

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Office of Information Services
Center for Medicare

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

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SUBJECT: MARx Redesign and Modernization Frequently Asked Questions

CMS has received and compiled Frequently Asked Questions (FAQ) resulting from the MARx Redesign and Modernization (R&M) enhancements. Below, please review commonly asked questions and responses as they pertain to the MARx R&M enhancements.

Q1: Are there going to be changes to the Header Record within a transmission submission?

A: Yes; the Header Record will change. The new record layout is found in the MARx R&M Plan UI Handbook within Section 6. The new Header Record will use the Current Calendar Month (CCM) instead of the Current Payment Month (CPM). It also includes a field for the CMS Approval Request ID that is used when the file is one of the file types requiring preapproval from the Special Batch File Request.

Q2: If the batch file Header Record contains the wrong date, does the Plan receive a message in the BCSS file?

A: Yes. The Status file was used to communicate the disposition of a Plan submitted transaction file. This file was considered to be a receipt to the Plan from MARx. The Batch Completion Status Summary file was the daily communication which populated Plan submitted transactions that had been accepted, rejected, or failed by the MARx processes. After the implementation of MARx R&M, these two files will be fused

together to construct one hybrid file that serves as both the communication of file transmission statuses, and records that have failed due to formatting issues.

Q3: Can Plans submit all types of transactions within the same file?

A: Yes; electronic data files submitted through the prospective batch process may contain all or any combination of valid MARx transaction type codes within the applicable date range.

Q4: Is there a standard daily cutoff time for Plan submitted data files?

A: Yes; the daily cutoff for submitted data files is 8:00 p.m. Eastern Time. Files received by MARx after this time will be included in the next day's processing.

Q5: Are there any changes to the layout for a TC 51 transaction?

A: No; there is no change to TC 51.

Q6: Will CMS reject transactions if data is populated in fields that are changing to filler? (Example: The Part D premium value in field 20 is filler)

A: No; transactions with data populated as filler do not reject; the data is ignored.

Q7: How is the Transaction Tracking ID used?

A: Plans will be allowed to use an optional Transaction Tracking ID on their submitted transactions at the Plan's discretion. This ID, if supplied, will be reported on the Daily Transaction Reply and will correspond to all TRCs generated from processing the Plan submitted transaction. The Submitter Tracking ID will not replace the MARx-generated Request ID.

Q8: When should a Plan use the cancellation transaction (80 or 81)?

A: The Transaction Code 80 was created to cancel Plan submitted enrollment requests (TC 61). This transaction will allow current, prospective, and retroactive cancellations to be processed. Plans have the ability to cancel their submitted transactions.

The TC 80 cancellation transaction cancels the member's enrollment from the Plan that submitted a TC 61 and will attempt to reinstate the beneficiary to the prior enrollment if an auto-disenrollment was caused by the Plan submitted enrollment. Payments and premiums will also be re-calculated. Election period rules will not count against the beneficiary.

The Transaction Code 81 was created to cancel Plan submitted disenrollment transactions (TC 51) . This transaction will reopen the enrollment for which the disenrollment transaction was processed.

A few examples for submitting a TC 80/81 are listed below (However, please refer to CMS Enrollment Policy Guidance where applicable):

- Example A: Member requests disenrollment. Plan submits a 51, which is accepted. Member subsequently cancels this request for disenrollment.
- Example B: Member is disenrolled from the plan due to failure to pay Plan premiums. Plan subsequently determines that this disenrollment was an error and reinstates member.
- Example C: Member requests enrollment in PBP x. Plan submits 61 for PBP y in error. Plan error is discovered and Plan records are corrected.
- Example D: Beneficiary requests enrollment into Plan X. Beneficiary subsequently requests cancellation of enrollment within appropriate timeframes.

Q9: Are there any new model notices for Cancellation confirmation TRCs?

A: CMS will provide guidance in a separate communication.

Q10: The layout for an TC 80 transaction does not include a disenrollment reason code; are these classified as voluntary or involuntary disenrollments?

A: Companies do not need to use a disenrollment reason code when submitting the TC 80. This is a cancellation of an enrollment transaction(TC 61), not a disenrollment. The cancellation transaction sets the enrollment transaction (TC 61) as null and void. In other words, cancel and disenrollment are two separate actions with different meanings.

Q11: Do Plans need to submit a TC 76 transaction each PBP change for CMS to use the Plan-submitted residence address?

A: No; changes in enrollment between PBPs within a single contract number (with no break) will not require a resubmission of the residence address. Changes between contract numbers, or where there has been a break in enrollment, will require new, valid residence information only when there is a need to provide that information to CMS.

Per the MARx R&M Handbook, a TC 76 transaction is applicable only under the same conditions for which a Plan would previously submit a SCC correction request. CMS has not changed this process and Plans do not have to submit an address change record for every beneficiary that is enrolled into their Plan, whether by the Plan or CMS. If an

residence address is not submitted, MARx will use the SSA mailing address for its source of address information as it does today.

Q12: When must Plans use the DELETE flag versus populating the END DATE in a TC 76 transaction?

A: Plans should use an end date to keep the address on file for a period of time within an enrollment. Plans should use the delete flag when the address is not relative to the member's enrollment. In other words, if the residence address was valid for some period of time, the application of an END DATE will inform MARx to refer to this address for that period of time (from START to END). In contrast, if the residence address is incorrect and does not apply to any portion of the enrollment period, use DELETE.

Q13: How are the submitted residence addresses translated to determine the correct SCC?

A: The submitted residence address uses the Federal Postal Service (FPS) addresses and are translated according to the SSA SCC. In the unlikely event that a SCC remains incorrect after the residence address is submitted and the SCC is determined by MARx, Plans may continue to use the option to change SCC through the Retroactive Processing Contractor (RPC).

Q14: What are the dates for cutover from Weekly/Monthly TRRs to Daily TRRs?

A: Plans must make their last transmission on April 13, 2011 by 8:00 p.m (Eastern Time). CMS will not accept any new transactions until 8:00 a.m. (Eastern Time) April 18th, 2011. The last Weekly TRR will be available by April 15, 2011 by noon EDT. The first Daily TRR will be available on April 19, 2011.

Please direct questions or concerns to the Redesign and Modernization team at R_M_Projects@cms.hhs.gov or the MAPD Help Desk at mapdhelp@cms.hhs.gov or 1-800-927-8069.