



MEDICARE ENROLLMENT & APPEALS GROUP

DATE: September 8, 2025

TO: All Medicare Advantage Organizations (MA), Medicare Advantage Prescription Drug Organizations (MA-PD), Prescription Drug Plan Sponsors (PDP), Cost Plans, Program of All-Inclusive Care for the Elderly (PACE), and Demonstration Organizations

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SUBJECT: MARx 2025 End of Year Anticipated Beneficiary Movement Report

This memorandum introduces all Medicare Advantage (MA) Organizations, Medicare Advantage Prescription Drug Plans (MA-PD), Prescription Drug Plan Sponsors (PDP), Cost Plans, Program of All-Inclusive Care for the Elderly (PACE) and Demonstration organizations (collectively referred to as “plans” unless otherwise specified) to the release of a new Medicare Advantage and Prescription Drug (MARx) system data file report entitled “*MARx 2025 End of Year Anticipated Beneficiary Movement Report*”.

This new report supplements but does not replace the existing Health Plan Management System (HPMS) crosswalk report and serves as an informational resource for plans. CMS expects plans to closely review the HPMS crosswalk report and the HPMS memorandum titled “*End of Year 2025 Enrollment and Payment Systems Processing Information*” issued on August 29, 2025 and take the necessary plan action as applicable.

CMS created this new report because the End-of-Year (EOY) Enrollment and Payment Systems processing depends on plans performing several critical operations within specified timeframes to ensure the successful transition of beneficiary enrollments to the next contract year.

However, plans have continued to miss important deadlines or misunderstand the required actions for EOY processing, leading to significant issues. For example, failure to submit rollover related enrollments accurately and timely may result in beneficiaries losing coverage by the plan, causing access to care issues or beneficiary confusion. To minimize errors and their effects, this new report will be sent to plans via the MARx system in September of 2025 starting with Contract Year 2026 and annually thereafter.

The report is designed to communicate necessary enrollment and disenrollment actions and support accurate and timely plan submissions. Based on plan data submitted during the bid process via HPMS, this report details projected enrollment outcomes for each beneficiary if no action is taken by the plans, focusing on EOY CMS generated activities such as rollovers, enrollment terminations and service area reductions. Beneficiary enrollments not affected by these activities are excluded from the report. It should be noted that the new report provides a snapshot of beneficiary enrollment status at the time of report generation and assumes contracts in a pending approval status will be approved by CMS for purposes of determining beneficiary enrollment outcomes.

Plans are encouraged to use this report as a verification tool to reconcile beneficiary records and identify necessary actions, such as timely submission of residence address updates or plan-submitted rollover (POVER) transactions, **prior** to the start of the CMS rollover process. Additionally, plans can self-identify potential issues to prevent negative impacts to beneficiaries, such as monitoring enrollments of beneficiaries with Low-Income Subsidy (LIS) for Medicare Part D to avoid unintended plan changes via the CMS Reassignment process. If reconciliation shows that the projected enrollment for beneficiaries is different than expected, action may be required, and plans should review all relevant guidance in the HPMS Crosswalk report and the HPMS memorandum “*End of Year 2025 Enrollment and Payments Systems Processing Information*” to determine the appropriate action.

The value of the new report relies on its timely use (by plans) before the plan submitted rollover (POVER) submission deadline and the start of EOY activities. CMS anticipates that timely review of the report by plans will reduce negative enrollment impacts to beneficiaries and minimize unnecessary casework for CMS and the plans. By leveraging the insights provided in this report, plans can ensure a smoother transition to contract year 2026 and better outcomes for beneficiaries, ultimately enhancing the overall efficiency and effectiveness of the enrollment process.

This data file report is a fixed length (flat file) which will be transmitted to plans annually via the MARx Batch process and we expect plans to receive the reports on **September 15, 2025**.

The dataset name for the data file is:

System	Type	Frequency	Record Length	File Naming Convention
MARx	Data File	Yearly	136	<u>Gentran Mailbox/TIBCO MFT Internet Server:</u> P.Rxxxxx.EOYBMOVE.Dyymmdd.Thhmsst <u>Connect:Direct (Mainframe):</u> zzzzzzzz.Rxxxxx.EOYBMOVE.Dyymmdd.Thhmsst <u>Connect:Direct (Non-Mainframe):</u> [directory]Rxxxxx.EOYBMOVE.Dyymmdd.Thhmsst

Appendix A contains the file record layout for the rollover, termination, and service area reduction activities. For technical questions regarding this memorandum, please contact the

Medicare Advantage Prescription Drug (MAPD) Help Desk at: 1-800-927-8069 or
MAPDHelp@cms.hhs.gov.

Appendix A: Data File Report Layout for Rollover, Termination, Service Area Reduction Activities

Item	Field Name	Size	Position	Description
1.	Beneficiary ID	12	1 – 12	Medicare Beneficiary Identifier (MBI)
2.	Surname	12	13 – 24	Beneficiary Last Name
3.	First Name	7	25 – 31	Beneficiary First Name
4.	Middle Initial	1	32	Beneficiary Middle Initial
5.	Sex Code	1	33	Beneficiary Sex Identification Code 1 = Male 2 = Female
6.	Date of Birth	8	34 – 41	YYYYMMDD Format
7.	State Code	2	42 – 43	Beneficiary State Code
8.	County Code	3	44 – 46	Beneficiary County Code
9.	State and County Code Source	1	47	S = Social Security Administration SCC P = Plan Residence address SCC
10.	Current Year Contract	5	48-52	Current Enrollment Contract Number
11.	Current Year Plan Benefit Package ID	3	53-55	Current Enrollment PBP Number
12.	Current Year Segment	3	56-58	Current Enrollment Segment Number '000' if no segment in PBP
13.	Effective Date	8	59-66	YYYYMMDD Format, will be 01/01 of the next year.
14.	Next Year Contract	5	67-71	Next Year Enrollment Contract Number Blank if Termination or SAR
15.	Next Year Plan Benefit Package ID	3	72-74	Next Year PBP Blank if Termination or SAR
16.	Next Year Segment	3	75-77	'000' if no segment in PBP Blank if Termination or SAR

Item	Field Name	Size	Position	Description
17.	Low Income Subsidy	1	78	<p>Y/N</p> <p>Based on beneficiary LIS status as of January 1st of the following year.</p> <p>Y = Beneficiary has LIS as of January 1st of the upcoming year.</p> <p>N = Beneficiary does not have LIS as of January 1st of the upcoming year.</p>
18.	EOY Process Source	25	79-103	<p>Values are:</p> <ul style="list-style-type: none"> • Rollover • Termination • Service Area Reduction
19.	Contract status	33	104-136	<p>Indicates the contract status of the new Enrollment plan at the time the report was generated. Field is only populated for plans pending CMS approval.</p> <p>Values are blank.</p> <p>Or</p> <p>New Contract pending CMS approval</p>