

## File Format -- CMS Notification To States Dual Eligible Beneficiaries Being Notified of Loss of Low Income Subsidy (LIS) Deemed Status

In September of each year, CMS will forward to State Medicaid Agencies a file containing information about individuals in their respective State whom CMS is sending a gray letter notifying them they are losing their deemed status for the Medicare Part D LIS. The file format is below.

### File Naming Convention

**P.CDxx.REDLIS.Dyymmdd.Thhmsst.pn**

**xx = State Code**

**pn = Gentran process number**

### File Format

#### **Header Record – Annual State File for Beneficiaries Who Lost Deeming Status**

<b>Data Element Name</b>	<b>Format</b>	<b>Position</b>	<b>Valid Values/Remarks</b>
Header Code	X(6)	1 – 6	DEEMLS
State Code	X(2)	7-8	Valid Value: Postal State Code
Sending Entity	X(8)	9-16	CMS; next five positions are padded with spaces
Run Date of File	X(8)	17– 24	CCYYMMDD
File Control Number	X(9)	25-33	
Filler	X(567)	34-600	Spaces

#### **Beneficiary Record – Annual State File for Beneficiaries Who Lost Deeming Status**

<b>Data Element Name</b>	<b>Format</b>	<b>Position</b>	<b>Valid Values/Remarks</b>
Record Type	X(3)	1-3	DTL
Beneficiary Health Insurance Number	X(12)	4-15	
Representative Payee Name	X(40)	16-55	Spaces if no Representative Payee
Beneficiary's Name	X(40)	56-95	
Beneficiary's Address Line 1	X(40)	96-135	
Beneficiary's Address Line 2	X(40)	136-175	
Beneficiary's Address Line 3	X(40)	176-215	
Beneficiary's Address Line 4	X(40)	216-255	
Beneficiary's Address Line 5	X(40)	256-295	

Beneficiary's Address Line 6	X(40)	296-335	
Beneficiary's City, State and Zip Code	X(40)	336-375	City Length = 27 State Length = 3 Zip Length = 10
Cluster Identification Code	X(14)	376-389	
Beneficiary's Date Of Birth	X(8)	390-397	CCYYMMDD
Beneficiary's Social Security Number	X(9)	398-406	Fill with spaces if SSN does not exist
Filler	X(132)	407-538	
Deemed Co-Payment Level for Current Calendar Year	X(1)	539	Valid Values: 1 = \$2.50/\$6.30 2 = \$1.10/\$3.30 3 = \$0
Deemed Co-Payment Level for Next Calendar Year	X(1)	540	Spaces
Deemed Reason Code for Current Calendar Year	X(2)	541-542	Valid Values: 1 = Partial dual eligible 2A = Full dual eligible 10 = SSI-only
Deemed Reason Code for Next Year	X(2)	543-544	Spaces
Deemed Start Date for Current Calendar Year	X(8)	545-552	MMDDCCYY
Deemed End Date for Current Calendar Year	X(8)	553-560	MMDDCCYY
Filler	X(40)	561-600	Spaces

**Trailer Record – Annual State File for Beneficiaries Who Lost Deeming Status**

<b>Data Element Name</b>	<b>Format</b>	<b>Position</b>	<b>Valid Values/Remarks</b>
Trailer Code	X(6)	1 – 6	TRLRLD
State Code	X(2)	7-8	Valid Value: Postal State Code
Sending Entity	X(8)	9 – 16	CMS; next five positions are padded with spaces
Run Date of File	X(8)	17-24	
File Control Number	X(9)	25-33	
Record Count	X(9)	34-42	
Filler	X(558)	43-600	Spaces