



Center for Medicaid and State Operations
Disabled and Elderly Health Programs Group (DEHPG)

September 8, 2009

Dear State Medicaid Director:

This letter provides detail about the Medicare Part D beneficiary reassignment process and information about a one-time notification to the States of individuals reassigned to a different prescription drug plan (PDP) for 2010. The Centers for Medicare & Medicaid Services (CMS) sent a related letter to PDP sponsors on August 28, 2009 (see enclosure A).

Process for Reassigning Low-Income Subsidy (LIS) Eligible Beneficiaries

CMS has started the process of annual reassignments for certain LIS-eligible individuals. Steps in this process include:

- Identifying beneficiaries whose LIS eligibility will continue in 2010;
- Identifying which plans in each PDP region have a 2010 premium at or below the LIS benchmark for that region;
- Confirming that beneficiaries are assigned to plans in their region of residence, based on State Medicare Modernization Act (MMA) files;
- Determining which individuals remain in their auto-assigned plans; and
- Reassigning individuals to appropriate plans in their region of residence, when necessary (see enclosure B).

Detailed guidance on the reassignment process, methodology and file layout is enclosed. Additional information can be found in section 30.1.5 of Chapter 3 (Eligibility, Enrollment, and Disenrollment) of the Medicare Prescription Drug Benefit Manual, available on the Web at <http://www.cms.hhs.gov/MedicarePresDrugEligEnrol/>.

CMS Notifications to Beneficiaries

All beneficiaries will receive an Annual Notice of Change from their 2009 Part D plan. In addition, CMS will mail the following notices to affected beneficiaries:

- “Reassignment Notice”: On or around the week of October 26-30, CMS will mail *blue* notices to all LIS beneficiaries who will be reassigned to a new PDP because the plan into which they were previously auto-enrolled will have a premium above the regional LIS benchmark or is converting into an enhanced benefit plan; or their current PDP is terminating.

The blue reassignment notice will include a list of locally available plans that have no premium liability for people eligible for the full premium subsidy in 2010. Beneficiaries can use this information to compare their plan options. Except in plan termination situations, the notice also will inform them of the new monthly premium amount, if they stay in their current Part D plan.

- “Choosers Notice”: In early November, CMS will mail *tan* notices to LIS beneficiaries who are in a plan that will have a premium above the regional LIS benchmark or that is converting into an enhanced benefit plan, but are not being reassigned by CMS because they actively chose their current plan. These so-called “choosers” voluntarily elected their current plan (that is, they were not auto-enrolled, facilitated-enrolled, or reassigned into their current plan by CMS) and will qualify for 100 percent premium subsidy in 2010, but their plan’s premium will be above the regional LIS benchmark amount in 2010. Like the blue reassignment notice, the tan “choosers” notice will inform them of the new monthly premium amount for which they will be liable if they stay in their current Part D plan and include a list of plans that have no premium liability for people eligible for the full premium subsidy in 2010.

CMS has created a guide to 2009 Part D mailings sent from CMS, Social Security and the plans. This guide will summarize each notice’s message, explain when it will be sent, and include the color of the paper on which the notice will be printed. This guide will be available in early September on our Limited Income and Resources Web page at <http://www.cms.hhs.gov/LimitedIncomeandResources/> (scroll down and click on “2009 Mailings by CMS, SSA, and Plans”). The model beneficiary letters also will be posted on this Web page, as they become available.

State Notification

On or around October 16, CMS will send a file to each State listing the LIS-eligible individuals in their State who have been identified for reassignment into a new plan. The purpose of this one-time file on reassignments is to assist States in providing effective customer service to affected beneficiaries. Customer service representatives at 1-800-MEDICARE will be prepared to answer questions about the reassignment process and about beneficiaries’ full range of options. In addition, plan information will be available at www.medicare.gov.

The reassignment file that CMS will be sending to States will contain a list of full duals, partial duals, Supplemental Security Income (SSI)-only eligible individuals, and approved LIS applicants residing in their State who will be receiving blue notices from CMS informing them that they will be reassigned. Individuals whom a State Pharmaceutical Assistance Program has requested that CMS carve-out of the reassignment process, under its authority to enroll on behalf of its members, will not be included in this file. This exclusion will ensure that such beneficiaries are reassigned only once. A State file description (enclosure C) and file format (enclosure D) are included with this letter. These reassignments will subsequently appear on your normal monthly MMA response file starting November 12.

State Medicaid Director – Page 3

Thank you for your continued assistance with our efforts to ensure that low-income Medicare beneficiaries, including dual eligibles, maintain affordable and comprehensive coverage under the Medicare Part D prescription drug benefit. Please direct any questions about the reassignment process and the attached file formats to Deborah Hunter at Deborah.Hunter@cms.hhs.gov or (410) 786-0625.

Sincerely,

/s/

Terry Pratt
Acting Director

Enclosures

cc:

CMS Regional Administrators

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Enclosure A

CMS Guidance to PDPs on Reassignments

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR DRUG AND HEALTH PLAN CHOICE

DATE: August 28, 2009

TO: All PDP Sponsors

FROM: Anthony Culotta, Director
Medicare Enrollment and Appeals Group

SUBJECT: Reassignment of Low-Income Subsidy Beneficiaries for 2010

OVERVIEW OF THE REASSIGNMENT PROCESS

In early October, CMS will conduct reassignment of certain beneficiaries eligible for the Part D low-income subsidy (LIS). CMS will carry out all reassignments, including those to a different plan benefit package (PBP) offered by the same organization and the random reassignment to plans offered by different sponsors. For 2009, the process for determining which Prescription Drug Plans (PDPs) qualify for reassignment has not changed. As in the past, individuals who no longer qualify for LIS will not be reassigned, nor will LIS-eligible individuals who have chosen a plan on their own. These individuals will remain in their existing plans unless they make an affirmative enrollment choice. Thus, CMS will reassign only individuals who meet all of the following criteria:

1. Individuals who are LIS-eligible in 2009 and will remain LIS-eligible in 2010.
2. Individuals who have remained in a plan into which they were auto-enrolled or facilitated-enrolled by CMS.
3. Individuals in a plan that will be terminating or will no longer have a Part D premium at or below the LIS benchmark in 2010.

For further guidance on this process, please see §30.1.5 of Chapter 3 (Eligibility, Enrollment, and Disenrollment) of the Medicare Prescription Drug Benefit Manual, available on the Web at <http://www.cms.hhs.gov/MedicarePresDrugEligEnrol/>.

Please note that reassignment occurs only for PDPs; there is no reassignment for MA organizations. In addition, there is no reassignment among enrollees in PDPs in U.S. territories. Key information about this year's process is outlined below, including details about the beneficiary notification schedule, a reassignment timeline, and technical details about the file formats to be used in the plan notification process.

Preliminary Notification to PDP Sponsors in September

On or around September 25, 2009, CMS will be sending a file to PDPs that will be losing beneficiaries because their 2010 Part D premium will no longer be at or below the LIS regional low-income benchmark or because their benefit package changed from basic to enhanced. ***Please see Attachment 1 for the file format.*** PDPs that want to identify potential reassignees prior to receiving this file may do so by identifying all members whose enrollment source codes are A, C, or H (auto-enrolled, facilitated-enrolled, or reassigned, respectively), and who will have a 2010 low-income premium subsidy of 100%.

The file will provide a preliminary list of the beneficiaries who will be reassigned due to a premium increase, in order to help PDPs send the appropriate annual notice of change (ANOC) to these individuals on a timely basis. Plans may use the file only for the following purposes:

1. In situations where beneficiaries will be reassigned to a different organization, this file may be used to identify beneficiaries who may receive an alternate ANOC, consistent with Exhibit 30 within Chapter 3 (Eligibility, Enrollment, and Disenrollment) of the Medicare Prescription Drug Benefit Manual, or other approved communication consistent with this memorandum.
2. In situations where beneficiaries will be reassigned to a different plan within the same organization, this file may be used to identify those who can receive the ANOC of the gaining plan; that is, instead of their current 2009 plan.

Please note that the file does not include individuals who regain deemed status after September and thus will subsequently qualify for reassignment.

This preliminary notification can be identified by the following:

File Name: P.Rxxxxx.APDP5.PRLIM.Dyymmdd.Thhmsst.pn
 zzzzzzz.Rxxxxx.APDP5.PRLIM.Dyymmdd.Thhmsst
 [directory]Rxxxxx.APDP5.PRLIM.Dyymmdd.Thhmsst

KEY
xxxxx = 5 character contract id
yymmdd = two digit year, month, day
hhmsst = hour/minute/second/tenths of second
pn = process number
zzzzzzz = Plan-provided high level qualifier
[directory] = optional directory specified from non-mainframe C:D clients

Interim Notification to PDP Sponsors in October

After CMS conducts reassignment, CMS sends letters on blue paper to affected beneficiaries. CMS also notifies PDPs of individuals currently enrolled in their plan or who will be reassigned to their plan for 2010 who will receive the blue notice. For losing plans, this file can be identified by:

File name: "P.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmsst.pn" (Gentran Mailbox)
 "zzzzzzzz.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmsst" (C:D mainframe)
 "[directory]Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmsst" (C:D non-mainframe)
 Header Code: "MMAPDPLH"
 Trailer Code: "MMAPDPLT"

We will also provide "gaining" PDPs with an interim reassignment notification file displaying:

File name: "P.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmsst.pn" (Gentran Mailbox)
 "zzzzzzzz.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmsst" (C:D mainframe)
 "[directory]Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmsst" (C:D non-mainframe)
 Header Code: "MMAPDPGH"
 Trailer Code: "MMAPDPGT"

KEY
xxxxx = 5 character contract id
yymmdd = two digit year, month, day
hhmsst = hour/minute/second/tenths of second
pn = process number
zzzzzzzz = Plan-provided high level qualifier
[directory] = optional directory specified from non-mainframe C:D clients

The format of the one-time listing for both gaining and losing PDPs will be the same as the "PDP Auto-Enrollment Notification File" that is now used to communicate the current monthly auto-assign beneficiaries and their respective addresses to plans. Please see the Medicare Advantage and Prescription Drug Plans Communications Users Guide for file format and specifications, available on the Web at <http://www.cms.hhs.gov/MMAHelp/>.

In addition, please note that CMS has made improvements to how the data elements that provide the address are populated. For details, see the August 12, 2009, Systems Software Release Memo, available at <http://www.cms.hhs.gov/MMAHelp/>. We estimate the file will be transmitted on or about October 16, but will notify PDPs separately of the exact file transmission date.

Please note that for beneficiaries reassigned to a different plan within the same PDP sponsor, the PDP sponsor will receive two files: one identifying beneficiaries in "losing" PDPs and one identifying beneficiaries in "gaining" PDPs.

For 2010, CMS will identify the region in which the beneficiary resides by first checking the state file on which the beneficiary was submitted. If the beneficiary was not submitted on any state file, CMS will use the beneficiary's current address recorded in our CMS systems to determine where the beneficiary needs to be reassigned. A PDP that receives a "gaining beneficiary" file identifying beneficiaries who have an address that is outside of the PDP's region should not automatically disenroll such beneficiaries; rather, the PDP should verify whether the address on record reflects the beneficiary's address or the address of the beneficiary's representative payee (a status designated by the Social Security Administration to identify an individual authorized to make financial decisions on behalf of a beneficiary). Also, it is possible that a beneficiary's address could have changed, necessitating that s/he be reassigned to a new region.

Any PDPs with a basic benefit and a premium at or below the region-specific low income premium subsidy amount in that region will receive a "gaining beneficiary" file notifying them of such reassignments. Thus, PDPs may receive such files even if none of the PDPs in the new region is losing beneficiaries to reassignment.

This interim listing will include the beneficiaries' LIS premium and copayment levels as well as their addresses. However, PDPs must wait until **after** the Transaction Reply Report (TRR) that will arrive on or around November 20, 2009—which will contain confirmed enrollments resulting from the reassign process—before submitting the 4Rx records for those beneficiaries. This is because this interim list may not exactly match the list of beneficiaries who are ultimately enrolled in a PDP through reassignment, since voluntary beneficiary elections may occur after the preliminary file is created.

CMS Notification to Beneficiaries

CMS will mail notices (printed on blue paper) to the affected beneficiaries during the last week of October. These notices will instruct beneficiaries who are being reassigned of their prospective plan that will have no premium, indicate the premium of their current plan, and instruct them to contact their current plan if they wish to remain with the plan for 2010. CMS will also send notices (printed on tan paper) to "choosers"; that is, full-subsidy eligible individuals who chose plans that will have a Part D premium in 2010. CMS is expanding its notification of choosers to include all individuals who will pay a premium in 2010. These notices will inform beneficiaries that they will incur a premium if they take no action and list plans in their area that are available to them for no monthly premium. We will provide plans with a sample copy of these notices once they are finalized.

We will use the following data elements from HPMS to populate these beneficiary notices: 1) Organization Marketing Name, 2) Organization Website Address, and 3) Customer Service Number.

Please Note: CMS will use the "Auto-Enrollment Customer Service Number" if that field is populated in HPMS. If not, we will use the "Customer Service for Prospective Members - Part D" information. **Please be sure these data are entered accurately into HPMS by close of business on September 1, 2009.**

To verify/update your Organization Marketing Name and Organization Web site Address in HPMS, follow this path: Contract Management>Contract Number>Organization Marketing Data (under “General Information”).

To verify/update your plans’ customer service phone numbers in HPMS, follow this path: Plan Bids>Bid Submission>CY 2010>Manage Plans>Edit Contact Data.

Plan Communication to Affected Beneficiaries

“Gaining” PDPs are responsible for providing enrollment confirmation and enrollment materials to beneficiaries in a timely manner (see Exhibit 29 of Chapter 3 (Eligibility, Enrollment, and Disenrollment) of the Medicare Prescription Drug Benefit Manual). “Losing” PDPs are responsible for sending an appropriate ANOC and disenrollment confirmation to beneficiaries being disenrolled due to reassignment. A model letter for disenrollment due to reassignment is provided in Exhibit 10b of Chapter 3 (Eligibility, Enrollment, and Disenrollment) of the Medicare Prescription Drug Benefit Manual, available on the Web at <http://www.cms.hhs.gov/MedicarePresDrugEligEnrol/>. Plans that are losing beneficiaries to another PDP sponsor may use the alternative ANOC (see Exhibit 30 of Chapter 3 (Eligibility, Enrollment, and Disenrollment) of the Medicare Prescription Drug Benefit Manual), or termination notices as described below. **“Losing” plans who want to use the alternative ANOC must notify their account manager of their intention to do so by September 18, 2009.**

Identifying Reassignments on the Transaction Reply Report (TRR)

Once CMS processes reassignment transactions in mid-November, CMS will transmit a special TRR to plans containing only reassignment transactions. Plans will be able to identify affected beneficiaries as follows:

Application date:

- All LIS beneficiaries reassigned due to a premium increase will have an application date of January 1, 2006.
- All LIS beneficiaries reassigned due to a plan or contract non-renewal will be identified by an application date of September 30, 2009.

Enrollment source code = H (reassign)

Transaction reply codes = TRR-212 A – Re Assignment Enrollment Accepted – Re-assignment enrollment request for a beneficiary into a Part D plan submitted by CMS or Plan is accepted.

Requests for “Re-Enrollment” in the “Losing” Plan

As noted above, the CMS notices on blue paper to affected beneficiaries will instruct them to contact their current plan if they wish to remain in that plan for 2010. If a reassigned beneficiary contacts the current plan and indicates that s/he wishes to remain enrolled despite incurring premium liability, **the plan sponsor must take a new enrollment election** in accordance with §30.1.1 – §30.1.3 and §30.2 F of Chapter 3 (Eligibility, Enrollment, and Disenrollment) of the Medicare Prescription Drug Benefit Manual, available on the Web site provided above. Please note that PDPs may not contact these individuals to encourage them to remain in the plan.

As part of this enrollment, the PDP must confirm and document that the beneficiary understands the financial liability s/he will incur by remaining with the plan for 2010, consistent with §30.1.5 of Chapter 3 (Eligibility, Enrollment, and Disenrollment) of the Medicare Prescription Drug Benefit Manual. **However, please DO NOT transmit these enrollment elections to CMS until you receive a weekly Transaction Reply Report (TRR) confirming the beneficiary's disenrollment from your plan.** This TRR should be available on or around November 20, 2009. For the new enrollment, use the actual application date (which should be no earlier than November 15, 2009), an election type of "S" (Special Enrollment Period), and an effective date of January 1, 2010. In order for a January 1, 2010 election to be processed timely, the PDP or the PDP's third-party representative must transmit these enrollments no later than the December 11, 2009 payment cutoff date. Elections received after December 11, 2009 will be processed, but this may jeopardize our ability to ensure that all data are transmitted to all entities by January 1, 2010. Elections received after December 11, 2009, but prior to January 1, 2010, will still have an effective date of January 1, 2010, but will not be processed for January payment.

REASSIGNMENT OF LIS-ELIGIBLES DUE TO NON-RENEWAL

CMS will also reassign any LIS-eligible beneficiaries who remain LIS-eligible as of January 1, 2010, and are affected by a plan or PDP sponsor non-renewal. In this situation, we will reassign both those with full or partial subsidies who either were auto/facilitated enrolled into the PDP or voluntarily elected the plan. The CMS reassignment and notification process will be the same as for reassignment based on premium increase as described above.

Plan Communication to Beneficiaries

Consistent with 42 CFR 423.507(a), PDP sponsors that are non-renewing contracts must issue a written notice of the impending plan termination to all enrollees residing in the affected region(s). Such notices must be approved by CMS and must include a written description of the alternatives available for obtaining qualified prescription drug coverage within the PDP region, including MA-PD plans, and other PDPs. By regulation, **beneficiaries must receive this termination notice from plans no later than November 2, 2009.** However, CMS strongly urges plan sponsors to send these notices as early as possible, preferably by October 2, 2009. For more information, please refer to the 2010 Combined Call Letter issued March 30, 2009, which contains complete instructions for non-renewing plans and contracts. The 2010 Combined Call Letter is located at:

<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/2010CallLetter.pdf>

END-OF-YEAR TIMELINE FOR REASSIGNMENT

August 28, 2009 – State Pharmaceutical Assistance Programs (SPAPs) that have authorized representative status and intend to "re-assign" their beneficiaries will send their "carve-out" list to CMS. These beneficiaries will be excluded from re-assignment to ensure they are moved only once.

September 1, 2009 – Plan information in HPMS must be accurate and up-to-date by COB in order to appear correctly on CMS blue letters to beneficiaries.

September 18, 2009 – Plans notify account managers if they will use the alternative ANOC.

On or around September 25, 2009 – CMS will send a preliminary file to PDPs losing beneficiaries because their 2010 Part D premium will no longer be at or below the LIS regional low-income benchmark.

October 16-18, 2009 – CMS provides preliminary lists of reassignees to States, 1-800-MEDICARE, and “losing” and “gaining” PDPs. Upon receipt, PDPs that gain members may choose to send enrollment materials to reassignees, with the understanding that this preliminary list will differ from the list of beneficiaries actually enrolled, as described above.

October 31, 2009 - Beneficiaries in continuing plans must receive appropriate ANOC from plan (including appropriate language for those beneficiaries being reassigned due to a premium increase).

Late October 2009 – CMS mails beneficiary reassignment notices on blue paper and “choosers” letter on tan paper.

November 2, 2009 – Beneficiaries in terminating plans or contracts must receive termination notices from plan. Please note, however, that CMS strongly urges plan sponsors to send these notices as early as possible, preferably by October 2, 2009.

November 12, 2009 – MARx begins processing reassignment elections.

November 20, 2009 – TRR showing successfully processed reassignments should be available.

November 23, 2009 – Plans must submit 4Rx data.

November 30, 2009

- **Within 10 calendar days of receipt of TRR showing reassignment, “Gaining” PDPs** must send beneficiaries acknowledgment that their enrollment has been accepted by CMS. (See Exhibit 29 of Chapter 3 (Eligibility, Enrollment, and Disenrollment) of the Medicare Prescription Drug Benefit Manual.)
- **Within 10 calendar days of receipt of TRR showing reassignment, “Losing” PDPs** must send beneficiaries confirmation of disenrollment due to re-assignment (See Exhibit 10b of Chapter 3 (Eligibility, Enrollment, and Disenrollment) of the Medicare Prescription Drug Benefit Manual, available on the Web site provided above.

December 11, 2009 – MARx plan payment cutoff; last day to submit re-enrollments into “losing” PDPs for timely processing.

January 1, 2010 – Reassignment effective date.

FOR ASSISTANCE

If you have specific policy questions about any of these instructions, please contact Deborah Hunter at 410-786-0625 or Deborah.Hunter@cms.hhs.gov. If you have technical questions about file format or transactions, you should contact the MMA Help Desk at 1-800-927-8069 or mmahelp@cms.hhs.gov.

Attachment 1 – File Format for Preliminary PDP Notification File of Reassignments in September

Preliminary File Record (There is no header or footer for this file.)

Data Field	Length	Position	Format	Valid Values
Beneficiary's Health Insurance Claim or Railroad Board Number	12	1 ... 12	CHAR	
Beneficiary's First Name	12	13 ... 24	CHAR	
Beneficiary's Last Name	28	25 ... 52	CHAR	
Filler	1	53 ... 53	CHAR	Space
Beneficiary's Gender Code	1	54 ... 54	CHAR	
Filler	1	55 ... 55	CHAR	Space
Beneficiary's Date of Birth	8	56 ... 63	CHAR	Format CCYYMMDD
Filler	1	64 ... 64	CHAR	Space
Contract Number	5	65 ... 69	CHAR	
Filler	1	70 ... 70	CHAR	Space
Plan Benefit Package Number	3	71 ... 73	CHAR	
Filler	27	74 ... 100	CHAR	Space

Record Length = 100

Attachment 2 – File Format for Interim PDP Notification File of Reassignments in October

Table 1: AA PDP Auto-Assign - Header Record

Data Field	Length	Position	Format	Valid Values
Header Code	8	1 ... 8	CHAR	'MMAPDPGH' – Gain File header 'MMAPDPLH' – Loss File header
Sending Entity	8	9 ... 16	CHAR	'MBD '(MBD + 5 spaces)
File Creation Date	8	17 ... 24	CHAR	CCYYMMDD
File Control Number	9	25 ... 33	CHAR	
Filler	582	34 ... 615	CHAR	Spaces

Record Length = 615

Table 2: AA PDP Auto-Assign - Detail Record

Data Field	Length	Position	Format	Valid Values
Beneficiary's Health Insurance Claim Number	12	1 ... 12	CHAR	
Beneficiary's Last Name	12	13 ... 24	CHAR	
Beneficiary's First name	7	25 ... 31	CHAR	
Beneficiary's Middle Initial	1	32 ... 32	CHAR	
Beneficiary's Gender	1	33 ... 33	ZD	'0' for Unknown '1' for male '2' for female
Beneficiary's Date of Birth	8	34 ... 41	ZD	CCYYMMDD
Beneficiary's Medicaid Indicator	1	42 ... 42	CHAR	'1'
Beneficiary's Contract Number	5	43 ... 47	CHAR	
Beneficiary's State Code	2	48 ... 49	CHAR	
Beneficiary's County Code	3	50 ... 52	CHAR	
Filler	7	53 ... 59	CHAR	Spaces
Beneficiary's Transaction Type Code	2	60 ... 61	CHAR	"61"
Filler	1	62 ... 62	CHAR	Spaces
Beneficiary's Effective Date	8	63 ... 70	ZD	CCYYMMDD: - CCYY = Next Year - MM = 01 - DD = 01
Filler	1	71 ... 71	CHAR	Spaces
Beneficiary's Plan Benefit Package (PBP)	3	72 ... 74	CHAR	
Filler	49	75 ... 123	CHAR	Spaces
Beneficiary's Application Receipt Date	8	124 ... 131	ZD	CCYYMMDD MMAPDPGy (Gain): – Beneficiaries with Premium Increase = "01/31/06" for the 2009 run and

Data Field	Length	Position	Format	Valid Values
				<p>decremented one day in subsequent years</p> <ul style="list-style-type: none"> – Terminating Plan = 09/30 of the year of the Re-Assignment run. <p>MMA PDPLY (Loss):</p> <ul style="list-style-type: none"> – Beneficiaries with Premium Increase = “01/31/06” for the 2009 run and decremented one day in subsequent years – Terminating Plan = 09/30 of the year of the Re-Assignment run.
Filler	30	132 ... 161	CHAR	Spaces
Beneficiary's Election Type	1	162 ... 162	CHAR	'S'
Beneficiary's Enrollment Source	1	163 ... 163	CHAR	'H' – Reassignments
Filler	1	164 ... 164	CHAR	Spaces
Beneficiary's Premium Withhold Option/Parts C-D	1	165 ... 165	CHAR	'D'
Filler	3	166 ... 168	CHAR	Spaces
Beneficiary's Creditable Coverage Flag	1	169 ... 169	CHAR	Spaces
Filler	73	170 ... 242	CHAR	Spaces
Beneficiary's Part D Subsidy Level	3	243 ... 245	CHAR	'100', '075', '050', or '025'
Beneficiary's Co-Payment Category	1	246 ... 246	CHAR	<p>Co-payment levels 1, 2 or 3 are valid for a deemed bene.</p> <p>Co-payment levels 1 and 4 are valid for an applicant bene.</p> <p>1 - high co-pay 2 - low co-pay 3 - no co-pay 4 - 15%</p>
Beneficiary's Co-Payment Effective Date	8	247 ... 254	ZD	MMDDYYYY Spaces
Beneficiary Address Line 1	40	255 ... 294	CHAR	Filled with the Address
Beneficiary Address Line 2	40	295 ... 334	CHAR	Filled with the Address, if available
Beneficiary Address Line 3	40	335 ... 374	CHAR	Filled with the Address, if available
Beneficiary Address Line 4	40	375 ... 414	CHAR	Filled with the Address, if available
Beneficiary Address Line 5	40	415 ... 454	CHAR	Filled with the Address, if available

Data Field	Length	Position	Format	Valid Values
Beneficiary Address Line 6	40	455 ... 494	CHAR	Filled with the Address, if available
Beneficiary Address City	40	495 ... 534	CHAR	Filled with the City
Beneficiary Address State	2	535 ... 536	CHAR	Filled with the State Code
Beneficiary Zip Code	9	537 ... 545	CHAR	Filled with the Zip Code
Beneficiary's Full Last Name	40	546 ... 585	CHAR	
Beneficiary's Full First Name	30	586 ... 615	CHAR	

Record Length = 615

Table 3: AA PDP Auto-Assign - Trailer Record

Data Field	Length	Position	Format	Valid Values
Trailer Code	8	1 ... 8	CHAR	'MMPDPGT' Gain File Trailer 'MMPDPLT' Loss File Trailer
Sending Entity	8	9 ... 16	CHAR	'MBD ' (MBD + 5 spaces)
File Creation Date	8	17 ... 24	CHAR	CCYYMMDD Date created.
File Control Number	9	25 ... 33	CHAR	
Record Count	9	34 ... 42	ZD	Right justified. Count = Number of detail and header records.
Filler	573	43 ... 615	CHAR	Spaces

Record Length = 615

Enclosure B

**Reassignments of Medicare Low-Income Subsidy (LIS)
Beneficiaries in Prescription Drug Plans (PDP)
Reassignment Methodology**

This table outlines the beneficiary reassignment based upon the Low-Income Subsidy (LIS) population and premium level.

LIS Population	Plan Premium Level	Beneficiary Reassignment
<p>100% premium subsidy in 2010; and</p> <p>Remain in auto-assigned plan in 2009.</p>	<p><u>At or below</u> the 2010 regional LIS benchmark amount.</p>	<p>Beneficiaries Not Reassigned--Remains in their Current at or below benchmark Plan.</p> <p>(No CMS letter to beneficiaries.)</p>
<p>100% premium subsidy in 2010; and</p> <p>Have not chosen a new PDP plan in 2009.</p>	<p><u>Above</u> the 2010 regional LIS benchmark amount.</p>	<p>Beneficiaries Reassigned within PDP region as follows:</p> <ol style="list-style-type: none"> 1. <u>Another Plan in Same Region Available with that Sponsor— Within Sponsor Reassignment.</u> CMS reassigns beneficiaries to another plan in the same region offered by that same prescription drug plan (PDP) sponsor that offers basic prescription drug coverage and has a premium at or below regional LIS benchmark. If the PDP sponsor offers more than one such plan, CMS will randomly assign beneficiaries among these plans. 2. <u>Another Plan in Same Region Not Available with that Sponsor— Random Reassignment.</u> If the PDP sponsor does not offer another plan in that same region, then CMS reassigns beneficiaries randomly among other PDP sponsors that offer at least one plan in the same region that provides basic prescription drug coverage and has a premium at or below the regional LIS benchmark. <p>(CMS sends blue letter to beneficiaries.)</p>

LIS Population	Plan Premium Level	Beneficiary Reassignment
<p>100% premium subsidy in 2010; and</p> <p>Chose a plan other than the auto-assigned plan in 2009.</p>	<p><u>At or below</u> the 2010 regional LIS benchmark amount.</p>	<p>Beneficiaries Not Reassigned – Remain in chosen plan.</p> <p>(No CMS letter to beneficiaries.)</p>
<p>100% premium subsidy in 2010; and</p> <p>Chose a plan other than the auto-assigned plan in 2009.</p>	<p><u>Above</u> the 2010 regional LIS benchmark amount.</p>	<p>Beneficiaries Not Reassigned – Remain in chosen plan, unless they choose to change plans in 2010.</p> <p>Beneficiaries will receive an Annual Notice of Change (ANOC) to notify them of the amount of 2010 premium liability if they remain in the same plan.</p> <p>(CMS sends tan letter to beneficiaries.)</p>
<p>Partial premium subsidy (25%, 50%, 75%) in 2010; and</p> <p>Remain in their auto-assigned plan.</p>	<p>Plans may remain at or below the LIS regional benchmarks in 2010 or go above it.</p>	<p>Beneficiaries Not Reassigned – Remain in current plan regardless of change in premium amount, unless they choose another plan. They will receive an ANOC from their current plan informing them of other plan options.</p> <p>(No CMS letter to beneficiaries.)</p>
<p>Enrolled in MA Plans, Cost Plans, Employer-Sponsored Plans, PACE organizations, or PDPs in U.S. Territories.</p>	<p>Varies</p>	<p>Beneficiaries Not Reassigned – Remain in current plan regardless of change in premium amount, unless they choose another plan. They will receive an ANOC from their current plan informing them of other plan options.</p> <p>(No CMS letter to beneficiaries.)</p>
<p>100% premium subsidy in 2009 but no longer LIS eligible in 2010.</p>	<p>Varies</p>	<p>Beneficiaries Not Reassigned – Remain in current plan regardless of change in premium amount, unless they choose another plan. They will receive an ANOC from their current plan informing them of other plan options.</p> <p>(No CMS letter to beneficiaries.)</p>

LIS Population	Plan Premium Level	Beneficiary Reassignment
100% premium subsidy or partial premium subsidy (25%, 50%, 75%) in 2010.	Plan terminating in 2010	<p>Beneficiaries Reassigned – CMS reassigns all LIS beneficiaries within the Sponsor’s plans first; if necessary, then randomly among other PDP sponsors that offer at least one plan in the same region that provides basic prescription drug coverage and has a premium at or below the LIS benchmark.</p> <p>(CMS sends blue letter to beneficiaries.)</p>

Enclosure C

Reassignments of Medicare Low-Income Subsidy (LIS) Beneficiaries in Prescription Drug Plans (PDP) One-Time State File Description

Purpose of the File

The file identifies LIS beneficiaries in the State whom the Centers for Medicare & Medicaid Services (CMS) is notifying of reassignment to a different PDP because:

- Their current PDP is terminating;
- Their current auto-assigned PDP is converting into an enhanced benefit plan; or
- Their current auto-assigned PDP's premium will be above the regional LIS benchmark next year, resulting in a premium liability for the beneficiary.

CMS is notifying these individuals with a notice on blue paper at the end of October.

For details on the reassignment process, please see section 30.1.5 of the "Final Part D Enrollment and Disenrollment Guidance" available at:

<http://www.cms.hhs.gov/MedicarePresDrugEligEnrol/>

How the File Will Be Provided to States

The State will receive the reassignment file using the existing electronic file transfer (EFT) mechanism in place for the monthly Medicare Modernization Act (MMA) State Response files, unless a State indicates an alternative EFT preference.

File Name

The file name, which will be different from that of the monthly MMA State Response file, is:

StateHLQ.CDstate.REASSN.Dyymmdd.Thhmsst (State Response file)

Key: State = Two-letter State abbreviation used by the Postal Service
StateHLQ = a HLQ supplied by State if none received will be P/T#EFTO

File Format

A detailed description of the file layout is enclosed (see enclosure D).

File Availability

We expect this file to be available to States on or around October 16. CMS will notify States of the exact date as soon as it is determined.

Qualifications of Data to Be Provided

Please keep in mind the following qualifications about the data to be included on this one-time file transmission:

1. The data will include only beneficiaries who will continue to have LIS in 2010. Beneficiaries whose LIS will not continue into 2010 will not be reassigned.
2. Reassignment encompasses all LIS beneficiaries with 100 percent premium subsidy. Reassignment applies to those normally sent by States on their MMA file (i.e., full-benefit dual eligibles, partial dual eligibles (Qualified Medicare Beneficiaries (QMB) only, Specified Low-Income Medicare Beneficiaries (SLMB) only and Qualifying Individuals (QI)). The MMA file also includes individuals who apply to the State for LIS and individuals that CMS identifies through data from Social Security Administration (SSA). The SSA data is comprised of individuals eligible for Supplemental Security Income (SSI) only (meaning SSI and Medicare but no Medicaid) and individuals who applied at SSA and were determined eligible for LIS.
3. Each State's one-time file will include those LIS beneficiaries who reside in the given State, based on their mailing address in CMS' systems. This may differ from the State's address data. In addition, beneficiaries may move during the interim time between when the reassignment is processed and the one-time file is provided to States. Finally, if an individual has a representative payee (a status designated by SSA to identify an individual authorized to make financial decisions on behalf of a beneficiary), the representative payee is the address of record in CMS. Thus, some individuals may be included on a given State's one-time response file even though the State has no record of Medicaid eligibility for that person, and, conversely, an individual may be omitted from the one-time file even though she/he has Medicaid eligibility in that State.
4. Please note that the file sent in October is different in structure from files sent in previous years. The record length was expanded from 700 to 800 positions, and 5 new data elements have been added in positions 704-725. In addition, CMS has made improvements to how the data elements that provide the address are populated. For details, see the August 12, 2009, Systems Software Release Memo, available at <http://www.cms.hhs.gov/MMAHelp/>.

Questions:

If you have any questions about this file format, please contact Deborah Hunter at Deborah.Hunter@cms.hhs.gov or (410) 786-0625.

Enclosure D

Reassignments of Medicare Low-Income Subsidy (LIS) Beneficiaries in Prescription Drug Plans (PDP) File Layout

The Centers for Medicare & Medicaid Services uses this file layout described below for the one-time notification to State Medicaid Agencies on reassignment of certain LIS beneficiaries to a new PDP.

Table 1: Reassignment State File – Header Record

Data Field	Length	Position	Format	Valid Values
Header Code	8	1 ... 8	CHAR	'SRA' for re-assign State notification file.
Sending Entity	8	9 .. 16	CHAR	'CMS ' (CMS + 5 spaces)
File Creation Date	8	17 .. 24	CHAR	CCYYMMDD Date file was created.
File Control Number	9	25 .. 33	CHAR	NOT USED
Filler	767	34 .. 800	CHAR	Spaces
Record Length =	800			

Table 2: Reassignment State File - Detail Record

Data Field	Length	Position	Format	Valid Values
Record Type	3	1 ...	CHAR	'DTL'
Beneficiary's Health Insurance Claim or Railroad Board Number	12	4 ... 15	CHAR	
Beneficiary's SSN	9	16 ... 24	CHAR	Filled with Spaces if the SSN is not present.
Representative Payee Name	44	25 ... 68	CHAR	
Beneficiary's First Name	12	69 ... 80	CHAR	
Beneficiary's Middle Name	1	81 ... 81	CHAR	
Beneficiary's Last Name	28	82 ... 109	CHAR	
Beneficiary's Address Line 1	40	110 ... 149	CHAR	Filled with the Address
Beneficiary's Address Line 2	40	150 ... 189	CHAR	Filled with the Address, if available.
Beneficiary's Address Line 3	40	190 ... 229	CHAR	Filled with the Address, if available.
Beneficiary's Address Line 4	40	230 ... 269	CHAR	Filled with the Address, if available.
Beneficiary's Address Line 5	40	270 ... 309	CHAR	Filled with the Address, if available.
Beneficiary's Address Line 6	40	310 ... 349	CHAR	Filled with the Address, if available.
* Beneficiary's City	26	350 ... 375	CHAR	Filled with the City
Filler	1	376 ... 376	CHAR	Spaces
* Beneficiary's State	2	377 ... 378	CHAR	Filled with the State Code
Filler	1	379 ... 379	CHAR	Spaces
* Beneficiary's Zip Code	10	380 ... 389	CHAR	Filled with the Zip Code
Beneficiary's Next Year's	50	390 ... 439	CHAR	

Data Field	Length	Position	Format	Valid Values
Organization Marketing Name				
Beneficiary's Next Year's Plan Name	50	440 ... 489	CHAR	
Beneficiary's Next Year's Plan Member Services Toll-Free Number	18	490 ... 507	CHAR	
Beneficiary's Next Year's Plan Web Address	50	508 ... 557	CHAR	
Beneficiary's LIS Subsidy Co-Payment Category	1	558 ... 558	CHAR	
Beneficiary's Next Year's Assign Effective Date	8	559 ... 566	ZD	CCYYMMDD
Beneficiary's Part D Premium Subsidy Percentage	3	567 ... 569	CHAR	
Beneficiary's PDP Region ID Code	2	570 ... 571	ZD	
Beneficiary's Current Year's Organization Name	50	572 ... 621	CHAR	
Beneficiary's Current Year's Plan Name	50	622 ... 671	CHAR	
Beneficiary's Current Year's Plan Member Services Toll-Free Number	18	672 ... 689	CHAR	
Beneficiary's Current Year's Plan Premium Liability	6	690 695	DECIMAL	Identifies beneficiary's monthly premium liability (if they stay with old plan). Filled with zeroes for reassignment of terminated plans.
Filler	8	696 703	ZD	Zero
Beneficiary's Next Year's Contract Number	5	704 708	CHAR	
Beneficiary's Next Year's PBP Number	3	709 711	CHAR	
Beneficiary's Current Year's Contract Number	5	712 716	CHAR	
Beneficiary's Current Year's PBP Number	3	717 719	CHAR	
Beneficiary's Next Year's Plan Premium Liability	6	720 725	DECIMAL	Not populated
Filler	75	770 ... 800	CHAR	Spaces

Record Length = 800

Table 3: Reassignment State File – Trailer Record

Data Field	Length	Position	Format	Valid Values
Trailer Code	8	1 ... 8	CHAR	'TRL' for reassignment State notification file.
Sending Entity	8	9 ... 16	CHAR	'CMS ' (CMS + 5 spaces)
File Creation Date	8	17 ... 24	CHAR	CCYYMMDD Date file was created.
File Control Number	9	25 ... 33	CHAR	NOT USED
Record Count	9	34 ... 42	ZD	Right justified. Count = Number of detail records.
Filler	758	43 ... 800	CHAR	Spaces

Record Length = 800