



CENTER FOR BENEFICIARY CHOICES

MEMORANDUM

Date: April 27, 2006

To: Prescription Drug Plans and Medicare Advantage-Prescription Drug Plans

From: Gary Bailey, Deputy Director, Center for Beneficiary Choices

Subject: Special Transaction Reply Reports (TRRs) - IMMEDIATE ACTION

CMS is preparing to send three TRR format files to plans beginning Thursday, April 27. The first is a full enrollment TRR (described below), which all plans will receive. The other two TRRs are related to two special processes and will go only to those plans impacted by those processes. The first is related to a clean up of pended beneficiaries, the second is represents the results of enrollment reconciliation.

Clean up TRR: The clean up TRR will go out Thursday, April 27 and will contain the first set of Transaction Reply Code (TRC) 165 clean ups. TRC 165 indicates delayed processing. CMS is resolving conditions that caused delayed processing and completing the transaction processing. This clean up TRR is the first of several that will result from the clean up activity. Process these transactions as you would any weekly TRR. **Please note that this TRR may be the only record you receive of the successful completion of these transactions, i.e., they may never appear on a monthly or weekly TRR since they were part of a clean up.**

Enrollment Reconciliation TRR: The enrollment reconciliation TRR will be pushed to plans on Friday, April 28, 2006. The enrollment reconciliation process has been completed and CMS is preparing to send the Transaction Reply Reports (TRRs) that reflect the results. A special weekly TRR will be generated and pushed to plans. All plans with enrollment reconciliation transactions, as well as any plans with auto-disenrollments or enrollment cancellations resulting from those transactions, will receive this TRR.

The TRR will contain both accepted and rejected transactions, as well as some TRC 165s (approximately 2,500 total). We have examined all of the TRC 165s that resulted from this process and have determined that all 165s associated with enrollment reconciliation are the result of internal systems issues. Aside from TRC 165s and duplicate transactions, the acceptance rate overall for enrollment reconciliation was 99.6%. Because there has been such a high success rate with these transactions, CMS is confident that most if not all 165s will result in successful enrollments when a 165 clean-up is complete. **Therefore, CMS is instructing plans to treat the 165s on the enrollment reconciliation TRR as successful enrollments. This instruction applies only to the enrollment reconciliation TRR.** We are expediting the clean-up of these 165s in order to complete transaction processing and generate appropriate TRRs.

Plans with accepted enrollments on the enrollment reconciliation TRR have the option not to send acknowledgements to beneficiaries. Normally, these acknowledgements would automatically go to beneficiaries whenever a plan receives an enrollment acceptance from CMS. For this process only, the beneficiary acknowledgement letters are optional. However, any beneficiary who requests an acknowledgement letter shall receive one.

Plans are required to send EOBs to the receiving plan for any disenrollments received on this TRR or the original enrollment reconciliation file. At a minimum, EOBs must be shared for any members with claims activity in the plan from which they have been disenrolled. **In addition, plans must send 4Rx data to CMS for any successful enrollments processed.** It is essential that this data be submitted as promptly as possible to ensure pharmacy benefits are available to these enrollees. In addition, plans must promptly update their pharmacy processing systems.

Full Enrollment File: The full enrollment file represents all enrollments processed and reported to plans on all TRRs through the weekly TRR generated on Saturday, April 22. It also includes transactions on the two special TRRs described above and the clean up TRR on Monday, April 24. Plans shall process both special TRRs (and all other previously received TRRs) and complete the enrollment reconciliation process, including activating any disenrollments that are effective for April 30 (i.e., beneficiaries who did not choose to remain with the original plan). After completing all of this processing, plans shall reconcile the full enrollment file to their current enrollment records and identify any remaining discrepancies. **Plans shall submit 4Rx data for any new members added as a result of processing the full enrollment file and ensure that pharmacy processing systems are updated promptly.**

Discrepancies from this process should be divided into two categories: beneficiaries on the full enrollment file but who are not enrolled in plan systems; and beneficiaries that plan systems have as enrolled but who are not on the CMS full enrollment file. CMS will be sending further instruction regarding the latter group. CMS will be requesting that plans submit these beneficiaries to CMS for review so that we can develop an understanding of any remaining enrollment discrepancies. This process will be laid out in more detail in the HPMS weekly bulletin on Friday, May 5.