

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Medicare Plan Payment Group
Innovative Healthcare Delivery Systems Group

DATE: February 25, 2015

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

FROM: Cheri Rice /s/
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Director, Enterprise Systems Solutions Group

SUBJECT: **Announcement of the May 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 May 2015. This release focuses on improving the efficiency of CMS systems as well as Plan processing.

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

1. [Add Plan Benefit Package \(PBP\) Number, Plan Type Code, Employer Group Health Plan \(EGHP\) Indicator, and End Stage Renal Disease \(ESRD\) Indicator to the CMS Batch Eligibility Query \(BEO\) Response File](#)
2. [Note Regarding the Eligibility for Enrollment and Involuntary Disenrollment Due to Incarceration Status](#)

1. Add Plan Benefit Package (PBP) Number, Plan Type Code, Employer Group Health Plan (EGHP) Indicator, and End Stage Renal Disease (ESRD) Indicator to the CMS Batch Eligibility Query (BEQ) Response File

Currently, the BEQ response provides ‘Part C/D Contract Number,’ but the PBP number, Plan Type Code, EGHP Indicator, and ESRD Indicator are missing in the response file back to the Plan or state. Unlike the MAPD enrollment/disenrollment processes, State Medicaid Agencies administer the enrollment process for the Medicare-Medicaid Plan (MMP), including enrollments, disenrollments, cancellations, and opting-out of passive enrollment.

With implementation of the May 2015 release, these additional data elements (PBP number, Plan Type Code, EGHP Indicator and ESRD Indicator) will be included in the BEQ response file and will allow states to effectively select the right dual eligible individuals for passive enrollments into an MMP. Additionally, the record length of the BEQ response file will increase from 750 to 1500 positions to prepare for implementation of the “Eligibility for Enrollment and Involuntary Disenrollment Due to Incarceration Status” system enhancement.

This update will also help reduce or eliminate beneficiary confusion since states will be able to identify ineligible individuals prior to passive enrollment and prevent erroneous passive enrollment notice mailings.

State Medicaid Agencies accesses the MARx eligibility screen (M232) to obtain real-time Medicare eligibility information for the purpose of determining MMP eligibility of the dual beneficiary. This change will add the Plan Type Code and Description to the M232 screen.

The updated M232 screen and BEQ Response file are attached:

- *Beneficiary Eligibility (M232) with Plan Type and Description Field, [Attachment A](#)*
- *BEQ Response File – Header Record, [Attachment B, Figure 1](#)*
- *BEQ Response File – Detail Record, [Attachment B, Figure 2](#)*
- *BEQ Response File – Trailer Record, [Attachment B, Figure 3](#)*

2. Note Regarding the Eligibility for Enrollment and Involuntary Disenrollment Due to Incarceration Status

Please be advised that the deployment of this enhancement, originally scheduled for May 2015, is being postponed. Implementation of this system change is planned for August 2015.

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.

Beneficiary Eligibility (M232) Screen with Plan Type and Description Field

CMS
Welcome | [Beneficiaries](#) | [Payments](#)

Find | [New Enrollment](#) | [Eligibility](#)

Beneficiary: Eligibility (M232) User: XXXX Role: MCO REPRESENTATIVE W/ UPDATE Date: 1/5/2015 [Print](#) [Help...](#)

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

*Claim #

Claim Number: XXXXXXXXX
 Claim Number Cross Reference:
 Name: JANE DOE
 Birth Date: 12/30/1929
 Date of Death:
 Sex: F
 Address: 1780 MAPLE LAWN ST.
 EASTHAMPTON, MA 01027-2462
 Most recent State: MA (22)
 Most recent County: HAMPSHIRE (080)

Enrollment Information for 12/17/2014					
Contract	PBP	Plan Type Code & Description	Start	End	Drug Plan
H1234	001	40 - Medicare-Medicaid Plan HMOPOS	MM/DD/YYYY		Y
S1234	002	29 - Medicare Prescription Drug Plan	MM/DD/YYYY	MM/DD/YYYY	Y
		29 - Medicare Prescription Drug Plan	MM/DD/YYYY	MM/DD/YYYY	Y
		29 - Medicare Prescription Drug Plan	MM/DD/YYYY	MM/DD/YYYY	Y

Entitlement Information			
Part	Start	End	Option
X	MM/DD/YYYY		X
X	MM/DD/YYYY		X

Attachment B

Figure 1: BEQ Response File – Header Record

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

Figure 2: BEQ Response File – Detail Record

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

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Data Field	Length	Position	Format	Valid Values
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence two)	8	97 – 104	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence two)	8	105 – 112	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence three)	8	113 – 120	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence three)	8	121 – 128	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence four)	8	129 – 136	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence four)	8	137 – 144	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence five)	8	145 – 152	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence five)	8	153 – 160	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence six)	8	161 – 168	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence six)	8	169 – 176	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence seven)	8	177 – 184	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence seven)	8	185 – 192	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence eight)	8	193 – 200	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence eight)	8	201 – 208	CHAR	CCYYMMDD

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Data Field	Length	Position	Format	Valid Values
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence nine)	8	209 – 216	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence nine)	8	217 – 224	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence 10)	8	225 – 232	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence 10)	8	233 – 240	CHAR	CCYYMMDD
Sending Entity	8	241 – 248	CHAR	
File Control Number	9	249 – 257	CHAR	
File Creation Date	8	258 – 265	CHAR	CCYYMMDD
Part D Eligibility Start Date	8	266 – 273	CHAR	
Deemed / Low-Income Subsidy Effective Date (occurrence one)	8	274 – 281	CHAR	CCYYMMDD
Deemed / Low-Income Subsidy End Date (occurrence one)	8	282 – 289	CHAR	CCYYMMDD
Co-Payment Level Identifier (occurrence one)	1	290	CHAR	'1', '2', '3', '4' or '5'
Part D Premium Subsidy Percent (occurrence one)	3	291 – 293	CHAR	'100', '075', '050', or '025'
Deemed / Low-Income Subsidy Effective Date (occurrence two)	8	294 – 301	CHAR	CCYYMMDD
Deemed / Low-Income Subsidy End Date (occurrence two)	8	302 – 309	CHAR	CCYYMMDD
Co-Payment Level Identifier (occurrence two)	1	310	CHAR	'1', '2', '3', '4' or '5'
Part D Premium Subsidy Percent (occurrence two)	3	311 – 313	CHAR	'100', '075', '050', or '025'
Part D/RDS Indicator (10 occurrences)				
RDS/Part D Indicator (occurrence one)	1	314	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence two)	1	315	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence three)	1	316	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence four)	1	317	CHAR	'D' or 'R'

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Data Field	Length	Position	Format	Valid Values
RDS/Part D Indicator (occurrence five)	1	318	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence six)	1	319	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence seven)	1	320	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence eight)	1	321	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence nine)	1	322	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence 10)	1	323	CHAR	'D' or 'R'
Uncovered Months Data (20 occurrences)				
Start Date (occurrence one)	8	324 – 331	CHAR	CCYYMMDD
Number of Uncovered Months (occurrence one)	3	332 – 334	ZD	
Number of Uncovered Months Status Indicator (occurrence one)	1	335	CHAR	
Total Number of Uncovered Months (occurrence one)	3	336 – 338	ZD	
Uncovered Months (occurrence two)	15	339 – 353		
Uncovered Months (occurrence three)	15	354 – 368		
Uncovered Months (occurrence four)	15	369 – 383		
Uncovered Months (occurrence five)	15	384 – 398		
Uncovered Months (occurrence six)	15	399 – 413		
Uncovered Months (occurrence seven)	15	414 – 428		
Uncovered Months (occurrence eight)	15	429 – 443		
Uncovered Months (occurrence nine)	15	444 – 458		
Uncovered Months (occurrence 10)	15	459 – 473		
Uncovered Months (occurrence 11)	15	474 – 488		

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Data Field	Length	Position	Format	Valid Values
Uncovered Months (occurrence 12)	15	489 – 503		
Uncovered Months (occurrence 13)	15	504 – 518		
Uncovered Months (occurrence 14)	15	519 – 533		
Uncovered Months (occurrence 15)	15	534 – 548		
Uncovered Months (occurrence 16)	15	549 – 563		
Uncovered Months (occurrence 17)	15	564 – 578		
Uncovered Months (occurrence 18)	15	579 – 593		
Uncovered Months (occurrence 19)	15	594 – 608		
Uncovered Months (occurrence 20)	15	609 – 623		
Beneficiary's Retrieved Date of Birth (as retrieved from CMS database for matching beneficiary)	8	624 – 631	CHAR	CCYYMMDD
Beneficiary's Retrieved Gender Code (as retrieved from CMS database for matching beneficiary)	1	632	CHAR	0 = Unknown 1 = Male 2 = Female
Last Name	40	633 – 672	CHAR	
First Name	30	673 – 702	CHAR	
Middle Initial	1	703	CHAR	
Current State Code	2	704 – 705	CHAR	
Current County Code	3	706 – 708	CHAR	
Date of Death	8	709 – 716	CHAR	CCYYMMDD
Part C/D Contract Number (if available)	5	717 – 721	CHAR	
Part C/D Enrollment Start Date (if available)	8	722 – 729	CHAR	CCYYMMDD
Part D Indicator (if available)	1	730	CHAR	Y = yes, N = no or Space
Part C Contract Number (if available)	5	731 – 735	CHAR	
Part C Enrollment Start Date (if available)	8	736 – 743	CHAR	
Part D Indicator (if available)	1	744	CHAR	N = no or Space

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Data Field	Length	Position	Format	Valid Values
ESRD Indicator	1	745	CHAR	End Stage Renal Disease Indicator 0 = No ESRD 1 = ESRD
PBP Number (associated with contract number in positions 717-721)	3	746-748	CHAR	Plan Benefit Package number
Plan Type Code (associated with PBP number in positions 746-748)	2	749-750	CHAR	Type of plan 01 = HMO 02 = HMOPOS 04 = Local PPO 05 = PSO (State License) 07 = MSA 08 = RFB PFFS 09 = PFFS 18 = 1876 Cost 19 = HCPP 1833 Cost 20 = National PACE 28 = Chronic Care 29 = Medicare Prescription Drug Plan 30 = Employer/ Union Only Direct Contract PDP 31 = Regional PPO 32 = Fallback 40 = Employer/ Union Only Direct Contract PFFS 42 =RFB HMO 43 = RFB HMOPOS 44 = RFB Local PPO 45 = RFB PSO (State License) 46 = Point-of-Sale Contractor

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Data Field	Length	Position	Format	Valid Values
Plan Type Code (cont)				47 = Employer/ Union Only Direct Contract PPO 48 = Medicare- Medicaid Plan HMO 49 = Medicare- Medicaid Plan HMOPOS 50 = Medicare- Medicaid Plan PPO 99 = Undefined Historical Data
EGHP Indicator (associated with PBP number in positions 746-748)	1	751	CHAR	Employer Group Health Plan Switch Y = EGHP N = not EGHP
PBP Number (associated with contract number in positions 731-735)	3	752-754	CHAR	Plan Benefit Package number
Plan Type Code (associated with PBP number in positions 752-754)	2	755-756	CHAR	See values for positions 1167-1168.
EGHP Indicator (associated with PBP number in positions 752-754)	1	757	CHAR	Employer Group Health Plan Switch Y = EGHP N = not EGHP
Filler	743	758-1500	CHAR	Spaces

Figure 3: BEQ Response File – Trailer Record

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