

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Medicare Plan Payment Group
Information Services Design and Development Group

DATE: April 12, 2013

TO: All Medicare Advantage, Prescription Drug Plan, Cost, PACE, and Demonstration Organizations Systems Staff

FROM: Cheri Rice /s/
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SUBJECT: Advance Announcement of the August 2013 Software Release

The Centers for Medicare and Medicaid Services (CMS) continues to implement software improvements to the enrollment and payment systems that support Medicare Advantage and Prescription Drug (MAPD) programs. This letter provides preliminary information regarding the planned release of systems changes scheduled for August 2013. This release focuses on improving the efficiency of CMS systems as well as Plan processing. The changes for this release are listed below and may require Plan action.

By May 30, 2013, CMS intends to provide the detailed information that Plans will require for implementation in August 2013.

Medicare Advantage (MA) Enrollment Risk Assessment Indicator

As announced in the 2014 Rate Announcement released on April 1, 2013, CMS is implementing a data collection and analysis effort that requires MA Plans to begin flagging enrollee risk assessments for 2014 dates of service. Beginning August 2013, the Risk Adjustment Processing System (RAPS) file format will change to allow MA Plans to identify diagnoses obtained from these assessments. The field, MA Enrollee Risk Assessment Indicator, will be added to the RAPS file layout to identify each diagnosis that originates from an MA Enrollee Risk Assessment.

Applicable Transaction Reply Codes (TRCs) for Prospective Plans

The Medicare Advantage Prescription Drug (MARx) system currently provides TRCs to Plans in which the beneficiary is currently or was previously enrolled. Plans that prospectively enroll a beneficiary are receiving some, but not all, of the TRCs required to convey the most current beneficiary information. For example, when a beneficiary enrolls during the Annual Election Period (AEP), the information sent to the January prospective Plan may not include changes to the beneficiary's demographic information, health status, and late enrollment penalty (LEP). This change request provides prospective Plans with all the TRCs needed for the most current beneficiary information.

Timing of Annual Rollover/Termination

Currently, the MARx system completes the rollover/termination process in early December. CMS is considering moving this process to November. This potential change allows Plans to submit any beneficiary Premium Payment Option (PPO) changes effective for their January 1st payment, while still allowing CMS to review and address any end-of-year issues before the January effective date.

Plans are encouraged to contact the MAPD Help Desk for any issues encountered during the systems update process. Please direct any questions or concerns to the MAPD Help Desk at 1-800-927-8069 or e-mail at mapdhelp@cms.hhs.gov.