

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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**Medicare Plan Payment Group**  
**Enterprise Systems Solutions Group**

**DATE:** May 19, 2015

**TO:** All Medicare Advantage, Prescription Drug Plan, Cost, PACE, and Demonstration Organizations Systems Staff

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**SUBJECT: Announcement of the August 2015 Software Release**

The Centers for Medicare and Medicaid Services (CMS) continues to implement software improvements to the enrollment and payment systems that support Medicare Advantage and Prescription Drug (MAPD) programs. This letter provides detailed information regarding the planned release of systems changes scheduled for August 2015. This release focuses on improving the efficiency of CMS systems as well as Plan processing.

The August 2015 Release changes are as follows and may require Plan action:

1. [Amount of Data Populated to the Medicare Secondary Payer \(MSP\) Report](#)
2. [Expansion of the Number of Uncovered Months \(NUNCMO\) Field on the Late Enrollment Penalty \(LEP\) Data File](#)
3. [Quality Bonus Payment \(QBP\) for End Stage Renal Disease \(ESRD\) Post Graft](#)
4. [Report the Hospice Identifier on the Daily Transaction Reply Report \(DTRR\)](#)
5. [Eligibility for Enrollment and Involuntary Disenrollment Due to Incarceration Status](#)
6. [New Disenrollment Reason Code for Employer Only Group Plans](#)

## **1. Amount of Data Populated to the Medicare Secondary Payer (MSP) Report**

CMS will make a change to the Medicare Secondary Payer Information Data File. The period of time in which data is populated to the file will increase from 37 months to 48 months. Although not all the data populated to the file is within the range of the payment adjustment period, CMS will be adjusting and paying the full amount of MSP dollars calculated according to the payment adjustment period.

The record length within the MSP Information Data File will change from 11,000 bytes to 700 bytes. The file will contain the following record types:

- Header record
- Primary record
- Detail record
- Trailer record

### Header and Trailer Records:

There will be one (1) Header record and one (1) Trailer record per MSP Information Data File.

### Primary Records:

The MSP Information Data File will contain one (1) primary record containing, demographic information and payment factors, for each MSP beneficiary. The primary record will contain a count of the number of related MSP detail records reported in the file. The field is labeled “Detail Count”.

### Detail Records:

Detail records contain a beneficiary’s MSP information. The MSP Information Data File can contain from one (1) to seventeen (17) MSP detail records related to any one primary record. The Record Type field in each detail record will have a numbered value of “DET##”, where “##” is the value of 01 through 17 depending on the number of detail records being reported.

The updated MSP Information Data File layout is attached:

- *MSP Information Data File, [Attachment A](#)*

## **2. Expansion of the Number of Uncovered Months (NUNCMO) Field on the Late Enrolment Penalty (LEP) Data File**

CMS is changing the LEP Data File and expanding the NUNCMO field (#13) from 2 to 3 positions. This change will align the NUNCMO field on the LEP Data File with the display in the MARx User Interface (UI) and the length of values that Plans can submit on the Transaction Type 73 – NUNCMO Change Transaction.

The updated LEP Data File layout is attached:

- *LEP Data File Layout, [Attachment B](#)*

### **3. Quality Bonus Payment (QBP) for End Stage Renal Disease (ESRD) Post Graft**

Effective January 1, 2015, a 3.5% Quality Bonus Payment (QBP) for a ESRD Post Graft beneficiary should be included for a Plan that is designated as new or low enrollment. Currently, this is not being calculated in the MARx system. The 3.5% QBP will be updated with the August 2015 Software Release to ensure that the current payments will be calculated using the 3.5% QBP. A future cleanup will be scheduled to update retroactive payments going back to the January 2015 payment.

### **4. Report the Hospice Identifier on the Daily Transaction Reply Report (DTRR)**

As specified in Section 1860D-2(e)(2)(B) of the Social Security Act, drugs that are available (or would be available but for the application of a deductible) under Part A or B for that individual are excluded for coverage under Part D. Thus, drugs and biologicals that may be covered under the Medicare Part A per diem payment to a hospice program are excluded from the definition of a covered Part D drug and are not payable under Part D.

To determine payment responsibility for drugs for beneficiaries who have elected the Medicare hospice benefit, Part D sponsors receive hospice election information on the DTRR at the time of the beneficiary's enrollment in a Part D Plan or hospice election if that election is made later, and subsequently whenever there is a change in the hospice election information. With the implementation of the August 2015 release, the DTRR will be enhanced to also include the beneficiary's hospice Medicare provider number. This will eliminate the need for sponsors to use the MARx UI to access this information.

The reporting of the effective date for the Transaction Reply Code (TRC) 071 (Hospice Status Set) and TRC 072 (Hospice Status Terminated) will also change. For both TRC 071 and TRC 072, the date reported in Field 18 will be the hospice effective start date and the date reported in Field 24 will be the hospice end date. Field 24 will no longer be populated with the hospice start date when TRC 071 is reported. Further, when a hospice election is received with a termination date, the DTRR will only report TRC 071 and Fields 18 and 24 will be populated with both the effective start date and end date, respectively; thus, TRC 072 will no longer be reported in these instances.

After implementation, when:

1. An add record is received by MARx
  - The next DTRR to the Plan will report TRC 071 (Hospice Status Set) and will provide the following information:
    - The hospice effective start date in field 18
    - The hospice end date (if available) in field 24
    - The hospice provider number in Field 81
2. An update record is received by MARx
  - The next DTRR to the Plan will report TRC072 (Hospice Status Terminated) and will provide the following information:
    - The hospice effective start date in field 18
    - The hospice end date in field 24
    - The hospice provider number in Field 81
3. A delete record is received by MARx
  - The next DTRR to the Plan will report TRC072 (Hospice Status Terminated) and will provide the following information:
    - Fields 18 and 24 will have the same date (hospice effective start date that was previously reported)
    - The hospice provider number in Field 81

Please note when MARx receives an add record that is a single-day hospice election period, the DTRR will report TRC 071 (Hospice Status Set) and Fields 18 and 24 will have the same date indicating a single day of hospice coverage.

Additionally, when MARx receives an update record that changes the existing hospice election period to a single day, the DTRR will report TRC072 (Hospice Status Terminated) and Fields 18 and 24 will have the same date. Plans must use the MARx UI to distinguish these record updates from record deletions. If the change is an update, the single-day hospice election period will appear; however, if the change is a deletion, the period will not appear in MARx.

Updated TRCs and changes to the DTRR are attached:

- *Transaction Reply Codes 071 and 072, [Attachment C, Figure 1](#)*
- *Changes to the Daily Transaction Reply Report Layout, [Attachment C, Figure 2](#)*

## **5. Eligibility for Enrollment and Involuntary Disenrollment Due to Incarceration Status**

When it is confirmed that a beneficiary is incarcerated, an individual is considered outside the Plan's service area and is ineligible for new or continued enrollment in MA, Part D, PACE, §1876 cost or Medicare-Medicaid demonstration Plans. In the near future, CMS will obtain more robust incarceration data from the Social Security Administration (SSA), indicating confirmation of incarceration periods. CMS will then determine the beneficiary's eligibility for enrollment and make the period of ineligibility (start and end dates) available through the MARx UI Status Activity (M256), Status Detail (M257), and Beneficiary Eligibility (M232) screens. MARx will use this information to make enrollment decisions or to initiate involuntary disenrollment from the beneficiary's Plan.

If a Plan submits a new enrollment into an MA, Part D, PACE, §1876 cost or Medicare-Medicaid demonstration Plan with an effective date that is during a period of confirmed incarceration, MARx will reject the enrollment. Plans will receive notice of the rejection through the DTRR using the new rejection Transaction Reply Code (TRC) 345 (Enrollment Rejected – Confirmed Incarceration).

In addition, CMS will involuntarily disenroll individuals who are currently enrolled in MA, Part D, or §1876 cost Plans when it receives notification from SSA of a period of confirmed incarceration which overlaps the individual's enrollment in an MA, Part D, PACE, §1876 cost or Medicare-Medicaid demonstration Plan. CMS will notify Plans of this action through the DTRR using the new TRC 346 (Disenrollment due to Confirmed Incarceration). The effective date of these disenrollments will be the first of the month after the start of the confirmed incarceration. Since incarceration data is provided to SSA and to CMS after the beneficiary begins serving his or her sentence, Plans should expect that all disenrollments will be retroactive. These disenrollments will receive a Disenrollment Reason Code (DRC) of 70 (Confirmed Incarceration).

In some cases, CMS may receive a confirmed incarceration period with both a retroactive start and end date. If the incarceration period overlaps enrollment in a Plan, the beneficiary will be disenrolled for the months of the confirmed incarceration and then re-enrolled into the Plan for the months following the incarceration period. The new TRC 347 (Reenrollment due to Closed Incarceration Period) will be provided on the DTRR for the re-enrollment. This will also apply if the beneficiary changed Plans during the confirmed incarceration period. Thus, if a beneficiary was in an MA Plan at the start of the incarceration period but in a stand-alone Part D Plan at the end of the incarceration period, the MA Plan will receive the disenrollment as of the start of the period through the end of the beneficiary's enrollment period with the Plan.

In addition, the Part D Plan will receive a disenrollment starting at the beginning of the Plan enrollment period through the remaining months of the incarceration period. The Part D Plan would then receive the re-enrollment to provide coverage following the end of the incarceration period. Any payment adjustments for enrollment changes that are the result of incarceration will be associated with the new Adjustment Reason Code (ARC) 65 (Confirmed Incarceration – Reported for Pt C and Pt D).

Plans should note that CMS will not re-enroll beneficiaries into their prior Plan following the end of an incarceration period when CMS receives only the incarceration period start date from SSA. In such cases, beneficiaries, upon the end of their incarceration period, will need to contact SSA to have their record updated to reflect the end of the incarceration period and will then need to submit a new enrollment request to a Plan for a prospective enrollment. Plans will process such enrollment requests following existing policies and procedures.

CMS will implement the systems changes to establish the structural framework to populate the incarceration data. Incarceration data fields, such as MARx screens and the BEQ, will be displayed as blanks until full implementation is in effect. In the meantime, Plans should also note that TRC 155 is still being generated and Plans will have to research and confirm incarceration. Once CMS begins receiving the necessary data and makes the determinations of ineligibility based on confirmed incarceration status, Plans should stop receiving TRC 155. If Plans receive a TRC 155 after full implementation of the systems changes or if they receive an indication of possible incarceration from a source other than CMS, they are expected to follow procedures for researching and confirming incarceration, as outlined in current guidance.

Plans should not expect to see data on confirmed incarceration for the purposes of determining eligibility for enrollment, or receive denials of submitted enrollment transactions or automatic disenrollments due to confirmed incarceration at this time. As a result, they will not receive TRCs 346 and 347, ARC 65, nor DRC 70, until full implementation is in effect.

The CMS encourages Plans to make changes to their internal systems in anticipation of receiving the data. Once CMS completes its internal implementation and data is available, we will move quickly to alert Plans and start effectuating this process. These new processes and TRCs will go into effect when incarceration data becomes available from SSA.

Updates to the affected codes and screens are attached:

- ***New Transaction Reply Codes (TRCs 345, 346, 347), [Attachment D, Figure 1](#)***
- ***New Disenrollment Reason Code (DRC), [Attachment D, Figure 2](#)***
- ***New Adjustment Reason Code (ARC), [Attachment D, Figure 3](#)***
- ***Beneficiaries: Eligibility (M232) Screen, [Attachment E, Figure 1](#)***
- ***Status Activity (M256) Screen, [Attachment E, Figure 2](#)***
- ***Status Detail: Incarceration (M257) Screen, [Attachment E, Figure 3](#)***

## **6. New Disenrollment Reason Code for Employer Only Group Plans**

A new Disenrollment Reason Code (DRC) 65 will be created for use by Employer Only Group Plans with the description 'Loss of EGWP Eligibility'. This DRC will be available only for Employer Only Group Plans. Submittal of DRC 65 for a disenrollment from a Plan that is not an Employer Only Group Plan will result in the change of the DRC to 99, as happens for other invalid DRCs.

The MARx UI Update Enrollment (M212) and the Edit Transaction: DISENROLLMENT (MCO OR CMS) (M306) screens will be modified to include the new DRC and provide an edit to prevent the use of this new DRC for disenrollments from non-Employer Group Plans.

- *New Disenrollment Reason Code 65, [Attachment F](#)*

Plans are encouraged to contact the MAPD Help Desk for any issues encountered during the systems update process. Please direct any questions or concerns to the MAPD Help Desk at 1-800-927-8069 or e-mail at [mapdhelp@cms.hhs.gov](mailto:mapdhelp@cms.hhs.gov).

Attachment A

**MSP Information Data File - Header Record (one per file)**

Item	Field Name	Size	Position	Description
1.	Header Code	8	1-8	Value 'CMSMSPDH'.
2.	Sending Entity	4	9-12	Value 'MARX'.
3.	File Creation Date	8	13-20	CCYYMMDD
4.	Filler	680	21-700	spaces

**MSP Information Data File - Primary Record (one for each beneficiary on the file)**

Item	Field Name	Size	Position	Description
1.	Record Type	3	1-3	"PRM"
2.	HICN	12	4-15	RRB # or HICN
3.	Detail Count	2	16-17	This is the count of MSP DET records that exist for each beneficiary
4.	Date of Birth	8	18-25	CCYYMMDD
5.	Sex Code	1	26	0 = Unknown 1 = Male 2 = Female
6.	Contract	5	27-31	N/A
7.	PBP	3	32-34	N/A

This begins the MSP Factor fields for the Prospective Payment.

Item	Field Name	Size	Position	Description
8.	MSP Factor	7	35-41	Layout (00.0000)
9.	PTA RDAMT SIGN	1	42	"-" = Negative blank = Positive
10.	PTA RDAMT	9	43-51	Layout (999999.99)
11.	PTB RDAMT SIGN	1	52	"-" = Negative blank = Positive
12.	PTB RDAMT	9	53-61	Layout (999999.99)
13.	PAID FLAG	1	62	Y = Yes, it was paid N = No, it was not paid

This ends the MSP Factor fields for the Prospective Payment.

Item	Field Name	Size	Position	Description
14.	MSP Factor ADJ1	7	63-69	Layout (00.0000)

## Attachment A

Item	Field Name	Size	Position	Description
15.	PTA RDAMT SIGN ADJ1	1	70	"-" = Negative blank = Positive
16.	PTA RDAMT ADJ1	9	71-79	Layout (999999.99)
17.	PTB RDAMT SIGN ADJ1	1	80	"-" = Negative blank = Positive
18.	PTB RDAMT ADJ1	9	81-89	Layout (999999.99)
19.	PAID FLAG ADJ1	1	90	Y = Yes, it was paid N = No, it was not paid
20.	MSP Factor ADJ2	7	91-97	Layout (00.0000)
21.	PTA RDAMT SIGN ADJ2	1	98	"-" = Negative blank = Positive
22.	PTA RDAMT ADJ2	9	99-107	Layout (999999.99)
23.	PTB RDAMT SIGN ADJ2	1	108	"-" = Negative blank = Positive
24.	PTB RDAMT ADJ2	9	109-117	Layout (999999.99)
25.	PAID FLAG ADJ2	1	118	Y = Yes, it was paid N = No, it was not paid
26.	MSP Factor ADJ3	7	119-125	Layout (00.0000)
27.	PTA RDAMT SIGN ADJ3	1	126	"-" = Negative blank = Positive
28.	PTA RDAMT ADJ3	9	127-135	Layout (999999.99)
29.	PTB RDAMT SIGN ADJ3	1	136	"-" = Negative blank = Positive
30.	PTB RDAMT ADJ3	9	137-145	Layout (999999.99)
31.	PAID FLAG ADJ3	1	146	Y = Yes, it was paid N = No, it was not paid
32.	MSP Factor ADJ4	7	147-153	Layout (00.0000)
33.	PTA RDAMT SIGN ADJ4	1	154	"-" = Negative blank = Positive
34.	PTA RDAMT ADJ4	9	155-163	Layout (999999.99)
35.	PTB RDAMT SIGN ADJ4	1	164	"-" = Negative blank = Positive

Attachment A

Item	Field Name	Size	Position	Description
36.	PTB RDAMT ADJ4	9	165-173	Layout (999999.99)
37.	PAID FLAG ADJ4	1	174	Y = Yes, it was paid N = No, it was not paid
38.	Filler	526	175-700	Spaces

**MSP Information Data File - Detail Record (variable number per primary record; each represents one MSP occurrence for the beneficiary; minimum is 01, maximum is 17)**

Item	Field Name	Size	Position	Description
1.	Record Type	5	1-5	Value: DET##  (## = number of the MSP occurrence. 01 through 17)
2.	HICN	12	6-17	RRB # or HICN
3.	Delete Ind	1	18	D = occurrence to be deleted or audited
4.	Validity Ind	1	19	I = FI/Carrier added occurrence N = Beneficiary does not have MSP coverage Y = COBC added.
5.	MSP Code	1	20	A =12 = Working Aged B =13 = ESRD D =14 = No Fault E =15 = Worker Comp F =16 = Federal (PublicHealth) G =43 = Disabled H =41 = Black Lung I = 42 = Veterans L = 47 = Liability
6.	COB Contractor Number	5	21-25	N/A
7.	Data Entry Added	8	26-33	CCYYMMDD
8.	Update Contractor Number	5	34-38	N/A
9.	Maintenance Date	8	39-46	CCYYMMDD
10.	Filler	6	47-52	Spaces

## Attachment A

Item	Field Name	Size	Position	Description
11.	INSURER TYPE	1	53	A = Insurance or indemnity, B = HMP, C = Preferred provider organization, D = Third party administrator arrangement under an administrative service only contract without stop loss from any entity E = Third party administrator arrangement with stop loss insurance issued from any entity, F = Self-insured/self-administered, G = Collectively bargained health and welfare, H = Multiple employer health plan with at least one employer who has more than 100 full and/or part time employees, J = Hospitalization only plan which covers only Inpatient services, K = Medicare services only plan which covers only non-inpatient services, M = Medicare supplemental plan: Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan, = spaces
12.	Insurer Name	32	54-85	N/A
13.	Insurer Address 1	32	86-117	N/A
14.	Insurer Address 2	32	118-149	N/A
15.	Insurer City	15	150-164	N/A
16.	Insurer State Code	2	165-166	N/A
17.	Insurer Zip Code	9	167-175	N/A
18.	Policy Number	17	176-192	N/A
19.	MSP Effective Date	8	193-200	CCYYMMDD
20.	MSP Termination Date	8	201-208	CCYYMMDD

Attachment A

Item	Field Name	Size	Position	Description
21.	Patient Relationship Code	2	209-210	01=Patient is INS, 02=Spouse, 03=Natural Child, Insured has Financial Responsibility, 04=Natural Child, Insured does not have Financial Responsibility, 05=Step Child, 06=Foster Child, 07=Ward of the Court, 08=Employee, 09=Unknown, 10=Handicapped Dependent, 11=Organ Donor, 12=Cadaver Donor, 13=Grandchild, 14=Niece/Nephew, 15=Injured Plaintiff, 16=Sponsored Dependent, 17=Minor Dependent of a Minor Dependent, 18=Parent, 19=Grandparent dependent, 20=Life Partner
22.	Subscriber First Name	9	211-219	N/A
23.	Subscriber Last Name	16	220-235	N/A
24.	Employee ID Number	12	236-247	N/A

Attachment A

Item	Field Name	Size	Position	Description
25.	Source Code	2	248-249	A=Claim Processing, B=IRS/SSA/CMS Data Match, C=First Claim Development, D=IRS/SSA/CMS Data Match II, E=Black Lung (DOL), F=Veterans (VA), G=Other Data Matches, H=Worker's Compensation, I=Notified by Beneficiary, J=Notified by Provider, K=Notified by Insurer, L=Notified by Employer, M=Notified by Attorney, N=Notified by Group Health Plan/Primary Payer, O=Initial Enrollment Questionnaire, P=HMP Rate Cell Adjustment, Q=Voluntary Insurer Reporting, S=Miscellaneous Reporting, T=IRS/SSA/CMS Data Match III, U=IRS/SSA/CMS Data Match IV, V=IRS/SSA/CMS Data Match V, W=IRS/SSA/CMS Data Match VI, X=Self reports, Y=411.25, Spaces = Unknown, 0=COB Contractor, 1=Initial Enrollment questionnaire, 2=IRS/SSA/CMS/data match, 3=HMP Rate cell, 4=Litigation Settlement, 5=Employer Voluntary Reporting, 6=Insurer Voluntary Reporting, 7=First Claim Development, 8=Trauma Code Development, 9=Secondary Claims Investigation, 10=Self Reports, 11=411.25, 12=BC/BS Voluntary Agreements, 13=Office of Personnel Management (OPM), 14=Workmen's Compensation (WC) Data match, 25=Recovery Audit Contractor (California), 26=Recover Audit Contractor (Florida)
26.	Employee INFO Data	1	250	P=Patient, S=Spouse, M=Mother, F=Father
27.	Employer Name	32	251-282	N/A

## Attachment A

Item	Field Name	Size	Position	Description
28.	Employer Address 1	32	283-314	N/A
29.	Employer Address 2	32	315-346	N/A
30.	Employer City	15	347-361	N/A
31.	Employer State	2	362-363	N/A
32.	Employer Zip Cd	9	364-372	N/A
33.	Insurer Group Number	20	373-392	N/A
34.	Insurer Group Name	17	393-409	N/A
35.	Prepaid Health Plan Date	8	410-417	N/A
36.	Remarks Code 1	2	418-419	N/A
37.	Remarks Code 2	2	420-421	N/A
38.	Remarks Code 3	2	422-423	N/A
39.	Payer ID	10	424-433	N/A
40.	Diagnosis Code Ind 1	1	434	0=ICD 10, 9=ICD 9
41.	Diagnosis Code 1	7	435-441	N/A
42.	Diagnosis Code Ind 2	1	442	0=ICD 10, 9=ICD 9
43.	Diagnosis Code 2	7	443-449	N/A
44.	Diagnosis Code Ind 3	1	450	0=ICD 10, 9=ICD 9
45.	Diagnosis Code 3	7	451-457	N/A
46.	Diagnosis Code Ind 4	1	458	0=ICD 10, 9=ICD 9
47.	Diagnosis Code 4	7	459-465	N/A
48.	Diagnosis Code Ind 5	1	466	0=ICD 10, 9=ICD 9
49.	Diagnosis Code 5	7	467-473	N/A
50.	Diagnosis Code Ind 6	1	474	0=ICD 10, 9=ICD 9

## Attachment A

Item	Field Name	Size	Position	Description
51.	Diagnosis Code 6	7	475-481	N/A
52.	Diagnosis Code Ind 7	1	482	0=ICD 10, 9=ICD 9
53.	Diagnosis Code 7	7	483-489	N/A
54.	Diagnosis Code Ind 8	1	490	0=ICD 10, 9=ICD 9
55.	Diagnosis Code 8	7	491-497	N/A
56.	Diagnosis Code Ind 9	1	498	0=ICD 10, 9=ICD 9
57.	Diagnosis Code 9	7	499-505	N/A
58.	Diagnosis Code Ind 10	1	506	0=ICD 10, 9=ICD 9
59.	Diagnosis Code 10	7	507-513	N/A
60.	Diagnosis Code Ind 11	1	514	0=ICD 10, 9=ICD 9
61.	Diagnosis Code 11	7	515-521	N/A
62.	Diagnosis Code Ind 12	1	522	0=ICD 10, 9=ICD 9
63.	Diagnosis Code 12	7	523-529	N/A
64.	Diagnosis Code Ind 13	1	530	0=ICD 10, 9=ICD 9
65.	Diagnosis Code 13	7	531-537	N/A
66.	Diagnosis Code Ind 14	1	538	0=ICD 10, 9=ICD 9
67.	Diagnosis Code 14	7	539-545	N/A
68.	Diagnosis Code Ind 15	1	546	0=ICD 10, 9=ICD 9
69.	Diagnosis Code 15	7	547-553	N/A

## Attachment A

<b>Item</b>	<b>Field Name</b>	<b>Size</b>	<b>Position</b>	<b>Description</b>
70.	Diagnosis Code Ind 16	1	554	0=ICD 10, 9=ICD 9
71.	Diagnosis Code 16	7	555-561	N/A
72.	Diagnosis Code Ind 17	1	562	0=ICD 10, 9=ICD 9
73.	Diagnosis Code 17	7	563-569	N/A
74.	Diagnosis Code Ind 18	1	570	0=ICD 10, 9=ICD 9
75.	Diagnosis Code 18	7	571-577	N/A
76.	Diagnosis Code Ind 19	1	578	0=ICD 10, 9=ICD 9
77.	Diagnosis Code 19	7	579-585	N/A
78.	Diagnosis Code Ind 20	1	586	0=ICD 10, 9=ICD 9
79.	Diagnosis Code 20	7	587-593	N/A
80.	Diagnosis Code Ind 21	1	594	0=ICD 10, 9=ICD 9
81.	Diagnosis Code 21	7	595-601	N/A
82.	Diagnosis Code Ind 22	1	602	0=ICD 10, 9=ICD 9
83.	Diagnosis Code 22	7	603-609	N/A
84.	Diagnosis Code Ind 23	1	610	0=ICD 10, 9=ICD 9
85.	Diagnosis Code 23	7	611-617	N/A
86.	Diagnosis Code Ind 24	1	618	0=ICD 10, 9=ICD 9
87.	Diagnosis Code 24	7	619-625	N/A
88.	Diagnosis Code Ind 25	1	626	0=ICD 10, 9=ICD 9

Attachment A

Item	Field Name	Size	Position	Description
89.	Diagnosis Code 25	7	627-633	N/A
90.	Filler	67	634-700	Spaces

**MSP Information Data File – Trailer Record (one per file)**

Item	Field Name	Size	Position	Description
1.	Trailer Code	8	1-8	Value 'CMSMSPDT'.
2.	Sending Entity	4	9-12	Value 'MARX'
3.	File Creation Date	8	13-20	CCYYMMDD
4.	TOTAL PRM Count	8	21-28	Total count of primary beneficiary records
5.	TOTAL RECORDS Count	8	29-36	Total count of all records (minus the Header and Trailer)
6.	Filler	664	37-700	spaces

**LEP Data File Layout**

System	Type	Frequency	Dataset Naming Convention
MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Fxxxxx.LEPD.Dyymm01.Thhmsst P.Rxxxxx.LEPD.Dyymm01.Thhmsst Connect:Direct (Mainframe): zzzzzzz.Fxxxxx.LEPD.Dyymm01.Thhmsst zzzzzzz.Rxxxxx.LEPD.Dyymm01.Thhmsst Connect:Direct (Non-Mainframe): [directory]Fxxxxx.LEPD.Dyymm01.Thhmsst [directory]Rxxxxx.LEPD.Dyymm01.Thhmsst

**LEP Data File Layout - Header Record**

Item	Field	Size	Position	Description
1.	Record Type	3	1-3	H = Header Record
2.	Contract Number	5	4-8	Contract Number
3.	Payment/Payment Adjustment Date	8	9-16	YYYYMMDD
4.	Data file Date	8	17-24	Date this data file was created YYYYMMDD
5.	Filler	141	25-165	Spaces

**LEP Data File Layout - Detail Record**

Item	Field Name	Size	Position	Description
1.	Record Type	3	1-3	PD = Prospective Detail Record “Prospective” means Premium Period equals Payment Month reflected in Header Record AD = Adjustment Detail Record “Adjustment” means all Premium Periods other than Prospective
2.	Contract Number	5	4-8	Contract Number
3.	PBP Number	3	9-11	PBP Number
4.	Plan Segment Number	3	12-14	Plan Segment Number
5.	HIC Number	12	15-26	Member’s HIC Number

Attachment B

Item	Field Name	Size	Position	Description
6.	Surname	7	27-33	Surname
7.	First Initial	1	34	First Initial
8.	Sex	1	35	M = Male F = Female
9.	DOB	8	36-43	YYYYMMDD
10.	Filler	1	44	Space
11.	Premium/Adjustment Period Start Date	8	45-52	PD: current processing start date AD: adjustment period start date. YYYYMMDD
12.	Premium/Adjustment Period End Date	8	53-60	PD: current processing end date AD: adjustment period end date. YYYYMMDD
13.	Number of Months in Premium/Adjustment Period	2	61-62	Number of Months between the Premium/Adjustment Period Start and End Date
14.	Number of Uncovered Months (NUNCMO)	3	63-65	The number of months during which the beneficiary did not have creditable coverage
15.	LEP Amount for Direct Billed Members	8	66-73	PD: Prospective LEP Amount owed by the Direct Bill Beneficiary for the premium period. AD: Computed adjustment for each month in the (affected) payment period (if the payment was already made). Format: -9999.99 <b>NOTE:</b> A refund will be reported as a negative amount. A charge will be reported as a positive amount
16.	Filler	92	74-165	Spaces

Attachment B

**LEP Data File Layout - Trailer Record**

<b>Item</b>	<b>Field</b>	<b>Size</b>	<b>Position</b>	<b>Description</b>
1.	Record Type	3	1-3	Trailer Record PT1 = Prospective total for contract/PBP/segment AT1 = Adjustment total for contract/PBP/segment CT1 = Total for contract/PBP/segment PT2 = Prospective total for contract/PBP AT2 = Adjustment total for contract/PBP CT2 = Total for contract/PBP PT3 = Prospective total for contract AT3 = Adjustment total for contract CT3 = Total for contract
2.	Contract Number	5	4-8	Contract Number
3.	PBP Number	3	9-11	PBP Number
4.	Segment Number	3	12-14	Segment Number
5.	Total LEP Amount	14	15-28	Total LEP Amount Format: -9999999999.99
6.	Record Count	14	29-42	Count of records on the data file for combination of contract/PBP/segments
7.	Filler	123	43-165	Spaces

**Figure 1: Transaction Reply Codes 071 and 072**

Code	Type	Title	Short Definition	Definition
071	M	Hospice Status Set	HOSPICE ON	<p>This TRC is returned on a reply with Transaction Type 01. A notification has been received that this beneficiary is in Hospice status. The date on which Hospice Status became effective is reported in DTRR field 18. The end date for the Hospice Status is reported in DTRR field 24. The effective and end date for Hospice Status is not restricted to the first or last day of the month. It may be any day of the month.</p> <p>This is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information.</p> <p>The hospice provider number is reported on the DTRR field 81.</p> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p>
072	M	Hospice Status Terminated	HOSPICE OFF	<p>This TRC is returned on a reply with Transaction Type 01. A notification has been received that this beneficiary's Hospice Status has been terminated. The date on which Hospice Status became effective is reported in DTRR field 18. The end date for the Hospice Status is reported in DTRR field 24. The effective and end date for Hospice Status is not restricted to the first or last day of the month. It may be any day of the month.</p> <p>This is not a reply to a submitted transaction but is intended to supply the Plan with additional beneficiary information.</p> <p>The hospice provider number is reported on the DTRR field 81.</p> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p>

**Figure 2: Changes to the Transaction Reply Report Layout**

Field	Size	Position	Description
18. Effective Date	8	63 – 70	<p>YYYYMMDD Format;            Effective date is present for all TRCs.            Field content is TRC dependent for the following TRCs:            071 &amp; 072 – the effective date of the hospice period            091 – Previously reported incorrect death date,            121, 194, and 223 – PBP enrollment effective date.            280- The beginning date of the period for which the Plan will see payment impact. If the MSP period began prior to the beginning of the plan’s enrollment, this date will usually be the effective date of the enrollment            293 – Enrollment End Date; Last day of the month            305 – New ZIP Code Start Date            701 – New enrollment period start date,            702 – Fill-in enrollment period start date,            703 – Start date of cancelled enrollment period,            704 – Start date of enrollment period cancelled for PBP correction,            705 – Start date of enrollment period for corrected PBP,            706 – Start date of enrollment period cancelled for segment correction,            707 – Start date of enrollment period for corrected segment,            708 – Enrollment period end date assigned to existing opened ended enrollment,            709 &amp; 710 – New start date resulting from update,            711 &amp; 712 – New end date resulting from update,            713 – “00000000” – End date removed. Original end date is in field 24.X,            For Transaction Type Code 90 the current calendar month will be populated</p>
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.	8	85 – 92	
e. Hospice Start Date	8	85 – 92	<del>YYYYMMDD Format; Present only when Transaction Reply Code is 71</del>
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 71 or 72. If blank for TRC 71, then the Hospice Period is open ended.

Attachment C

<b>Field</b>	<b>Size</b>	<b>Position</b>	<b>Description</b>
81. Hospice Provider Number	13	426 – 438	Hospice Medicare Provider Number Present only for Transaction Reply Codes 71 or 72.
82. Filler	36	439 - 474	Spaces

**Figure 1: New Transaction Reply Codes (TRCs 345, 346, 347)**

Code	Type	Title	Short Definition	Description
345	R	Enrollment Rejected – Confirmed Incarceration	CNFRMD INCARC	<p>An enrollment transaction (Transaction Type 61) was rejected because the beneficiary has confirmed incarceration and the enrollment effective date falls within the period of incarceration.</p> <p>Plan Action: Update the Plan’s records accordingly. Take the appropriate actions as per CMS enrollment guidance.</p>
346	M	Disenrollment due to Confirmed Incarceration	DISENROL INCARC	<p>The beneficiary has been disenrolled from the Plan because the beneficiary has confirmed incarceration and the enrollment period falls within the period of incarceration. The last day of enrollment is reported in Transaction Reply Report data record fields 18 and 24. This date will always be the last day of the (incarceration start date) month.</p> <p>Plan Action: Update the Plan’s records to reflect the disenrollment using the date in field 24. Take the appropriate actions as per CMS enrollment guidance.</p>
347	A	Reenrollment due to Closed Incarceration Period	REENROLL INCARC	<p>This TRC provides additional information about an accepted enrollment (Transaction Type 61) for which an acceptance was sent in a separate Transaction Reply.</p> <p>The beneficiary has been reenrolled into the Plan because the beneficiary’s start and end date of confirmed incarceration were identified at the same time. The start date of the reenrollment period is reported in the Daily Transaction Reply Report (DTRR) data record Effective Date field, field 18. This date will always be the first day of the month of the incarceration end date.</p> <p>Plan Action: Update the Plan’s records accordingly. Take the appropriate actions as per CMS enrollment guidance.</p>

**Figure 2: New Disenrollment Reason Code (DRC) for Confirmed Incarceration**

Disenrollment Reason Number	Disenrollment Reason Description	MARx UI	AUTO-DIS	PLAN SUB'D
70	CONFIRMED INCARCERATION	N/A	Y	N/A

Attachment D

**Figure 3: New Adjustment Reason Code (ARC) for Confirmed Incarceration**

ARC	Description & Notes
65	Confirmed Incarceration – Reported for Pt C and Pt D

Figure 1: Beneficiaries: Eligibility (M232) Screen

**Medicare Advantage Prescription Drug (MARx)**

Welcome | Beneficiaries | Payments

**Find | Eligibility**

Beneficiary: Eligibility (M232) User: Role: MCO REPRESENTATIVE Date: 4/27/2015

Enter the claim number of the beneficiary.  
\*Indicates required field

Claim #  
XXXXXXXXXX

Find

---

Claim Number: XXXXXXXXXX  
 Claim Number Cross Reference: Name: JANE DOE  
 Birth Date: 02/17/1931  
 Date of Death: #  
 Sex: F  
 Address: 228 CHURCH HOLLOW RD  
 PETERSBURG, NY 12128-0100  
 Most recent State: NY (3)  
 Most recent County: RENSSELAER (600)

**Enrollment Information for 04/27/2015**

Contract	FBP	Start	End	Drug Plan
H3328	010	MM/DD/YYYY	MM/DD/YYYY	Y
H3328	002	MM/DD/YYYY	MM/DD/YYYY	Y
		MM/DD/YYYY	MM/DD/YYYY	Y

**Enrollment Information**

Part	Start	End	Option
A	MM/DD/YYYY		X
B	MM/DD/YYYY		X

**Eligibility Information**

Part	Start	End
D	MM/DD/YYYY	

**Incarceration Information**

Start	End
MM/DD/YYYY	MM/DD/YYYY

**Number of Uncovered Months**

Start Date	Indicator	Number of Uncovered Months	Total Number of Uncovered Months	Record Add-Time Stamp
MM/DD/YYYY	0	0	0	11/16/2004 12:20:67
MM/DD/YYYY	0	0	0	11/16/2007 16:16:21
MM/DD/YYYY	0	0	0	11/13/2008 05:40:38
MM/DD/YYYY	0	0	0	11/18/2009 05:08:14
MM/DD/YYYY	0	0	0	03/10/2010 01:59:53

**Employer Subsidy**

There are no employer subsidies for the beneficiary.

**Low Income Status**

Subsidy Start Date	Subsidy End Date	Premium	Subsidy Level	Co-Payment Level	Subsidy Source
MM/DD/YYYY	MM/DD/YYYY	100%		2	DEEMED
MM/DD/YYYY	MM/DD/YYYY	100%		2	DEEMED
MM/DD/YYYY	MM/DD/YYYY	100%		2	DEEMED
MM/DD/YYYY	MM/DD/YYYY	100%		2	DEEMED
MM/DD/YYYY	MM/DD/YYYY	100%		2	DEEMED

Figure 2: Status Activity (M256) Screen

Claim #: [REDACTED] ACTIVE

DOB: 01/10/1927  
 Age: 85 Sex: FEMALE  
 State: IA (16) County: WINNESHIEK (050)

Snapshot | Enrollment | Payments | Adjustments | Premiums | LEP | SSA - RRB | PW Paid/Collected | Transactions | Factors | Utilization | MSA | Residence Address | Rx Insurance | Additional Insurance Information | Jurisdiction | Status Activity

**Status Activity (M256)** User: S59K Role: MARX SYSTEM ADMINISTRATOR Date: 2/15/2014

View hyperlink is only displayed when more information is available.  
 Information on the screen represents the beneficiary's status as of today's date.

**SSA State and County Codes**

State	County	History
IA (16)	WINNESHIEK (050)	<a href="#">View</a>

**Low Income Subsidy**

LI Subsidy Start	LI Subsidy End	LI Premium Subsidy Level	LI Co-payment Level	History
				<a href="#">View</a>

**Uncovered Months**

Months	History
0	<a href="#">View</a>

**Health Status Flags**

Active	Type	History
N	ESRD	
N	MSP	
N	NHC	
N	HHC	
N	Medicaid	<a href="#">View</a>
N	Hospice	<a href="#">View</a>
N	HCBS	<a href="#">View</a>
N	XREF	
N	Institutional	
N	Long Term Institutional	<a href="#">View</a>
N	Disabled	

**Eligibility Status Flags**

Active	Type	History
Y	Part A	<a href="#">View</a>
Y	Part B	<a href="#">View</a>
Y	Part D	<a href="#">View</a>
Y	Incarceration	<a href="#">View</a>
N	Employer Subsidy	
N	Opt-Out Part D	
N	Opt-Out MMP	

**Figure 3: Status Detail: Incarceration (M257) Screen**

Claim #: [REDACTED] DOB: 01/10/1927

ACTIVE Age: 86 Sex: FEMALE

State: IA (16) County: WINNE SHIEK (950)

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**Status Detail: Incarceration (M257)** User: S59K Role: MARX SYSTEM ADMINISTRATOR Date: 2/15/2014 Close Print Help...

Incarceration [View Audit](#)

Start Date	End Date	Valid/ Audit	Record Add Timestamp	Record Update Timestamp	Record Audit Timestamp
MM/DD/YYYY	MM/DD/YYYY	V	MM/DD/YYYY 00:00:00	MM/DD/YYYY 00:00:00	
MM/DD/YYYY	MM/DD/YYYY	V	MM/DD/YYYY 00:00:00	MM/DD/YYYY 00:00:00	

Attachment F

**New Disenrollment Reason Code 65**

<b>Disenrollment Reason Code</b>	<b>Disenrollment Reason Description</b>	<b>Short Description</b>	<b>MARx UI</b>	<b>AUTO-DIS</b>	<b>PLAN SUB'D</b>
65***	LOSS OF EMPLOYER GROUP WAIVER PLAN ELIGIBILITY	LOSS OF EGWP ELGBLTY	Y	N/A	Y