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**DATE:** October 1, 2024

**TO:** Prescription Drug Plan Sponsors

**FROM:** Jerry Mulcahy  
Director, Medicare Enrollment and Appeals Group

**SUBJECT:** 2025 Reassignment of Low-Income Subsidy Beneficiaries in Prescription Drug Plans

**Overview of the Reassignment Process**

In October, the Centers for Medicare & Medicaid Services (CMS) will conduct reassignment of certain beneficiaries eligible for the Part D Low-Income Subsidy (LIS). CMS will reassign individuals who are LIS-eligible in 2024, and will remain LIS-eligible in 2025, and:

1. The Prescription Drug Plan (PDP) to which the beneficiary was auto assigned, facilitated enrolled or reassigned by CMS will no longer have a Part D premium at or below the LIS benchmark in 2025, and their PDP is not waiving the de minimis amount; or,
2. Are enrolled in a PDP that will be non-renewing, regardless of whether they chose or were assigned to the PDP; or,
3. Are in a Medicare Advantage Prescription Drug (MA-PD) Plan that is non-renewing or reducing their service area as of 2025. LIS-eligible beneficiaries in non-renewing MA-PD plans or beneficiaries affected by a service area reduction are reassigned into PDPs only.

CMS will not reassign beneficiaries that:

- 1) Are in a plan that volunteered to waive the de minimis amount; or
- 2) Reside in U.S. territories, or
- 3) Are enrolled in employer-sponsored PDPs; or
- 4) Are enrolled in continuing Medicare Advantage (MA) plans, regardless of the level of the Part D premium.

For further guidance on this process, please see § 40.1.9 of the 2025 Medicare Advantage and Part D Enrollment and Disenrollment Guidance found at:

<https://www.cms.gov/medicare/enrollment-renewal/part-d-enrollment-eligibility>

A summary of the process is provided in the attachment at the end of this memo. Key information about this year’s process is outlined below, including technical details about the file formats received in October, the beneficiary notification schedule, and a reassignment timeline.

**Interim Notification to PDP Sponsors in October**

After CMS conducts reassignment, CMS notifies losing and gaining PDPs of individuals that are being reassigned to another plan or who will be reassigned to their plan for 2025. The format of the one-time file for both gaining and losing PDPs will be the same as the “Auto Assignment Address Notification Detail Record” that is now used to communicate the current daily auto-assign beneficiaries and their respective addresses to plans. Please see file layout 4-7 in the MAPD Plan Communications User Guide (PCUG) for file format and specifications, available at: [https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelphdesk/Plan\\_Communications\\_User\\_Guide.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelphdesk/Plan_Communications_User_Guide.html)

For losing plans, this file can be identified by file name:

- “P.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmsst” (Gentran Mailbox or TIBCO)
- “zzzzzzz.Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmsst” (CD mainframe)
- “[directory]Rxxxxx.APDP5.LOSS.Dyymmdd.Thhmsst” (C:D non-mainframe)

Header Code: “MMAPDPLH”  
Trailer Code: “MMAPDPLT”

For gaining plans, we will provide an interim reassignment notification file identified by this file name:

- “P.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmsst” (Gentran Mailbox or TIBCO)
- “zzzzzzz.Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmsst” (C:D mainframe)
- “[directory]Rxxxxx.APDP5.GAIN.Dyymmdd.Thhmsst” (C:D non-mainframe)

Header Code: “MMAPDPGH”  
Trailer Code: “MMAPDPGT”

| <b>KEY</b>  |
|---|
| xxxxx = 5-character contract ID   |
| yymmdd = two-digit year, month, day                                       |
| hhmsst = hour/minute/second/tenths of second                              |
| zzzzzzz = Plan-provided high-level qualifier                              |
| [directory] = optional directory specified from non-mainframe C:D clients |

We estimate that the file resulting from reassignment will be transmitted by November 1, 2024.

### **Special Circumstances for the October Interim File:**

- 1) For beneficiaries reassigned to a different Plan Benefit Package (PBP) within the same PDP sponsor, the PDP sponsor will receive two files: one identifying beneficiaries in losing PBPs and one that identifies beneficiaries enrolled in gaining PBPs.
- 2) CMS will identify the region in which the beneficiary resides by first checking the state file on which the beneficiary was submitted, which may be in a different region than that of their current PDP. If the beneficiary was not submitted on any state file, CMS will use the beneficiary's current address recorded in our systems to determine where the beneficiary needs to be reassigned. A PDP that receives a "gaining beneficiary" file identifying beneficiaries who have an address that is outside of the PDP's region should not automatically disenroll those beneficiaries. Instead, the PDP should follow the procedures in § 60.2.1.4 of the Medicare Advantage and Part D Enrollment and Disenrollment Guidance to verify whether the address on record reflects the beneficiary's correct address prior to initiating a disenrollment.
- 3) PDPs that volunteer to waive the de minimis amount will gain beneficiaries only if the losing PDP or MA plan is within the same parent organization. If this occurs, the de minimis PDP will also receive a "gaining beneficiary" file notifying it of such reassignments.
- 4) The interim notifications will include the beneficiaries' LIS premium and copayment levels as well as their address. However, PDPs must wait until **after** the Daily Transaction Reply Report (DTRR) that will arrive on or about **November 4, 2024**, which will contain confirmed enrollments resulting from the reassignment process, before submitting the 4Rx records for those beneficiaries. This is because this interim list may not exactly match the list of beneficiaries who are ultimately enrolled in a PDP through reassignment, since voluntary beneficiary elections may occur after the preliminary file is created.

### **Characteristics of Reassignment Transactions on the Special Transaction Reply Report (STRR)**

Once CMS processes reassignment transactions, CMS will transmit a STRR to plans on or about November 1, 2024, containing only reassignment transactions. The STRR will contain enrollments and disenrollments due to both PDP and MA reassignments. Plans will be able to identify affected beneficiaries as follows:

#### **Application date:**

- All LIS beneficiaries reassigned due to a premium increase will have an application date of June 1, 2024.
- All LIS beneficiaries reassigned due to a plan or contract non-renewal will have an application date of September 30, 2024.

**Enrollment source code** = H (reassign)

**Transaction reply codes (TRC)** = TRC 212 – Reassignment Enrollment Accepted – Reassignment enrollment request for a beneficiary into a Part D plan submitted by CMS or Plan is accepted.

The special TRR will be identified by the following information depending on the type of connectivity for file transfers that the plan uses:

**Gentran mailbox or TIBCO:**

P.Rxxxxx.SPCLTRD.Dyymmdd.Thhmsst.

**Connect: Direct (Mainframe):**

zzzzzzzz.Rxxxxx.SPCLTRD.Dyymmdd.Thhmsst

**Connect: Direct (Non-Mainframe):**

[directory]Rxxxxx.SPCLTRD.Dyymmdd.Thhmsst

See the Key above on page 2 for an explanation of these naming conventions. The content/layout of the special TRR will be similar to the daily TRR, except that it will only include transaction reply codes from the reassignment process.

**CMS Notification to Affected Beneficiaries**

CMS will mail the first of two notices (printed on blue paper) to the affected beneficiaries in mid-November. This notice will inform beneficiaries of the prospective zero premium PDP into which they are being reassigned, indicate the 2025 premium of their current PDP, and instruct them to contact their current plan if they wish to remain with the plan if it is available to them in 2025.

CMS will mail the second blue notice to these beneficiaries in late-November. This second notice will identify which drugs in their current drug regimen are on the formulary of the 2025 plan to which they are being reassigned, and how to request an exception or appeal, or file a grievance.

CMS will also send notices (printed on tan paper) to “choosers”; that is, LIS-eligible individuals who chose PDPs that will have an increased premium liability in 2025 compared to their 2024 Part D premium liability. These notices will inform beneficiaries that they will either incur a premium or their current premium will increase if they take no action, and list plans in their area that are available to them for no monthly premium.

The reassignment and chooser notices will be available at:

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/LIS-Notices-and-Mailings>.

**Note:** We will use the following data elements from the Health Plan Management System (HPMS) to populate these beneficiary notices:

- 1) Organization Marketing Name; and
- 2) Customer Service Number.

We will use the “Auto-Enrollment Customer Service Number” if that field is populated in HPMS. If not, we will use the “Customer Service for Prospective Members - Part D” information. **Please be sure this data is entered accurately into HPMS as instructed in the memorandum dated August 8, 2024, “Contract Year (CY) 2025 “Medicare & You” Handbook – Plan Data Preview” from Erin Pressley, Director, Office of Communications, Creative Services Group.**

Please use the following navigation path in HPMS to verify/update your **Organization Marketing Name**: Contract Management > Basic Contract Management > Select Contract Number > Organization Marketing Name (under the Contract Information header).

To verify/update your plan’s customer service phone numbers in HPMS, follow this path: Plan Bids>Bid Submission>CY 2025>Manage Plans>Edit Contact Data.

### **Requests for “Re-Enrollment” in the Losing Plan**

As noted above, the CMS notices on blue paper to affected beneficiaries will instruct them to contact their current plans if they wish to remain with the plan if it is available to them in 2025. If a reassigned beneficiary contacts the current plan and indicates they wish to remain enrolled despite incurring premium liability, the beneficiary must make a new enrollment election into the plan in accordance with § 40.1.9 of the Medicare Advantage and Part D Enrollment and Disenrollment Guidance. Please note that PDPs may not contact these individuals to encourage them to remain in the plan.

As part of this enrollment, consistent with § 40.1.9 of the Medicare Advantage and Part D Enrollment and Disenrollment Guidance, the PDP must confirm and document that the beneficiary understands the financial liability they will incur by remaining with the plan for 2025. **However, please DO NOT transmit these enrollment transactions to CMS until you receive the special TRR confirming the beneficiary’s disenrollment from your plan due to successful reassignment processing.** If the “re-enrollment” transaction is sent in before disenrollment (caused by the reassignment transaction) occurs, the enrollment transaction will be rejected as “beneficiary already enrolled.”

For the new enrollment transaction, use the actual application date (which is typically the date the enrollment request is received by the sponsor), an election type of “U” (Special Enrollment Period for beneficiaries who are dual and/or have LIS), and an effective date of January 1, 2025. In order for a January 1, 2025, election to be processed timely, the PDP or the PDP’s third-party representative must transmit these enrollments in accordance with the enrollment transaction submission requirements as provided in the Medicare Advantage and Part D Enrollment and Disenrollment Guidance.

## **Plan Communication to Affected Beneficiaries**

Gaining PDPs are responsible for providing enrollment confirmation and enrollment materials to beneficiaries in a timely manner (see Part D Exhibit 29). Losing PDPs are responsible for sending an appropriate Annual Notice of Change (ANOC) and disenrollment confirmation to beneficiaries being disenrolled due to reassignment.

Losing PDPs that want to identify potential re-assignees may do so by identifying all members whose enrollment source codes are A, C, or H (auto-enrolled, facilitated-enrolled, or reassigned, respectively), and who will have a 2025 low-income premium subsidy of 100%. It also includes beneficiaries with an enrollment source code of D (rollover) if the enrollment that was rolled over had an enrollment source code of A, C, or H.

If a beneficiary chooses to remain in their current plan, the current plan must send its ANOC/Evidence of Coverage (EOC) and other required annual materials by December 31, 2024. For more information, please see forthcoming HPMS memorandum titled “*Contract Year 2024 Annual Notice of Change and Evidence of Coverage Submission Requirements and Yearly Assessment*”.

Plans losing beneficiaries to another PDP sponsor because they are non-renewing must follow the guidance below regarding non-renewal notices.

## **Reassignment of LIS-Eligibles Due to Non-Renewal**

CMS will also reassign any LIS-eligible beneficiaries who will remain LIS-eligible as of January 1, 2025, and are affected by a PDP or MA-PD plan non-renewal (or an MA-PD plan reducing its service area). In this situation, we will reassign those with LIS who either were auto/facilitated enrolled into the plan, as well as those who voluntarily elected the plan (i.e., choosers). The CMS reassignment and notification process will be the same as the process described above for reassignment based on premium increase, except that losing PDPs and MA-PD plans will not get the October losing file.

PDPs that are non-renewing should refer to CMS’ annual Non-Renewal and Service Area Reduction Guidance for specifics about how beneficiaries must be notified about the non-renewal. This guidance will be released by CMS via HPMS. For more information on general non-renewal requirements, please refer to the following documents:

- *Calendar Year (CY) 2025 Advance Notice and Draft Part D Redesign Program Instructions, Advance Notice of Methodological Changes for Calendar Year (CY) 2025 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies* dated January 31, 2024.

- *Calendar Year (CY) 2025 Rate Announcement and Final Part D Redesign Program Instructions, Announcement of Calendar Year (CY) 2025 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies* dated April 1, 2024.
- *Contract Year 2025 “Non-Renewal and Service Area Reduction Guidance and Enrollee Notification” (Released in mid to late September 2024.)*

### **Plan Communication to Affected Beneficiaries Regarding Non-Renewal**

Consistent with 42 CFR 423.507(a), PDP sponsors that are non-renewing contracts must issue a written notice of the impending plan non-renewal to all enrollees residing in the affected region(s). Such notices are standardized communications provided by CMS, which includes two options for PDP sponsors to provide required alternative enrollment information to enrollees. The PDP sponsor must place an outbound call and/or provide a written description of the alternatives available for obtaining qualified prescription drug coverage within the PDP region, including MA-PD plans and other PDPs. By regulation, PDP sponsors must notify Medicare enrollees by mail at least 90 calendar days before the date on which the nonrenewal is effective, or **no later than October 2, 2024, for contracts ending on December 31<sup>st</sup>**. The model notice can be found in the memo “Non-Renewal and Service Area Reduction Guidance and Enrollee Notification Models.” For more information, please refer to the 2025 Advance Notice and Final Rate Announcement listed above.

### **End-of-Year Timeline for Reassignment**

**Please be sure to adhere to all deadlines.**

**September 30, 2024** - Beneficiaries in continuing plans must receive appropriate standard ANOC from their plan no later than this date (including appropriate language for those beneficiaries being reassigned due to a premium increase).

**October 2, 2024** – PDP sponsors that are non-renewing contracts or plan benefit packages (or have an approved SAR) for CY 2025 must provide impacted beneficiaries with specific non-renewal notices.

**October 4, 2024** – MARx Plan Data Due date (plan payment cutoff date for November payment).

**November 1, 2024** – Special TRR showing successfully processed reassignments estimated to be available.

**Early November 2024** – CMS anticipates providing lists of PDP and MA reassignees to States, 1-800-MEDICARE, and losing and gaining PDPs.

**Early November 2024** – CMS begins mailing beneficiary “chooser” letter on tan paper.

**Early November 2024** – Gaining PDPs must submit 4Rx data within 72 hours of receiving the special TRR confirming reassignments.

**Mid November 2024** – CMS begins mailing beneficiary reassignment notices on blue paper.

**Mid November 2024** –

- **Within 10 calendar days of receipt of the STRR showing reassignment**, gaining PDPs must send beneficiaries confirmation that their enrollment has been accepted by CMS (See Part D Exhibit 29).
- **Within 10 calendar days of receipt of the STRR showing reassignment**, losing PDPs must send beneficiaries confirmation of disenrollment due to reassignment (See Part D Exhibit 10b).

**Late November 2024** – CMS begins mailing reassigned beneficiaries a second blue notice identifying which drugs in their current drug regimen are on the formulary of the 2025 plan to which they are being reassigned, and how to request an exception or appeal, or file a grievance.

**January 1, 2025** – Reassignment effective date.

### **For Assistance**

Questions on this memorandum can be sent to the CMS Reassignment Team via e-mail at [EOYReassignment@cms.hhs.gov](mailto:EOYReassignment@cms.hhs.gov).

If you have technical questions about file format or transactions, contact the MA-PD Help Desk at 1-800-927-8069 or [MAPDhelp@cms.hhs.gov](mailto:MAPDhelp@cms.hhs.gov).

Attachment

Summary of Reassignments of LIS Beneficiaries in PDPs

This table outlines beneficiary reassignment based upon the LIS population, type of plan enrollment, and premium level.

| <b>Beneficiary's LIS Status</b> | <b>2024 Plan Enrollment</b>  | <b>2025 Plan Status</b>  | <b>Beneficiary Reassignment from 2024 Plan</b> | <b>CMS Letter Sent</b>  |
|---------------------------------|--|--|--|---|
| 100% premium subsidy in 2025    | Auto, facilitated or reassigned to PDP in 2024<br><br>OR<br><br>Remained in auto/facilitated assigned plan that waived the de minimis in amount 2024 | <u><b>Above</b></u> the 2025 regional LIS benchmark amount<br><br>OR<br><br><u><b>At or below</b></u> the de minimis amount but <b>PDP DOES NOT</b> volunteer to waive the de minimis amount                   | <b>YES</b>                                     | <b>Blue Letter (Pub. 11209)</b>   |
| 100% premium subsidy in 2025    | Any PDP or MA-PD plan  | PDP and/or MA plan non-renewing for 2025<br><br>OR<br><br>MA plan reducing its service area as of 2025   | <b>YES</b>                                     | <b>PDP Non-Renewals - Blue Letter (Pub. 11208)</b><br><br><b>MA Non-Renewals - Blue Letter (Pub. 11443)</b> |
| 100% premium subsidy in 2025    | Chose a PDP  | <u><b>Above</b></u> the 2025 regional LIS benchmark amount<br><br>OR<br><br><u><b>At or below</b></u> the de minimis amount <b>AND</b> the PDP <u><b>DOES NOT</b></u> volunteer to waive the de minimis amount | <b>NO</b>                                      | <b>Tan Letter (Pub. 11267)</b>  |