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Centers for Medicare & Medicaid Services
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**Center for Medicare
Office of Information Services**

DATE: March 17, 2011

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

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**SUBJECT: Announcement of the MARx System Redesign & Modernization
MARx User Interface (UI) Handbook**

The Centers for Medicare & Medicaid Services (CMS) is continuing to implement software improvements to the enrollment and payment processes that support the Medicare Advantage and Prescription Drug (MAPD) programs. CMS is introducing the MARx Redesign & Modernization User Interface (UI) Handbook attached to this letter. This additional Handbook includes the information necessary for Plans to change and update member information by accessing limited MARX UI screens which will be available for use following the April 2011 systems release. Also included in this document is an Appendix (see section 6) which provides details regarding the schedule for implementation, the Header Record definition, and other important information.

The changes to the MARx UI included in the April 2011 systems release are categorized as follows and will require Plan action:

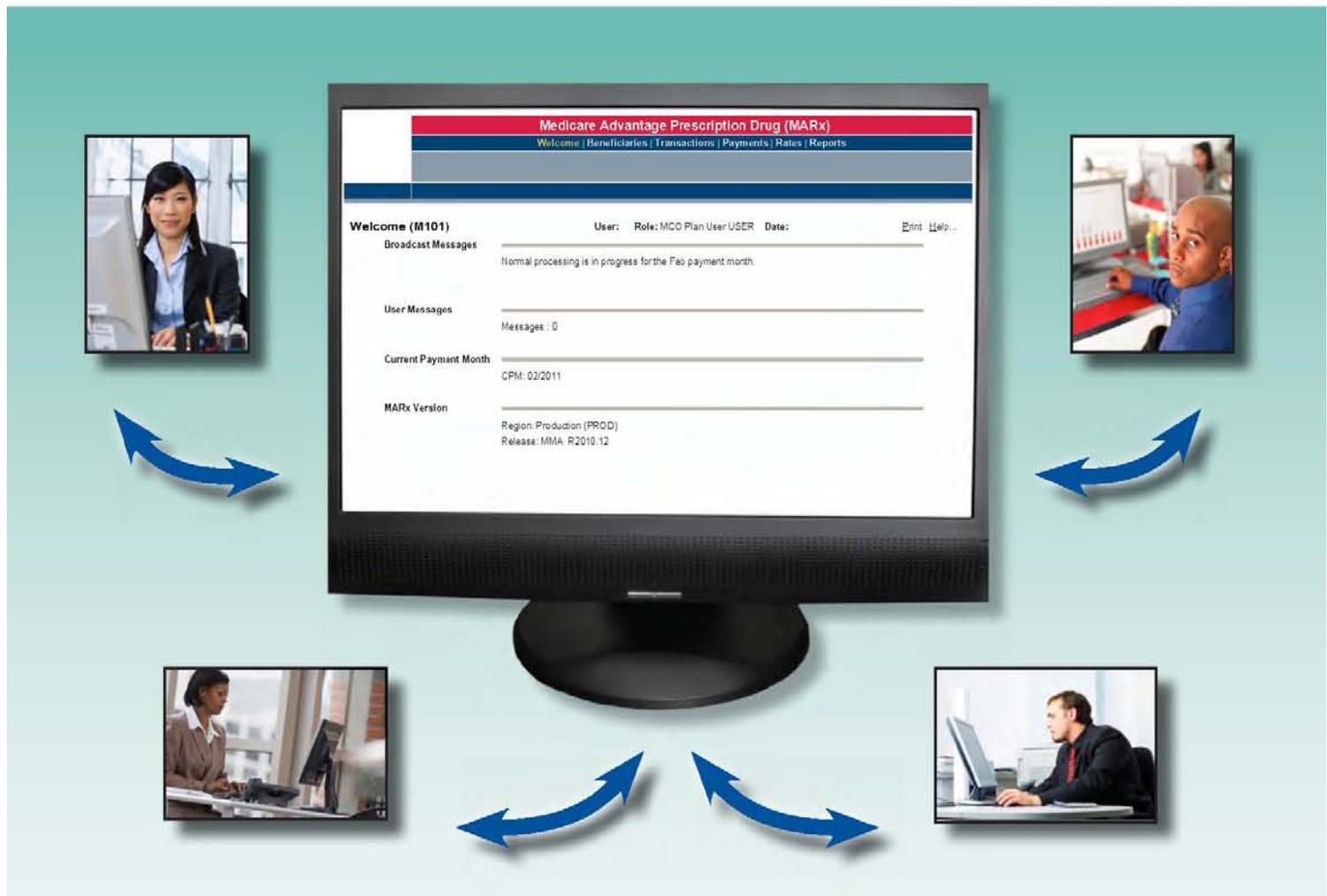
1. Plan User Interface role for limited online update capability
2. Acquiring Plan User UI Access
3. MCO Representative (View Only) Transaction Screens
4. MCO Representative with (UI Update) Change Screens
5. MCO Representative Transmitter User Change Screens
(Special Batch File Processing)

Please direct questions or concerns to the MAPD Help Desk at mapdhelp@cms.hhs.gov or 1-800-927-8069. Plans may also contact the R&M Project Team by email at: R_M_Projects@cms.hhs.gov.

Medicare Advantage and Prescription Drug (MARx)

MARx User Interface (UI)

Redesign & Modernization Handbook for
Medicare Advantage Organizations and
Prescription Drug Sponsors—2011



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For additional copies of the MARx UI Handbook, contact HPMS,
or the MAPD Help Desk Web site at
<http://www.cms.gov/mapdhelpdesk/>.

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1.0 Introduction

1.1 Document Intent

The 2011 Medicare Advantage and Prescription Drug system (MARx) Redesign & Modernization Handbook presents the system enhancements resulting from the Center for Medicare & Medicaid Services' (CMS) MARx Redesign & Modernization (R&M) initiative. This document is not intended to be a complete set of MARx requirements, but is representative of the modifications and functionality added to the MARx application. The information in the MARx User Interface handbook is in addition to the information provided in the MARx Redesign and Modernization handbook published on December 2, 2010.

The intended audience for this information includes Medicare Advantage (MA) Organizations, Medicare Prescription Drug Plans (PDP), Cost-based Plans, Program of All-inclusive Care for the Elderly (PACE), and other health Plan organizations that use the MARx system.

This Handbook provides Plans with an overview of how to input data via the MARx UI to update or make changes to their members' records, and communicate these changes to CMS.

MARx R&M includes new functionality for Plans by providing online User Interface (UI) access to update limited enrollment, disenrollment, and residence address data for Plan membership.

1.2 Document Organization

The Guide includes the following information:

- **Section 1- Introduction**, provides general information about the organization of this document, the functional and business purposes, and the solution groups that help accomplish the MARx R&M initiative.
- **Section 2- Acquiring Plan UI Access**, provides introductory instructions and guidance to the MARx UI user to obtain a CMS user ID.
- **Section 3- MCO Representative (View Only) Transaction Screens**, provides instructions to the user to view beneficiary information through the MARx UI screens, but restricts updating of this information for this role type.
- **Section 4- MCO Representative With (UI Update) Change Screens**, provides instructions to the user in this role for updating beneficiary information on MARx UI screens.
- **Section 5- MCO Representative Transmitter User Change Screens**, provides instructions for updating batch information via the new Special Batch File Request Utility screens.
- **Section 6- Appendix**, provides definitions and terms used throughout the Handbook, as well as acronyms and important updates.

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2.0 Acquiring Plan UI Access

Plans continue to utilize Individuals Authorized Access to the CMS Computer Services (IACS) to register their submitters and representatives. The Plans' External Point of Contact (EPOC) will continue to approve their personnel in accordance with established IACS policies.

The MARx R&M Project created a new online functionality for Plan users. A new Plan user role, MCO Representative UI Update was created in IACS that allows the user of this role to update member records in MARx.

CMS is instructing the EPOC to approve a maximum of two (2) MCO Representative UI Update users per parent organization. CMS will evaluate this limit as experience is gained with the new UI Update functionality. MCO representative UI Update users must be employees of the parent organization.

EPOCs should instruct their designated MCO Representative UI Update users to access the IACS system and modify their roles at <https://applications.cms.hhs.gov/>. Plan personnel that are designated to the MCO Representative UI update by their organization must access the IACS system and change their current role to the new role.

Plan personnel with the new role of MCO Representative UI Update cannot use the new functionality until April 18, 2011. Please refer to the Plan Schedule in the Appendix Section (6.1) of this guide for important Marx R & M dates.

Newly acquired roles will not activate until April 18, 2011. Current user roles will remain in effect until the implementation of MARx R & M.

Please see Figures 1-3 on the following pages for examples of IACS registration screens and for selecting the new MCO Representative UI Update role.

Figure 1: New User Registration Screen

Figure 2: Review Registration Details Screen

First Name:	Pat	MI:		Last Name:	Smith
Title:	Dr.	Suffix:	Jr.	Professional Credentials:	MD
Social Security Number:	*****0000				
E-mail:	ahycio@dtmubz.com				
Office Telephone:	282-120-0000 X289				
Company Name:	BGI Medical Center	Company Telephone:			
Address 1:	! Windy Circle	Address 2:			
City:	Baltimore	State/Territory:	MD	Zip Code:	21209
User/Community Type:	MA/MA-PD/PDP/CC				
Role:	Approver				
Contract(s):	H0151				

Figure 3: Modify Account Profile

Access Request

Select Action: View My Access Profile

Community/Application : Role	Profile Summary	Possible Actions
MAMA-PD/PDP/CC : User/Submitter	Contract(s): Plan H1051	As a MAMA user: o Add/Remove Contract(s)

Cancel

OMB: 0938-0989

Effective date: 6/1/16

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3.0 MCO Representative (View Only) Transaction Screens

3.1 Beneficiary Snapshot Screen (M203)

The snapshot screen is an overall summary of a beneficiary's membership, health status, and payment/adjustment information as of a specified date. If payments are unavailable for the specified date, the latest available payment and adjustment information is shown. When the screen initially displays, the date defaults to the current date and all information displayed is for that date. To view the beneficiary details as of a different date, update the date in the "As of" data entry field and click on the [Find] button.

If the beneficiary enrolls with an effective date in the future, no status information is available. Change the "As of" date to the future date to view the snapshot information. A user only views information for beneficiaries enrolled in a Plan to which the user has access. When the beneficiary is enrolled in two Plans, both of which are under the user's contract (one for MA-only and the other for Part D), information on both Plans is shown.

To access the *Beneficiary Snapshot (M203)* screen, use the *Beneficiaries: Find (M201)* screen to enter the beneficiary's claim number in the search criteria and select the [Find] button. Then, select the beneficiary's claim number on the *Beneficiaries: Search Result* screen.

Figure 4: Beneficiary Snapshot Screen (M203)

Claim #:
DOB:

State:
Age:
Sex:

County:

Snapshot | Enrollment | Status | Payments | Adjustments | Premiums | SSA - RRB | History | Factors | Utilization | MSA | Medicaid | Residence Address | Rx Insurance

Beneficiary Snapshot (M203)
User: CKS9 Role: MCO REPRESENTATIVE Date: 2/9/2011
Close Print Help...

Change date to re-display Beneficiary Details and click "Find."

As Of:

Contract: Hxxx1 MCO Name: PBP Number: 111 Segment Number: 000 Special Needs Type: Bonus Payment Portion Percent: 0% Demographic Blend Portion Percent: 0% Residency Status: In Area Part B Premium Reduction Benefit: \$0.00	Contract: MCO Name: PBP Number: Segment Number: Special Needs Type: Bonus Payment Portion Percent: 0% Demographic Blend Portion Percent: 0% Residency Status: Part B Premium Reduction Benefit: \$0.00
--	--

Residence for Payments: State: County:

Status Flags: Hospice ESRD ESRD MSP Aged/Disabled MSP Inst NHC

Payment Flags: Disabled CHF Long Term Institutional Part B Premium Reduction

Low Income Subsidy: Subsidy Start: Subsidy End: LI Premium Subsidy Level:
LI Co-payment Level:

Original Reason for Entitlement: 0
Aged/Disabled MSP Factor: 0.00
ESRD MSP Factor: 0.00

Payments For Payment Date 02/01/2011

Rate Used	Part A	Part B	Part D	Total	Paid Flag
PART D BASIC PREMIUM	\$0.00	\$0.00	\$38.40	\$38.40	-
* PART D DIRECT SUBSIDY	\$0.00	\$0.00	\$24.17	\$24.17	Y
* PART D REINSURANCE	\$0.00	\$0.00	\$19.17	\$19.17	Y
* TOTAL PDP	\$0.00	\$0.00	\$43.34	\$43.34	Y

Adjustments Applied to 02/01/2011

Rate Used	Part A	Part B	Part D	Total	Paid Flag
No Adjustments applied to 02/01/2011 for Hxxx1/111/000					

Entitlement Information

	Start Date	End Date	Option
Part A:	07/01/1991		E
Part B:	07/01/1991		Y

Enrollment Information

Contract	Start Date	End Date
Hxxx1	01/01/2008	

Eligibility Information

	Start Date	End Date
Part D:	01/01/2006	

Premiums

Premium Withholding Option:	DIRECT SELF-PAY
Premium Withholding Option Pending:	N
Part C Premium (from enrollment):	\$0.00
Part D Premium (from HPMS):	\$62.90
De minimis:	=0.00
Part D Net of De minimis:	=62.90
Low Income Subsidy:	\$0.00
Late Enrollment Penalty:	=0.00
Late Enrollment Penalty Waived Amount:	=0.00
Late Enrollment Penalty Subsidy:	\$0.00
Beneficiary's Total Part D Premium:	=0.00
Total C+D Premium (paid by beneficiary):	=62.90

Table 1: Beneficiary Snapshot Screen (M203) Field Descriptions

Note: Italicized text denotes updates resulting from the MARx initiative.

Item	Type	Description
As Of	Optional data entry field	Enter a valid date in the form (M)M/(D)D/YYYY. The user may change the As Of date. After changing the date, the user clicks on the [Find] button to bring up the information for that date.
[Find]	Button	Displays the information for the specified As Of date.
The following fields are repeated for each contract (up to 2) in which the beneficiary is enrolled		
Contract	Output	Contract number for this beneficiary on the As Of date.
MCO Name	Output	Contract name for this beneficiary on the As Of date.
PBP Number	Output	The PBP number on the contract for this beneficiary on the As Of date.
Segment Number	Output	The segment number on the contract and PBP for this beneficiary on the As Of date.
Special Needs Type	Output	Indicates the special needs population that the contract serves, if applicable.
Bonus Payment Portion Percent	Output	The percentage applied to the payment to determine the bonus amount to pay the MCO. This is not applicable to a PDP.
Demographic Blend Portion Percent	Output	The percentage of the demographic rate used to calculate the blended payment. The remaining percentage of the blended payment is based on the risk-adjustment amount. This is not applicable to a PDP.
Residency Status	Output	The residency status for this beneficiary on the As Of date.
Part B Premium Reduction Benefit	Output	The Part B Premium Reduction Benefit amount is shown only for a non-drug contractor. For the Pre-2006 Part B Premium Reduction Benefit, multiply the Benefits Improvement & Protection Act of 2000 (BIPA) amount by 0.80.
Residence for Payments: State	Output	State used for payment calculation, which may differ from the state in the mailing address in the screen header.
Residence for Payments: County	Output	County used for payment calculation, which may differ from the county in the mailing address in the screen header.
Status Flags	Output	The flags set for the beneficiary on the As Of date.
Payment Flags	Output	The flags set for the beneficiary on the As Of date.
Low Income Subsidy	Output	Date range (subsidy start date and end date), co-payment level, and amount of the low income subsidy on the As Of date.
Original Reason for Entitlement	Output	The reason for the beneficiary's original entitlement to Medicare; disabled or aged.
Aged/Disabled MSP Factor	Output	Beneficiary's aged/disabled reduction factor.
ESRD MSP Factor	Output	Beneficiary's End State Renal Disease (ESRD) Medicare Secondary Payer reduction factor.
<p>The lines in the Payments section define each component used in the calculation of the Plan's payment for this beneficiary for the payment month associated with the As Of date. These may include Demographic, Risk Adjustment, Blended, ESRD, Part D Basic Premium, Part D Direct Subsidy, Part D Reinsurance, etc. Each line is broken into the columns below.</p> <p><i>When there are no payments to display, "No Payments for MM/DD/YYYY for CONTRACT/PBP/SEG" displays.</i></p>		
Rate Used	Output	Payments have asterisks, but components used in the payment calculation do not (e.g., a blended payment has an asterisk, but the demographic and risk-adjusted components used in the blend do not have an asterisk).
Part A	Output	The amount of the payment line that is categorized as Medicare Part A.

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Item	Type	Description
Part B	Output	The amount of the payment line that is categorized as Medicare Part B.
Part D	Output	The amount of the payment line that is categorized as Medicare Part D.
Total	Output	The Net Payments amount includes additions and subtractions based on rebates, subsidies, and bonuses. Payments are made in the As Of month.
<i>Paid Flag</i>	<i>Output</i>	<i>The Paid Flag indicates whether the Plan received this payment or adjustment. Following the 36 month rule, some payments or adjustments are calculated but not included in an actual payment.</i>
<p>The lines in the Adjustments section define each component used in the calculation of any Plan payment adjustments for this beneficiary for the payment month associated with the As Of date. These may include Demographic, Risk Adjustment, Blended, ESRD, Part D Basic Premium, Part D Direct Subsidy, Part D Reinsurance, etc. Each line is broken into the columns below.</p> <p><i>When there are no adjustments to display, "No Adjustments for MM/DD/YYYY for CONTRACT/PBP/SEG" displays.</i></p>		
Rate Used	Output	Adjustments have asterisks, but components used in the adjustment calculation do not (e.g., a blended payment has an asterisk, but the demographic and risk-adjusted components used in the blend do not have an asterisk).
Part A	Output	The amount of the adjustment line that is categorized as Medicare Part A.
Part B	Output	The amount of the adjustment line that is categorized as Medicare Part B.
Part D	Output	The amount of the adjustment line that is categorized as Medicare Part D.
Total	Output	The Net Adjustment amount includes additions and subtractions based on rebates, subsidies, and bonuses. Adjustments are made in the As Of month.
<i>Paid Flag</i>	<i>Output</i>	<i>The Paid Flag indicates whether the Plan received this payment or adjustment. Following the 36 month rule, some payments or adjustments are calculated but not included in an actual payment.</i>
Entitlement, Eligibility, and Enrollment Information		
Entitlement Information	Output	Entitlement Start Date and End Date, as well as Option for Part A and Part B for this beneficiary on the As Of date.
Eligibility Information	Output	Eligibility Start Date and End Date for Part D for this beneficiary on the As Of date.
Enrollment Information	Output	Provides the Start Date and the End Date for each of this beneficiary's enrollment under the user's contract on the As Of date.
<p>Premium Information – This section provides information on the beneficiary's premiums on the As Of date.</p> <p><i>When there are no premiums to display, "No Premiums found for MM/DD/YYYY for CONTRACT/PBP" displays.</i></p>		
Premium Withholding Option	Output	The Premium Withholding Option on the As Of date.
Premium Withholding Option Pending	Output	When a withholding request is submitted but not yet accepted by the withholding agency, the request is "Pending". This indicates whether this withholding request is "Pending".

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Item	Type	Description
Part C Premium (from enrollment)	Output	The amount of the beneficiary's premium that represents their Part C premium. This is provided by the Plan on the enrollment transaction.
Part D Premium (from HPMS)	Output	The amount of the beneficiary's premium that represents their Part D premium. This amount is contracted with the Plan and maintained by HPMS.
De Minimis	Output	The amount of De Minimis adjustment included in the beneficiary's premium.
Part D Net of De Minimis	Output	The amount of the Part D premium with any De Minimis adjustment.
Low Income Subsidy	Output	The amount of the beneficiary's premium that is subsidized due to low income status.
Late Enrollment Penalty	Output	The penalty amount that is added to the beneficiary's premium due to uncovered months.
Late Enrollment Penalty Waived Amount	Output	The amount of the Late Enrollment Penalty that is waived for the beneficiary.
Late Enrollment Penalty Subsidy	Output	The amount of the Late Enrollment Penalty that is subsidized.
Beneficiary's Total Part D Premium	Output	The total Part D premium for the month associated with the As Of date. This incorporates all of the Part D components that are detailed in this section.
Total C+D Premium (paid by beneficiary)	Output	The total premium paid by the beneficiary for Part C and Part D coverage.

Table 2: Beneficiary Snapshot Screen (M203) Messages

Message Type	Message Text	Suggested Action
Missing entry	As Of Date must be entered.	Enter the date.
Invalid format	As Of Date is invalid. Must have format (M)M/(D)D/YYYY.	Re-enter the date in one of the required formats.
Informational	The latest available Snapshot information is for payment month of <actual payment month>.	None.
No data	No payment profile information for claim number <claim number> and coverage date as of <date>.	There is no payment data available for that claim number on the As Of date entered on the screen. If the user is expecting to see payment data, the user verifies the date and month and re-enters the corrected information. If the date and month are correct, the user contacts the MAPD Help Desk for assistance.
No data	Invalid input for claim number <claim number> and coverage date as of <date>.	There is no payment data available for that claim number on the As Of date entered on the screen. If the user expects to see payment data, the user verifies the date and month and re-enters the corrected information. If the date and month are correct, the user contacts the MAPD Help Desk for assistance.

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Message Type	Message Text	Suggested Action
Software or Database Error	Error occurred while retrieving beneficiary snapshot data for claim number <claim number> and coverage date as of <date>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

3.2 Enrollment Screen (M204)

The enrollment screen displays the beneficiary’s enrollment history with the most recent enrollment appearing at the top of the list. The bottom half of the screen is initially blank but is populated when the user selects one of the active areas on the screen. The bottom half may display information on the beneficiary’s *Primary Drug Insurance* or on the *Payment* associated with the selected enrollment.

Please Note: A Plan user only views enrollment in contracts to which the user has access. It may appear that the beneficiary has enrollment gaps but the beneficiary may actually have enrolled in another contract.

To access the *Enrollment (M204) Screen*, select the |Enrollment| tab.

The initial view of this screen displays a summary list of enrollment information by contract, PBP, and segment (as applicable). When the beneficiary is enrolled in two contracts (one for Parts A and/or B and the other for Part D), two rows covering the same time period may display.

Figure 5: Enrollment Screen (M204)

The screenshot shows the Enrollment (M204) screen for a beneficiary named FIRST M. LAST. The screen includes a header with claim information, a navigation menu, and a table of enrollment history. The table has 10 columns: Contract, PBP #, Segment #, Drug Plan, Start, End, Source, Disenrollment Reason, Primary Drug Insurance, and Payment. There are 5 rows of enrollment data, each with a 'View' link in the Primary Drug Insurance and Payment columns.

	Contract	PBP #	Segment #	Drug Plan	Start	End	Source	Disenrollment Reason	Primary Drug Insurance	Payment
1	Hxxx1	001	000	Y	12/01/2008		Hxxx1		View	View
2	Hxxx1		000		06/01/2002	12/31/2005	Hxxx1			View
3	Hxxx1		000		01/01/2001	05/31/2002	Hxxx1			View
4	Hxxx2		000		01/01/1999	12/31/2000	Hxxx2			View
5	Hxxx3		000		10/01/1997	12/31/1998	Hxxx3			View

Table 3: Enrollment Screen (M204) Field Descriptions

Note: Italicized text denotes updates resulting from the MARx initiative.

Item	Type	Description
Contract	Output	Contract in which the beneficiary is enrolled. The values displayed in this column link to display the <i>Enrollment Details (M222)</i> screen for the enrollment on this line.
PBP #	Output	PBP number for the enrollment on this line.
Segment #	Output	Segment number for the enrollment on this line.
Drug Plan	Output	Indicates whether the contract/PBP on this line provides drug insurance coverage. (Y or N).
Start	Output	Start date for the beneficiary's enrollment in this Contract/PBP/Segment.
End	Output	End date for the beneficiary's enrollment in this Contract/PBP/Segment.
Source	Output	The person or system that submitted the enrollment [contract number when entered by an MCO; user ID when entered at CMS, Social Security Administration (SSA), or Medicare Customer Service Center (MCSC)].
Disenrollment Reason	Output	If the enrollment on this line includes an end date, this is the reason for the beneficiary's disenrollment.
<u><i>Primary Drug Insurance</i></u>	<i>Link</i>	<i>Click the <u>View</u> link in the Primary Insurance Information column to display all occurrences of primary insurance information associated with the beneficiary's enrollment. This information displays in the bottom portion of the screen.</i>
<u>Payment</u>	Link	Select the <u>View</u> link in the Payment column to display all payment information associated with the enrollment for the contract/PBP/segment.

Table 4: Enrollment Screen (M204) Messages

Message Type	Message Text	Suggested Action
No data	No enrollment information found for claim number <claim number> and coverage date <coverage date>.	No corresponding data is available for that claim number on that date. If the user expects to see enrollment data, the user verifies the date and month and re-enters the corrected information.
No data	No payments found for claim number <claim number> and contract number <contract #>.	No corresponding payment data is available for that claim number on that date.
Software or Database Error	Error occurred while retrieving enrollment results for claim number <claim number> and coverage date <coverage date>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred while retrieving enrollment history for claim number <claim number> and coverage date <coverage date>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Missing input on retrieval of beneficiary enrollment history.	Contact MAPD Help Desk for assistance.

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Message Type	Message Text	Suggested Action
Software or Database Error	Invalid screen ID.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving payment results for claim number <claim number> and contract number <contract #>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving payment information for claim number <claim number> and contract number <contract #>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Prospective payment information missing for claim number <claim number> and contract number <contract #>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Payment profile information missing for claim number <claim number> and contract number <contract #>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

3.3 Enrollment Screen (M204) Primary Drug Insurance

Plans can view the primary drug insurance history for beneficiaries enrolled in their Plans. The screen displays the beneficiary’s 4Rx information for periods when the beneficiary was enrolled in any of the Part D Plans to which the user has access.

To view the *Primary Drug Insurance* information in the bottom portion of the screen, the user selects the *View* link that is in the Primary Drug Insurance column. This displays an additional section on the screen, showing the beneficiary’s primary 4Rx values.

Figure 6: Enrollment Screen (M204) Primary Drug Insurance

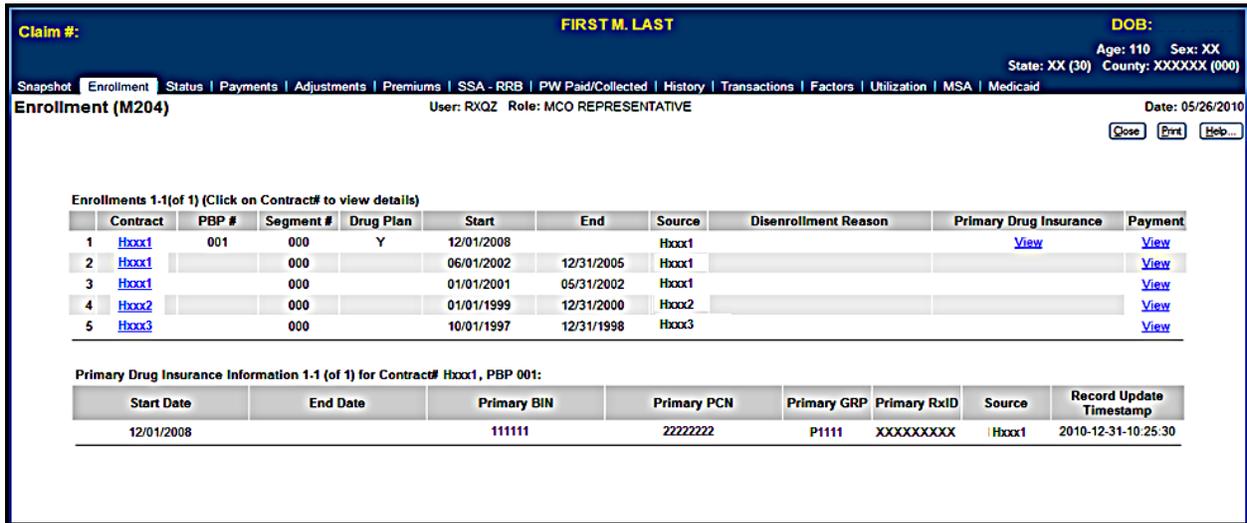


Table 5: Enrollment Screen (M204) Primary Drug Insurance Field Descriptions

Item	Type	Description
Primary Drug Insurance Information		
This section contains one line per period during which the beneficiary has a unique combination of Contract, PBP, and Primary 4Rx information.		
Start Date	Output	Start date per period when the beneficiary has a unique combination of Primary Drug Insurance information (4Rx).
End Date	Output	End date per period when the beneficiary has a unique combination of Primary Drug Insurance information. This is blank for open-ended periods.
Primary BIN	Output	Primary BIN for the Primary Drug Insurance period on this line.
Primary PCN	Output	Primary PCN for the Primary Drug Insurance period on this line.
Primary GRP	Output	Primary GRP for the Primary Drug Insurance period on this line.
Primary RxID	Output	Primary RxID for the Primary Drug Insurance period on this line.
Source	Output	The source of the Primary Insurance information.
Record Update Timestamp	Output	The date and time the Primary Insurance information is received.

Table 6: Enrollment Screen (M204) Primary Drug Insurance Messages

Message Type	Message Text	Suggested Action
Software or Database Error	Error occurs while retrieving beneficiary transaction results for claim number <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurs while retrieving beneficiary transaction information for claim number <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Missing input data to retrieve transaction.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

3.4 Enrollment Screen (M204) Payment

Plans view a summary of payment and adjustment information for a particular enrollment line by using the associated Payment link. The payment information includes payment date and payment, as well as adjustment amounts, where applicable. Several beneficiary health status indicators are also provided.

To view the summary payment information for a particular enrollment, the user selects the Payment link in the Action column associated with that contract, PBP, segment (as applicable), and start date. This expands the information on the *Enrollment (M204)* screen to include the Payments section. The information is listed by month.

Figure 7: Enrollment Screen (M204) Payment

The screenshot displays the 'Enrollment View (M204)' interface. At the top, there is a navigation bar with tabs for 'Snapshot', 'Enrollment', 'Status', 'Payments', 'Adjustments', 'Premiums', 'SSA - RRB', 'Transactions', 'Factors', 'Utilization', 'MSA', 'Medicaid', 'Residence Address', and 'Rx Insurance'. The 'Enrollment' tab is active. Below the navigation bar, the screen shows 'Enrollment View (M204)' with user information 'User: B4ZS Role: MCO REPRESENTATIVE' and a date 'Date: 2/10/2011'. There are buttons for 'Close', 'Print', and 'Help...'. The main content area is divided into two sections: 'Enrollments 1 (of 1)' and 'Payments 1-4 (Of 4)'. The 'Enrollments' section contains a table with columns for Contract, PBP #, Segment #, Drug Plan, Start, End, Source, Disenrollment Reason, Primary Drug Insurance, and Payment. The 'Payments' section contains a table with columns for Payment Date, Contract #, Payments, Adjustments, Hospice, ESRD, Aged/Disabled MSP, Inst, NHIC, Medicaid, Disability, CHF, and Part B Premium Reduction.

Enrollments 1 (of 1) (Click on Contract# to view details)										
Contract	PBP #	Segment #	Drug Plan	Start	End	Source	Disenrollment Reason	Primary Drug Insurance	Payment	
1	Hxxx1	017	000	Y	07/01/2009	10/31/2009	Hxxx1	VOLUNTARY DISENROLLMENT THROUGH PLAN	View	View

Payments 1-4 (Of 4) (Click on payment date to view details)												
Payment Date	Contract #	Payments	Adjustments	Hospice	ESRD	Aged/Disabled MSP	Inst	NHIC	Medicaid	Disability	CHF	Part B Premium Reduction
10/2009	Hxxx1	\$0.00	\$0.00	-	-	-	-	-	-	-	-	-
09/2009	Hxxx1	\$0.00	\$0.00	-	-	-	-	-	-	-	-	-
08/2009	Hxxx1	\$0.00	\$0.00	-	-	-	-	-	-	-	-	-
07/2009	Hxxx1	\$0.00	\$0.00	-	-	-	-	-	-	-	-	-

Table 7: Enrollment Screen (M204) Payment Field Descriptions

Note: Italicized text denotes updates resulting from the MARx initiative.

Item	Type	Description
Payments		
This section shows payment information for the selected enrollment line. One line is displayed for each month that the Plan received a payment.		
Payment Date	Output / Link	Month/year when payments and adjustments are made. The user selects a month/year on the pop-up screen <i>Payment/Adjustment Detail (M215)</i> . This shows payment and adjustment details for the selected payment line.
Contract #	Output	The contract associated with the payment selected.
Payments	Output	Payment amounts, broken down by month, for the selected enrollment in the contract, PBP, and segment, as applicable.
Adjustments	Output	Adjustments, broken down by month, for the selected enrollment in the contract, PBP, and segment, as applicable.
Hospice	Output	Checked if the beneficiary has Hospice status for the month represented by the payment row.
ESRD	Output	Checked if the beneficiary has ESRD status for the month represented by the payment row.
<i>Aged / Disabled MSP</i>	<i>Output</i>	<i>Checked if the beneficiary has the Working Aged or Disabled status for the month represented by the payment row.</i>
Inst (Institutional)	Output	Checked if the beneficiary has Institutional status for the month represented by the payment row.
NHC	Output	Checked if the beneficiary has Nursing Home Certifiable (NHC) status for the month represented by the payment row.
Medicaid	Output	Checked if the beneficiary has Medicaid status for the month represented by the payment row.
Disability	Output	Checked if the beneficiary has Disability status for the month represented by the payment row.
CHF	Output	Checked if the beneficiary has congestive heart failure (CHF) status for the month represented by the payment row.
Part B Premium Reduction	Output	Checked if a Part B premium (formerly BIPA) reduction is applied to the payment and/or adjustments for the beneficiary for the month represented by the payment row.

Table 8: Enrollment Screen (M204) Payment Messages

Message Type	Message Text	Suggested Action
No data	No transactions found for claim number <claim number>.	No action needed.
Software or Database Error	Error occurs while retrieving beneficiary transaction results for claim number <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurs while retrieving beneficiary transaction information for claim number <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Missing input data to retrieve transaction.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

3.5 Premiums View Screen (M231)

Premium information includes the history of basic premiums paid by the beneficiary, the penalty for late enrollment added to the premiums, and the subsidies paid by the government that reduce the premiums. The *Premiums (M231)* screen allows the Plan users to view this premium information for beneficiaries enrolled in their Plans.

Once a beneficiary is selected, the *Premiums View (M231)* screen is accessed by selecting the [Premiums] tab.

The top portion of this screen provides a field for entering a payment month and year. The bottom portion of the screen shows the beneficiary's premium data associated with the month and year for the specified month. The date defaults to the current payment month when the screen is initially opened. The user can change the month by entering a new date and selecting the *Find* button. This screen also allows the user to view additional details about the premium by using the dropdown arrows on the premium period line. When the beneficiary is enrolled in two contracts (one for Parts A and/or B and the other for Part D), two rows for the same month are displayed.

Figure 8: Premiums View Screen (M231)

The screenshot shows the 'Premiums View (M231)' interface. At the top, there are navigation tabs: Snapshot, Enrollment, Status, Payments, Adjustments, **Premiums**, SSA - RRB, History, Factors, Utilization, MSA, Medicaid, Residence Address, and Rx Insurance. Below the tabs, the screen displays 'User: B4ZS Role: MCO REPRESENTATIVE Date: 2/1/2011' and buttons for 'Close', 'Print', and 'Help...'. A search instruction box says 'Enter the month of the premiums to be viewed and click "Find."'. Below this is a text input field for '*Payment Month' containing '02/2011' and buttons for 'Find' and 'Reset'. The main data area is titled 'Premiums 1-2(of 2)' and contains a table with columns: Start Date, End Date, Contract, PBP, Seg, Premium Payment Option, Premium Payment Option Pending, Part C, Part D, LIS, LIS %, NUN CMO, LEP, Total Premium, Part B Premium Reduction, SSA Accepted Month(C,D), and SSA Accepted Month (B). The table has two rows of data. The first row shows a premium for 01/01/2011 to 12/31/2011 with a total premium of \$0.00. The second row shows a premium for 04/01/2010 to 12/31/2010 with a total premium of \$147.99. A 'Premium Details' popup window is open over the second row, showing 'Creation Date' (01/19/2011), 'De minimis' (\$0.00), 'Part D Net of De minimis' (\$0.00), and 'LEP Subsidy' (\$0.00).

Start Date	End Date	Contract	PBP	Seg	Premium Payment Option	Premium Payment Option Pending	Part C	Part D	LIS	LIS %	NUN CMO	LEP	Total Premium	Part B Premium Reduction	SSA Accepted Month(C,D)	SSA Accepted Month (B)
*01/01/2011	12/31/2011	Hxxx1	001	000	DIRECT SELF-PAY		\$0.00	\$0.00	\$0.00	0.00%	0	\$0.00	\$0.00	\$0.00		
04/01/2010	12/31/2010	Hxxx1	001	002	DIRECT SELF-PAY		\$92.00	\$52.80	\$0.00	0.00%	10	\$3.19	\$147.99	\$0.00		

Creation Date	De minimis	Part D Net of De minimis	LEP Subsidy
01/19/2011	\$0.00	\$0.00	\$0.00

Table 9: Premiums View Screen (M231) Field Descriptions

Note: Italicized text denotes updates resulting from the MARx initiative.

Item	Type	Description
Search Criteria		
Payment Month	Input (Required)	Enter a month and year in the format (M)M/YYYY. This date defaults to the current payment month when the screen is initially opened.
Find	Button	Select this button to display premium information associated with the Payment Month entered.
Reset	Button	Resets the entered date to the current payment month.
Premiums		
[>>]	Button	Selecting this button on a transaction status row displays additional details about the premium in a dropdown below the premium line.
[▼] [▼]	Button	Selecting this closes the already opened dropdown premium detail information view.
Start Date	Output	When the period for this row's premium began.
End Date	Output	When the period for this row's premium ended.
Contract	Output	Contract for which premiums were charged.
PBP	Output	PBP for which premiums were charged.
Seg	Output	Segment for which premiums were charged.
<i>Premium Payment Option</i>	<i>Output</i>	<i>The Premium Payment Option that the beneficiary chose for paying the premiums; Direct Self Pay or Withholding from one of the withholding agencies (SSA or RRB).</i>
<i>Premium Payment Option Pending</i>	<i>Output</i>	<i>'Y' – Request for PPO change was not yet accepted by the withholding agency. 'blank' – no PPO change is pending.</i>
Part C	Output	Part C premium for the beneficiary for this period.
Part D	Output	Part D premium for the beneficiary for this period.
LIS	Output	Low Income Subsidy - Amount of Part D premiums that were subsidized due to the beneficiary's low income status.
LIS %	Output	Percentage level for the Part D premium subsidy due to the beneficiary's low income status
NUNCMO	Output	Number of months during which the beneficiary did not have creditable drug insurance coverage associated with this premium period.
LEP	Output	Late Enrollment Penalty - Penalty charged for late enrollment in Part D coverage. This is determined by the number of uncovered months (above).
Total Premium	Output	Total premium charged for Parts C and/or D (as applicable), taking into account subsidies and penalties.
Part B Premium Reduction	Output	Total Part B premium reduction (as applicable).
SSA Accepted Month (C/D)	Link	Date on which Parts C and/or D premium withholding request was accepted by SSA. If the beneficiary did not request withholding from SSA or if the request was rejected, this field is blank. Selecting this link displays the <i>Beneficiary Detail: Premium Withhold Transactions (M237)</i> screen, which shows the Parts C and/or D Premium Withhold Transactions that were accepted by SSA for that specific premium period.

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Item	Type	Description
SSA Accepted Month (B)	Link	Date on which Part B premium reduction transaction was accepted by SSA. If Part B Premium Reduction does not apply to this beneficiary or if the transaction was rejected by SSA this field is blank. Selecting this link displays the <i>Beneficiary Detail: Premium Withhold Transactions (M237)</i> screen, which shows the Part B Reduction Premium Withhold Transactions that were accepted by SSA for that specific premium period.
Premium Details		
This section displays when the premium line dropdown arrow is selected. It shows additional details for the line.		
Creation Date	Output	Date on which the transaction is sent to SSA.
De Minimis	Output	De Minimis amount that was applied to this premium.
Part D Net of De Minimis	Output	The Part D premium amount adjusted for De Minimis.
LEP Subsidy	Output	Amount of the late enrollment penalty that was subsidized.

Table 10: Premiums View Screen (M231) Messages

Message Type	Message Text	Suggested Action
Missing entry	Payment Month must be entered	Enter the date.
Invalid format	Payment Month is invalid. Must have format (M)M/YYYY	Re-enter the date in one of the required formats.
No data	No premiums found for claim number <claim number>	No payment data is available for the beneficiary for the entered date. If the user expects to see payment data, verify the date and month and re-enter the corrected information.
Software or Database Error	Error occurred retrieving beneficiary premium information for claim number <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Missing input data to retrieve premiums	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database = <error code>	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error	Contact MAPD Help Desk for assistance.

3.6 Residence Address View Screen (M243)

The SSA provides CMS with a beneficiary address. This is not always the address through which the Plan interfaces with the beneficiary. A Plan user with update authority may enter an address. These addresses are associated with the period of time during which each is effective. The M243 screen gives the Plan user an historical view of a beneficiary’s residence addresses during the time they were enrolled in one of the Plans to which the user has access. The screen displays the beneficiary’s historical residence address information, with the most recent address periods shown first. The Plan will only see residence address information for periods during which the beneficiary is enrolled in any of their Plans.

To open the *Residence Address (M243)* screen, select the *|Residence Address/* tab.

Figure 9: Residence Address View Screen (M243)

The screenshot displays the 'Residence Address View (M243)' screen. At the top, there is a navigation bar with tabs for 'Snapshot', 'Enrollment', 'Status', 'Payments', 'Adjustments', 'Premiums', 'SSA - RRB', 'Transactions', 'Factors', 'Utilization', 'MSA', 'Medicaid', 'Residence Address', and 'Rx Insurance'. The 'Residence Address' tab is selected. Below the navigation bar, the screen shows the following information: 'Claim #:', 'DOB:', 'Age:', 'Sex:', 'State:', and 'County:'. The main content area displays 'Residence Address View (M243)' with 'User: XXXX', 'Role: MCO REPRESENTATIVE', and 'Date: 2/10/2011'. There are 'Close', 'Print', and 'Help...' buttons. Below this, a table titled 'Residence Addresses' is shown with the following data:

	Contract	Address Start Date	Address End Date	Address 1	City	State	ZIP	SSA State	County Code
1	HXXX1	04/01/2010	12/31/2010	3120 LORD BALTIMORE DRIVE	BALTIMORE	MD	21244 - 2662	21	BALTIMORE (020)

Table 11: Residence Address View Screen (M243) Field Descriptions

Item	Type	Description
Beneficiary's Residence Address Information		
This section contains one line for each period during which the beneficiary had a unique residence address (address where the beneficiary resided).		
Contract	Output	The contract for the applicable period.
Address Start Date	Output	Start date for the residence address listed on this line.
Address End Date	Output	End date for the residence address listed on this line.
Address 1	Output	Residence Street Address (Line 1) for the period on this line
Address 2	Output	Residence Street Address (Line 2 – if applicable) for the period on this line.
City	Output	Residence City for the period on this line
State	Output	Residence State for the period on this line
Zip	Output	Residence Zip for the period on this line
SSA State Code	Output	The State Code assigned by SSA for the state on this line
SSA County Code	Output	The county where this residence is located, along with the County Code assigned by SSA for the county.

Table 12: Residence Address View (M243) Messages

Message Type	Message Text	Suggested Action
No data	No Residence Address information found for <claim number>.	No corresponding data is available for that claim number. If the user expects to see data, they should verify the claim number and try again. If the claim number is correct, the user should contact the MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving beneficiary residence address results for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving beneficiary residence address history for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid screen ID	Contact MAPD Help Desk for assistance.
Software or Database Error	Missing input on retrieval of beneficiary residence address history.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

3.7 Rx Insurance View Screen (M244)

A Plan can use the M244 screen to view the Rx Insurance history, both primary and secondary, for beneficiaries enrolled in their Plans. The screen displays the beneficiary's 4Rx information as it has changed over time. The Plan only sees 4Rx information for periods during which the beneficiary is enrolled in any of their Part D Plans.

To access the *Rx Insurance (M244)* screen, select the *Rx Insurance* tab.

Figure 10: Rx Insurance View Screen (M244)

The screenshot displays the 'Rx Insurance View (M244)' screen. At the top, there is a navigation bar with tabs: Snapshot, Enrollment, Status, Payments, Adjustments, Premiums, SSA - RRB, Factors, Utilization, MSA, Medicaid, Residence Address, and Rx Insurance. The 'Rx Insurance' tab is selected. Below the navigation bar, the screen title 'Rx Insurance View (M244)' is shown along with user information: 'User: B4ZS Role: MCO REPRESENTATIVE Date: 2/1/2011'. There are buttons for 'Close', 'Print', and 'Help...'. On the right side, there are fields for 'DOB:', 'Age:', 'Sex:', 'State:', and 'County:'. The main content area is divided into two sections: 'Primary Drug Insurance Information' and 'Secondary Drug Insurance Information'. Each section contains a table with columns for various insurance details and a 'Record Update TimeStamp'.

Primary Drug Insurance Information										
Contract	PBP	Primary Drug Insurance Start Date	Primary Drug Insurance End Date	Primary BIN	Primary PCN	Primary GRP	Primary RxID	Source	Record Update TimeStamp	
1	Hxxx1 001	04/01/2010		XXXXXX	GROUP	HDADAJH	RX11111	Hxxx1	2011-01-30-12.23.37	

Secondary Drug Insurance Information						
	Insurance Creation Date	Secondary BIN	Secondary PCN	Secondary GRP	Secondary RxID	Record Update TimeStamp
1	12/16/2010	111111	SECPCN	SECGRP	SECRXID	2010-12-16-10.53.08

Table 13: Rx Insurance View Screen (M244) Field Descriptions

Item	Type	Description
Primary Drug Insurance Information		
This section contains one line for each period during which the beneficiary had a unique combination of Contract, PBP and Primary 4Rx information.		
Contract	Output	The contract for the applicable period.
PBP #	Output	The PBP for the applicable period.
Primary Drug Insurance Start Date	Output	Start date for Primary 4Rx information on this line.
Primary Drug Insurance End Date	Output	End date for the Primary 4Rx information on this line.
Primary BIN	Output	Part D insurance Plan's BIN for the primary contract, PBP and period specified.
Primary PCN	Output	Part D insurance Plan's PCN for the primary contract, PBP and period specified.
Primary GRP	Output	Part D insurance Plan's group number for the primary contract, PBP and period specified.
Primary RxID	Output	Identifier assigned to the beneficiary by the primary Part D insurance Plan for drug coverage.
Source	Output	Source of the enrollment into the contract and PBP for the period specified.
Record Update Timestamp	Output	Date that this Rx insurance information was added or updated.
Secondary Drug Insurance Information		
This section contains one line for each period during which the beneficiary had a unique combination of Contract, PBP and Secondary 4Rx information.		
Insurance Creation Date	Output	Date that was reported for the initiation of this secondary insurance period.
Secondary BIN	Output	Secondary drug insurance Plan's BIN number.
Secondary PCN	Output	Secondary drug insurance Plan's PCN number.
Secondary GRP	Output	Identifier for the group providing secondary drug insurance coverage.
Secondary RxID	Output	Identifier assigned to the beneficiary by the secondary drug insurance.
Record Update Timestamp	Output	Date this row was added or updated.

Table 14: Rx Insurance View Screen (M244) Messages

Message Type	Message Text	Suggested Action
No data	No primary drug insurance information found for <claim number>.	No corresponding data is available for that claim number. If the user is expecting to see data, they should verify the claim number and try again. If the claim number is correct, the user should contact the MAPD Help Desk for assistance.
No data	No secondary drug insurance information found for <claim number>.	No corresponding data is available for that claim number. If the user is expecting to see data, they should verify the claim number and try again. If the claim number is correct, the user should contact the MAPD Help Desk for assistance.
Software or Database Error	Invalid primary drug insurance results retrieved for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid secondary drug insurance results retrieved for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving drug insurance information for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid input retrieving drug insurance information for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

4.0 MCO Representative (UI Update) Change Screens

Note: Italicized text denotes updates resulting from the MARx initiative.

4.1 Beneficiary Snapshot Screen (M203)

The snapshot screen provides an overall summary of a beneficiary's membership, health status, and payment/adjustment information as of a specified date. If payments are unavailable for the specified date, the latest available payment and adjustment information is shown. When the screen initially displays, the date defaults to the current date and all information displayed is for that date. To view the beneficiary details as of a different date, the user updates the date in the "As of" data entry field and clicks on the [Find] button.

If the beneficiary is enrolled with an effective date in the future, no status information is available. Change the "As of" date to the future date to view the snapshot information. A user only views information for beneficiaries enrolled in a Plan to which the user has access. When the beneficiary is enrolled in two Plans, both of which are under the user's contract (one for MA-only and the other for Part D), information on both Plans is shown.

To access the *Beneficiary Snapshot (M203)* screen, use the *Beneficiaries: Find (M201)* screen to enter the beneficiary's claim number in the search criteria and select the [Find] button. Then, select the beneficiary's claim number on the *Beneficiaries: Search Result* screen.

From this screen, the user with the MCO Representative with UI Update role may select the UPDATE button to update this beneficiary's enrollment information.

Figure 11: Beneficiary Snapshot Screen (M203)

Claim #:
DOB:

State: Age: Sex: County:

Snapshot | Enrollment | Status | Payments | Adjustments | Premiums | SSA - RRB | History | Factors | Utilization | MSA | Medicaid | Residence Address | Rx Insurance
User: CKS9 Role: MCO REPRESENTATIVE W/ UPDATE Date: 2/9/2011 [Close](#) [Update...](#) [Print](#) [Help...](#)

Change date to re-display Beneficiary Details and click "Find."

As Of:

<p>Contract: Hxxx1</p> <p>MCO Name:</p> <p>PBP Number: 111</p> <p>Segment Number: 000</p> <p>Special Needs Type:</p> <p>Bonus Payment Portion Percent: 0%</p> <p>Demographic Blend Portion Percent: 0%</p> <p>Residency Status: In Area</p> <p>Part B Premium Reduction Benefit: \$0.00</p>	<p>Contract:</p> <p>MCO Name:</p> <p>PBP Number:</p> <p>Segment Number:</p> <p>Special Needs Type:</p> <p>Bonus Payment Portion Percent: 0%</p> <p>Demographic Blend Portion Percent: 0%</p> <p>Residency Status:</p> <p>Part B Premium Reduction Benefit: \$0.00</p>
--	--

Residence for Payments: State: County:

Status Flags: Hospice ESRD ESRD MSP Aged/Disabled MSP Inst NHC

Payment Flags: Disabled CHF Long Term Institutional Part B Premium Reduction

Low Income Subsidy: Subsidy Start: Subsidy End: LI Premium Subsidy Level:
LI Co-payment Level:

Original Reason for Entitlement: 0

Aged/Disabled MSP Factor: 0.00

ESRD MSP Factor: 0.00

Payments For Payment Date 02/01/2011

Rate Used	Part A	Part B	Part D	Total	Paid Flag
PART D BASIC PREMIUM	\$0.00	\$0.00	\$38.40	\$38.40	-
* PART D DIRECT SUBSIDY	\$0.00	\$0.00	\$24.17	\$24.17	Y
* PART D REINSURANCE	\$0.00	\$0.00	\$19.17	\$19.17	Y
* TOTAL PDP	\$0.00	\$0.00	\$43.34	\$43.34	Y

Adjustments Applied to 02/01/2011

Rate Used	Part A	Part B	Part D	Total	Paid Flag
No Adjustments applied to 02/01/2011 for Hxxx1/111/000					

Entitlement Information				Enrollment Information		
	Start Date	End Date	Option	Contract	Start Date	End Date
Part A:	07/01/1991		E	Hxxx1	01/01/2008	
Part B:	07/01/1991		Y			

Eligibility Information	
Part D:	Start Date End Date
	01/01/2006

Premiums

Premium Withholding Option:	DIRECT SELF-PAY
Premium Withholding Option Pending:	N
Part C Premium (from enrollment):	\$0.00
Part D Premium (from HPMS):	\$62.90
De minimis:	=0.00
Part D Net of De minimis:	=62.90
Low Income Subsidy:	\$0.00
Late Enrollment Penalty:	=0.00
Late Enrollment Penalty Waived Amount:	=0.00
Late Enrollment Penalty Subsidy:	\$0.00
Beneficiary's Total Part D Premium:	=0.00
Total C+D Premium (paid by beneficiary):	=62.90

Table 15: Beneficiary Snapshot Screen (M203) Field Descriptions

Note: Italicized text denotes updates resulting from the MARx initiative.

Item	Type	Description
As Of	Input (optional)	This field initially defaults to the current date. The user may change it by entering a valid date in the form (M)M/(D)D/YYYY. Selecting the “Find” button displays the information as of that date.
[Find]	Button	Displays the information for the specified As Of date.
<i>[Update]</i>	<i>Button</i>	<i>Selecting this button takes the user to the Enrollment Update screen.</i>
The following fields are repeated for each contract (up to two) in which the beneficiary is enrolled		
Contract	Output	Contract number for the beneficiary’s enrollment on the As Of date.
MCO Name	Output	Contract name for the beneficiary’s enrollment on the As Of date.
PBP Number	Output	The PBP number for the beneficiary’s enrollment on the As Of date.
Segment Number	Output	The segment number for the beneficiary’s enrollment on the As Of date.
Special Needs Type	Output	Indicates the special needs population that the contract serves, if applicable.
Bonus Payment Portion Percent	Output	The percentage applied to the payment to determine the bonus amount to pay to the MCO. This is not applicable to a PDP.
Demographic Blend Portion Percent	Output	When the blended payment is calculated, this percentage of the demographic rate is used. The remaining percentage of the blended payment is based on the risk-adjustment amount. This is not applicable to a PDP.
Residency Status	Output	The residency status for this beneficiary on the As Of date.
Part B Premium Reduction Benefit	Output	The Part B Premium Reduction Benefit amount is shown only for a non-drug contractor. For the Pre 2006 Part B Premium Reduction Benefit, the BIPA amount is multiplied by 0.80
Residence for Payments: State	Output	State used for payment calculation Note: The state may differ from the state in the mailing address that displays in the screen header.
Residence for Payments: County	Output	County used for payment calculation Note: The county may differ from the state in the mailing address that displays in the screen header.
Status Flags	Output	The status flags set for the beneficiary on the As Of date. The user may check any of the applicable flags, including: Hospice ESRD ESRD MSP Aged/Disabled MSP Institutional NHC

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Payment Flags	Output	The payment flags set for the beneficiary on the As Of date. The user may check any of the applicable flags, including: Disabled CHF Long Term Institutional Part B Premium Reduction
Low Income Subsidy	Output	Date range (subsidy start date and end date), co-payment level, and low income premium subsidy level on the As Of date.
Original Reason for Entitlement	Output	Why the beneficiary was initially entitled to Medicare – disabled or aged.
Aged/Disabled MSP Factor	Output	Beneficiary’s aged/disabled reduction factor.
ESRD MSP Factor	Output	Beneficiary’s ESRD Medicare Secondary Payer reduction factor.
<p>The lines in the Payments section define each component used in the calculation of the Plan’s payment for this beneficiary for the payment month associated with the As Of date. These may include Demographic, Risk Adjustment, Blended, ESRD, Part D Basic Premium, Part D Direct Subsidy, Part D Reinsurance, etc. Each line is broken into the columns below.</p> <p><i>When there are no payments to display, "No Payments for MM/DD/YYYY for CONTRACT/PBP/SEG" displays.</i></p>		
Rate Used	Output	Payments have asterisks, but components used in the payment calculation do not (e.g., a blended payment has an asterisk, but the demographic and risk-adjusted components in the blend do not have an asterisk).
Part A	Output	The amount of the payment line that is categorized as Medicare Part A.
Part B	Output	The amount of the payment line that is categorized as Medicare Part B.
Part D	Output	The amount of the payment line that is categorized as Medicare Part D.
Total	Output	The Net Payments amount includes additions and subtractions based on rebates, subsidies, and bonuses. Payments were made in the As Of month.
<i>Paid Flag</i>	<i>Output</i>	<i>The Paid Flag indicates whether the Plan received this payment or adjustment. Following the 36 month rule, some payments or adjustments are calculated but not included in an actual payment.</i>
<p>The lines in the Adjustments section define each component used in the calculation of any Plan payment adjustments for this beneficiary for the payment month associated with the As Of date. These may include Demographic, Risk Adjustment, Blended, ESRD, Part D Basic Premium, Part D Direct Subsidy, Part D Reinsurance, etc. Each line is broken into the columns below.</p> <p><i>When there are no adjustments to display, "No Adjustments for MM/DD/YYYY for CONTRACT/PBP/SEG" displays.</i></p>		
Rate Used	Output	Adjustments have asterisks, but components used in the adjustment calculation do not (e.g., a blended payment has an asterisk, but the demographic and risk-adjusted components used in the blend do not have an asterisk).
Part A	Output	The amount of the adjustment line that is categorized as Medicare Part A.
Part B	Output	The amount of the adjustment line that is categorized as Medicare Part B.
Part D	Output	The amount of the adjustment line that is categorized as Medicare Part D.
Total	Output	The Net Adjustment amount includes additions and

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		subtractions based on rebates, subsidies, and bonuses. Adjustments are made in the As Of month.
<i>Paid Flag</i>	<i>Output</i>	<i>The Paid Flag indicates whether the Plan received this payment or adjustment. Following the 36 month rule, some payments or adjustments are calculated but not included in an actual payment.</i>
Entitlement, Eligibility, and Enrollment Information		
Entitlement Information	Output	Entitlement Start Date and End Date, as well as Option for Part A and Part B for this beneficiary on the As Of date.
Eligibility Information	Output	Eligibility Start Date and End Date for Part D for this beneficiary on the As Of date.
Enrollment Information	Output	Provides the Start Date and the End Date for each of this beneficiary's enrollment under the user's contract on the As Of date.
Premium Information – This section provides information on the beneficiary's premiums on the As Of date. <i>When there are no premiums to display, "No Premiums found for MM/DD/YYYY for CONTRACT/PBP" displays.</i>		
Premium Withholding Option	Output	The Premium Withholding Option on the As Of date.
Premium Withholding Option Pending	Output	When a withholding request is submitted but not yet accepted by the withholding agency, the request is "Pending". This indicates whether this withholding request is "Pending".
Part C Premium (from enrollment)	Output	The amount of the beneficiary's premium that represents their Part C premium. This is provided by the Plan on the enrollment transaction.
Part D Premium (from HPMS)	Output	The amount of the beneficiary's premium that represents their Part D premium. This amount is contracted with the Plan and maintained by HPMS.
De Minimis	Output	The amount of De Minimis adjustment included in the beneficiary's premium.
Part D Net of De Minimis	Output	The amount of the Part D premium with any De Minimis adjustment.
Low Income Subsidy	Output	The amount of the beneficiary's premium that is subsidized due to low income status.
Late Enrollment Penalty	Output	The penalty amount that is added to the beneficiary's premium due to uncovered months.
Late Enrollment Penalty Waived Amount	Output	The amount of the Late Enrollment Penalty that is waived for the beneficiary.
Late Enrollment Penalty Subsidy	Output	The amount of the Late Enrollment Penalty that is subsidized.
Beneficiary's Total Part D Premium	Output	The total Part D premium for the month associated with the As Of date. This incorporates all of the Part D components that were detailed in this section.
Total C+D Premium (paid by beneficiary)	Output	The total premium paid by the beneficiary for Part C and Part D coverage.

Table 16: Beneficiary Snapshot Screen (M203) Messages

Message Type	Message Text	Suggested Action
Missing entry	As Of Date must be entered.	Enter the date.
Invalid format	As Of Date is invalid. Must have format (M)M/(D)D/YYYY.	Re-enter the date in one of the required formats.
Informational	The latest available Snapshot information is for payment month of <actual payment month>.	None.
No data	No payment profile information for claim number <claim number> and coverage date as of <date>.	There is no payment data available for that claim number on the As Of date entered on the screen. If the user expects to see payment data, the user verifies the date and month and re-enters the corrected information. If the date and month are correct, then the user contacts the MAPD Help Desk for assistance.
No data	Invalid input for claim number <claim number> and coverage date as of <date>.	There is no payment data available for that claim number on the As Of date entered on the screen. If the user expects to see payment data, the user verifies the date and month and re-enters the corrected information. If the date and month are correct, then the user contacts the MAPD Help Desk for assistance.
Software or Database Error	Error occurred while retrieving beneficiary snapshot data for claim number <claim number> and coverage date as of <date>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

4.2 Enrollment View Screen (M204)

The enrollment screen displays the beneficiary’s enrollment history with the most recent enrollment appearing at the top of the list. Initially, the bottom half of the screen is blank but populates when the user selects one of the active areas on the screen, displaying information on the *Primary Drug Insurance* or on the *Payment* associated with the selected enrollment.

Please Note: A Plan user only views enrollment in contracts to which the user has access. It may appear that the beneficiary has enrollment gaps but the beneficiary may actually have enrolled in another contract.

To access the *Enrollment (M204) Screen*, select the |Enrollment| tab.

The initial view of this screen displays a summary list of enrollment information by contract (and PBP and segment numbers, as applicable). When the beneficiary is enrolled in two contracts (one for Parts A and/or B and the other for Part D), two rows covering the same time period may display.

Figure 12: Enrollment View Screen (M204) Messages

The screenshot shows the 'Enrollment View (M204)' screen. At the top, there is a navigation bar with tabs: Snapshot, Enrollment (selected), Status, Payments, Adjustments, Premiums, SSA - RRB, History, Transactions, Factors, Utilization, MSA, Medicaid, Residence Address, and Rx Insur. Below the navigation bar, the screen displays 'Enrollment View (M204)' with user information: User: [redacted], Role: MCO REPRESENTATIVE VW UPDATE, Date: 2/10/2011. There are buttons for Close, Update..., Print, and Help... The main content area shows a table titled 'Enrollments 1-1(of 1) (Click on Contract# to view details)'. The table has columns: Contract, PBP #, Segment #, Drug Plan, Start, End, Source, Disenrollment Reason, Primary Drug Insurance, and Payment. One row is displayed with the following data: Contract: Hxxx1, PBP #: 000, Segment #: 000, Drug Plan: Y, Start: 04/01/2010, End: [blank], Source: Hxxx1, Disenrollment Reason: [blank], Primary Drug Insurance: View, Payment: View.

Contract	PBP #	Segment #	Drug Plan	Start	End	Source	Disenrollment Reason	Primary Drug Insurance	Payment
1 Hxxx1	000	000	Y	04/01/2010		Hxxx1		View	View

Table 17: Enrollment View Screen (M204) Field Descriptions

Note: Italicized text denotes updates resulting from the MARx initiative.

Item	Type	Description
This section contains one row for each of a beneficiary's enrollment. Only enrollment in Plans to which the user has access is shown.		
<i>[Update]</i>	<i>Button</i>	<i>Selecting this button takes the user to the Update Enrollment (M212) screen.</i>
Contract	Output	Contract in which the beneficiary is enrolled. The values displayed in this column link to display the <i>Enrollment Details (M222)</i> screen for the enrollment on this line.
PBP #	Output	PBP number for the enrollment on this line.
Segment #	Output	Segment number for the enrollment on this line.
Drug Plan	Output	Indicates whether the contract/PBP on this line provides drug insurance coverage. (Y or N).
Start	Output	Start date for the beneficiary's enrollment in this Contract/PBP/Segment.
End	Output	End date for the beneficiary's enrollment in this Contract/PBP/Segment.
Source	Output	The person or system that submitted the enrollment [contract number when entered by an MCO; user ID when entered at CMS, SSA, or MCSC.
Disenrollment Reason	Output	If the enrollment on this line has an end date, this is the reason for the beneficiary's disenrollment.
<i><u>Primary Drug Insurance</u></i>	<i>Link</i>	<i>Select the <u>View</u> link in the Primary Drug Insurance Information column to display all occurrences of primary insurance information associated with the beneficiary's enrollment. This information displays in the bottom portion of the screen.</i>
<u>Payment</u>	Link	Select the <u>View</u> link in the Payment column to display all payment information associated with the enrollment for the contract/PBP/segment.

Table 18: Enrollment View Screen (M204) Messages

Message Type	Message Text	Suggested Action
No data	No enrollment information found for claim number <claim number> and coverage date <coverage date>.	No corresponding data is available for that claim number on that date. If the user expects to view enrollment data, the user verifies the date and month and re-enters the corrected information.
No data	No payments found for claim number <claim number> and contract number <contract #>.	No corresponding payment data is available for that claim number on that date.
Software or Database Error	Error occurred while retrieving enrollment results for claim number <claim number> and coverage date <coverage date>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred while retrieving enrollment history for claim number <claim number> and coverage date <coverage date>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Missing input on retrieval of beneficiary enrollment history.	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid screen ID.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving payment results for claim number <claim number> and contract number <contract #>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving payment information for claim number <claim number> and contract number <contract #>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Prospective payment information missing for claim number <claim number> and contract number <contract #>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Payment profile information missing for claim number <claim number> and contract number <contract #>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

4.3 Enrollment View Screen (M204) Primary Drug Insurance

Note: Italicized text denotes updates resulting from the MARx initiative.

The following screen is new and is accessible only by users with update authorization.

Plans may view the primary drug insurance history for beneficiaries enrolled in their Plans. The screen displays the beneficiary’s 4Rx information for periods during which the beneficiary is enrolled in any of the Part D Plans to which the user has access.

To view the *Primary Drug Insurance* information in the bottom portion of the screen, the user selects the View link that is in the Primary Drug Insurance column. This displays an additional section on the screen, showing the beneficiary’s 4Rx values.

Figure 13: Enrollment View Screen (M204) Primary Drug Insurance

Enrollment View (M204) User: Role: MCO REPRESENTATIVE W/ UPDATE Date: 2/10/2011

Enrollments 1-1(of 1) (Click on Contract# to view details)

Contract	PBP #	Segment #	Drug Plan	Start	End	Source	Disenrollment Reason	Primary Drug Insurance	Payment
1	Hxxx1	093	000	Y	04/01/2010	Hxxx1		View	View

Primary Drug Insurance information 1-1(of 1) for Contract# S5670, PBP 093:

Start Date	End Date	Primary BIN	Primary PCN	Primary GRP	Primary RxID	Source	Record Update TimeStamp
04/01/2010		111111	XXXXxxxx	GROUP	000000000		2010-02-23-03.30.43

Table 19: Enrollment View Screen (M204) Primary Drug Insurance Field Descriptions

Item	Type	Description
Primary Drug Insurance Information		
This section contains one line for each period that the beneficiary has a unique combination of Contract, PBP, and Primary 4Rx information.		
Start Date	Output	Start date for each period that the beneficiary has a unique combination of Primary Drug Insurance information (4Rx).
End Date	Output	End date for each period that the beneficiary has a unique combination of Primary Drug Insurance information. This is blank for open-ended periods.
Primary BIN	Output	Primary BIN for the Primary Drug Insurance period on this line.
Primary PCN	Output	Primary PCN for the Primary Drug Insurance period on this line.
Primary GRP	Output	Primary GRP for the Primary Drug Insurance period on this line.
Primary RxID	Output	Primary RxID for the Primary Drug Insurance period on this line.
Source	Output	The source of the primary insurance information.
Record Update Timestamp	Output	The date and time the primary insurance information is received.

Table 20: Enrollment View Screen (M204) Primary Drug Insurance Messages

Message Type	Message Text	Suggested Action
Software or Database Error	Error occurred while retrieving beneficiary transaction results for claim number <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred while retrieving beneficiary transaction information for claim number <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Missing input data to retrieve transaction.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

4.4 Enrollment View Screen (M204) Payment

Plans may view a summary of payment and adjustment information for a particular enrollment line by using the associated *Payment* link. The payment information includes payment date and payment, as well as adjustment amounts where applicable. Several beneficiary health status indicators are also provided.

To view the summary payment information for a particular enrollment, select the *Payment* link in the Action column associated with that contract, PBP, segment (as applicable), and start date. This expands the information on the *Enrollment (M204)* screen to include the Payments section. The information is listed by month.

Figure 14: Enrollment View Screen (M204) Payment

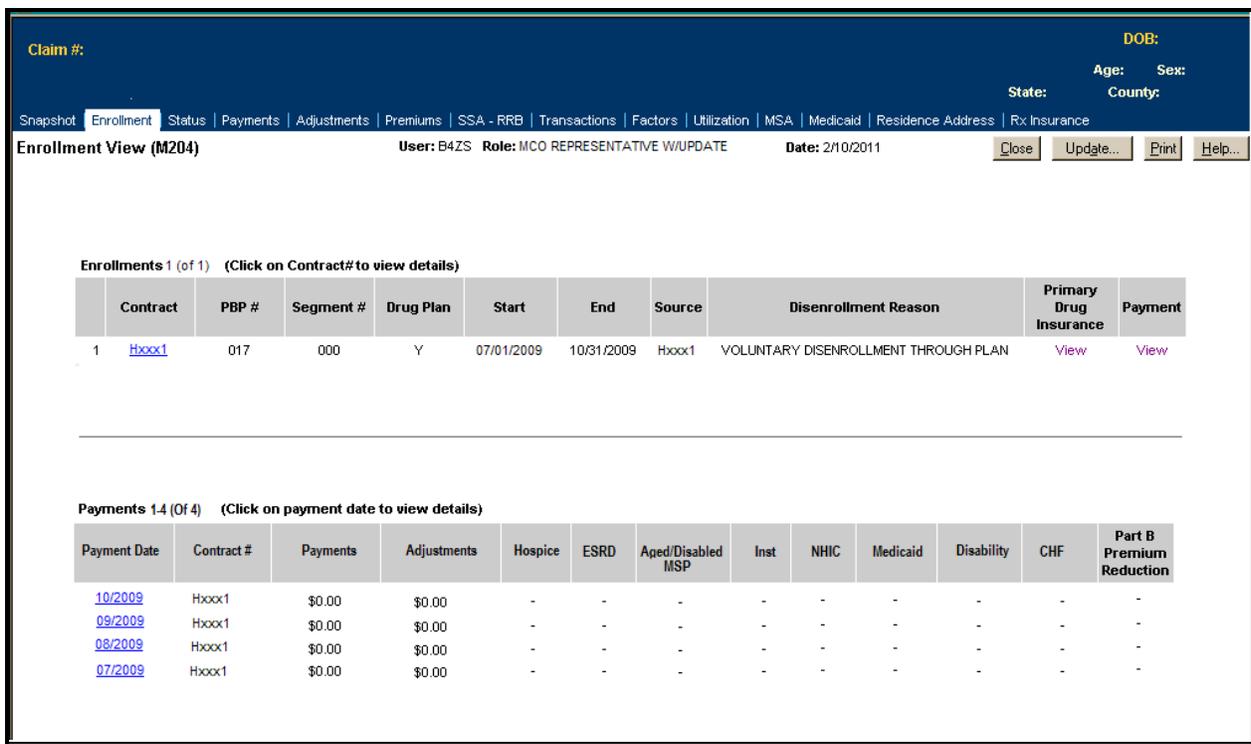


Table 21: Enrollment View Screen (M204) Payment Field Descriptions

Item	Type	Description
Payments		
This section shows payment information for the selected enrollment line. One line is displayed for each month for which the Plan receives a payment.		
Payment Date	Output	Month/year in which the payments and/or adjustments are made.
<u>Month/Year in the Payment Date</u> column	Link	Select a month/year to display the pop-up screen <i>Payment/Adjustment Detail (M215)</i> . This shows payment and adjustment details for the selected payment line.
Contract #	Output	The contract associated with the payment selected.

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Item	Type	Description
Payments	Output	Payment amount, broken down by month, for the selected enrollment in the contract, PBP, and segment, as applicable.
Adjustments	Output	Adjustments, broken down by month, for the selected enrollment in the contract, PBP, and segment, as applicable.
Hospice	Output	Checked if the beneficiary has Hospice status for the month represented by the payment row.
ESRD	Output	Checked if the beneficiary has ESRD status for the month represented by the payment row.
Aged / Disabled MSP	Output	Checked if the beneficiary has Working Aged or Disabled status for the month represented by the payment row.
Inst (Institutional)	Output	Checked if the beneficiary has Institutional status for the month represented by the payment row.
NHC	Output	Checked if the beneficiary has NHC status for the month represented by the payment row.
Medicaid	Output	Checked if the beneficiary has Medicaid status for the month represented by the payment row.
Disability	Output	Checked if the beneficiary has Disability status for the month represented by the payment row.
CHF	Output	Checked if the beneficiary has CHF status for the month represented by the payment row.
Part B Premium Reduction	Output	Checked if a Part B premium (formerly BIPA) reduction is applied to the payment and/or adjustments for the beneficiary for the month represented by the payment row.

Table 22: Enrollment View Screen (M204) Payment Messages

Message Type	Message Text	Suggested Action
No data	No transactions found for claim number <claim number>.	No action needed.
Software or Database Error	Error occurred while retrieving beneficiary transaction results for claim number <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred while retrieving beneficiary transaction information for claim number <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Missing input data to retrieve transaction.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

4.5 New Enrollment Screen (M221) MCO Representative with UI Update

Note: Italicized text denotes updates resulting from the MARx initiative.

The following screen is new and is accessible only by users with update authorization.

MARx users with a role of *MCO Representative with Update* may enter new enrollment for a beneficiary using the New Enrollment screen (M221). To navigate to the *New Enrollment (M221)* screen from the main menu, select the |Beneficiaries| tab to display the three tabs *Find*, *New Enrollment*, and *Eligibility*. Selecting the |New Enrollment| tab displays the *Beneficiary: New Enrollment (M221)* screen. This screen allows the user to enter all values needed to enroll the beneficiary in a Plan. Required fields are marked with a red asterisk. Selecting the “New Enrollment” button from the *Update Enrollment (M212)* screen also takes the user to the *New Enrollment (M221)* screen.

The beneficiary may enroll only into one of the contracts to which the user has access. Once an enrollment is submitted by selecting the *Enter* button, it is processed by MARx and the Plan sees the resultant Transaction Reply Codes (TRCs) on their daily Transaction Reply Report (TRR).

Figure 15: New Enrollment Screen (M221) MCO Representative with UI Update

CMS Medicare Advantage Prescription Drug (MARx)
Welcome | Beneficiaries | Transactions | Payments
Find | New Enrollment | Eligibility

Beneficiaries: New Enrollment (M221) User: B4ZS Role: MCO REPRESENTATIVE W/ UPDATE Date: 2/10/2011 [Print](#) [Help...](#)

Enter all required field information and click "Enroll".
Required fields vary depending on type of contract provided.
*Indicates required field

*Claim # Tracking ID
*Last Name *First Name M.I.
*Birth Date *Sex
*Contract # PGP Segment
*Effective Date
*Application Date Creditable Coverage Indicator Number of Uncovered Months
*Election Type ESRD Override
*Request Type EGHP
Part C Premium
 Employer Subsidy Enrollment Override *Enrollment Source

Primary BIN Primary PCN Primary GRP Primary RxID
Secondary Drug Insurance Secondary Rx BIN Secondary Rx PCN Secondary Rx Group Secondary Rx ID

[Enroll](#) [Reset](#)

Table 23: New Enrollment Screen (M221) MCO Representative with UI Update Field Descriptions

Note: Italicized text denotes updates resulting from the MARx initiative.

Item	Type	Description
Beneficiary identification fields		
Claim #	Required input	Claim number associated with the enrolled beneficiary. Note: This input field accepts an RRB number, which then converts to a corresponding claim number. The user must include the BIC.
Tracking ID	Input	The Tracking ID is an optional unique identifier provided by the Plan for its use in transaction tracking. This tracking ID is stored in the MARx system, associated with the transaction submitted, and returned to the Plan with the TRCs. The format of the data is alpha-numeric with a maximum of 15 characters.
Last Name	Required input	Last name of enrolled beneficiary.
First Name	Required input	First name of enrolled beneficiary.
M.I.	Input	Middle initial of enrolled beneficiary enrolled.
Birth Date	Required input	The date of birth of the enrolled beneficiary. Required format is (M)M/(D)D/YYYY.
Sex	Required input (dropdown list)	The gender of the enrolled beneficiary. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field.
Enrollment fields		
Contract #	Required input	Contract number associated with the Plan into which the beneficiary is enrolled.
PBP	Input	Plan Benefit Package (PBP) number for this enrollment. It is required for Medicare Advantage (MA) contracts and applies to some non-MA contracts.
Segment	Input	Segment number for this enrollment. This is applicable only when a contract number and PBP number are entered. It applies to MA and MAPD contracts.
Effective Date	Required input	Date that coverage in this Plan begins. Required format is (M)M/(D)D/YYYY.
Application Date	Input	Application Date associated with this enrollment. This is the date when the beneficiary signed the enrollment request (if available) or the date when the enrollment request was received by the Plan. Required format is (M)M/(D)D/YYYY.
Creditable Coverage	Required input (dropdown list)	Indicator of whether the beneficiary had creditable coverage between the end of their previous enrollment and the beginning of this enrollment. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. <i>All values except for "No" render the Number of Uncovered months to zero and disable that field.</i>

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Item	Type	Description
Number of Uncovered Months	Input	Number of months between the end of their previous enrollment and the beginning of this enrollment when the beneficiary did not have Creditable Coverage as defined by CMS policy. This field is available for entry only if the Creditable Coverage field is set to “No”, indicating that they did not have Creditable Coverage prior to this enrollment.
Election Type	Input (dropdown list)	Type of election period used for this enrollment. The input value is selected from a dropdown list which is accessed by selecting the arrow at the right end of the field. Please refer to Table L1 in the Plan Communications User Guide Appendices for valid election types.
ESRD Override	Input (dropdown list)	This field is only used when a beneficiary with ESRD status meets any of the exception criteria for enrollment into a Medicare Advantage or 1876 Cost based Plan as defined in the CMS Enrollment Guidance applicable to the Plan type. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. Valid values are A through F; select any value.
Request Type	Input (dropdown list)	The type of request for this enrollment. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. Select one of the types of enrollment from the list: <ul style="list-style-type: none"> • Enrollment (EMPLOYER GROUP) • Enrollment • Enrollment (2 MTHS RETRO) • Enrollment (WITH GAP END DATE)
EGHP	Input (Checkbox)	Indicator of whether the enrollment is an Employer Group Health Plan (EGHP). Automatically checked when Request Type is ENROLLMENT (EMPLOYER GROUP).
Enrollment Premium Part C	Input	The amount of the beneficiary’s premium for Part C coverage that is part of this enrollment.
Employer Subsidy Enrollment Override	Input (Checkbox)	Indicates whether the beneficiary chose to enroll in a Part D Plan despite having employer coverage. Only if a user receives a TRC 127 can they select this override feature.
Enrollment Source	Input (dropdown list)	The initiating event that triggered this enrollment. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field. <ul style="list-style-type: none"> • Automatically enrolled by CMS • Beneficiary election • Facilitated enrollment by CMS
Primary BIN	Input	The BIN number for the Part D insurance Plan associated with this enrollment.
Primary PCN	Input	The PCN number for the Part D insurance Plan associated with this enrollment.
Primary Group	Input	The group ID for the Part D insurance Plan associated with this enrollment.

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Item	Type	Description
Primary RxID	Input	Identifier assigned to the beneficiary by the Part D insurance Plan for drug coverage.
Secondary Drug Insurance	Input (dropdown list)	Indicates whether the beneficiary has drug insurance coverage other than through Part D. The input value is selected from a dropdown list, which is accessed by selecting the arrow at the right end of the field.
Secondary Rx Group	Input	Identifier for the group providing secondary drug insurance coverage. Not applicable unless the Secondary Drug Insurance indicator is “Yes”.
Secondary RxID	Input	Identifier assigned to beneficiary by the secondary insurance company for drug coverage. Not applicable unless the Secondary Drug Insurance indicator is “Yes”.
Buttons		
[Enroll]	Button	<i>Submits the request to enroll the beneficiary using the information entered in the screen.</i>
[Reset]	Button	<i>Resets all the fields on this screen to their original values prior to any data entry.</i>

Table 24: New Enrollment Screen (M221) MCO Representative with UI Update Messages

Message Type	Message Text	Suggested Action
Missing entry	Please enter one of the required fields	Ensure that all the required fields are populated.
Invalid format	The claim number is not a valid SSA, RRB, or CMS internal number.	Re-enter the claim number.
Invalid format	The claim number is missing the required BIC	Change the claim number to include both CAN and BIC.
Invalid format	The last name contains invalid characters	Re-enter the name using only letters, apostrophes, hyphens, or blanks.
Invalid format	The first name contains invalid characters	Re-enter the name using only letters, apostrophes, hyphens, or blanks.
Invalid format	The middle initial contains invalid characters	Re-enter the initial using only a letter.
Invalid format	Date of Birth is invalid. Required format is (M)M/(D)D/YYYY	Re-enter the date in the required format.
Invalid format	A contract number must start with an ‘H’, ‘9’, ‘R’, ‘S’, ‘F’, or ‘E’ and be followed by 4 characters	Re-enter the contract number.
Invalid format	PBP number must be 3 alpha-numeric characters	Re-enter the PBP.
Invalid format	Segment number must be a 3-digit number	Re-enter the segment number.
Invalid format	Effective Date is invalid. Required format is (M)M/(D)D/YYYY	Re-enter the date in the required format.
Invalid format	Application Date is invalid. Required format is (M)M/(D)D/YYYY	Re-enter the date in the required format.
Invalid format	Number of months must be a number.	Re-enter the number of months.

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Message Type	Message Text	Suggested Action
Invalid format	Enter dollars and cents for Part C Premium	Re-enter the premium in dollars and cents format.
Invalid entry	Birth date cannot be in the future	Re-enter the birth date.
Invalid entry	Secondary Rx Group must be provided when secondary insurance is “Yes”	Do one of the following, as applicable: Change secondary insurance indicator to “No” Enter secondary Rx group
Invalid entry	Secondary RxID must be provided when secondary insurance is “Yes”	Do one of the following, as applicable: Change Secondary insurance indicator to “No”. Enter Secondary RxID.
Invalid entry	Secondary Rx insurance must be “Yes” if secondary RxID or group provided	Do one of the following, as applicable: Delete secondary RxID and group Change secondary insurance indicator to “Yes”
Invalid entry	Invalid contract/PBP combination	Enter a valid Contract/PBP combination.
Invalid entry	Invalid contract/PBP/segment combination	Enter a valid Contract/PBP/Segment combination.
Invalid entry	You do not have access rights to this contract	Determine if the contract number is entered correctly. If it is correct, and the user should have rights to this contract, see the Security Administrator who can update the user profile appropriately.
Invalid entry	Number of Uncovered Months cannot be 0 when the Creditable Coverage is “No”	Enter an uncovered months value or change the Creditable Coverage Indicator to a value other than “No”
Software or Database Error	The enrollment request is not submitted due to database errors	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid input error	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred validating contract/PBP/segment combination	Contact MAPD Help Desk for assistance.
Software or Database Error	Error queuing up the enrollment transaction	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error	Contact MAPD Help Desk for assistance.
Success	Enrollment accepted as submitted	No action required.
Succes	Enrollment accepted as submitted, out of area	No action required.

4.6 Update Enrollment Screen (M212)

Note: Italicized text denotes updates resulting from the MARx initiative.

The following screen is new and is accessible only by users with update authorization.

The M212 screen allows the user with an update role to add an end date to an existing enrollment or to change the end date to an earlier date. This screen also cancels enrollment or disenrollment. The user can update enrollment information, such as the EGHP Flag, by selecting the *More* button, which takes the user to the *Additional Update Enrollment Information (M230)* screen.

To navigate to the *Update Enrollment (M212)* screen, select the *Update* button from the *Enrollment (M204)* screen or select the *Update Enrollment* button from the *Search Results (M202)* screen after finding a beneficiary.

Figure 16: Update Enrollment Screen (M212)

Claim #: DOB:
 Age: Sex:
 State: County:

Update Enrollment | Update Institutional/ANHC | Update Medicaid | Update Premiums | Update Rx Insurance | Update Residence Address

Update Enrollment (M212) User: B4ZS Role: MCO REPRESENTATIVE W/ UPDATE Date: 3/4/2011 Close Print Help...

Click "More" to view or update additional information for each enrollment.
 Click "Submit" to validate and submit updates for both the M212 as well as the M230 screens.
 Add, update, or delete one row, then click the "Submit" button.

Select	Contract	PBP#	Seg#	Start Date	End Date	Application Date	Default App. Date	More Info	Disenroll Reason
1	<input type="checkbox"/>	Sxxx1	008 000	01/01/2009		11/15/2008	<input type="checkbox"/>	More	
2	<input type="checkbox"/>	Sxxx2	038 000	03/01/2008	12/31/2008	02/14/2008	<input type="checkbox"/>	More	13 - DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN
3	<input type="checkbox"/>	Sxxx3	001 000	01/01/2007	02/29/2008	12/21/2006	<input type="checkbox"/>	More	13 - DISENROLLMENT BECAUSE OF ENROLLMENT IN ANOTHER PLAN
4	<input type="checkbox"/>	Sxxx3	002 000	01/01/2006	12/31/2006	12/15/2005	<input type="checkbox"/>	More	
5	<input type="checkbox"/>	Hxxx1	000	11/01/1996	12/31/2001		<input type="checkbox"/>	More	11 - VOLUNTARY DISENROLLMENT THROUGH PLAN

Submit Cancel Enroll Cancel Disenroll New Enrollment Reset

Table 25: Update Enrollment Screen (M212) Field Descriptions

Item	Type	Description
Updating Enrollment Information		
This section contains one line for each period during which the beneficiary was enrolled in the contracts to which the user has access. The user can work with each line to update the enrollment end date, to cancel an enrollment, or to cancel a disenrollment.		
Select	Input (checkbox)	Check this box to select a row to either cancel an existing enrollment or to cancel an existing disenrollment.
Contract	Output	The contract for the applicable period. <i>The user cannot update this field.</i>
PBP#	Output	The PBP for the applicable period. <i>The user cannot update this field.</i>
Seg#	Output	The segment for the applicable period. <i>The user cannot update this field.</i>
Start Date	Output	Start date for the enrollment on this line. <i>The user cannot update this field.</i>
End Date	Update	User can add or update an earlier date for the enrollment on this line.
Application Date	Output	Application date for the enrollment period on this line. <i>The user cannot update this field.</i>
More Info	Button	When selected, this takes the user to the M230 screen, where they may view or update additional information about the enrollment on this line.
Disenroll Reason	Input (dropdown)	The User must select a disenrollment reason code from the drop down box when entering or updating a disenrollment date.
Action Buttons		
These buttons operate on any lines that are selected by checking the Select checkbox.		
<i>Submit</i>	<i>Button</i>	<i>Any enrollment changes are submitted for processing. After processing, the new enrollment information is displayed for the beneficiary.</i>
<i>Cancel Enroll</i>	<i>Button</i>	<i>Selecting Cancel Enroll will cancel a selected enrollment. User must cancel enroll within the timeframe defined by CMS policy and follow normal Enrollment Cancellation rules.</i>
<i>Cancel Disenroll</i>	<i>Button</i>	<i>Selecting Cancel Disenroll will cancel a selected disenrollment. User must cancel disenroll within the timeframe defined by CMS policy and follow normal Disenrollment Cancellation rules.</i>
<i>Reset</i>	<i>Button</i>	<i>Selecting the reset button will reset any entered values that were not submitted to their original values.</i>

Table 26: Update Enrollment Screen (M212) Messages

Message Type	Message Text	Suggested Action
Missing entry	A disenrollment reason must be selected	If the user enters or updates an end date for an existing enrollment, they must also supply a disenrollment reason.
Invalid entry	The end date must be the last day of the month	Check that the date entered is actually the last day of that month (e.g., if the user enters 5/30/2003, they get this error message because May has 31 days. The user would then re-enter 5/31/2003).
Invalid entry	The end date is earlier than the start date	Make sure that the end date is later than the start date.
Invalid entry	The new end date already exists at enrollment period <period #>	Adjust the enrollment end date for the specified period.
Processing error—monthly summarization in progress	Unable to perform update during the monthly summarization. Please try again later.	Updates are not allowed during the monthly summarization. Try again after the summarization is complete.
Processing error—enrollment edits failed	Update error occurred. See details at the bottom of the screen.	Scroll down to the bottom of the screen to view the detailed edit error messages. Modify the changes to address the problems raised in the messages.
Software or Database Error	No enrollment information found for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving enrollment information results for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving enrollment information for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving enrollment information from MBD for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Update error occurred	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid input error	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error	Contact MAPD Help Desk for assistance.
Success	Enrollment has been updated.	No action required.
Success	UI enrollment cancelled	No action required.
Success	UI assigns end date	No action required.
Success	UI moved end date earlier	No action required.
Success	UI removed enrollment end date	No action required.

4.7 Additional Update Enrollment Information Screen (M230)

Note: Italicized text denotes updates resulting from the MARx initiative.

The following screen is new and is accessible only by users with update authorization.

The M230 screen allows the user with an update role to update the Disenrollment Election Period Type, the EGHP indicator, and/or the Part D AE-FE Opt-Out indicator. The user cannot update any of the other fields displayed.

To navigate to the *Additional Update Enrollment Information (M230)* screen, the user selects the *More* button from one of the enrollment lines on the *Enrollment Update (M212)* screen.

After completing the appropriate updates via the M230 screen, the user must “click” the *Save and Return to Update Enrollment* button. These changes are submitted when the user “clicks” the *Submit* on the M212 screen. This will then return the user to the M212 screen.

Figure 17: Additional Update Enrollment Information Screen (M230)

Table 27: Additional Update Enrollment Information Screen (M230) Field Descriptions

Item	Type	Description
Enrollment Election Period Type	Output	The Election Type used for the enrollment selected. <i>The user cannot update this field.</i>
Disenrollment Election Period Type	Update (dropdown list)	Select an election period from the dropdown list provided. This is the election period associated with the disenrollment.
EGHP	Update (checkbox)	Indicator of whether the enrollment is an EGHP.
ESRD Override	Output	The prior number of months of ESRD enrollment in a commercial contract is displayed. This one digit field is populated with 0-9 and the values A through F represent 10 through 15 months. <i>The user cannot update this field.</i>
Employer Subsidy Enrollment Override	Output	Indicates whether the beneficiary chose to enroll in a Part D Plan despite having employer coverage. <i>The user cannot update this field.</i>
Enrollment Source	Output	The initiating event that triggered this enrollment. <ul style="list-style-type: none"> • Automatically enrolled by CMS • Beneficiary election • Facilitated enrollment by CMS <i>The user cannot update this field.</i>
Part D AE-FE Opt-Out	Update (checkbox)	Indicates whether the beneficiary chose to opt out of CMS' automatic Part D enrollment process. Select this checkbox to update the indicator if needed.

Table 28: Additional Update Enrollment Information Screen (M230) Messages

Message Type	Message Text	Suggested Action
Invalid format	Enter dollars and cents for Part C Premium	Re-enter the premium in dollars and cents format.
Invalid format	Enter dollars and cents for Part D Premium	Re-enter the premium in dollars and cents format.
Invalid format	Number of months must be a number	Re-enter the number of months.
Invalid format	Enrollment Source code cannot be changed to 'E', 'F' or 'H' when beneficiary Part D AE-FE Opt-Out was checked initially.(To change Enrollment source to 'E', 'F' or 'H', it is a two step submit process to uncheck Part D AE-FE Opt-Out and change Enrollment source to 'E', 'F' or 'H')	Either <ul style="list-style-type: none"> • Re-select any option other than E, F, or H from the dropdown Or <ul style="list-style-type: none"> • Uncheck the Part D AE-FE and submit. Then return to the screen and select any option.

4.8 Residence Address Screen (M243)

Note: Italicized text denotes updates resulting from the MARx initiative.

The following screen is new and is accessible only by users with update authorization.

The SSA and RRB provide CMS with the mailing address for a beneficiary. This is not always the same as the residence address for the beneficiary, or the beneficiary may have a new address but did not notify SSA or RRB of this change. Plan users with update authority may enter Plan-specific residence addresses. These addresses are associated only with the period of time when each is effective and the beneficiary is enrolled in the Plan that submitted it. The M243 screen gives the Plan user a historical view of a beneficiary’s residence addresses during the time the beneficiary was enrolled in one of the Plans to which the user has access. The screen displays the beneficiary’s residence address information as it changed over time, with the most recent address periods shown first. The Plan only sees residence address information for periods during which the beneficiary is enrolled in any of their Plans.

To open the Residence Address (M243) screen, select the |Residence Address| tab.

Figure 18: Residence Address Screen (M243)

The screenshot shows the 'Residence Address (M243)' screen. At the top, there is a navigation bar with 'Claim #' and 'FIRST M. LAST' on the left, and 'DOB:' followed by 'Age: 110 Sex: FEMALE' and 'State: MD (30) County: HOWARD (123)' on the right. Below this is a menu with various tabs including 'Snapshot', 'Enrollment', 'Status', 'Payments', 'Adjustments', 'Premiums', 'SSA - RRB', 'PW Paid/Collected', 'History', 'Transactions', 'Factors', 'Utilization', 'MSA', 'Medicaid', and 'Residence Address'. The 'Residence Address' tab is selected. Below the menu, it says 'Residence Address (M243)' and 'User: RXQZ Role: MCO REPRESENTATIVE WITH UI UPDATE' and 'Date: 05/26/2010'. There are buttons for 'Close', 'Update...', 'Print', and 'Help...'. The main content is a table with the following data:

Contract	Address Start Date	Address End Date	Address 1	Address 2	City	State	ZIP	SSA State Code	SSA County Code	
1	H1111	01/01/2008	12/31/2008	111 First Street		Baltimore	MD	21244 - 1234	11	COUNTY (111)
2	H1111	01/01/2007	12/31/2007	222 Second Avenue	Apt 1	Baltimore	MD	20740 - 0000	11	COUNTY (111)

Table 29: Residence Address Screen (M243) Field Descriptions

Note: Italicized text denotes updates resulting from the MARx initiative.

Item	Type	Description
Beneficiary's Residence Address Information		
This section contains one line for each period during which the beneficiary had a unique residence address (address where the beneficiary resides).		
<i>[Update]</i>	<i>Button</i>	<i>This button takes the user to the Residence Address Update screen.</i>
Contract	Output	The contract for the applicable period.
Address Start Date	Output	Start date for the residence address listed on this line.
Address End Date	Output	End date for the residence address listed on this line.
Address 1	Output	Residence Street Address (Line 1) for the period on this line.
Address 2	Output	Residence Street Address (Line 2, if applicable) for the period on this line.
City	Output	Residence City for the period on this line.
State	Output	Residence State for the period on this line.
Zip	Output	Residence Zip for the period on this line.
SSA State Code	Output	The State Code assigned by SSA for the state on this line.
SSA County Code	Output	The county where this residence is located, along with the County Code assigned by SSA for the county.

4.9 Update Residence Address Screen (M242)

Note: Italicized text denotes updates resulting from the MARx initiative.

The following screen is new and is accessible only by users with update authorization.

The M242 screen allows the user with an update role to change or delete any address that is in the current list of residence address information and for periods where the user has access to those Plans. The screen also includes a blank line, labeled *New*, which allows the user to enter a new address for the beneficiary.

To open the Update Residence Address (M242) screen, select the Update button from the Residence Address (M243) screen.

Figure 19: Update Residence Address Screen (M242)

The screenshot shows the 'Update Residence Address (M242)' screen. At the top, there is a navigation bar with links for 'Update Enrollment', 'Update Premiums', 'Update Rx Insurance', and 'Update Residence Address'. The current user is 'RXQZ' with the role 'MCO REPRESENTATIVE WITH UI UPDATE'. The date is '05/28/2010'. There are buttons for 'Close', 'Print', and 'Help...'. Below the navigation bar, there is a table with columns: Action, Contract, Address Start Date, Address End Date, Address 1, Address 2, City, State, ZIP, SSA State Code, and SSA County Code. The table contains one row with a checkbox, contract 'Hxxx1', start date '01/01/2007', end date '12/31/2007', address '101 AL ZWELL LANE Apt 101', city 'BALTIMORE', state 'MD', ZIP '21244 - 1234', SSA State Code '30', and SSA County Code 'COUNTY (123)'. Below the table are buttons for 'Submit', 'Delete', and 'Reset'. A 'New' row is highlighted at the top of the table, indicating where to add a new address.

Action	Contract	Address Start Date	Address End Date	Address 1	Address 2	City	State	ZIP	SSA State Code	SSA County Code
<input type="checkbox"/>	Hxxx1	01/01/2007	12/31/2007	101 AL ZWELL LANE	Apt 101	BALTIMORE	MD	21244 - 1234	30	COUNTY (123)
<i>New</i>										

Table 30: Update Residence Address Screen (M242) Field Descriptions

Note: Italicized text denotes updates resulting from the MARx initiative.

Item	Type	Description
The New Line		
This line is used to enter a new residence address, along with the effective time period. Users can only add addresses for periods during the beneficiary's enrollment in a contract to which the user has access.		
Contract	Input	The contract for the applicable period.
Address Start Date	Input	Start date for the residence address listed on this line. This date must occur during an enrollment that the user can view on the Enrollment (M203) screen.
Address End Date	Input	End date for the residence address listed on this line.
Address 1	Input	Residence Street Address (Line 1) for the period on this line.
Address 2	Input	Residence Street Address (Line 2, if applicable) for the period on this line.
City	Input	Residence City for the period on this line
State	Input	Residence State for the period on this line
Zip	Input	Residence Zip for the period on this line
Updating or Deleting Residence Address Information		
This section contains one line for each period that the beneficiary has a unique residence address (address where the beneficiary resides). The user can edit each line to mark it for delete or update the available fields.		
Action	Input	Check this box, then select the desired action (i.e. Submit, Delete, or Reset) when updating, deleting, or resetting information for an existing residence address period.
Contract	Output	The contract for the applicable period. <i>The user cannot update this field.</i>
Address Start Date	Output	Start date for the residence address listed on this line. <i>The user cannot update this field.</i>
Address End Date	Update	The user can add or update an End date for the residence address on this line.
Address 1	Update	Residence Street Address (Line 1) for the period on this line.
Address 2	Update	The user can add or update the Residence Street Address (Line 2) for the period on this line.
City	Update	Residence City for the address on this line.
State	Update	Residence State for the address on this line.
Zip	Update	Residence Zip for the address on this line.
SSA State Code	Output	The State Code assigned by SSA for the state on this line. <i>The user cannot update this field as it automatically updates when the address is processed.</i>
SSA County Code	Output	The county where this residence is located, along with the County Code assigned by SSA for the county. <i>The user cannot update this field as it automatically updates when the address is processed.</i>
Action Buttons		
These buttons operate on any selected lines by checking the Action checkbox.		
<i>Submit</i>	<i>Button</i>	<i>Any address entered on the New line or address changes in a selected line is submitted for processing. After processing, the new addresses are viewable in the list of addresses for the beneficiary.</i>
<i>Reset</i>	<i>Button</i>	<i>On a selected line, any non-submitted values are reset to their original values.</i>
<i>Delete</i>	<i>Button</i>	<i>The address on the selected line is deleted from the beneficiary's addresses.</i>

Table 31: Update Residence Address Screen (M242) Messages

Message Type	Message Text	Suggested Action
No data	No Residence Address information found for <claim number>.	No corresponding data is available for that claim number. If the user expects to view data, they should verify the claim number and try again. If the claim number is correct, the user contacts the MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving beneficiary residence address results for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving beneficiary residence address history for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid screen ID	Contact MAPD Help Desk for assistance.
Software or Database Error	Missing input on retrieval of beneficiary residence address history.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

4.10 Premiums View Screen (M231)

Premium information includes the history of basic premiums paid by the beneficiary, the added LEP, and the subsidies paid by the government that reduce the premiums. The *Premiums (M231)* screen allows the Plan users to view this premium information for beneficiaries enrolled in their Plans. A user with update access selects the “Update” button to navigate to the *Update Enrollment (M212)* screen where they can update enrollment information for the beneficiary.

Once a beneficiary selected, the *Premiums View (M231)* screen is accessed by selecting the |Premiums| tab.

The top portion of this screen provides a field for entering a payment month and year. The bottom portion of the screen shows the beneficiary’s premium data associated with the month and year for the specified month. When the screen is initially opened, the date defaults to the current payment month. The user can change the month by entering a new date and selecting the *Find* button. When the beneficiary is enrolled in two contracts (one for Parts A and/or B and the other for Part D), two rows for the same month display. This screen also allows the user to view additional details by using the dropdown arrows on the premium period line.

Figure 20: Premiums View Screen (M231)

The screenshot shows the Premiums View (M231) interface. At the top, there are navigation tabs: Snapshot, Enrollment, Status, Payments, Adjustments, Premiums (selected), SSA - RRB, History, Factors, Utilization, MSA, Medicaid, Residence Address, and Rx Insurance. The user information is: User: B4ZS, Role: MCO REPRESENTATIVE VW UPDATE, Date: 2/1/2011. There are buttons for Close, Update..., Print, and Help....

Below the navigation is a search section with the instruction: "Enter the month of the premiums to be viewed and click 'Find.'" It includes a text input field for the payment month (02/2011) and Find/Reset buttons.

The main data table is titled "Premiums 1-2(of 2)". It has columns for Start Date, End Date, Contract, PBP, Seg, Premium Payment Option, Premium Payment Option Pending, Part C, Part D, LIS, LIS %, NUN CMO, LEP, Total Premium, Part B Premium Reduction, SSA Accepted Month(C/D), and SSA Accepted Month (B).

Start Date	End Date	Contract	PBP	Seg	Premium Payment Option	Premium Payment Option Pending	Part C	Part D	LIS	LIS %	NUN CMO	LEP	Total Premium	Part B Premium Reduction	SSA Accepted Month(C/D)	SSA Accepted Month (B)												
01/01/2011	12/31/2011	Hxxx1	001	000	DIRECT SELF-PAY		\$0.00	\$0.00	\$0.00	0.00%	0	\$0.00	\$0.00	\$0.00														
<table border="1"> <thead> <tr> <th colspan="4">Premium Details</th> </tr> <tr> <th>Creation Date</th> <th>De minimis</th> <th>Part D Net of De minimis</th> <th>LEP Subsidy</th> </tr> </thead> <tbody> <tr> <td>01/19/2011</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> </tbody> </table>																	Premium Details				Creation Date	De minimis	Part D Net of De minimis	LEP Subsidy	01/19/2011	\$0.00	\$0.00	\$0.00
Premium Details																												
Creation Date	De minimis	Part D Net of De minimis	LEP Subsidy																									
01/19/2011	\$0.00	\$0.00	\$0.00																									
04/01/2010	12/31/2010	Hxxx2	001	002	DIRECT SELF-PAY		\$92.00	\$52.80	\$0.00	0.00%	10	\$3.19	\$147.99	\$0.00														

Table 32: Premiums View Screen (M231) Field Descriptions

Item	Type	Description
Search Criteria		
<i>[Update]</i>	<i>Button</i>	<i>Selecting this button will take the user to the Update Enrollment (M212) screen.</i>
Payment Month	Input (Required)	Enter a month and year in the format (M)M/YYYY. This date defaults to the current payment month when the screen is initially opened.
Find	Button	Selecting this button displays premium information associated with the Payment Month entered.
Reset	Button	Resets the entered date to the current payment month.
Premiums		
[>>]	Button	Selecting this button on a transaction status row displays additional details about the premium transaction in a dropdown view.
[^] [^]	Button	Selecting this closes the already opened dropdown premium detail transaction information view.
Start Date	Output	The date that this row's premium began.
End Date	Output	The date that this row's premium ended.
Contract	Output	Contract for which premiums were charged.
PBP	Output	PBP for which premiums were charged.
Seg	Output	Segment for which premiums were charged.
<i>Premium Payment Option</i>	<i>Output</i>	<i>The Premium Payment Option that the beneficiary chose for paying the premiums. The options are Direct Self Pay or Withholding from one of the withholding agencies (SSA or RRB).</i>
<i>Premium Payment Option Pending</i>	<i>Output</i>	<i>'Y' – Request for PPO change was not yet accepted by the withholding agency. 'blank' – no PPO change is pending.</i>
Part C	Output	Part C premium for the beneficiary for this period.
Part D	Output	Part D premium for the beneficiary for this period.
LIS	Output	Low Income Subsidy - Amount of Part D premiums that were subsidized due to the beneficiary's low income status.
LIS %	Output	Percentage level for the Part D premium subsidy due to the beneficiary's low income status
NUNCMO	Output	Number of months during which the beneficiary did not have creditable drug insurance coverage associated with this premium period.
LEP	Output	Late Enrollment Penalty - Penalty charged for late enrollment in Part D coverage. This is determined by the NUNCMO.
Total Premium	Output	Total premium charged for Parts C and/or D (as applicable), taking into account subsidies and penalties.
Part B Premium Reduction	Output	Total Part B premium reduction (as applicable).
SSA Accepted Month (C/D)	Link	Date on which Parts C and/or D premium withholding request was accepted by SSA. If the beneficiary did not request withholding from SSA or if the request was rejected, this field is blank. Selecting this link displays the <i>Premium Withhold Transactions (M237)</i> screen, which shows the Parts C and/or D Premium Withhold Transactions accepted by SSA for that specific premium period.

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Item	Type	Description
SSA Accepted Month (B)	Link	Date on which Part B premium reduction transaction was accepted by SSA. If Part B Premium Reduction does not apply to this beneficiary or if the transaction was rejected by SSA, this field is blank. Selecting this link displays the <i>Beneficiary Detail: Premium Withhold Transactions (M237)</i> screen, which shows the Part B Reduction Premium Withhold Transactions accepted by SSA for that specific premium period.
Premium Details		
This section is displayed when the dropdown arrow for a premium line is selected. It shows additional details for the line.		
Creation Date	Output	Date when the transaction is sent to SSA.
De Minimis	Output	De Minimis amount applied to this premium.
Part D Net of De Minimis	Output	The Part D premium amount adjusted for De Minimis.
LEP Subsidy	Output	Amount of the late enrollment penalty that was subsidized.

Table 33: Premiums View Screen (M231) Messages

Message Type	Message Text	Suggested Action
Missing entry	Payment Month must be entered	Enter the date.
Invalid format	Payment Month is invalid. Must have format (M)M/YYYY	Re-enter the date in one of the required formats.
No data	No premiums found for claim number <claim number>	No payment data is available for the beneficiary for the entered date. If the user expects to see payment data, verify the date and month and re-enter the corrected information.
Software or Database Error	Error occurred retrieving beneficiary premium information for claim number <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Missing input data to retrieve premiums	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database = <error code>	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error	Contact MAPD Help Desk for assistance.

4.11 Update Premiums Screen (M226) Number of Uncovered Months (NUNCMO)

The Plan user who has MCO Representative with Update role can change the beneficiary's incremental uncovered months from the M226 screen. Plan users cannot update the Part C premium amount(s) and the premium payment options via the UI.

To navigate to the *Update Premiums (M226)* screen, select the *Update* button from the *Premiums (M231) screen and then select the |Update Premiums| tab.*

Figure 21: Update Premiums Screen (M226) NUNCMO

Update Premiums (M226) User: KTF4 Role: MCO REPRESENTATIVE W/UPDATE Date: 2/2/2011

Contract	PBP	Segment	Premium Start Date	Premium End Date	Premium Payment Option	Premium Payment Option Pending	Part C Premium	Part D Premium	Late Enrollment Penalty
1	H111	067	000	01/01/2010	12/31/2010	DIRECT SELF-PAY	\$47.90	\$0.00	\$0.00
2	H111	067	000	01/01/2009	12/31/2009	DIRECT SELF-PAY	\$40.70	\$0.00	\$0.00
3	H111	067	000	01/01/2008	12/31/2008	DIRECT SELF-PAY	\$43.50	\$0.00	\$0.00
4	H111	067	000	05/01/2007	12/31/2007	DIRECT SELF-PAY	\$29.00	\$0.00	\$0.00
5	H111	032	000	01/01/2007	04/30/2007	DIRECT SELF-PAY	\$38.20	\$0.00	\$0.00
6	H111	032	000	07/01/2006	12/31/2006	DIRECT SELF-PAY	\$31.93	\$0.00	\$0.00
7	H111	032	000	06/01/2006	06/30/2006	DEDUCT FROM SSA BENEFITS	\$31.93	\$0.00	\$0.00
8	XXX	XXX	XXX	03/01/2006	05/31/2006	DEDUCT FROM SSA BENEFITS	\$11.54	\$0.00	\$0.00
9	XXX	XXX	XXX	01/01/2006	02/28/2006	DIRECT SELF-PAY	\$31.93	\$0.00	\$0.00

Number of Uncovered Months (Current Cumulative NUNCMO : 0)						
Contract	PBP	Start Date	Incremental Uncovered Months	Cumulative Uncovered Months	Indicator	
1	H111	067	05/01/2007	0	0	- Incremental
2	H111	032	06/01/2006	0	0	- Incremental
3	XXX	XXX	03/01/2006	0	0	- Incremental
4	XXX	XXX	01/01/2006	0	0	- Incremental

Table 34: Update Premiums Screen (M226) NUNCMO Field Descriptions

Item	Type	Description
Part C/D Premium Information		
This section contains one line for each premium period during which the beneficiary was enrolled in the contracts to which the user has access. <i>The user cannot update this information.</i>		
Contract	Output	Contract number of the enrollment for the premium period.
PBP	Output	Plan Benefit Package number associated with this enrollment.
Segment	Output	Segment number associated with this enrollment.
Premium Start Date	Output	The effective date for the Part C and/or D premiums on this line.
Premium End Date	Output	The last effective date for Part C and/or D premiums on this line. If no value is displayed, the premium period is open-ended.
Premium Payment Option	Output	The premium payment option for this beneficiary for this premium period.
Premium Payment Option Pending	Output	A value of 'Y' means that a request for withholding was transmitted to the withholding agency but the agency has not yet returned an approval. Otherwise, this field is blank.

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Item	Type	Description
Part C Premium	Output	The cost charged by the Plan to the beneficiary for Part C coverage.
Part D Premium	Output	The cost charged by the Plan to the beneficiary for Part D coverage.
Late Enrollment Penalty	Output	The penalty amount that is added to the premium when the beneficiary has an uncovered period without creditable coverage. This amount is calculated based on the uncovered months.
Updating Number of Uncovered Months Information Uncovered months are associated with the first day of each enrollment. This section contains one line for each of the beneficiary's enrollment periods along with the associated NUNCMO. It also displays any NUNCMO resets that may have occurred. NUNCMO values for all enrollment are shown but the associated contract number is displayed only for contracts to which the user has access. The user can update the NUNCMO associated with any contract to which they have access. A user with access to the contract in which the beneficiary is currently enrolled can update that NUNCMO value or the value for any preceding enrollment.		
Number of Uncovered Months (Current Cumulative NUNCMO)	Output	The total number of uncovered months used when calculating the Late Enrollment Penalty (LEP) for a current enrollment period. This total includes uncovered months associated with all previous enrollment as well as any NUNCMO Resets.
Contract	Output	Contract number of the enrollment associated with this uncovered month period.
PBP	Output	Plan Benefit Package number of the enrollment associated with this uncovered month period.
Start Date	Output	The start date of the enrollment associated with this uncovered month value or the date of the reset.
Incremental Uncovered Months	Update	Number of months that the beneficiary did not have creditable coverage in the period immediately prior to the enrollment on this line. The field is either left blank or set to zero when there are no uncovered months.
Cumulative Uncovered Months	Output	The running total of uncovered months. Uncovered months accumulate over time unless a NUNCMO reset is in place. Accumulation begins again at zero after a NUNCMO reset.
Indicator	Output	This indicates the type of uncovered months – <ul style="list-style-type: none"> • Incremental – Uncovered months associated with the enrollment. • Reset – This line represents a NUNCMO reset. It is a point in time where the accumulation of uncovered months is set back to zero. • Cumulative – This term was used for uncovered months entered prior to November 2007. These, in themselves, were cumulative values. After November 2007, Incremental NUNCMOs were entered. Only the most recent Cumulative NUNCMO is included in the running total used for determining LEPs.

Action Buttons		
Submit	Button	<i>Any number of uncovered months changes submitted for processing. After processing, the new number of uncovered months and cumulative months displays for the beneficiary.</i>
Reset	Button	<i>Selecting the reset button will reset, to their original values, any updates that were entered on the screen but not submitted. Note: This reset is not associated with a NUNCMO reset.</i>

Table 35: Update Premiums Screen (M226) NUNCMO Messages

Message Type	Message Text	Suggested Action
Invalid format	Number of uncovered months must be a number.	Re-enter the number of uncovered months in number format.
Processing error—monthly summarization in progress	Unable to perform update during the monthly summarization. Please try again later.	Updates are not allowed during the monthly summarization. Try again after the summarization is complete.
Processing error—enrollment edits failed	Update error occurred. See details at the bottom of the screen. Contact your CMS representative.	Scroll down to the bottom of the screen to view the detailed edit error messages. Modify the changes to address the problems raised in the messages. If needed, contact MAPD Help Desk for assistance.
Processing error—enrollment edits failed	Update error occurred. See details at the bottom of the screen.	Contact MAPD Help Desk for assistance.
No data	No premium information found for <claim number>	No action required. The user may start a new premium period.
No data	No creditable coverage information found for <claim number>	No action required.
No data	No premium or creditable coverage information found for <claim number>	No action required.
Software or Database Error	Invalid premium results for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid creditable coverage results for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving premium and creditable coverage information for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error	Contact MAPD Help Desk for assistance.
Software or Database Error	The number of uncovered months has been updated but redisplay has failed.	Contact MAPD Help Desk for assistance.
Success	The number of uncovered months has been updated.	No action required.

4.12 Rx Insurance View Screen (M244)

Note: Italicized text denotes updates resulting from the MARx initiative.

Plans may use the M244 screen to view the Rx Insurance history, both primary and secondary, for beneficiaries enrolled in their Plans. The screen displays the beneficiary's 4Rx information history. The Plans only see 4Rx information for periods during which the beneficiary is enrolled in any of their Part D Plans. From this screen the user may utilize the *Update* button to move to the Update Rx Insurance screen (M228) to add or update primary and secondary drug insurance information.

To access the Rx Insurance (M244) screen, find the beneficiary and select the |Rx Insurance| tab.

Figure 22: Rx Insurance View Screen (M244)

The screenshot shows the 'Rx Insurance View (M244)' screen. At the top, there are navigation tabs: Snapshot, Enrollment, Status, Payments, Adjustments, Premiums, SSA - RRB, History, Factors, Utilization, MSA, Medicaid, Residence Address, and Rx Insurance (selected). Below the tabs, it displays 'User: B4ZS Role: MCO REPRESENTATIVE W/ UPDATE Date: 2/1/2011' and buttons for Close, Update..., Print, and Help... The main content area is divided into two sections:

Primary Drug Insurance Information

Contract	PBP	Primary Drug Insurance Start Date	Primary Drug Insurance End Date	Primary BIN	Primary PCN	Primary GRP	Primary RxID	Source	Record Update TimeStamp
1	Hxxx1 000	07/01/2011		111111	111111111	GROUP	RXID111	Hxxx1	2011-01-29-02.20.03

Secondary Drug Insurance Information

	Insurance Creation Date	Secondary BIN	Secondary PCN	Secondary GRP	Secondary RxID	Record Update TimeStamp
1	01/29/2011	222222	SEPCN	SECGRP	SECRXID	2011-01-29-02.20.44

Table 36: Rx Insurance View Screen (M244) Field Descriptions

Item	Type	Description
<i>[Update]</i>	<i>Button</i>	<i>Takes the user to the Update Rx Insurance Screen (M228).</i>
Primary Drug Insurance Information		
This section contains one line for each period during which the beneficiary had a unique combination of Contract, PBP, and Primary 4Rx information.		
Contract	Output	Contract in which the beneficiary was enrolled during the period on this line.
PBP #	Output	The PBP in which the beneficiary was enrolled during the period on this line.
Primary Drug Insurance Start Date	Output	Start date for the Primary Rx Insurance listed on this line.
Primary Drug Insurance End Date	Output	End date for the Primary Rx Insurance listed on this line.
Primary BIN	Output	Part D insurance Plan's BIN for the primary contract, PBP, and period specified.
Primary PCN	Output	Part D insurance Plan's PCN for the primary contract, PBP, and period specified.
Primary GRP	Output	Part D insurance Plan's group number for the primary contract, PBP, and period specified.
Primary RxID	Output	Identifier assigned to the beneficiary by the primary Part D insurance Plan for drug coverage.
Source	Output	Source of the enrollment into the contract and PBP for the period specified.
Record Update Timestamp	Output	Date that this Rx insurance information was added or updated.
Secondary Drug Insurance Information		
This section contains one line for each period during which the beneficiary had a unique combination of Contract, PBP, and Secondary 4Rx information.		
Insurance Creation Date	Output	Date reported for the initiation of this secondary insurance period.
Secondary BIN	Output	Secondary drug insurance Plan's BIN number.
Secondary PCN	Output	Secondary drug insurance Plan's PCN number.
Secondary GRP	Output	Identifier for the group providing secondary drug insurance coverage.
Secondary RxID	Output	Identifier assigned to the beneficiary by the secondary drug insurance.
Record Update Timestamp	Output	Date Rx insurance information was added or updated.

Table 37: Rx Insurance View Screen (M244) Messages

Message Type	Message Text	Suggested Action
No data	No primary drug insurance information found for <claim number>.	No corresponding data is available for that claim number. If the user expects to view data, they should verify the claim number and try again. If the claim number is correct, the user should contact the MAPD Help Desk for assistance.
No data	No secondary drug insurance information found for <claim number>.	No corresponding data is available for that claim number. If the user expects to view data, they should verify the claim number and try again. If the claim number is correct, the user should contact the MAPD Help Desk for assistance.
Software or Database Error	Invalid primary drug insurance results retrieved for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid secondary drug insurance results retrieved for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving drug insurance information for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid input retrieving drug insurance information for <claim number>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>.	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error.	Contact MAPD Help Desk for assistance.

4.13 Update Rx Insurance Screen (M228)

Note: Italicized text denotes updates resulting from the MARx initiative.

The following screen is new and is accessible only by users with update authorization.

Plans can use the M228 screen to view, update, and add new Rx Insurance information, both primary and secondary, for beneficiaries enrolled in their Plans. The screen displays the beneficiary's 4Rx history. The Plan only views 4Rx information for periods during which the beneficiary is enrolled in any of their Part D Plans.

To access the *Update Rx Insurance (M228)* screen, select the Update button from the *Rx Insurance (M244)* screen.

Figure 23: Update Rx Insurance Screen (M228)

The screenshot displays the 'Update Rx Insurance (M228)' screen. At the top, there are navigation tabs: 'Update Enrollment', 'Update Premiums', 'Update Rx Insurance' (selected), and 'Update Residence Address'. The user information is 'User: CKS9 Role: MCO REPRESENTATIVE W/ UPDATE Date: 2/15/2011'. There are buttons for 'Close', 'Print', and 'Help...'. The screen is divided into two main sections: 'Primary Drug Insurance Information' and 'Secondary Drug Insurance Information'. Each section contains a table with columns for 'Action', 'Contract', 'PBP', 'Primary Drug Insurance Start Date', 'Primary Drug Insurance End Date', 'Primary BIN', 'Primary PCN', 'Primary GRP', 'Primary RxID', 'Source', and 'Record Update TimeStamp'. Below the tables are buttons for 'Delete', 'Submit', and 'Reset'.

Primary Drug Insurance Information											
Action	Contract	PBP	Primary Drug Insurance Start Date	Primary Drug Insurance End Date	Primary BIN	Primary PCN	Primary GRP	Primary RxID	Source	Record Update TimeStamp	
New	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
1	<input type="checkbox"/>	Hxxx1	017	03/01/2008	10/31/2009	610649	03200000	P5390	H52902688		2009-10-29-10.49.43
2	<input type="checkbox"/>	Hxxx1	002	01/01/2008	01/31/2008	004336	ADV	FX8503	073620093		2008-01-11-05.20.10
3	<input type="checkbox"/>	Hxxx1	002	02/01/2006	12/31/2007	610468	MDARBCBS	5600490	100542148	R3444	2007-12-29-06.44.59

Secondary Drug Insurance Information							
Action	Insurance Creation Date	Secondary BIN	Secondary PCN	Secondary GRP	Secondary RxID	Record Update TimeStamp	
New		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
1	<input type="checkbox"/>	01/09/2006	004336	MDARBCBS	5600490	100542148	2006-01-09-01.49.14

Buttons:

Table 38: Update Rx Insurance Screen (M228) Field Descriptions

Item	Type	Description
The New Line for Primary Rx Insurance		
This line is used to enter new Primary Rx Insurance information, along with the effective time period, and the contract and PBP that the beneficiary is enrolled in during the applicable time period. The user may only add Primary Rx Insurance for periods during which the beneficiary's enrollment is in a contract to which the user has access.		
Contract	Input	Contract in which the beneficiary was enrolled during the period on this line.
PBP	Input	The PBP in which the beneficiary was enrolled during the period on this line.
Primary Rx Insurance Start Date	Input	Start date for the Primary Rx Insurance listed on this line. This date must fall during an enrollment that the user can view on the Enrollment (M203) screen.
Primary Rx Insurance End Date	Input	End date for the Primary Rx Insurance listed on this line.
Primary BIN	Input	BIN for the Primary Rx Insurance period on this line.
Primary PCN	Input	PCN for the Primary Rx Insurance period on this line.
Primary GRP	Input	GRP for the Primary Rx Insurance period on this line.
Primary RxID	Input	RxID for the Primary Rx Insurance period on this line.
The New Line for Secondary Rx Insurance		
This line is used to enter new Secondary Rx Insurance information.		
Secondary Rx Insurance	Input (dropdown)	Select "Yes" from the dropdown list to indicate that this is a Secondary Rx Insurance entry.
Secondary BIN	Input	BIN for the Secondary Rx Insurance period on this line.
Secondary PCN	Input	PCN for the Secondary Rx Insurance period on this line.
Secondary GRP	Input	GRP for the Secondary Rx Insurance period on this line.
Secondary RxID	Input	RxID for the Secondary Rx Insurance period on this line.

Table 39: Update Rx Insurance Screen (M228) Field Descriptions

Item	Type	Description
Update or Delete Primary Rx Insurance Information		
This section contains one line for each period that the beneficiary had a unique Primary Rx Insurance period. The user can mark each line to delete or to update the available fields.		
Action	Input (Checkbox)	Check this box, then use the buttons at the bottom of the screen to select the desired action (i.e. Submit, Delete, or Reset) for this line.
Contract	Output	Contract in which the beneficiary was enrolled during the period on this line. <i>The user cannot update this field.</i>
PBP	Output	The PBP in which the beneficiary was enrolled during the period on this line. <i>The user cannot update this field.</i>
Primary Rx Insurance Start Date	Output	Start date for the Primary Rx Insurance listed on this line. <i>The user cannot update this field..</i>
Primary Rx Insurance End Date	Update	The user can add or update an end date for the Primary Rx Insurance on this line.
Primary BIN	Update	The user can update the BIN for the Primary Rx Insurance on this line.
Primary PCN	Update	The user can update the PCN for the Primary Rx Insurance on this line.
Primary GRP	Update	The user can update the GRP for the Primary Rx Insurance on this line.

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Item	Type	Description
Primary RxID	Update	The user can update the RxID for the Primary Rx Insurance on this line.
Source	Output	Source of the Rx insurance information for the period specified. The Rx Information is submitted on an enrollment transaction (TC61), a Plan change transaction (TC72), or through a UI update. If the update is completed through the UI, the source is the user's ID. <i>The user cannot update this field as it will automatically update when the Primary Rx Change is processed.</i>
Record Update Timestamp	Output	Date that this Rx insurance information was added or updated. <i>The user cannot update this field as it will automatically update when the Primary Rx Change is processed.</i>
Update or Delete Secondary Rx Insurance Information		
This section contains one line for each period that the beneficiary had a unique Secondary Rx Insurance period. The user can mark each line to delete or to update the available fields.		
Action	Input (Checkbox)	Check this box, then select the <i>delete</i> button to delete this line of existing Secondary Insurance information.
Secondary Rx Insurance	Output	“Yes” indicates that the line represents Secondary Insurance Information.
Insurance Creation Date	Output	Date that was reported for the initiation of this secondary insurance period. <i>The user cannot update this field.</i>
Secondary BIN	Update	The user can update the BIN for the Secondary Rx Insurance period on this line.
Secondary PCN	Update	The user can update the PCN for the Secondary Rx Insurance period on this line.
Secondary GRP	Update	The user can update the GRP for the Secondary Rx Insurance period on this line.
Secondary RxID	Update	The user can update the RxID for the Secondary Rx Insurance period on this line.
Source	Output	Source of the Rx insurance information for the period specified. The Rx Information is submitted on an enrollment transaction (TC61), a Plan change transaction (TC72), or through a UI update. If the update is done through the UI, the source is the user's ID. <i>The user cannot update this field as it will automatically update when the Primary Rx Change is processed.</i>
Record Update Timestamp	Output	Date that this Rx insurance information was added or updated.
Action Buttons		
These buttons operate on any lines that are selected by checking the Action checkbox.		
Submit	Button	<i>Any Rx Insurance Information entered on the New line or Rx Information changes in a selected line are submitted for processing. After processing, a new line of Rx Insurance Information is displayed for the beneficiary.</i>
Reset	Button	<i>Any updated (or changed) values that are not submitted are reset to their original values.</i>
Delete	Button	<i>The Rx Insurance Information on the selected line is deleted from the beneficiary's record.</i>

Table 40: Update Rx Insurance Screen (M228) Messages

Message Type	Message Text	Suggested Action
Missing entry	A Primary RxID must be entered	Provide the RxID for the primary Rx insurance.
Missing entry	A Primary Rx Group must be entered	Provide the Rx group for the primary Rx insurance.
Missing entry	A Secondary RxID must be entered	Either provide an RxID for the secondary Rx insurance or change the secondary drug insurance to “No”.
Missing entry	A Secondary Rx Group must be entered	Either provide an Rx group for the secondary Rx insurance or change the secondary drug insurance to “No”.
Missing entry	Please update a period or start a new one	The user selected the [Submit] button but did not make a change to an existing period, or enter a new period.
Missing entry	Please start a new period	The user selected the [Submit] button when there are no existing periods and a new period is not entered.
Invalid entry	For new period, a Primary RxID may not be provided unless the Primary Drug Insurance is Yes	Since the beneficiary does not have primary drug insurance, the user cannot enter a Primary RxID.
Invalid entry	For new period, a Primary Rx group may not be provided unless the Primary Drug Insurance is Yes	Since the beneficiary does not have primary drug insurance, the user cannot enter a Primary Rx group.
Invalid entry	A Primary RxBIN may not be provided unless the Primary Drug Insurance is Yes	Since the beneficiary does not have primary drug insurance, the user cannot enter a Primary RxBIN.
Invalid entry	A Primary RxPCN may not be provided unless the Primary Drug Insurance is Yes	Since the beneficiary does not have primary drug insurance, the user cannot enter a Primary RxPCN.
Invalid entry	For new period, a Secondary RxID may not be provided unless the Secondary Drug Insurance is Yes	Either clear the secondary RxID or change the Secondary Drug Insurance value to “Yes”.
Invalid entry	For new period, a Secondary Rx group may not be provided unless the Secondary Drug Insurance is Yes	Either clear the secondary Rx group or change the Secondary Drug Insurance value to “Yes”.
Invalid entry	A Secondary RxBIN may not be provided unless the Secondary Drug Insurance is Yes	Either clear the secondary RxBIN or change the secondary drug insurance to “Yes”.
Invalid entry	A Secondary RxPCN may not be provided unless the Secondary Drug Insurance is Yes	Either clear the secondary RxPCN or change the secondary drug insurance to “Yes”.
Processing error—monthly summarization in progress	Unable to perform update during the monthly summarization. Please try again later.	Updates are not allowed during the monthly summarization. Try again after the summarization is complete.
No data	No Primary drug insurance information found for <claim number>	No action required. The user may enter primary drug insurance information.

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Message Type	Message Text	Suggested Action
Software or Database Error	Invalid Primary drug insurance results retrieved for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving Primary drug insurance information for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid input retrieving Primary drug insurance information for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred updating Primary drug insurance information for <claim number>	Contact MAPD Help Desk for assistance.
No data	No secondary drug insurance information found for <claim number>	No action required. The user may enter secondary drug insurance information.
Software or Database Error	Invalid secondary drug insurance results retrieved for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred retrieving secondary drug insurance information for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid input retrieving secondary drug insurance information for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Error occurred updating secondary drug insurance information for <claim number>	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid input error	Contact MAPD Help Desk for assistance.
Software or Database Error	Unexpected error code from database=<error code>	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error	Contact MAPD Help Desk for assistance.
Software or Database Error	The primary drug insurance has been updated but redisplay has failed	Contact MAPD Help Desk for assistance.
Success	The primary drug insurance information has been updated	None
Software or Database Error	The secondary drug insurance has been updated but redisplay has failed	Contact MAPD Help Desk for assistance.
Success	The secondary drug insurance information has been updated	None

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5.0 MCO Representative Transmitter User Change Screens

5.1 View Special Batch File Request Screen (M317)

The following screen is new and is accessible only by users with transmitter authorization.

Plans use the UI to request CMS approval of three types of special batch files: Plan Submitted Rollovers, Retroactive Files, and Organization Special Review. The *View Special Batch File Request (M317)* screen allows the MCO Representative Transmitter to view the status of these requests. The *New Request* button on the M317 screen navigates to the *Special Batch Approval Request (M316)* screen where the user may enter a new special request.

To access the *View Special Batch File Request (M317)* screen from the *Welcome* screen, select *Transactions: File Submission Request*.

Once the screen is displayed, search criteria allow the user to find a specific set of requests. These requests are shown in the lower portion of the screen.

Figure 24: View Special Batch File Request Screen (M317)

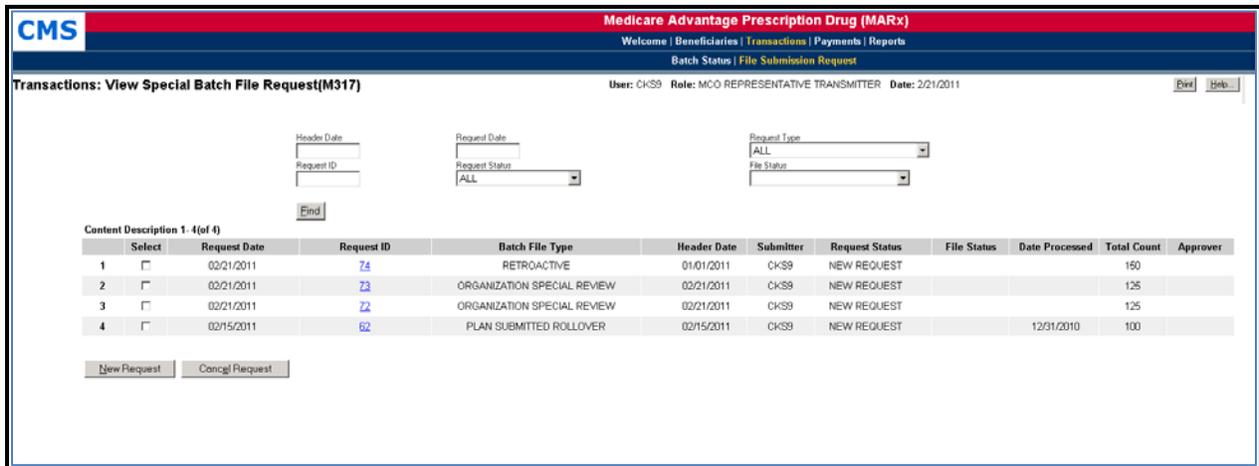


Table 41: View Special Batch File Request Screen (M317) Field Descriptions

Item	Type	Description
Find Criteria – These fields are used to find previously submitted Special Batch File Requests		
Header Date	Input (optional)	Header date in a file.
Request Date	Input (optional)	Date a request was submitted.
Request Type	Input (optional)	Type of special file for the request: <ul style="list-style-type: none"> - Retroactive - Plan Submitted Rollover - Organization Special Review
Request Status	Input (optional – drop down)	Status of the requests to find.
Request ID	Input (optional)	ID of a request.
File Status	Input (optional)	Status of file processing to use in the search.
Find	Button	Finds all requests that meet the above search criteria.
Content Description: The following fields are repeated for each request that meets the Find criteria.		
Select	Input	Check box to select a line. This is usually used in coordination with the <i>Cancel Request</i> button.
Request Date	Output	Date the request was submitted.
Request ID	Output (Link)	Unique Request ID Clicking on a Request ID takes the user to the <i>Special Batch Approval Request (M316)</i> screen, which displays the details of the selected request.
Batch File Type	Output	Type of special file for the request: <ul style="list-style-type: none"> - Retroactive - Plan Submitted Rollover - Organization Special Review.
Header Date	Output	Header date for the special file.
Submitter	Output	ID and Name of the person who submitted the Special Batch File Request.
Request Status	Output	Status of the request: <ul style="list-style-type: none"> - Approved - Disapproved - Hold - New Request.
File Status	Output	Processing status of the special file associated with this request: <ul style="list-style-type: none"> - Received - Processed - Received/Pending Review.
Date Processed	Output	For processed special files, date of processing.
Total Count	Output	Total count of transactions in the special file.
Approver	Output	For an approved request, the ID and name of the person who approved the request.
Selection Buttons		
<i>New Request</i>	<i>Button</i>	<i>This button navigates to the Special Batch Approval Request (M316) screen where the user may enter a special request.</i>
<i>Cancel Request</i>	<i>Button</i>	<i>This button cancels the request on the line indicated by a selected checkbox.</i>

Table 42: View Special Batch File Request Screen (M317) Messages

Message Type	Message Text	Suggested Action
No data.	No special batch file submission requests to display.	None.
Missing entry.	User must select a request to cancel.	Select a request.
Invalid selection	Unable to cancel the request. This request file was already received.	Contact MAPD Help Desk for assistance.
Invalid format.	Header Date is invalid. Must have format (M)M/YYYY.	Re-enter the date.
Invalid format.	Request Date is invalid. Must have format (D)D/(M)M/YYYY.	Re-enter the date.
Software or Database Error	Unexpected error code from database = <error code>	Contact MAPD Help Desk for assistance.

5.2 Special Batch Approval Request Screen (M316)

The following screen is new and is accessible only by users with transmitter authorization.

The *Special Batch Approval Request (M316)* screen allows a user with the MCO Representative Transmitter role to enter the details for batch files that need special approval. These include Plan Submitted Rollover files, Retroactive files, and Organizational Special Review files. After entering the details about the special file, the user submits the request for approval. Once submitted, the user may view the approval status for the requests via the *View Special Batch File Request (M317)* screen.

To access the *Special Batch Approval Request (M316)* screen from the *Welcome* screen, select the */Transactions/* tab followed by the */File Submission Request/* tab. This takes the user to the *View Special Batch File Request (M317)* screen where the user may select the *New Request* button. This screen also displays the details of previously submitted requests when a specific Request ID link is selected on the *Special Batch File Request (M317)* screen.

There are three varieties of Special Batch Approval Requests: Plan Submitted Rollovers, Retroactive Files, and Organization Special Review. The screen layouts for the Retroactive and Organization Special Review file requests are identical. An example of an Organization Special Review file is shown in Figure 1 below. The Plan Submitted Rollover request version includes Application Date as a file-level value, in addition to Batch File Type and Header date.

Figure 25: Special Batch Approval Request Screen (M316)
(Retroactive and Organization Special Review version)

Medicare Advantage Prescription Drug (MARx)
Welcome | Beneficiaries | Transactions | Payments | Reports
Batch Status | File Submission Request

Transactions: Special Batch Approval Request (M316) User: CK59 Role: MCO REPRESENTATIVE TRANSMITTER Date: 2/21/2011

*Indicates required field
*Batch File Type: ORGANIZATION SPECIAL REVIEW *Header Date: 2/21/2011

Content Description	Transaction Type	Contract	PBP	Creditable Coverage Flag	Election Type	Effective Date	Count	Clear
1	61 - ENROLLMENT	50000	001	Y	S - SPECIAL ELECTION PERIOD (SEP)	12/01/2010	125	<input type="checkbox"/>
2								<input type="checkbox"/>
3								<input type="checkbox"/>
4								<input type="checkbox"/>
5								<input type="checkbox"/>
6								<input type="checkbox"/>
7								<input type="checkbox"/>
8								<input type="checkbox"/>
9								<input type="checkbox"/>
10								<input type="checkbox"/>

Submit Clear Line Return

Figure 26: Special Batch Approval Request Screen (M316)
(Plan Submitted Rollover version)

Table 43: Special Batch Approval Request Screen (M316) Field Descriptions

Item	Type	Description
Batch File Type	Required Input	Indicate the type of special file: <ul style="list-style-type: none"> • Retroactive • Plan Submitted Rollover • Organization Special Review.
Header Date	Required Input	Enter the header date on the special file.
Application Date	Required Input for Plan Submitted Rollover requests	Enter the application date for all file transactions. <i>Note: This field does not display for Organization Special Review or Retroactive requests.</i>
Content Description:		
Transactions in the file are grouped by Transaction Type, Contract, PBP, Creditable Coverage Flag, Election Type, and Effective Date. Each line represents one unique combination of these. Additional lines are populated until all transactions are submitted in the special file described. The user must populate at least one line.		
Transaction Type	Input (Dropdown)	The type of transactions on this line.
Contract	Input (Dropdown)	The contract number for transactions on this line.
PBP	Input (Dropdown)	The PBP number for the transactions on this line.
Creditable Coverage Flag	Input (Dropdown)	The Creditable Coverage Flag (Y or N) for the transactions on this line.
Election Type	Input (Dropdown)	The Election Type for transactions on this line.
Effective Date	Input (For Plan Submitted Rollover requests only)	The Effective Date for transactions on this line.
Count	Input	The number of transactions with the unique combination represented on the line.
Clear	Input	Selects lines to clear with the “Clear Line” button.

Buttons		
<i>Clear Line</i>	<i>Button</i>	<i>When selected, clears all input from any selected lines (i.e. Clear box is checked on the line).</i>
<i>Submit</i>	<i>Button</i>	<i>Submits the request for approval for the special file described in the Content Description lines.</i>
<i>Return</i>	<i>Button</i>	<i>Returns the user to the View Special Batch File Request (M317) screen.</i>

Table 44: Special Batch Approval Request Screen (M316) Messages

Message Type	Message Text	Suggested Action
Missing entry.	User must select a row to clear	Select a row and reselect the Clear Line button.
Invalid format	Application Date is invalid. Must have format (D)D/(M)M/YYYY	Re-enter the date in one of the required formats.
Invalid format	Header Date is invalid. Must have format (D)D/(M)M/YYYY	Re-enter the date in one of the required formats.
Invalid format	Effective Date is invalid. Must have format (D)D/(M)M/YYYY	Re-enter the date in one of the required formats.
Invalid format	Count is invalid; user must enter a number	Re-enter the count as a number.
Software or Database Error	Unexpected error code from database=<error code>	Contact MAPD Help Desk for assistance.
Software or Database Error	Invalid input error	Contact MAPD Help Desk for assistance.
Software or Database Error	Connection error	Contact MAPD Help Desk for assistance.

6.0 Appendix

6.1 Plan R&M Schedule

Table 45: Plan R&M Schedule

Important dates for Plan submission and R&M Implementation			
Date	Action	Time [EST]	Description
February 9th	Plan User Call: Last Weds of month	3:30 to 5 p.m.	
February 23rd	Plan User Call: Last Weds of month	3:30 to 5 p.m.	
March 30th	Plan User Call: Last Weds of month	3:30 to 5 p.m.	
Week of March 21-25	Webinar: for Plan Training	TBD	
April 4th	IACS: Plan Users register for UI Update role	8 a.m.	
April 8th	Plan Data Due for May 2011 CPM	8 p.m.	May Payment
April 13th	Last day for Plan data submission: Pre-R&M file format	8 p.m.	June Payment
April 14th to 17th R&M Implementation - MARx 'Unavailable for CMS/Plan users'			
April 15th	Weekly Reports available. This is the last occurrence of the Weekly TRR.	12 noon	
April 18th	1] First day for Plans to submit data: Using R&M file format. 2] MARx is available in "read only" mode.	8 a.m.	June Payment, CCM-3 to CCM+3 begins.
April 19th	1] First 'Daily' TRR is available to Plans. 2] MARx is available in "update" mode.	8 a.m.	
April 22nd	1] Monthly Payment Reports available: Pre-R&M file format. 2] Last Monthly TRR is available to Plans.	8 a.m.	May Payment Data between March/April cutoffs.
May 6th	Payment Cutoff for June 2011 CPM	8 p.m.	June Payment
May 20th	1] Monthly Payment Reports available: Using R&M file format. 2] First 'Failed Payment Reply Report' available to Plans.	8 a.m.	June Payment

6.2 Header Record for Plan Transaction File Submission

When a Plan submits a batch file of transactions to MARx, the file must contain a header record prior to the transaction records. This header record is detailed below. It uses the Current Calendar Month (CCM) instead of the Current Payment Month (CPM). It also includes a field for the CMS Approval Request ID when the file is one of the file types requiring preapproval.

Table 46: Header for File Submission

ITEM	FIELDS	SIZE	POSITION	DESCRIPTION
1	Header Message	12	1-12	"AAAAAAHEADER"
2	Filler	1	13	Spaces
3	Batch File Type	5	14-18	"spaces" = date in Enrollment Month, field #7, coincides with system CCM; "RETRO" = retroactive transaction submission; "POVER" = Plan rollover transaction submission; or "SVIEW" = special organizational review transaction submission. (Transactions are processed with timeframe tolerances, Enrollment Month, field #7, and other edits specific to the indicated file type.)
4	Filler	1	19	Spaces
5	CMS Approval Request ID	10	20-29	"spaces" when "Batch File Type," field #3, contains spaces; otherwise, the right justified CMS pre-approval request ID associated with the user's "RETRO", "POVER," or "SVIEW" special file submission.
6	Filler	4	30-33	Spaces
7	Current Calendar Month	6	34-39	Reference month for enrollment processing formatted MMYYYY.
8	Filler	261	40-300	Spaces

6.3 Using “Allowable Range” of Dates for Plan Payment Option (PPO)

Sixty-one transactions received in January CCM= 2011-01.

Early in the month the CPM is 2011-02; following the cutoff date, the CPM changes to 2011-03 but the CCM stays 2011-02 until the end of the month.

The chart indicates the normal acceptable effective dates for enrollment transactions submitted during the January 2011 CCM. It indicates how the PPO is treated differently after the CPM cutoff. Batches in the Before rows are received prior to cutoff, when the CPM = 2011-02.

Batches in the After rows are received after cutoff, when the CPM = 2011-03.

Table 47: Allowable Range of Dates for PPO

Before/ After CPM Cutoff	Submitted Date	Effective Date	Relationship to CCM (2011-01 for all)	CPM	Relationship to CPM	Action
Before	01/05/2011	12/01/2010	CCM – 1	2011-02	CPM – 2	Set to direct bill (TRC 144)
After	01/25/2011	12/01/2010	CCM – 1	2011-03	CPM – 3	Set to direct bill (TRC 144)
Before	01/05/2011	01/01/2011	CCM	2011-02	CPM – 1	Set to direct bill (TRC 144)
After	01/25/2011	01/01/2011	CCM	2011-03	CPM – 2	Set to direct bill (TRC 144)
Before	01/05/2011	02/01/2011	CCM + 1	2011-02	CPM	Accepted
After	01/25/2011	02/01/2011	CCM + 1	2011-03	CPM – 1	Set to direct bill (TRC 144)
Before	01/05/2011	03/01/2011	CCM + 2	2011-02	CPM + 1	Accepted
After	01/25/2011	03/01/2011	CCM + 2	2011-03	CPM	Accepted
Before	01/05/2011	04/01/2011	CCM + 3	2011-02	CPM + 2	Accepted
After	01/25/2011	04/01/2011	CCM + 3	2011-03	CPM + 1	Accepted

In short:

Every type 61 transaction submitted with an effective date = CCM or before (in the example 1/1/2011 or before) is set to direct bill.

Prior to the cutoff, type 61 transactions submitted with an effective date = CCM + 1 are accepted. After cutoff they are set to direct bill.

Plans receive TRC 144 for any of the transactions set to direct bill. The enrollment is not rejected for this condition, the enrollment is only set to direct bill.

6.4 Using “Allowable Range” of Dates for TC72-79

The April 2011 release resulted in the division of Change Transaction TC 72 into eight separate change transactions (TC 72–79). When a Change Transaction is submitted in a batch file, the acceptable effective date range does not always correspond with the acceptable date range for enrollment transactions. The following table explains the allowable range for the submitted effective date for each of these Change Transaction types.

Table 48: Allowable Range of Dates Using the TC72-79

Tran Code	Description	Earliest Date	Latest Date	Other
72	4Rx Data Change	Effective date must fall in one of the beneficiary’s enrollment in the contract/PBP. There is no future date limitation.		
73	Number of Uncovered Months Change	No timeliness edits. The effective date must match the start date of an enrollment.		Current Plan can submit for the current enrollment and all prior enrollment even if the enrollment was with a different Plan. The beneficiary must have enrolled in the submitting Plan as of the CCM that is in the header record. A prior Plan submitting a NUNCMO update for its enrollment must submit via a Retro file that has a header date during the enrollment in the Prior Plan.
74	EGHP Change	CCM – 1	CCM + 3	
75	Premium Payment Option Change	CPM	CPM + 2	Notice that this option is based on the CPM. Most options are based on the CCM.
76	Residence Address Change	No timeliness edits. The effective date occurs during an enrollment.		
77	Segment ID Change	CCM – 1 (CCM – 3 for EGHP)	CCM + 3	Normal enrollment transaction range.
78	Part C Premium Change	The effective date must occur during an enrollment in the submitting Plan.		
79	Part D Opt-Out Change	No timeliness edits.		

6.5 Glossary

All terms are defined within the specific context of the MARx application.

Table 49: Glossary of Terms Used

Term	Definition
Current Calendar Month (CCM)	Represents the calendar month and year of the time when MARx accepts the transaction for processing. For batch, the CCM is derived from the batch file transmission date; for User Interface transactions, the CCM is derived from the system data at the time of transaction submission.
Current Payment Month (CPM)	The next prospective calendar month for which Plan enrollment, disenrollment, and payment adjustments are calculated.
Disenrollment	A record submitted by a Plan, CMS, or the Medicare Customer Service Center when a beneficiary discontinues membership in a Plan.
Enrollment Process	A process in which a Plan submits a request to enroll in a Plan, change enrollment, or disenroll.
External Point of Contact (EPOC)	A designated person(s) by the Plan who approves requests and grants authorization for Plan personnel to establish a CMS User-ID through the IACS System.
Medicare Advantage Prescription Drug System (MARx)	The current application that processes enrollment and beneficiary-level payments for Medicare Advantage and Part D.
Medicare Advantage and Prescription Drug System Plan Communications User Guide (PCUG)	Provides information to Plans about the CMS enrollment system and other pertinent CMS system exchanges. Additionally, provides an overview of how Plans will exchange data with CMS, describing the input received from the Plans and the report and data files sent in response from CMS to the Plans.
Opt-out	A beneficiary action to affirmatively decline auto-enrollment into a Part D Plan.
Part A	The portion of Medicare that helps cover hospital inpatient care.
Part B	The portion of Medicare that typically covers outpatient services, including doctor fees.
Part C	The Medicare Advantage Program established under the Medicare Modernization Act of 2003 (Pub. L. 108-173).
Part D	The voluntary prescription drug benefit in Medicare as established by the Medicare Modernization Act of 2003 (Pub. L. 108-173).
Payment	The computation of the actual payment, performed during the execution of the CPM process. In this document, also a sub-domain of MARx
Plan Benefit Package (PBP)	An MA Plan's description of its benefits, premiums, and cost sharing.
Premium	In this document, premium refers to a sub-domain of MARx.
Segment	A distinct portion of the service area of an MA local Plan.
User Interface (UI)	The screens, forms, and menus that display to a user logged into an automated system.

6.6 Acronyms

Table 50: List of Abbreviations and Acronyms

Term	Definitions (for this document)
AE-FE	Part D Auto-Enrollment/Facilitated Enrollment
AEP	Annual Enrollment Period
BCSS	Batch Completion Status Summary
BIC	Beneficiary Identification Code
BIPA	Benefits Improvement and Protection Act
CAN	Claim Account Number
CAP	Corrective Action Plan
CCM	Current Calendar Month
CMS	Centers for Medicare & Medicaid Services
CO	Central Office
CPM	Current Payment Month
CR	Change Request
DO	District Office
DOB	Date of Birth
DOD	Date of Death
DOE	Date of Entitlement
EGHP	Employer Group Health Plan
ERC	Error Return Codes
ESRD	End Stage Renal Disease
FE	Facilitated Enrollment
FFS	Fee-For-Service
FIR	Financial Information Reporting
GHP	Group Health Plan
HIC	Health Insurance Claim
HICN	Health Insurance Claim Number, including BIC
HPMS	Health Plan Management System
ICEP	Initial Coverage Election Period
ID	Identification
IEP/D	Initial Enrollment Period for Part D

Medicare Advantage Prescription Drug (MARx) System Redesign & Modernization

IT	Information Technology
IRE	Independent Review Entity
LEP	Late Enrollment Penalty
LIS	Low Income Subsidy
LTI	Long Term Institutional
M+C	Medicare+Choice (now known as MA)
MCO	Managed Care Organization
M+CO	Medicare+Choice Organization
MA	Medicare Advantage (formerly known as M+C)
MADP	Medicare Advantage Disenrollment Period.
MA-PD	Medicare Advantage – Prescription Drug
MAPD	Medicare Advantage Prescription Drug
MARx	Medicare Advantage and Prescription Drug System
MBD	Medicare Beneficiary Database
MMA	Medicare Modernization Act
MMR	Monthly Membership Report
MSP	Medicare Secondary Payer
NHC	Nursing Home Certifiable
NUNCMO	Number of Uncovered Months
OEPI	Open Enrollment Period for Institutionalized Individuals
OMB	Office of Management and Budget
OPM	Office of Personnel Management
PACE	Program of All-Inclusive Care for the Elderly
PAP	Patient Assistance Program
PBP	Plan Benefit Package
PCUG	Medicare Advantage and Prescription Drug System Plan Communications User Guide
PDP	Prescription Drug Plan
PHI	Personal Health Information
PM	Processing Month
PMPM	Per Member Per Month
POS	Point of Sale
PPO	Preferred Provider Organization
PPR	Plan Payment Report

Medicare Advantage Prescription Drug (MARx) System Redesign & Modernization

PWS	Premium Withhold System
R&M	Redesign & Modernization initiative
RAS	Risk Adjustment System
RDS	Retiree Drug Subsidy
RO	CMS Regional Office
RRB	Railroad Retirement Board
RX	Prescription
SCC	State and County Code
SEG	Segment
SEP	Special Election Period
SSA	Social Security Administration
SSI	Supplemental Security Income
TRC	Transaction Reply Code
TrOOP	True Out Of Pocket
TRR	Transaction Reply Report
UI	User Interface
VA	Veteran's Administration

6.7 MARx R&M Notes

For additional copies of the MARx UI Handbook, contact HPMS, or the MAPD Help Desk Web site at <http://www.cms.gov/mapdhelpdesk/>.