DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Medicare Plan Payment Group

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

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SUBJECT: **Announcement of February 2013 Software Release**

The Centers for Medicare and Medicaid Services (CMS) continues to implement software improvements to the enrollment and payment systems that support Medicare Advantage and Prescription Drug (MAPD) programs. This letter provides detailed information regarding the planned release of systems' changes scheduled for February 2013. This release focuses on improving CMS system efficiency and Plan processing.

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

1. **Data Archiving of Aged Beneficiary Data**

To improve system performance, CMS begins archiving inactive beneficiaries as of the February 2013 release. By reducing the volume of data in the operational databases, the overall performance of the systems is enhanced.

Beneficiaries that meet both of the following criteria are selected for archiving:

- Deceased for at least 15 years or are at least 120 years old with a BIC of M or T; and
- No activity for at least two years.

However, the business owners may decide to exclude moving a population of beneficiaries to the archived database.

All beneficiaries, whether in the active or the archived database, are available for view using the MARx User Interface (UI).

To identify whether a beneficiary is archived, the UI displays either an "Active" or "Archived" status on the UI Banner appearing at the top of the screen. Update capability is only available for beneficiary records in the active database.

Archiving of data for the selected beneficiaries crosses all MAPD systems. CMS has the capability to recall beneficiaries from the archived database into the active database. If a Plan wishes to recall an archived beneficiary, the Plan should discuss it with CMS.

Attachment A describes the rejection Transaction Reply Code (TRC) 315 that is returned when a Plan submits a transaction to update information for an archived beneficiary.

- *TRC 315 Archived Beneficiary Transaction Rejected*. **Attachment A**

2. State Pharmacy Assistance Programs (SPAP) Approver Role

A new role in the MARx UI (SPAP User) is created for users associated with SPAP. Users with the SPAP User role have View Only access to beneficiary snapshot, enrollment, and status information. They do not have access to Plan payments and adjustments. SPAP Users can also submit Batch Eligibility Queries (BEQs) to obtain information for beneficiaries across all CMS contracts. If necessary, an SPAP User may also have the State User role.

3. Payment Extension for Point of Sale (POS) Plans

Each year, CMS creates a new POS/(Low Income Net (LiNET) Plan. Any beneficiaries enrolled in the POS Plan by the end of the year have the first three months of the following year to move into another Plan. During this time, the POS/LiNet Plan is paid at the same rate as the previous year. For any beneficiaries enrolled in the previous year's POS/LiNET Plan at the end of March, the system terminates their enrollment from the Plan.

4. Beneficiaries Find Screen (M201): No Restrictions for Search Criteria

The MARx UI is enhanced to accommodate the needs of State Users, who previously used the Beta Integrated User Interface (IUI). The MARx UI allows a user with the State User role to:

- Search for beneficiaries by claim number OR last name, first name, and date of birth (DOB). Note: The State User is not required to enter the contract number or other fields when searching with the name and DOB.
- View detailed Low Income Subsidy (LIS) information with historical information, including valid and audited periods and denied LIS information.
- View detailed Medicare Secondary Payer (MSP) information for both Medical and Drug coverage.

Please note that the above search is restricted to returning a single beneficiary. If more than one beneficiary meets the last name, first name, and date of birth search criteria, the user is prompted to enter additional selection criteria or the claim number.

5. Refinements to MAPD Financial Alignment Demonstrations

With the November 2012 release, the Medicare-Medicaid Coordination Office, in partnership with the Innovations Center, initiated the implementation of "financial alignment" demonstration capabilities in MARx. The name "Medicare and Medicaid Plans (MMP)" replaces the previous title, "Financial alignment demonstrations (FA Demo)." This name change is reflected throughout the MARx UI and all documentation.

For the February 2013 release, CMS also revises the enrollment source codes that appear in the MARx UI "Additional Update Enrollment Information" screen. CMS initially allowed a default value of "M" when the MMP enrollment source code was missing or invalid on batch transactions. As of the February 2013 Release, MMP enrollment transactions with a missing or invalid source code are rejected. No default value is used for the Enrollment Source Code field. Valid values are:

J: State-submitted passive enrollment

K: CMS-submitted passive enrollment

In the MARx UI update screens, M230 and M306, the relevant enrollment source codes are provided in a drop down box from the enrollment source code field. The codes provided will differ depending on the role of the updater. For example, if the Plan is an MMP, the enrollment source codes of "J, K, and L" display. If the Plan is not an MMP, the enrollment source codes of "A thru H" display. Also, the enrollment source code of "I" does not display unless it is an enrollment's existing source code.

CMS previously informed Plans that when a beneficiary is disenrolled due to passive enrollment in an MMP, the losing Plan receives a TRC 307; however, CMS is not sending TRC 307 to the losing Plan.

This update creates the following TRCs: TRC 318 is sent if an MMP submits an enrollment with either no Enrollment Source code, or an enrollment source code other than "J, K, or L." TRC 719 is sent when an authorized CMS user changes *any* enrollment source code via the MARx UI.

- o TRC 318: Invalid or Missing MMP Demo Enrollment Source Code
- o TRC 719: UI Enrollment Source Code Accepted

- *New TRCs 318 and 719.* **Attachment B**

Attachment A: Transaction Reply Code (TRC) 315, Archived Beneficiary Transaction Rejected

Code	Type	Title	Short Definition	Definition
315	R	Archived Beneficiary Transaction Rejected	ARCH BENE REJ	This reply is returned for all transaction types. The transaction is rejected because it is for an archived beneficiary. Beneficiaries that meet both of the following criteria are selected for archiving: • Deceased for at least 15 years or are at least 120 years old with a BIC of M or T; and • No activity for at least two years. **Plan Action**: Double check the beneficiary information and submit a corrected transaction. If the beneficiary information is correct and the Plan needs to update the archived beneficiary information, they must contact their CMS Account Manager to resolve this issue.

Attachment B: New Transaction Reply Codes 318 and 719

Code	Type	Title	Short Definition	Definition
318	R	Invalid or Missing MMP Demo Enrlmt Source Code	INVALID MMP SRC	A Medicare and Medicaid Plan (MMP) enrollment transaction is rejected due to a missing or invalid enrollment source code. Valid values are J, K, and L. **Plan Action**: Correct the Enrollment Source Code and resubmit.
719	I	UI Enrollment Source Code Accepted	UI ENRL SRC OK	A CMS User updates the Enrollment Source Code on this beneficiary's enrollment record. **Plan Action**: Update the Plan's records accordingly.