DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
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CENTER FOR BENEFICIARY CHOICES

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DATE: March 6, 2007

TO: All Medicare Advantage Organizations, Prescription Drug Plans, Cost Plans,
              PACE Organizations and Demonstrations

FROM: Thomas E. Hutchinson
              Director, Medicare Plan Payment Group

SUBJECT: **Systems Guidance for Enrollment Reconciliation for Coverage Year 2006**

CMS would like to thank all of our partner plan organizations for the hard work that has been
done thus far to reconcile plan enrollment records with CMS enrollment records. While we have
successfully addressed the majority of issues, some discrepancies remain between plan
membership records and CMS records for coverage year 2006. Possible reasons for these
discrepancies include:

- CMS not providing certain data to plans on disenrollments or enrollment changes;
- Confusion over enrollment status during initial months (especially when plans received
  the Transaction Reply 165 response); and
- Other data issues at both CMS and the plans.

After discussing potential ways to address these issues with industry representatives, CMS has
designed the steps outlined below to take the next step in enrollment reconciliation for coverage
year 2006. No action should be taken on a member's 2007 coverage year enrollment status as a
part of this reconciliation.

Enrollment Reconciliation Steps:

Step 1: CMS will send Plans a "Full Enrollment Roster"
CMS will send you a full enrollment file by March 15, 2007. The format for this file is provided
in Attachment A and the naming convention used for this file will be as follows:

P#MMA.@BGD5050.PLNxxxxx.YM200703.D15.TRWEEKD

The file is a complete roster of plan enrollments, as records in CMS' systems, with effective and
end dates. Some members may have multiple enrollments in the same plan, so they will appear
multiple times and can be distinguished by the different enrollment periods. In other words,
members that appear multiple times are not the result of a duplicate record error.

Enrollment reconciliation update   1

Step 2: The Plan determines discrepancies between CMS enrollment and the plans enrollment

Plans should determine the discrepancies between their enrollment files and the aforementioned full enrollment roster sent by CMS. Where plan data matches the CMS file no further action is required. Where plan enrollment records do not match the CMS file, proceed as follows:

- For an individual who appears as enrolled on your internal plan enrollment records, who is **not** included in the CMS full-enrollment roster file, **and** you have neither claims activity nor premium payments for that individual, you must cancel the enrollment record in your systems back to the original start date.
- For all remaining records not cancelled as above, collect these records to develop your discrepancy file, and continue to Step 3.

Step 3: The Plan sends a "Discrepancy File" to CMS

All discrepancies identified by following the processes in step 2 must be collected to create a file using the file format in Attachment B. Although there are minor changes to the "header", this file will be the same format as that used when transmitting a normal enrollment transaction. **The deadline for plan submission of the enrollment discrepancy file is April 15, 2007**. CMS will analyze plan data to develop additional reconciliation business rules.

"Discrepancy File" layout

Plans should use regular plan transaction file format for sending recon transactions.
Special instructions for that file are as follows:

- Plans should create an enrollment transaction for the discrepant beneficiary as if they are trying to enroll the beneficiary (Transaction Code 61).
- If there are multiple discrepancies for one beneficiary there can be multiple transactions.
- The header record on the file must contain '**RECON**' at position 14.
- The header date in the file must be '**999999**'
- If the enrollment has an end date plan should put an "enrollment-end-date" (YYYYMMDD format) at position 209-216, currently this position is not used.

Impact on PDE Submission and Payment Reconciliation

As stated in the April 2005 PDE guidance (revision issued on April 27, 2006), prescription drug claims including adjustments for all dates of service within calendar year 2006 must be submitted to CMS by May 31, 2007 in order to be processed for payment reconciliation. CMS recognizes that the enrollment reconciliation process may impact the acceptance of certain PDE submissions. For PDE's submitted by May 31, 2007, CMS will extend the deadline for resubmitting rejected PDE's to June 30, 2007. Consequently, payment reconciliation reports will be completed by September 30, 2007.

Questions concerning this guidance should be addressed to: Ed Howard at (410)786-6368 or by e-mail at: edgar.howard@cms.hhs.gov or Mark Newsom at (410) 786-3198 or by e-mail at: mark.newsom@cms.hhs.gov

"Full Enrollment Roster" Format (From CMS to Plan)

FIELD	SIZE	POSITION	DESCRIPTION
1. Claim Number	12	1 – 12	Claim Account Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Medicaid Indicator	1	42	Spaces
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Spaces
10. County Code	3	50 – 52	Spaces
11. Disability Indicator	1	53	Spaces
12. Hospice Indicator	1	54	Spaces
13. Institutional/NHC Indicator	1	55	Spaces
14. ESRD Indicator	1	56	Spaces
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code Defaulted to '999'
16. Transaction Type Code	2	60 – 61	Transaction Type Code Defaulted to '01' for special reports
17. Entitlement Type Code	1	62	Spaces
18. Effective Date	8	63 – 70	YYYYMMDD Format
19. WA Indicator	1	71	Spaces
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Enrollment End Date	8	76 – 83	YYYYMMDD Format. Spaces if open ended enrollment.
23. Filler	1	84	Spaces
24. Subsidy End Date	12	85 – 96	Spaces
25. District Office Code	3	97 – 99	Spaces
26. Filler	8	100 – 107	Spaces

FIELD	SIZE	POSITION	DESCRIPTION
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Spaces
29. Prior Plan Benefit Package ID	3	121 – 123	Spaces
30. Application Date	8	124 – 131	YYYYMMDD Format
31. Filler	2	132 – 133	Spaces
32. Out of Area Flag	1	134 – 134	Spaces
33. Segment Number	3	135 – 137	Default to '000' if blank
34. Part C Beneficiary Premium	8	138 – 145	Zeros.
35. Part D Beneficiary Premium	8	146 – 153	Zeros.
36. Election Type	1	154 – 154	Spaces
37. Enrollment Source	1	155 – 155	A = Auto Enrolled by CMS B = Beneficiary Election C = Facilitated Enrollment by CMS D = CMS Annual Rollover Space = not supplied
38. Part D Opt-Out Flag	1	156 – 156	Spaces
39. Premium Withhold Option/Parts C-D	1	157 – 157	Spaces
40. Number of Uncovered Months	3	158 – 160	Spaces
41. Creditable Coverage Flag	1	161 – 161	Spaces
42. Employer Subsidy Override Flag	1	162 – 162	Spaces
43. Rx ID	20	163 – 182	Spaces
44. Rx Group	15	183 – 197	Spaces
45. Secondary Drug Insurance Flag	1	198-198	Spaces
46. Secondary Rx ID	20	199 – 218	Spaces
47. Secondary Rx Group	15	219 – 233	Spaces
48. EGHP	1	234 - 234	Spaces
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	Zeros.
50. Low-Income Co-Pay Category	1	238 – 238	Spaces

FIELD	SIZE	POSITION	DESCRIPTION
51. Low-Income Co-Pay Effective Date	8	239 - 246	Spaces
52. Part D Late Enrollment Penalty Amount	8	247 - 254	Spaces
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Spaces
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Spaces
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Spaces

"Discrepancy File" Format (From Plan to CMS)

ITEM	FIELDS	SIZE	POSITION	ENROLLMENT (EMPLOYER & MCO) 60/61		
				MA	MA-PD	PDP
1	HIC#	12	1 – 12	R	R	R
2	Surname	12	13 – 24	R	R	R
3	First Name	7	25 – 31	R	R	R
4	M. Initial	1	32			
5	Sex	1	33	R	R	R
6	Birth Date (YYYYMMDD)	8	34 – 41	R	R	R
7	EGHP Flag	1	42	blank field has a meaning	blank field has a meaning	blank field has a meaning
8	PBP #	3	43 – 45	R	R	R
9	Election Type	1	46	R	R	R
10	Contract #	5	47 – 51	R	R	R
11	Application Date	8	52 – 59	R	R	R
12	Transaction Code	2	60 – 61	R	R	R
13	Disenrollment Reason (Future Use)	2	62 – 63	N/A	N/A	N/A
14	Effective Date (YYYYMMDD)	8	64 – 71	R	R	R
15	Segment ID	3	72-74	R, blank for non-segmented organizations; otherwise, 3-digits	R, blank for non-segmented organizations; otherwise, 3-digits	N/A
16	Filler	5	75-79	N/A	N/A	N/A
17	Prior Commercial Override	1	80	If applies; otherwise, zero or blank	If applies; otherwise, zero or blank	N/A

ITEM	FIELDS	SIZE	POSITION	ENROLLMENT (EMPLOYER & MCO) 60/61		
18	Premium Withhold Option/ Parts C-D	1	81	R	R	R
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	R	R	N/A
20	Part D Premium Amount (XXXXvXX)	6	88 – 93	N/A	R	R
21	Creditable Coverage Flag	1	94	N/A	R	R
22	Number of Uncovered Months	3	95-97	N/A	R, blank = zero, meaning no uncovered months	R, blank = zero, meaning no uncovered months
23	Employer Subsidy Enrollment Override Flag	1	98	N/A	R if beneficiary has Employer Subsidy status; otherwise blank	R if beneficiary has Employer Subsidy status; otherwise blank
24	Part D Opt-Out Flag	1	99	N/A	N/A	N/A
25	Filler	20	100-119	N/A	N/A	N/A
26	Filler	15	120-134	N/A	N/A	N/A
27	Secondary Drug Insurance Flag	1	135	N/A	R (Blank if auto-enroll)	R (Blank if auto-enroll)
28	Secondary Rx ID	20	136-155	N/A	R if secondary insurance; otherwise, N/A	R if secondary insurance; otherwise, N/A

ITEM	FIELDS	SIZE	POSITION	ENROLLMENT (EMPLOYER & MCO) 60/61		
29	Secondary Rx Group	15	156-170	N/A	R if secondary insurance; otherwise, N/A	R if secondary insurance; otherwise, N/A
30	Enrollment Source	1	171	FILLER	FILLER	FILLER
31	SSN	9	172-180	R (MSA ONLY)	FILLER	FILLER
32	Trustee Routing Number	9	181-189	R (MSA ONLY)	FILLER	FILLER
33	Bank Account Number	17	190-206	R (MSA ONLY)	FILLER	FILLER
34	Bank Account Type	1	207	R (MSA ONLY)	FILLER	FILLER
35	Enroll End Date	17	208-224	YYYMMDD	YYYMMDD	YYYMMDD