

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



Medicare Plan Payment Group
Information Services Design and Development Group

DATE: November 2, 2012

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

FROM: Cheri Rice /s/
Director, Medicare Plan Payment Group

Dr. Raj G. Iyer /s/
Director, Information Services Design and Development Group

SUBJECT: Advance Announcement of February 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 advanced information regarding the planned release of systems changes scheduled for February 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 December 14, 2012, CMS intends to provide the detailed information that Plans will require for implementation in early February 2013.

Data Archiving of Aged Beneficiary Data

CMS will be implementing a Data Archiving initiative, which will move inactive beneficiary data from the operational databases to the archived databases. Plans will be able to view active and archived beneficiaries using the BENEFICIARY: SEARCH RESULTS (M202) screen in the MARx User Interface (UI), but will only be able to update beneficiary records that are in the active database. The UI will display either an Active or Archived status on the UI Banner appearing at the top of the screen. If a plan receives notice that a beneficiary is archived, it should ensure the beneficiary information is correct and resubmit the information if necessary. If a Plan submits a batch transaction that includes an archived beneficiary, it will receive a TRC-315 "Archived Beneficiary" advising the Plan to contact its CMS representative.

MARx refinements for processing enrollment into Medicare/Medicaid Plans (MMPs)

CMS is continuing to implement the MMP Demonstration. Beginning with the February software release, MARx will require a valid enrollment source code value for MMP enrollment transactions (TC61). This refinement will eliminate the default enrollment source code value of “M” that was referenced in the June 25, 2012 Announcement of August 2012 Software Release. There will be a new Transaction Reply Code (TRC) developed to communicate a rejection of MMP enrollment transactions submitted without a valid value in this field. Valid values are:

- J = State-submitted passive enrollment
- K = CMS- submitted passive enrollment
- L = MMP Beneficiary election.

If any enrollments into an MMP are processed before this enhancement occurs using the default value of “M” those enrollment records will be converted to match one of the three valid values above.

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.