

Making Medicare Pay

Third in a Series of Webinars
Self-funded Health Plans:
How to Reduce Costs Without Changing Coverage

Brought to you by:



August 2007



About Health Decisions, Inc.

Pioneering Specialists in

Group Health Care

Post-Payment Administration

For Over 20 Years

Customer Philosophy

Respect for Existing Procedures

Emphasis on Customization

Focus on Solutions



About This Webinar Series

August's Webinar - Making Medicare Pay

- June Series Overview: How to Reduce Costs
 without Changing Coverage
 (Podcast available at "Si's Library" www.healthdecisions.com)
- July It All Starts with (Podcast available at "Si's Library" www.healthdecisions.com)
- September Claim Recovery "Yachtsmanship"
- October The 'Rx' for Rx Claims
- November Declaring WARR



Medicare Realities

The Bad News

- Medicare is not trying to be fair.
- Medicare is trying to shift costs.
- Medicare invests heavily in this:
 - MSP (with and without the IRS)
 - VDSA
 - COBA
 - DEFRA



Medicare Realities

The Good News

- > Employers and plans can respond effectively.
- Getting and keeping facts straight is a must.
- Using regulations to your advantage is key.



Today's Webinar

Today's Session Covers:

Common problems employers and plans face.

How to respond effectively.

Today's Session Will:

Lay out a strategy for compliance that balances Medicare's one-way cost shift.

Highlight the newest facet of Medicare recovery, the Retiree Drug Subsidy (RDS) under Medicare Part D.



Common Problems

Different Types of Medicare Eligibility				
Pose Different Challenges				
Aged	 Incorrect classification by employer Incomplete enrollment by retiree 			
(and all others)	Incomplete enrollment by retiree Incorrect billing by provider			
Disabled	 Aggressive denial by Medicare Daunting appeals process 			
ESRD	Incorrect first date of dialysis Erroneous advice from Medicare			
COBRA (and group size)	Lack of retiree awareness Lack of payer enforcement			



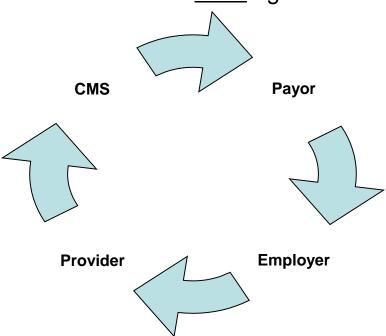
Step 1: Get All the Facts

Source	Aged	Disabled	ESRD	COBRA	Groups Size	
Payor	Birth date	Diagnoses/ Procedures	Diagnoses/ Procedures	Enrollment	Marketing	
	Internal Indicators in claim, enrollment and administrative records.					
CMS	Medicare Part A & B Effective Dates •VDSA for Mass verifications •Case Specific Verifications					
Employer	Active/Inactive status Active/Inactive group enrollment			Election Status	Employee Size	
Enrollee	Medicare Part A & B Entitlement Status					
Provider	Diagnoses/Procedures, Disability History, First Date of Dialysis, Billing History					



Step 2: Put Facts to Use

ALL Facts <u>must</u> be the same. ALL Parties <u>must</u> agree.



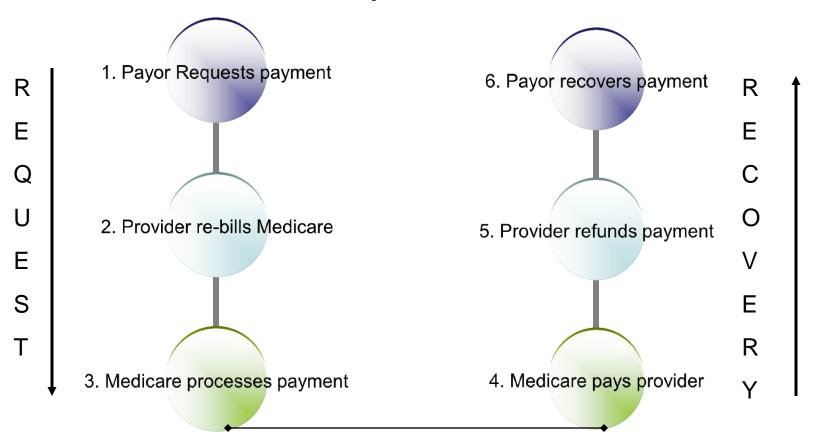


Step 3: Make Your Case

Different Types of Medicare Eligibility				
Entail Different Responses				
Aged	 Make corrections to enrollment classification Support Medicare enrollment 			
(and all others)	Support Modicare of Monimient			
Disabled	Option 1: Personal Advocate Option 2: Legal Advocate (tied to LTD)			
ESRD	Document care history			
COBRA	Enforce regulations			
(and group size)				



Step 4: Medicare Collection





Retiree Drug Subsidy Timeline

(Calendar Year Plan)



Annual Notices of Creditable Coverage (Nov 15)

Perform Creditable Coverage Tests

Application Renewal (Sept 30)

Prepare Application 9\$

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Monthly

- Cost Reporting
- Payment Requesting
 - Claims Gathering
 - Claims Filtering
 - Subsidy Filings

Current Application: \$

- Subsidy Receipt Confirmation
- •Download/Confirm Retiree Lists
- Upload new retirees and MEI
- •Download/Process weekly potitication files

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Current Application:

- •File for subsidy for last months of the application
- Download/Confirm Covered Retiree Lists

Next Application:

Enter retiree lists

- •Collect PBM cost information
- •File for first RDS payments

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Annual Disclosure to CMS (Feb 28)

Annual Reconciliation Due (Feb 28)

12 Step Process

Current Application:

*Download/Confirm

- Download/Confirm Retiree Lists
- Upload new retirees and MEI
- Download/Process weekly notification files

Kev:

Lapsed Application
Current Application
Next Application

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Closing Thoughts

Medicare is not your enemy; but it is not your ally either.

You need to be as aggressive as Medicare in enforcing payment liability.



For More Information Contact

si@healthdecisions.com

We will arrange for a private consultation to answer questions and discuss options.