RRT and CST What's the difference?

RRT stands for Reinstatement Request Transaction

CST stands for Customer Satisfaction Team

Both of these are lists in spreadsheet form and play a part in resolving member issues and take a lot of research. One difference is that RRT is only submitted by the MCE whereas CST is used to report issues by all parties involved in the HIP process. RRT is primarily used for payment errors found and confirmed by the MCE. Examples below.

Please Note: not all RRT situations are errors on the MCE and could be due to member error, system error or finding a legitimately lost payment. There are also many times that a payment was made too late to qualify for RRT and that is why this list must come from MCE and DFR will never reopen HIP due to statement or verification that member paid.

MCE Scenarios	CST	RRT
Member is open effective 5/1, but a check was found prior to 5/1 and member is not on PE so they want the earlier coverage.		X Member will need submitted on RRT to change the effective date back to initial payment.
Member payment is not located when member calls and another MCE is or was involved.	X This needs more research and possibly a few fixes other than applying and finding a payment at another MCE.	
Member was dropped to basic and MCE found a payment prior to the 60 days after the member called with confirmations.		X Member will be submitted on RRT to reopen Plus benefits without a break in coverage.
Member appealed being closed and in researching the closure and notices realize that the no pay was sent in error.		X Member will be placed on RRT to have case recreated, penalty removed, and reopened without a break.
MCE has a payment they want to apply for a member, but the pay is rejecting and member keeps calling saying they should be open. MCE has no idea what the problem is.	X Eligibility in ICES and AIM will need to be looked at and the error message the MCE is receiving will be researched as well for a resolution.	

A perfect world example of RRT process would look like this: Member calls MCE and reports that List is worked by CAU and ICES to make When list is complete it is given back to they have made a payment and should sure that member was eligible during the MCE letting them know of not have been termed/dropped to time the payment was received. Most completion and feedback to why any basic. cases will need worked first by ICES and case cannot be corrected as requested helped by the CAU to finish up case in or for the MCE to take another action. ICES. HP is also involved to finish up the process in their AIM system. MCE researches the member's payment and confirmation information given by the member and finds a payment. MCE verified that the payment was made before 60 day deadline. OMPP receives list weekly from MCE makes contact with MCE fills out the spreadsheet according member that case has been each MCE and checks for to OMPP requirements. Most accuracy and once approves corrected to Plus. importantly stating what happened and sends spreadsheet to ICES and the date the member made payment. CAU.