

SEP Verification Audit - Confidential

C4HCO

[Date]

* Proposed Suvey Construct

Scope

C4HCO was asked by the Board Advisory Group to perform a pilot audit of SEP verifications. C4HCO has selected the period of April - May of 2016 for the audit pilot. C4HCO will select two carriers to review the SEP verification process and provide resulting audit outcomes for advisory committee review.

Pilot

Perform a statistically valid sample of reported Life Change Events (LCEs) resulting in an SEP in the months of April, May, and June of 2016 with one national and one regional carrier.

- 1)
- 2)

Selection Criteria

Member reporting LCE April - June 2016 April May June
 Members included in Audit

Summary Results

Total Members Audited

SEP Granted	YES	<input type="checkbox"/>	No	<input type="checkbox"/>	
SEP Selection Outcome	Same Carrier	<input type="checkbox"/>	New Carrier	<input type="checkbox"/>	
SEP Member Self Attestation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
SEP Documentation Requested	HCPF	<input type="checkbox"/>	C4HCO	<input type="checkbox"/>	Carrier <input type="checkbox"/>
SEP Documentation Received	HCPF	<input type="checkbox"/>	C4HCO	<input type="checkbox"/>	Carrier <input type="checkbox"/>
Summary Enrollment Data					
Average coverage span (months)		<input type="text"/>			
Average claims payment (total claims/months)	\$	<input type="text"/>			

Member Level Enrollment Outcome

Total Members Audited

Effectuation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Change in CSD	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Member Cancelled	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Member Effectuated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Member initiated cancel/term	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Carrier initiated cancel/term	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Member Level Info

Date Sent	<input type="text"/>			
Date Effectuated	<input type="text"/>			
Date of cancel/term	<input type="text"/>			
Coverage Span	Start Date	<input type="text"/>	End Date	<input type="text"/>
Total Claims Payment	\$	<input type="text"/>	Months	<input type="text"/>