

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



**Medicare Plan Payment Group**  
**Enterprise Systems Solutions Group**

**DATE:** April 11, 2017

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

**FROM:** Cheri Rice /s/  
Director, Medicare Plan Payment Group  
  
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Director, Enterprise Systems Solutions Group

**SUBJECT:** Announcement of the May 2017 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 Prescription Drug (MAPD) programs. This letter provides detailed information regarding the planned release of systems changes scheduled for May 2017. This release focuses on improving the efficiency of CMS systems as well as Plan processing. The updates described in this communication will be included in the May 2017 Plan Communications User Guide v11.1, scheduled for publication on May 31, 2017.

The May 2017 Release changes are as follows and may require Plan action:

1. [Direct Billing of Retroactive Late Enrollment Penalty \(LEP\)](#)
2. [Determining Medicaid Statuses](#)
3. [Part C and D Risk Factors for the Program of All-Inclusive Care for the Elderly \(PACE\)](#)
4. [Social Security Number Removal Initiative \(SSNRI\) – MARx Functionality](#)
5. [Risk Adjustment Suite of Systems \(RASS\) 2016 Final Model Output Report \(MOR\) Maintenance](#)
6. [Supplemental Data on the MAO-004 Report Due to Quarterly HCPCS/CPT Update](#)

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).

## 1. Direct Billing of Retroactive Late Enrollment Penalty (LEP)

A change will be made to the Medicare Advantage Prescription Drug System (MARx) to avoid disruption in deducting a beneficiary's premium from their Social Security Administration (SSA) benefit.

Currently when a monthly premium amount exceeds \$300.00 (aka: SSA Harm Limit) due to a retroactive Late Enrollment Penalty (LEP) increase, the SSA systems reject the update, and the total sum of premium amounts for all months affected by the increase are refunded to the beneficiary. MARx then informs the Plan to direct bill the beneficiary those premiums by setting the Premium Payment Option (PPO) to Direct Self Pay.

Subsequent to the system enhancement, when a beneficiary's LEP increases retroactively, causing the current month's premium amount to exceed \$300.00, MARx will inform the Plan to direct bill the accrued retroactive LEP. If the beneficiary's prospective monthly premium amount remains below \$300.00, the beneficiary's PPO will remain set to SSA Withhold. Alternatively, If the beneficiary's prospective premium is above \$300.00 the PPO will be changed to direct bill.

### MARx Transaction Reply Codes (TRC)

There will be two (2) new Transaction Reply Codes (TRCs) distributed via the Daily Transaction Reply Report (DTRR) to communicate with Plans when there is a retroactive LEP change causing the current month's premium amount to exceed the SSA Harm Limit.

- TRC 371 (SSA LEP Exceeds Harm Limit) will be populated to the DTRR by MARx when a retroactive LEP increase causes the total current monthly premium amount to exceed the SSA Harm Limit (\$300.00) for a beneficiary whose PPO is set to SSA Withhold.

#### PROSPECTIVE PREMIUM STAYS **BELOW** SSA HARM LIMIT (TRC 371)

#	Condition	Value
<b>Premium</b>		
a)	Beneficiary's PPO is currently set to SSA Withhold	TRUE
b)	Current monthly premium amount	\$245.00
	Current monthly LEP amount	\$5.00
	<b>Current monthly premium amount :</b>	<b>\$250.00</b>
c)	Increase of monthly LEP amount (per month)	\$15.00
	<b>New prospective premium amount total:</b>	<b>\$265.00</b>
d)	LEP increase is due for 10 retroactive months (\$15.00 * 10 months)	<b>\$150.00</b>
	<b>Total premium amount owed (for 1 month)</b> (New monthly premium amount + 10 mo. LEP increase due)	<b>\$415.00</b>
<b>MARx Action</b>		
a)	Beneficiary's PPO <i>remains set to SSA Withhold</i>	TRUE
b)	DTRR will display TRC 371 (SSA LEP Exceeds Harm Limit) LEP increase for 10 retroactive months is Direct Billed by Plan	TRUE
	<b>Direct Billed by Plan:</b>	<b>\$150.00</b>
c)	New prospective monthly premium amount	
	<b>Withheld by SSA:</b>	<b>\$265.00</b>
d)	Total premium amount owed (for 1 month)	<b>\$415.00</b>

PROSPECTIVE PREMIUM **EXCEEDS** SSA HARM LIMIT (TRC 371)

#	Condition	Value
<b>Premium</b>		
a)	Beneficiary's PPO is currently set to SSA Withhold	TRUE
b)	Current monthly premium amount	\$245.00
	Current monthly LEP amount	\$40.00
	<b>Current monthly premium amount :</b>	<b>\$285.00</b>
c)	Increase of monthly LEP amount (per month)	\$20.00
	<b>New prospective premium amount total:</b>	<b>\$305.00</b>
d)	LEP increase is due for 10 retroactive months (\$20.00 * 10 months)	<b>\$200.00</b>
	<b>Total premium amount owed (for 1 month)</b> (New monthly premium amount + 10 mo. LEP increase due)	<b>\$505.00</b>
<b>MARx Action</b>		
a)	Beneficiary's PPO <i>will change to Direct Bill</i>	TRUE
b)	DTRR will display TRC 371 (SSA LEP Exceeds Harm Limit) LEP increase for 10 retroactive months is Direct Billed by Plan	TRUE
	<b>Direct Billed by Plan:</b>	<b>\$200.00</b>
c)	DTRR will display TRC 144 (PPO Changed to Direct Bill) New prospective premium amount	
	<b>Direct Billed by Plan:</b>	<b>\$305.00</b>
d)	Total premium amount owed (for 1 month)	<b>\$505.00</b>

- TRC 372 (SSA Harm Limit Refund) will be sent when there is a subsequent change to retroactive LEP, and the beneficiary is due a partial or full refund of the amount that was directly collected based on the Plan previously receiving a TRC 371 ([Attachment A, Figure 1](#)).

PROSPECTIVE MONTHLY PREMIUM STAYS **BELOW** SSA HARM LIMIT (TRC 372)

#	Condition	Value
<b>Premium</b>		
a)	Beneficiary's PPO is currently set to SSA Withhold	TRUE
b)	Current monthly premium amount	\$245.00
	Current monthly LEP amount	\$5.00
	<b>Current monthly premium amount :</b>	<b>\$250.00</b>
c)	Increase of monthly LEP amount (per month)	\$15.00
	<b>New prospective monthly premium amount total:</b>	<b>\$265.00</b>
d)	LEP increase is due for 10 retroactive months (\$15.00 * 10 months)	<b>\$150.00</b>
	<b>Total premium amount owed (for 1 month)</b> (New monthly premium amount + 10 mo. LEP increase due)	<b>\$415.00</b>
<b>MARx Action</b>		
a)	Beneficiary's PPO <i>remains set to SSA Withhold</i>	TRUE
b)	DTRR will display TRC 371 (SSA LEP Exceeds Harm Limit) LEP increase for 10 retroactive months is Direct Billed by Plan	TRUE
	<b>Direct Billed by Plan:</b>	<b>\$150.00</b>
c)	New prospective monthly premium amount	
	<b>Withheld by SSA:</b>	<b>\$265.00</b>
d)	Total premium amount owed (for 1 month)	<b>\$415.00</b>
<b>Subsequent Premium Conditions</b>		
a)	Beneficiary's PPO is currently set to SSA Withhold	TRUE
b)	Current monthly premium amount	\$245.00
	Current monthly LEP amount	\$20.00
	<b>Current monthly premium amount :</b>	<b>\$265.00</b>
c)	Decrease of monthly LEP amount (per month)	<b>(\$15.00)</b>
	<b>New prospective monthly premium amount total:</b>	<b>\$250.00</b>
d)	LEP decrease should be refunded for 10 retroactive months (\$15.00 * 10 months)	<b>(\$150.00)</b>
<b>MARx Action</b>		
a)	Beneficiary's PPO <i>remains set to SSA Withhold</i>	TRUE
b)	DTRR will display TRC 372 (SSA Harm Limit Refund) LEP decrease for 10 retroactive months is refunded by Plan	TRUE
	<b>Refunded by Plan</b>	<b>(\$150.00)</b>
c)	New monthly premium amount	
	<b>Withheld by SSA:</b>	<b>\$250.00</b>

### MARx User Interface

There will be updates to the MARx User Interface (UI) to accommodate the new LEP billing/refund process. There will be three new columns on the Premium View Screen (M231). These columns will display a break down between the Direct Bill and SSA Withholding amounts of the LEP:

- Direct Bill LEP Amount – The monthly amount that the plan is required to collect directly from the beneficiary.
- PW LEP Amount – The monthly amount that SSA withholds from the beneficiary's Social Security benefit.
- Total LEP Amount – The Direct Bill LEP Amount plus PW LEP Amount.

The Direct Bill/Refund amounts will also be displayed on the LEP View Screen (M258) in MARx. There will be no changes to the layout of this screen, but a new Record Type, HD (Harm Detail Record – described below for the LEP Data File), will be displayed along with the dates and amounts of the retroactive LEP billing/refund.

See [Attachment B](#) for MARx User Interface Screen layouts.

### MARx LEP Data File

There will be new record types used in the Detail and Trailer record of the LEP Data File. On the Detail Record, HD (Harm Detail Record), will be populated in Field 1 (Record Type) to indicate a retroactive LEP amount that a Plan must collect from the beneficiary. On the Trailer Record; HT1 (Harm total for contract/PBP/Segment), HT2 (Harm total for contract/PBP), and HT3 (Harm total for contract) will be populated in Field 1 (Record Type) to indicate the number of harm records within the data file.

See [Attachment C, Figure 1](#) for the LEP Data File layout.

## **2. Determining Medicaid Statuses**

As part of the May 2017 software release, changes will be made in MARx to more frequently update beneficiaries' Medicaid status for use in their Community Risk Adjustment Factor. This change only applies to beneficiaries with a Community Risk Adjustment Factor code of CN (Community Non-Dual), CP (Community Partial Dual), or CF (Community Full Dual) in field 46 (Risk Adjustment Factor Type Code) of the Monthly Membership Report (MMR) ([Attachment C, Figure 2](#)). The selection of Medicaid status will no longer be based on two anchor months per year. Instead, MARx will use a process to update Medicaid status on a rolling month basis. Starting with the July 2017 payment, MARx will calculate prospective payments using the Medicaid status that is in effect three months prior to the Current Payment Month (CPM), referred to in this memorandum as CPM-3.

Prior to final reconciliation for the year, MARx will use the Medicaid status that is in effect three months prior to the current payment month (CPM-3) to determine the Community Risk Adjustment Factor. After the final reconciliation for the year is complete, the Medicaid status that is in effect during the actual current payment month (CPM) is used to determine the Community Risk Adjustment Factor.

In addition, as part of the Mid-Year risk adjustment processing, MARx will retroactively apply the rolling month community risk scores (CPM-3) for beneficiaries who initially had Long-Term Institutionalized (LTI) scores for 2017, but now have a community status for 2017.

When there is a Medicaid status change for beneficiaries who have a Default Risk Adjustment Factor (beneficiary is new to Medicare/no risk adjustment factor is available), the new status will be applied to payments and adjustments the month following when the change was reported.

#### MARx Transaction Reply Codes (TRC)

Plans will receive a new TRC 366 (Community Medicaid Status) when the Medicaid status changes for a beneficiary with a Community Risk Adjustment Factor Code of CN, CP, or CF ([Attachment A, Figure 1](#)).

Plans will receive a TRC 077 (Medicaid Status Set), and if applicable a TRC 078 (Medicaid Status Terminated), when the Medicaid status changes for a beneficiary with a Default Risk Adjustment Factor ([Attachment A, Figure 2](#)).

### **3. Part C and D Risk Factors for the Program of All-Inclusive Care for the Elderly (PACE)**

After the implementation of the May 2017 software release, the Monthly Membership Report (MMR) will include new risk adjustment factor types for those who are enrolled into a PACE Plan. The new factor types will be eight (8) Part C End Stage Renal Disease (ESRD), and nine (9) Part D. The new factor types will be reported on the MMR in Field 46 (Risk Adjustment Factor Type Code), and Field 86 (Part D Risk Adjustment Factor Type).

See [Attachment C, Figure 2](#) for MMR field descriptions.

### **4. Social Security Number Removal Initiative (SSNRI) – MARx Functionality**

As referenced in the November 18, 2016 HPMS letter titled “Social Security Number Removal Initiative (SSNRI) Selected Updates for Medicare Advantage and Part D Plans,” the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, requires that CMS remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on new Medicare cards, which will be issued to beneficiaries no earlier than April 2018.

The MARx system stores Medicare Advantage Organization (MAO) Part C and Part D Sponsor Part D enrollment, payment, and premium information and calculates monthly Part C/D payments and adjustments for each plan. Via MARx, MAOs and Part D sponsors are able to submit batch data files, view information on a User Interface (UI), and download reports.

While transitioning to the MBI (April 2018 to December 2019), MAO and Part D sponsors will be able to submit data using either the HICN or MBI on all input transaction types, including any online interaction with the MARx UI. All MARx output data files/reports will contain the MBI only.

After the transition period (beginning January 2020), MARx will only accept and process a transaction that contains the valid MBI from the MAO or Part D sponsor.

### MARx Transaction Reply Codes (TRC)

During the transition period, when a Plan submits a MARx transaction using a HICN, MARx will return a new TRC 350 (MBI is Available for Beneficiary) on the DTRR. This TRC informs the Plan that the HICN was processed, yet an MBI number is assigned to the beneficiary. The TRC will contain the beneficiary's MBI number in Field 1 (Medicare Beneficiary Identifier) of the DTRR.

See [Attachment A, Figure 1](#) for the definition of TRC 350.

### MARx HICN to MBI Crosswalk File

To assist MAOs and Part D sponsors with the ability to determine or match their beneficiary population between HICN and MBI, MARx will generate and distribute a monthly crosswalk data file. Each crosswalk data file will be created at the MAO/PDP Contract level. The crosswalk files will be sent monthly during the transition period.

- In April 2018 plans will receive an “initial” (one-time only) HICN to MBI Crosswalk file for past and present membership back to 2006.
- After the initial Crosswalk file, a monthly file will be sent to Plans to include any new enrollment changes.

See [Attachment C, Figure 3](#) for the Crosswalk file layout.

Questions related to the implementation of SSNRI MARx implementation can be emailed to [MARXSSNRI@cms.hhs.gov](mailto:MARXSSNRI@cms.hhs.gov).

## **5. Risk Adjustment Suite of Systems (RASS) 2016 Final Model Output Report (MOR) Maintenance**

The MOR that will accompany the final 2016 risk scores will include two separate MOR layouts for each Part C and Part D risk score, so that CMS can separately report the Hierarchical Condition Categories (HCCs) for the encounter data-based risk score and the Risk Adjustment Processing System (RAPS) based risk score. PACE risk scores will still be reflected in a single MOR layout. Information on these changes will be published in a forthcoming Health Plan Management System (HPMS) memo.

**6. Supplemental Data on the MAO-004 Report Due to Quarterly HCPCS/CPT Update**

Please note that this update was moved from the February 2017 Release to the May 2017 Release. CMS is planning quarterly updates to the list of Healthcare Common Procedure Coding System (HCPCS) and the Common Procedural Terminology (CPT) codes that are acceptable for encounter data risk adjustment filtering. Acceptable HCPCS & CPT code lists might be updated after new codes are first used to filter and report risk adjustment eligible diagnoses; therefore, CMS will retroactively review encounter data records with diagnoses that did not initially pass the filtering logic. To accommodate the reporting of these diagnoses from prior months, CMS will append newly filtered diagnoses in the next available month's MAO-004 report. This report will conform to the layout of the most current MAO-004 report being used. Plans can use the Encounter Internal Control Number (ICN) and the Plan Submission Date in the report detail section to identify the corresponding submission month(s) for those retroactive data.



**Figure 1: New Transaction Reply Codes**

Code	Type	Title	Short Definition	Definition
350	I	MBI is available for beneficiary	MBI AVAILABLE	<p>A transaction was submitted with a HICN during the transition to MBI and it was accepted. A Medicare Beneficiary Identification (MBI) number is assigned to the beneficiary. This TRC provides the MBI number assigned to the beneficiary in the Beneficiary Identifier field.</p> <p><b>Plan Action:</b> None</p>
366	M	Community Medicaid Status	MEDICAID UPDATE	<p>This TRC is returned on a reply with Transaction Type 01.</p> <p>An update has been made to the Medicaid status used to determine the Community Risk Adjustment Factor that will impact future payments.</p> <p>The effective date of the change of Medicaid status is reported in field 18. The new Medicaid status is reported in field 85:</p> <ul style="list-style-type: none"> <li>• ‘F’ – Full Dual</li> <li>• ‘P’ – Partial Dual</li> <li>• ‘N’ – Non-dual</li> </ul> <p><b>Plan Action:</b> Update the Plan’s records. Take the appropriate actions as per CMS guidance.</p>
371	I	LEP Exceeds SSA Harm Limit	LEP HARM	<p>A NUNCMO Change transaction (Transaction Type 73) was processed for a period of SSA withholding. The sum of the current premium amount and additional retroactive LEP amounts to be collected exceeds the SSA Harm Limit of \$300.00 per month. The additional LEP amount for retroactive months will be directly collected from the beneficiary by the plan. The amount to be directly collected will be reported as a Harm Detail Record on the LEP Data File.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly and collect amounts reported as Harm Detail Records from the beneficiary. LEP amounts previously collected by the withholding agency will remain with CMS.</p>
372	I	SSA Harm LEP Refund	HRM LEP RFND	<p>There is a subsequent change to retroactive LEP, and the beneficiary is due a partial or full refund of the amount that was previously collected based on the TRC 371. Harm Detail Records on the LEP Data File will report the negative LEP amounts to be refunded to the beneficiary.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly and refund amounts reported as Harm Detail Records to the beneficiary.</p>

**Figure 2: Updated Transaction Reply Codes 077 and 078**

Code	Type	Title	Short Definition	Definition
077	M	Medicaid Status Set	MEDICAID ON	<p>This TRC is returned on a reply with Transaction Type 01.</p> <p>This beneficiary has been identified as having Medicaid. The effective date of the Medicaid Status is reported in field 18 (Effective Date) and field 24. The beneficiary's Medicaid status identification may be the result of any of the following:</p> <ul style="list-style-type: none"> <li>• The Medicaid status was updated for a beneficiary whose payments are calculated using a default factor.</li> <li>• The beneficiary's Medicaid status was updated through the UI by CMS.</li> </ul> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p>
078	M	Medicaid Status Terminated	MEDICAID OFF	<p>This TRC is returned on a reply with Transaction Type 01.</p> <p>A period of Medicaid status for this beneficiary has ended. The end date of the Medicaid Status is reported in field 18 (Effective Date) and field 24. The beneficiary's Medicaid status change may be the result of any of the following:</p> <ul style="list-style-type: none"> <li>• The Medicaid status was updated for a beneficiary whose payments are calculated using a default factor.</li> <li>• The beneficiary's Medicaid status was updated through the UI by CMS.</li> </ul> <p><b>Plan Action:</b> Update the Plan's records. Take the appropriate actions as per CMS enrollment guidance.</p>

## MARx User Interface (UI) Updates

### Premium View Screen (M231)

There will be updates to the MARx Premium View (M231) screen to accommodate this new LEP collection process. The LEP amount will be split into three (3) columns:

- Direct Bill LEP Amount – The monthly LEP amount that the plan is required to collect directly from the beneficiary.
- PW LEP Amount – The monthly LEP amount that SSA withholds from the beneficiary's Social Security benefit.
- Total LEP Amount – The Direct Bill LEP Amount plus PW LEP Amount.

Premiums View (M231) User: Role: FULL VIEW ROLE Date: 4/4/2017 Close Print Help

[View Audit](#)

Premiums 1-5(of 5)

Start Date	End Date	Contract	PBP Seg	Premium Payment Option	Part C/D Premium Status	Part C	Part D	LIS	LIS %	NUN CMO	Direct Bill LEP Amount	PW LEP Amount	Total LEP Amount	Total Premium	Part B Premium Reduction	SSA Accepted Month(C/D)	SSA Accepted Month(B)
* 04/01/2017	12/31/2017	H3952	020 000	DEDUCT FROM SSA BENEFITS	Accepted	\$148.30	\$78.70	\$0.00	0.00%	12	\$0.00	\$4.30	\$4.30	\$231.30	\$0.00	02/2017	
* 01/01/2017	03/31/2017	H3952	020 000	DEDUCT FROM SSA BENEFITS	Accepted	\$148.30	\$78.70	\$0.00	0.00%	12	\$3.60	\$0.70	\$4.30	\$231.30	\$0.00	02/2017	
* 01/01/2016	12/31/2016	H3952	020 000	DEDUCT FROM SSA BENEFITS	Accepted	\$112.40	\$86.60	\$0.00	0.00%	12	\$3.40	\$0.70	\$4.10	\$203.10	\$0.00	02/2017	
* 01/01/2015	12/31/2015	H3952	020 000	DEDUCT FROM SSA BENEFITS	Accepted	\$116.70	\$73.30	\$0.00	0.00%	12	\$3.30	\$0.70	\$4.00	\$194.00	\$0.00	02/2017	
* 01/01/2014	12/31/2014	H3952	020 000	DEDUCT FROM SSA BENEFITS	Accepted	\$73.60	\$109.00	\$0.00	0.00%	12	\$3.30	\$0.60	\$3.90	\$186.50	\$0.00	02/2017	

### LEP View (M258) Screen

There will be a new Record Type, HD (Harm Detail Record), on the MARx LEP View (M258) screen to indicate retroactive LEP that is directly collected/refunded through this new process.

LEP View (M258) User: Role: FULL VIEW ROLE Date: 4/4/2017 Close Print Help...

**Note: Results found for search**

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Contract	PBP	Record Type	Paid Month	Premium Coverage Start Month	Premium Coverage End Month	PPO	NUNCMO	Monthly LEP Amount	Refund/Charge	LEP Adjustment/ Payment Amount	Cleanup ID
H3952	020	PD	04/01/2017	03/01/2017	03/31/2017	WITHHOLD	2	\$0.70	CHARGE	\$0.70	
H3952	020	HD	03/01/2017	03/01/2017	03/31/2017	WITHHOLD	12	\$3.60	CHARGE	\$3.60	
H3952	020	HD	03/01/2017	02/01/2017	02/28/2017	WITHHOLD	12	\$3.60	CHARGE	\$3.60	
H3952	020	PD	03/01/2017	02/01/2017	02/28/2017	WITHHOLD	2	\$0.70	CHARGE	\$0.70	
H3952	020	AD	03/01/2017	01/01/2017	01/31/2017	WITHHOLD	2	\$0.70	CHARGE	\$0.70	
H3952	020	AD	03/01/2017	01/01/2017	01/31/2017	WITHHOLD	2	\$0.70	CHARGE	\$0.70	
H3952	020	AD	03/01/2017	01/01/2017	01/31/2017	WITHHOLD	2	\$0.70	CHARGE	\$0.70	
H3952	020	AD	03/01/2017	01/01/2017	01/31/2017	WITHHOLD	2	\$0.70	CHARGE	\$0.70	
H3952	020	AD	03/01/2017	01/01/2017	01/31/2017	WITHHOLD	2	\$0.70	CHARGE	\$0.70	
H3952	020	HD	03/01/2017	01/01/2017	01/31/2017	WITHHOLD	12	\$3.60	CHARGE	\$3.60	
H3952	020	HD	03/01/2017	12/01/2016	12/31/2016	WITHHOLD	12	\$3.40	CHARGE	\$3.40	
H3952	020	HD	03/01/2017	11/01/2016	11/30/2016	WITHHOLD	12	\$3.40	CHARGE	\$3.40	
H3952	020	HD	03/01/2017	10/01/2016	10/31/2016	WITHHOLD	12	\$3.40	CHARGE	\$3.40	
H3952	020	HD	03/01/2017	09/01/2016	09/30/2016	WITHHOLD	12	\$3.40	CHARGE	\$3.40	
H3952	020	HD	03/01/2017	08/01/2016	08/31/2016	WITHHOLD	12	\$3.40	CHARGE	\$3.40	
H3952	020	HD	03/01/2017	07/01/2016	07/31/2016	WITHHOLD	12	\$3.40	CHARGE	\$3.40	
H3952	020	HD	03/01/2017	06/01/2016	06/30/2016	WITHHOLD	12	\$3.40	CHARGE	\$3.40	
H3952	020	HD	03/01/2017	05/01/2016	05/31/2016	WITHHOLD	12	\$3.40	CHARGE	\$3.40	

**Figure 1 – Updates to the LEP Data File Layout for Direct Billing of Retroactive LEP**

The new record type “HD” can be found in field 1 of the Detail Record.

***Detail Record***

Item	Field	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 or Harm HD = Harm Detail Record “Harm” means the retroactive premium amount exceeds the allowed collection limitation established by the withholding agency but the beneficiary remains in withholding.

New record types “HT1”, “HT2”, and “HT3” can be found in field 1 of the Trailer Record.

***Trailer Record***

Item	Field	Size	Position	Description
1	Record Type	3	1-3	Trailer Record PT1 = Prospective total for contract/PBP/segment AT1 = Adjustment total for contract/PBP/segment HT1 = Harm total for contract/PBP/segment CT1 = Total for contract/PBP/segment PT2 = Prospective total for contract/PBP AT2 = Adjustment total for contract/PBP HT2 = Harm total for contract/PBP CT2 = Total for contract/PBP PT3 = Prospective total for contract AT3 = Adjustment total for contract HT3 = Harm total for contract CT3 = Total for contract

**Figure 2 - Updates to MMR Fields 46 and 86 – New PACE Risk Adjustment Factor Codes**

Item	Field	Size	Position	Description
46	Risk Adjustment Factor Type Code	2	189-190	<p>The type of Part C Risk Adjustment Factor used to calculate this payment or adjustment.  C = Community (Adjustments before 2017; PACE only beginning 1/2017)  C1 = Community Post Graft 4-9 (ESRD)  C2 = Community Post Graft 10+ (ESRD)  CF = Community Full Dual  CP = Community Partial Dual  CN = Community Non-Dual  D = Dialysis (ESRD)  E = New Enrollee  ED = New Enrollee Dialysis (ESRD)  E1 = New Enrollee Post Graft 4-9 (ESRD)  E2 = New Enrollee Post Graft 10+ (ESRD)  G1 = Post Graft 4-9 (ESRD)  G2 = Post Graft 10+ (ESRD)  I = Institutional  I1 = Institutional Post Graft 4-9 (ESRD)  I2 = Institutional Post Graft 10+ (ESRD)  SE = New Enrollee Chronic Care SNP</p> <p>PA = PACE Dialysis Factor  PB = PACE New Enrollee Dialysis Factor  PC = PACE Community Post Graft 4-9  PD = PACE Institutional Post Graft 4-9  PE = PACE New Enrollee Post Graft 4-9  PF = PACE Community Post Graft 10+  PG = PACE Institutional Post Graft 10+  PH = PACE New Enrollee Post Graft 10+</p> <p>Note: The actual RAF values are in fields 24 – 25.</p>

Attachment C – New and Updated File Layouts: LEP Data File, Monthly Membership Detail  
Data File, HICN to MBI Crosswalk Data File

Item	Field	Size	Position	Description
86	Part D Risk Adjustment Factor Type	2	456-457	<p>Beginning with January 2011 payments, the type of Part D Risk Adjustment Factor used to calculate this payment or adjustment.</p> <p>D1 = Community Non-Low Income Continuing Enrollee,  D2 = Community Low Income Continuing Enrollee,  D3 = Institutional Continuing Enrollee,  D4 = New Enrollee Community Non-Low Income Non-ESRD,  D5 = New Enrollee Community Non-Low Income ESRD,  D6 = New Enrollee Community Low Income Non-ESRD,  D7 = New Enrollee Community Low Income ESRD,  D8 = New Enrollee Institutional Non-ESRD,  D9 = New Enrollee Institutional ESRD,  P1 = PACE New Enrollee Community Low Income Non-ESRD  P2 = PACE New Enrollee Community Non- Low Income Non-ESRD  P3 = PACE New Enrollee Institutional Non-ESRD  P4 = PACE New Enrollee Institutional ESRD  P5 = PACE New Enrollee Community Low Income ESRD  P6 = PACE New Enrollee Community Non- Low Income ESRD  P7 = PACE Community Non- Low Income CONTINUING Enrollee  P8 = PACE Community Low Income Continuing Enrollee  P9 = PACE Institutional Continuing Enrollee</p> <p>Spaces = Not applicable.</p> <p>Note: The value of the Part D RAF is found in field 67.</p>

Attachment C – New and Updated File Layouts: LEP Data File, Monthly Membership Detail  
Data File, HICN to MBI Crosswalk Data File

**Figure 3 - HICN to MBI Crosswalk File Layout**

Item	Field	Size	Position	Description
1	Contract	5	1 – 5	Plan Contract Number
2	PBP	3	6 – 8	Plan Benefit Package ID
3	HICN	12	9 – 20	Health Insurance Claim Number
4	MBI	11	21 – 31	Medicare Beneficiary Identifier
5	Surname	30	32 – 61	Beneficiary's last name
6	First Name	12	62 – 73	Beneficiary's first name
7	Date of Birth	8	74 – 81	YYYYMMDD Format
8	Date of Death	8	82 – 89	YYYYMMDD Format
9	Gender	1	90	Beneficiary Gender Identification Code '0' = Unknown '1' = Male '2' = Female
10	Recent Enrollment Date	8	91 – 98	YYYYMMDD Format; The effective date of the beneficiary's most recent enrollment in the contract.
11	Recent Disenrollment Date	8	99 – 106	YYYYMMDD Format; The disenrollment date (if present) for the beneficiary's most recent enrollment in the contract.