



MEDICARE ENROLLMENT & APPEALS GROUP

DATE: September 26, 2017

TO: Medicare Advantage Organizations

FROM: Jerry Mulcahy
Director, Medicare Enrollment & Appeals Group

SUBJECT: 2018 Reassignment of Low-Income Subsidy Beneficiaries in Non-Renewing Medicare Advantage Plans and Medicare Advantage Plans Reducing their Service Areas

Overview of the Medicare Advantage Reassignment Process

In October, the Centers for Medicare & Medicaid Services (CMS) will conduct reassignment of beneficiaries eligible for the Part D low-income subsidy (LIS) who are enrolled in certain Medicare Advantage (MA) plans as described below. CMS will carry out all reassignments, including assigning beneficiaries into zero premium prescription drug plans (PDPs) owned by the same organization, if available, or randomly assigning beneficiaries to PDPs offered by different sponsors.

CMS will reassign only individuals who meet the following criteria:

1. Are LIS-eligible in 2017 and will remain LIS-eligible in 2018; and
2. Are enrolled in an MA plan that will be non-renewing or has a service area reduction (SAR), unless the plan is an MA Private Fee-for-Service plan and the individual already has concomitant enrollment in a stand-alone PDP that is not affected by PDP premium increase reassignment for 2018.

For further guidance on this process, please see §40.1.8 of Chapter 2 (Enrollment and Disenrollment) of the Medicare Managed Care Manual (“Chapter 2”), available at <http://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/index.html>

Please note that reassignment occurs for MA plans that are non-renewing or have an approved SAR as of 2018, including non-renewing MA-only plans as well as Medicare Advantage Prescription Drug (MA PD) plans. Beneficiaries in these MA plans are reassigned into PDPs only, but they will have the option of electing another MA plan. Information about reassignment of beneficiaries enrolled in PDPs is provided in separate guidance (please refer to the

memorandum “*2018 Reassignment of Low-Income Subsidy Beneficiaries in Prescription Drug Plans*” dated September XX, 2017, from Jerry Mulcahy, Director, Medicare Enrollment & Appeals Group, available in HPMS. In addition, LIS-eligible beneficiaries in U.S. territories or employer-sponsored MA-only or MA PD plans will not be reassigned.

Key information about this year’s process is outlined below, including details about the beneficiary notifications sent by CMS and a reassignment process timeline.

CMS Notification to Affected Beneficiaries

CMS plans to mail notices (printed on blue paper) to the affected beneficiaries in late October. These notices will inform beneficiaries who are being reassigned of their prospective zero premium PDP and indicate that they will have Original Medicare as their health coverage unless they choose another MA plan.

As required by the Affordable Care Act, CMS will mail a second blue letter to these beneficiaries in December. This second notice will identify which drugs in their current drug regimen are on the formulary of the 2018 plan to which they are being reassigned, and how to request an exception or appeal, or file a grievance. Once these notices are finalized they will be available at: <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/LIS-Notices-and-Mailings.html>

CMS Notification to Gaining PDPs

CMS also notifies PDPs of individuals who will be reassigned to their plan for 2018 from non-renewing MA plans. For requirements applicable to gaining PDPs, please refer to the memorandum “*2018 Reassignment of Low-Income Subsidy Beneficiaries in Prescription Drug Plans*” dated September 26, 2017, from Jerry Mulcahy, Director, Medicare Enrollment & Appeals Group, available in HPMS.

Characteristics of Reassignment Transactions on the Special Transaction Reply Report (TRR)

Once CMS processes reassignment transactions, CMS will transmit a special TRR to plans on or about October 18, 2017, containing only reassignment transactions. Gaining PDPs will be able to identify beneficiaries assigned to their plans as follows:

Application date: All LIS-eligible beneficiaries reassigned due to a plan or contract non-renewal or SAR will be identified by an application date of September 30, 2017.

Enrollment source code = H (reassign)

Transaction reply codes = TRC-212 – Reassignment Enrollment Accepted – Reassignment enrollment request for a beneficiary into a PDP submitted by CMS is accepted.

Losing plans will receive, on their special TRR, the TRC-014 (disenrollment) for beneficiaries who are reassigned to another plan. An exception to this is when the plan has an approved crosswalk that specifically requires it to submit a disenrollment transaction in early October 2017, prior to reassignment. The due date for these disenrollments will be provided in the annual End of Year guidance. For these cases, plans will only receive a disenrollment TRC on their regular DTRR; they will not receive a TRC showing the reassignment of those beneficiaries. More information on crosswalk exceptions and plan-submitted activity can be found in the annual memorandum titled “End- of-Year 2017 Enrollment and Payment Systems Processing Information,” which will be sent to plans shortly.

The special TRR will be identified by the following information depending on the type of connectivity for file transfers that the plan uses:

Gentran mailbox or TIBCO:

P.Rxxxxx.SPCLTRD.Dyymmdd.Thhmsst.pn

Connect: Direct (Mainframe):

zzzzzzzz.Rxxxxx.SPCLTRD.Dyymmdd.Thhmsst

Connect: Direct (Non-Mainframe):

[directory]Rxxxxx.SPCLTRD.Dyymmdd.Thhmsst

KEY
xxxxx = 5 character contract id
yymmdd = two digit year, month, day
hhmsst = hour/minute/second/tenths of second
pn = process number
zzzzzzzz = Plan-provided high level qualifier
[directory] = optional directory specified from non-mainframe C:D clients

The content/layout of the special TRR will be identical to the daily TRR, except that it will only include TRCs from the reassignment process.

Plan Non-Renewal Communication to Affected Beneficiaries

Please refer to the memorandum “*Non-Renewal and Service Area Reduction Guidance and Enrollee Notification Models*” released September 20, 2017 from Kathryn A. Coleman, Director, Medicare Drug & Health Plan Contract Administration Group, for guidance on non-renewal specifics about how beneficiaries must be notified about the non-renewal. For more information on requirements related to non-renewal generally, please refer to the “*Announcement of Calendar Year (CY) 2018 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter*” dated April 3, 2017, which can be found at: <http://www.cms.gov/Medicare/HealthPlans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html>.

End-of-Year Timeline for Reassignment

Please be sure to adhere to the all deadlines.

October 02, 2017 – Beneficiaries who are in MA plans that are non-renewing (or have an approved SAR) for CY 2018 must receive the beneficiary specific non-renewal notices from the non-renewing MA organization.

October 03, 2017 – MA organizations with approved renewal/non-renewal scenarios that require the plan to submit enrollment and/or disenrollment transactions, such as certain SAR scenario, must submit those transactions following the requirements in the annual End of Year processing guidance memorandum (to be provided shortly).

October 18, 2017 – The special TRR showing successfully processed reassignments estimated to be available (see additional detail on page 2).

Mid-October, 2017 – CMS anticipates providing lists of PDP and MA reassignees to States, 1-800-MEDICARE, and losing and gaining PDPs.

Late October, 2017 – CMS begins mailing beneficiary reassignment notices on blue paper.

Mid-December, 2017 – CMS begins mailing reassigned beneficiaries a second blue notice identifying which drugs in their current drug regimen are on the formulary of the 2018 plan to which they are being reassigned, and how to request an exception or appeal, or file a grievance.

January 1, 2018 – Reassignment effective date.

For Assistance

If you have specific policy questions about any of these instructions, please contact Steve Ludwig at 410-786-0554 or Stephen.Ludwig@cms.hhs.gov or Nicole Gordon at 410-786-1654 or Nicole.Gordon@cms.hhs.gov. If you have technical questions about file format or transactions, you should contact the MAPD Help Desk at 1-800-927-8069 or MAPDhelp@cms.hhs.gov.