



Accurate Member Materials are an Important Part of the Member Experience

Is your Plan prepared to avoid the common pitfalls associated with member material development and review?

Annual member materials are an important part of the member experience and are essential in accurately conveying the intended benefit. And any activity that impacts member experiences are highly scrutinized by CMS. Member materials containing inaccurate information can result in Notices of Non-Compliance (NONCs) and CMPs, as well as add to the production and distribution costs associated with providing the subsequent errata. Historically, inaccurate member materials have been a source of non-compliance and civil money penalties (CMP's) for plans. Common findings include:

- Failure to provide accurate benefit information in combined ANOCs/EOCs.
- Incorrect yearly deductible, Part D prescription drugs deductible, and hospital deductible and copayments.
- Incorrect Specialist and in-patient hospital copayments.



The clock starts ticking in late May, when CMS releases the Model Marketing Materials, and continues to Sept. 30, when AEP materials need to be in members' hands.

GET IN TOUCH

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ANNUAL REVIEW PROVES CHALLENGE FOR PLANS

Plans face several challenges in ensuring the annual required member materials (Summary of Benefits (SB), Annual Notice of Changes (ANOC), Evidence of Coverage (EOC), Provider/Pharmacy Directories, etc.) are adequately proofed:



CHANGES IN CMS GUIDANCE

- Certain beneficiary documents, such as EOCs and provider directories, may now be posted electronically, with hard copies provided upon request.
- CMS now releases Medicare-Medicaid Plan (MMP) state-specific Model Marketing Materials.
- HPMS no longer produces the SBs, but rather provides a memo to Plans, advising what elements to include in the SB.
- The multi-language insert has been replaced by a Section 1557 document.
- In past years, some changes in the Model Marketing Materials have been posted to the CMS website without the benefit of an HPMS memo so plans may have been unaware of the changes.



LACK OF TIME AND RESOURCES

- A Plan may need to produce several versions of the annual required materials, depending on how many Plan Benefit Packages (PBPs) a Plan intends to offer. Some of these materials are over 100 pages in length.
- Coordination among the Plan's departments to populate the required materials with PBP information takes time, and PBP information may change while the Plan awaits approval of its bids from CMS in June.
- ANOCs must still be printed, mailed and in members' hands by Sept. 30. Print production, and mail time can take 2 weeks or more.

SAVE TIME AND MONEY

BluePeak's consultants have experience reviewing member materials from their work at Plans and for CMS. We can help you populate and/or review the annual required materials, as well as other member communications, such as Explanations of Benefits (EOBs), transition letters, denial notices, etc., that, if in error or not easily understood, could potential result in program audit conditions. This could be a huge cost saver in time and money for your organization.



Contact BluePeak today for a **FREE** consultation!
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