



MEDICARE ENROLLMENT & APPEALS GROUP

DATE: November 2, 2021

TO: All Medicare Advantage Organizations (MAOs), Prescription Drug Plans (PDPs), Cost Plans, Special Needs Plans (SNPs) and Medicare-Medicaid Plans (MMPs)

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SUBJECT: **Announcement of June 26, 2022 Software Release - Disenrollment for Individuals Who Are Not Lawfully Present in the United States¹**

The purpose of this memorandum is to provide information about enrollment and disenrollment for individuals who are not lawfully present in the United States. On June 26, 2022, CMS plans to disenroll individuals in accordance with eligibility requirements codified in 42 CFR §§ 417.422, 422.50, and 423.30.

This memo is organized in two main sections:

1. Policy Background
2. System Changes for Individuals Not Lawfully Present

Please direct enrollment policy questions to <https://enrollment.lmi.org> and CC your CMS Account Manager. Send questions about Medicare-Medicaid Plan (MMP) guidance to MMCOEnrollment@cms.hhs.gov with a CC to your contract management team.

1. POLICY BACKGROUND

Per 42 CFR §§ 417.422, 422.50, and 423.30, an individual must reside within the Plan's service area and be a U.S. citizen or be lawfully present in the U.S. in order to be eligible for enrollment in a Medicare Advantage (MA), Medicare Prescription Drug, or §1876 cost plan. These

¹ The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law, as well as information and instructions regarding Department procedures.

provisions apply to Medicare Advantage (MA), Prescription Drug Plan (PDP), §1876 Cost, and Medicare-Medicaid plans (collectively referred to in this memo as “Plans”). CMS uses official lawful presence data from the Social Security Administration (SSA) to determinate whether the individual is eligible to enroll in a Plan.

Regulatory History

On February 12, 2015, CMS published the final rule “Contract Year 2016 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs,” ([CMS-4159-F2](#)). Starting at 80 FR 7919, the rule established lawful presence or U.S. citizenship as eligibility criteria for enrollment in MA, and Part D, and §1876 Cost Plans, and required involuntary disenrollment of individuals from these plans due to unlawfully present status.

Eligibility Policy for Not Lawfully Present Individuals

(42 CFR §§ 417.422, 422.50, and 423.30)

An individual must, among other criteria, either be a U.S. citizen or be lawfully present in the U.S. in order to be eligible for Medicare Plan enrollment.

CMS determines whether individuals are ineligible for enrollment on the basis of not being lawfully present in the U.S. and will notify Plans of an individual’s ineligibility on this basis at the time of enrollment. Eligibility for enrollment is based on lawful presence status of the individual as of the effective date of enrollment. For example, if a period of not lawfully present status ends prior to the effective date of enrollment, the Plan must not deny the enrollment request on this basis, even if the individual is not lawfully present at the time the enrollment request is received by the Plan.

Plans may not request or consider any evidence of U.S. citizenship or lawful presence from the individual when determining eligibility for enrollment; CMS is the only source for Plans to obtain information about U.S. citizenship or lawful presence. Individuals who dispute the lawful presence status provided by SSA to CMS should contact the Plan. The Plan should consult CMS systems and if there still is a conflict, the beneficiary should be referred to 1-800-Medicare where the existing protocols for not lawfully present in Original Medicare will be followed to manage the case. This direction supersedes the guidance in Chapter 2, Sections 20.2.2, 40.2, and 60.3.1, and Chapter 17, Subchapter D, Sections 20.4, 40.2, 60.1.2, and 60.6.1 of the Medicare Managed Care Manual and Chapter 3 of the Medicare Prescription Drug Benefit Manual, Sections 20.2.1, 40.2, and 60.2.1, which will be updated to reflect this updated guidance.

Involuntary Disenrollment (42 CFR §§ 417.460, 422.74, and 423.44)

Individuals who are not lawfully present in the U.S. may not remain enrolled in a Medicare Plan. CMS will review the data provided by SSA regarding the lawful presence status of individual enrollees and, where consistent with regulations, involuntarily disenroll individuals who are not lawfully present based on the data. As explained in Section 2 of this memo, CMS will notify the Plan in which the individual is enrolled of this involuntary disenrollment. Plans do not need to investigate to confirm the not lawfully present status of individuals disenrolled by CMS on this

basis. Involuntarily disenrolled individuals will be defaulted to enrollment and coverage (subject to limits on the payment of claims) through Original Medicare.

The effective date for disenrollment based on not lawfully present status is the first of the month following notice by CMS that the individual is ineligible or the start date of ineligibility, whichever is later. That is, our authority to disenroll and the loss of eligibility are tied to the individual's status at the time of the action and when we notify the Plan.

Plan responsibilities related to involuntary disenrollment due to not lawfully present status include:

- Plans are not required to continue to provide coverage to individuals contesting their lawfully present status while the issue is under review at SSA
- Notifying individuals per the guidance in the next subsection of this memo

Notifications to Individuals

Plans are strongly encouraged to notify individual enrollees who are involuntarily disenrolled due to unlawfully present status. Thus, a disenrollment notice may be sent (but is not required) when disenrollment is because the individual is not lawfully present.

Plans must provide an individual with prompt notice of a denial of the individual's enrollment request. Model notices for Plan-determined enrollment denials and CMS rejections for MA, Part D Plans and §1876 Cost Plans have been updated to include these situations. The model materials are available as exhibits to Chapters 2 and 17d of the Medicare Managed Care Manual and Chapter 3 of the Medicare Prescription Drug Benefit Manual. Model notices for MA and Part D Plans include special messaging alerting the individual that Medicare does not pay for hospital or medical services under Original Medicare while the individual is not lawfully present.²

Special Enrollment Periods (SEP)

An individual who is a non-U.S. citizen and who becomes lawfully present in the United States may request enrollment in an MA or Part D Plan using the SEP for Non-U.S. Citizens who become lawfully present, which begins the month the individual attains lawful presence status and ends the earlier of when the individual makes an enrollment election or two (2) calendar months after the month the individual attains lawful presence status. 42 CFR §§ 422.62(b)(16), 423.38(c)(21). For additional information about the SEP reason code, please refer to the July 22, 2021 HPMS memo titled "Technical Guidance for the July 24, 2021 MARx Software Release - Special Election Period (SEP) Reason Code".

In regards to a Cost Plan: if it is open for enrollment, an individual may request enrollment into the Cost Plan. To choose the Cost Plan's optional supplemental Part D benefit, the individual could use the SEPs listed above, or another Part D election period.

² The model notice for cost plans provided in Chapter 17d of the Medicare Managed Care Manual will be updated to include similar messaging alerting the individual that Medicare does not pay for hospital or medical services under Original Medicare while the individual is not lawfully present.

Part D Late Enrollment Penalty (LEP)

Individuals who are not lawfully present are ineligible for enrollment into a Part D Plan and, therefore, according to 42 CFR 423.46, are not subject to the late enrollment penalty based on the months in which they were ineligible to be enrolled. However, once an individual regains Part D eligibility, the individual would be subject to the late enrollment penalty if they do not enroll in a Part D Plan or obtain other creditable coverage within 63 days.

Additional Policy Resources

For additional detail on the above information, please refer to the MA, PDP sponsor, Cost and Medicare-Medicaid Plan guidance materials posted at the links below.

- MA and Cost Plan enrollment guidance at <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/index>
- PDP enrollment guidance at <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicarePresDrugEligEnrol/index.html>
- Medicare-Medicaid enrollment guidance: [National Enrollment/Disenrollment Guidance for States & MMPs](#)

2. SYSTEMS CHANGES FOR INDIVIDUALS NOT LAWFULLY PRESENT

Starting June 26, 2022, CMS will provide to Plans information about not lawfully present status via MARx and MBD (a subsystem of the enrollment and eligibility system, ELMO). We are making systems changes for lawfully present status to the Batch Eligibility Query (BEQ) process, and Daily Transaction Reply Report (DTRR). Through these means, CMS will convey the start date and end date, if applicable, of a not lawfully present status period. Determining the periods of Medicare Plan Ineligibility is based on CMS policy and is discussed in Section 2 below. The absence of such data indicates that CMS does not have any information indicating ineligibility at that time. MARx UI Screen shots will be forthcoming under separate cover.

Plans will need information about lawful presence status to determine eligibility for enrollment. Individuals are ineligible for enrollment based on the Medicare Plan Ineligibility start date of the not lawfully present status shown in CMS systems. If an individual is ineligible for Medicare enrollment, the Plan must deny the enrollment request.

A Plan should not submit enrollment transactions for individuals reflected in CMS systems as ineligible due to not lawfully present status. If a Plan inadvertently submits an enrollment transaction to CMS for a current unlawfully present individual, CMS will reject the enrollment and notify the Plan with a Transaction Reply Code (TRC) on the DTRR.

As SSA provides due process for unlawfully present individuals prior to sending the data to CMS, we do not expect that there will be erroneous CMS-effectuated disenrollments sent to Plans. However, in the event that an individual contests their unlawfully present status, Plans should first check the BEQ or MARx online query to confirm that CMS systems reflect a not

lawfully present status for the individual. If CMS systems continue to reflect the status that results in ineligibility, Plans should direct individuals to 1-800-Medicare to review and, if necessary, update their records.

Retroactive reinstatements are permitted in limited circumstances. If, upon initial receipt of the individual's request to contest the involuntary disenrollment, CMS systems indicate current eligibility and any past period of being not lawfully present does not overlap any portion of the individual's previous period of enrollment, Plans should submit a reinstatement request to the Retroactive Processing Contractor (RPC). In these circumstances, the Plan should not refer the individual to 1-800-Medicare. In this case, the Plan may continue to provide coverage to the individual while the request is with the RPC. Once the reinstatement is processed, the Plan will receive notification of the individual's reinstatement from CMS via the DTRR.

CMS is introducing two new system terms: CMS Notification Date and Plan Notification Date. CMS Notification Date is the date that CMS receives the not lawfully present data from SSA. Plan Notification Date is the date that Plans receives the DTRR containing the disenrollment transaction for a beneficiary who has a not lawfully present period. For not lawfully present data, the CMS Notification Date and Plan Notification Date are usually one day apart with one exception explained in Section 2.

The systems changes described thus far are highlighted in the following attachments:

- Batch Eligibility Query (BEQ) Response File – Detail Record ([Attachment A](#))
- Daily Transaction Reply Report (DTRR) ([Attachment B](#))
- Transaction Reply Codes (TRCs) 15 and 289 ([Attachment C](#))
These TRCs also impact Incarceration.

The following sections describe how CMS will process the SSA Not Lawfully Present data based on the CMS policy described in section 1. We first describe how CMS is determining the ineligibility periods due to not lawfully present status. Next, we describe how MARx determines when a disenrollment action will occur for a beneficiary with a not lawfully present period. We explain a process that will happen only on the first day of implementation on June 26, 2022 and describe how CMS will handle already existing not lawfully present data in CMS' database.

Calculation of Derived Medicare Plan Ineligibility Periods for Not Lawful Presence

CMS will store periods of time during which individuals are not lawfully present in the U.S. Not Lawfully Present periods may begin and end on days other than the first and last of a month. From the SSA data, we will derive a Medicare Plan Ineligibility Period as follows:^[4]

- When the period of unlawful presence begins the first of the month, then the ineligibility period will begin the same date. For example, a Not Lawfully Present period beginning 4/1/2022 will create a Medicare Plan Ineligibility Period beginning 4/1/2022.

^[4] Consistent with 42 CFR §§ 422.460(j), 422.74(d)(8), and 423.44(d)(8), the Medicare Plan Ineligibility Period begins on the first of a month.

- When the period of unlawful presence begins in the middle or the end of the month (i.e. – after the first day of the month), then the ineligibility period will begin the first day of the following month. For example, a Not Lawfully Present period beginning 4/2/2022 or beginning 4/29/2022 will create a Medicare Plan Ineligibility period beginning 5/1/2022.
- When the period of unlawful presence ends on any date of the month, then the ineligibility period will end in the same month. For example, a Not Lawfully Present period ending 12/31/2022 will end the Medicare Plan Ineligibility Period on 12/31/2022.

MARx Disenrollment for Not Lawfully Present periods

Below are the rules for disenrolling a beneficiary per the Not Lawfully Present guidance described above.

- When a Plan receives, retroactively, notification of a period of not lawfully present status, then the individual will be disenrolled the first day of the month after the Plan TRC on the DTRR. CMS Notification Date is the date that CMS receives the data from SSA. For not lawfully present data, the CMS Notification Date and Plan Notification Date will be one day apart except when the CMS Notification Date is on a Sunday. In these cases, the Plan Notification Date will be the next day the DTRR is distributed which is usually the following Tuesday.
 - In most cases, the Plan Notification Date is the same month as the CMS Notification Date. For example, a notification of not lawfully present status beginning on 1/1/2022 that is received on 7/15/2022 will disenroll the beneficiary beginning 8/1/2022. CMS is notified of the not lawfully present status on 7/15/2022 and the Plan is notified the next day on 7/16/2022, which is the same month.
 - When CMS is notified of a beneficiary's not lawfully present status on the last day of the month, the Plan is notified on the first of the following month. In this case, MARx will be processing the disenrollment effective the first of the month after the Plan Notification Date. For example, a notification of not lawfully present status beginning on 1/1/2022 that is received on 7/31/2022 will disenroll the beneficiary beginning 9/1/2022. CMS is notified of the not lawfully present status on 7/31/2022 and the Plan is notified the next day on 8/1/2022, which is a new month. Since the Plan is notified in August, the beneficiary should remain enrolled for the remainder of the month; hence, the disenrollment beginning 9/1/2022.
 - If the not lawfully present status period has an end date and the Plan receives the notification retroactively, then MARx will not be disenrolling the beneficiary. For example, a retroactive notification of a period of not lawfully present status beginning on 1/1/2022 and ending on 2/28/2022 that is received on 5/10/2022 will result in no disenrollment by MARx.
- When a Plan receives, in advance, notification of a future period of ineligibility for not lawfully presence status, then the individual will be disenrolled with the start date of the Medicare Plan Ineligibility Period. For example, CMS receiving an unlawful presence status notification on 7/1/2022 for a not lawfully present status beginning on 10/1/2022 will disenroll the beneficiary beginning 10/1/2022.

One-time Process for Disenrollment Activities for Not Lawfully Present

CMS will be calculating the derived Medicare Plan Ineligibility Period for all beneficiaries in the CMS database as discussed in this memo in section 2.

There are beneficiaries that currently have an open Not Lawfully Present period in the CMS database. When this change is implemented, CMS will identify all the beneficiaries that have an open Not Lawfully Present period that overlaps an enrollment. Then, MARx will process a disenrollment transaction for individuals from June 26, 2022 onwards based on the Plan Notification Date for non-future periods only. Individuals disenrolled on June 26, 2022 will have an effective date of July 1, 2022, the month after the Plan Notification Date. If the Not Lawfully Present period is for a future timeframe, MARx will disenroll the beneficiary effective the start date of the Medicare Plan Ineligibility Period. For example, a beneficiary with a Medicare Plan Ineligibility Period Start date of 8/1/2023 will have an 8/1/2023 disenrollment effective date. Plans should look at their DTRR or the MARx UI in order to see disenrollment effective date.

MARx Codes for Not Lawfully Present

If a Plan submits an enrollment for a beneficiary with an effective date that falls during a Medicare Plan Ineligibility Period, it will be rejected with a new TRC 348 (Enrollment Rejected – Not Lawfully Present Period). If a submitted enrollment begins prior to a Medicare Plan Ineligibility Period and overlaps the period, the accepted enrollment will be shortened to end the day prior to the start of the Medicare Plan Ineligibility Period. When the enrollment is shortened, in addition to the disenrollment reply code, the Plan will receive the new informational TRC 349 (Disenrollment Due to Not Lawfully Present Period). These disenrollments will receive a Disenrollment Reason Code (DRC) of 71 (Not Lawfully Present).

If CMS determines that a beneficiary who is already enrolled in a Plan has a Medicare Plan Ineligibility Period due to being Not Lawfully Present, the beneficiary's enrollment(s) that overlap the Medicare Plan Ineligibility Period will be truncated or cancelled based on the Plan Notification Date.

Any payment adjustments for enrollment changes that are the result of Not Lawfully Present will be associated with the new Adjustment Reason Code (ARC) 66 (Confirmed Not Lawfully Present – Reported for Pt C and Pt D).

The following attachments display MARx system changes for Individuals Not Lawfully Present:

- Transaction Reply Codes (TRCs) 348 and 349 ([Attachment D](#))
- New Disenrollment Reason Code (DRC) 71 for Not Lawfully Present ([Attachment E](#))
- New Adjustment Reason Code (ARC) 66 for Not Lawfully Present ([Attachment F](#))

Attachment A: Batch Eligibility Query (BEQ) Response File – Detail Record

BEQ Response File Detail Record					
Item	Field	Size	Position	Format	Valid Values
136	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(1)	8	1336-1343	CHAR	CCYYMMDD
137	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (1)	8	1344-1351	CHAR	CCYYMMDD
138	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(2)	8	1352-1359	CHAR	CCYYMMDD
139	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (2)	8	1360-1367	CHAR	CCYYMMDD
140	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(3)	8	1368-1375	CHAR	CCYYMMDD
141	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (3)	8	1376-1383	CHAR	CCYYMMDD
142	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(4)	8	1384-1391	CHAR	CCYYMMDD
143	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (4)	8	1392-1399	CHAR	CCYYMMDD
144	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(5)	8	1400-1407	CHAR	CCYYMMDD
145	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (5)	8	1408-1415	CHAR	CCYYMMDD
146	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(6)	8	1416-1423	CHAR	CCYYMMDD
147	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (6)	8	1424-1431	CHAR	CCYYMMDD
148	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(7)	8	1432-1439	CHAR	CCYYMMDD
149	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (7)	8	1440-1447	CHAR	CCYYMMDD
150	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(8)	8	1448-1455	CHAR	CCYYMMDD
151	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (8)	8	1456-1463	CHAR	CCYYMMDD
152	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(9)	8	1464-1471	CHAR	CCYYMMDD
153	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (9)	8	1472-1479	CHAR	CCYYMMDD
154	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(10)	8	1480-1487	CHAR	CCYYMMDD
155	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (10)	8	1488-1495	CHAR	CCYYMMDD

Attachment B: Daily Transaction Reply Report (DTRR)

Attachment B: Daily Transaction Reply Report (DTRR)

DTRR Detail Record				
Item	Field	Size	Position	Description
18	Effective Date	8	63 – 70	<p>CCYYMMDD. Effective date is present for all TRCs unless listed below. Field content is TRC dependent for the following TRCs: 071 & 072 = Effective date of the hospice period. 090 = Current Calendar Month. 091 = Previously reported incorrect death date. 121, 194, and 223 = PBP enrollment effective date. 245 = The date that payments will begin to be impacted due to the addition of the Medicare Secondary Payer (MSP) period. 280 = The date that payments will begin to be impacted due to the addition of the MSP period. 293 = Enrollment End Date; Last day of the month. 305 = New ZIP Code Start Date. 348 – The effective date of the attempted enrollment 349 – End date of enrollment period 366 = The effective date of the change in Medicaid status. 368 = Beginning date of the period for which the Plan’s payments are impacted by MSP, based on the MSP start date. 701 = New enrollment period start date. 702 = Fill-in enrollment period start date. 703 = Start date of cancelled enrollment period. 704 = Start date of enrollment period cancelled for PBP correction. 705 = Start date of enrollment period for corrected PBP. 706 = Start date of enrollment period cancelled for segment correction. 707 = Start date of enrollment period for corrected segment. 708 = Enrollment period end date assigned to existing opened ended enrollment. 709 & 710 = New start date resulting from update. 711 & 712 = New end date resulting from update. 713 – “00000000” = End date removed. Original end date is in Field 24-x.</p>
24	Positions 85 – 96 are dependent upon the value of the TRC. Spaces except where indicated below.			
a	Effective Date of the Disenrollment	8	85 – 92	<p>CCYYMMDD. Present only when TRC is one of the following: 13, 14, 18, or 293.</p>
b	New Enrollment Effective Date	8	85 – 92	<p>CCYYMMDD. Present only when TRC is 17, 348</p>
71	Disenrollment Reason Code	2	381 – 382	DRC

Attachment C: Transaction Reply Codes (TRCs) 15 and 289

Eligibility and Enrollment Transaction Reply Codes				
Code	Type	Title	Short Definition	Definition
015	A	Enrollment Removed	ENROLL REMOVED	<p>An existing enrollment was removed from the list of the beneficiary’s active enrollments. The effective date of the enrollment that was removed is reported in the Effective Date field (18). This TRC is reported on a reply with a Transaction Type 51 or 54.</p> <p>When an enrollment is removed, it means that the enrollment should have never occurred and is therefore invalid and was removed.</p> <p>A removal may be the result of an action on the part of the beneficiary, CMS, or another Plan. Examples:</p> <ul style="list-style-type: none"> • The beneficiary enrolled in another Plan before this enrollment began. • The beneficiary died before the enrollment began. • An enrollment that was the result of a rollover was removed before it began. This can be due to: <ul style="list-style-type: none"> • The beneficiary disenrolled from the original Plan with an effective date before the rollover enrollment began. • The Plan into which the beneficiary was rolled over removed the enrollment before it began. • The enrollment falls completely within a Medicare Plan Ineligibility Period during which the beneficiary was incarcerated or not lawfully present. <p>Note: This removal is different from enrollment cancellations generated with an Enrollment Cancellation Transaction Code 80. An Enrollment cancellation attempts to reinstate the beneficiary into the previous Plan. When a Plan receives a TRC 015 saying the enrollment was removed, no reinstatements in previous Plans occur.</p> <p>Plan Action: Because it was removed, this entire enrollment that was scheduled to begin on the date in field 18 should be removed from the Plan’s enrollment records. Take the appropriate actions as per CMS enrollment guidance.</p>

Attachment C: Transaction Reply Codes (TRCs) 15 and 289

Eligibility and Enrollment Transaction Reply Codes				
Code	Type	Title	Short Definition	Definition
289	R	Disenrollment Cancellation Rejected	RJCT DISNRL CAN	<p>A Disenrollment Cancellation (Transaction Type 81) transaction was rejected. Rejection occurred for one of the following reasons:</p> <ul style="list-style-type: none"> • Beneficiary was still enrolled in Plan, never disenrolled; • Beneficiary was not enrolled in the Plan; • Disenrollment being cancelled was not submitted by the Plan. • Cannot restore prior enrollment due to associated disenrollment reason codes 5, 6, 8, 9, 10, 13, 15, 18, 19, 54, 56, 57, 61, 70, 71. • Reinstated enrollment would conflict with another existing enrollment. • The beneficiary is ineligible for enrollment due to confirmed Incarceration or Not Lawful Presence. <p>Plan Action: Submit Enrollment transaction.</p>

Attachment D: Transaction Reply Codes (TRCs) 348 and 349

Attachment D: Transaction Reply Codes (TRCs) 348 and 349

Eligibility and Enrollment Transaction Reply Codes				
Code	Type	Title	Short Definition	Definition
348	R	Enrollment Rejected – Not Lawfully Present Period	CNFRMD NOTLAWFL	<p>An enrollment transaction (Transaction Type 61) was rejected because the beneficiary’s benefits have been suspended due to confirmed Not Lawfully Present period, and the enrollment effective date falls within the Medicare Plan Ineligibility Period.</p> <p>The attempted enrollment effective date is reported in Daily Transaction Reply Report data file field 18 and 24.</p> <p>Plan Action: Update the Plan’s records accordingly. Take the appropriate actions as per CMS enrollment guidance.</p>
349	I	Disenrollment Due to Not Lawfully Present Period	DISENRL NOTLAW PRESNT	<p>The benefits for this beneficiary were suspended due to a confirmed Not Lawfully Present period. As a result, an existing enrollment that falls within the Medicare Plan Ineligibility Period was either shortened (disenrolled) or removed (cancelled).</p> <p>This TRC provides additional information about the disenrollment (TRC 018) or enrollment removal (TRC 015), which was sent as a separate reply in the same DTRR. The last day of the enrollment is reported in Transaction Reply Report data record field 18.</p> <p>Plan Action: Using the date in field 18, update the Plan’s records to reflect the disenrollment or the removal of the existing enrollment. Take the appropriate actions as per CMS enrollment guidance.</p>

Attachment E: New Disenrollment Reason Code (DRC) 71 for Not Lawfully Present

Attachment E: New Disenrollment Reason Code (DRC) 71 for Not Lawfully Present

Disenrollment Reason Number	Disenrollment Reason Description	MARx UI	AUTO-DIS	PLAN SUB'D
71	NOT LAWFULLY PRESENT	N/A	Y	N/A

Attachment F: New Adjustment Reason Code (ARC) 66 for Not Lawfully Present

ARC	Description & Notes
66	Not Lawfully Present