
Version 2.1



**MEDICARE AND MEDICAID PLANS
A TECHNICAL GUIDE TO ELIGIBILITY
AND ENROLLMENT TRANSACTION
PROCESSING**

Date: 05/02/2014

CONTENTS

| | |
|--|----|
| REVISION HISTORY | 4 |
| 1. Medicare Eligibility Inquiry | 8 |
| 2. Medicare Transaction Processing | 23 |
| 2.1 Medicare Transaction Processing – All transaction types except “76” and “90” | 24 |
| 2.2 Medicare Transaction Processing – “76” Residential Address Change | 34 |
| 2.3 Medicare Transaction Processing – “90” REPORTING IDENTIFIED DRUG OVERUTILIZERS | 37 |
| 2.4 Medicare Transaction Response | 39 |
| 2.5 Transaction Error Codes | 42 |
| 2.6 Medicare Transaction Matrix of required and optional fields by Contract type | 48 |
| 3. Web Service | 54 |
| 3.1 Medicare Eligibility – eligibilityQuery method | 55 |
| 3.2 Web Service Errors | 58 |
| 4. CMS Submission | 59 |
| 4.1 Transmission schedule | 59 |
| 4.2 Blackout dates | 59 |
| 4.3 Response from CMS | 59 |
| 4.4 CMS Transaction Transmission Data File Layout | 60 |
| 5. Eligibility+ | 62 |
| 5.1 Eligibility+ Plan Enrollment (from CMS MBD extract) Layout | 62 |
| 5.2 Eligibility+ Member Data Changes (between prior and current CMS MBD extract) Layout | 71 |

- 6. Enrollment Reconciliation Extract..... 72
- 6.1 Enrollment Reconciliation Extract Layout..... 72
- 7. Batch Completion Status Summary of Failed Transactions 74
- 8. Help Desk Support 75

REVISION HISTORY

05/03/2014 – Version 2.1

The Remarks section for the Application Receipt date field in Section 2.1 Medicare Transaction Processing – All transaction types except “76” and “90” has changed. For passive MMP enrollments, the old description of: “**The Application Receipt date field is the 1st day of the 2nd month prior to the actual month of enrollment. For example, if the enrollment month is June 1, 2013, the application receipt date is April 1, 2013.**” has been removed and replaced with: “**The Application Receipt date field is the date the transaction is submitted to CMS (which must be no later than 60 days before the effective date).**”

01/06/2014 – Version 2.0

- This document has been updated to reflect the CMS February 2014 Software changes. All relevant changes will be implemented on the February 2014 CMS Plan Data Due date which will be on Friday February the 7th, 2014. The actual implementation will occur after 08:00 P.M. Eastern Time.
 1. Section 2.3. Medicare Transaction Processing – “90” Reporting Identified Drug Overutilizers on page 37 has been added to document the record layout and field definitions for the new Transaction Code 90.
 2. Section 2.4 Medicare Transaction response has been modified to accommodate the new Tran code 90 data fields. It is important to note that positions 214 through 245 of the response file are shared by both Tran code 76 residential address change and the new Tran Code 90 data fields. You must keep track of the Transaction Code value shown in positions 14 through 15 (data values “76” or “90”) of the response record to determine whether Tran Code 90 or Tran Code 76 data field values are reported.
 3. The new Transaction Code “90” requires the addition of new transaction batch response error codes. As a result, we are now producing alphanumeric error codes (Errors “1A” through “9A”). See section 2.5 Transaction Error Codes to review the new error codes. It is important to adjust your internal application systems to accommodate an alphanumeric data type.
 4. Section 2.6 – Matrix of Required/Optional fields – has been updated to add the new Tran Code 90.
 5. Section 4.4 CMS Transaction Transmission Data File Layout has been changed to accommodate the new Tran Code 90 data fields.

6. A batch processing edit enhancement will be implemented alongside the Tran Code 90 changes. Currently the entire batch enrollment file is rejected if it contains any blank records. As of February 7, 2014, blank records will be rejected with error code “78 - Invalid Record Type. Record Bypassed”. This will allow for the entire file to process and have all its valid records accepted and sent to CMS as quickly as possible.
7. Section 2.5 Transaction Error Codes, has been changed to update error code 98. This error is not applicable to MMP processing and has been changed from “MEMBER MUST BE ENROLLED IN PART B WITH NO PART A ENTITLEMENT” to: “RESERVED FOR FUTURE USE”.
8. Section 2.1 has been updated to allow the submission of an EGHP or Employer subsidy Enrollment Override flag. Refer to the remarks section of each data field for instructions.

09/09/2013 – Version 1.4

The allowable value for the Premium Payment Option/ Part C-D field in position 77 of the Medicare input transaction layout has changed. The previous guidance provided for this field was to initialize the field to spaces. The correct value should be “N” (No Premium Applicable). Please see page 27 of the document for details.

06/24/2013 – Version 1.3

Version 1.3 changes reflect the latest CMS directive to remove the Part D Opt-Out Transaction code 79. This document has been updated to remove all references to the “79” transaction code.

05/06/2013 – Version 1.2

Version 1.2 changes will be implemented on Monday, May the 27th, 2013.

The Transaction tracking ID is now a required field for all MMP transaction processing. State or MMP submitted Medicare transactions (enrollments, disenrollments or changes) must contain the Infocrossing assigned account# in the first 7 positions of the 15 digit Transaction tracking ID. Positions 8 through 15 are free form and optional. Infocrossing edits will automatically populate your account number on the transaction if positions 1 through 7 are blank. The transaction will reject with a new error code of “73” if invalid data is found. The remarks section of the Transaction Tracking ID field has been updated accordingly on page 29 and 32 of this document.

- The Part D Opt Out transaction code 79 has been added. The Part D Opt Out flag has also been modified to now optionally allow beneficiaries to opt out of Part D if they already have a third party insurance that covers drugs. Please refer to the CMS MMP Enrollment and Disenrollment guidance document, section 30.1.4, Passive Enrollment, section E. Opt-Out for further guidance.

- This document contains some errors which are not relevant to MMP transaction processing. These errors have been identified with the description "(CAN BE IGNORED BY MMP PROCESSING)". The errors in question are Errors 24, 33, 34, 37, 39, 41, 45, 53, 82, 86, 87 and 88 as documented in section 2.4 - Transaction Error codes beginning on page 36.
- The previously defined MMP enrollment source code of "M" has been removed from the remarks section of the Enrollment Source code field on page 28.
- New error codes are now in effect. Some existing errors previously labeled as "Reserved for future use" will now be generated based on conditions found as shown below (note that error codes 24 and 82 are new but not relevant to MMP processing):

03 – *Trans type not applicable to MMP* (this error is generated if an MMP or State organization submits any of the 74 EGHP, 75 Payment Option, 77 Segment ID and 80 cancellation transactions which are not applicable to MMP processing).

73 – *MMP Tracking-ID must begin with HCF#* (error is generated when an MMP or State organization populates the first 7 positions of the transaction tracking ID field with the wrong value)

84 – *EGHP flag not applicable to MMP* (error is generated when an MMP or State organization submits a 61 enrollment with the EGHP flag populated).

91 – *Premium Pymt Opt not applicable to MMP* (error is generated when an MMP or State organization submits a 61 enrollment with a value in the premium payment option field).

12/10/2012 – Version 1.1

- Section 2.4 (Transaction Error Codes) of this document has been revised to provide additional information. Each error code is now mapped to the relevant transaction type and input data field.

Two unused errors have been retired and their descriptions have been changed to "Reserved for future use". These errors used to be defined as:

03 – Middle Init MBD membership Mismatch

24 – Member currently enrolled

General Description

This document describes the interface to the Infocrossing applications for Medicare Eligibility verification and Enrollment submission to the CMS MARx systems. There are 3 ways to interface with the Infocrossing systems: 1) manually upload a batch file via the Infocrossing secure web site 2) automated file transfer of a Pretty Good Privacy (PGP) encrypted input file or 3) a programmatic call of a Web service.

1. Manual upload of a batch file via the Infocrossing secure web site where the user logs in and selects the menu option to transfer a file. Users will be able to select a file from their workstation to upload to the Infocrossing server. Refer to the Batch Eligibility Layout and Batch Enrollment Layout as described in this document for more information.
2. File Transfer (FTP - File transfer Protocol) of a PGP encrypted input file. Infocrossing and the client will need to exchange public keys for the encryption. This process can use either a customer's FTP site or the Infocrossing FTP site. Files are processed at a predetermined frequency specified by the customer. The File transfer process can be fully automated. Refer to the Batch Eligibility Layout and Batch Enrollment Layout as described in this document.
3. A Web Service is provided for doing real time Medicare Eligibility inquiry. This Simple Object Access Protocol (SOAP) based interface allows for programmable access to the Infocrossing Eligibility Inquiry service. Eligibility Information is queried using the Medicare HICN (Health Insurance Claim Number) and the first 6 characters of a beneficiary's last name. Alternatively, the HICN and the beneficiary Date of Birth can be used as key fields to retrieve Medicare eligibility entitlement information. A Web Service Descriptor Language (WSDL) file containing the web service description is available. The Web Service section (Section 3) of this document provides you with more detailed information regarding this process.

1. MEDICARE ELIGIBILITY INQUIRY

The Medicare Eligibility query service can be used when States or Medicare/Medicaid Plan personnel have selected a beneficiary for Medicare enrollment and there is a need to ensure that the person meets all Medicare eligibility criteria. This query eligibility verification process must be completed before any enrollment activity occurs and applies whether a given beneficiary has elected to enroll or whether the State agency has made the selection as a passive enrollment.

The eligibility response that is provided will help verify and confirm Medicare Eligibility entitlements and other related information.

INPUT RECORD LAYOUT FOR BATCH ELIGIBILITY INQUIRY

RECORD FORMAT = FB (Fixed Block) RECORD LENGTH = 80

HEADER RECORD

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|------------------|------|----------|---------|---|
| RECORD TYPE | 01 | 1 – 1 | Char | 'H' – Required field used to uniquely identify the record as a header. Value must always be set to 'H'. |
| ACCOUNT | 08 | 2 – 9 | Char | Account number Assigned by Infocrossing – Required field |
| TRANSACTION DATE | 08 | 10 – 17 | Numeric | CCYYMMDD |
| FILLER | 63 | 18 – 80 | Char | Spaces |

DETAIL INPUT RECORD

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|-----------------|------|----------|--------|--|
| RECORD TYPE | 01 | 1 – 1 | Char | 'D' – Required field. Each detail record in the file must have the value of "D" in position 1. |
| HICN | 12 | 2 – 13 | Char | Required field – Beneficiary's Health Insurance Claim Number |
| LAST NAME | 12 | 14 – 25 | Char | Required field –Beneficiary's Last Name |
| SEQUENCE NUMBER | 32 | 26 – 57 | Char | Optional – Free form custom field that can be used to track HICN query submissions. |
| FILLER | 13 | 58 – 70 | Char | Spaces |
| DATE OF BIRTH * | 08 | 71 – 78 | Char | Optional – Beneficiary's Date of Birth in CCYYMMDD format (See additional information supplied below). |
| FILLER | 02 | 79 – 80 | Char | Spaces |

* The eligibility process will first attempt to find a match by using the HICN and the last name provided. If no match is obtained and the optional Date of Birth field is provided, a second attempt will be made by using the HICN and the Date of Birth fields. If prior match attempts using the HICN are unsuccessful, one more attempt will be made to match the HICN and last name fields against the Medicare Beneficiary Database XREF (Cross Reference) HICN field. The XREF HICN represents any prior HICN number that might have been assigned to a beneficiary in the past.

OUTPUT RECORD LAYOUT FOR BATCH ELIGIBILITY INQUIRY

RECORD FORMAT = FB (Fixed Block)

LENGTH = 1300

HEADER RECORD

The output header record is in the same format as the input header record except for the addition of two MBD (Medicare Beneficiary Database) related data fields and an expanded record layout to 1,300 bytes.

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|---|------|-----------|---------|--|
| RECORD TYPE | 01 | 1 – 1 | Char | 'H' (copied from input header record) |
| ACCOUNT | 08 | 2 – 9 | Char | Infocrossing supplied Account number (copied from input header record) |
| TRANSACTION DATE | 08 | 10 – 17 | Numeric | CCYYMMDD |
| MBD (Medicare beneficiary Database) LOAD EFF DATE | 08 | 18 – 25 | Numeric | CCYYMMDD – Date MBD data is refreshed by CMS and loaded on Infocrossing database |
| POTENTIAL UNCOV MONTHS EFF DATE | 06 | 26 – 31 | Numeric | CCYYMM – Payment month MBD data is received from CMS |
| FILLER | 1269 | 32 – 1300 | Char | Spaces |

DETAIL OUTPUT RECORD

For a successful match, the full user supplied HICN must be found on the Eligibility database and the first 6 bytes of the user supplied last name must match the first 6 bytes of the beneficiary last name as found on the Eligibility database. Note that the Date of Birth could also be supplied and used to match the Eligibility database beneficiary record. The Date of Birth will be used as a second match attempt only if a last name match is unsuccessful.

IMPORTANT NOTES:

Once an HICN match is found, the MBD response data will be categorized as follows:

1. Eligibility response Inquiry Type field in position 476 of the output file is set to 'E': in such cases, the beneficiary does not show membership in the requesting Medicare contract or Plan ID (For purposes of clarification, the terms "Contract" and "Plan ID" are interchangeable). Note that each Infocrossing account number is assigned to its authorized Medicare contract number(s). The response record is considered to be an eligibility inquiry and the Inquiry Type field value is set to "E".
2. Membership response Inquiry Type field in position 476 of the output file is set to 'M': beneficiary is enrolled in the requesting plan. The beneficiary shows active enrollment in one of two Plan ID response fields supplied in positions 478 and 492. The response record is considered to be a membership inquiry and the Inquiry Type field value is set to "M".
3. MBD Eligibility data is released when both the HICN found and Name/DOB found fields are set to "Y" or a match is obtained against the CMS XREF Claim Number field and the HICN found flag is set to "X".

When a successful match is obtained, all applicable response data fields starting from position 28 are populated with MBD data.

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|--|------|-----------|---------|---|
| RECORD TYPE | 1 | 1 – 1 | Char | 'D' – User supplied, copied from input file |
| HICN CLAIM NUMBER | 12 | 2 – 13 | Char | User supplied HICN – copied from input file |
| LAST NAME | 12 | 14 – 25 | Char | User supplied Last Name – copied from input file |
| HICN FOUND/NOT FOUND | 01 | 26 – 26 | Char | Y= found, N= not found X= Match on XREF HICN found |
| NAME or BIRTHDATE FOUND/NOT FOUND | 01 | 27 – 27 | Char | Y= found, N= not found |
| Medicare Eligibility and entitlement data follows: | | | | |
| LAST NAME | 40 | 28 – 67 | Char | |
| FIRST NAME | 30 | 68 – 97 | Char | |
| MIDDLE INIT | 01 | 98 – 98 | Char | |
| GENDER | 01 | 99 – 99 | Char | Gender ('F' or 'M') |
| BIRTHDATE | 08 | 100 – 107 | Numeric | CCYYMMDD |
| PART A ENTITLEMENT DATE | 08 | 108 – 115 | Numeric | CCYYMMDD. The Entitlement Start Date of the beneficiary's most recent or active Medicare Part A entitlement period. |
| PART A ENTITLEMENT END DATE | 08 | 116 – 123 | Numeric | CCYYMMDD. The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period. |
| PART B ENTITLEMENT DATE | 08 | 124 – 131 | Numeric | CCYYMMDD. The Entitlement Start Date of the beneficiary's most recent or active Medicare Part B entitlement period. |
| PART B ENTITLEMENT END DATE | 08 | 132 – 139 | Numeric | CCYYMMDD. The Entitlement End Date of the beneficiary's most recent or active Medicare Part B entitlement period. |
| STATE CODE | 02 | 140 – 141 | Numeric | |
| COUNTY CODE | 03 | 142 – 144 | Numeric | |
| HOSPICE STATUS | 01 | 145 – 145 | Char | Y/spaces |
| HOSPICE START DATE | 08 | 146 – 153 | Numeric | CCYYMMDD |
| HOSPICE END DATE | 08 | 154 – 161 | Numeric | CCYYMMDD |
| INSTITUTIONAL STATUS | 01 | 162 – 162 | Char | Y/spaces |
| INSTITUTIONAL START DATE | 08 | 163 – 170 | Numeric | CCYYMMDD |
| INSTITUTIONAL END DATE | 08 | 171 – 178 | Numeric | CCYYMMDD |
| ESRD STATUS | 01 | 179 – 179 | Char | Y/spaces |
| ESRD START DATE | 08 | 180 – 187 | Numeric | CCYYMMDD |
| ESRD END DATE | 08 | 188 – 195 | Numeric | CCYYMMDD |
| MEDICAID STATUS | 01 | 196 – 196 | Char | Y/spaces |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|---|------|-----------|---------|--|
| MEDICAID START DATE | 08 | 197 – 204 | Numeric | CCYYMMDD |
| MEDICAID END DATE | 08 | 205 – 212 | Numeric | CCYYMMDD |
| EGHP INDICATOR | 01 | 213 – 213 | Char | Y/spaces |
| LIVING STATUS | 01 | 214 – 214 | Char | 'A' or 'D' ("Alive" or "Deceased") |
| DEATH DATE | 08 | 215 – 222 | Numeric | CCYYMMDD |
| XREF CLAIM NUMBER | 12 | 223 – 234 | Char | Previously known HICN number as supplied by CMS on the MBD |
| RACE CODE | 01 | 235 – 235 | Char | Values as supplied by CMS are: '0' or blank = unknown, '1' = White, '2' = Black, '3' = other, '4' = Asian, '5' = Hispanic, '6' = North American Native |
| FILLER | 07 | 236 – 242 | | |
| Part D – LIS Info | | | | |
| PARTD ELIGIBLE START DATE | 08 | 243 – 250 | Numeric | CCYYMMDD. This field identifies the date the beneficiary became eligible for Part D Benefits. |
| DEEMED/LOW INCOME SUBSIDY START DATE (OCCURRENCE 1) | 08 | 251 – 258 | Numeric | CCYYMMDD. Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (most recent or presently active). |
| DEEMED/LOW INCOME SUBSIDY END DATE (OCCURRENCE 1) | 08 | 259 – 266 | Numeric | CCYYMMDD. The end date of the Deemed period or Low Income Subsidy (most recent or presently active). |
| CO-PAYMENT LEVEL IDENTIFIER (OCCURRENCE 1) | 01 | 267 – 267 | Char | This field indicates the Co-Payment level for the beneficiary. |
| PRTD PREMIUM SUBSIDY PERCENT (OCCURRENCE 1) | 03 | 268 – 270 | Char | If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized. |
| DEEMED/LOW INCOME SUBSIDY START DATE (OCCURRENCE 2) | 08 | 271 – 278 | Numeric | CCYYMMDD. Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (second most recent). |
| DEEMED/LOW INCOME SUBSIDY END DATE (OCCURRENCE 2) | 08 | 279 – 286 | Numeric | CCYYMMDD. The end date of the Deemed period or Low Income Subsidy (second most recent). |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|--|------|-----------|--------|--|
| CO-PAYMENT LEVEL IDENTIFIER (OCCURRENCE 2) | 01 | 287 – 287 | Char | This field indicates the Co-Payment level for the beneficiary. |
| PRTD PREMIUM SUBSIDY PERCENT (OCCURRENCE 2) | 03 | 288 – 290 | Char | If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized. |
| FILLER | 10 | 291 – 300 | | |
| PARTD OCCURRENCES | 02 | 301 – 302 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 1) | 08 | 303 – 310 | Char | CCYYMMDD. Effective start date of the Part D plan for the beneficiary (most recent or presently active). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 1) | 08 | 311 – 318 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (most recent). |
| FILLER | 01 | 319 – 319 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 2) | 08 | 320 – 327 | Char | CCYYMMDD. Effective start date of the Part D plan (second most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 2) | 08 | 328 – 335 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (second most recent). |
| FILLER | 01 | 336 – 336 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 3) | 08 | 337 – 344 | Char | CCYYMMDD. Effective start date of the Part D plan (third most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 3) | 08 | 345 – 352 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (third most recent). |
| FILLER | 01 | 353 – 353 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 4) | 08 | 354 – 361 | Char | CCYYMMDD. Effective start date of the Part D plan (fourth most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 4) | 08 | 362 – 369 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (fourth most recent). |
| FILLER | 01 | 370 – 370 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 5) | 08 | 371 – 378 | Char | CCYYMMDD. Effective start date of the Part D plan (fifth most recent). |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|---|------|-----------|--------|--|
| PARTD DISENROLLMENT DATE (OCCURRENCE 5) | 08 | 379 – 386 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (fifth most recent). |
| FILLER | 01 | 387 – 387 | Char | |
| PARTD ENROLLMENT EFFECTIVEDATE (OCCURRENCE 6) | 08 | 388 – 395 | Char | CCYYMMDD. Effective start date of the Part D plan (sixth most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 6) | 08 | 396 – 403 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (sixth most recent). |
| FILLER | 01 | 404 – 404 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 7) | 08 | 405 – 412 | Char | CCYYMMDD. Effective start date of the Part D plan (seventh most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 7) | 08 | 413 – 420 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (seventh most recent). |
| FILLER | 01 | 421 – 421 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 8) | 08 | 422 – 429 | Char | CCYYMMDD. Effective start date of the Part D plan (eighth most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 8) | 08 | 430 – 437 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (eighth most recent). |
| FILLER | 01 | 438 – 438 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 9) | 08 | 439 – 446 | Char | CCYYMMDD. Effective start date of the Part D plan (ninth most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 9) | 08 | 447 – 454 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (ninth most recent). |
| FILLER | 01 | 455 – 455 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 10) | 08 | 456 – 463 | Char | CCYYMMDD. Effective start date of the Part D plan (tenth and oldest). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 10) | 08 | 464 – 471 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (tenth and oldest date). |
| FILLER | 01 | 472 – 472 | Char | |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|--|------|-----------|---------|--|
| POTENTIAL UNCOVERED MONTHS** | 03 | 473 – 475 | Char | 1. '000' = No uncovered months 2. Any value higher than zero (with leading zeroes) represents the number of potential uncovered months. 3. 'N/A' = Unable to calculate due to following reasons: - Part D end date is greater than Part D start date. - Beneficiary is deceased - Beneficiary does not have entitlement dates - Invalid Part D dates |
| INQUIRY TYPE | 01 | 476 – 476 | Char | 'E' = Eligibility 'M' = Membership ' ' (space) = No HICN match |
| ENROLLMENT INFO OCCURRENCES | 01 | 477 – 477 | Char | 0 to maximum of 2 |
| Enrollment Info 1 | | | | |
| PLAN ID | 05 | 478 – 482 | Char | |
| PLAN ENROLLMENT DATE | 08 | 483 – 490 | Numeric | CCYYMMDD |
| DRUG PLAN INDICATOR | 01 | 491 – 491 | Char | 'Y' 'N' |
| Enrollment Info 2 | | | | |
| PLAN ID | 05 | 492 – 496 | Char | |
| PLAN ENROLLMENT DATE | 08 | 497 – 504 | Numeric | CCYYMMDD |
| DRUG PLAN INDICATOR | 01 | 505 – 505 | Char | 'Y' 'N' |
| FILLER | 20 | 506 – 525 | Char | |
| NUMBER OF UNCOVERED MONTHS (NUNCMO) OCCURENCES | 02 | 526 – 527 | Numeric | 0 to a maximum of 20 |
| UNCOVERED MONTHS START DATE1 | 08 | 528 – 535 | Numeric | CCYYMMDD |
| UNCOV MONTHS1 | 03 | 536 – 538 | Numeric | |
| NUNCMO INDICATOR1 | 01 | 539 – 539 | Char | |
| TOTAL UNCOVERED MONTHS1 | 03 | 540 – 542 | Numeric | |
| UNCOVERED MONTHS START DATE2 | 08 | 543 – 550 | Numeric | CCYYMMDD |
| UNCOV MONTHS2 | 03 | 551 – 553 | Numeric | |
| NUNCMO INDICATOR2 | 01 | 554 – 554 | Char | |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|------------------------------|------|-----------|---------|----------|
| TOTAL UNCOVERED MONTHS2 | 03 | 555 – 557 | Numeric | |
| UNCOVERED MONTHS START DATE3 | 08 | 558 – 565 | Numeric | CCYYMMDD |
| UNCOV MONTHS3 | 03 | 566 – 568 | Numeric | . |
| NUNCMO INDICATOR3 | 01 | 569 – 569 | Char | |
| TOTAL UNCOVERED MONTHS3 | 03 | 570 – 572 | Numeric | |
| UNCOVERED MONTHS START DATE4 | 08 | 573 – 580 | Numeric | CCYYMMDD |
| UNCOV MONTHS4 | 03 | 581 – 583 | Numeric | |
| NUNCMO INDICATOR4 | 01 | 584 – 584 | Char | |
| TOTAL UNCOVERED MONTHS4 | 03 | 585 – 587 | Numeric | |
| UNCOVERED MONTHS START DATE5 | 08 | 588 – 595 | Numeric | CCYYMMDD |
| UNCOV MONTHS5 | 03 | 596 – 598 | Numeric | |
| NUNCMO INDICATOR5 | 01 | 599 – 599 | Char | |
| TOTAL UNCOVERED MONTHS5 | 03 | 600 – 602 | Numeric | |
| UNCOVERED MONTHS START DATE6 | 08 | 603 – 610 | Numeric | CCYYMMDD |
| UNCOV MONTHS6 | 03 | 611 – 613 | Numeric | |
| NUNCMO INDICATOR6 | 01 | 614 – 614 | Char | |
| TOTAL UNCOVERED MONTHS6 | 03 | 615 – 617 | Numeric | |
| UNCOVERED MONTHS START DATE7 | 08 | 618 – 625 | Numeric | CCYYMMDD |
| UNCOV MONTHS7 | 03 | 626 – 628 | Numeric | |
| NUNCMO INDICATOR7 | 01 | 629 – 629 | Char | |
| TOTAL UNCOVERED MONTHS7 | 03 | 630 – 632 | Numeric | |
| UNCOVERED MONTHS START DATE8 | 08 | 633 – 640 | Numeric | CCYYMMDD |
| UNCOV MONTHS8 | 03 | 641 – 643 | Numeric | |
| NUNCMO INDICATOR8 | 01 | 644 – 644 | Char | |
| TOTAL UNCOVERED MONTHS8 | 03 | 645 – 647 | Numeric | |
| UNCOVERED MONTHS START DATE9 | 08 | 648 – 655 | Numeric | CCYYMMDD |
| UNCOV MONTHS9 | 03 | 656 – 658 | Numeric | |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|-------------------------------|------|-----------|---------|----------|
| NUNCMO INDICATOR9 | 01 | 659 – 659 | Char | |
| TOTAL UNCOVERED MONTHS9 | 03 | 660 – 662 | Numeric | |
| UNCOVERED MONTHS START DATE10 | 08 | 663 – 670 | Numeric | CCYYMMDD |
| UNCOV MONTHS10 | 03 | 671 – 673 | Numeric | |
| NUNCMO INDICATOR10 | 01 | 674 – 674 | Char | |
| TOTAL UNCOVERED MONTHS10 | 03 | 675 – 677 | Numeric | |
| UNCOVERED MONTHS START DATE11 | 08 | 678 – 685 | Numeric | CCYYMMDD |
| UNCOV MONTHS11 | 03 | 686 – 688 | Numeric | |
| NUNCMO INDICATOR11 | 01 | 689 – 689 | Char | |
| TOTAL UNCOVERED MONTHS11 | 03 | 690 – 692 | Numeric | |
| UNCOVERED MONTHS START DATE12 | 08 | 693 – 700 | Numeric | CCYYMMDD |
| UNCOV MONTHS12 | 03 | 701 – 703 | Numeric | |
| NUNCMO INDICATOR12 | 01 | 704 – 704 | Char | |
| TOTAL UNCOVERED MONTHS12 | 03 | 705 – 707 | Numeric | |
| UNCOVERED MONTHS START DATE13 | 08 | 708 – 715 | Numeric | CCYYMMDD |
| UNCOV MONTHS13 | 03 | 716 – 718 | Numeric | |
| NUNCMO INDICATOR13 | 01 | 719 – 719 | Char | |
| TOTAL UNCOVERED MONTHS13 | 03 | 720 – 722 | Numeric | |
| UNCOVERED MONTHS START DATE14 | 08 | 723 – 730 | Numeric | CCYYMMDD |
| UNCOV MONTHS14 | 03 | 731 – 733 | Numeric | |
| NUNCMO INDICATOR14 | 01 | 734 – 734 | Char | |
| TOTAL UNCOVERED MONTHS14 | 03 | 735 – 737 | Numeric | |
| UNCOVERED MONTHS START DATE15 | 08 | 738 – 745 | Numeric | CCYYMMDD |
| UNCOV MONTHS15 | 03 | 746 – 748 | Numeric | |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|---|------|-----------|---------|---|
| NUNCMO INDICATOR15 | 01 | 749 – 749 | Char | |
| TOTAL UNCOVERED MONTHS15 | 03 | 750 – 752 | Numeric | |
| UNCOVERED MONTHS START DATE16 | 08 | 753 – 760 | Numeric | CCYYMMDD |
| UNCOV MONTHS16 | 03 | 761 – 763 | Numeric | |
| NUNCMO INDICATOR16 | 01 | 764 – 764 | Char | |
| TOTAL UNCOVERED MONTHS16 | 03 | 765 – 767 | Numeric | |
| UNCOVERED MONTHS START DATE17 | 08 | 768 – 775 | Numeric | CCYYMMDD |
| UNCOV MONTHS17 | 03 | 776 – 778 | Numeric | |
| NUNCMO INDICATOR17 | 01 | 779 – 779 | Char | |
| TOTAL UNCOVERED MONTHS17 | 03 | 780 – 782 | Numeric | |
| UNCOVERED MONTHS START DATE18 | 08 | 783 – 790 | Numeric | CCYYMMDD |
| UNCOV MONTHS18 | 03 | 791 – 793 | Numeric | |
| NUNCMO INDICATOR18 | 01 | 794 – 794 | Char | |
| TOTAL UNCOVERED MONTHS18 | 03 | 795 – 797 | Numeric | |
| UNCOVERED MONTHS START DATE19 | 08 | 798 – 805 | Numeric | CCYYMMDD |
| UNCOV MONTHS19 | 03 | 806 – 808 | Numeric | |
| NUNCMO INDICATOR19 | 01 | 809 – 809 | Char | |
| TOTAL UNCOVERED MONTHS19 | 03 | 810 – 812 | Numeric | |
| UNCOVERED MONTHS START DATE20 | 08 | 813 – 820 | Numeric | CCYYMMDD |
| UNCOV MONTHS20 | 03 | 821 – 823 | Numeric | |
| NUNCMO INDICATOR20 | 01 | 824 – 824 | Char | |
| TOTAL UNCOVERED MONTHS20 | 03 | 825 – 827 | Numeric | |
| RDS OCCURRENCES | 02 | 828 – 829 | Char | Number of RDS occurrences |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 1) | 08 | 830 – 837 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (most recent or presently active). |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|--|------|-----------|--------|--|
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 1) | 08 | 838 – 845 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 2) | 08 | 846 – 853 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (second most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 2) | 08 | 854 – 861 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (second most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 3) | 08 | 862 – 869 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (third most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 3) | 08 | 870 – 877 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (third most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 4) | 08 | 878 – 885 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (fourth most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 4) | 08 | 886 – 893 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (fourth most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 5) | 08 | 894 – 901 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (fifth most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 5) | 08 | 902 – 909 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (fifth most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 6) | 08 | 910 – 917 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (sixth most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 6) | 08 | 918 – 925 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (sixth most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 7) | 08 | 926 – 933 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (seventh most). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 7) | 08 | 934 – 941 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (seventh most recent) |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|--|------|-------------|--------|--|
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 8) | 08 | 942 – 949 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (eighth most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 8) | 08 | 950 – 957 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (eighth most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 9) | 08 | 958 – 965 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (ninth most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 9) | 08 | 966 – 973 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (ninth most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 10) | 08 | 974 – 981 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (tenth most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 10) | 08 | 982 – 989 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (tenth most recent) |
| SEQUENCE NUMBER | 32 | 990 – 1021 | Char | Sequence number provided on the input transaction -Optional |
| MBD HICN CLAIM NUMBER | 12 | 1022 –1033 | Char | MBD claim number is returned when the HIC Found/Not Found flag is set to “X” |
| FILLER | 267 | 1034 – 1300 | | |

**Potential Uncovered Months

Important Note: The Number of Uncovered months (number of months in which a Medicare eligible beneficiary did not have creditable drug coverage for a continuous period of 63 days or more) is an important rule of the Medicare Prescription Drug program. Although the Medicare & Medicaid Plan enrollment (MMP) program is subject to the Medicare Prescription Drug rules, beneficiaries that become eligible to enroll in the MMP program will get any prior number of uncovered months reset as soon as their low income subsidy eligibility status is established. As such, while this field should not be considered in the initial enrollment of beneficiaries in the demonstration program, it could have a potential use in identifying payment reconciliation issues.

** As of November 9, 2007, when applicable, CMS requires plans to submit the latest incremental number of uncovered months, rather than the cumulative process that used to be in place.

The Infocrossing new potential incremental uncovered months is reported as follows:

The Potential Uncovered Months field represents the latest calculated incremental number of months for which the beneficiary was NOT enrolled in a Part D or Retiree Drug Subsidy plan. We subtracted the latest Part D end date from the uncovered months effective date. If there are no Part D dates, then, the end of the beneficiary's Part D ICP date, or May, 2006, whichever is later, is used.

Example 1:

If the beneficiary is currently enrolled in a Part D plan, then, the potential incremental uncovered months is zero. If the latest Part D end date is zeros, then uncovered months is zero.

Example 2:

If the beneficiary terminated membership in a Part D plan on October 31, 2007 and the uncovered months effective date is December 1, 2008, then this is less than 63 days from the calculation date and the uncovered months is set to zero.

Example 3:

If the beneficiary terminated membership in Part D plan August 31, 2007 and uncovered months effective date is December 1, 2008, which is greater than 63 days, the number of uncovered months is 3 months.

Prior to November 8, 2007, the number of uncovered months reported by plans to CMS was considered cumulative. The calculation for the potential cumulative number of uncovered months was as follows:

This field is the number of months that a beneficiary does not appear to have been enrolled in a Part D plan or Retiree Drug Subsidy (RDS) plan. This field is calculated by first looking at the beneficiary's Part D eligibility date. We then look for periods of time of 63 consecutive days or more where the CMS record does not indicate that the individual was enrolled in a Part D or RDS plan. If any such gaps exist, we then add up the number of full calendar months from the beginning of each of the identified potential gaps. These months are only the potential uncovered months. Plans must follow CMS guidance on Creditable Coverage and the Late Enrollment Penalty to determine the actual number of uncovered months and report this number to CMS.

Example Calculation:

John Doe was eligible for Part D on 01/01/2006. He joined plan S9999 at that time. He then disenrolled from plan S9999 on 12/31/2006. There are no other Part D plan or RDS plan enrollment periods in the CMS record. He is now enrolling in plan S9998 for a 09/01/2007 effective date. He has a potential gap of 63 or greater days. His potential uncovered months would be calculated as eight. Plan S9998 would need to follow CMS guidance on Credible Coverage/Late enrollment penalty to determine the actual number of uncovered months, which may be anywhere from zero to eight in this example, and submit this information to CMS.

2. MEDICARE TRANSACTION PROCESSING

BATCH TRANSACTION PROCESSING

Clients that wish to do batch transaction processing should contact an Infocrossing customer service representative at Infocrossing by calling 1-877-833-3499. The Infocrossing help desk personnel can assist you in assigning an account number which is needed to submit both Eligibility and Enrollment files and assist with any questions that you might have.

A batch job will be implemented to automatically process client submitted Medicare transaction files. Depending upon the client's requirements, Infocrossing will process the transactions as part of a nightly job or within 5 to 15 minutes of upload.

Whether a batch job is run after-hours or during the day, the system will generate error/response data in report and/or data formats, ready for downloading. The client's input data file will be deleted by the batch job.

The transaction file supplied by the customer must contain one header record followed by Medicare transactions. The following pages explain the format of the data and individual field positions. The record length is 300 bytes. All applicable fields are validated against the MBD eligibility database.

2.1 MEDICARE TRANSACTION PROCESSING – ALL TRANSACTION TYPES EXCEPT “76” AND “90”

This document is intended for readers to use as a supplement to the CMS literature and should primarily be used as a guide to build the Infocrossing required record layout.

Batch Enrollment/Disenrollment/Change/Cancellation transactions Header Record

| Data Element | Size | Format | Position | Remarks |
|-----------------------------|------|--------|----------|--|
| Record type | 1 | Num | 1 | '1' Header record |
| Account | 7 | Char | 2-8 | Account number assigned by Infocrossing. |
| Filler | 1 | Char | 9 | Space |
| Planid | 5 | Char | 10-14 | Plan id (contract) supplied by CMS |
| Filler | 1 | Char | 15 | Space |
| Batch-Number | 6 | Num | 16-21 | Any Numeric Value identifying the group of transactions |
| Trans-Count | 8 | Num | 22-29 | Numeric Value specifying the number of type 3 detail records sent |
| Batch File Type ** | 5 | Char | 30-34 | <u>Note:</u> “RETRO, POVER and SVIEW” submissions are special file submissions that are <u>initiated only with specific guidance from CMS.</u> “spaces” = Normal transaction which conforms to CMS CCM processing rules. “RETRO” = Retroactive Transaction Submission. “POVER” = Plan Rollover Transaction Submission “SVIEW” = Special Organizational Review Transaction Submission |
| CMS Approval Request ID *** | 10 | Char | 35-44 | Leave as spaces when Batch File Type is “spaces”. Otherwise, obtain the appropriate value from the CMS MARx UI screens when Batch File Type is “RETRO, POVER or SVIEW”. |
| Filler | 256 | Char | 45-300 | Spaces |

** If “RETRO” “POVER” or “SVIEW” is populated, only one Header record must be included in the file submission to Infocrossing.

*** Obtain the appropriate value for the CMS Approval Request ID from the CMS MARX screens when you need to submit a RETRO, POVER or SVIEW file to Infocrossing. Note: This value must be populated when Batch File Type is populated. Your file submission will be rejected if multiple header records are sent with the Batch File Type field populated or an invalid value is supplied in the Batch File Type.

Batch Enrollment/Disenrollment/Change/Cancellation transactions Detail Record

** The remarks section can be used to build your transaction records. The CMS Plan Communication User Guide document should be used primarily.

Note: For ease of reference, the “76” residential Address Change transaction layout has been defined in a separate section. Please keep in mind that all transaction types can be submitted together in one batch file to Infocrossing for processing.

Additional important notes:

- All references to Medicare and Medicaid Plans are used with the acronym: “MMP”
- The CMS MARx system input file layout requirement allows for many different types of organizations to submit data to CMS. While this document contains references to these organizations, Medicare and Medicaid Plan personnel should strictly concern themselves with data specific to MMP processing requirements. Some example acronyms of such organizations are: *MA*s (Medicare Advantage Plans), *MAPD*s (Medicare Advantage Prescription Drug Plans) and *PDP*s (Prescription Drug Plans)
- While the CMS MARx system processes several different types of transactions for various organizations concerned with the MARx processing interface, only the transactions that are applicable to MMPs are described in this document. Transaction types “74” (Employer Group Health Plan Change), “75” (Premium Payment Option Change) and “77” (Segment ID change) are excluded from this document and are not applicable to MMPs.

| Data Element | Size | Format | Position | Remarks |
|--------------------------------------|------|--------|----------|--|
| Record-Type | 1 | Num | 1 | '3'-transaction record. |
| Health Insurance Claim-Number (HICN) | 12 | Char | 2-13 | Valid Health insurance Claim Number. Must exist in CMS Eligibility for enrollments. Required on all transactions. |
| Surname | 12 | Char | 14-25 | Last name. No blank or spaces. Required on all transactions. |
| First Name | 7 | Char | 26-32 | First name. No blank or spaces. Required on all transactions. |
| Middle Initial | 1 | Char | 33 | Middle Initial. Can be a blank or space. Optional on all transactions. |
| Gender | 1 | Char | 34 | 1 = male, 2 = female, 0 = unknown. Required on all transactions. |
| Birth Date | 8 | Num | 35-42 | Birth date in CCYYMMDD format. Required on all transactions. |
| EGHP Flag | 1 | Char | 43 | To identify Employer Group Health Plan (EGHP). Values are 'Y' or blank as applicable. Used on '61' transactions. Report 'Y' for type "61" transactions if EGHP, otherwise leave blank. Leave blank for all other transactions. |
| PBP # | 3 | Char | 44-46 | Plan Benefit Package. Required on transactions '61', '72', '73', '78', '81', '82', '83' if plan has PBPs. Leave field blank only if not applicable for the contract. Otherwise, PBP is required for all organizations to report a 3 character numeric number (zero-padded, 001-999). |

| Data Element | Size | Format | Position | Remarks |
|-----------------------|------|--------|----------|--|
| Election Type | 1 | Char | 47 | <p>While all election type values as explained below are valid in the CMS MARx system for many organizations, as far as the MMP plans are concerned, the appropriate election type value for all transactions is "U – LIS/Duals, Special Enrollment Period". Required on '61' and '51' transactions. Leave as space if not applicable.</p> <p>'A' – (AEP) Annual Enrollment: Oct 15 – Dec 07</p> <p>'D' – (MADP) 45-Day MA Disenrollment Period between January 1 and February 14 of each year with February 1 or March 1 effective dates.</p> <p>'E' – (IEP) Initial Enrollment Period is 3 months prior and 3 months after the 65th birthday.</p> <p>'F' – (IEP 2) Second Initial Enrollment Period for Part D.</p> <p>'I' – (ICEP) Initial Coverage Enrollment Period: 3 months prior to Eligibility Part A and Part B date</p> <p>'S' – (SEP) Special Election Period</p> <p>'T' – (OEPI) Open Enrollment for Institutionalized. First 3 months of the year.</p> <p>Additional Special Election types:</p> <p>'U' – SEP for Dual-eligible individuals or individuals who lose their Dual-Eligibility and SEP for Non-Dual Eligible individuals with LIS and individuals who lose LIS</p> <p>'V' – SEP for changes in Residence</p> <p>'W' – SEP EGHP</p> <p>'X' – Administrative Action SEP</p> <p>'Y' – Casework exceptional condition</p> <p>'Z' – MA Auto-Enrollment Period</p> <p>'R' – SEP enrollment into a 5-Star rated Plan.</p> |
| Plan-ID (Contract #) | 5 | Char | 48-52 | <p>Contract Number</p> <p>Required on all transactions: '61', '51', '72', '73', '78', '81', '82' and '83' H**** = identifies MMP plans (All asterisks must be replaced by valid CMS assigned numeric values)</p> |

| Data Element | Size | Format | Position | Remarks |
|--------------------------|------|--------|----------|--|
| Application Receipt Date | 8 | Num | 53-60 | <p>CCYYMMDD format. Required on 61 transactions.</p> <p><u>For Passive MMP enrollments:</u> The Application Receipt date field is the date the transaction is submitted to CMS (which must be no later than 60 days before the effective date). For passive enrollments effective January 1, the application date will be October 14 of the current year.</p> <p>Use an enrollment Source Code value of 'J' – State submitted passive enrollment (see Enrollment Source Code in position 193).</p> <p><u>For Beneficiary Elected MMP enrollments:</u> Application date is the date the Plan received the beneficiary's enrollment request. Refer to the CMS Enrollment guidance for additional detailed explanation. Use an enrollment Source Code value of 'L' – MMP beneficiary election.</p> <p>Not applicable on transactions 72 through 78, 81, 82, 83 and 51.</p> |
| Transaction Code | 2 | Num | 61-62 | <p>Enrollments: '61'</p> <p>Disenrollments: '51'</p> <p>4rx Change: '72'</p> <p>Uncovered Months Change: '73'</p> <p>Part C Premium Change: '78'</p> <p>Disenrollment Cancellation: '81'</p> <p>MMP Enrollment Cancellation: "82"</p> <p>MMP Opt-Out Update: "83"</p> |
| Disenrollment reason | 2 | Num | 63-64 | <p>MMP disenrollment reasons:</p> <p>'11' – Voluntary disenrollment</p> <p>'63' – MMP Opt-Out After Enrolled</p> <p>'64' – Loss of Demonstration Eligibility</p> <p>'92' – Involuntary disenrollment for a move out of plan's service area</p> <p>Blank</p> <p>Valid only on transaction 51. Leave blank on all other transactions.</p> <p>Required for Involuntary Disenrollments</p> |
| Effective Date | 8 | Num | 65-72 | <p>Effective date in CCYYMMDD format. Required on all transactions. Day field must always contain the first of the month.</p> |
| Segment ID | 3 | Char | 73-75 | <p>This field is not applicable to Medicare & Medicaid Plans (MMPs). Leave it initialized to blank on all transactions.</p> |

| Data Element | Size | Format | Position | Remarks |
|---|------|--------|----------|--|
| ESRD Override (Prior Commercial Override) | 1 | Char | 76 | Applicable to '61' transactions only. The override field is required if beneficiary has ESRD and wants to enroll in an MMP Plan. Not required if plan is special-needs-plan (SNP). Use Alpha-numeric, 1-9 and A-F to report ESRD override condition. Zero (0) and blank = no override to report. |
| Premium Payment Option / Parts C-D | 1 | Char | 77 | This field is not applicable to Medicare & Medicaid Plans (MMPs). Populate this field with a value of "N" (No Premium Applicable) |
| Part C Premium Amount | 6 | Num | 78-83 | For MMP Plans, initialize this field with zeroes during initial enrollment. The total Part C premium owed by the member; including amounts related to optional supplemental benefits. CMS collects the premiums from SSA/RRB/OPM and forwards them to the plan for members that elect to have them withheld from their benefit checks. 6-digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. A value of '000000' is an acceptable change-to value meaning \$0.00. A value of '003700' is \$37 and \$125 is 012500. Required on 61 and 78 transactions. Not applicable on all other transactions. |
| Creditable Coverage Flag | 1 | Char | 84 | Note for MMP enrollments: the creditable coverage field is always set to "Y" since uncovered months is not reported. Used in determining the higher premium charge for late enrollment. For 61 transactions, valid values are Y, N, R and blank. For 73 transactions, valid values are Y, N, R, U and blank. Y - if covered N - if not covered. R - Used on 61/73 transactions to reset uncovered months to zero. U - Undo a previously submitted "R" (reset) Not applicable on all other transactions. |

| Data Element | Size | Format | Position | Remarks |
|---|------|--------|----------|--|
| Number of Uncovered Months | 3 | Num | 85-87 | Note for MMP enrollments: The NUNCMO field is always set to "000". Count of total months without drug coverage. If a beneficiary fails to enroll in a Part D plan timely, a higher premium is assessed based on the number of months that the individual lacked drug coverage. This is used in determining the higher premium amount. Format 999 with leading zeroes, i.e. 3 is 003. When Creditable Coverage flag is "Y", "R", "U" or blank, value should be zero. Value should be greater than 0 if Creditable Coverage Flag is "N". Required on 61 and 73 transactions. |
| Employer Subsidy Enrollment Override Flag | 1 | Char | 88 | To allow enrollment into an MMP plan by an individual that is already covered by an employer subsidized by CMS to provide drug coverage. If the beneficiary is in a plan receiving an employer subsidy, but still wants to enroll, submit the enrollment with the override flag set to "Y"; otherwise, leave blank. Used on "61" transactions if beneficiary has Employer Subsidy status; otherwise leave blank. Not applicable on all other transactions. |
| Part D Opt-Out Flag | 1 | Char | 89 | Optional Field on a 51 transaction. Y = Beneficiary already has a third Party insurance that covers drugs and does not wish to be auto-enrolled in part D. Blank = leave field blank if beneficiary has not opted-out of Part D. |
| Part D Rx ID | 20 | Char | 90-109 | Not Required on Passive MMP enrollments. The member ID assigned to the Beneficiary. Required for all MAPD and Part D plans. Left-justified with trailing spaces. Uppercase alpha A-Z and/or numeric 0-9 only. Required for all part D plans on 61 and 72 transactions. Required on 72 transactions when changing primary Rx insurance. |

| Data Element | Size | Format | Position | Remarks |
|-------------------------------|------|--------|----------|---|
| Part D Rx Group | 15 | Char | 110-124 | Not Required on Passive MMP demonstration enrollments. The identifying number assigned to the cardholder group or employer group. Optional field. Change-to-value (used by all MAPD and Part D plans). Left-justified with trailing spaces. Uppercase alpha A-Z and/or numeric 0-9 only. Applicable to 61 and 72 transactions. Not applicable on all other transactions. |
| Secondary Drug Insurance Flag | 1 | Char | 125 | To support coordination of benefits. Optional field on 61 and 72 transactions. Y = beneficiary has secondary drug insurance N = beneficiary does not have secondary drug insurance available. blank = do not know whether beneficiary has secondary drug insurance. Change-to-value on 72 transactions. |
| Secondary Rx ID | 20 | Char | 126-145 | The ID # assigned to the member by the secondary insurer. It supports coordination of benefits. Secondary insurance plan's ID number for beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Optional field used on 61and 72 transactions for if there is secondary insurance. |
| Secondary Rx Group | 15 | Char | 146-160 | The Group # assigned to the member by the secondary insurer. It supports coordination of benefits. Secondary insurance plan's group ID number for beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Optional field used on 61and 72 transactions if there is secondary insurance. |
| Part D Rx BIN | 6 | Char | 161-166 | Not Required on Passive MMP enrollments. The card issuer identifier or a Bank Identifying Number used for network routing. Required for all MAPD and PDP plans Right justified, zero filled. Numeric 0-9 only. Applicable for transaction types 61 and 72. |

| Data Element | Size | Format | Position | Remarks |
|--------------------------------|------|--------|----------|---|
| Part D Rx PCN | 10 | Char | 167-176 | Not Required on Passive MMP enrollments. The number assigned by the processor. Optional field. Change-to-value (used by all MAPD and Part D plans). Left-justified with trailing spaces. Uppercase alpha A-Z and/or numeric 0-9 only. Applicable for transaction types 61 and 72. |
| Secondary Drug BIN | 6 | Char | 177-182 | Applicable on 61 and 72 transactions for MA-PD and PDP if there is secondary insurance. If specified, field must be right justified, zero filled, numeric 0-9 only. Change if secondary Drug Insurance Flag change-to value is "Y". |
| Secondary Drug PCN | 10 | Char | 183-192 | Optional field used for MA-PD and PDP if there is secondary insurance. If specified, must be alphanumeric, uppercase when alpha and left justified. Applicable on 61 and 72 transactions for MA-PD and PDP if there is secondary insurance. |
| Enrollment Source | 1 | Char | 193 | 'A' – Auto-enrolled by CMS 'B' – Beneficiary election 'C' – Facilitated enrollment by CMS 'D' – CMS annual rollover 'E' – Plan-submitted auto-enrollment 'F' – Plan-submitted facilitated enrollment 'G' – Point of Sale (POS) submitted enrollment 'H' – CMS submitted reassignment enrollment 'J' – State submitted passive enrollment 'K' – CMS submitted passive enrollment 'L' – MMP beneficiary election Blank Valid on 61 enrollment transactions. |
| State * | 2 | Char | 194-195 | Numeric State code i.e. 05 for CA – *Use Optionally on 61 enrollments only. |
| County * | 3 | Char | 196-198 | Numeric County code – *Use Optionally on 61 enrollments only. |
| State/County Validation Flag * | 1 | Char | 199 | State and County validation indicator 'Y' – Validate State/County against CMS data blank or 'N' – Do not validate State/County – *Use Optionally on 61 enrollments only. |
| SNP ESRD override Flag | 1 | Char | 200 | 'S' for SNP plan to bypass Prior-Commercial-Override edit. |

| Data Element | Size | Format | Position | Remarks |
|------------------------------|------|--------|----------|--|
| PBP Change Flag | 1 | Char | 201 | Enter a value of 'Y' to indicate the "61" single enrollment transaction is a PBP change. Value of "Y" is required when submitting a PBP change with an election type of "Z" and an enrollment source code of "E". |
| MMP Opt-Out Flag | 1 | Char | 202 | Valid on 51, 82 and 83 transactions. Optional on 51 and 82 transactions, required on an 83 transaction. "Y" = Opted out of passive enrollment into MMP Plan "N"=Not opted out of passive enrollment into MMP plan. Spaces = Not Applicable |
| Filler | 81 | Char | 203- 283 | Spaces |
| Transaction Maintenance-Flag | 1 | Char | 284 | 'D' to delete transaction record 'U' to modify transaction record or else leave blank |
| Override-Flag | 1 | Char | 285 | Valid 'Y' to bypass edit or ' ' (space). |
| Transaction Tracking ID | 15 | Char | 286-300 | Must use the Infocrossing supplied account# (ex: HCF**** where the asterisks represent a unique Infocrossing assigned number) in the first 7 bytes. Positions 8 through 15 are optional and free-form. |

* Used if you wish to have state and county codes checked against the MBD eligibility database. Please contact the Infocrossing Help desk for further explanation.

2.2 MEDICARE TRANSACTION PROCESSING – “76” RESIDENTIAL ADDRESS CHANGE

The Interface to Medicare-solution document is intended for plans to use as a supplement to the CMS literature and should primarily be used as a guide to build the Infocrossing required record layout.

Batch Residential Address Change transaction Header Record

| Data Element | Size | Format | Position | Remarks |
|--------------------|------|--------|----------|---|
| Record type | 1 | Num | 1 | '1' Header record |
| Account | 7 | Char | 2-8 | Account number assigned by Infocrossing. |
| Filler | 1 | Char | 9 | Space |
| Planid (contract#) | 5 | Char | 10-14 | Plan id supplied by CMS |
| Filler | 1 | Char | 15 | Space |
| Batch-Number | 6 | Num | 16-21 | Any Numeric Value identifying the group of transactions |
| Trans-Count | 8 | Num | 22-29 | Numeric Value specifying the number of type 3 detail records sent |
| Filler | 271 | Char | 30-300 | Spaces |

Batch Residential Address Change transaction Detail Record

** The remarks section can be used to build your transaction record. The CMS Plan Communication User Guide document should be used primarily.

| Data Element | Size | Format | Position | Remarks |
|--------------------------------------|------|--------|----------|---|
| Record-Type | 1 | Num | 1 | '3'-transaction record. |
| Health Insurance Claim-Number (HICN) | 12 | Char | 2-13 | Valid Claim Number. Must exist in CMS Eligibility for enrollments. Required on all transactions. |
| Surname | 12 | Char | 14-25 | Last name. No blank or spaces. Required on all transactions. |
| First Name | 7 | Char | 26-32 | First name. No blank or spaces. Required on all transactions |
| Middle Initial | 1 | Char | 33 | Middle Initial. Can be a blank or space. Optional on all transactions. |
| Gender | 1 | Char | 34 | 1 = male, 2 = female, 0 = unknown. Required on all transactions. |
| Birth Date | 8 | Num | 35-42 | Birth date in CCYYMMDD format. Required on all transactions. |
| Filler | 5 | Char | 43-47 | Leave blank on '76' transaction. |
| Plan-ID (Contract #) | 5 | Char | 48-52 | Contract Number Required on '76' transaction. H**** = identifies MMP plans. (All asterisks must be replaced by valid CMS assigned numeric values) |
| Filler | 8 | Char | 53-60 | Leave blank on '76' transaction. |
| Transaction Code | 2 | Num | 61-62 | Required: Residence Address Change code: '76' |
| Filler | 2 | Char | 63-64 | Leave blank on '76' transaction. |
| Effective Date | 8 | Num | 65-72 | Effective date in CCYYMMDD format. Required on all transactions. Day field must always contain the first of the month. |
| Filler | 3 | Char | 73-75 | Leave blank on '76' transaction |
| Residence Address Line1 | 65 | Char | 76-140 | Street Address. Required when Address Update/Delete Flag is "Update" |
| Residence Address Line2 | 65 | Char | 141-205 | Optional. Apartment or Suite number |
| Address Update/Delete Flag | 1 | Char | 206 | Required. 'U' = Adding a new address or modifying an existing address. 'D' = Deleting an existing address |
| Residence City | 57 | Char | 207-263 | City Name. Required when Address Update/Delete Flag is "Update". |

| Data Element | Size | Format | Position | Remarks |
|------------------------------|------|--------|----------|--|
| Residence State | 2 | Char | 264-265 | USPS two-character state abbreviation. Required when Address Update/Delete Flag is "Update". |
| Residence Zip Code | 5 | Num | 266-270 | USPS five-character numeric Zip Code. Required when Address Update/Delete Flag is "Update". |
| Residence Zip Code+4 | 4 | Num | 271-274 | USPS four-character numeric Zip Code+4. Optional field. |
| End Date | 8 | Num | 275-282 | Optional. CCYYMMDD format. Last day of the month in which the specific residence address was active. |
| Filler | 1 | Char | 283 | Spaces |
| Transaction Maintenance-Flag | 1 | Char | 284 | 'D' to delete transaction record 'U' to modify transaction record or else leave blank |
| Override-Flag | 1 | Char | 285 | Valid 'Y' to bypass edit or ' ' (space). |
| Transaction Tracking ID | 15 | Char | 286-300 | Must use the Infocrossing supplied account# (ex: HCF**** where the asterisks represent a unique Infocrossing assigned number) in the first 7 bytes. Positions 8 through 15 are optional and free-form. |

2.3 MEDICARE TRANSACTION PROCESSING – “90” REPORTING IDENTIFIED DRUG OVERUTILIZERS

The Interface to Medicare-solution document is intended for plans to use as a supplement to the CMS literature and should primarily be used as a guide to build the Infocrossing required record layout.

Transaction Code 90 – Reporting Drug Overutilizers Header Record

| Data Element | Size | Format | Position | Remarks |
|-----------------------|------|--------|----------|---|
| Record type | 1 | Num | 1 | '1' Header record |
| Account | 7 | Char | 2-8 | Account number assigned by Infocrossing. |
| Filler | 1 | Char | 9 | Space |
| Planid (contract#) | 5 | Char | 10-14 | Plan id supplied by CMS |
| Filler | 1 | Char | 15 | Space |
| Batch-Number | 6 | Num | 16-21 | Any Numeric Value identifying the group of transactions |
| Trans-Count | 8 | Num | 22-29 | Numeric Value specifying the number of type 3 detail records sent |
| Filler | 271 | Char | 30-300 | Spaces |

Transaction Code 90 – Reporting Drug Overutilizers Detail Record

** The remarks section can be used to build your transaction record. The CMS Plan Communication User Guide document should be used primarily.

| Data Element | Size | Format | Position | Remarks |
|--------------------------------------|------|--------|----------|--|
| Record-Type | 1 | Num | 1 | '3'-transaction record. |
| Health Insurance Claim-Number (HICN) | 12 | Char | 2-13 | Valid Claim Number. Must exist in CMS Eligibility for enrollments. Required on all transactions. |
| Surname | 12 | Char | 14-25 | Last name. No blank or spaces. Required. |
| First Name | 7 | Char | 26-32 | First name. No blank or spaces. Required. |
| Middle Initial | 1 | Char | 33 | Middle Initial. Can be a blank or space. Optional. |
| Gender | 1 | Char | 34 | 1 = male, 2 = female, 0 = unknown. Required. |
| Birth Date | 8 | Num | 35-42 | Birth date in CCYYMMDD format. Required. |
| Filler | 5 | Char | 43-47 | Leave blank. |
| Plan-ID (Contract #) | 5 | Char | 48-52 | Contract Number. Required. H**** = identifies MMP plans. (All asterisks must be replaced by valid CMS assigned numeric values) |
| Filler | 8 | Char | 53-60 | Leave blank. |
| Transaction Code | 2 | Num | 61-62 | Required: '90' |
| Filler | 13 | Char | 63-75 | Leave blank |
| Update/Delete Flag | 1 | Char | 76 | Required. Values are: "U" update "D" delete |
| POS Drug Edit Status | 1 | Char | 77 | Required. Valid values are: "N" – Notification "I" – Implementation "T" – Termination |
| POS Drug Edit Class | 3 | Char | 78-80 | Required – Value of "OPI" |
| POS Drug Edit Code | 3 | Char | 81-83 | Required – Valid values are "PS1" or "PS2" |
| Notification Date | 8 | Num | 84-91 | Required. CCYYMMDD format. |
| Implementation Date | 8 | Num | 92-99 | Required when POS Drug Edit Status is "I". CCYYMMDD format. |
| Termination Date | 8 | Num | 100-107 | Required when POS Drug Edit Status is "T". CCYYMMDD format. |
| Filler | 176 | Char | 108-283 | Leave blank. |
| Transaction Maintenance-Flag | 1 | Char | 284 | 'D' to delete transaction record 'U' to modify transaction record or else leave blank |
| Override-Flag | 1 | Char | 285 | Valid 'Y' to bypass edit or ' ' (space). |
| Transaction Tracking ID | 15 | Char | 286-300 | Must use the Infocrossing supplied account# (ex: HCF**** where the asterisks represent a unique Infocrossing assigned number) in the first 7 bytes. Positions 8-15 are optional. |

2.4 MEDICARE TRANSACTION RESPONSE

Header Record

Header record: record length = 470

| DATA ELEMENT | SIZE | STARTING POSITION | REMARKS |
|-------------------------|------|-------------------|---|
| Record Type | 1 | 1 | Value '1'- copied from input |
| Account# | 7 | 2-8 | Account number assigned by Infocrossing – as submitted in the input file header |
| Filler | 1 | 9 | Space |
| Planid (Contract) | 5 | 10-14 | Plan id – as submitted in the input file header |
| Filler | 1 | 15 | Space |
| Batch-Number | 6 | 16-21 | Numeric value – as submitted in the input file header |
| Trans-Count | 8 | 22-29 | Numeric value – as submitted in the input file header |
| Batch File Type | 5 | 30-34 | File type value as submitted in the input file header |
| CMS Approval Request ID | 10 | 35-44 | CMS request ID as submitted in the input file header (if applicable) |
| Filler | 426 | 45-470 | Space |

Detail Record

File attributes: record length = 470

| DATA ELEMENT | SIZE | STARTING POSITION | REMARKS |
|------------------------------------|------|-------------------|--|
| Record Type | 1 | 1 | Value '3'. Copied from input |
| Claim Number (HICN#) | 12 | 2 | |
| Transaction Code | 2 | 14 | Values: 51, 61, 72 through 78, 81, 82, 83, '90'. |
| Last Name | 12 | 16 | |
| First Name | 7 | 28 | |
| Middle Initial | 1 | 35 | |
| Gender | 1 | 36 | |
| Birth Date | 8 | 37 | CCYYMMDD |
| EGHP flag | 1 | 45 | |
| PBP # | 3 | 46 | |
| Election Type | 1 | 49 | |
| Plan ID (contract#) | 5 | 50 | |
| Application Receipt Date | 8 | 55 | |
| Disenrollment Reason | 2 | 63 | |
| Effective Date | 8 | 65 | |
| Segment ID | 3 | 73 | |
| Plan Designation | 4 | 76 | 'MMP' - MMP program will have an Infocrossing designation of "MMP". Note that this is only an Infocrossing assigned value. |
| Filler | 1 | 80 | |
| ESRD Override/Prior Commercial | 1 | 81 | |
| Premium Withhold Option C-D | 1 | 82 | |
| Part C premium Amt | 6 | 83 | |
| Filler | 6 | 89 | |
| Creditable Coverage Flag | 1 | 95 | |
| Number of Uncovered Months | 3 | 96 | |
| Employer subsidy Enr override flag | 1 | 99 | |
| Part D opt-out flag | 1 | 100 | |
| Part D Rx ID | 20 | 101 | |
| Part D Rx Group | 15 | 121 | |
| 2ndry Drug Ins. Flag | 1 | 136 | |
| 2ndry RX ID | 20 | 137 | |
| 2ndry RX Group | 15 | 157 | |
| Part D Rx BIN | 6 | 172 | |
| Part D Rx PCN | 10 | 178 | |
| 2ndry Rx BIN | 6 | 188 | |
| 2ndry Rx PCN | 10 | 194 | |
| Enrollment Source Code | 1 | 204 | |
| Tran record delete or update flag | 1 | 205 | Value 'D' 'U' or blank |

| DATA ELEMENT | SIZE | STARTING POSITION | REMARKS |
|--|------|-------------------|--|
| State and county codes | 5 | 206 | |
| PBP change Flag | 1 | 211 | |
| MMP Opt-Out Flag | 1 | 212 | |
| Filler | 1 | 213 | |
| Note: Data grouping below is reused/redefined depending on transaction types "76" and "90" | | | |
| Tran Code 90 Data Elements: | | | |
| TC 90 Update/Delete Flag | 1 | 214 | |
| TC 90 POS Drug Edit Status | 1 | 215 | |
| TC 90 POS Drug Edit Class | 3 | 216 | |
| TC 90 POS Drug Edit Code | 3 | 219 | |
| TC 90 Notification Date | 8 | 222 | |
| TC 90 Implementation Date | 8 | 230 | |
| TC 90 Termination Date | 8 | 238 | |
| Tran Code 76 Data Elements: | | | |
| Residence Address Line1 | 65 | 214 | |
| Residence Address Line2 | 65 | 279 | |
| Address Update/Delete Flag | 1 | 344 | |
| Residence City | 57 | 345 | |
| Residence State | 2 | 402 | |
| Residence Zip Code | 5 | 404 | |
| Residence Zip Code+4 | 4 | 409 | |
| Residence End Date | 8 | 413 | |
| Transaction Tracking ID | 15 | 421 | |
| Filler | 15 | 436 | |
| Error Codes | 20 | 451 | Up to 10 occurrences of 2 position error codes |

Notes:

The information in each field (HICN, Last Name, etc.) is the same value sent on the input record.

Record Type: The value of '1' is used for the header record. This is the same header record sent to Infocrossing in the batch upload file. Some customers use the header for auditing and/or balancing purposes.

Transaction Code: The value in this field corresponds to the type of CMS transaction record: '51' = disenrollment, '61' = enrollment, '72' = 4Rx Change, '73' = Uncovered Months Change, '76' = Residence Address Change, '78' = Part C premium Change, '81' = Disenrollment Cancellation, '82' = MMP Enrollment Cancellation, '83' = MMP Opt-OUT Update, '90' = Reporting Identified Drug Overutilizers.

2.5 TRANSACTION ERROR CODES

These error codes represent a list of all the possible error code values that Infocrossing generates when processing input transactions received from various organizations including but not limited to MMP plans. Only some of these error codes will apply to MMP concerned organizations (those that do not apply, have the designation “(Can be ignored by MMP processing)”.

Transactions that are returned to you with a “00” or “99” code (records accepted or accepted with an override) are automatically sent to CMS for processing. **All others must be addressed for correction and re-sent to Infocrossing for eventual acceptance and submission to the CMS MARx system.**

| Error Code and Message | Data Element Name | Transaction Code |
|---|----------------------|--|
| 00 RECORD ACCEPTED | does not map | All Transactions |
| 99 RECORD ACCEPTED – OVERRIDE | does not map | All Transactions |
| 01 LAST NAME MBD DATABASE MISMATCH | Surname | 61 |
| 02 FIRST NAME MBD DATABASE MISMATCH | First Name | 61 |
| 03 TRANS TYPE NOT APPLICABLE TO MMP | does not map | 73, 74, 75, 77, 78, 80, 81 |
| 04 GENDER MBD DATABASE MISMATCH | Gender | 61 |
| 05 LAST NAME MBD MEMBERSHIP MISMATCH | Surname | 51, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 |
| 06 FIRST NAME MBD MEMBERSHIP MISMATCH | First Name | 51, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 |
| 07 NO DAILY TRR MATCH FOUND FOR TRAN CODE 80 CANCELLATION | does not map | 80 |
| 08 GENDER MBD MEMBERSHIP MISMATCH | Gender | 51, 72, 73, 74, 75, 76, 77, 78, 79, 82, 83, 90 |
| 09 PLAN NUMBER MBD DATABASE MISMATCH | Plan-ID (Contract #) | 51 |
| 10 CLAIM NUMBER INVALID | Claim-Number (HICN#) | All Transactions |
| 11 LAST NAME INVALID | Surname | All Transactions |
| 12 FIRST NAME INVALID | First Name | All Transactions |
| 13 NO DAILY TRR MATCH FOUND FOR TRAN CODE 81 CANCELLATION | does not map | 81 |
| 14 GENDER CODE INVALID | Gender | All Transactions |
| 15 PLAN NUMBER INVALID | Plan-ID (Contract #) | All Transactions |
| 16 EFFECTIVE DATE INVALID | Effective Date | All Transactions |

| Error Code and Message | | Data Element Name | Transaction Code |
|------------------------|--|--|--|
| 17 | TRANSACTION CODE REQUIRED OR INVALID | Transaction Code | All Transactions |
| 18 | CLAIM # NOT FOUND ON MBD DATABASE | Claim-Number (HICN#) | All transactions |
| 19 | ADDRESS CHG UPDATE FLAG MUST BE U OR D | Address Update/Delete Flag | 76 |
| 20 | ADDRESS CHG END DATE MUST BE IN CCYYMMDD FORMAT | End Date | 76 |
| 21 | TRANSACTION RECORD ALREADY EXISTS | does not map | 51, 61, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 |
| 22 | MEDICARE CONTRACT CANNOT BE VALIDATED | Plan-ID (Contract #) | All transactions |
| 23 | MEMBERSHIP CLAIM# NOT FOUND ON MBD DB | Claim-Number (HICN#) | 51 |
| 24 | TRANS TYPE APPLICABLE ONLY TO MMP (CAN BE IGNORED BY MMP PROCESSING) | does not map | 82, 83 |
| 25 | ADDRESS/CITY/ST/ZIP REQUIRED WHEN UPDATE FLAG IS U | Residence Address Line1 Residence City Residence State Residence Zip Code | 76 |
| 26 | BENEFICIARY IS DECEASED | does not map | 61 |
| 27 | INVALID STATE OR ZIP CODE SPECIFIED ON 76 TRANSACTION | Residence State Residence Zip Code | 76 |
| 28 | 72 REC MUST CONTAIN DATA SPECIFIC TO 4RX CHANGE | any data element which is not pertinent to the 72 transaction | 72 |
| 29 | 73 REC MUST CONTAIN DATA SPECIFIC TO NUNCMO CHANGE | any data element which is not pertinent to the 73 transaction | 73 |
| 30 | NOT ENROLLED IN PART B | does not map | 61 |
| 31 | EFFECTIVE DATE LESS THAN PART B EFFECTIVE DATE | Effective Date | 61 |
| 32 | ESRD OVERRIDE/AGED-IN INDICATOR INVALID | ESRD Override (Prior Commercial Override) | 61 |

| Error Code and Message | | Data Element Name | Transaction Code |
|------------------------|---|---|--|
| 33 | 74 REC MUST CONTAIN DATA SPECIFIC TO EGHP CHANGE (CAN BE IGNORED BY MMP PROCESSING) | any data element which is not pertinent to the 74 transaction | 74 |
| 34 | EGHP EFFECTIVE DATE RANGE IS: CCM-3 THRU CCM+3 (CAN BE IGNORED BY MMP PROCESSING) | Effective Date | 61 |
| 35 | BIRTH DATE NOT NUMERIC | Birth Date | All Transactions |
| 36 | BIRTH DATE MBD DATABASE MISMATCH | Birth Date | 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 90 |
| 37 | INVALID EGHP FLAG | EGHP Flag | 61 |
| 38 | PROCESSING EFFECTIVE DATE RANGE IS: CCM -1 THRU CCM+3 | Effective Date | 61 |
| 39 | 75 REC MUST CONTAIN DATA SPECIFIC TO PAYMENT OPTION CHANGE (CAN BE IGNORED BY MMP PROCESSING) | any data element which is not pertinent to the 75 transaction | 75 |
| 40 | 76 REC MUST CONTAIN DATA SPECIFIC TO ADDRESS CHANGE | any data element which is not pertinent to the 76 transaction | 76 |
| 41 | 77 REC MUST CONTAIN DATA SPECIFIC TO SEGMENT CHANGE (CAN BE IGNORED BY MMP PROCESSING) | any data element which is not pertinent to the 77 transaction | 77 |
| 42 | NOT ENROLLED IN PART A | does not map | 61 |
| 43 | 78 REC MUST CONTAIN DATA SPECIFIC TO PREMIUM CHANGE | any data element which is not pertinent to the 78 transaction | 78 |
| 44 | ESRD OR HOSPICE INDICATOR FOUND | does not map | 61 |
| 45 | 79 REC MUST CONTAIN DATA SPECIFIC TO OPT-OUT CHANGE (CAN BE IGNORED BY MMP PROCESSING) | any data element which is not pertinent to the 79 transaction | 79 |
| 46 | EFFECTIVE DATE LESS THAN PART A DATE | Effective Date | 61 |
| 47 | INVALID DISENROLLMENT REASON CODE | Disenrollment reason | 51, 82 |
| 48 | SIGNATURE DATE INVALID | Application Receipt Date | 61 |
| 49 | RECORD TO MODIFY / DELETE NOT FOUND | does not map | All Transactions |

| Error Code and Message | | Data Element Name | Transaction Code |
|------------------------|---|--|------------------------------------|
| 50 | STATE/COUNTY MBD DATABASE MISMATCH | State County | 61 |
| 51 | PBP# REQUIRED. VALUE MUST BE NUMERIC | PBP # | 61, 72, 73, 74, 75, 76, 77, 78, 79 |
| 52 | PBP CHANGE FLAG IS INVALID | PBP Change Flag | 61 |
| 53 | SEGMENT ID MUST BE NUMERIC (CAN BE IGNORED BY MMP PROCESSING) | Segment ID | 77 |
| 54 | INVALID ELECTION TYPE | Election Type | 51, 61 |
| 55 | INVALID AEP EFFECTIVE DATE | Effective Date | 61 |
| 56 | INVALID ICEP/IEP EFF DATE | Effective Date | 61 |
| 57 | MADP INVALID FOR CALENDAR PERIOD | Election Type | 51 |
| 58 | RX INFO APPLICABLE TO DRUG PLAN ONLY | Plan-ID (Contract #) and PBP # Relates to how the plan-id and PBP specified in transaction are defined on the M/CARE system. | 72 |
| 59 | RESERVED FOR FUTURE USE | N/A | N/A |
| 60 | RESERVED FOR FUTURE USE | N/A | N/A |
| 61 | INVALID PREMIUM WITHOLD OPTION | Premium Payment Option / Parts C-D | 61, 75 |
| 62 | INVALID PART C PREMIUM AMOUNT | Part C Premium Amount | 61, 78 |
| 63 | RESERVED FOR FUTURE USE | N/A | N/A |
| 64 | INVALID CREDITABLE COVERAGE FLAG | Creditable Coverage Flag | 61, 73 |
| 65 | INVALID NUMBER OF UNCOVERED MONTHS | Number of Uncovered Months | 61, 73 |
| 66 | EMPLOYER SUBSIDY FLAG MUST BE Y/BLANK | Employer Subsidy Enrollment Override Flag | 61 |
| 67 | PART D OPT-OUT FLAG MUST BE N, Y OR BLANK | Part D Opt-Out Flag | 51, 61, 79 |
| 68 | RX-ID BLANK OR INVALID | Part D Rx ID | 61, 72 |
| 69 | RX GROUP INVALID | Part D Rx Group | 61, 72 |
| 70 | SECONDARY DRUG INS FLAG INVALID | Secondary Drug Insurance Flag | 61, 72 |
| 71 | 2ND RX-ID BLANK OR INVALID | Secondary Rx ID | 61, 72 |
| 72 | 2ND RX-GRP INVALID | Secondary Rx Group | 61, 72 |

| Error Code and Message | | Data Element Name | Transaction Code |
|------------------------|--|---|------------------|
| 73 | MMP TRACKING-ID MUST BEGIN WITH HCF# | does not map | All transactions |
| 74 | "82" CANCELLATION CANNOT BE MATCHED TO PREVIOUS ENROLLMENT | does not map | 82 |
| 75 | MMP OPT-OUT FLAG VALUE MUST BE "Y", "N" OR BLANK | MMP Opt-Out Flag | 51, 83 |
| 76 | RESERVED FOR FUTURE USE | N/A | N/A |
| 77 | PLAN ENROLLMENT NOT MEDICAID ELIGIBLE | does not map | 61 |
| 78 | INVALID RECORD TYPE. RECORD BYPASSED | Record-Type | All Transactions |
| 79 | PLAN DESIGNATION INVALID NOT = MA, MA-PD or PDP | Plan-ID (Contract #) and PBP # Relates to how the plan-id and PBP specified in transaction are defined on the M/CARE system | 61 |
| 80 | RESERVED FOR FUTURE USE | N/A | N/A |
| 81 | DUPLICATE ACCEPTED TXN FOUND ON TRR | does not map | 51, 61 |
| 82 | MMP OPT OUT ONLY APPLICABLE TO MMP (CAN BE IGNORED BY MMP PROCESSING) | N/A | N/A |
| 83 | ON AEP, THE APPLICATION RECEIPT DATE MUST BE FROM 10/15 THRU 12/07 | Application Receipt Date | 61 |
| 84 | EGHP FLAG NOT APPLICABLE TO MMP | EGHP Flag | 61 |
| 85 | RESERVED FOR FUTURE USE | N/A | N/A |
| 86 | PACE PLANS: AGE MUST BE AT LEAST 55 (CAN BE IGNORED BY MMP PROCESSING) | does not map | 61 |
| 87 | PACE PLANS: MBD HOSPICE IND. IS ON (CAN BE IGNORED BY MMP PROCESSING) | does not map | 61 |
| 88 | PACE PLANS: ELECTION TYPE MUST BE "S" (CAN BE IGNORED BY MMP PROCESSING) | Election Type | 61 |
| 89 | 2ND RX-BIN BLANK OR INVALID | Secondary Drug BIN | 61, 72 |
| 90 | 2ND RX-PCN INVALID | Secondary Drug PCN | 61, 72 |
| 91 | PREMIUM PYMT OPT NOT APPLICABLE TO MMP | Premium Payment Option | 61 |

| Error Code and Message | | Data Element Name | Transaction Code |
|------------------------|---|---|------------------|
| 92 | RESERVED FOR FUTURE USE | N/A | N/A |
| 93 | RX-BIN BLANK OR INVALID | Part D Rx BIN | 61, 72 |
| 94 | RX-PCN INVALID | Part D Rx PCN | 61, 72 |
| 95 | INVALID ENROLLMENT SOURCE CODE | Enrollment Source | 61 |
| 96 | NUNCMO – INVALID EFFECTIVE DATE | Effective Date | 73 |
| 97 | NUNCMO VALUE MUST BE ZERO WHEN CC FLAG IS R OR U | Number of Uncovered Months | 61, 73 |
| 98 | RESERVED FOR FUTURE USE | N/A | N/A |
| 1A | NOTIFICATION, IMPLEMENTATION OR TERMINATION DATE IS OUTSIDE OF CONTRACT ENROLLMENT PERIOD | Notification, Termination or Implementation dates | 90 |
| 2A | DATA VALUE INCONSISTENCY BETWEEN POS STATUS FIELD AND NOTIFICATION, IMPLEMENTATION OR TERMINATION DATE FIELDS | Pos Drug Edit Status, Notification, Termination or Implementation dates | 90 |
| 3A | IMPLEMENTATION DATE IS LESS THAN 30 DAYS OF THE NOTIFICATION DATE | Pos Drug Edit Status, Notification and Implementation Dates | 90 |
| 4A | NOTIFICATION, IMPLEMENTATION OR TERMINATION DATE EXCEEDS CCM+1 | Notification, Termination or Implementation dates | 90 |
| 5A | INVALID NOTIFICATION, IMPLEMENTATION OR TERMINATION DATE | Notification, Termination or Implementation dates | 90 |
| 6A | INVALID POS DRUG EDIT STATUS FIELD | POS Drug Edit Status | 90 |
| 7A | INVALID POS DRUG EDIT CLASS FIELD | POS Drug Edit Class | 90 |
| 8A | INVALID POS DRUG EDIT CODE FIELD | POS Drug Edit Code | 90 |
| 9A | INVALID POS DRUG EDIT UPDATE/DELETE FLAG | POS Drug Update/Delete Flag | 90 |

2.6 MEDICARE TRANSACTION MATRIX OF REQUIRED AND OPTIONAL FIELDS BY CONTRACT TYPE

Enrollment and Disenrollment transactions Matrix of Required/Optional fields

Transactions 61 and 51:

R: Required field

O: Optional – Field can be left blank

N/A: Not Applicable – Field should be filled with spaces

| Field Name | Enrollment (61) | Disenrollment (51) |
|--------------------------------------|-------------------------------------|-----------------------------|
| HICN | R | R |
| Surname | R | R |
| First Name | R | R |
| Middle Initial | O | O |
| Gender | R | R |
| Birth Date | R | R |
| EGHP Flag | Blank – N/A | Blank – N/A |
| PBP # | R | N/A |
| Election Type | R | R |
| Contract Number | R | R |
| Application Receipt Date | R | N/A |
| Transaction Code | R | R |
| Disenrollment reason | N/A | Required for Disenrollments |
| Effective Date | R | R |
| Segment ID | Blank – N/A | Blank – N/A |
| Prior Commercial - ESRD Override | R If applies | N/A |
| Premium Withhold Option/ Part C-D | Blank – N/A | N/A |
| Part C Premium Amt | Initialize with Zeroes | N/A |
| Creditable Cov Flag | Set to “Y” | N/A |
| Number of Uncovered Months | Set to “000” | N/A |
| Employer Subsidy Enrollment Override | Blank – N/A | N/A |
| Part D Opt-Out Flag | Blank – N/A | N/A |
| Part D Rx ID | Not required on Passive enrollments | N/A |
| Part D Rx Group | Not required on Passive enrollments | N/A |
| Secondary Drug Insurance Flag | O | N/A |
| Secondary Rx ID | O | N/A |
| Secondary Rx Group | O | N/A |
| Rx BIN | Not required on Passive enrollments | N/A |
| Rx PCN | Not required on Passive enrollments | N/A |
| Secondary Drug BIN | O | N/A |
| Secondary Drug PCN | O | N/A |
| Enrollment Source | R | N/A |

| Field Name | Enrollment (61) | Disenrollment (51) |
|-------------------|-----------------|--------------------|
| MMP Opt-Out | N/A | O |
| Trans Tracking ID | R | R |

**Cancellation transactions
Matrix of Required/Optional fields**

Transactions 82 and 81:

R: Required field

O: Optional – Field can be left blank

N/A: Not Applicable – Field should be filled with spaces

| Field Name | Cancel Enrollment Transaction (82) | Cancel Disenrollment Transaction (81) |
|--------------------------------------|------------------------------------|---------------------------------------|
| HICN | R | R |
| Surname | R | R |
| First Name | R | R |
| Middle Initial | O | O |
| Gender | R | R |
| Birth Date | R | R |
| EGHP Flag | N/A | N/A |
| PBP # | R | N/A |
| Election Type | N/A | N/A |
| Contract Number | R | R |
| Application Receipt Date | N/A | N/A |
| Transaction Code | R | R |
| Disenrollment reason | N/A | N/A |
| Effective Date | R | R |
| Segment ID | N/A | N/A |
| Prior Commercial - ESRD Override | N/A | N/A |
| Premium Withhold Option/ Part C-D | N/A | N/A |
| Part C Premium Amt | N/A | N/A |
| Creditable Cov Flag | N/A | N/A |
| Number of Uncovered Months | N/A | N/A |
| Employer Subsidy Enrollment Override | N/A | N/A |
| Part D Opt-Out Flag | N/A | N/A |
| Part D Rx ID | N/A | N/A |
| Part D Rx Group | N/A | N/A |
| Secondary Drug Insurance Flag | N/A | N/A |
| Secondary Rx ID | N/A | N/A |
| Secondary Rx Group | N/A | N/A |
| Rx BIN | N/A | N/A |
| Rx PCN | N/A | N/A |
| Secondary Drug BIN | N/A | N/A |
| Secondary Drug PCN | N/A | N/A |

| Field Name | Cancel Enrollment Transaction (82) | Cancel Disenrollment Transaction (81) |
|-------------------|------------------------------------|---------------------------------------|
| Enrollment Source | N/A | N/A |
| MMP Opt out | O | N/A |
| Trans Tracking ID | R | R |

**Miscellaneous Change transactions
Matrix of Required/Optional fields**

Transactions 72, 73, 78 and 83:

R: Required field

O: Optional – Field can be left blank

N/A: Not Applicable – Field should be filled with spaces

| Field Name | 4RX Data Change (72) | NUNCMO Change (73) | Part C premium (78) | MMP opt-out (83) |
|--------------------------------------|------------------------|--------------------|---------------------|------------------|
| Claim Number | R | R | R | R |
| Surname | R | R | R | R |
| First Name | R | R | R | R |
| Middle Initial | O | O | O | O |
| Gender | R | R | R | R |
| Birth Date | R | R | R | R |
| EGHP Flag | N/A | N/A | N/A | N/A |
| PBP # | R | R | R | R |
| Election Type | N/A | N/A | N/A | N/A |
| Contract Number | R | R | R | R |
| Application Receipt Date | N/A | N/A | N/A | N/A |
| Transaction Code | R | R | R | R |
| Disenrollment reason | N/A | N/A | N/A | N/A |
| Effective Date | R | R | R | R |
| Segment ID | N/A | N/A | N/A | N/A |
| Prior Commercial -ESRD Override | N/A | N/A | N/A | N/A |
| Premium Withhold Option / Part C-D | N/A | N/A | N/A | N/A |
| Part C Premium Amt | N/A | N/A | R | N/A |
| Creditable Cov Flag | N/A | R | N/A | N/A |
| Number of Uncovered Months | N/A | R Blank = Zero | N/A | N/A |
| Employer-Subsidy Enrollment Override | N/A | N/A | N/A | N/A |
| Part D Opt-Out Flag | N/A | N/A | N/A | N/A |
| Part D Rx ID | R if applies | N/A | N/A | N/A |
| Part D Rx Group | Blank /change to value | N/A | N/A | N/A |
| Secondary Drug Insurance flag | Blank or change | N/A | N/A | N/A |

| Field Name | 4RX Data Change (72) | NUNCMO Change (73) | Part C premium (78) | MMP opt-out (83) |
|--------------------|--------------------------|--------------------|---------------------|------------------|
| | to value | | | |
| Secondary Rx ID | R if applies | N/A | N/A | N/A |
| Secondary Rx Group | R if applies | N/A | N/A | N/A |
| Rx BIN | R | N/A | N/A | N/A |
| Rx PCN | Blank or change to value | N/A | N/A | N/A |
| Secondary Drug BIN | N/A | N/A | N/A | N/A |
| Secondary Drug PCN | N/A | N/A | N/A | N/A |
| Enrollment Source | N/A | N/A | N/A | N/A |
| MMP Opt Out | N/A | N/A | N/A | R |
| Trans Tracking ID | R | R | R | R |

**Miscellaneous Change transactions
Matrix of Required/Optional fields**

Transaction 76:

R: Required field

O: Optional – Field can be left blank

N/A: Not Applicable – Field should be filled with spaces

| Field Name | Residence Address Change(76) |
|--------------------------------------|------------------------------|
| Claim Number | R |
| Surname | R |
| First Name | R |
| Middle Initial | O |
| Gender | R |
| Birth Date | R |
| EGHP Flag | N/A |
| PBP # | N/A |
| Election Type | N/A |
| Contract Number | R |
| ApplicationReceipt Date | N/A |
| Transaction Code | R |
| Disenrollment reason | N/A |
| Effective Date | R |
| Segment ID | N/A |
| Prior Commercial - ESRD Override | N/A |
| Premium Withhold Option/ Part C-D | N/A |
| Part C Premium Amt | N/A |
| Creditable Cov Flag | N/A |
| Number of Uncovered Months | N/A |
| Employer Subsidy Enrollment Override | N/A |
| Part D Opt-Out Flag | N/A |

| Field Name | Residence Address Change(76) |
|-------------------------------|------------------------------|
| Part D Rx ID | N/A |
| Part D Rx Group | N/A |
| Secondary Drug Insurance Flag | N/A |
| Secondary Rx ID | N/A |
| Secondary Rx Group | N/A |
| Rx BIN | N/A |
| Rx PCN | N/A |
| Secondary Drug BIN | N/A |
| Secondary Drug PCN | N/A |
| Enrollment Source | N/A |
| Trans Tracking ID | R |
| Address Update/Delete Flag | R |
| Residence Address Line1 | R if flag = 'Update' |
| Residence Address Line2 | O |
| Residence City | R if flag = 'Update' |
| Residence State | R if flag = 'Update' |
| Residence Zip Code | R if flag = 'Update' |
| Residence Zip Code+4 | O |
| Residence End Date | R |

**Tran Code 90 Drug overutilization Transaction
Matrix of Required/Optional fields**

Transaction 90:

R: Required field

O: Optional – Field can be left blank

C: Conditional

Only Tran Code 90 applicable fields are shown

| Field Name | POS Drug Edit (90) |
|----------------------|--------------------|
| Claim Number | R |
| Surname | R |
| First Name | R |
| Middle Initial | O |
| Gender | R |
| Birth Date | R |
| Contract Number | R |
| Transaction Code | R |
| Update/Delete Flag | R |
| POS Drug Edit Status | R |
| POS Drug Edit Class | R |
| POS Drug Edit Code | R |
| Notification Date | R |
| Implementation Date | C |
| Termination Date | C |
| Trans Tracking ID | O |

3. WEB SERVICE

The real time eligibility inquiry web service is a SOAP based interface. The following method is provided for eligibility verification. Web Service calls are secured by using the HTTPS protocol, authentication is performed on the User Id and Password included on the Web Service call.

3.1 MEDICARE ELIGIBILITY – ELIGIBILITYQUERY METHOD

Eligibility Query Input Data

| Field | Description |
|-------------|--|
| userID | Web Service User Id |
| Password | Web Service Password |
| hicNbr | Medicare ID |
| lastName | First 6 characters of member last name |
| birthDate * | Birth Date (CCYYMMDD) |

* The eligibility process will first attempt to find a match by using the HICN and the last name provided. If no match is obtained and the optional Date of Birth field is provided, a second attempt will be made by using the HICN and the Date of Birth. If prior match attempts using the HICN are unsuccessful, one more attempt will be made to match the plan provided HICN and last name against the MBD XREF claim number.

** The BENEFICIARY NOT FOUND condition should be determined by looking at the foundHicNbr and foundNameorDOB fields. Fields other than txnDate, mbdLoadDate, requestHicNbr, and requestLastName will only be populated if foundHicNbr is set to 'Y' or 'X' and foundNameorDOB is set to 'Y'.

Eligibility Query Return Data

| Field | Description |
|-----------------|---|
| txnDate | Date the transaction was made Current Date/Time formatted as CCYYMMDDHHMMSS |
| mbdLoadEffDate | Date of the MBD load (CCYYMMDD) ** |
| requestHicNbr | The Hic Nbr from the request |
| requestLastName | The Last Name from the request |
| requestDOB | The Date of Birth from the request |
| foundHicNbr | Y= found, X=Match on XRef Hic Nbr, N= not found ** |
| foundNameorDOB | Y= found, N= not found ** |
| inquiryResponse | 'M' = Membership, 'E' = Eligibility |
| hicNbr | Current Medicare ID of the member, may be different that the requested Hic Number if match is found on the XRef Hic Number |
| lastName | Member Last Name |
| firstName | Member First Name |
| middleInitial | Member Middle Initial |
| genderCd | Gender Code 1 – Male 2 – Female |
| raceCd | Values as supplied by CMS are: '0' or blank = unknown, '1' = White, '2' = Black, '3' = other, '4' = Asian, '5' = Hispanic, '6' = North American Native |

| Field | Description |
|---------------------------|--|
| birthDate | Birth Date (CCYYMMDD) |
| prtAEntitlementDate | Part A Entitlement Date (CCYYMMDD) |
| prtAEntitleEndDate | Part A Entitlement End Date (CCYYMMDD) |
| prtBEntitlementDate | Part B Entitlement Date (CCYYMMDD) |
| prtBEntitleEndDate | Part B Entitlement End Date (CCYYMMDD) |
| stateCd | State Code – 2 digit postal code |
| countyCd | County Code – 3 digit postal code |
| hospiceStatus | Hospice Status Y/spaces |
| hospiceStartDate | Hospice Start date (CCYYMMDD) |
| hospiceEndDate | Hospice End date (CCYYMMDD) |
| instStatus | Institutionalized Status Y/spaces |
| instStartDate | Institutionalized Start date (CCYYMMDD) |
| instEndDate | Institutionalized End date (CCYYMMDD) |
| esrdStatus | ESRD Status Y/spaces |
| esrdStartDate | ESRD Start date (CCYYMMDD) |
| esrdEndDate | ESRD End date (CCYYMMDD) |
| medicaidStatus | Medicaid Status Y/spaces |
| medicaidStartDate | Medicaid Start date (CCYYMMDD) |
| medicaidEndDate | Medicaid End date (CCYYMMDD) |
| eghpInd | Employer Group Health Plan Indicator (Y/space) |
| livingStatus | Living Status (A/D) |
| deathDate | Death Date (CCYYMMDD) |
| xrefHicNbr | Previously Known Claim Number as supplied by CMS |
| enrollmentInfo | 0 to 2 occurrences of Enrollment Data |
| potentialUncvrdMths | Potential number of uncovered Months |
| potentialUncvrdMthsEfDate | Date for which the potential uncovered month field applies to (CCYYMM) |
| prtDEligibleDate | Part D Eligible Start Date |
| lisInfo | 2 occurrences of LIS Data |
| prtDHistInfo | 0 to 10 occurrences of Part D History |
| nuncMoInfo | 0 to 20 occurrences of nuncMo Data |
| rdsHistInfo | 0 to 10 occurrences of RDS History |

LIS Data

| Field | Description |
|------------------|--------------------------------|
| subsidyStartDate | Subsidy Start Date |
| subsidyEndDate | Subsidy End Date |
| copayLevel | Copay Level |
| prtDPremSubPct | Part D Premium Subsidy Percent |

Enrollment Data

| Field | Description |
|--------------------|---------------------------------|
| planId | Plan Id |
| planEnrollmentDate | Plan Enrollment Date (CCYYMMDD) |
| drugPlanInd | Y / N |

Part D History

| Field | Description |
|---------------|------------------------------|
| prtDStartDate | Part D Start Date (CCYYMMDD) |
| prtDEndDate | Part D End Date (CCYYMMDD) |

RDS History

| Field | Description |
|--------------|---------------------------------------|
| rdsStartDate | Retiree Subsidy Start Date (CCYYMMDD) |
| rdsEndDate | Retiree Subsidy End Date (CCYYMMDD) |

***NUNCMO Data
(Number of Uncovered Months)***

| Field | Description |
|--------------------|--|
| uncovMthsStartDate | Uncovered months start date (CCYYMMDD) |
| uncovMths | Number of uncovered months |
| nuncmolnd | Number of uncovered months indicator |
| totUncovMths | Total number of uncovered months |

3.2 WEB SERVICE ERRORS

Errors can be detected by checking the faultcode and faultstring objects in the soap return envelope.

Errors occurring in the Eligibility Service will have a fault code from the table listed below. Fault codes of SOAP-ENV:Server or SOAP-ENV:Client are internal SOAP messaging errors. The fault string will contain the description of the fault. The variety of possible messages prevents listing in the table. Fault codes from the Eligibility Service will have a format “MSS-nnnnn”

Eligibility Inquiry Error Code Table

| SOAP Fault Code | SOAP Fault Message |
|-----------------|-----------------------------|
| SOAP-ENV:Server | |
| SOAP-ENV:Client | |
| MSS-00090 | System In Maintenance Mode |
| MSS-00100 | Invalid Logon Id / Password |
| MSS-00105 | User id is not active |
| MSS-00110 | Password Expired |
| MSS-00115 | Configuration Error |
| MSS-00120 | Internal Processing Error |
| MSS-00125 | Internal Processing Error |

4. CMS SUBMISSION

4.1 TRANSMISSION SCHEDULE

- Infocrossing submits all received and accepted Medicare transactions in the required CMS MARx format three times per day, seven days per week. The transmission times occur at 07:00 A.M., 04:00 P.M. and 08:00 P.M., all times are PST.
- Calendar month-end submission. This schedule will occur on the last day of each calendar month to accommodate the CMS MARx system CCM rules (Current Calendar Month): There will be one morning transmission and a second 02:00 P.M. PST transmission.

4.2 BLACKOUT DATES

There will be no data file transmission to CMS on scheduled CMS blackout dates. The data will be accumulated and transmitted to CMS on the next non-blackout day.

4.3 RESPONSE FROM CMS

- CMS performs a preliminary validation of Marx transaction data files and returns any potential failed transactions in a “batch completion status summary file”. This file will be available to download in the rare instance where a file submission does not pass the initial CMS validation.
- CMS generates the “Daily Transaction Reply Report” (DTRR) data file on a nightly basis, detailing all accepted and rejected records. This file will be available to download on the Infocrossing web portal and designated FTP servers.
- CMS generates many monthly files that are made available on the Infocrossing web portal. Additional information on these files can be obtained from the CMS Plan Communications User Guide document (PCUG) in the appendices section.

4.4 CMS TRANSACTION TRANSMISSION DATA FILE LAYOUT

This service provides you with a detail of all Medicare transactions that were submitted to CMS. This data file complements the report file version and gets generated every time Medicare transactions are sent to CMS. This file does not contain a header record.

CMS Transmission Layout

RECORD FORMAT = FB LENGTH = 457

DETAIL RECORD

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|---------------------------------------|------|----------|--------|---|
| HEALTH INSURANCE CLAIM NUMBER (HICN#) | 12 | 1 –12 | Char | |
| SURNAME | 12 | 13 – 24 | Char | |
| FIRST NAME | 07 | 25 – 31 | Char | |
| MIDDLE INITIAL | 01 | 32 – 32 | Char | |
| GENDER | 01 | 33 – 33 | Char | Values “0”, “1” and “2” when applicable |
| BIRTH DATE | 08 | 34 – 41 | Char | CCYYMMDD format when applicable |
| EGHP FLAG | 01 | 42 – 42 | Char | N/A |
| PBP # | 03 | 43 – 45 | Char | |
| ELECTION TYPE | 01 | 46 – 46 | Char | |
| PLAN ID (CONTRACT#) | 05 | 47 – 51 | Char | |
| APPLICATION RECEIPT DATE | 08 | 52 – 59 | Char | CCYYMMDD format when applicable |
| TRANSACTION CODE | 02 | 60 – 61 | Num | |
| DISENROLLMENT REASON | 02 | 62 – 63 | Char | |
| EFFECTIVE DATE | 08 | 64 – 71 | Char | CCYYMMDD format |
| SEGMENT ID | 03 | 72 – 74 | Char | N/A |
| ESRD OVERRIDE | 01 | 75 – 75 | Char | |
| PREMIUM WITHHOLD OPTION | 01 | 76 – 76 | Char | N/A |
| PART C PREMIUM AMOUNT | 06 | 77 – 82 | Char | Numeric when applicable |
| FILLER | 06 | 83 – 88 | Char | Spaces |
| CREDITABLE COVERAGE FLAG | 01 | 89 – 89 | Char | |
| NUMBER OF UNCOVERED MONTHS | 03 | 90 – 92 | Char | |
| EMPLOYEE SUBSIDY ENROLLMENT OVERRIDE | 01 | 93 – 93 | Char | N/A |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|-------------------------------|------|-----------|--------|---------|
| FLAG | | | | |
| PART D OPT-OUT FLAG | 01 | 94 – 94 | Char | N/A |
| PART D Rx ID | 20 | 95 – 114 | Char | |
| PART D Rx GROUP | 15 | 115 – 129 | Char | |
| SECONDARY DRUG INSURANCE FLAG | 01 | 130 – 130 | Char | |
| SECONDARY Rx ID | 20 | 131 – 150 | Char | |
| SECONDARY Rx GROUP | 15 | 151 – 165 | Char | |
| ENROLLMENT SOURCE | 01 | 166 – 166 | Char | |
| FILLER | 01 | 167 – 167 | Char | |
| TC 90 UPDATE/DELETE | 01 | 168 – 168 | Char | |
| POS DRUG EDIT STATUS | 01 | 169 – 169 | Char | |
| POS DRUG EDIT CLASS | 03 | 170 – 172 | Char | |
| POS DRUG EDIT CODE | 03 | 173 – 175 | Char | |
| NOTIFICATION DATE | 08 | 176 – 183 | Char | |
| IMPLEMENTATION DATE | 08 | 184 – 191 | Char | |
| TERMINATION DATE | 08 | 192 – 199 | Char | |
| FILLER | 03 | 200 – 202 | Char | |
| PARTD Rx BIN | 06 | 203 – 208 | Char | |
| PARTD Rx PCN | 10 | 209 – 218 | Char | |
| SECONDARY Rx BIN | 06 | 219 – 224 | Char | |
| SECONDARY Rx PCN | 10 | 225 – 234 | Char | |
| MMP OPT-OUT FLAG | 01 | 235 – 235 | Char | |
| ADDRESS DELETE/UPD FLAG | 01 | 236 – 236 | Char | |
| RESIDENCE ADDRESS LINE1 | 65 | 237 – 301 | Char | |
| RESIDENCE ADDRESS LINE2 | 65 | 302 – 366 | Char | |
| RESIDENCE CITY | 57 | 367 – 423 | Char | |
| RESIDENCE STATE | 02 | 424 – 425 | Char | |
| RESIDENCE ZIP CODE | 05 | 426 – 430 | Char | |
| RESIDENCE ZIP CODE+4 | 04 | 431 – 434 | Char | |
| RESIDENCE END DATE | 08 | 435 – 442 | Char | |
| TRANSACTION TRACKING ID | 15 | 443 – 457 | Char | |

5. ELIGIBILITY+

5.1 ELIGIBILITY+ PLAN ENROLLMENT (FROM CMS MBD EXTRACT) LAYOUT

This service provides you with a Medicare membership roster of all your contracted Medicare plans in your organization. Two separate files are produced. The first file, a 1300 byte file as shown below, will report all the beneficiaries that are enrolled in your organization according to the CMS MBD extract. The second file, as shown in section 5.2, will report the changes for each beneficiary in your PLAN between the prior CMS MBD extract and current MBD extract.

Eligibility+ Plan Enrollment Layout

RECORD FORMAT = FB LENGTH = 1300

HEADER RECORD

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|------------------------------------|------|-----------|---------|--|
| RECORD TYPE | 01 | 1 – 1 | Char | 'H' |
| ACCOUNT | 08 | 2 – 9 | Char | Account number |
| TRANSACTION DATE | 08 | 10 – 17 | Numeric | CCYYMMDD |
| MBD LOAD EFF DATE | 08 | 18 – 25 | Numeric | CCYYMMDD Date MBD data is loaded |
| POTENTIAL UNCOV MONTHS EFF DATE | 06 | 26 – 31 | Numeric | CCYYMM Payment month MBD data is received from CMS |
| FILLER | 1069 | 32 – 1300 | Char | Spaces |

DETAIL RECORD

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|------------------|------|-----------|---------|-----------------------|
| RECORD TYPE | 1 | 1 – 1 | Char | 'D' |
| CURRENT PLANID | 5 | 2 – 6 | Char | Primary Contract ID |
| CURRENT COPLANID | 5 | 7 – 11 | Char | Secondary Contract ID |
| MBD HICN | 12 | 12 – 23 | Char | |
| FILLER | 04 | 24 – 27 | Char | |
| MBD LAST NAME | 40 | 28 – 67 | Char | |
| FIRST NAME | 30 | 68 – 97 | Char | |
| MIDDLE INIT | 01 | 98 – 98 | Char | |
| GENDER | 01 | 99 – 99 | Char | Gender ('F' or 'M') |
| BIRTHDATE | 08 | 100 – 107 | Numeric | CCYYMMDD |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|------------------------------------|------|-----------|---------|--|
| PART A ENTITLEMENT DATE | 08 | 108 – 115 | Numeric | CCYYMMDD. The Entitlement Start Date of the beneficiary's most recent or active Medicare Part A entitlement period. |
| PART A ENTITLEMENT END DATE | 08 | 116 – 123 | Numeric | CCYYMMDD. The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period. |
| PART B ENTITLEMENT DATE | 08 | 124 – 131 | Numeric | CCYYMMDD. The Entitlement Start Date of the beneficiary's most recent or active Medicare Part B entitlement period. |
| PART B ENTITLEMENT END DATE | 08 | 132 – 139 | Numeric | CCYYMMDD. The Entitlement End Date of the beneficiary's most recent or active Medicare Part B entitlement period. |
| STATE CODE | 02 | 140 – 141 | Numeric | |
| COUNTY CODE | 03 | 142 – 144 | Numeric | |
| HOSPICE STATUS | 01 | 145 – 145 | Char | Y/spaces |
| HOSPICE START DATE | 08 | 146 – 153 | Numeric | CCYYMMDD |
| HOSPICE END DATE | 08 | 154 – 161 | Numeric | CCYYMMDD |
| INSTITUTIONAL STATUS | 01 | 162 – 162 | Char | Y/spaces |
| INSTITUTIONAL START DATE | 08 | 163 – 170 | Numeric | CCYYMMDD |
| INSTITUTIONAL END DATE | 08 | 171 – 178 | Numeric | CCYYMMDD |
| ESRD STATUS | 01 | 179 – 179 | Char | Y/spaces |
| ESRD START DATE | 08 | 180 – 187 | Numeric | CCYYMMDD |
| ESRD END DATE | 08 | 188 – 195 | Numeric | CCYYMMDD |
| MEDICAID STATUS | 01 | 196 – 196 | Char | Y/spaces |
| MEDICAID START DATE | 08 | 197 – 204 | Numeric | CCYYMMDD |
| MEDICAID END DATE | 08 | 205 – 212 | Numeric | CCYYMMDD |
| EGHP INDICATOR | 01 | 213 – 213 | Char | Y/spaces |
| LIVING STATUS | 01 | 214 – 214 | Char | 'A' or 'D' ("Alive" or "Deceased") |
| DEATH DATE | 08 | 215 – 222 | Numeric | CCYYMMDD |
| XREF HEALTH INSURANCE CLAIM NUMBER | 12 | 223 – 234 | Char | Previously known claim number as supplied by CMS on the MBD |
| RACE CODE | 01 | 235 – 235 | Char | Values as supplied by CMS are: '0' or blank = unknown, '1' = White, '2' = Black, '3' = other, '4' = Asian, '5' = Hispanic, '6' = North American Native |
| FILLER | 07 | 236 – 242 | | |
| Part D – LIS Info | | | | |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|---|------|-----------|---------|--|
| PARTD ELIGIBLE START DATE | 08 | 243 – 250 | Numeric | CCYYMMDD. This field identifies the date the beneficiary became eligible for Part D Benefits. |
| DEEMED/LOW INCOME SUBSIDY START DATE (OCCURRENCE 1) | 08 | 251 – 258 | Numeric | CCYYMMDD. Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (most recent or presently active). |
| DEEMED/LOW INCOME SUBSIDY END DATE (OCCURRENCE 1) | 08 | 259 – 266 | Numeric | CCYYMMDD. The end date of the Deemed period or Low Income Subsidy (most recent or presently active). |
| CO-PAYMENT LEVEL IDENTIFIER (OCCURRENCE 1) | 01 | 267 – 267 | Char | This field indicates the Co-Payment level for the beneficiary. |
| PRTD PREMIUM SUBSIDY PERCENT (OCCURRENCE 1) | 03 | 268 – 270 | Char | If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized. |
| DEEMED/LOW INCOME SUBSIDY START DATE (OCCURRENCE 2) | 08 | 271 – 278 | Numeric | CCYYMMDD. Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (second most recent). |
| DEEMED/LOW INCOME SUBSIDY END DATE (OCCURRENCE 2) | 08 | 279 – 286 | Numeric | CCYYMMDD. The end date of the Deemed period or Low Income Subsidy (second most recent). |
| CO-PAYMENT LEVEL IDENTIFIER (OCCURRENCE 2) | 01 | 287 – 287 | Char | This field indicates the Co-Payment level for the beneficiary. |
| PRTD PREMIUM SUBSIDY PERCENT (OCCURRENCE 2) | 03 | 288 – 290 | Char | If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized. |
| FILLER | 10 | 291 – 300 | | |
| PARTD OCCURRENCES | 02 | 301 – 302 | Char | |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|--|------|-----------|--------|--|
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 1) | 08 | 303 – 310 | Char | CCYYMMDD. Effective start date of the Part D plan for the beneficiary (most recent or presently active). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 1) | 08 | 311 – 318 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (most recent). |
| FILLER | 01 | 319 – 319 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 2) | 08 | 320 – 327 | Char | CCYYMMDD. Effective start date of the Part D plan (second most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 2) | 08 | 328 – 335 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (second most recent). |
| FILLER | 01 | 336 – 336 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 3) | 08 | 337 – 344 | Char | CCYYMMDD. Effective start date of the Part D plan (third most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 3) | 08 | 345 – 352 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (third most recent). |
| FILLER | 01 | 353 – 353 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 4) | 08 | 354 – 361 | Char | CCYYMMDD. Effective start date of the Part D plan (fourth most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 4) | 08 | 362 – 369 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (fourth most recent). |
| FILLER | 01 | 370 – 370 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 5) | 08 | 371 – 378 | Char | CCYYMMDD. Effective start date of the Part D plan (fifth most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 5) | 08 | 379 – 386 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (fifth most recent). |
| FILLER | 01 | 387 – 387 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 6) | 08 | 388 – 395 | Char | CCYYMMDD. Effective start date of the Part D plan (sixth most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 6) | 08 | 396 – 403 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (sixth most recent). |
| FILLER | 01 | 404 – 404 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 7) | 08 | 405 – 412 | Char | CCYYMMDD. Effective start date of the Part D plan (seventh most recent). |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|---|------|-----------|---------|--|
| PARTD DISENROLLMENT DATE (OCCURRENCE 7) | 08 | 413 – 420 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (seventh most recent). |
| FILLER | 01 | 421 – 421 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 8) | 08 | 422 – 429 | Char | CCYYMMDD. Effective start date of the Part D plan (eighth most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 8) | 08 | 430 – 437 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (eighth most recent). |
| FILLER | 01 | 438 – 438 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 9) | 08 | 439 – 446 | Char | CCYYMMDD. Effective start date of the Part D plan (ninth most recent). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 9) | 08 | 447 – 454 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (ninth most recent). |
| FILLER | 01 | 455 – 455 | Char | |
| PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 10) | 08 | 456 – 463 | Char | CCYYMMDD. Effective start date of the Part D plan (tenth and oldest). |
| PARTD DISENROLLMENT DATE (OCCURRENCE 10) | 08 | 464 – 471 | Char | CCYYMMDD. Effective disenrollment date of the Part D plan (tenth and oldest date). |
| FILLER | 01 | 472 – 472 | Char | |
| POTENTIAL UNCOVERED MONTHS** | 03 | 473 – 475 | Char | 1. '000' = No uncovered months 2. Any value higher than zero (with leading zeroes) represents the number of potential uncovered months. 3. 'N/A' = Unable to calculate due to following reasons: - Part D end date is greater than Part D start date. - Beneficiary is deceased - Beneficiary does not have entitlement dates - Invalid Part D dates |
| INQUIRY TYPE | 01 | 476 – 476 | Char | Value is always 'M' (Membership) |
| ENROLLMENT INFO OCCURRENCES | 01 | 477 – 477 | Char | 0 to maximum of 2 |
| Enrollment Info 1 | | | | |
| PLAN ID | 05 | 478 – 482 | Char | |
| PLAN ENROLLMENT DATE | 08 | 483 – 490 | Numeric | CCYYMMDD |
| DRUG PLAN INDICATOR | 01 | 491 – 491 | | 'Y' or 'N' |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|--|------|-----------|---------|----------------------|
| Enrollment Info 2 | | | | |
| PLAN ID | 05 | 492 – 496 | Char | |
| PLAN ENROLLMENT DATE | 08 | 497 – 504 | Numeric | CCYYMMDD |
| DRUG PLAN INDICATOR | 01 | 505 – 505 | | 'Y' or 'N' |
| FILLER | 20 | 506 – 525 | | |
| NUMBER OF UNCOVERED MONTHS (NUNCMO) OCCURENCES | 02 | 526 – 527 | Numeric | 0 to a maximum of 20 |
| UNCOVERED MONTHS START DATE1 | 08 | 528 – 535 | Numeric | CCYYMMDD |
| UNCOV MONTHS1 | 03 | 536 – 538 | Numeric | |
| NUNCMO INDICATOR1 | 01 | 539 – 539 | Char | |
| TOTAL UNCOVERED MONTHS1 | 03 | 540 – 542 | Numeric | |
| UNCOVERED MONTHS START DATE2 | 08 | 543 – 550 | Numeric | CCYYMMDD |
| UNCOV MONTHS2 | 03 | 551 – 553 | Numeric | |
| NUNCMO INDICATOR2 | 01 | 554 – 554 | Char | |
| TOTAL UNCOVERED MONTHS2 | 03 | 555 – 557 | Numeric | |
| UNCOVERED MONTHS START DATE3 | 08 | 558 – 565 | Numeric | CCYYMMDD |
| UNCOV MONTHS3 | 03 | 566 – 568 | Numeric | . |
| NUNCMO INDICATOR3 | 01 | 569 – 569 | Char | |
| TOTAL UNCOVERED MONTHS3 | 03 | 570 – 572 | Numeric | |
| UNCOVERED MONTHS START DATE4 | 08 | 573 – 580 | Numeric | CCYYMMDD |
| UNCOV MONTHS4 | 03 | 581 – 583 | Numeric | |
| NUNCMO INDICATOR4 | 01 | 584 – 584 | Char | |
| TOTAL UNCOVERED MONTHS4 | 03 | 585 – 587 | Numeric | |
| UNCOVERED MONTHS START DATE5 | 08 | 588 – 595 | Numeric | CCYYMMDD |
| UNCOV MONTHS5 | 03 | 596 – 598 | Numeric | |
| NUNCMO INDICATOR5 | 01 | 599 – 599 | Char | |
| TOTAL UNCOVERED MONTHS5 | 03 | 600 – 602 | Numeric | |
| UNCOVERED MONTHS START DATE6 | 08 | 603 – 610 | Numeric | CCYYMMDD |
| UNCOV MONTHS6 | 03 | 611 – 613 | Numeric | |
| NUNCMO INDICATOR6 | 01 | 614 – 614 | Char | |
| TOTAL UNCOVERED MONTHS6 | 03 | 615 – 617 | Numeric | |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|-------------------------------|------|-----------|---------|----------|
| UNCOVERED MONTHS START DATE7 | 08 | 618 – 625 | Numeric | CCYYMMDD |
| UNCOV MONTHS7 | 03 | 626 – 628 | Numeric | |
| NUNCMO INDICATOR7 | 01 | 629 – 629 | Char | |
| TOTAL UNCOVERED MONTHS7 | 03 | 630 – 632 | Numeric | |
| UNCOVERED MONTHS START DATE8 | 08 | 633 – 640 | Numeric | CCYYMMDD |
| UNCOV MONTHS8 | 03 | 641 – 643 | Numeric | |
| NUNCMO INDICATOR8 | 01 | 644 – 644 | Char | |
| TOTAL UNCOVERED MONTHS8 | 03 | 645 – 647 | Numeric | |
| UNCOVERED MONTHS START DATE9 | 08 | 648 – 655 | Numeric | CCYYMMDD |
| UNCOV MONTHS9 | 03 | 656 – 658 | Numeric | |
| NUNCMO INDICATOR9 | 01 | 659 – 659 | Char | |
| TOTAL UNCOVERED MONTHS9 | 03 | 660 – 662 | Numeric | |
| UNCOVERED MONTHS START DATE10 | 08 | 663 – 670 | Numeric | CCYYMMDD |
| UNCOV MONTHS10 | 03 | 671 – 673 | Numeric | |
| NUNCMO INDICATOR10 | 01 | 674 – 674 | Char | |
| TOTAL UNCOVERED MONTHS10 | 03 | 675 – 677 | Numeric | |
| UNCOVERED MONTHS START DATE11 | 08 | 678 – 685 | Numeric | CCYYMMDD |
| UNCOV MONTHS11 | 03 | 686 – 688 | Numeric | |
| NUNCMO INDICATOR11 | 01 | 689 – 689 | Char | |
| TOTAL UNCOVERED MONTHS11 | 03 | 690 – 692 | Numeric | |
| UNCOVERED MONTHS START DATE12 | 08 | 693 – 700 | Numeric | CCYYMMDD |
| UNCOV MONTHS12 | 03 | 701 – 703 | Numeric | |
| NUNCMO INDICATOR12 | 01 | 704 – 704 | Char | |
| TOTAL UNCOVERED MONTHS12 | 03 | 705 – 707 | Numeric | |
| UNCOVERED MONTHS START DATE13 | 08 | 708 – 715 | Numeric | CCYYMMDD |
| UNCOV MONTHS13 | 03 | 716 – 718 | Numeric | |
| NUNCMO INDICATOR13 | 01 | 719 – 719 | Char | |
| TOTAL UNCOVERED MONTHS13 | 03 | 720 – 722 | Numeric | |
| UNCOVERED MONTHS START DATE14 | 08 | 723 – 730 | Numeric | CCYYMMDD |
| UNCOV MONTHS14 | 03 | 731 – 733 | Numeric | |
| NUNCMO INDICATOR14 | 01 | 734 – 734 | Char | |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|---|------|-----------|---------|---|
| TOTAL UNCOVERED MONTHS14 | 03 | 735 – 737 | Numeric | |
| UNCOVERED MONTHS START DATE15 | 08 | 738 – 745 | Numeric | CCYYMMDD |
| UNCOV MONTHS15 | 03 | 746 – 748 | Numeric | |
| NUNCMO INDICATOR15 | 01 | 749 – 749 | Char | |
| TOTAL UNCOVERED MONTHS15 | 03 | 750 – 752 | Numeric | |
| UNCOVERED MONTHS START DATE16 | 08 | 753 – 760 | Numeric | CCYYMMDD |
| UNCOV MONTHS16 | 03 | 761 – 763 | Numeric | |
| NUNCMO INDICATOR16 | 01 | 764 – 764 | Char | |
| TOTAL UNCOVERED MONTHS16 | 03 | 765 – 767 | Numeric | |
| UNCOVERED MONTHS START DATE17 | 08 | 768 – 775 | Numeric | CCYYMMDD |
| UNCOV MONTHS17 | 03 | 776 – 778 | Numeric | |
| NUNCMO INDICATOR17 | 01 | 779 – 779 | Char | |
| TOTAL UNCOVERED MONTHS17 | 03 | 780 – 782 | Numeric | |
| UNCOVERED MONTHS START DATE18 | 08 | 783 – 790 | Numeric | CCYYMMDD |
| UNCOV MONTHS18 | 03 | 791 – 793 | Numeric | |
| NUNCMO INDICATOR18 | 01 | 794 – 794 | Char | |
| TOTAL UNCOVERED MONTHS18 | 03 | 795 – 797 | Numeric | |
| UNCOVERED MONTHS START DATE19 | 08 | 798 – 805 | Numeric | CCYYMMDD |
| UNCOV MONTHS19 | 03 | 806 – 808 | Numeric | |
| NUNCMO INDICATOR19 | 01 | 809 – 809 | Char | |
| TOTAL UNCOVERED MONTHS19 | 03 | 810 – 812 | Numeric | |
| UNCOVERED MONTHS START DATE20 | 08 | 813 – 820 | Numeric | CCYYMMDD |
| UNCOV MONTHS20 | 03 | 821 – 823 | Numeric | |
| NUNCMO INDICATOR20 | 01 | 824 – 824 | Char | |
| TOTAL UNCOVERED MONTHS20 | 03 | 825 – 827 | Numeric | |
| RDS OCCURRENCES | 02 | 828 – 829 | Char | Number of RDS occurrences |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 1) | 08 | 830 – 837 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (most recent or presently active). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 1) | 08 | 838 – 845 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (most recent) |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|---|------|-----------|--------|--|
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 2) | 08 | 846 – 853 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (second most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 2) | 08 | 854 – 861 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (second most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 3) | 08 | 862 – 869 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (third most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 3) | 08 | 870 – 877 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (third most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 4) | 08 | 878 – 885 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (fourth most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 4) | 08 | 886 – 893 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (fourth most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 5) | 08 | 894 – 901 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (fifth most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 5) | 08 | 902 – 909 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (fifth most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 6) | 08 | 910 – 917 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (sixth most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 6) | 08 | 918 – 925 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (sixth most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 7) | 08 | 926 – 933 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (seventh most). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 7) | 08 | 934 – 941 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (seventh most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 8) | 08 | 942 – 949 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (eighth most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 8) | 08 | 950 – 957 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (eighth most recent) |
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 9) | 08 | 958 – 965 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (ninth most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 9) | 08 | 966 – 973 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (ninth most recent) |

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|--|------|-------------|--------|---|
| RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 10) | 08 | 974 – 981 | Char | CCYYMMDD. Effective start date of the Retiree Drug Subsidy (tenth most recent). |
| RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 10) | 08 | 982 – 989 | Char | CCYYMMDD. Effective end date of the Retiree Drug Subsidy (tenth most recent) |
| MBD HICN CLAIM NUMBER | 12 | 990 –1001 | Char | MBD claim number is returned when the HICN Found/Not Found flag is set to "X" |
| FILLER | 299 | 1002 – 1300 | | |

5.2 ELIGIBILITY+ MEMBER DATA CHANGES (BETWEEN PRIOR AND CURRENT CMS MBD EXTRACT) LAYOUT

Eligibility+ Member Data Changes Layout

RECORD FORMAT = FB LENGTH = 200

| Data Element | Size | Format | Position | Remarks |
|-----------------------------|------|--------|----------|---|
| Current Plan Id | 5 | Char | 1-5 | Primary Contract Id |
| Current CoPlan ID | 5 | Char | 6-10 | Secondary Contract Id |
| HICN Number | 12 | Char | 11-22 | Medicare ID |
| Name of field being changed | 40 | Char | 23-62 | Name of Field where change is detected |
| Previous value | 50 | Char | 63-112 | Value of changed field in prior MBD extract |
| Current value | 50 | Char | 113-162 | Value of changed field in current MBD extract |
| Current time stamp | 26 | Char | 163-188 | Time stamp of latest value |
| Filler | 12 | Char | 189-200 | Blank |

6. ENROLLMENT RECONCILIATION EXTRACT

6.1 ENROLLMENT RECONCILIATION EXTRACT LAYOUT

This process can be requested on an ADHOC basis to get a listing of all the transactions that were sent to CMS based on a desired date range. Any matching TRR transactions that are returned from CMS are also reported on.

Enrollment Reconciliation Extract Layout

RECORD FORMAT = FB LENGTH = 323

| Data Element | Size | Format | Position | Remarks |
|--------------------------|------|--------|----------|--|
| Source code | 1 | Char | 1 | 'T' – Enrollment transaction sent to CMS 'C' – CMS TRR sent back |
| PlanID (Contract#) | 5 | Char | 2-6 | Contract ID |
| Effective date | 8 | Char | 7-14 | Enrollment Effective date |
| HICN number | 12 | Char | 15-26 | Beneficiary Medicare ID |
| Transaction code | 2 | Char | 27-28 | '61' – Enrollment '51' – Disenrollment '72' – 4Rx Record Change '73' – Uncovered Months Change '76' – Residential Address Change '78' – Part C premium Change '81' – Disenrollment Cancellation '82' – MMP Enrollment Cancellation '83' – MMP Opt Out Update |
| Filler | 1 | Char | 29 | Spaces |
| Application Receipt date | 8 | Char | 30-37 | |
| Election type | 1 | Char | 38 | |
| PBP # | 3 | Char | 39-41 | Plan Benefit Package |
| PBP Segment ID | 3 | Char | 42-44 | |
| Transaction Reply Code | 3 | Char | 45-47 | If source code is 'C' (CMS TRR record) then TRR code is value from TRR record If source code is 'T' (Enrollment transaction sent) then blank in this field |
| Last name | 12 | Char | 48-59 | |
| First name | 7 | Char | 60-66 | |
| Middle Initial | 1 | Char | 67 | |
| Gender | 1 | Char | 68 | '1' – Male '2' – Female |
| Birth date | 8 | Char | 69-76 | |
| Source ID | 5 | Char | 77-81 | |
| Trans Tracking ID | 15 | Char | 82-96 | |
| Residence Address 1 | 65 | Char | 97-161 | |

| Data Element | Size | Format | Position | Remarks |
|---------------------|------|--------|----------|----------|
| Residence Address 2 | 65 | Char | 162-226 | |
| Residence City | 57 | Char | 227-283 | |
| Residence State | 2 | Char | 284-285 | |
| Residence Zip | 5 | Char | 286-290 | |
| Residence Zip4 | 4 | Char | 291-294 | |
| Residence UPD Flag | 1 | Char | 295 | |
| Residence End Date | 8 | Char | 296-303 | CCYYMMDD |
| MMP Opt Out Flag | 1 | Char | 304 | |
| Timestamp | 19 | Char | 305-323 | |

7. BATCH COMPLETION STATUS SUMMARY OF FAILED TRANSACTIONS**FAILED HEADER RECORD**

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|---|------|-----------|--------|---------------------------|
| Record Description | 12 | 1 – 12 | Char | Constant: “#BATCHDSPSTN” |
| BATCHID | 12 | 13 – 24 | Char | MARx System Assigned |
| Batch Run Start Date | 10 | 25 – 34 | Char | Format: YYYY-MM-DD |
| Batch Run Start Time | 08 | 35 – 42 | Char | Format: HH-MM-SS |
| FILLER | 24 | 43 – 66 | Char | Spaces |
| Failed Transaction Count | 08 | 67 – 74 | Char | Failed Count: ZZZZZZ9 |
| FILLER | 16 | 75 – 90 | Char | Spaces |
| Submitter ID | 08 | 91 – 98 | Char | Infocrossing Submitter ID |
| Date Stamp of transaction file | 10 | 99 – 108 | Char | Format: YYYY-MM-DD |
| Time Stamp of transaction file | 08 | 109 – 116 | Char | Format: HH-MM-SS |
| FILLER | 225 | 117 – 341 | Char | Spaces |
| End of Failed header Transaction Record | 01 | 342 | Char | Constant: “;” |

FAILED DETAIL RECORD

| FIELD NAME | SIZE | POSITION | FORMAT | COMMENT |
|---|------|-----------|---------|--|
| Record Header | 12 | 1 – 12 | Char | Constant: “#FAILEDTRANS” |
| Transaction Record Counter | 08 | 13 – 20 | Char | Sequential count, ZZZZZZ9 of failed records |
| Failed Input Transaction Record Text | 300 | 21 – 320 | Numeric | From input transaction |
| FILLER | 5 | 321 – 325 | Char | Spaces |
| Transaction Reply Codes | 15 | 326 – 340 | Char | Up to 5 three character reason for failure reply codes |
| End of Failed Detail Transaction Record | 2 | 341 – 342 | Char | Constant: “;;” |

8. HELP DESK SUPPORT

The Infocrossing support team is available to assist with questions as follows:

All times are Pacific Standard Time.

Toll free 877-833-3499

MCareSupport@Wipro.com

Monday - Friday 5:00 AM – 5:00 PM (Live person)

5:00 PM – 8:00 PM PT (Email or voicemail notification)

Saturday 9:00 AM – 4:00 PM PT (On call personnel)

After Hours, Sunday, and Holidays:

Email or voicemail notification – Next business day response

Observed Holidays are:

New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day,
Thanksgiving Day, Day after Thanksgiving Day, Christmas Day.