



Medicare-Medicaid Coordination Office

DATE: August 26, 2015

TO: Medicare-Medicaid Plans (MMPS) Participating in the Capitated Model of the Financial Alignment Initiative

FROM: Sharon Donovan
Director, Program Alignment Group, Medicare-Medicaid Coordination Office

SUBJECT: Batch Eligibility Query (BEQ) Enhancement – Mailing and Residence Address Data Available Through MARx BEQ Response File

The purpose of this memorandum is to notify MMPs and States that they can now request CMS address data on a batch basis. States already send batch address data to MMPs, and historically both MMPs and States have had the capability to look up addresses one by one in the CMS' MARx system. With this recently implemented enhancement, MMPs and States can now request address data on batch basis from MARx. This new capability will be helpful to MMPs and States in the following ways:

- When state data are not yet available, MMPs can obtain mailing and residence addresses from MARx to fully load individuals newly enrolled into plan systems and generate their Part D 4Rx billing data within 72 hours of receiving confirmation of enrollment on a MARx Daily Transaction Reply Report,
- As an additional source of address data for sending required member materials, and
- Helping states (or MMPs) to research possible out-of-area residency of the MMP enrollee (e.g., when attempting to send an out-of-area research notice (Exhibit 30 - Model Notice to Research Potential Out of Area Status – Address Verification form included).

As noted in the August 18th, 2015 memorandum titled “**Addendum to the August 2015 Software Release**” the BEQ will now include the beneficiary’s mailing and residence addresses. This data will be populated in the filler field (*position 758-1175*) that was in the layout in the May 19, 2015 memo titled “Announcement of the August 2015 Software Release.” The mailing address is the address sent to CMS from the Social Security Administration; in the event an individual has a representative payee, the mailing address is that of the representative payee’s. The residence address is an additional address that may be submitted by Medicare health and drug plans (including MMPs) during periods of plan enrollment, and is for the purpose of appropriate plan payment. For more details on residence address, please <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information->

[Technology/mapdhelpdesk/downloads/MARx_RM_HANDBOOK_Final_2010_12_16.pdf](#) (specifically, section 4.6).

Please find the new detailed Batch Eligibility Query (BEQ) Response File layout under Attachment A. There is no change to the existing BEQ Request File Layout. A complete description of all the BEQ fields will be in the next version of the Plan Communications Guide Appendices.

MMPs and States are encouraged to contact the MAPD Help Desk for any issues encountered during the systems update process. Please direct any questions or concerns to the MAPD Help Desk at 1-800-927-8069 or e-mail at mapdhelp@cms.hhs.gov.

Attachment A

Figure 1: MBDSS-to-Plan BEQ Response File – Header Record

| Data Field | Length | Position | Format | Valid Values |
|---------------------|--------|-----------|--------|----------------------------|
| Header Code | 8 | 1 – 8 | CHAR | ‘CMSBEQRH’ |
| Sending Entity | 8 | 9 – 16 | CHAR | ‘MBD ’ (MBD + five spaces) |
| File Creation Date | 8 | 17 – 24 | CHAR | CCYYMMDD |
| File Control Number | 9 | 25 – 33 | CHAR | |
| Filler | 1467 | 34 – 1500 | CHAR | Spaces |

Figure 2: MBDSS-to-Plan BEQ Response File – Detail Record

| Data Field | Length | Position | Format | Valid Values |
|--|--------|----------|--------|--------------|
| Record Type | 3 | 1 – 3 | CHAR | ‘DTL’ |
| Record Type | 5 | 4 – 8 | CHAR | |
| Beneficiary’s Health Insurance Claim/Railroad Board Number | 12 | 9 – 20 | CHAR | |
| Filler | 9 | 21 –29 | CHAR | |
| Beneficiary’s Date of Birth | 8 | 30 – 37 | CHAR | |
| Beneficiary’s Gender Code | 1 | 38 | CHAR | |
| Detail Record Sequence Number | 7 | 39 – 45 | ZD | |
| Processed Flag | 1 | 46 | CHAR | ‘Y’ or ‘N’ |
| Beneficiary Match Flag | 1 | 47 | CHAR | ‘Y’ or ‘N’ |
| Medicare Part A Entitlement Start Date | 8 | 48 – 55 | CHAR | CCYYMMDD |
| Medicare Part A Entitlement End Date | 8 | 56 – 63 | CHAR | CCYYMMDD |
| Medicare Part B Entitlement Start Date | 8 | 64 – 71 | CHAR | CCYYMMDD |
| Medicare Part B Entitlement End Date | 8 | 72 – 79 | CHAR | CCYYMMDD |
| Medicaid Indicator | 1 | 80 | CHAR | ‘0’ or ‘1’ |
| Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence one) | 8 | 81 – 88 | CHAR | CCYYMMDD |
| Part D Disenrollment Date or Employer Subsidy End | 8 | 89 – 96 | CHAR | CCYYMMDD |

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| Date (occurrence one) | | | | |
| Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence two) | 8 | 97 – 104 | CHAR | CCYYMMDD |
| Part D Disenrollment Date or Employer Subsidy End Date (occurrence two) | 8 | 105 – 112 | CHAR | CCYYMMDD |
| Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence three) | 8 | 113 – 120 | CHAR | CCYYMMDD |
| Part D Disenrollment Date or Employer Subsidy End Date (occurrence three) | 8 | 121 – 128 | CHAR | CCYYMMDD |
| Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence four) | 8 | 129 – 136 | CHAR | CCYYMMDD |
| Part D Disenrollment Date or Employer Subsidy End Date (occurrence four) | 8 | 137 – 144 | CHAR | CCYYMMDD |
| Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence five) | 8 | 145 – 152 | CHAR | CCYYMMDD |
| Part D Disenrollment Date or Employer Subsidy End Date (occurrence five) | 8 | 153 – 160 | CHAR | CCYYMMDD |
| Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence six) | 8 | 161 – 168 | CHAR | CCYYMMDD |
| Part D Disenrollment Date or Employer Subsidy End Date (occurrence six) | 8 | 169 – 176 | CHAR | CCYYMMDD |
| Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence seven) | 8 | 177 – 184 | CHAR | CCYYMMDD |
| Part D Disenrollment Date or Employer Subsidy End Date (occurrence seven) | 8 | 185 – 192 | CHAR | CCYYMMDD |
| Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence eight) | 8 | 193 – 200 | CHAR | CCYYMMDD |

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| Part D Disenrollment Date or Employer Subsidy End Date (occurrence eight) | 8 | 201 – 208 | CHAR | CCYYMMDD |
| Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence nine) | 8 | 209 – 216 | CHAR | CCYYMMDD |
| Part D Disenrollment Date or Employer Subsidy End Date (occurrence nine) | 8 | 217 – 224 | CHAR | CCYYMMDD |
| Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence 10) | 8 | 225 – 232 | CHAR | CCYYMMDD |
| Part D Disenrollment Date or Employer Subsidy End Date (occurrence 10) | 8 | 233 – 240 | CHAR | CCYYMMDD |
| Sending Entity | 8 | 241 – 248 | CHAR | |
| File Control Number | 9 | 249 – 257 | CHAR | |
| File Creation Date | 8 | 258 – 265 | CHAR | CCYYMMDD |
| Part D Eligibility Start Date | 8 | 266 – 273 | CHAR | |
| Deemed / Low-Income Subsidy Effective Date (occurrence one) | 8 | 274 – 281 | CHAR | CCYYMMDD |
| Deemed / Low-Income Subsidy End Date (occurrence one) | 8 | 282 – 289 | CHAR | CCYYMMDD |
| Co-Payment Level Identifier (occurrence one) | 1 | 290 | CHAR | '1', '2', '3', '4' or '5' |
| Part D Premium Subsidy Percent (occurrence one) | 3 | 291 – 293 | CHAR | '100', '075', '050', or '025' |
| Deemed / Low-Income Subsidy Effective Date (occurrence two) | 8 | 294 – 301 | CHAR | CCYYMMDD |
| Deemed / Low-Income Subsidy End Date (occurrence two) | 8 | 302 – 309 | CHAR | CCYYMMDD |
| Co-Payment Level Identifier (occurrence two) | 1 | 310 | CHAR | 1', '2', '3', '4' or '5' |
| Part D Premium Subsidy Percent (occurrence two) | 3 | 311 – 313 | CHAR | '100', '075', '050', or '025' |
| RDS/Part D Indicator (occurrence one) | 1 | 314 | CHAR | 'D' or 'R' |
| RDS/Part D Indicator | 1 | 315 | CHAR | 'D' or 'R' |

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| (occurrence two) | | | | |
| RDS/Part D Indicator (occurrence three) | 1 | 316 | CHAR | 'D' or 'R' |
| RDS/Part D Indicator (occurrence four) | 1 | 317 | CHAR | 'D' or 'R' |
| RDS/Part D Indicator (occurrence five) | 1 | 318 | CHAR | 'D' or 'R' |
| RDS/Part D Indicator (occurrence six) | 1 | 319 | CHAR | 'D' or 'R' |
| RDS/Part D Indicator (occurrence seven) | 1 | 320 | CHAR | 'D' or 'R' |
| RDS/Part D Indicator (occurrence eight) | 1 | 321 | CHAR | 'D' or 'R' |
| RDS/Part D Indicator (occurrence nine) | 1 | 322 | CHAR | 'D' or 'R' |
| RDS/Part D Indicator (occurrence 10) | 1 | 323 | CHAR | 'D' or 'R' |
| Start Date (occurrence one) | 8 | 324 – 331 | CHAR | CCYYMMDD |
| Number of Uncovered Months (occurrence one) | 3 | 332 – 334 | ZD | |
| Number of Uncovered Months Status Indicator (occurrence one) | 1 | 335 | CHAR | |
| Total Number of Uncovered Months (occurrence one) | 3 | 336 – 338 | ZD | |
| Uncovered Months (occurrence two) | 15 | 339 – 353 | | |
| Uncovered Months (occurrence three) | 15 | 354 – 368 | | |
| Uncovered Months (occurrence four) | 15 | 369 – 383 | | |
| Uncovered Months (occurrence five) | 15 | 384 – 398 | | |
| Uncovered Months (occurrence six) | 15 | 399 – 413 | | |
| Uncovered Months (occurrence seven) | 15 | 414 – 428 | | |
| Uncovered Months (occurrence eight) | 15 | 429 – 443 | | |
| Uncovered Months (occurrence nine) | 15 | 444 – 458 | | |
| Uncovered Months | 15 | 459 – 473 | | |

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|--|----|-----------|------|---------------------------------------|
| (occurrence 10) | | | | |
| Uncovered Months (occurrence 11) | 15 | 474 – 488 | | |
| Uncovered Months (occurrence 12) | 15 | 489 – 503 | | |
| Uncovered Months (occurrence 13) | 15 | 504 – 518 | | |
| Uncovered Months (occurrence 14) | 15 | 519 – 533 | | |
| Uncovered Months (occurrence 15) | 15 | 534 – 548 | | |
| Uncovered Months (occurrence 16) | 15 | 549 – 563 | | |
| Uncovered Months (occurrence 17) | 15 | 564 – 578 | | |
| Uncovered Months (occurrence 18) | 15 | 579 – 593 | | |
| Uncovered Months (occurrence 19) | 15 | 594 – 608 | | |
| Uncovered Months (occurrence 20) | 15 | 609 – 623 | | |
| Beneficiary's Retrieved Date of Birth (as retrieved from CMS database for matching beneficiary) | 8 | 624 – 631 | CHAR | CCYYMMDD |
| Beneficiary's Retrieved Gender Code (as retrieved from CMS database for matching beneficiary) | 1 | 632 | CHAR | 0 = Unknown 1 = Male 2 = Female |
| Last Name | 40 | 633 – 672 | CHAR | |
| First Name | 30 | 673 – 702 | CHAR | |
| Middle Initial | 1 | 703 | CHAR | |
| Current State Code | 2 | 704 – 705 | CHAR | |
| Current County Code | 3 | 706 – 708 | CHAR | |
| Date of Death | 8 | 709 – 716 | CHAR | CCYYMMDD |
| Part C/D Contract Number (if available) | 5 | 717 – 721 | CHAR | |
| Part C/D Enrollment Start Date (if available) | 8 | 722 – 729 | CHAR | CCYYMMDD |
| Part D Indicator (if available) | 1 | 730 | CHAR | Y = Yes, N = No Space |

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| Part C Contract Number (if available) | 5 | 731 – 735 | CHAR | |
| Part C Enrollment Start Date (if available) | 8 | 736 – 743 | CHAR | |
| Part D Indicator (if available) | 1 | 744 | CHAR | N = No Space |
| ESRD Indicator | 1 | 745 | CHAR | End Stage Renal Disease Indicator 0 = No ESRD 1 = ESRD |
| PBP Number (associated with contract number in positions 717 – 721) | 3 | 746 – 748 | CHAR | Plan Benefit Package number |
| Plan Type Code (associated with PBP number in positions 746 – 748) | 2 | 749 – 750 | CHAR | Type of plan 01 = HMO 02 = HMOPOS 04 = Local PPO 05 = PSO (State License) 07 = MSA 08 = RFB PFFS 09 = PFFS 18 = 1876 Cost 19 = HCPP 1833 Cost 20 = National PACE 28 = Chronic Care 29 = Medicare Prescription Drug Plan 30 = Employer/ Union Only Direct Contract PDP 31 = Regional PPO 32 = Fallback 40 = Employer/ Union Only Direct Contract PFFS 42 =RFB HMO 43 = RFB HMOPOS 44 = RFB Local PPO 45 = RFB PSO (State License) 46 = Point-of-Sale Contractor |
| Plan Type Code (cont.) | | | | 47 = Employer/ Union Only Direct Contract PPO 48 = Medicare-Medicaid Plan HMO |

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| | | | | 49 = Medicare-Medicaid Plan HMOPOS 50 = Medicare-Medicaid Plan PPO 99 = Undefined Historical Data |
| EGHP Indicator (associated with PBP number in positions 746 – 748) | 1 | 751 | CHAR | Employer Group Health Plan Switch Y = EGHP N = not EGHP |
| PBP Number (associated with contract number in positions 731 – 735) | 3 | 752 – 754 | CHAR | Plan Benefit Package number |
| Plan Type Code (associated with PBP number in positions 752 – 754) | 2 | 755 – 756 | CHAR | See values for positions 1167–1168. |
| EGHP Indicator (associated with PBP number in positions 752 – 754) | 1 | 757 | CHAR | Employer Group Health Plan Switch Y = EGHP N = not EGHP |
| Mailing Address Line 1 | 40 | 758 – 797 | CHAR | |
| Mailing Address Line 2 | 40 | 798 – 837 | CHAR | |
| Mailing Address Line 3 | 40 | 838 – 877 | CHAR | |
| Mailing Address Line 4 | 40 | 878 – 917 | CHAR | |
| Mailing Address Line 5 | 40 | 918 – 957 | CHAR | |
| Mailing Address Line 6 | 40 | 958 – 997 | CHAR | |
| Mailing Address City | 40 | 998 – 1037 | CHAR | |
| Mailing Address Postal State Code | 2 | 1038 – 1039 | CHAR | |
| Mailing Address ZIP Code | 9 | 1040 – 1048 | CHAR | |
| Mailing Address Start Date | 8 | 1049 – 1056 | CHAR | CCYYMMDD |
| Residence Address Line 1 | 60 | 1057 – 1116 | CHAR | |
| Residence Address City | 40 | 1117 – 1156 | CHAR | |
| Residence Address Postal State Code | 2 | 1157 – 1158 | CHAR | |
| Residence Address ZIP Code | 9 | 1159 – 1167 | CHAR | |
| Residence Address Start Date | 8 | 1168 – 1175 | CHAR | CCYYMMDD |
| Filler | 325 | 1176 – 1500 | CHAR | Spaces |

Figure 3: MBDSS-to-Plan BEQ Response File – Trailer Record

| Data Field | Length | Position | Format | Valid Values |
|---------------------|---------------|-----------------|---------------|----------------------------|
| Trailer Code | 8 | 1 – 8 | CHAR | 'CMSBEQRT' |
| Sending Entity | 8 | 9 – 16 | CHAR | 'MBD ' (MBD + five spaces) |
| File Creation Date | 8 | 17 – 24 | CHAR | CCYYMMDD |
| File Control Number | 9 | 25 – 33 | CHAR | |
| Record Count | 7 | 34 – 40 | ZD | Right justified |
| Filler | 1460 | 41 – 1500 | CHAR | Spaces |