

Medicare Plan Payment Group

DATE: May 12, 2006

TO: All Medicare Advantage Organizations, Prescription Drug Plans, Cost Plans, PACE Organizations and Demonstrations

FROM: Thomas E. Hutchinson /s/
Acting Director

SUBJECT: Procedures to Request Retroactive Adjustment Processing in MARx–ACTION

The purpose of this communication is to provide instruction on the submittal of requests for retroactive processing of enrollment/disenrollment, correction or change transactions.

As you know, all organizations are required to reconcile their records against the CMS Monthly Membership Report (MMR) and weekly Transaction Reply Reports (TRR) and forward discrepancies to CMS or our Retroactive Processing Contractor, IntegriGuard, within 45 days of receipt of the final monthly reports. This is consistent with the Monthly Certification of Enrollment and Payment that organizations are required to submit.

Organizations should review the data provided in the Batch Completion Status Summary Reports (BCSSR) and the weekly TRR to identify transactions that did not successfully process in MARx. Organizations should contact the MMA Help Desk at 1-800-927-8069 to try to resolve file content and format issues and resend files prior to monthly cut-off. Correcting the files and resubmitting them prior to cut-off ensures that the plan receives appropriate compensation. In those instances where transactions are not processed, plans may need to request retroactive processing.

Retroactive adjustment requests fall into three basic categories:

1) **Plan submitted batch files that did not successfully process in the most recent cut-off**

Organizations, on occasion, have problems submitting and having their files processed by the established cut-off. For instance a problem with the header record and/or file format could cause the file to reject.

If files are not processed successfully prior to cut-off, Organizations should immediately contact the Help Desk for assistance to correct the issue and facilitate the resubmittal of the transactions by cutoff.

2) **CMS system issues that have prevented successful processing of transactions during a recent cut-off**

Transactions in this category involve problems that prevented the system from successfully processing transactions, such as data that rejected due to some inconsistency that violates an enrollment validation rule. These transactions can be identified by the transaction type used in submission and/or the transaction reply code received for the transaction.

Organizations must contact their DPO representatives to discuss the details of these situations to determine the appropriate action to be taken.

3) Other (non-system issues) retroactive actions

This is the CMS normal process for requesting retroactive adjustments based on a current payment or enrollment reconciliation as detailed in the standard operating procedures in Chapter 19. These standard operating procedures may be found on IntegriGuard's website at www.Integriguard.org. These retroactive transactions do not meet the criteria described in 1 and 2 above, or involve "fill-in" enrollment periods. Organizations must submit requests for these transactions to IntegriGuard in accordance with Chapter 19 or the PDP Guidance for submitting retroactive actions.

Temporary Streamlined Retroactive Process

Due to the large number of retroactive enrollments/disenrollments/PBP changes associated with the implementation of Medicare Advantage, we are temporarily implementing a streamlined process for large numbers of retroactive adjustments with effective dates of more than 2 months past that would normally be in categories 1 or 2 above. This process will be in effect for requests received on or before August 10, 2006. Requests under 100 transactions for the same effective date should continue to be discussed with your DPO representative prior to submission.

The streamlined process is modeled after the IntegriGuard PROBE study process that is currently in place. To be considered for this process there must be at least 100 transactions caused by the same issue and with the same effective date. In summary, the organization must submit a request to process transactions to their DPO representative. If the request is approved for the streamlined process, a sample of the transactions will be selected for sample review. The plan will have 7 working days to submit copies of their supporting documentation to IntegriGuard. If the documentation is timely and sufficient, then the Organization will receive approval from their DPO representative to submit a batch file. **Plans must never submit retroactive files without the approval of their DPO representative. Only approved files will be processed.**

If you have additional questions regarding this process please contact your DPO Representative directly. The contact list is attached for your convenience.

Process Steps to Request Streamlined Retro Adjustments

- Please email your request to your DPO representative and include "H#### Retro File Request" in the subject line as it helps identify these requests quickly.
- The request must include your Plan number (H#, R#, or S#).
- Explain the reason that you require a retro file.
- Include contact information including phone number.
- Include language certifying confirmation the members on file are members of the plan based on coverage being provided and no evidence of disenrollment.
- State the effective date of the transactions and record count for each transaction type, (61, 51, 71, 72 and 01's). The record count must be correct as submitted because this is used to validate receipt of the approved file.

When your e-mail is received you will be sent a confirming e-mail and next steps based on approval.

Do not submit the retro file prior to receiving approval.

DPO Contacts by REGIONAL ASSIGNMENT, 4/2006
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