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**CENTER FOR MEDICARE
OFFICE OF INFORMATION SERVICES**

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

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SUBJECT: End-of-Year 2015 Enrollment and Payment Systems Processing Information

Memorandum Summary

The End-of-Year (EOY) enrollment and payment systems processing activities are critical operations that require adherence to specific activities in defined time frames to assure successful transition to calendar year (CY) 2016. This memorandum provides information to support Plans in their EOY efforts regarding:

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

This memorandum provides all Medicare Advantage (MA) organizations, prescription drug plan sponsors, cost plans, and Program of All-inclusive Care for the Elderly (PACE) organizations (collectively referred to as “Plans” unless otherwise specified) with information about the EOY systems’ processing activities and the transition to CY 2016.

While the dates and information included in this memorandum are final, a potential for necessary changes exists due to available systems’ resources and other factors. Therefore, any necessary changes impacting Plans will be communicated promptly.

The items outlined in this memorandum regarding the 2015 EOY processing schedule and activities for the transition to CY 2016 are categorized into three major areas as shown below.

1. MARx System Transaction Processing

- A. Plan Enrollment and Disenrollment Transaction Submission Schedule
- B. Submitting Enrollment (Transaction Code 61) and Disenrollment (Transaction Code 51) Transactions with January 01, 2016 Effective Dates
- C. Premium Changes with 2016 Effective Dates
- D. Submissions of 2016 4Rx Data and Updates to Payer Sheets for 2016
- E. Payment Information for Plans Non-Renewing for 2016
 - (1) Access to CMS Reports and Systems
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2. Rollover and Terminating Plan MARx Transaction Processing

- A. CMS-Generated Rollover (Enrollment) and Termination (Disenrollment) Actions
- B. Plan-Submitted Rollover (Enrollment) and Termination (Disenrollment) Actions
 - (1) Plan-Submitted Rollover (Enrollment) Actions
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 - (3) Plan Review of CMS Reply to Plan-Submitted Rollover and/or Termination Actions
 - (4) Submitting January Effective Disenrollments After Rollover
- C. Reconciliation of Rollover Activity

3. Plan Reports and System User Interface (UI) Availability

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

1. MARx System Transaction Processing

A. Plan Enrollment and Disenrollment Transaction Submission Schedule

Key Date Summary:

Date	Item
October 09, 2015	October Plan Data Due Date
October 05, 2015	Begin submitting 2016 enrollment effective dates
October 05, 2015, no later than 5 p.m., EDT	Plans approved for renewal or crosswalk exceptions by CMS that require plan-submitted EOY activity must submit MARx transactions. (See section 2.B)
October 12, 2015	Columbus Day holiday
October 15, 2015	Annual Enrollment Period (AEP) begins
Late October, 2015	Plans will receive special Transaction Reply Reports (TRRs) and other reports containing reassignment activity, reassignment letters sent to beneficiaries
November 1 and 2, 2015	CMS-generated rollover processing
November 06, 2015	November Plan Data Due Date
November 9, 2015	Transactions 75 and 78 with and effective date of 1/1/2016 will not process if submitted before this date
December 04, 2015	December Plan Data Due Date
December 07, 2015	AEP ends
January 08, 2016	January Plan Data Due Date

October 09, 2015

As noted in the chart above, the October 2015 Plan Data Due date (MARx “cut off”) is October 09, 2015. This date allows time for EOY transition activity and preparations for the start of the AEP on October 15, 2015.

November 06, 2015

Due to EOY processing, we will place all batch files that MARx receives beginning immediately after the November 2015 Plan Data Due Date on November 06, 2015, into a holding status. These files will be held until the 2016 payment configuration tasks are complete. We will begin to process any such files in the order received, beginning on or about November 12, 2015. Plans can also expect to begin receiving their Daily Transaction Reply Reports (DTRR) at that time.

January 08, 2016

The Plan Data Due date for January 2016 is January 08, 2016. The entire CY 2016 MARx Plan Monthly Schedule will be published separately from this guidance and incorporated into the Plan Communications User Guide (PCUG). Plans are requested to submit transactions early and frequently to meet the seven-day submission requirement, per CMS’ enrollment guidance. Plans must reconcile all submissions and responses promptly.

B. Submitting Enrollment (Transaction Code 61) and Disenrollment (Transaction Code 51) Transactions with January 01, 2016 Effective Dates

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

Requests Received October 01, 2015 through October 04, 2015 for January 2016

Valid requests for enrollment effective January 01, 2016 received from October 01, 2015, through October 04, 2015, must be internally processed by the Plan as usual; however the MARx transaction must be held and submitted beginning October 05, 2015. The correct values for the election type code (election period identifier) and the application date field must be used.

Note: When calculating plans' timeliness for enrollment applications dated October 01 through October 04, CMS counts as timely, enrollment transactions submitted October 05 through October 11 (the seven days will begin on October 05).

If a Plan submits enrollment transactions effective January 01, 2016, on or before October 04, 2015, the transactions will either:

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

Beginning on October 05, 2015

Plans may begin to submit enrollment (and disenrollment) transactions for valid January 01, 2016, effective dates. These transactions must be submitted using the appropriate application date, as directed in our guidance. Plans may not manipulate the application date or other information on the transaction to inappropriately ensure enrollment in their plan or defeat otherwise appropriate systems rejections.

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

On October 15, 2015

MARx enrollment transactions reporting unsolicited paper AEP enrollment requests that Plans may receive prior to the start of the AEP must be submitted to CMS **on** October 15, 2015. **Plans must use October 15, 2015, as the application date and the AEP Election Type Code (value = A) on these transactions.** Refer to the CMS manual chapter applicable to each plan type for information about "unsolicited AEP" enrollment requests.

C. Premium Changes with 2016 Effective Dates

To reduce the number of Part C Premium Change transactions (Transaction Code 78) to be processed for existing enrollments at year end, the MARx system will automatically populate beneficiary records with the 2016 minimum premium amount from the Health Plan Management System (HPMS). MARx will perform this update for all existing enrollees as well as those impacted by Plan rollovers via the HPMS Crosswalk.

Unless the enrollee has elected optional supplemental benefits for Part C, Plans should not need to submit Part C Premium Change transactions for existing enrollments. For any enrollees who elect supplemental benefits with 2016 effective dates, Part C plans are required to submit Part C Premium Change transactions (TC 78) with the correct Part C premium amounts. Any Part C premium amounts submitted for elected optional supplemental benefits should include all premiums (i.e., any mandatory minimum premiums plus premiums for optional supplemental benefits).

These transactions must **not** be submitted until November 09, 2015. Transactions 75 and 78 with effective dates of January 01, 2016, will **not** process if they are submitted prior to November 9, 2015.

As previously stated, these transactions will be held until 2016 payment/premium configurations are completed. After the configurations are set up, the transactions will be processed correctly.

If the Part C premium amount is composed only of elected optional supplemental benefits and no Part D premium is due, Plans should also review the “No Premium Due Data File” to identify enrollees who may have been changed to a “No Premium Due” status.

Enrollees may have been in premium withholding during 2015, but if the system cannot determine that a premium will be owed during 2016 (the minimum Part C premium is zero), the withholding status will be turned off. In these cases, plans should submit both a Part C Premium Change (TC 78) and a Premium Payment Option Change (TC 75) transaction for 2016.

(1) Processing Premium Change and Premium Payment Option (PPO) Transactions

Beginning November 09 and ending December 04, 2015

Part C Premium Change (TC 78) and Premium Payment Option (TC 75) Change transactions for January 2016 effective dates must be submitted to CMS beginning November 09 and ending on the December Plan Data Due date of December 04, 2015.

PPO processing (TC 75)

New premium withholding requests must be submitted to either the Social Security Administration (SSA) or Railroad Retirement Board (RRB) for confirmation before taking effect on January 01, 2016. These transactions are expected to be processed by SSA/RRB within the first two months of 2016 and may be applied as a retroactive change back to January 01, 2016.

This means that any enrollment transaction (TC 61) that; 1) contains an effective date of January 01, 2016, and has the PPO field set to SSA/RRB, and 2) is received by MARx after the Plan Data Due Date of December 04, 2015, will set the PPO to direct bill for January 2016. The Plan will be notified of this via the DTRR, with a TRC 144 – PPO Changed to Direct Bill.

At this point, the beneficiary will contain one (1) month of Direct Billing and the Plan can only set the PPO to a prospective effective date going forward (in this case, February 2016). The Plan must complete the following actions to set the prospective PPO:

1. The Plan must submit a PPO Change transaction (TC 75) using a prospective effective date by the next Plan Data Due Date. For example, a TC 75 submitted on December 5, 2015 (past due for a January 01, 2016 effective date), must be submitted with a February 1, 2016 effective date.

Part C Premium Processing (TC 78)

If a Plan misses the December 04, 2015, deadline for submitting premium and PPO changes to be effective January 01, 2016, it can still submit a Part C Premium Change (TC 78) for January 2016 up to the cut off dates in January and February 2016.

No Premiums Due

For enrollees who may have been inadvertently put into a “No Premium Due” status, the “No Premium Due Data File” should be made available during the second week of November, so plans should wait until then before submitting transactions for those enrollees.

D. Submission of 2016 4Rx Data and Updates to Payer Sheets for 2016

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

CMS has scheduled the processing of the 2016 CMS-generated enrollment transactions to ensure 4Rx data are available timely. CMS will continue to monitor and report the effectiveness of these processes through performance metrics based on pharmacy complaints as well as the completeness and timeliness of sponsor 4Rx submissions.

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

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

4Rx Data Not Changing: If the beneficiary's enrollment information (that is, contract number and PBP number) and all of the 4Rx data elements are not changing for CY 2016, it is not necessary to submit a Transaction Code 72 4Rx Data Change transaction.

Payer Sheets: In addition to updating members' 4Rx data as required, PDPs are reminded to update their payer sheets to reflect any billing changes associated with their 2016 Part D benefits, including changes in Plan names, BIN/PCNs, or any other relevant billing information. Updated payer sheet changes should be communicated to all contracted pharmacies as soon as possible.

E. Payment Information for Plans Non-Renewing for 2016

(1) Access to CMS Reports and Systems

CMS stops sending plan payment reports to Plans for non-renewed contracts 61 days after termination. In order to comply with Federal privacy and security laws and guidance, CMS must terminate system access for all users of a non-renewed contract. System access for non-renewing contracts will end 60 days after a contract terminates. Please note that a Plan will retain access to HPMS in order to perform certain functions for a non-renewing contract, such as reporting direct and indirect remuneration to CMS.

When CMS conducts the final settlement for a terminated contract (see "Final Reconciliation" below), CMS will send the Plan all of the Monthly Membership Reports (MMRs) for that contract that were created between the date of termination and final settlement. The MMRs will detail all of the retroactive adjustments that accumulated in the system for the non-renewing contract after termination.

(2) Corrections that Cause Retroactive Payment Adjustments:

MA organizations and PDP sponsors that need to submit beneficiary related corrections that cause payment adjustments after non-renewal should do so by submitting corrected information to the Retroactive Processing Contractor (RPC), currently Reed & Associates, within 45 days from the date of receipt of the January payment monthly reports (scheduled for the week of December 21, 2015). The requested corrections will be verified and, if verified, applied to the Plan's member records. These corrections will be included in the Plan's final payment reconciliation.

(3) Final Reconciliation:

CMS expects to complete the final reconciliation and settlement of 2015 terminated plans in mid to late 2017. However, it is important to note that completion of final reconciliation may be delayed if a Plan fails to comply with its remaining data submission requirements.

CMS will not conduct a final reconciliation for a contract that is continuing in 2016, even if the MA organization or PDP sponsor is reducing the service area for that contract. Payment adjustments related to coverage provided to enrollees in the discontinued portions of the service area will be included as part of the regular payment adjustment process and will appear in the Plan's monthly payments during 2016.

F. Automate Assignment of Segment IDs in the MARx System

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

If for the upcoming plan year the segments of a plan have been redefined, either because segments have been renumbered or SCCs have been mapped to different segments, MARx will automatically generate Segment Change Transactions (Transaction Type 77) to maintain impacted beneficiaries in the appropriate plan segments for the New Year. If a segment terminates at the end of year, MARx will also automatically move impacted beneficiaries to any of the remaining active segments according to their SCC.

CMS continues to permit plans to submit Segment IDs as they do now. If the beneficiary is not out of area, MARx uses the submitted Segment ID rather than the system-derived one. If a beneficiary is flagged as out of area for the plan, the MARx system automatically assigns a default Segment ID. This occurs even if the plan submits a Segment ID on the enrollment transaction. When the beneficiary is assigned to a default Segment ID, the plan receives TRC 316 – Default Segment ID Assignment. The default segment will be the segment with the lowest premiums.

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

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

Beginning with the end of year processing in 2015, the segment assignment process will include service area expansions. If a plan expands the service area of a Plan Benefit Package (PBP), MARx will detect this change. If applicable, MARx will move impacted beneficiaries assigned to the default segment to segments that now contain the SCCs of their addresses and plans will receive TRC 317 – Segment ID Reassigned after Address Update.

2. Rollover and Terminating Plan MARx Transaction Processing

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

No action necessary

When the renewal from CY 2015 to CY 2016 did not result in any change to the contract and PBP number, no MARx enrollment action is necessary for membership to continue to be enrolled in 2016. It is not necessary to submit 4Rx data for such membership, unless there has been a change to the 4Rx data itself (please see section 1.D of this memo for additional information on 4Rx data requirements).

Action necessary

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

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

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

A. CMS-Generated Rollover (Enrollment) and Termination (Disenrollment) Actions:

November 01 and 02, 2015

CMS will process CMS-generated rollover and termination actions on November 1 and 2, 2015. During this time, we will move members (or “rollover” membership) between PBPs where necessary and, in some circumstances, between contract numbers as specified in the HPMS Crosswalk. We will disenroll all remaining members of terminating PBPs effective January 01, 2016. The CMS-generated rollover process can accommodate the following scenarios:

- All enrollees in one 2015 PBP moving to a single new 2016 PBP.
- All enrollees in multiple 2015 PBPs moving to one single PBP for 2016.
- Certain contract-to-contract consolidations where whole PBPs are cross-walked.
- Termination (or non-renewal) of whole PBPs and/or whole contracts.

November 4 and 5, 2015

The transactions created by CMS-generated rollover and termination will appear on the normal November 4 and/or November 5, 2015 DTRR. CMS-generated rollover enrollment transactions will have a response of TRC 100 or TRC 011, an effective date of January 01, 2016, and the value “D” in field 37 (the Enrollment Source Code). CMS-generated disenrollment transactions will have a response of TRC 018 on a Transaction Code 51 disenrollment transaction and an effective date of January 01, 2016.

Plans that are non-renewing their entire contract as of December 31, 2015, as well as plans that are renewing their contracts but terminating an entire PBP (or multiple PBPs), as of December 31, 2015, do not need to submit MARx disenrollment transactions (TC51) to complete the disenrollment effective December 31, 2015. Affected beneficiaries do not need to request disenrollment.

However, Plans must submit transactions for members who request disenrollment for an effective date prior to the non-renewal/termination date of December 31, 2015. For example, Plans must process a valid request for a disenrollment that is effective November 30, 2015, and submit a TC51 disenrollment transaction to report that disenrollment. A 2015 Plan terminating entirely must complete these actions while the Plan has access to CMS systems.

When a Plan submits a beneficiary enrollment with an effective date of November 01, 2015, or December 01, 2015, into a Plan that is rolling over at the end of the year, or a Plan is reducing its service area and the reduction will affect the applicable beneficiary, the affected Plan will receive TRCs indicating that the beneficiary is enrolled in the requested plan as of November 01, 2015 or December 01, 2015, as applicable, and an enrollment into the crosswalked plan, effective January 01, 2016, on the same DTRR.

CMS will automatically generate the enrollment into the 2015 Plan pursuant to the Plan’s approved crosswalk or crosswalk exception. These enrollments will appear on the normal DTRR. It is critical that Plans review the applicable DTRR promptly to ensure that the appropriate enrollment into the 2016 Plan occurs.

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

If a Plan received approval from CMS for a CY 2016 crosswalk exception, it should be aware of which crosswalk scenarios will be processed by CMS as a consolidation or renewal, and which scenarios will require Plan-submitted MARx transactions to accomplish the actions. To see which approved CY 2016 crosswalk exceptions require plan-submitted MARx transactions, plans should access the Plan Crosswalk Report in HPMS (HPMS > Contract Reports > CY 2016 > Plan Crosswalk Report). Plans that have received approval will see a second crosswalk chart on this report labeled “Approved MARx enrollment transaction exceptions.”

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

The accuracy and timeliness of the plan-submitted activity is critically important. CMS will monitor Plans with CMS-approved crosswalk exceptions that require enrollment or disenrollment activity. Failure to comply with all of the requirements below, and any other CMS direction for this activity, will be referred to CMS Account Management for review.

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

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

On October 05, 2015, no later than 5:00 p.m. EDT

Plans that have been approved for renewal or crosswalk exceptions by CMS, that require Plan-submitted rollover activity must submit MARx enrollment transactions **on October 05, 2015, no later than 5:00 p.m. EDT**, to complete the rollover of enrollees to the correct PBP (and in some cases, contract number) effective January 01, 2016. For an approved crosswalk from a CY 2015 PBP to a different PBP number within the same contract number, or in a different contract number within the same parent organization for CY 2016, Plans must use the Transaction Code 61 enrollment transaction.

All Plans submitting enrollment transactions for these limited, previously-approved circumstances must submit these actions accurately on October 05, 2015, no later than 5:00 p.m. EDT in a batch submission file (or files, as necessary) separate from any other MARx submission activity. Plans must use the following specific data elements on each transaction:

- Transaction code = 61
- Application date = October 01, 2015
- Effective date = January 01, 2016
- Election type code = “X”

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

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

Plans that have an approved SAR may or may not be required to submit TC51 Disenrollment transactions as follows:

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

On October 05, 2015 no later than 5:00 p.m. EDT

In limited CMS-approved circumstances, such as when an MA organization reduces the service area of a CY 2015 MA PBP/ PBPs and only a portion of the PBP is affected, the MA organization must submit disenrollment transactions to disenroll only the beneficiaries from the PBP/PBPs affected by the SAR. MA organizations submitting disenrollment transactions under these circumstances **must submit MARx disenrollment transactions on October 05, 2015, no later than 5:00 p.m. EDT**, using the following data elements:

- Transaction Code = 51
- Effective date = January 01, 2016 (for December 31, 2015 disenrollment)
- Election type code = “X”
- Disenrollment Reason Code = 92

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

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

October 06, 2015

Plans are expected to immediately review the CMS reply associated with these submissions, including the DTRR and other reports, available on October 06, 2015.

Plans must report to CMS the status of their submission based on the MARx reply reports no later than 11:59 p.m. EDT on October 06, 2015. The status report must include the total number of submitted transactions by type (i.e., Transaction Codes 61 or 51), and a summary of the results of MARx processing including the number of accepted, rejected, and failed transactions. Plans should not attach or send a copy of their Batch Completion Status Summary (BCSS) or DTRR.

If resubmission of any of these transactions is necessary, the Plan must request resubmission from CMS. This request must be included with the status report. In your request, include the number of transactions that you intend to resubmit. Send the status report by email, and include the resubmission request if necessary, to both the:

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

If resubmission is granted by CMS, the Plan must adjust and resubmit transactions before October 09, 2015 at 5:00 p.m. EDT. Correct effective and application dates must be used as noted above.

(4) Submitting January Effective Disenrollments After Rollover

After CMS has performed the annual rollover on November 03 and 04, 2015, Plans will be unable to submit disenrollments with an effective date of December 31, 2015, for beneficiaries that have been rolled over. These beneficiaries will have an enrollment end date of December 31, 2015, and an enrollment start date of January 1, 2016, with an enrollment source code of “D” for rollover. If a plan attempts to submit a disenrollment effective December 31, 2015 for a beneficiary falling into this category, a TRC 050 will be received because the beneficiary already has an end date of December 31, 2015.

If a beneficiary makes a valid request to disenroll effective December 31, 2015, and the plan is unable to submit the disenrollment transaction to MARx before December 05, 2015, the Plan should submit a category two submission package to the RPC via the electronic Retro Processing Transmission (eRPT) application to have the beneficiary disenrolled. This will result in a removal of the enrollment in the 2016 Plan.

C. Reconciliation of Rollover Activity

After receipt of the DTRR including CMS-Generated Rollover transaction responses on November 04 and November 05, 2015, Plans should verify that all members are enrolled in the correct contract and PBP. If a beneficiary was not rolled over according to the Plan’s crosswalk information in HPMS, contact the MAPD Help Desk.

After the submission of all Plan-submitted rollover activity on October 05, 2015, no later than 5:00 p.m. EDT, review the DTRR on October 06, 2015. Make sure that all rollover-related enrollments and disenrollments were successful or rejected for an appropriate reason. If resubmission is necessary, you must request resubmission from CMS as detailed in section 2.B above.

After rollover activity has occurred, use all available CMS reports, such as the MMR, to reconcile CMS data with internal data. If a discrepancy is discovered, refer to the PCUG on how to correct it.

Plans are not required to send enrollment or disenrollment notification letters upon successful rollover. All rollover activity should be transparent to the beneficiary. The Annual Notice of Coverage (ANOC) and other required communications should be sent as usual.

3. Plan Reports and System User Interface (UI) Availability

A. October Prescription Drug Plan (PDP) Notification Files for Reassignment and for Auto/Facilitated Enrollment

On or about October 17, 2015, CMS will transmit to certain Plans the files described in the HPMS memoranda “2016 Reassignment of Low-Income Subsidy Beneficiaries for PDPs,” September 10, 2015 and “2016 Reassignment of Low-Income Subsidy Beneficiaries in Non-Renewing Medicare Advantage (MA) Plans and Medicare Advantage Plans that are reducing their Service Areas” dated September 11, 2015. These files will provide a preliminary listing of low-income subsidy (LIS)-eligible beneficiaries whom we will reassign to a new plan effective January 01, 2016.

On or about October 18, 2015, we will transmit to certain PDPs a special MARx-generated TRR containing the confirmed enrollments and disenrollments resulting from the reassignment.

NOTE: Do not submit the 4Rx records for beneficiaries in the one-time files until you receive the special TRR on or about October 18 2015, containing the confirmed enrollments that result from the reassignment process. MARx cannot accept the 4Rx data until the enrollment is recorded.

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

CMS sends two Loss-of-Low-Income-Subsidy data files to PDPs each fall. The first file is sent in September and identifies members who will no longer have the LIS as of January 01, 2016. The first file is for information purposes only. In a joint mailing from CMS and SSA during the week of September 16, 2015, these persons are sent a personalized letter on grey paper explaining the loss of LIS and an SSA LIS application for Extra Help to complete and return.

We expect PDPs to contact, by phone or mail, every member who will no longer qualify automatically for LIS beginning in 2016 to encourage them to apply for Extra Help and to assist them through the process. An HPMS memorandum titled: “Re-Determination of Part D Low-Income Subsidy Eligibility for 2016” sent on September 10, 2015, contains additional information.

The second file will be sent in mid-December and will be an updated version of the September file, indicating those beneficiaries who still no longer have the LIS as of January 01, 2016. The file format can be found in the PCUG. This file should be processed through normal plan processes.

C. Monthly Reports

December 23, 2015

The standard monthly reports for the January payment month will be sent to Plans on or about December 23, 2015.

Plans should carefully review all CMS reports including the January 2016 MMR (scheduled to be available on December 23, 2015) to ensure that all enrollees are in the correct PBP for January 2016. Please contact the MAPD Help Desk for questions and problems immediately.

D. MARx System UI Availability

The Medicare Advantage and Part D Inquiry System (MARx Common UI) should remain available. We anticipate the UI to be in Read-Only mode from November 09 to November 12, 2015 to enable regular December payment processing and EOY activities and November 03 and 04, 2015 during rollover and termination processing.

Thank you in advance for your assistance. Please take appropriate and timely action as required. If you have any questions about the information contained in this memorandum, please contact:

- The MAPD Help Desk at 1-800-927-8069 or MAPDhelp@cms.hhs.gov for MARx issues and any preparation activities or questions relating to EOY activities; or
- Your Account Manager for all other issues.