

# FIDA ENROLLMENT QUESTIONS AND ANSWERS (6/20/14)

## Enrollment Files

### 834

Q1: When should FIDA Plans expect to receive 834 files containing FIDA members? Specifically, initial production of 834 enrollment file(s) for voluntary enrollees effective 10/1/14 and passive enrollees effective 1/1/15?

A1: Plans will receive the first 834 enrollment files for voluntary enrollments as early as September 3, 2014 for the Oct 1, 2014 effective coverage date.

Plans will receive 834 enrollment files for passive enrollees at least 60 days prior to the passive enrollment effective date.

Q2: Will New York Medicaid Choice (NYMC) conduct file testing?

A2: Yes, NYMC will conduct file testing. There is not a specific date available at this time but testing will likely begin in mid-July.

Q3: Will the 834 enrollment file have all prospective and retroactive records which include changes to existing date prior to the current system date?

A3: 834 enrollment files will contain both prospective and retrospective records (e.g. enrollments & disenrollments) which will include effective dates.

Q4: How often will the 834 enrollment files be sent and how will FIDA members be identified?

A4: Here's a list that illustrates how frequent the 834 enrollment file will be sent:

- E & T files are sent daily (Monday through Friday)
- The L file is sent the 3rd business day of the month
- The A file is sent the 7th business day of the month

834 enrollment files will contain the same member information they currently contain plus added data elements. HICN will be added.

As is currently done, 834 files will be accessed by plans from an online NYMC site. FIDA Plans will have a different MMIS No. from the MLTC Plan of the same company. Health Plans will have the option to have 2 separate logins to access the NYMC site, one for their FIDA Plan and one for their MLTC Partial Capitation Plan.

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Q5: Will the 834 enrollment files replace the current State Medicaid roster files or are FIDA Plans required to process both types of files?

A5: 834s will not replace the State Enrollment Roster. The 834s are sent daily while the State Enrollment Roster is sent monthly so the 834s should be used as a preview of new members, but the State Enrollment Roster will continue to be the State record of truth.

In addition to the State roster and 834 files, CMS will also be sending Daily Transaction Reply Reports (DTRRs) notifying plans of CMS acceptance of the FIDA member. The DTRRs are sent up to 48 hours prior to state confirmation of enrollment.

Please refer to the Medicare Advantage and Prescription Drug Plans (PCUG) Manual, Version 8.1, Appendix F for a detailed file layout of the DTRR. A list of additional CMS reports can be found in Appendix J. The CMS enrollment transmission schedule is listed under Appendix D.

Here's a link to PCUG Appendices: <http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/PCUG-Appendices-v81-May-30-2014.pdf>

Q6: When will the 834 Companion Guide be made available to FIDA Plans and will there be any modifications made to the 834 enrollment file for the FIDA demonstration?

A6: There is no release date scheduled for the FIDA specific 834 Companion Guide yet. However, more information will be coming soon. The current 834 Companion Guide can be used until updates are made. The only anticipated changes are the addition of new data elements that will be added to the E-File across all products.

Q7: Will the original date a member enrolled into a FIDA Plan appear on the 834 enrollment file?

A7: No, the original date will not appear on the 834 file.

Q8: How will enrollment Cancellations and Disenrollments be identified on the 834 File?

A8: Enrollment cancellations means that the beneficiary is transferring out of a future enrollment. It will arrive via T file - it will appear as a disenrollment that is happening in the future. The T file will indicate the cancellation as a disenrollment.

Q9: Will CMS or the State confirm final enrollments?

A9: State Enrollment Rosters will still be the final source of enrollment information.

CMS will send a Daily Transaction Reply Report (DTRR) to the plan to indicate that CMS has accepted the transfer of the enrollee into the FIDA Plan. The DTRR is the plan's first notification that a new member may be joining the plan. The DTRR is sent approximately 2 days before the State sends the daily 834 E-File to indicate that both CMS and the State have accepted the enrollment. Once a month the State Enrollment Roster will provide a complete list of plan members. The 834 enrollment file will continue to provide transaction processing information

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for FIDA Plans. Nothing about the State Enrollment Roster will change specifically for the FIDA program.

Q10: Can FIDA Plans receive more information on L, A, D, R, RS, and H files?

A10: L-File: Notification that an enrollee lost eligibility between first roster generation and the end of the month. This file is sent on the third business day of the month, between the primary and secondary State Rosters.

A-File: Notification that a consumer found on the last L file has subsequently regained eligibility. This file is sent on the seventh business day of the month, also between the primary and secondary State Rosters.

D-File: A daily file (Monday through Friday) containing status of involuntary disenrollment requests that NYMC received from the Plans.

R-File: In regards to FIDA, a daily report (Monday through Friday) of safe discharge disenrollment request errors or rejections.

RS-File: A weekly file containing NYC beneficiaries who are due for recertification.

H-File: A weekly file containing NYC plan enrollees who are homeless.

*Please note: These are all files generated by the enrollment broker, NYMC. Similar to E and T files, the L and A files are in the 834 format. The D, RS, R and H files are in a proprietary file format.*

*RS and H files are only for NYC residents.*

Q11: How will a FIDA Plan distinguish a FIDA member on the E-File?

A11: FIDA Plans will have separate files that will contain FIDA transactions.

Q12: If a beneficiary enrolls after the 20th of the month when would an enrollee's coverage begin (e.g. file received 9/21/14 – enrollment effective 10/1/14 or 11/1/14)?

A12: Enrollment into a FIDA Plan will follow the 20<sup>th</sup> of the month cut-off for enrollment, so the beneficiary who enrolls in FIDA on 9/21/14 will have an effective coverage date of 11/1/14.

Q13: Are FIDA Plans required to send files to NYMC?

A13: At this time, Plans will not be required to submit electronic files to NYMC.

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Q14: Not all MAP, MLTC disenrollments appear on “L” or “T” file. Some records drop off the rosters and are not communicated on the L or T files. Will this discrepancy continue to exist for the FIDA L or T files?

A14: The L file consists of cases that were on the Roster and then lost eligibility the first week of the month. Any other cases that lost eligibility after the first week will not be posted on the L file. Disenrollments will be posted on the T file. The involuntary disenrollment process has not yet been finalized and that could result in disenrollments outside of NYMC’s domain.

Q15: Will FIDA Plans receive an A file when a FIDA member is reinstated to the Plan?

A15: An “A” file is not meant for reinstatement. The purpose of an “A” file is to report beneficiaries who regain eligibility from a recent “L” file.

For example, Plans receive the first State Roster. Beneficiaries on that roster lose eligibility are on the L file, which is sent on the 3rd business day of the month. If a beneficiary regains eligibility, that beneficiary is found on the A file. Thereafter, the second Roster is sent out. The L and A files are only for the first week of the month.

Q16: How does a FIDA Plan facilitate records that cannot be processed within a timely manner for a beneficiary due to lack of incorrect information received on the enrollment file?

A16: NYMC will only provide comprehensive enrollment data to FIDA Plans. In addition, once the enrollment application is complete (i.e. the State obtains necessary information such as a beneficiary's signature on the enrollment form), FIDA Plans can expect to receive both the State's 'E' file, as well as, the CMS DTRR.

### Roster

Q17: Will the Monthly Primary and Secondary State Medicaid Enrollment Rosters be changed in any way, and will the following information be included in the Rosters?

- Surplus Amount
- File Layout Modifications or Additional Values
- Rates Codes
- HICN

A17: The Primary & Secondary State Medicaid Enrollment Rosters will not change. Plans will receive monthly Primary and Secondary Rosters from the State. The Primary Roster will continue to include surplus data. The information that is currently included will continue to be included for FIDA.

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## 4RX Guidance

Q18: Who will be responsible for submitting 4RX data?

A18: FIDA Plans will be responsible for submitting 4RX data. NYMC will submit enrollment transactions to CMS MARx without the 4Rx data, as they are not the originators of pharmacy billing codes. Therefore, it is appropriate for FIDA Plans to submit 4Rx data within 72 hours after receiving the DTRR confirming that the individual is enrolled in their plan.

NYMC will send an E-File that contains demographic information necessary to complete the 4Rx report to CMS. The E-File will be sent to plans approximately 48 hours after the DTRR is received.

## Continuity of Care Guidance

Q19: If a beneficiary opts to enroll into a different FIDA Plan, will both FIDA Plans be required to know the original date the beneficiary enrolled into the initial FIDA Plan for the purpose of continuity of care (CoC)?

A19: Original FIDA Plan effective date is not necessary for subsequent FIDA Plans. A FIDA member always has 90 days to transition, even if the beneficiary moves from FIDA to FIDA.

Q20: Will Coordination of Benefits (COB) be available for FIDA members?

A20: CMS will send out Coordination of Benefits (COB) on an as needed basis. For specific data elements, please refer to PCUG Appendices 8.1 for more details about COB; OHI Data File: <http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/PCUG-Appendices-v81-May-30-2014.pdf>

Q21: If a PCP is not in the Plan's Provider Network, will the person's enrollment go through or will it be pended until the Plan signs up a Provider?

A21: The enrollment will be completed. NYMC will process the member and put the PCP that member has from the prior plan regardless of the PCP's connection to the new FIDA Plan. The data entered into the enrollment application could be a PCP or it could be vendor information, whoever the beneficiary indicates -- this will be on the E file and is not a new field. Whoever the beneficiary wants to be affiliated with, NYMC will look-up the Provider ID (in the companion guide), the license no., first name and last name of the Provider. If NYMC cannot find the provider in the Plan's Network, NYMC will enter the Provider's name as a text stream.

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## Passive Enrollment

Q22: How will passively enrolled and self-select members be identified in the DTRR or E-file?

A22: The DTRR file has enrollment source codes to identify passive enrollment. Please refer to Enrollment Source Code (position 155) and locate the following:

- J - State-submitted Passive Enrollment
- L - Beneficiary Election in Financial Alignment Demonstration (Opt-In)

A State specific enrollment guide will be supplied soon.

Please refer to current CMS enrollment guidance:

<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMPFinalEnrollGuidance.pdf>

The E-file will identify passive enrollment, similar to MLTC files. Please refer to transaction codes and source codes. NYMC will include FIDA codes in the updated 834 Companion Guide.

Q23: What is the criteria for beneficiaries who qualify as passive enrollment (PE) after January 1, 2015?

A23: Please refer to the FIDA MOU and Three-way contract for PE criteria.

Q24: Since FIDA is a three year demonstration and there are only five months of passive enrollment (PE), will a second round of PE occur?

A24: The three-way contract reserves CMS and the State the right to do additional PE. No specific PE plans have been finalized at this point.

## Medicare Annual Enrollment Guidance

Q25: During the passive enrollment period what if an enrollee elects a Medicare Advantage Plan (MAP) or MAPD during the Medicare annual election period (AEP) which occurs around the same time as passive enrollment? Will the MAP or MAPD enrollment supersede FIDA passive enrollment (PE)?

For example, an enrollee is passively enrolled into a FIDA Plan on the 15th of December and then elects an MAPD plan on the 19th of December, which election is the final enrollment choice? What if the election dates are reversed – an enrollee elects an MAPD plan on the 15th and is passively enrolled into a FIDA plan on the 20th?

A25: In anticipation for Medicare AEP & CMS annual reassignment for Part D LIS which occurs Oct. 15 – Dec. 7, the State may be required to coordinate the timing of passive enrollment file submission to CMS earlier than the ‘standard 75 days before the effective date’ routine. If the enrollee makes an affirmative choice at any time that will trump their passive enrollment. This includes a choice to opt-in to a different FIDA Plan or into a non-FIDA MA Plan.

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For example, a PE file will need to run in Oct for Jan PE. The enrollee will receive a letter but selects to opt out. The next step is to contact Maximus, who will send a cancellation transaction (TC 82) to CMS which will cancel future enrollment and reinstate the previous Medicare plan. The Plan and NYMC will receive a DTRR indicating that the enrollee will not be joining the FIDA Plan and will stay in the current Medicare Plan with a TRC code 312 (enrollment canceled), and a TRC 287 (enrollment reinstated). Approximately 48 hours later the FIDA Plan will receive a T File indicating the individual has opted out of FIDA and the original MLTC Plan will receive an E File indicating the individual will continue to be a member of that plan.

The last enrollment choice will be final and split enrollment is not an option since there will be only one enrollment facilitated by Maximus.

FIDA plans can expect to see the first set of DTRRs for 1/1/15 effective date in early October. Welcome letter and the rest of materials should go out 30 days (around Dec. 1) before the effective date as instructed in the national guidance (<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMPFinalEnrollGuidance.pdf>)

Q26: How will the State communicate opt-out enrollments for beneficiaries whose passive enrollment was already communicated to a FIDA Plan?

- a. Will the State automatically put the beneficiary back into their previous MLTC or MAP Plan?
- b. If the State will reinstate the beneficiary into their previous Plan how and when will the State communicate this reinstatement to the previous Plan?

For example, the State sends Beneficiary A to Plan X for a 1/1/2015 effective date via an E-File sent on 12/15/2014. Beneficiary A calls NYMC on 12/27/2014 and opts out of being passively enrolled in Plan X. When and how will the State communicate the opt out request to Plan X? Will the state communicate a reinstatement to Beneficiaries previous MLTC or MAP plan, if yes how will this be communicated?

A26: Sending the passive enrollment file 60 days ahead is set artificially early so that any subsequent election by an individual will “trump” the passive enrollment transaction. For individuals who opt-out at any point prior to the passive enrollment effective date, NYMC must send CMS an enrollment cancellation transaction (TC 82) with an effective date equal to the effective date of the passive enrollment being cancelled and an opt-out transaction (TC 83).

CMS systems will attempt to restore the individual to his/her previous coverage; if that is not possible, CMS’ systems will revert the individual to original Medicare and will auto-enroll him/her into a Medicare Prescription Drug Plan. The individual will have access to the LI NET prescription drug plan during any coverage gap.

For further guidance, please refer to MMP enrollment/disenrollment guidance at 30.1.4(B) (6).

<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMPFinalEnrollGuidance.pdf>)

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## Voluntary Enrollment

Q27: What is the shortest notice that will be provided for a passively enrolled individual and how are groups chosen?

A27: Plans will receive a DTRR approximately 72 days in advance and an E File approximately 70 days in advance. Consumers will be notified 60 days in advance. The first consumer notification is scheduled for 11/1/14; 60 days before coverage begins.

Passively enrolled beneficiaries are selected based on the following:

- end date of eligibility for beneficiaries with renewal dates
- SSI population based on birth date

Please refer to the 3-way contract for additional information on enrollment notice requirements. For timing purposes, CMS will send DTRR files communicating enrollment and cancellation, and NYMC will send L and E files.

Q28: How will the State or CMS facilitate the following?

- Select a FIDA Plan then cancel enrollment request
- Timeframe a beneficiary can initiate a FIDA Plan cancellation
- How will the State or CMS communicate enrollment cancellations to FIDA Plans
- Will a beneficiary automatically be reinstated to their previous Plan
- Can a beneficiary contact NYMC and cancel voluntary enrollment

A28: The cancellation should result in the beneficiary remaining enrolled in the health and/or drug plan in which he/she was originally enrolled. A beneficiary has until the last calendar day before the effective date to request a cancellation (void the FIDA enrollment).

NYMC must send a TC 82 cancellation transaction to CMS. Once that transaction is accepted, CMS will generate two DTRRs (One DTRR going to the previously enrolled Medicare plan with a TRC code 287 – Enrollment Reinstatement and another DTRR going to NYSDOH and the FIDA plan with a TRC code 312 – MMP Enrollment Cancellation Accepted).

In the case of cancellation (voiding the FIDA enrollment before it occurs), CMS reinstates the person back to their previous Part D or Medicare Advantage plan. For disenrollment (where the person has been receiving Medicare and Medicaid services through FIDA plan), CMS does not reinstate back to the previous plan.

When Medicare gets a cancellation request it voids enrollment and the Plan gets a DTRR with the enrollment canceled (TRC 51). The beneficiary returns to the previous Part D or C Plan (TRC 287 reinstatement). Please refer to the MMP Enrollment/Disenrollment Guidance, Section 50.2.1.

If a beneficiary contacts NYMC to cancel voluntary enrollment that is considered a transfer. As a result, T and E files will alert plans.

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- Q29: For the voluntary enrollment period that begins October 1, when and how will beneficiaries be notified they can opt in to a FIDA Plan? What criteria will be used to select the individuals to be notified?
- A29: All FIDA eligibles will receive a notice by Sept 1, 2014 announcing FIDA and providing contact information to opt-in. Following the announcement letter, 90, 60 and 30 day notices will be issued to the first passive enrollment cohort. Any potential eligibles may opt-in at any time once the announcements have been sent.  
MLTC enrollees will receive a FIDA program announcement notice as well as the FIDA initial outreach notice to learn more about the program. Individuals must meet the basic eligibility outlined in the FIDA MOU and in the national MMP Enrollment/Disenrollment Guidance, in Appendix 5, as well as in the State-specific guidance.

### Voluntary Disenrollment

- Q30: Does a FIDA Plan receive voluntary disenrollment requests from CMS prior to receiving the notice from the State indicating the FIDA Plan should disenroll the member's coverage? Or, should the FIDA Plan wait to receive the disenrollment notification on the T file from the state prior to disenrolling the member's coverage?
- A30: The FIDA Plan will receive a DTRR from CMS alerting the plan of an impending voluntary disenrollment, but until the T File is received the disenrollment has not been confirmed by the State.  
The FIDA Plan should wait until after receiving the **Roster** before removing a person from the system.  
  
Additional information for this process will be available soon.
- Q31: What is the process for beneficiaries who disenroll after the monthly cutoff date (21<sup>st</sup>-end of the month)?
- For example, Beneficiary A voluntarily disenrolls on the 27th of the month from FIDA Plan X. Since it is after the 20th of the month Beneficiary A can't enroll into another FIDA plan so what type of coverage will this beneficiary have for the 1st of the month following their disenrollment date?
- A31: In most cases, when a beneficiary chooses to enroll into a different FIDA Plan on the 27th of May (for example), s/he would be told that his/her coverage in that plan would begin on the July 1st and s/he would remain in his/her current FIDA Plan until that time.

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## Involuntary Disenrollment

- Q32: FIDA Plans will be required to submit involuntary disenrollments due to a member being out of the service area, death or loss of Medicare coverage. Will a FIDA Plan communicate these involuntary disenrollment requests to the State first and then to CMS once the State confirms disenrollment?
- A32: There are different requirements for involuntary disenrollment and FIDA Plans should review specific enrollment guidance (Appendix V) and the MMP Enrollment and Disenrollment Guidance carefully, particularly Section 40.2 on required involuntary disenrollments. In general, because the State has not delegated enrollment responsibilities to the FIDA Plans, the plans will communicate to the State/Enrollment Broker any information in a timely manner that they believe provides evidence for one of the bases for involuntary disenrollment.

## Reconciliation & Payment Guidance

- Q33: As Medicare processes disenrollments retroactively will there be a process to transfer any initial claim payments to the other plans, original Medicare if the FIDA plan begins services then receives disenrollment or retroactive change to enrollment in FIDA?
- A33: Yes, FIDA Plans should use the Plan-to-Plan (P2P) reconciliation process between the two plans (plan of record and non-plan of record).
- Q34: If a FIDA Plan identifies any discrepancies between the State and CMS enrollment or disenrollment spans how would the Plan address these discrepancies to ensure accurate premium payment from CMS and the State, since premium payment will still be separated under this product.
- A34: Depending on what the discrepancy is, it would be reviewed and forwarded to NYMC and to the CMT to review those records and advise next steps.

## Enrollment / Marketing Guidance

- Q35: What is the timing of communications from the State and will these communications be provided to the Plan to assist in answering questions?  
Also, when are plans required to send member communication letters upon enrollment/disenrollment? (With the exception of welcome letters for passive enrollees, some involuntary termination letters and new member materials like the Welcome Kit, ID cards, etc.).
- A35: The State will provide mailing release dates. The majority of enrollment related notices will come from NYMC.  
Also, FIDA Plan communications are identified in the State specific marketing guidance and will be identified in the State specific enrollment guidance which is forthcoming.

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Q36: Is it correct that FIDA Marketing will begin at the same time the NY Enrollment Broker will be starting to process enrollments?

A36: Yes, FIDA Marketing begins on September 1st, which means enrollment activities can begin on September 1 which is the FIDA demonstration kickoff date and the date NYMC will begin processing disenrollments.

Q37: When are FIDA Plans required to send welcome packets to beneficiaries?

A37: Once a FIDA Plan receives a confirmation (which will include the confirmed enrollment from both NYSDOH and CMS), the FIDA Plan must provide the welcome packet within 10 business days OR by the last calendar day of the month prior to the effective date, whichever occurs later.