



Medicare-Medicaid Coordination Office

DATE: October 21, 2013

TO: States and Medicare-Medicaid Plans participating in the Capitated Financial Alignment demonstration

FROM: Sharon Donovan
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SUBJECT: Technical Guidance - Enrollment File Exchanges with CMS

This memorandum provides updated guidance to all Medicare-Medicaid Plans (MMPs) and States participating in the Capitated Financial Alignment Demonstrations on establishing connectivity to CMS to exchanges enrollment-related files. This document also announces the release of the updated MMP Technical Manual (version 1.4).

A. Routing Configuration – allowing direct exchanges between Health Plans and CMS

We are providing updated technical guidance on an additional option for MMPs to exchange files with CMS' MARx enrollment and payment system. In our MMP Enrollment and Disenrollment Guidance of June 14, 2013, we initially identified only one option for MMPs, i.e., that all exchanges had to occur through our demonstration enrollment vendor (Infocrossing, Inc.). We received several inquiries from Health Plans requesting the ability to retain their existing data exchange pathways with CMS' MARx system (i.e., under an existing Medicare Advantage contract). In response to these requests, CMS will offer the option for MMPs to exchange files directly with CMS' MARx system.

This new option, called "dual routing," will allow CMS to send daily transaction reply report and other CMS response files to States via the demonstration enrollment vendor, and to the specific MMP simultaneously and in real time. MMPs may use data exchange mechanism of their choice (i.e., TIBCO MFT Internet Server, Gentran Mailbox Server, T1 Connect:Direct, or third party administrator) as dual routing does not impact with their data exchange configuration. Additionally, this makes it possible for States to also receive a CMS response based on the MMP-submitted MARx transaction as long as Infocrossing, Inc., listed as one of their approved submitters. Please note that States (or their designated enrollment broker) must continue to use the demonstration enrollment vendor (Infocrossing, Inc.) for all enrollment-related data exchanges with CMS.

Regardless of whether an MMP wants to exchange files through the demonstration enrollment vendor or directly with CMS, it will be extremely important for all MMPs to approve

Infocrossing, Inc. as one of their ‘submitter’ through CMS’ IACS system. Otherwise, States will not be able to submit enrollment requests to CMS’ MARx system.

MMPs that are interested in this new option should contact Giman.Kim@cms.hhs.gov. As MMP contracts are signed in a given state, CMS will release separate guidance on the steps to establishing data exchanges with CMS.

B. MARx Transaction Codes (TCs) and Files

Per [Medicare-Medicaid Plan Enrollment and Disenrollment Guidance](#), States will administer the enrollment process for their Medicare-Medicaid Plans and will submit enrollment-related transactions to CMS’ MARx system. At a minimum, these will include MARx transaction codes in the following table:

Transaction Codes (TC)	Types of Request
51	Disenrollment
61	Enrollment
76	Residence Address Record Update
81	Cancellation of Disenrollment
82	MMP Enrollment Cancellation
83	MMP Opt-Out Update

States may assume responsibility for other enrollment-related transaction codes, or may delegate those to MMPs. Those transaction codes include:

Transaction Codes (TC)	Types of Request
72	4Rx Record Update
73	NUNCMO Record Update
74	Employer Group Health Plan (EGHP) Record Update
75	Premium Payment Option (PPO) Update
76	Residence Address Record Update
77	Segment ID Record Update
78	Part C Premium Record Update

Note: Neither the State nor Medicare-Medicaid Plan will send TC’s 01, 30, 31, 41, 42, 54, 79, and 80 as these TCs are not applicable to the capitated financial alignment demonstration.

The CMS’ MARx system will send MARx files (i.e., DTRR, Monthly Full Enrollment File) to both States and MMPs based on the MMP contract number. To see the full list of all MARx

transmissions, please see pages **K-1** thru **K-18** at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelppdesk/Downloads/PCUG-Appendices-v71-September-4-2013.pdf>

C. MMP Technical Manual (version 1.4) – Updated Release

An updated version of the Manual is now available. Only a minor change was made from the previous version, specifically, on page 27, please find the corrected valid value for the Premium Payment Option/ Part C-D field in position 77 of the Medicare input transaction file layout. The correct value is “N” (No Premium Applicable). The updated guide is available here: http://www.chcs.org/usr_doc/MMP_EE_Guide.pdf

For any questions about this memo, please contact Giman.Kim@cms.hhs.gov.