

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE

DATE: December 27, 2019

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

FROM: Jennifer R. Shapiro, Acting Director, Medicare Plan Payment Group

SUBJECT: Medicare Advantage/Prescription Drug System (MARx) January 2020 Payment – INFORMATION

This letter provides information about the January 2020 Medicare Advantage/Prescription Drug payment scheduled for receipt on January 02, 2020.

New Medicare Card Project Transition Period – MARx Reminder

During the New Medicare Card Project transition period (04/01/2018 – 12/31/2019) Medicare Advantage and Part D plans have been able to submit MARx transactions and search the User Interface (UI) using either the Health Insurance Claim Number (HICN) or the Medicare Beneficiary Identifier (MBI).

The New Medicare Card Project transition period is scheduled to end on December 31, 2019. When the transition period ends, the MARx system will only accept the MBI. Plans will no longer be able to use the HICN for any batch or MARx UI transactions. If a plan submits a HICN after the transition period has ended, it will reject with an invalid Beneficiary ID error.

Changes to MARx Plan Transaction Processing

Batch Input Transaction Data File Name

As announced in the *May 2019 Detailed Release Memo*, issued through the Health Plan Management System (HPMS) on 04/11/2019, CMS installed changes so that the Enterprise Identity Management (EIDM) User ID is used when sending the Batch Input Transaction Data File to MARx. In order for the Batch Input Transaction Data File to process successfully, and to receive a Batch Completion Summary Report (BCSS), plans should not submit files with the same date and time in the file name. This will cause a MARx system error and prevent the system from generating the BCSS.

Extension of the Transition Period for Submitting MARx Batch Input Header Record

CMS is extending the transition from December 31, 2019 to March 31, 2020 and plan submitters can transmit both the old and new MARx Batch Input Detail submission files. After March 31, 2019, plan submitters will be required to submit files using the new format.

National Medicare Education Campaign (NMEC) User Fees for 2020

Per section 1857(e)(2) of the Social Security Act, plans will be charged cost-sharing for enrollment related costs (the NMEC fee). CMS will begin collecting the monthly OACT calculated FY 2020 user fees in the January payment. The National Medicare Education Campaign (NMEC) user fee for MA-PD plans will be 0.034% for a total amount collected \$80.3 million. The NMEC user fee for PDPs will be 0.032% for a total amount collected \$12.8 million.

Coordination of Benefits (COB) User Fees for 2020

Per the Announcement of Calendar Year (CY) 2020 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter, CMS is authorized to impose user fees on Part D sponsors for the transmittal of information necessary for benefit coordination between sponsors and other entities providing prescription drug coverage. We review and update this user fee annually to reflect the costs associated with COB activities for the specific year. The 2020 COB user fee will be collected at a monthly rate of \$0.1166 for the first 9 months of the coverage year.

Updates to the MARx Status Detail: Other Insurance (M257) screen

CMS updated the MARx Status Detail: Other Insurance (M257) screen so end users can distinguish other health insurance (OHI) verses Medicare Secondary Payer (MSP) information. Plans have expressed interest in determining MSP records on the screen and if they are part of the Part C payment calculation. The newly updated screen displays MSP specific data in a section labeled "*Other Insurance-MSP Periods.*"

Basic functions of the screen include the ability to:

- View audited MSP records,
- View other health insurance company detail, and
- View all other insurance records (other than MSP).

Status Detail: Other Insurance (M257) screen – Initial View

Claim #: XXXXXXXXA
MBI #: 1A00A0A00
123 STREET ADDRESS
SANTA MARIA, CA 93455-2437

JANE DOE
ACTIVE

DOB: 01/01/01
Age: 89 Sex: FEMALE
State: CA (05) County: SANTA BARBARA (520)

Status Detail: Other Insurance (M257)
Role: CMS CENTRAL OFFICE USER Date: 12/11/2019
Close Print Help...

In order for an Other Insurance record to impact payments certain criteria must be met.
For more information select Help in the upper right corner. In the pop-up select Help.
Scroll to the Status Detail: Other Insurance (M257) Screen.

Other Insurance - MSP Periods
View Audit

Other Insurance Details

View Other Insurance - All

Status Detail: Other Insurance (M257) screen – Audit View

Claim #: XXXXXXXXA
MBI #: 1A00A0A00
123 STREET ADDRESS
SANTA MARIA, CA 93455-2437

JANE DOE
ACTIVE

DOB: 01/01/01
Age: 89 Sex: FEMALE
State: CA (05) County: SANTA BARBARA (520)

Status Detail: Other Insurance (M257)
Role: CMS CENTRAL OFFICE USER Date: 12/11/2019
Close Print Help...

In order for an Other Insurance record to impact payments certain criteria must be met.
For more information select Help in the upper right corner. In the pop-up select Help.
Scroll to the Status Detail: Other Insurance (M257) Screen.

Other Insurance - MSP Periods
Hide Audit

Other Insurance Details

View Other Insurance - All

Status Detail: Other Insurance (M257) screen – All View

Claim #: XXXXXXXX MBI #: 1A00A0A00 123 STREET ADDRESS SANTA MARIA, CA 93455-2437			JANE DOE ACTIVE			DOB: 01/01/01 Age: 89 Sex: FEMALE State: CA (05) County: SANTA BARBARA (520)				
Status Detail: Other Insurance (M257)						Role: CMS CENTRAL OFFICE USER		Date: 12/11/2019		<input type="button" value="Close"/> <input type="button" value="Print"/> <input type="button" value="Help..."/>
<p>In order for an Other Insurance record to impact payments certain criteria must be met. For more information select Help in the upper right corner. In the pop-up select Help. Scroll to the Status Detail: Other Insurance (M257) Screen.</p>										
Other Insurance - MSP Periods										Hide Audit
Valid/Audit	Status Period Start Date	Status Period End Date	Primary Insurance Code	Source Code	COB Contractor Code	Other Health Insurance Type Code	Validity Indicator	Record Add Timestamp	Record Update Timestamp	Record Audit Timestamp
* A	01/03/2007	12/31/1998	43 - DISABLED	004	11109	P - PRIMARY	I	10/08/2014 05:50:27	12/09/2019 13:36:54	03/08/2016 09:46:23
* V	01/03/1999	12/31/1998	43 - DISABLED	004	11109	P - PRIMARY	I	10/08/2014 05:50:27	12/09/2019 13:36:54	
* V	01/02/1997	07/31/2003	12 - WORKING AGED	004	77777	P - PRIMARY	YES	10/08/2014 05:50:27	12/09/2019 13:36:54	
Hide Other Insurance - All										
Other Insurance - All										
Valid/Audit	Status Period Start Date	Status Period End Date	Primary Insurance Code	Source Code	COB Contractor Code	Other Health Insurance Type Code	Validity Indicator	Record Add Timestamp	Record Update Timestamp	Record Audit Timestamp
* A	01/03/2007	12/31/1998	43 - DISABLED	004	11109	P - PRIMARY	I	10/08/2014 05:50:27	12/09/2019 13:36:54	03/08/2016 09:46:23
* V	02/01/2004	12/31/1998	47 - LIABILITY	004	11109	P - PRIMARY	YES	10/08/2014 05:50:27	12/09/2019 13:36:54	
* A	02/01/2001	12/31/1998	13 - ESRD	004	11109	S - SECONDARY	NO	10/08/2014 05:50:27	12/09/2019 13:36:54	03/08/2016 09:46:23
* V	01/03/1999	12/31/1998	43 - DISABLED	004	11109	P - PRIMARY	I	10/08/2014 05:50:27	12/09/2019 13:36:54	
* A	01/02/1999	07/31/2003	42 - VETERANS	004	11110	P - PRIMARY		10/08/2014 05:50:27	12/09/2019 13:36:54	03/08/2016 09:46:23
* V	04/25/1998		47 - LIABILITY	004	02050	P - PRIMARY	NO	10/10/2014 07:12:54	01/06/2016 07:38:40	
* A	04/25/1998		47 - LIABILITY	004	02050	P - PRIMARY	NO	10/10/2014 07:12:54	01/06/2016 07:38:40	01/06/2016 07:38:40
* V	01/02/1997	07/31/2003	12 - WORKING AGED	004	77777	P - PRIMARY	YES	10/08/2014 05:50:27	12/09/2019 13:36:54	
* V	11/01/1995				11120	S - SECONDARY		01/29/2010 14:43:32	01/29/2010 14:43:32	
* V	11/01/1995				11120	S - SECONDARY		08/30/2006 04:50:22	07/25/2007 09:36:31	

Questions or concerns about any of the information within this letter should be directed to the MAPD Help Desk at MAPDHelp@cms.hhs.gov, or 1-800-927-8069.