DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services
Health Plan Benefits Group
7500 Security Boulevard, C4-23-07
Baltimore, MD 21244

DATE: June 13, 2002

LETTER TO: Section 1876 Medicare Cost Contractors
Health Care Prepayment Plans (HCPPs)

FROM: Gary Bailey, Director /s/

SUBJECT: **Delay of the Lock-in Provisions/Impacts to Cost and HCPP Organizations—ACTION**

The President has signed the Bioterrorism Preparedness Act of 2001 yesterday, June 12. As you know, this Act delays the implementation of the Lock-in Provisions of the Balanced Budget Act (BBA) until 2005. These provisions had mandated specific timeframes when Medicare beneficiaries could enroll, disenroll and/or elect a plan. The Act allows beneficiaries to continue to enroll or disenroll on a monthly basis.

While the Lock-in provisions did not directly impact your organization, its implementation into CMS' managed care system resulted in some changes to the data that you submit and receive. We notified you of these changes in a systems letter dated April 6, 2001. The purpose of this letter is to clarify which of these changes to your systems will still be required.

Revised System Changes

The scope of the changes fall into three areas.

- Submittal of application signature date.
- Revised Transaction Reply Codes.
- Revised Monthly Membership Report (MMR).

Submittal of Application Signature Date.

The Application Signature Date is required on Transaction Type 61 – Enrollment as of July 2002. This data will be used to determine the most recent election made by the beneficiary in cases when multiple transactions are received in CMS for the same beneficiary with the same effective date.

To allow you additional time to provide this data, CMS will not reject enrollments lacking this information until the systems cutoff day in November (11/13/2002). You must provide this data on all enrollments by 11/13/2002 or they will be rejected with a transaction reply code of 102 (Rejected; invalid or missing Application Signature Date). Please note that the Application Signature Date is not required on Transaction Type 51 – Disenrollment. See attached layouts.

You are encouraged to begin submitting this data as soon as possible. The reason is that, in situations when multiple enrollment transactions are received for a beneficiary for the same effective date, only those transactions with valid Application Signature Dates are even considered. In order to have your enrollment accepted, it needs to contain the most recent Application Signature Date.

Until you are able to send valid Application Signature Dates, CMS will use a default date equal to the first of the month prior to the enrollment effective date on the transaction. This action is necessary to allow for proper editing, as stated above.

Revised Transaction Reply Codes

New transaction reply codes (100-112) were added to notify managed care organizations regarding PBP and election limit processing (See revised listing in the Qs and As located at http://CMS.HHS.GOV/HEALTHPLANS/SYSTEMS/PBPLOCKIN.HTM.). Only 2 of the new codes apply to Cost plans and HCPPs.

CODE	DESCRIPTION
102	Rejected; invalid or missing Application Signature Date
106	Rejected; another transaction received with a later Application Signature Date

Monthly Membership Report (MMR)

CMS added four fields and filler spaces to the end of the MMR to support Medicare+Choice processing. The length of the MMR went from 182 in 2001 to 200 for 2002. See attached layout.

Contact Information

If you have any general questions concerning the material contained in this letter, please contact Kim Miegel at 410-786-3311 or Kmiegel@cms.hhs.gov.

If you have technical questions, please contact the Central Office technical staff person assigned to the region where your plan is located.

REGION	CONTACT	PHONE #	E-MAIL
I – III and VII	Sarah Brown	410-786-6358	Sbrown1@cms.hhs.gov
IV – VI	Sue Hartmann	410-786-6192	Shartmann@cms.hhs.gov
VIII – X	Sue Mathis	410-786-6938	Smathis@cms.hhs.gov

Attachments

Enrollment Transaction Type - 61

#	FIELD NAME	LEN	COLS	DESCRIPTION
1	CLAIM.NUM	12	1-12	9 digit SSN + 2 char BIC (Beneficiary Identification Code) OR 12 char RRB (Railroad Retirement Board) Number
2	SURNAME	12	13-24	Beneficiary Surname
3	FIRST.NAME	7	25-31	Beneficiary Given Name
4	MIDDLE.INITIAL	1	32-32	Beneficiary Middle Initial
5	SEX.CD	1	33-33	Beneficiary Sex Code: '1' = Male '2' = Female '0' = Unknown
6	BIRTH.DT	8	34-41	Beneficiary Birth Date Format: YYYYMMDD
7	[Reserved]	5	42-46	SPACES
8	CONTRACT.NUM	5	47-51	Contract Number
9	**SIGNATURE.DT**	**8**	**52-59**	**Date Beneficiary signed Application to enroll in Cost/HCPP Contract** **Format: YYYYMMDD**
10	TRAN.CD	2	60-61	Transaction Type Code: '61' = Enrollment
11	[Reserved]	2	62-63	SPACES
12	EFFECT.DT	8	64-71	Enrollment Effective Date Format: YYYYMMDD
13	[Reserved]	9	72-80	SPACES

Disenrollment Transaction Type-51

#	FIELD NAME	LEN	COLS	DESCRIPTION
1	CLAIM.NUM	12	1-12	9 digit SSN + 2 char BIC (Beneficiary Identification Code) OR 12 char RRB (Railroad Retirement Board) Number
2	SURNAME	12	13-24	Beneficiary Surname
3	FIRST.NAME	7	25-31	Beneficiary Given Name
4	MIDDLE.INITIAL	1	32-32	Beneficiary Middle Initial
5	SEX	1	33-33	Beneficiary Sex Code: ‘1’ = Male ‘2’ = Female ‘0’ = Unknown
6	BIRTH.DT	8	34-41	Beneficiary Birth Date Format: YYYYMMDD
7	[Reserved]	5	42-46	SPACES
8	CONTRACT.NUM	5	47-51	Contract Number
9	[Reserved]	8	52-59	SPACES
10	TRAN.CD	2	60-61	Transaction Type Code: ‘51’ = Disenrollment
11	[Reserved]	2	62-63	SPACES
12	EFFECT.DT	8	64-71	Disenrollment Date Format: YYYYMMDD
13	[Reserved]	9	72-80	SPACES

Monthly Membership Data File

#	Field Name	Len	Pos	Description
1	Contract Number	5	1-5	Contract Number
2	Run Date	8	6-13	YYYYMMDD
3	Payment Date	6	14-19	YYYYMM
4	HIC	12	20-31	External Format
5	Surname	7	32-38	
6	First Initial	1	39-39	
7	Sex	1	40-40	M = Male, F = Female
8	Date of Birth	8	41-48	YYYYMMDD
9	Age Group	4	49-52	BBEE BB = Beginning Age EE = Ending Age
10	State & County Code	5	53-57	
11	Out of Area Indicator	1	58-58	Y = Out of Area Always Spaces on Adjustment
12	Part A Entitlement	1	59-59	Y = Entitled to Part A
13	Part B Entitlement	1	60-60	Y = Entitled to Part B
	Demographic Health Status Indicators:			
14	Hospice	1	61-61	Y = Hospice
15	ESRD	1	62-62	Y = ESRD

#	Field Name	Len	Pos	Description
16	Working Aged	1	63-63	Y = Working Aged
17	Institutional	1	64-64	Y = Institutional
18	NHC	1	65-65	Y = Nursing Home Certifiable
19	Medicaid	1	66-66	Y = Medicaid Status
	Risk Adjuster Indicators:			
20	FILLER	1	67-67	SPACES
21	Medicaid Add-on	1	68-68	Y = Entitled to Medicaid Add-on
22	PIP-DCG Category	2	69-70	PIP-DCG Category
23	Default Factor Indicator	1	71-71	Y = Default Factor Used
24	Risk Adjuster Factor A	7	72-78	NN.DDDD
25	Risk Adjuster Factor B	7	79-85	NN.DDDD
	Fields 26 - 30 applicable to both Demographic and Risk Adjuster:			
26	Number of Paymt/Adjustmt Months Part A	2	86-87	99
27	Number of Paymt/Adjustmt Months Part B	2	88-89	99
28	Adjustment Reason Code	2	90-91	99 Always Spaces on Payment
29	Paymt/Adjustmt Start Date	8	92-99	YYYYMMDD

#	Field Name	Len	Pos	Description
30	Paymt/Adjustmt End Date	8	100-107	YYYYMMDD
31	Demographic Paymt/Adjustmt Rate A	9	108-116	-$$$$$.99
32	Demographic Paymt/Adjustmt Rate B	9	117-125	-$$$$$.99
33	Risk Adjuster Paymt/Adjustmt Rate A	9	126-134	-$$$$$.99
34	Risk Adjuster Paymt/Adjustmt Rate B	9	135-143	-$$$$$.99
35	Blended Paymt/Adjustmt Rate A	9	144-152	-$$$$$.99
36	Blended Paymt/Adjustmt Rate B	9	153-161	-$$$$$.99
37	Total Paymt/Adjustmt	9	162-170	-$$$$$.99
	Additional Risk Adjuster Indicators:			
*38	2001 CHF Flag	1	171-171	2001 Congestive Heart Failure Y = Yes, N, blank = No Always SPACES on Adjustment Note: This field value may differ from what was originally reported, even prior to RA Reconciliation for CY2001.
39	Risk Adjuster Age Group (RAAG)	4	172-175	BBEE BB = Beginning Age EE = Ending Age
40	Previous Disable Ratio (PRDIB)	7	176-182	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On

#	Field Name	Len	Pos	Description
*41	2002 CHF Flag	1	183-183	2002 Congestive Heart Failure Y = Yes, N, blank = No Always SPACES on Adjustment
*42	2003 CHF Flag	1	184-184	2003 Congestive Heart Failure Y = Yes, N, blank = No Always SPACES on Adjustment
*43	Plan Benefit Package Id	3	185-187	Plan Benefit Package Id FORMAT 999
*44	Race Code	1	188-188	Format X
*45	FILLER	12	189-200	SPACES