

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



**Medicare Plan Payment Group**  
**Innovative Healthcare Delivery Systems Group**

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**DATE:** January 23, 2014

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

**FROM:** Cheri Rice /s/  
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**SUBJECT: Advance Announcement of the May 2014 Software Release**

The Centers for Medicare and Medicaid Services (CMS) continues to implement software improvements to the enrollment and payment systems that support Medicare Advantage and Prescription Drug (MAPD) programs. This letter provides advanced information regarding the planned release of systems changes scheduled for May 2014. This release focuses on improving the efficiency of CMS systems as well as Plan processing.

The May 2014 Release changes are as follows and may require Plan action:

1. [Medicare Secondary Payer \(MSP\) Enhancement](#)
2. [Timing of Annual Rollover/Termination](#)
3. [Removal of a Rolled Over Enrollment for a Future Date](#)
4. [Display Full Enrollment History on the MARx Eligibility Screen](#)

In February 2014, CMS intends to provide the detailed information that Plans will require for implementation in May 2014.

1. **Medicare Secondary Payer (MSP) Enhancement**

Currently, some commercial insurers are reporting insurance that ends on the first of the month instead of reporting the last day of the previous month. For example, if a January 1st date is recorded in the database, a Plan receives a reduced payment for the month of January. The

system will update edit termination dates reported on the first of the month by recording them as the last day of the previous month, thus allowing payment to the Plans.

## **2. Timing of Annual Rollover/Termination**

Annual rollover and termination processing typically occurs in December of each year. In 2014 and subsequent years, CMS will process annual rollovers and terminations in November instead of December. This change will give Plans and CMS a longer period of time to address any enrollment issues related to rollovers and/or terminations.

## **3. Removal of a Rolled Over Enrollment for a Future Date**

Currently, if a beneficiary rolls over into a new Plan via CMS' end-of-year rollover processing and subsequently disenrolls from her or his current year enrollment, the Plan must submit a request to the Retro Processing Contractor to remove the rolled over enrollment. With the May release, CMS is streamlining the process by ensuring that the beneficiary is disenrolled from the current year Plan and the coming year's rolled- over Plan.

## **4. Display Full Enrollment History on the MARx Eligibility Screen**

This change allows the M232 Eligibility screen to display **ALL** the enrollments, even if the beneficiary is enrolled in a Plan outside the organization.

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