monthly Status Reports shall be submitted in CMS ART by the 15th of each month to reflect the activities accomplished during the prior month. The reports shall report data relating to the Financial Alignment Demonstration separately from other plan types. The Contracting Specialist shall also receive an electronic copy as well. The COR and the Contractor shall agree upon the content and format of the Monthly Status Report if information is required other than described below. However, the Monthly Status Report shall include, at a minimum:

* Prior month’s activities by task and activity;
* Difficulties encountered during the prior month;
* Remedial action taken;
* Any unresolved issues from the prior month;
* Summaries of meetings and areas of concentration for the upcoming month;
* Issues of concern that require CMS action;
* Any proposed changes of key personnel;
* Status of the budget (actual cost vs. projected, percentage of cost expended)
* Identification of Plan outliers for possible CMS follow up;
* Updates on any special projects;
* Workload Report:
* Number of records received, reviewed, and processed broken down by special status, enrollment (including PBP changes), and disenrollment;
* Number of pending requests sorted by reason code broken down by special status category, enrollment (including PBP changes), and disenrollment.
* A summary of costs incurred during the previous month, in business proposal format for the prime and the subcontractors. Note: the subcontractors costs should be broken down by individual, tasks, and dollar amount;
* Cumulative costs incurred to date on the Task Order;
* Funds remaining to be incurred on the Task Order; and
* Costs by labor category, labor hours, labor rates, travel, and subcontracts.

#### 4. HPMS Enrollment Dashboard:

The Contractor shall provide the COR, in a format required by CMS, with a monthly data extracts segmented by Parent Organization and contract number for each Regional Office. It shall contain a summary of adjustments processed by category (i.e. SCC, LIS enrollments, PBP changes, etc.). It shall also include:

* Status of any special projects for CMS for Plans associated with the Regional Office.
* Analysis, trends and identification of any outliers in order for the Regional Office Account Manager to conduct follow up activities, if necessary.

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#### 5. Data Systems/ Information Technology Systems Plan

The Contractor shall prepare a detailed Data System/Information Technology Systems plan that outlines how it shall receive, store, safeguard, manipulate, analyze, and communicate data necessary to perform data systems security, in accordance with OMB Circular A-130 Management of Federal Information Resources, Appendix III, “Security of Federal Automated Information Systems” necessary for maintaining the strict confidentiality requirements of all CMS data obtained from CMS files, as well as all data collected under any potential contracts. These confidentiality requirements shall also include all Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, as well as all requirements for successfully safeguarding any and all data that could identify individual Medicare beneficiaries.

The Data Systems/IT System Plan shall be updated semi-annually after these initial submissions to reflect any changes in the project. This data/systems plan shall, at a minimum, include the following:

* A description of assumptions and constraints under which each type of analysis shall be performed.
* A list and description of data files necessary to conduct the data analysis, given the constraints that only data stored at CMS would be provided by the COR.
* A list and description of data the Contractor would want to access that is not stored at CMS, if necessary (e.g., stored at the local MAO site).
* A schedule of how often new or updated data would be needed (e.g., weekly, monthly, other).
* A certification that the hardware and software being proposed have the capacity to manipulate the anticipated volume of data.
* A description of how the Contractor plans to use the hardware and software products.
* A description of how the Contractor shall ensure compliance with The Privacy Act of 1974.
* A discussion of how the proposed Contractor data systems environment is appropriate, given CMS’ system architecture.
* List of the hardware, software and telecommunications equipment required to accomplish this task order, including the licensing restrictions.
* Other items as identified by the Contractor.

The Contractor shall track and report systems issues related to CMS System Updates to the MARx and MBD Systems. The Contractor shall report any systems issue that prohibits processing of transactions or result in incorrect payments generated to an organization. The Contractor shall periodically retry those transactions to verify systems correction and report ongoing problems to the CORPO or any other designated CMS point of contact.

5a Data Usage Agreement

The Contractor shall enter into a Data Use Agreement (DUA) with CMS. The agreement shall delineate confidentiality requirements of the Privacy Act, implement security safeguards, and explain CMS' data use policies and procedures. The DUA serves as both a means of informing the Contractor of these requirements and a means of obtaining their agreement to abide by these requirements. The DUA shall be submitted to the COR no later than 30 calendar days prior to the fully operational phase.

The Contractor shall obtain a CMS DUA form from their COR, complete it and then return it to their COR for review. The COR will then coordinate with the CMS Privacy Officer for authorization and assigning of aDUA number. If additional data not identified in the DUA is required, a second DUA may also be required to obtain access to that information. The Contractor shall work with CMS to gain access to the following systems:

* MARx - Medicare Advantage and Pharmacy System
* HPMS - Health Plan Management System
* REMIS- Renal Management Information System
* MBD - Medicare Beneficiary Database
* eRPT – electronic Retroactive Processing Transmission System

The Contractor shall pass necessary data to, and receive data from, the eRPT so that the eRPT can function as set out in the eRPT Internal Control Document, including the number of failed and successful transactions. Material changes to the eRPT that necessitate design changes to the Contractor’s tracking system will be negotiated as contract modifications.

#### 6. Standard Quarterly Data Report

The Standard Quarterly Data Report shall be sorted by Regional Office and/or Parent

Organization and, at a minimum, include the following:

* Number of records received, reviewed, and processed broken down by special status, enrollment(including PBP changes), disenrollment;
* Number of pending requests sorted by reason code broken down by special status category, enrollment(including PBP changes), and disenrollment;
* Trends discovered during data analysis; and
* Description of special reviews/actions being conducted as directed by CM/Central Office.

#### 7. Bi-Weekly Contractor/COR Meetings

The Contractor shall conduct status calls, via teleconference, with the COR and the appropriate Staff as needed, but no less than bi-weekly. Ad-hoc conference calls shall be held as deemed necessary Issues and concerns shall be brought up at these meetings, along with the status of the Project. Standing agenda items shall include, but not be limited to:

* Review of workload statistics and any other reports;
* Discuss significant problems encountered or anticipated and their impact on the workload;
* Contractor’s plans to resolve identified problems; and
* Question and Answer.

**Task 8: Security Reporting**

The Contractor shall comply with the applicable security requirements related to the operation of the Task Order defined in the Business Partner System Security Manual (BPSSM) (also known as IOM Publication 100-17), the Core Security Requirements and its operational appendices (A, B and C), found at [www.cms.hhs.gov/it/security](http://www.cms.hhs.gov/it/security). The due dates for these are as follows:

1a - Security Risk Assessment (RA):

**Artifact is due within two months of award; annually, thereafter from the date of the initial submission. The Contractor shall also submit a Security RA if there is a substantial change that would affect the Security RA.**

1b - System Security Plan (SSP):

**Artifact is due within two months of award; annually, thereafter from the date of the initial submission. The Contractor shall also submit a SSP if there is a substantial change that would affect the SSP.**

1c - Business Continuity Plan (BCP):

#### Artifact is due within two months of award; annually, thereafter from the date of the initial submission. The Contractor shall also submit a BCP if there is a substantial change that would affect the BCP.

**Task 9: Quality Assurance**

The Contractor shall develop and maintain a Quality Assurance (QA) program. The QA program shall be designed to ensure and improve the quality of the Contractor’s work in its entirety. The program shall also ensure the accuracy and timeliness of actions and responses to CMS. The QA program shall also include industry best practices as appropriate.

The Contractor shall submit a draft QA plan to the COR fifteen (15) business days after the kick-off meeting. The COR will review the draft QA plan and provide comments and/or recommendations to the Contractor. The Contractor shall incorporate the comments/recommendations within five (5) business days into the final QA plan.

The COR will conduct an annual review of the Contractor’s performance. CMS will utilize a number of quality assurance procedures to ensure the Contractor’s compliance with this task order. Examples include inspection of deliverables, review of reports, and onsite progress meetings. CMS reserves the right to monitor any aspect of the Contractor's operation at any time and is not limited to those areas specifically stated in the Task Order.

CMS willprovide the Contractor with general information about the review process, but is not obligated to provide the Contractor with specific details relating to how the reviews shall be conducted. The Contractor is expected to perform effectively and efficiently in all areas of its operations, including those areas not specifically evaluated. CMS may elect to evaluate performance for any or all activities performed by the Contractor.

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Quality assurance for this task order requires the efficient handling of a large volume of documents, each passing through several steps of processing and review. The following quality assurance monitoring and performance indicators are applicable:

Cooperation/Coordination (Level of interaction between the Contractor and appropriate stakeholder(s)): The Contractor may be required to cooperate and coordinate with stakeholders other than CMS. They are Plans, Providers, and other entities as appropriate. Some examples of how CMS will evaluate Contractor performance include the following:

1. Demonstration of ongoing dialogue or meetings with the appropriate and necessary parties;
2. Feedback from other entities with which the Contractor has had to work with, and;
3. Number and type of issues that arise and indicate communication, or a lack of communication, between appropriate entities and the Contractor.

Quality (Appropriateness, completeness and error free nature of all activities conducted by the Contractor): The Contractor shall maintain the highest degree of quality for all activities performed throughout the period of performance of this task order. Some examples of how quality shall be evaluated include the following:

1. Completeness and accuracy of data analysis;
2. Completeness and accuracy of data entry, and;
3. Completeness and accuracy of all deliverables.

CMS shall conduct periodic quality reviews of all work produced under this Task Order to monitor the Contractor’s performance. The Contractor shall submit a sample of work produced within a timeframe specified by CMS for quality review.

Integrity (Ability of the Contractor to uphold the highest standards of professional integrity and act in the best interest of the Medicare program): The Contractor or any subcontractors, shall not engage in fraud and abuse or be found to have non-disclosed conflicts of interest while work is performed on this task order or other government contracts. Some examples of how the Contractor performance shall be evaluated include the following:

* Demonstration that the Contractor continuously maintained professionalism and honesty in its business activities.

1. Demonstration that all activities were carried out in a legal and ethical manner.

Innovation (Ability of the Contractor to use creative approaches for trending and analysis of enrollment data): The Contractor shall use creative approaches to trend and track Medicare Advantage and Prescription Drug Plan enrollment data. The Contractor shall be evaluated using measures including, but not limited to:

* Use of data query tools to access and perform multiple forms of analysis in trending data;

1. Use of effective and efficient forms of data analysis approaches; and
2. Use of data mining tools to ensure the clarity and quality of reports.

**Task 10: Social Security Number Removal Initiative (SSNRI)**

In a coordinated effort with CMS to decrease Medicare beneficiaries’ vulnerability to identity theft, the Contractor shall participate in the Social Security Number Removal Initiative (SSNRI) as required by the Medicare Access and Children’s Health Insurance Program (CHIP) Reauthorization Act (MACRA) of 2015. The initiative involves the removal of the Social Security Number (SSN) based Health Insurance Claim Number (HICN) from the Medicare ID cards and all business critical data exchanges and replacing it with the Medicare Beneficiary Identifier (MBI).   The actions to be taken by the Contractor for the SSNRI shall, at a minimum, include:

* Modify processes and applications to accept, use for processing, and return the MBI to stakeholders as of April 1, 2018;
* Continue to accept and utilize the HICN through the transition period (April 1, 2018 - December 31, 2019);

The deliverables shall include:

* Submit SSNRI Project Work Plan and Gantt Chart on October 15th, 2017;
* Add SSNRI Project status updates to bi-weekly COR meeting agenda during implementation period;
* Submit SSNRI Operational Readiness Checklist on March 15th in advance of the transition period start date of April 1st, 2018.

**ITEMS TO BE FURNISHED AND DELIVERABLE SCHEDULE**

1. ALL DELIVERABLES, REGARDLESS OF CONTENT or METHOD OF SHIPMENT, SHALL BE “TRACKED IN CMS ART. Additionally, all deliverable “content” shall be submitted into CMS ART with the exception of deliverables that contain confidential and/or sensitive information and/or otherwise noted (hard copy, etc.). Deliverable content that contains confidential or sensitive information shall be submitted via a secure method of shipment, e.g. secure email (preferably) or hard copy.
2. Deliverable dates that fall on a weekend or holiday shall be due on the first subsequent business day after the weekend or holiday.

Any of the deliverables may be requested in other media, such as hard copy, via COR request.

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| --- | --- | --- | --- | --- |
| **ITEM** | **DESCRIPTION** | **RECIPIENT** | **DELIVERY DATE** | **MEDIA** |
| 1. | Task 1 – Complete Retroactive Payment Validation Adjustments – Final Disposition Report and Error Reports | MAOs, Cost Plans w/ Part D,MA-PDs, PDPs | As needed | As specified by CMS |
| 2. | Task 1 – Weekly Scorecard | COR | Every Wednesday | Email |
| 3. | Task 2 – Ad Hoc Reports (Data Analysis and Trending) | COR | As needed | Email |
| 4. | Task 2-Report Financial Alignment Demonstration data separately from other plan-type data | COR | 15th day of each month | Email |
| 5. | Task 2- Provide data analysis specific to the Financial Alignment Demonstration | COR | 15th day of each month | Email |
| 6. | Task 3 – Monthly LIS Report | COR | 20th Day of the Month | CMS ART |
| 7. | Task 3 – Monthly LIS Detail Report | COR | 20th Day of the Month | CMS ART |
| 8. | Task 4 – Process Retroactive Adjustments for Special Needs Plan –Final Disposition Report | MAOs, MA-PDs, PDPs | As needed | As specified by CMS |
| 9. | Task 5 – Quality Review Schedule | COR | 15th of the Month beginning each Quarter | CMS ART |
| 10. | Task 5 – Quality Review Report | COR, RO Account Managers, Plans | 15th Day of each Month | Email |
| 11. | Task 6 - Process Reinstatements for Dual Eligible Beneficiaries | Financial Alignment Demonstrations | As needed | As specified by CMS |
| 11. | Task 6 – Weekly Scorecard | Financial Alignment Demonstrations | Every Wednesday | Email |
|  | **Project Management** |  |  |  |
| 12. | **Kick-off Meeting** |  | Within 10 business days of Task Order Award |  |
| 13. | Task 7 - Kick-off Meeting Minutes | COR/Contract Specialist | 3 business days after the Kick-off Meeting | Email |
| 14. | Task 7 - Draft Project Management Plan | COR | 15 business days after Task Order award | CMS ART |
| 15. | Task 7 - Final Project Management Plan | COR | 10 business days after receiving CMS comments | CMS ART |
| 16. | Task 7-Report Financial Alignment Demonstration data separately from other plan-type data | COR | Bi-weekly | CMS ART |
| 17. | Task 7 - Monthly Status Report | COR/Contract Specialist (CS) | 15th day of each Month | CMS ART and electronic copy to CS |
| 18. | Task 7 - HPMS Enrollment Dashboard | COR/RO Account Managers | 10th day of each Month | HPMS |
| 19. | Task 7 - 5. Data Systems/IT Systems Plan | COR | 10 days after identification of a change | CMS ART |
| 20. | Task 7 - 5a.  1.Data Use Agreement/  2.Medicare Data Center Network (MDCN) Documents  3.Application for Access to: MARX, MBD, HPMS, AND REMIS | COR | As needed | Hard copy |
| 21. | Task 7 - Standard Quarterly Data Report | COR | 15th of the Month beginning each Quarter | CMS ART |
| 22. | Task 7 - Bi-Weekly Contractor//COR Meeting Minutes | COR | Bi-weekly | Email |
| 23. | Task 8 - 1a. Security Risk Assessment | COR | 2nd Day of September | CMS ART |
| 24. | Task 8 - 1b. Systems Security Plan | COR | 2nd Day of September | CMS ART |
| 25. | Task 8 - 1c. Business Continuity Plan | COR | 2nd Day of September | CMS ART |
| 26. | Task 9 – (Draft) Quality Assurance Plan | COR | 15 business days after Task Order Award | CMS ART |
| 27. | Task 9 – (Final) Quality Assurance Plan | COR | 10 business days after receiving CMS comments | CMS ART |
| 28. | Task 10 – SSNRI Project Work Plan | COR | 15th Day of October | Email |
| 29. | Task 10 – SSNRI Operational Readiness Checklist | COR | 15th Day of March | Email |