DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicare
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MEDICARE PLAN PAYMENT GROUP

DATE: April 2, 2012

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

FROM: Cheri Rice /s/
               Director

SUBJECT: Medicare Advantage Prescription Drug System (MARx) April 2012 Payment – INFORMATION

This letter provides information regarding the April payment, scheduled for receipt on March 30, 2012, and other payment related items that may require plan action.

Coverage Gap Discount (CGD) Offsets
CGD offsets were performed in the April payment. The offsets were based on Fourth Quarter 2011 invoice data and included information from low volume pharmacies. The offsets are displayed on the Plan Payment Report (PPR) as CMS Special Adjustments. For more information on the change in the low-volume policy see the January 27, 2012, HPMS memo "Medicare Coverage Gap Discount Program—Update on Low-Volume Claims."

PPR Format Change Related to the Medicare Advantage Portion of the Electronic Health Records Incentive Program that was Implemented under the Health Information Technology for Economic & Clinical Health Act (HITECH)
Plans participating in the Electronic Health Records (EHR) Incentive Program should expect to see the annual incentive payment for 2011 included in the May 2012 payment and displayed on the corresponding PPR. The incentive payment included on the PPR is for the Plan's qualifying Medicare Advantage Eligible Professionals and not for any incentive payments due to qualifying Medicare Advantage Eligible Hospitals under the program.

The PPR print format and data file have been modified slightly to accommodate the EHR incentive payments for all recipients of the report. Please review the Plan Payment Data File formats (Attachment B).   On the Special Adjustments Page of the PPR print format, note that the Part D Payments column may alternatively contain an EHR incentive payment instead of a Part D Payment. The amount in this column is an EHR incentive payment if the Adjustment Type is "HTC", an abbreviation for HITECH. The data file now contains Adjustment Type codes in field 53.

MARx May Software Release
Just a reminder that the May software release will focus on data corrections in the systems. As a result, the normally scheduled software release announcements were not sent. We will continue to update plans as data fixes and clean-ups are performed, through the Monthly Payment Letter, the Week-At-A-Glance memorandums, and/or through MAPD Help Desk email notices.

Cross-Reference Merge Cleanup – Phase 2
MARx processed another cleanup to correct payments for beneficiaries with a Health Insurance Claim Number (HICN) change that resulted in lost or incorrect payments during the cross reference process with the old HICN. Affected Plans will see adjustments on the Monthly Membership Report (MMR) with ARC 50 – PAYMENT ADJUSTMENT DUE TO BENE MERGE.

Duplicate Payment Cleanup – Phase 2
A cleanup was processed in MARx to correct duplicate payments for a small population. Affected Plans will see adjustments on the MMR with ARC 03.

Please contact the appropriate DPO Representative (list attached) with questions about information in this letter or assistance with other payment or premium related issues. Thank you.

Attachments

cc: DPO Representatives
    Director, DPO
    MAPD Customer Support

CENTERS FOR MEDICARE
MEDICARE PLAN PAYMENT GROUP
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Attachment B
Plan Payment Data File - Header Record Data Elements

Item	Data Element	Position	Length	Type	Description
1	Contract Number	1-5	5	Character	Contract Number
2	Record Identification Code	6-6	1	Character	Record Type Identifier H = Header Record
3	Contract Name	7 – 56	50	Character	Name of the Contract
4	Payment Cycle Date	57 – 62	6	Character	Identified the month and year of payment: Format = YYYYMM
5	Run Date	63 – 70	8	Character	Identifies the date file was created: Format = YYYYMMDD
6	Filler	71 – 200	130	Character	Spaces

Plan Payment Data File – Capitated Payment Data Elements

Item	Data Element	Position	Length	Type	Description
7	Contract Number	1-5			Contract Number
8	Record Identification Code	6-6			Record Type Identifier C = Capitated Payment
9	Table ID Number	7-7			1
10	Adjustment Reason Code	8-9			Blank = for prospective pay For list of adjustment reason codes consult Section H.3 of the <u>Medicare Advantage and Prescription Drug Plan Communications User Guide</u>
11	Part A Total Members	10-17	8	Numeric	Number of beneficiaries Part A payments is being made prospectively. For adjustment records this will hold the total number of transactions. Format: ZZZZZZZ9
12	Part B Total Members	18-25	8	Numeric	Number of beneficiaries Part B payments is being made prospectively. Blank for adjustment records. Format: ZZZZZZZ9
13	Part D Total Members	26-33	8	Numeric	Number of beneficiaries Part D payments is being made prospectively. Blank for Adjustment records. Format: ZZZZZZZ9
14	Part A Payment Amount	34-46	13	Numeric	Total Part A Amount Format: SSSSSSSSS9.99
15	Part B Payment Amount	47-59	13	Numeric	Total Part B Amount Format: SSSSSSSSS9.99
16	Part D Payment Amount	60-72	13	Numeric	Total Part D Amount Format: SSSSSSSSS9.99
17	Coverage Gap Discount Amount	73 – 85	13	Numeric	The Coverage Gap Discount Amount included in Part D Payment. Format: SSSSSSSSS9.99
18	Total Payment	86- 98	13	Numeric	Total Payment Format: SSSSSSSSS9.99
19	Filler	99 – 200	102	Character	Spaces

Plan Payment Data File – Premium Settlement Data Elements

Item	Data Element	Position	Length	Type	Description
20	Contract Number	1 – 5	5	Character	Contract Number
21	Record Identification Code	6 – 6	1	Character	Record Type Identifier P = Premium Settlement
22	Table ID Number	7 – 7	1	Character	2
23	Part C Premium Withholding Amount	8 – 20	13	Numeric	Total Part C Premium Amount Format: SSSSSSSSS9.99
24	Part D Premium Withholding Amount	21 – 33	13	Numeric	Total Part D Premium Amount Format: SSSSSSSSS9.99
25	Part D Low Income Premium Subsidy	34 – 46	13	Numeric	Total Low Income Premium Subsidy Format: SSSSSSSSS9.99
26	Part D Late Enrollment Penalty	47 – 59	13	Numeric	Total Late Enrollment Penalty Format: SSSSSSSSS9.99
27	Total Premium Settlement Amount	60 – 72	13	Numeric	Total Premium Settlement Format: SSSSSSSSS9.99
28	Filler	73 – 200	128	Character	Spaces

Plan Payment Data File – Fees Data Elements

Item	Data Element	Position	Length	Type	Description
29	Contract Number	1 – 5	5	Character	Contract Number
30	Record Identification Code	6 – 6	1	Character	Record Type Identifier F = FEES
31	Table ID Number	7 – 7	1	Character	3
32	NMEC Part A Subject to Fee	8 – 20	13	Numeric	Part A amount subject to National Medicare Educational Campaign fees. Format:ZZZZZZZZZ9.99
33	NMEC Part A Rate	21 – 27	7	Numeric	Rate used to calculate the fees for Part A. Format: 0.99999
34	Part A Fee Amount	28 – 40	13	Numeric	Fee Assessed for Part A Format:SSSSSS9.99
35	NMEC Part B Subject to Fee	41 – 53	13	Numeric	Part B amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
36	NMEC Part B Rate	54 – 60	7	Numeric	Rate used to calculate the fees for Part B. Format: 0.99999
37	Part B Fee Amount	61 – 73	13	Numeric	Fee Assessed for Part B Format: SSSSSS9.99
38	NMEC Part D Subject to Fee	74 – 86	13	Numeric	Part D amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
39	NMEC Part D Rate	87 – 93	7	Numeric	Rate used to calculate the fees for Part D. Format: 0.99999
40	Part D Fee Amount	94 – 106	13	Numeric	Fee Assessed for Part D Format: SSSSSS9.99
41	Total NMEC Fee Assessed	107 – 119	13	Numeric	Total NMEC Fee Assessed for Part A, B and D Format: SSSSSSS9.99
42	Total Prospective Part D Members	120 – 127	8	Numeric	Total members for Part D Format: ZZZZZZZ9
43	Rate for COB Fees	128 – 131	4	Numeric	Rate used to calculate the COB fees. Format: 0.99
44	Amount of COB Fees	132 – 144	13	Numeric	COB Fee Format: SSSSSS9.99
45	Total of Assessed Fees	145 – 157	13	Numeric	Total of all Fees Assessments Format: SSSSSS9.99
46	Filler	158 – 200	43	Character	Spaces

Plan Payment Data File – Special Adjustments Data Elements

Item	Data Element	Position	Length	Type	Description
47	Contract Number	1 – 5	5	Character	Contract Number
48	Record Identification Code	6 – 6	1	Character	Record Type Identifier S = Special Adjustments
49	Table ID Number	7 – 7	1	Character	4
50	Document ID	8 – 15	8	Numeric	The document ID for identifying the adjustment.
51	Source	16 – 20	5	Character	The CMS division responsible for initiating the adjustments.
52	Description	21 – 70	50	Character	The reason the adjustment was made.
53	Type	71 – 90	20	Character	The payment component the adjustment is for: • CGD=Coverage Gap Discount Invoice • CMP=Civil Monetary Penalty • CST=Cost Plan Adjustment • PTD=Part D Risk Adjustment • PRS=Annual Part D Reconciliation • RSK=Risk Adjustment • HTC=HITECH Incentive Payment • Other =default non-specific group.
54	Adjustment to Part A	91 – 103	13	Numeric	Adjustment amount for Part A Format: SSSSSSSSS9.99
55	Adjustment to Part B	104 – 116	13	Numeric	Adjustment amount for Part B Format: SSSSSSSSS9.99
56	Adjustment to Part D or Adjustment to HITECH Incentive Payment	117 – 129	13	Numeric	Adjustment amount for HITECH Incentive Payment when the adjustment type in data item 53 is "HTC". The adjustment amount is for Part D for the rest of the types. Format: SSSSSSSSS9.99
57	Premium C Withholding Part A	130 – 142	13	Numeric	Adjustment amount for Premium Withholding Part A. Format: SSSSSSSSS9.99
58	Premium C Withholding Part B	143 – 155	13	Numeric	Adjustment amount for Premium Withholding Part B. Format: SSSSSSSSS9.99
59	Premium D Withholding	156 – 168	13	Numeric	Adjustment amount for Premium D Withholding. Format: SSSSSSSSS9.99
60	Part D Low Income Premium Subsidy	169 - 181	13	Numeric	Adjustment amount for Low Income Subsidy. Format: SSSSSSSSS9.99
61	Total Adjustment Amount	182 – 194	13	Numeric	Total Adjustments Format: SSSSSSSSS9.99
62	Filler	195 – 200	6	Character	Spaces

Plan Payment Data File – Previous Cycle Balance Summary Data Elements

Item	Data Element	Position	Length	Type	Description
63	Contract Number	1 – 5	5	Character	Contract Number
64	Record Identification Code	6 – 6	1	Character	Record Type Identifier L = Last Period Carry Over Amounts carried over to this month from previous months
65	Table ID Number	7 – 7	1	Character	5
66	Part A Carry Over Amount	8 – 20	13	Numeric	Part A Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
67	Part B Carry Over Amount	21 – 33	13	Numeric	Part B Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
68	Part D Carry Over Amount	34 – 46	13	Numeric	Part D Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
69	Part C Premium Withholding Carry Over Amount	47 – 59	13	Numeric	Part C Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
70	Part D Premium Withholding Carry Over Amount	60 – 72	13	Numeric	Part D Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
71	Part D Low Income Premium Subsidy Carry Over Amount	73 – 85	13	Numeric	Part D Low Income Premium Subsidy Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
72	Part D Late Enrollment Penalty Carry Over Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
73	Education User Fee Carry Over Amount	99 – 111	13	Numeric	Education User Fee Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
74	Part D COB User Fee Carry Over Amount	112 – 124	13	Numeric	Part D COB User Fee Carry Over Amount - Previous Balance Column. Format:SSSSSSSSS9.99
75	CMS Special Adjustments Carry Over Amount	125 – 137	13	Numeric	CMS Special Adjustments Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
76	Total Carry Over Amount	138 – 150	13	Numeric	Sum of amounts in Previous Balance Column Format: SSSSSSSSS9.99

Plan Payment Data File – Payment Balance Carried Forward Data Elements

Item	Data Element	Position	Length	Type	Description
77	Contract Number	1 – 5	5	Character	Contract Number
78	Record Identification Code	6 – 6	1	Character	Record Type Identifier N = Balance Carried Forward to Next Cycle. Amounts carried forward (and not paid) to next month from this month
79	Table ID Number	7 – 7	1	Character	5
80	Part A Amount Carry Forward	8 – 20	13	Numeric	Part A Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
81	Part B Amount Carry Forward	21 – 33	13	Numeric	Part B Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
82	Part D Amount Carry Forward	34 – 46	13	Numeric	Part D Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
83	Part C Premium Withholding Amount Carry Forward	47 – 59	13	Numeric	Part C Premium Withholding Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
84	Part D Premium Withholding Amount Carry Forward	60 – 72	13	Numeric	Part D Premium Withholding Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
85	Part D Low Income Premium Subsidy Amount Carry Forward	73 – 85	13	Numeric	Part D Low Income Subsidy Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
86	Part D Late Enrollment Penalty Amount Carry Forward	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
87	Education User Fee Amount Carry Forward	99 – 111	13	Numeric	Education User Fee Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
88	Part D COB User Fee Amount Carry Forward	112 – 124	13	Numeric	Part B COB Fee Amount Carry Forward - Balance Forward Column. Format:SSSSSSSSS9.99
89	CMS Special Adjustments Amount Carry Forward	125 – 137	13	Numeric	CMS Special Adjustments Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
90	Total Carry Forward Amount	138 – 150	13	Numeric	Sum of amounts in Balance Forward Column Format: SSSSSSSSS9.99
91	Filler	151 – 200	50	Character	Spaces.

Plan Payment Data File – Payment Summary Data Elements

Item	Data Element	Position	Length	Type	Description
92	Contract Number	1 – 5	5	Character	Contract Number
93	Record Identification Code	6 – 6	1	Character	Record Type Identifier A = Payment Summary Amounts included in this month's payment from Tables 1 thru 4 plus Carry Over (from Previous Balance Column).
94	Table ID Number	7 – 7	1	Character	5
95	Part A Amount	8 – 20	13	Numeric	Part A amount - Net Payment Column. Format: ZZZZZZZZZ9.99
96	Part B Amount	21 – 33	13	Numeric	Part B amount - Net Payment Column. Format: ZZZZZZZZZ9.99
97	Part D Amount	34 – 46	13	Numeric	Part D amount - Net Payment Column. Format: ZZZZZZZZZ9.99
98	Part C Premium Withholding Amount	47 – 59	13	Numeric	Part C Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99
99	Part D Premium Withholding Amount	60 – 72	13	Numeric	Part D Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99
100	Part D Low Income Premium Subsidy Amount	73 – 85	13	Numeric	Part D Low Income Subsidy Amount - Net Payment Column. Format: ZZZZZZZZZ9.99
101	Part D Late Enrollment Penalty Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount - Net Payment Column. Format: SSSSSSSSS9.99
102	Education User Fee Amount	99 – 111	13	Numeric	Education User Fee Amount - Net Payment Column. Format: SSSSSSSSS9.99
103	Part D COB User Fee Amount	112 – 124	13	Numeric	Part B COB Fee Amount - Net Payment Column. Format: SSSSSSSSS9.99
104	CMS Special Adjustments Amount	125 – 137	13	Numeric	CMS Special Adjustments Amount - Net Payment Column. Format: SSSSSSSSS9.99
105	Total Net Payment	138 – 150	13	Numeric	Sum of amounts in Net Payment Column. This is the plan's Net Payment Amount for this month. If the amount is negative, the payment will be carried forward. Format: SSSSSSSSS9.99
106	Filler	151 – 200	50	Character	Spaces.