

Messagepoint Medicare Touchpoint Exchange: New PIMM and QA modules



What's new?

Two new modules are now part of the Messagepoint Medicare Touchpoint Exchange (MTPE) platform. Each simplifies the creation and accuracy within the Evidence of Coverage (EOC), Annual Notice of Change (ANOC), and Summary of Benefits (SB) documents.

The MTPE is a purpose-built framework that is compliant with Centers for Medicare Services (CMS) marketing guidelines. It leverages the core Messagepoint platform to automate many aspects of the annual CMS updated process and the creation of fully formed and 508(c) compliant EOC, ANOC, and SB documents.

The new Plan Information Module for Medicare (PIMM) gives the business user a guided experience to quickly update existing plans and create net new plans from already approved plan-type configurations.

The QA module provides the control, collaboration, and tracking necessary to streamline stakeholder reviews and to ensure the right plan information is filed with CMS when approvals are complete.



PIMM Module

The EOC, ANOC, and SB documents provide the plan member with valuable information about their benefits, as well as operational information when assistance is required. Within these documents there are many places where the same information is being presented (customer service phone number, hours of operation, etc.) The PIMM centralizes phone numbers, addresses, and hours of operation. This gives the health plan a clear view of the information used across plan materials and is easily linked to each plan ID in the system. The PIMM is integrated with the models, linking this centrally managed data to the required locations within the EOC, ANOC, and SB. In the event of changes, all plan IDs in the system will auto-update, ensuring that all documents are updated when data is processed. Customizations can be easily supported at the plan level.

The PIMM is also the catalyst for controlling the Plan Benefit Package (PBP) data associated with each plan. The PBP database is linked to the PIMM ensuring that no human intervention can change the benefits. The PIMM data set for each plan ID is linked to the PBP database and the associated contract ID. When the user has completed the PIMM data set up for each plan, the PBP or PIMM data sets are submitted to Messagepoint for processing.

Within a model document there are hundreds of bracketed blue text instructions that inform the Medicare Advantage Organizations (MAO) about the information required. The PIMM is integrated with the model instructions and guides the business user through a Q&A process as well as model instruction and selectable options to inform the system about what content to include. Users only need to know the answer to the question to generate the data that will invoke the correct rule in Messagepoint to include the content required for a specific instruction set. A single answer may update many areas of the document and inform the EOC, ANOC, and SB accordingly. This integrated approach consolidates many blue text instructions into a single question and answer process, streamlining the overall set-up and annual update process, ensuring the intended outcome.

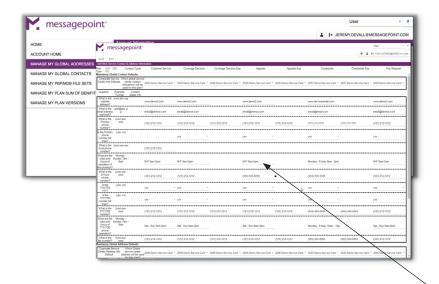


A user can quickly create a new plan by simply copying an existing plan in the system. This allows users to keep what is consistent across the plan type and only update what is different between the base plan and the new plan, saving significant time and reducing the risk of error.

By using the base plan confirmation for each plan type, a user can quickly create each plan listed in the PBP database. The PIMM module removes the need for cumbersome and error-prone spreadsheets and lets you enter health plan information that is not included in the Plan Benefit Package (PBP) files created in the CMS Health Plan Management System (HPMS). This saves time and reduces manual and redundant tasks, reducing the potential for error.

PIMM data, along with the PBP data, is submitted together for each plan ID into the Messagepoint platform for dynamic publishing of draft EOC, ANOC, and SBs for each plan ID.

Fully formatted 508(c) PDF's are then routed to the QA module for stakeholder reviews.



- Set up contact info once
- Reuse across all plans
- Selectable content
- Updates will apply changes to all plans
- Ability to customize at the plan level (if need be)
- Customizations clearly marked

QA Module

The QA cycle poses significant challenges that many Medicare Advantage Organization's cite as "the" problem to solve. The QA process introduces a layer of complexity for stakeholders who are responsible for approvals and compliance for what is released to market and is further compounded with the volume of plans involved.

Messagepoint simplifies QA in several ways.

Centrally manage data and content

This plays a significant role in the reduction of time during a QA cycle. For example, if the call center phone number is accurate in the document in the first location of use, and there are 50 additional locations, the stakeholder can simply approve the one location knowing all 50 are driven by the same data element in the database.

Configurable check lists and QA instructions that align with the system data process

This provides a way to streamline user activities during QA and ensures stakeholders look at specific information as part of the QA process.

Integrated user management and workflow

Easily configure user management and workflow to control users' activities and the stakeholders who participate in specific QA cycles. Rules can be applied that route the documents to specific stakeholders both internal and external, if needed.

Centralized view of all stakeholders

Stakeholders are pulled into a central view that provides collaboration, eliminating the need to email PDF's and track each version. See who is a participant in the review chain, what specific content each person is responsible for, the version of the PDF in process, list of prior versions, etc. All annotations and change requests are listed and associated with a version.

QA reports

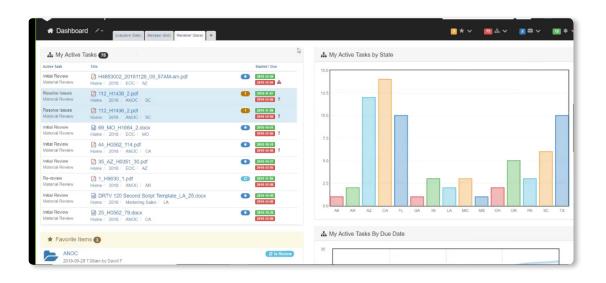
The new module creates reports that provide a complete audit trail for each plan document and associated versions.

Side-by-side comparisons

Quickly review differences to validate changes and verify that no additional content has changed in the document that was not requested. Changes are displayed and when clicked, takes the user to the change and coordinated view between the two versions.

PDF Annotation

Annotate directly on the PDF, all of which are logged and tracked.



Requested changes are routed to the right stakeholder who can update the PBP or PIMM and generate a new data set from which updated documents can be generated. If defects are found within the automated content within Messagepoint, the workflow requests and updates the core content library and benefit rules in Messagepoint - updates will show up when the data process is invoked by the PIMM data submission. Updated versions would then route to the QA workflow, sending out stakeholder notifications for review of the updated materials.

Overall, the QA module is designed to simplify the QA cycle, providing visibility and control over what has traditionally been a very complex and tedious process.



To learn more about Messagepoint, contact us at 1-800-492-4103, or visit messagepoint.com.

