



November 4, 2013

Mr. Daniel R. Long
Executive Director
Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, IL 62706



RE: Follow-up Questions from CGFA

Dear Executive Director Long:

Please accept this memorandum and the attached documents as response to your October 25, 2013, request for additional information. Each of your requests and our responses are provided below.

1. You indicated CMS would provide information as to how a possible credit would be dealt with for those retirees who may have already met their deductible prior to enrolling in one of the Medicare Advantage options available.
 - o CMS continues to review this matter but wishes to clarify one particular nuance for the Medicare Advantage plans that makes the deductible under these plans different than that experienced under the current plans. Under a Medicare Advantage plan, the plan year deductible (in this case, \$100 State and \$250 CIP/TRIP) counts towards the member's out-of-pocket maximum under the plan. In other words, meeting the deductible reduces the member's out-of-pocket maximum by the amount of that deductible. This is significantly different than the current plan designs under which the plan year deductible is separate and distinct from and does not count towards the member's annual out-of-pocket maximum.
2. Would you provide COGFA information on the Group 1 "Dependent Verification". The Commission would like information such as how many forms were sent out by HMS; how many retirees provided the required information; how many dependents may be removed for non-compliance and the percentage of the total dependent population for Group 1; what are the procedures for removing a dependent, etc.
 - o For the Group 1 mailing, HMS sent 1,261 letters to members. Those members carried 1,835 dependents.

As of today's date, 1,018 (80.7%) members have responded resulting in the certification of 1,553 (85.0%) dependents. Of the other 15%, 270 dependents remain uncertified and 4 were voluntarily terminated by the member.

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CMS is currently reviewing that list of 270 dependents to determine termination of coverage. The factors considered in this termination are (1) whether or not any documents were submitted and (2) the age of the member responsible for submitting the documents.

Once a final decision is made, the terminations will be processed through our membership system via a change in status code from active to terminated. Notice of the termination will be sent to all impacted members and their dependents. Under current enrollment and eligibility procedures, members will have an additional 30 days to produce documentation to re-enroll these dependents. That re-enrollment, if any, will be effective on the date the documents are received.

3. Subsequent to the meeting we received a request from a COGFA member for copies of all correspondence between the Chief Procurement Officer, Matt Brown, and CMS and between CMS and the Governor's staff related to the procurement of Medicare Advantage vendors.
 - o Those documents are attached.
4. Can you provide the Commission with an update on the backlog of bills for the Group Insurance Program and the current payment cycle. Please include separate information for SEGIP, TRIP and CIP.

**Payment Holds
 10/29/2013**

	SEGIP	TRIP	CIP
Payment Holds	1,658,192,742.41	171,105,269.18	18,200,219.94
In Process	129,978,992.99	1,764,000.00	1,142,972.74
Net Payment Holds	1,528,213,749.42	169,341,269.18	17,057,247.20
HMO Delay	7 months	6 months	7 months
Cigna - Out of Network	294 (OAP)/420 (Non OAP) days	49 days	70 days
Dental	11 (in)/25 (out) weeks	N/A	
OAP's	8 months	None	1 month
Medco	8 months	6 months	7 months

In process = vouchers have been processed by CMS, but have not yet cleared the fund

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Please contact me directly at 217-785-8675 if you have any questions or concerns or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Bonneville', with a long horizontal flourish extending to the right.

Janice L. Bonneville
Deputy Director
Bureau of Benefits

Attachment