

DEPARTMENT OF HEALTH & HUMAN SERVICES
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**CENTER FOR MEDICARE
OFFICE OF INFORMATION SERVICES**

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TO: All Medicare Advantage Organizations, Prescription Drug Plan Sponsors, Cost Plans and Program of All-inclusive Care for the Elderly Organizations

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SUBJECT: End-of-Year 2012 Enrollment and Payment Systems Processing Information

Memorandum Summary

The End-of-Year (EOY) enrollment and payment systems processing activities are critical operations that require adherence to specific activities in defined time frames to assure successful transition to calendar year (CY) 2013. This memorandum provides information to support Plans in their EOY efforts regarding:

1. Medicare Advantage & Prescription Drug (MARx) System Transaction Processing;
2. Rollover and Terminating Plan MARx Transaction Processing; and
3. Plan Reports and System User Interface (UI) Availability.

This memorandum provides all Medicare Advantage Organizations, Prescription Drug Plan Sponsors, Cost Plans, and Program of All-inclusive Care for the Elderly (PACE) Organizations (collectively referred to as "Plans" unless otherwise specified) with information about the End-of-Year (EOY) systems' processing activities and the transition to CY 2013. While the dates and information included in this memorandum are final, a potential for necessary changes exists due to available systems' resources and other factors. Therefore, any necessary changes impacting Plans will be communicated promptly.

The items outlined in this memorandum regarding the 2012 EOY processing schedule and activities for the transition to CY 2013 are categorized into three major areas as shown below.

- 1. Medicare Advantage & Prescription Drug (MARx) System Transaction Processing**
 - A. Plan Enrollment and Disenrollment Transaction Submission Schedule
 - B. Submitting Enrollment Transactions (Transaction Code 61) with January 1, 2013 Effective Dates
 - C. Premium Changes with 2013 Effective Dates
 - D. Submissions of 2013 4Rx Data and Updates to Payer Sheets for 2013
 - E. Payment Information for Plans Non-Renewing for 2013
 - (1) Retroactive Payment Adjustments
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- 2. Rollover and Terminating Plan MARx Transaction Processing**
 - A. CMS-Generated Rollover (Enrollment) and Termination (Disenrollment)
 - B. Plan-Submitted Rollover (Enrollment) and Termination (Disenrollment)
 - (1) Plan-Submitted Rollover (Enrollment) Actions
 - (2) Plan-Submitted Non-Renewal or Service Area Reduction (Disenrollment) Actions
 - (3) Plan Review of CMS Reply to Plan-Submitted Rollover and/or Termination Actions

- 3. Plan Reports and System User Interface (UI) Availability**
 - A. October Prescription Drug Plan (PDP) Notification Files for Reassignment and for Auto/Facilitated Enrollment
 - B. Loss-of-Low-Income-Subsidy Data Files
 - C. Monthly Reports
 - D. MARx System UI Availability

1. MARx System Transaction Processing

A. Plan Enrollment and Disenrollment Transaction Submission Schedule

Key Dates Summary:

Date	Item
October 05, 2012	October Plan Data Due Date
October 06, 2012	Begin submitting 2013 enrollment effective dates
October 09, 2012, no later than 5 PM ET	Plans approved for renewal or crosswalk exceptions by CMS that require plan-submitted EOY activity must submit MARx transactions. (See section 2.B)
October 15, 2012	Annual Enrollment Period (AEP) begins
On or about October 23, 2012	Reassignment letters sent to beneficiaries and special Transaction Reply Reports (TRR) sent to plans. 4Rx data due within 72 hours of special TRR
November 09, 2012	November Plan Data Due Date
December 05, 2012	December Plan Data Due Date
December 06-07, 2012	CMS-generated rollover processing
December 07, 2012	AEP ends
January 11, 2013	January Plan Data Due Date

October 05, 2012

As noted in the chart above, the October 2012 Plan Data Due date (MARx “cut off”) is October 05, 2012. This date allows time for EOY transition activity and preparations for the start of the AEP on October 15, 2012.

November 09, 2012

Due to EOY processing, we will place all batch files that MARx receives beginning immediately after the November 2012 Plan Data Due Date on November 09, 2012 into a holding status. These files will be held until the 2013 payment configuration tasks are complete. We will begin to process any such files in the order received, beginning on or about November 14, 2012. Plans can also expect to begin receiving their Daily Transaction Reply Reports (DTRR) at that time.

January 11, 2013

The Plan Data Due date for January 2013 is January 11, 2013. The entire CY 2013 MARx Plan Monthly Schedule will be published separately from this guidance and incorporated into the Plan Communications User Guide (PCUG). Plans are requested to submit transactions early and frequently to meet the seven-day submission requirement, per CMS’ enrollment guidance. Plans must reconcile all submissions and responses promptly.

B. Submitting Enrollment (Transaction Code 61) and Disenrollment (Transaction Code 51) Transactions with January 01, 2013 Effective Dates

Plan enrollment and disenrollment transactions must be processed in accordance with CMS enrollment guidance for each specific plan type. Plans should review our enrollment policy guidance applicable to your plan type for additional information.

Requests Received October 01, 2012 through October 05, 2012 for January 2013

Valid requests for enrollment effective January 01, 2013 received from October 01, 2012 through October 05, 2012 must be internally processed by the Plan as usual; however the MARx transaction must be held and submitted beginning October 06, 2012. The correct values for the election type code (election period identifier) and the application date field must be used.

Note: When calculating plans’ timeliness for enrollment applications dated October 01 through October 05, CMS counts as timely, enrollment transactions submitted October 06 through October 13 (the seven days will begin on October 06).

If a Plan submits enrollment transactions effective January 01, 2013 on or before the October 05, 2012 MARx Plan Data Due date, the transactions will either:

- FAIL: Plan receives Transaction Reply Code (TRC) 003 (Invalid Contract Number), or
- REJECT: Plan receives TRC 107 (Rejected; Invalid or Missing PBP Number)

Beginning on October 06, 2012

Plans may begin to submit enrollment (and disenrollment) transactions for valid January 01, 2013 effective dates. These transactions must be submitted using the appropriate application date, as directed in our guidance. Plans may not manipulate the application date or other

information on the transaction to inappropriately ensure enrollment in their plan or defeat otherwise appropriate systems rejections.

Plans do not have to split batch files by effective-date year. Plans may submit multiple valid enrollment transactions with varying effective dates in the same MARx submission file. As is customary, Plans may submit transactions for multiple contract numbers in one file.

On October 15, 2012

MARx enrollment transactions reporting unsolicited paper AEP enrollment requests that Plans may receive prior to the start of the AEP must be submitted to CMS **on** October 15, 2012.

Plans must use October 15, 2012 as the application date and the AEP Election Type Code (value = A) on these transactions. Refer to the CMS manual chapter applicable to each plan type for information about “unsolicited AEP” enrollment requests.

C. Premium Changes with 2013 Effective Dates

To reduce the number of premium change transactions (Transaction Code 78) to be processed for existing enrollments at year end, MARx system will automatically populate beneficiary records with the 2013 minimum premium amount from the Health Plan Management System (HPMS). MARx will perform this update for all existing enrollees as well as those impacted by Plan rollovers via the HPMS Crosswalk.

Unless the enrollee has elected optional supplemental benefits for Part C, Plans should not need to submit premium change transactions for existing enrollments. For any enrollees who elect supplemental benefits with 2013 effective dates, Part C Plans are required to submit Part C Premium Change Transactions (Transaction Code 78) with the correct Part C premium amounts. Any Part C Premium amounts submitted for elected optional supplemental benefits should include all premiums (i.e., any mandatory minimum premiums plus premiums for optional supplemental benefits).

Plans take note that these transactions must **not** be submitted until after November 09, 2012. Transactions 75 and 78 with effective dates of January 01, 2013 will not process if they are submitted prior to this date. As previously stated, these transactions will be held until 2013 payment/premium configurations are completed. After the configurations are set up, the transactions will be processed correctly.

If the Part C premium amount is composed only of elected optional supplemental benefits and no Part D premium is due, Plans should also review the “No Premium Due Data File” to identify enrollees who may have been changed to a “No Premium Due” status. Enrollees may have been in premium withholding during 2012, but if the system cannot determine that a premium will be owed during 2013 (the minimum Part C premium is zero), the withholding status will be turned off. In these cases Plans should submit both a Part C Premium Change (Transaction Code 78) and a Premium Payment Option Change (Transaction Code 75) for 2013.

Note about the Processing of Premium Transactions

Beginning November 10 and ending December 05, 2012

Premium Change and Premium Payment Option Change transactions for January 2013 effective dates must be submitted to CMS beginning November 10 and ending on the December Plan Data Due date of December 05, 2012. Plans must not submit these transactions before November 10. Any Premium Change Records with a January 2013 effective date that is submitted prior to November 10 will not be processed until the November monthly processing cycle is complete. For enrollees who may have been inadvertently put into a “No Premium Due” status, the “No Premium Due Data File” should be made available on or about November 14, so plans should wait until then before submitting transactions for those enrollees.

New premium withholding requests must be submitted to either the Social Security Administration (SSA) or Railroad Retirement Board (RRB) for confirmation before taking effect on January 01, 2013. These transactions are expected to be processed by SSA/RRB within the first two months of 2013 and may be applied as a retroactive change back to January 01, 2013.

This means that Premium Withhold requests included on January 01, 2013 effective date enrollment transactions received after December 05, 2012 will be converted to Direct-Bill because they are considered retroactive by CMS after that date. When a retroactive Premium Withhold request is detected in normal MARx batch processing, the request will be converted to Direct-Bill status and the Plan will be notified of this outcome via the Transaction Reply Report (TRR), with a Transaction Reply Code (TRC) 144.

1. The Plan must submit the withholding request by the Plan Data Due Date immediately preceding the requested effective date; otherwise CMS will reject the request as retroactive. For example, a request for a withholding effective of February 01, 2013 must be submitted to CMS by the Plan Data Due Date of January 11, 2013.
2. The withholding agency (SSA or RRB) must subsequently confirm that the withholding from the benefit check can take place.

If a Plan misses the December 05 deadline for submitting changes to be effective January 01, 2013, it can still submit a Part C premium change (transaction 78) for January 2013 up to the cut off dates in January and February 2013. As stated previously, MARx will enforce the rule that the premium payment option is direct bill. In these cases, the Plan will have to bill the beneficiary until it can submit a withhold request for a prospective date.

D. Submission of 2013 4Rx Data and Updates to Payer Sheets for 2013

CMS-Generated Enrollments: Part D Plans must include 4Rx data on sponsor-submitted enrollments. However, for CMS-generated enrollments, such as CMS-generated rollover transactions, auto-assigned enrollments and CMS-facilitated enrollments, Plans must submit the 4Rx data within 72 hours of the Plans’ receipt of the TRR reporting these enrollments. The PCUG provides detailed information for sponsors to follow in submitting 4Rx data to CMS.

CMS has scheduled the processing of the 2013 CMS-generated enrollment transactions to ensure 4Rx data are available timely. CMS will continue to monitor and report the

effectiveness of these processes through performance metrics based on pharmacy complaints as well as the completeness and timeliness of sponsor 4Rx submissions.

Re-Assigned Enrollees: Part D sponsors will be receiving a special TRR in late October reporting reassignment transactions. For these reassignment transactions, sponsors must submit the 4Rx data within 72 hours of receipt of the special TRR. This will ensure that 4Rx data for the CMS-reassigned beneficiaries will be available to support pharmacy E1 queries within 96 hours of the sponsor's receipt of the special TRR.

4Rx Data Changes: We also remind Part D sponsors to submit updated 4Rx data for all beneficiaries whose 4Rx data is changing for any reason (for example, when a Part D sponsor changes its Pharmacy Benefits Manager (PBM)). Sponsors are required to submit the beneficiary's new 4Rx data to CMS using Transaction Code 72 if there will be a change in any of the 4Rx data elements (RxBIN, RxPCN, RxGROUP, or RxID). Under these conditions, a Transaction Code 72 change transaction must be submitted even in those situations in which the CMS contract and PBP numbers remain the same.

4Rx Data Not Changing: If the beneficiary's enrollment information (that is, contract number and PBP number) and all of the 4Rx data elements are not changing for CY 2013, it is not necessary to submit a Transaction Code 72 4Rx Data Change transaction.

Payer Sheets: In addition to updating members' 4Rx data as required, Part D sponsors are reminded to update their payer sheets to reflect any billing changes associated with their 2013 Part D benefits, including changes in Plan names, BIN/PCNs, or any other relevant billing information. Updated payer sheet changes should be communicated to all contracted pharmacies as soon as possible.

E. Payment Information for Plans Non-Renewing for 2013

Information regarding retroactive adjustments for non-renewing plans is described in this section. Please note that monthly plan payment reports are not available to Non-Renewed Plans 61 days after termination. Monthly Membership Reports (MMRs) created after termination will accompany the Plan's final reconciliation results from CMS. CMS systems' access for all users of a non-renewed contract will end 60 days after the contract terminates. (HPMS access is not removed after 60 days.) Plan users can retain access to HPMS following termination in order to perform certain functions, such as DIR reporting.

(1) Retroactive Payment Adjustments:

Non-renewed Plans are required to reimburse CMS for any overpayments. Conversely, a Plan will have the right to seek reimbursement from CMS for any previously identified underpayments. MA organizations and PDP sponsors seeking payment adjustments should submit requests to report corrected information within 45 days from the date of receipt of the January payment monthly reports (scheduled for the week of December 20, 2012) to the Retroactive Processing Contractor (RPC), currently Reed & Associates. The reporting of requests for corrected information to the RPC will trigger our retroactive-payment-adjustment process. The requested corrections will be verified and, if verified, applied to the Plan's member records. These corrections will be included in the Plan's final payment

reconciliation after the final risk adjustment, Part D and Coverage Gap Discount (CGD) reconciliations are completed for 2012.

(2) Final Reconciliation:

CMS will complete final reconciliation of our accounts with Plans after the final risk adjustment, Part D and CGD annual reconciliations for 2012 have been performed. This means that final reconciliation and settlement of 2012 terminated plans will begin during the first quarter of calendar year 2014. However, it is important to note that completion of final reconciliation may be delayed in the event a Plan fails to comply with its remaining risk adjustment data submission requirements.

For MA and PDP organizations that are reducing service areas for contracts that will continue in 2013 a final reconciliation will not be performed solely because the Plan is reducing its service area. Payment adjustments related to coverage provided to enrollees in the discontinued portions of the service area will be included as part of the regular payment adjustment process and will appear in the Plan's monthly payments during 2013.

F. Automate Assignment of Segment IDs in the MARx System

CMS automates the assignment of Segment IDs for segmented MA Plans. Each State and County Code (SCC) in a Plan's service area belongs to only one Segment. This enables MARx to automate the assignment of Segment IDs based upon the derived SCC of the beneficiary. If a Plan does not provide a Segment ID, MARx uses the derived SCC to select the appropriate Segment ID. This assigned Segment ID is returned in the reply.

CMS continues to permit Plans to submit Segment IDs as they do now. If the beneficiary is not Out-of-Area, MARx uses the submitted Segment ID rather than the system-derived one.

If a beneficiary is flagged as Out-of-Area for the contract, the MARx System automatically assigns a default Segment ID. This occurs even if the Plan submits a Segment ID on the enrollment transaction. When the beneficiary is assigned to a default Segment ID, the Plan receives TRC 316 – Default Segment ID Assignment.

Additionally, CMS may change a beneficiary's Segment ID when notified that the beneficiary's address has changed. The new derived SCC is used to assign the new Segment ID. This activity generates a TRC 317 – Segment ID Reassigned after Address Update. If the new address places the beneficiary Out-of-Area for the contract, they are assigned the default Segment ID.

If premium withholding is requested on the enrollment transaction for a beneficiary assigned to a default Segment ID due to an Out-of-Area status, the beneficiary's Premium Payment Option automatically changes to "Direct Bill". This will generate TRC 144. However, if a beneficiary with established withholding moves out-of-area, CMS will report the default Segment ID assignment to SSA/RRB but leave the withholding status unchanged.

The Segment ID is now an optional field for new enrollments on the New Enrollment (M221) and Update Enrollment (M212) screens.

CMS alerts MA Plans to default Segment ID assignments and reassignments of Segment ID due to changes in the SCC through newly defined TRCs on the DTRR.

- TRC 316, Default Segment ID Assignment
- TRC 317, Segment ID Reassigned after Address Update

2. Rollover and Terminating Plan MARx Transaction Processing

In certain instances, MARx will create a rollover or disenrollment transaction, and in others, it will not.

No action necessary

When the renewal from CY 2012 to CY 2013 did not result in any change to the contract and PBP number, no MARx enrollment action is necessary for membership to continue to be enrolled in 2013. It is not necessary to submit 4Rx data for such membership, unless there has been a change to the 4Rx data itself (please see section 1.D of this memo for additional information on 4Rx data requirements).

Action necessary

There are two types of rollover (enrollment) and termination (disenrollment) actions in MARx:

- (A) CMS-generated actions, and
- (B) Plan-submitted actions.

Only those Plans with approved HPMS crosswalk exceptions that require Plan-submitted actions may submit such actions and must adhere to the instructions and timeframes provided in this guidance.

A. CMS-Generated Rollover (enrollment) and Termination (disenrollment) Actions:

December 06 & December 07, 2012

CMS will process CMS-generated rollover and termination actions on December 06 and December 07, 2012. During this time, we will move members (or “rollover” membership) between Plan Benefit Packages (PBPs) where necessary and, in some circumstances, between contract numbers as specified in the HPMS Crosswalk. We will disenroll all remaining members of terminating PBPs effective January 01, 2013. The CMS-generated rollover process can accommodate the following scenarios:

- All enrollees in one 2012 PBP moving to a single new 2013 PBP
- All enrollees in multiple 2012 PBPs moving to one single PBP for 2013
- Certain contract-to-contract consolidations where whole PBPs are cross-walked
- Termination (or non-renewal) of whole PBPs and/or whole contracts.

December 10 and December 11, 2012

The transactions created by CMS-generated rollover and termination will appear on the normal December 10 and/or December 11, 2012 DTRR. CMS-generated rollover enrollment transactions will have a response of TRC 100 or TRC 011, an effective date of January 01, 2013 and the value “D” in field 37 (the Enrollment Source Code). CMS-generated

disenrollment transactions will have a response of TRC 018 on a Transaction Code 51 disenrollment transaction and an effective date of January 01, 2013.

For CMS-generated rollover actions for MA organization Plans that include segments the Segment ID will be automatically assigned based upon the SCC known to CMS. Please review section 1.F above for additional information about automated Segment ID. MA Plans will need to follow the successful rollover as reported on the DTRR with a TC77 to correct the Segment ID whenever such a correction is needed.

Plans that are terminating or non-renewing their entire contract as of December 31, 2012, as well as Plans that are renewing their contracts but terminating an entire PBP (or multiple entire PBPs), as of December 31, 2012, do not need to submit MARx disenrollment transactions (TC51) to complete the disenrollment effective December 31, 2012. Affected beneficiaries do not need to request disenrollment.

However, Plans must submit transactions for members who request disenrollment for an effective date prior to the non-renewal/termination date of December 31, 2012. For example, Plans must process a valid request for a disenrollment that is effective November 30, 2012 and submit a TC51 disenrollment transaction to report that disenrollment. A 2012 Plan terminating entirely must complete these actions while the Plan has access to CMS systems.

When a Plan submits a beneficiary enrollment with an effective date of November 01, 2012 or December 01, 2012 into a Plan that is rolling over at the end of the year, or a Plan is reducing its service area and the reduction will affect the applicable beneficiary, as of December 31, 2012, the affected Plan will receive TRCs indicating that the beneficiary is enrolled in the requested plan as of November 01, 2012 or December 01, 2012, as applicable, and an enrollment into the cross-walked plan, effective January 01, 2013, on the same DTRR. CMS will automatically generate the enrollment into the 2013 Plan pursuant to the Plan's approved crosswalk or crosswalk exception. These enrollments will appear on the normal DTRR. It is critical that Plans review the applicable DTRR promptly to ensure that the appropriate enrollment into the 2013 plan occurs.

B. Plan-Submitted Rollover (Enrollment) and Termination (Disenrollment) Actions:

If a Plan received approval from CMS for a CY 2013 crosswalk exception, it should be aware of which crosswalk scenarios will be processed by CMS as a consolidation or renewal, and which scenarios will require Plan-submitted MARx transactions to accomplish the actions. To see which approved CY 2013 crosswalk exceptions require Plan-submitted MARx transactions, Plans should access the Plan Crosswalk Report in HPMS (HPMS> Contract Reports > CY 2013 >Plan Crosswalk Report). Plans that have received approval will see a second crosswalk chart on this report labeled "Approved MARx enrollment transaction exceptions."

Only certain, limited renewal scenarios and certain limited Service Area Reduction (SAR) scenarios will require Plan-submitted actions. Most renewal/non-renewal scenarios do not. Do not submit transactions to accomplish this activity unless necessitated by your organizations' approved renewal/non-renewal scenario.

The accuracy and timeliness of the Plan-submitted activity is critically important. Failure to comply with all of the requirements below, and any other CMS direction for this activity, will be referred to CMS Account Management for review.

(1) Plan-Submitted Rollover (Enrollment) Actions:

A Plan-submitted rollover (enrollment) MARx transaction is only allowed in the case of a CMS-approved crosswalk exception scenario that requires this activity.

On October 09, 2012 no later than 5 p.m. E.T.

Plans that have been approved for renewal or crosswalk exceptions by CMS, that require plan-submitted rollover activity must submit MARx enrollment transactions **on October 09, 2012, not later than 5:00 p.m. ET**, to complete the rollover of enrollees to the correct PBP (and in some cases, contract number) effective January 01, 2013. For an approved crosswalk from a CY 2012 PBP to a different PBP number within the same contract number, or in a different contract number within the same parent organization for CY 2013, Plans must use the Transaction Code 61 enrollment transaction. All Plans submitting enrollment transactions for these limited, previously-approved circumstances must submit these actions accurately on October 09, 2012, not later than 5:00 p.m. ET in a batch submission file (or files, as necessary) separate from any other MARx submission activity. Plans must use the following specific data elements on each transaction:

- Transaction code = 61
- Application date = October 01, 2012
- Effective date = January 01, 2013
- Election type code = “X”

As Plan-submitted transactions, the MARx response TRC will not have the special characteristics that CMS-generated rollover MARx actions have. The response to Plan-submitted transactions will have an enrollment source code of “B” as well as the usual response TRC per normal operations.

(2) Plan-Submitted Non-Renewal or Service Area Reduction (Disenrollment) Actions:

Plans that have an approved Service Area Reduction (SAR) may or may not be required to submit TC51 Disenrollment transactions as follows:

- If the approved SAR results in the termination of an entire PBP, CMS completes the disenrollment as described in section 2.A.
- If the approved SAR affects only a portion of a PBP, the Plan must submit the disenrollment transactions as described below.

On October 09, 2012 not later than 5 p.m. E.T.

In limited CMS-approved circumstances, such as when an MA organization reduces the service area of a CY 2012 MA PBP or PBPs only a portion of the PBP is affected, the MA organization must submit disenrollment transactions to disenroll only the beneficiaries from

the PBP or PBPs affected by the service area reduction. MA organizations submitting disenrollment transactions under these circumstances **must submit MARx disenrollment transactions on October 09, 2012, not later than 5:00p.m. ET**, using the following data elements:

- Transaction Code= 51
- Effective date = January 01, 2013 (for December 31, 2012 disenrollment)
- Election type code = “X”
- Disenrollment Reason Code= 92.

Plan-submitted termination (disenrollment) actions must be submitted in a batch file (or files, as necessary) separate from any other MARx submission activity. Successful transactions will receive a MARx response TRC 013 (Disenrollment Accepted As Submitted).

(3) Plan Review of CMS Reply to Plan-Submitted Rollover and/or Termination Actions:

October 10, 2012

Plans are expected to immediately review the CMS reply associated with these submissions, including the DTRR and other reports, available on October 10, 2012.

Plans must report to us the status of their submission based on the MARx reply reports not later than 11:59 p.m. ET on October 11, 2012. The status report must include the total number of submitted transactions by type (i.e. Transaction Codes 61 or 51), and a summary of the results of MARx processing including the number of accepted, rejected, and failed transactions. Plans should not attach or send a copy of their Batch Completion Status Summary (BCSS) or DTRR. Send the status report by email to both the:

1. RO Account Manager and
2. MAPD Help Desk at: MAPDhelp@cms.hhs.gov

3. Plan Reports and System UI Availability

A. October Prescription Drug Plan (PDP) Notification Files for Reassignment

On or about October 17, 2012, we will transmit to certain Plans the files described in the HPMS memorandums “*2013 Reassignment of Low-Income Subsidy Beneficiaries for PDPs*,” and “*2013 Reassignment of Low-Income Subsidy Beneficiaries in Terminating Medicare Advantage (MA) Plans and Medicare Advantage Plans that are Reducing their Service Areas*” dated September 10, 2012. These files will provide a preliminary listing of low-income subsidy (LIS)-eligible beneficiaries whom we will reassign to a new Plan effective January 01, 2013.

On or about October 23, 2012, we will transmit to certain PDPs a special MARx-generated TRR containing the confirmed enrollments and disenrollments resulting from the reassignment.

NOTE: Do not submit the 4Rx records for beneficiaries in the one-time files until you receive the special TRR on or about October 23 2012, containing the confirmed enrollments that result

from the reassignment process. MARx cannot accept the 4Rx data until the enrollment is recorded.

B. Loss-of-Low-Income-Subsidy Data Files

CMS sends two Loss-of-Low-Income-Subsidy data files to Part D Plans each fall. The first file is sent in September and identifies members who will no longer have the low income subsidy (LIS) as of January 01, 2013. The first file is for information purposes only. In a joint mailing from CMS and SSA during the week of September 17, 2012, these persons are sent a personalized letter on grey paper explaining the loss of LIS and an SSA LIS application for Extra Help to complete and return. We expect Part D plan sponsors to contact, by phone or mail, every member who will no longer qualify automatically for LIS beginning in 2013 to encourage them to apply for Extra Help and to assist them through the process. An HPMS memo titled: “*Re-Determination of Low-Income Subsidy Eligibility for 2013*” sent on July 27, 2012, contains additional information.

The second file will be sent in mid-December and will be an updated version of the September file, indicating those beneficiaries who still no longer have the LIS as of January 01, 2013. The file format can be found in the PCUG. This file should be processed through normal plan processes.

C. Monthly Reports

December 20, 2012

The standard monthly reports for the January payment month will be sent to Plans on or about December 20, 2012.

Plans should carefully review all CMS reports including the January 2013 Monthly Membership Report (scheduled to be available on December 20, 2012) to ensure that all enrollees are in the correct PBP for January 2013. Please contact the MAPD Help Desk for questions and problems immediately.

D. MARx System UI Availability

The Medicare Advantage and Part D Inquiry System (MARx Common UI) should remain available. We anticipate the UI to be in Read-Only mode from November 12 to November 15, 2012 to enable regular December payment processing and EOY activities, and December 08 to December 09, 2012 during rollover and termination processing.

Thank you in advance for your assistance. Please take appropriate and timely action as required. If you have any questions about the information contained in this memorandum, please contact the MAPD Help Desk at: 1-800-927-8069 or MAPDhelp@cms.hhs.gov for MARx issues and any preparation activities or questions relating to EOY systems activities.