

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
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**Medicare Plan Payment Group
Information Services Design and Development Group**

DATE: August 20, 2012

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

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SUBJECT: Announcement of November 2012 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 November 2012. This release focuses on improving CMS system efficiency and Plan processing.

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

1. **Automate Assignment of Segment IDs in the Medicare Advantage and Prescription Drug (MARx) System**

CMS automates the assignment of Segment IDs for segmented MA Plans. Each State County Code (SCC) in a Plan's service area belongs to only one Segment. This enables MARx to automate the assignment of Segment IDs based upon the residence SCC of the beneficiary.

CMS continues to permit Plans to submit Segment IDs as they do now. However, if a Plan does not provide a Segment ID or if a beneficiary is flagged as Out-of-Area, the MARx System automatically assigns a default. Segment IDs automatically assign based upon the residence SCC if the Plan does not provide one on an enrollment transaction (Transaction Type 61).

The Segment ID is now an optional field for new enrollments on the New Enrollment (M221) and Update Enrollment (M212) screens.

CMS alerts Plans to default Segment ID assignments and reassignments of Segment ID due to changes in the residence SCC through newly defined TRCs on the Daily Transaction Reply Report (DTRR).

- TRC 316, Default Segment ID Assignment
- TRC 317, Segment ID Reassigned after Address Update

If a beneficiary who is flagged as Out-of-Area requests premium withholding, the Segment ID defaults and the Premium Payment Option automatically changes to “Direct Bill”. Plans will see both TRC 316 and TRC 144 in this case. However, for a beneficiary that already has withholding and then moves out-of-area, CMS will report the default Segment ID assignment to SSA/RRB but leave the withholding status unchanged.

- ***Transaction Type 61 Layout, Enrollment Transaction.*** [Attachment A](#)
 - Updated to reflect that Segment ID field (field #15) is optional.
- ***Transaction Reply Codes (TRCs).*** [Attachment B](#)
 - Updated TRC 116 to reflect optional Segment ID.
 - Expanded TRC 144 to include Out-of-Area beneficiary for a segmented Contract/PBP.
 - Added TRC 316 for default Segment ID.
 - Added TRC 317 for Segment ID Reassigned.

2. CMS Systems Update to Accommodate H and I in RRB HICNs

Health Insurance Claims Numbers (HICNs) can now include the letters H and I for Railroad Retirement Board (RRB) beneficiaries. Plans should review their edits to ensure that their systems accommodate these letters. CMS will make changes in its systems to accommodate these letters prior to annual enrollment.

Attachment A: Transaction Type 61 Layout, Enrollment Transaction.
Updates Plan Communications Users Guide (PCUG) v6.2 Table F.15.1.

Item	Fields	Size	Position	Description
1	HICN	12	1-12	Required
2	Surname	12	13-24	Required
3	First Name	7	25-31	Required
4	M. Initial	1	32	Optional
5	Gender Code	1	33	Required
6	Birth Date (YYYYMMDD)	8	34-41	Required
7	EGHP Flag	1	42	Blank field has a meaning.
8	PBP #	3	43-45	Required
9	Election Type	1	46	Required: for all Plan types when Note 3 is true; otherwise not required for HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MDHO demo, MSHO demo, and PACE National Plans.
10	Contract #	5	47-51	Required
11	Application Date	8	52-59	Required
12	Transaction Code	2	60-61	Required
13	Disenrollment Reason	2	62-63	N/A
14	Effective Date (YYYYMMDD)	8	64-71	Required
15	Segment ID	3	72-74	Optional: if provided, must have three digits and a valid Segment for the Contract/PBP.
16	Filler	5	75-79	N/A
17	ESRD Override	1	80	Required: for MA Plans to successfully enroll ESRD exceptions.
18	Premium Withhold Option/Parts C-D	1	81	Required: for all Plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MSA/MA and MSA/demo Plans.
19	Part C Premium Amount (XXXXvXX)	6	82-87	Required: for all Plan types except HCPP, COST 1, COST 2, CCIP/FFS demo, MSA/MA and MSA/demo Plans.
20	Filler	6	88-93	N/A
21	Creditable Coverage Flag	1	94	Required: for all Part D Plans; otherwise blank.
22	Number of Uncovered Months	3	95-97	Required: for all Part D Plans; otherwise blank. Blank = zero, meaning no uncovered months.
23	Employer Subsidy Enrollment Override Flag	1	98	Required: if beneficiary has Employer Subsidy status for Part D; otherwise blank.
24	Part D Opt-Out Flag	1	99	Required: when changing PBPs; 'Y' when Opting Out of Part D; 'N' when Opting in for Part D; otherwise, blank.
25	Filler	35	100-134	N/A
26	Secondary Drug Insurance Flag	1	135	Required: for Part D Plans. Value is 'Y' or 'N' or blank. For auto/facilitated enrollments and rollovers, value is blank. For non-Part D Plans, value is blank.

Item	Fields	Size	Position	Description
27	Secondary Rx ID	20	136-155	Required: if secondary insurance; otherwise, blank.
28	Secondary Rx Group	15	156-170	Required: if secondary insurance; otherwise, blank.
29	Enrollment Source	1	171	Required: for Point of Service (POS) submitted enrollment transactions; otherwise, optional.
30	Filler	38	172-209	N/A
31	Plan Assigned Transaction Tracking ID	15	210-224	Optional
32	Part D Rx BIN	6	225-230	Required: for all Part D Plans except PACE National and FA Demo; otherwise, blank.
33	Part D Rx PCN	10	231-240	Change-to value for all Part D Plans, otherwise blank.
34	Part D Rx Group	15	241-255	Change-to value for all Part D Plans, otherwise blank.
35	Part D Rx ID	20	256-275	Required: for all Part D Plans except PACE National and FA Demo; otherwise, blank.
36	Secondary Drug BIN	6	276-281	Required: if secondary insurance; otherwise, blank.
37	Secondary Drug PCN	10	282-291	Required: if secondary insurance; otherwise, blank.
38	Filler	9	292-300	N/A

Attachment B: Transaction Reply Codes (TRCs)

Code	Type	Title	Short Definition	Definition
116	R	Transaction Rejected; Invalid Segmt num	BAD SEGMENT NUM	<p>An enrollment transaction (Transaction Type 61) rejects because the enrollment is for a Segmented PBP, and the Segment number on the submitted transaction is invalid</p> <p>-OR-</p> <p>A Segment change transaction (Transaction Type 77) is submitted with an invalid Segment number, for a Segmented PBP</p> <p>-OR-</p> <p>A disenrollment cancellation transaction (Transaction Type 81) [enrollment reinstatement] is submitted and the reinstated enrollment has a non-blank Segment, which is no longer valid for the PBP.</p> <p>Plans must submit a valid Segment number for the Contract/PBP combination. <i>A Segment number is not required for a disenrollment transaction (Transaction Type 51).</i></p> <p>Plan Action: Correct or delete the Segment number and resubmit the transaction if appropriate for Transaction Type 61. Correct the Segment number and resubmit the transaction if appropriate for Transaction Type 77. Submit enrollment for Transaction Type 81 if appropriate.</p>
144	M	Premium Payment Option changed to Direct Bill	PREM WH OPT CHG	<p>CMS has changed the Premium Payment Option (PPO) specified on the transaction to “D – Direct Bill” for one of the following reasons:</p> <ul style="list-style-type: none"> • Retroactive premium withholding was requested. • The beneficiary’s retirement system [Social Security Administration (SSA), RRB or Office of Personnel Management (OPM)] was unable to withhold the entire premium amount from the beneficiary’s monthly check. • The beneficiary has a BIC of M or T and chose “SSA” as the withhold option. SSA cannot withhold premiums for these beneficiaries as there is no benefits check from which to withhold. • The beneficiary chose “OPM” as the withhold option. OPM is not withholding premiums at this time. • The Plan has submitted a Part C premium amount that exceeds the maximum Part C premium value provided by HPMS. • RRB Withholding was requested for an effective date prior to 06/01/2011. • The beneficiary is Out-of-Area for a segmented Contract/PBP. • Retroactive premium withhold was requested and during one of the periods the beneficiary was Out-of-Area for a

				<p>segmented Contract/PBP.</p> <p>This TRC may generate in response to an accepted Enrollment, PBP change, or PPO Change transaction (Transaction Types 61, 75) or CMS may initiate it.</p> <p>Plan Action: Update the Plan's beneficiary records to reflect the direct bill payment method. Take the appropriate actions as per CMS enrollment guidance.</p>
316	I	Default Segment ID Assignment	DEFAULT SEG ID	<p>A default Segment ID is assigned because the beneficiary is Out-of-Area for the Contract/PBP. The default Segment ID is the lowest valid Segment for the Contract/PBP.</p> <p>The following fields populate in the DTRR when this TRC is returned:</p> <p>Field 1: HICN Field 2: Surname Field 3: First Name Field 4: Middle Initial Field 5: Gender Code Field 6: Date of Birth Field 7: Record Type Field 8: Contract Number Field 9: State Code Field 10: County Code Field 15: TRC Field 16: Transaction Type Field 18: Request effective Date Field 20: PBP ID Field 22: Transaction Date Field 24: Comment (Previous Segment Number, if applicable) Field 28: Source ID Field 30: Application Date Field 33: Segment Number Field 36: Election Type Field 37: Enrollment Source Field 43: Processing Timestamp Field 68: TRC Short Name Field 75: System-Assigned Transaction Tracking ID Field 76: Plan-Assigned Transaction Tracking ID</p> <p>Plan Action: Verify the beneficiary's address is correct. Submit a Residence Address Change if appropriate.</p>
317	I	Segment ID Reassigned after Address Update	SEG ID REASSIGN	<p>A Segment ID is reassigned because updated address information is received. The updated address information either results from a Plan-submitted Residence Address Change (Transaction Type 76) or a SCC change notification.</p> <p>The following fields populate in the DTRR when this TRC is returned:</p> <p>Field 1: HICN</p>

				<p>Field 2: Surname Field 3: First Name Field 4: Middle Initial Field 5: Gender Code Field 6: Date of Birth Field 7: Record Type Field 8: Contract Number Field 9: State Code Field 10: County Code Field 15: TRC Field 16: Transaction Type Field 18: Request effective Date Field 20: PBP ID Field 22: Transaction Date Field 24: Comment (Previous Segment Number, if applicable) Field 28: Source ID Field 30: Application Date Field 33: Segment Number Field 36: Election Type Field 37: Enrollment Source Field 43: Processing Timestamp Field 68: TRC Short Name Field 75: System-Assigned Transaction Tracking ID Field 76: Plan-Assigned Transaction Tracking ID</p> <p>Plan Action: Verify the Segment ID is correct. Submit a Residence Address Change or a Segment ID change if appropriate.</p>
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