

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: **October 4, 2017**

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

FROM: Jennifer Harlow /s/
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SUBJECT: Announcement of the November 2017 Software Release

The Centers for Medicare & Medicaid Services (CMS) continues to implement software improvements to the enrollment and payment systems that support Medicare Advantage and Prescription Drug programs. This letter provides detailed information regarding the planned release of systems changes scheduled for November 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 November 2017 Plan Communications User Guide v11.3, scheduled for publication on November 30, 2017.

The November 2017 Software Release changes will include the following:

1. [New Medicare Card Project – MARx Changes](#)
2. [Centers for Medicare & Medicaid Services \(CMS\) Enterprise Portal Changes](#)

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.

1. New Medicare Card Project – MARx Changes

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. The New Medicare Card Project will issue new Medicare cards to all beneficiaries. On the new cards, the Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN).

The Medicare Advantage Prescription Drug System (MARx) 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 the User Interface (UI), and download reports.

During the transition period to the MBI between April 2018 and 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. MARx output data files/reports will contain the MBI only. Before MBI transition, all report and data file headers will be changed to say Beneficiary ID rather than HICN, but HICN will continue to be displayed. Then during and after MBI transition, all report and data file headers will continue to say Beneficiary ID, but MBI will be displayed.

MARx Transaction Reply Codes

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 Daily Transaction Reply Report (DTRR) ([Attachment A](#)). 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.

MARx User Interface

During the transition period, Plan users can search for a beneficiary in MARx using either the HICN or the MBI, and the MARx User Interface (UI) screens will display both the HICN and the MBI in the banner. After transition ends, Plan users will only be able to search with the MBI, and the MARx UI screens will only display the MBI.

The MARx UI screen views included in [Attachment B](#) show how the screen will appear and function during the transition period (April 2018 through December 2019). All screens in the MARx UI that currently display only the HICN in the banner will display both the HICN and the MBI in the banner during the transition period.

The screen views in Attachment B are grouped by activities that users commonly perform in the MARx User Interface:

- Searching for a Beneficiary from the Find tab ([Attachment B, Figure 1](#))
- Searching for a Beneficiary from the Eligibility tab ([Attachment B, Figure 2](#))
- Viewing Beneficiary screens ([Attachment B, Figure 3](#))

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 March 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.

The crosswalk file layout is provided in [Attachment C, Figure 1](#).

MARx Output Data Files/Reports

At the start of the MBI transition period in April 2018, CMS will replace the HICN with the MBI on existing MARx output data files/reports that are transmitted to Plans. Before MBI transition, starting on 11/13/2017, all fields that currently display the HICN will be renamed “Beneficiary ID”, but the HICN will continue to be displayed. Then during and after MBI transition, the fields will continue to be named “Beneficiary ID”, but the MBI will be displayed. The following data files/reports will include the MBI:

- Agent Broker Compensation Data File ([Attachment C, Figure 2](#))
- Failed Payment Reply Data File ([Attachment C, Figure 3](#))
- Late Enrollment Penalty Data File ([Attachment C, Figure 4](#))
- Loss of Subsidy Data File ([Attachment C, Figure 5](#))
- Low Income Subsidy/Part D Premium Data File ([Attachment C, Figure 6](#))
- Daily Transaction Reply Report Data File ([Attachment C, Figure 7](#))
- Monthly Membership Data File ([Attachment C, Figure 8](#))
- Monthly Full Enrollment Data File ([Attachment C, Figure 9](#))
- Low Income Subsidy History Data File ([Attachment C, Figure 10](#))
- Monthly Premium Withholding Data File ([Attachment C, Figure 11](#))
- Medical Savings Account Deposit-Recovery Data File ([Attachment C, Figure 12](#))
- Monthly Medicare Secondary Payer Data File ([Attachment C, Figure 13](#))
- No Premium Due Data File ([Attachment C, Figure 14](#))
- Part B Claims Data File ([Attachment C, Figure 15](#))
- Payment Records Report ([Attachment C: Figure 16](#))
- HMO Bill Itemization Report ([Attachment C: Figure 17](#))

The following data files/reports ***will no longer be generated***:

- Monthly Membership Detail Report Drug Plan
- Monthly Membership Detail Report Non-Drug Plan
- Benefits Improvement & Protection Act of 2000 (BIPA) 606 Payment Reduction Report Data File

Frequently Asked Questions (FAQs)

[Attachment D](#) contains a list of frequently asked questions and answers about MARx and the New Medicare Card Project. MARx questions related to the implementation of the New Medicare Card Project can be emailed to MARXSSNRI@cms.hhs.gov.

2. Centers for Medicare & Medicaid Services (CMS) Enterprise Portal Changes

At the beginning of November 2017, CMS will launch a redesigned Enterprise Portal. The main goals of the Enterprise Portal redesign are to:

- Streamline the user experience including login and new user registration.
- Provide consistent navigation and styling across the site.
- Highlight the primary user interface components.

Changes include:

- New login screen
- Changes to the “Forgot User ID” and “Forgot Password” screens
- Changes to the “New Registration” screens

As the implementation date approaches, the MAPD Help Desk will send more detailed information to all Plans which will include screen shots and instructions for using the new features of the Enterprise Portal.

After the Enterprise Portal redesign, the MARx UI will be integrated into the Enterprise Portal. With the integration, users will use the CMS Enterprise Portal URL (<https://portal.cms.gov>) to access the MARx UI.

The existing MARx UI URL (<https://marx.cms.hhs.gov>) will remain active for a period of time to be determined by CMS.

Attachment A: New Transaction Reply Code (TRC)

| 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>Plan Action: None</p> |

New Medicare Card or MBI Screen Views

Figure 1: Searching for a Beneficiary from the Find tab

Beneficiaries: Find (M201) Screen

- Beneficiary ID field – During the transition period (April 2018 through December 2019) the HICN or the MBI can be entered in this field.

CMS Medicare Advantage Prescription Drug (MARx)
Welcome | Beneficiaries | Payments
Find | Eligibility

Beneficiaries: Find (M201) User: Role: MCO REPRESENTATIVE Date: 8/31/2017 Print Help...

Enter the Beneficiary ID of the beneficiary and select "Find."
*Indicates required field

*Beneficiary ID (BIC is Optional)
999999999A

Find Reset

CMS Medicare Advantage Prescription Drug (MARx)
Welcome | Beneficiaries | Payments
Find | Eligibility

Beneficiaries: Find (M201) User: Role: MCO REPRESENTATIVE Date: 8/31/2017 Print Help...

Enter the Beneficiary ID of the beneficiary and select "Find."
*Indicates required field

*Beneficiary ID (BIC is Optional)
999999999A

Find Reset Please Wait... Searching

Attachment B: MARx User Interface (UI) Screen Updates

Beneficiaries: Search Results (M202) Screen

- The Search Criteria returns the HICN in the Search Criteria: Beneficiary ID, regardless of whether the MBI or HICN is entered.
- Beneficiary ID in the main information displays the MBI.
- The user can either click the hyperlink for Update Enrollment or <Beneficiary ID>.

The screenshot shows the CMS Medicare Advantage Prescription Drug (MARx) interface. The header includes the CMS logo and navigation links for Beneficiaries and Payments. The user is identified as 'MCO REPRESENTATIVE' with a date of '8/31/2017'. The search results for Beneficiary ID 999999999A are displayed in a table with columns for Beneficiary ID, Name, Birth Date, Date of Death, Sex, State, County, and Status.

| Beneficiary ID | Name | Birth Date | Date of Death | Sex | State | County | Status |
|----------------|----------|------------|---------------|-----|-------|--------|--------|
| 999999999A | JOHN DOE | 07/26/1973 | | F | WA | KING | ACTIVE |

The screenshot shows the CMS Medicare Advantage Prescription Drug (MARx) interface with updated search results. The user is now 'MCO REPRESENTATIVE W/ UPDATE' with a date of '8/31/2017'. The search results for Beneficiary ID 999999999A include an 'Update Enrollment' link in the Action column.

| Beneficiary ID | Name | Birth Date | Date of Death | Sex | State | County | Status | Action |
|----------------|----------|------------|---------------|-----|-------|-----------|--------|-----------------------------------|
| 999999999A | JOHN DOE | 07/06/1931 | | F | NH | STRAFFORD | ACTIVE | Update Enrollment |

Figure 2: Viewing Beneficiary screens in the MARx UI

Beneficiary Snapshot (M203) Screen

- The HICN and the MBI will be displayed in the Banner for all Beneficiary screens.

Claim #: 999999999A
 MBI #: 1A11A11AA11
 815 E PINE ST UNIT 302
 SEATTLE, WA 98122-3869

JANE DOE
 ACTIVE

DOB: 07/26/1973
 Age: 44 Sex: FEMALE
 State: WA (50) County: KING (160)

Snapshot | Enrollment | Payments | Adjustments | Premiums | LEP | SSA - RRB | Factors | Utilization | MSA | Residence Address | Rx Insurance | Status Activity

Beneficiary Snapshot (M203) User: Role: MCO REPRESENTATIVE Date: 8/31/2017 Close Print Help...

Change date to re-display Beneficiary Details and select "Find."

*As Of:

Contract: H5050
 MCO Name: KAISER FOUNDATION HEALTH PLAN OF WASHINGTON
 PBP Number: 013
 Segment Number: 000
 Demonstration Type and Description:
 Enrollment Source Code and Description: B - BENE ELECTION
 Special Needs Type:
 Bonus Payment Portion Percent: 0%
 Demographic Blend Portion Percent: 0%
 Residency Status: In Area
 Part B Premium Reduction Benefit: \$0.00

Contract:
 MCO Name:
 PBP Number:
 Segment Number:
 Demonstration Type and Description:
 Enrollment Source Code and Description:

Residence for Payments: State: WA (50) County: KING (160)

Status Flags: Hospice ESRD ESRD MSP Aged/Disabled MSP Inst NHC HCBS

Payment Flags: Disabled CHF Long Term Institutional Part B Premium Reduction

Low Income Subsidy: Subsidy Start: 01/01/2017 Subsidy End: 12/31/2017 LI Premium Subsidy Level: 100%
 LI Co-payment Level: 2

IC Model: Model Type Indicator: Benefit Status Code:

Original Reason for Entitlement: 1
 Aged/Disabled MSP Factor: 0.00
 ESRD MSP Factor: 0.00

| Payments For Payment Date 08/01/2017 | | | | | | |
|--------------------------------------|--|----------|----------|----------|----------|-----------|
| Rate Used | Rate | Part A | Part B | Part D | Total | Paid Flag |
| | PART C RISK ADJUSTED RATE(CALC CODE 3) | \$331.97 | \$392.19 | \$0.00 | \$724.16 | - |
| | PART D RISK ADJUSTED RATE (DIRECT SUBSIDY) | \$0.00 | \$0.00 | \$66.23 | \$66.23 | - |
| | RISK ADJUSTMENT | \$95.28 | \$112.56 | \$0.00 | \$207.84 | Y |
| * | PART A/B COST SHARING REDUCTION | \$10.52 | \$12.43 | \$0.00 | \$22.95 | Y |
| * | PART D SUPP BENEFITS | \$8.02 | \$9.48 | \$0.00 | \$17.50 | Y |
| | PART D BASIC PREMIUM | \$0.00 | \$0.00 | \$40.78 | \$40.78 | - |
| * | PART D DIRECT SUBSIDY | \$0.00 | \$0.00 | \$9.82 | \$9.82 | Y |
| * | PART D REINSURANCE | \$0.00 | \$0.00 | \$45.09 | \$45.09 | Y |
| * | PART D COST SHARING | \$0.00 | \$0.00 | \$76.76 | \$76.76 | Y |
| * | PART D LIP | \$0.00 | \$0.00 | \$4.00 | \$4.00 | Y |
| * | PART D BASIC PREMIUM REDUCTION REBATE | \$16.87 | \$19.93 | \$0.00 | \$36.80 | Y |
| * | TOTAL | \$113.82 | \$134.47 | \$0.00 | \$248.29 | Y |
| * | TOTAL PDP | \$0.00 | \$0.00 | \$172.47 | \$172.47 | Y |

| Adjustments Applied to 08/01/2017 | | | | | | |
|--|------|--------|--------|--------|-------|-----------|
| Rate Used | Rate | Part A | Part B | Part D | Total | Paid Flag |
| No Adjustments applied to 08/01/2017 for H5050/013/000 | | | | | | |

| Entitlement Information | | | |
|-------------------------|------------|----------|--------|
| Part | Start Date | End Date | Option |
| Part A: | 02/01/2008 | | E |
| Part B: | 11/01/2008 | | Y |

| Enrollment Information | | |
|------------------------|------------|----------|
| Contract | Start Date | End Date |
| H5050 | 01/01/2017 | |

| Eligibility Information | | |
|-------------------------|------------|----------|
| Part | Start Date | End Date |
| Part D: | 11/01/2008 | |

| Premiums | |
|---|--------------------------|
| Premium Payment Option: | DEDUCT FROM SSA BENEFITS |
| Part C/D Premium Status: | Accepted |
| Part C Premium (from enrollment): | \$24.00 |
| Part D Premium (from HPMS): | \$4.00 |
| De minimis: | \$0.00 |
| Part D Net of De minimis: | \$4.00 |
| Low Income Subsidy: | \$4.00 |
| Late Enrollment Penalty: | \$0.00 |
| Late Enrollment Penalty Waived Amount: | \$0.00 |
| Late Enrollment Penalty Subsidy: | \$0.00 |
| Beneficiary's Total Part D Premium: | \$0.00 |
| Total C+D Premium (paid by beneficiary): | \$24.00 |

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Figure 3: Searching for a Beneficiary from the Eligibility tab

Beneficiary: Eligibility (M232) Screen

- The HICN or MBI can be entered.
- The HICN is returned in the Claim Number field.

CMS
Medicare Advantage Prescription Drug (MARx)

Welcome | [Beneficiaries](#) | [Transactions](#) | [Payments](#) | [Rates](#) | [Reports](#)

Find Eligibility

Beneficiary: Eligibility (M232) User: Role: Date: 3/16/2016 Print Help...

Enter the Beneficiary ID of the beneficiary.

* Required to enter Beneficiary ID

Beneficiary ID

Claim Number:
MBI Number:

Name:
Birth Date:
Date of Death:
Sex:
Address:

Most recent State:
Most recent County:

| Enrollment Information for 03/16/2016 | | | | | | |
|---------------------------------------|-----|--------------------------------------|------------|------------|-----------|--|
| Contract | PBP | Plan Type Code & Description | Start | End | Drug Plan | |
| S2468 | 003 | 29 - MEDICARE PRESCRIPTION DRUG PLAN | 03/01/2016 | | Y | |
| H8016 | 001 | 48 - MEDICARE-MEDICAID PLAN HMO | 02/01/2016 | 02/29/2016 | Y | |
| S5884 | 114 | 29 - MEDICARE PRESCRIPTION DRUG PLAN | 11/01/2012 | 01/31/2016 | Y | |
| X0001 | 002 | 46 - POINT-OF-SALE CONTRACTOR | 08/01/2012 | 10/31/2012 | Y | |
| S5921 | 001 | 29 - MEDICARE PRESCRIPTION DRUG PLAN | 01/01/2007 | 03/31/2009 | Y | |
| S5920 | 140 | 29 - MEDICARE PRESCRIPTION DRUG PLAN | 01/01/2006 | 12/31/2006 | Y | |

| Entitlement Information | | | | |
|-------------------------|------------|------------|--------|--|
| Part | Start | End | Option | |
| A | 04/01/2000 | 03/31/2009 | S | |
| B | 04/01/2000 | 08/31/2008 | T | |
| A | 07/01/2011 | | E | |
| B | 04/01/2012 | | Y | |

| Eligibility Information | | | |
|-------------------------|------------|------------|--|
| Part | Start | End | |
| D | 01/01/2006 | 03/31/2009 | |
| D | 08/01/2012 | | |

| Medicare Plan Enrollment Ineligibility Periods Due to Incarceration | | | |
|---|-----|--|--|
| Start | End | | |
| There is no incarceration information for the beneficiary | | | |

| Medicare Plan Enrollment Ineligibility Periods Due to Not Lawfully Present | | | |
|--|-----|--|--|
| Start | End | | |
| There is no not lawfully present information for the beneficiary | | | |

| Number of Uncovered Months View Audit | | | | | |
|---|-----------|----------------------------|----------------------------------|----------------------|-------------|
| Start Date | Indicator | Number of Uncovered Months | Total Number of Uncovered Months | Record Add-TimeStamp | Record Type |
| 01/01/2006 | | 0 | 0 | 12/23/2005 21:02:26 | V |
| 01/01/2007 | | 0 | 0 | 11/25/2006 10:20:53 | V |
| 08/01/2012 | | 0 | 0 | 09/19/2012 21:20:21 | V |
| 11/01/2012 | | 0 | 0 | 09/19/2012 21:33:43 | V |
| 01/01/2014 | L | 0 | 0 | 12/18/2013 18:46:08 | V |
| 01/01/2015 | L | 0 | 0 | 07/16/2014 20:58:56 | V |
| 01/01/2016 | L | 0 | 0 | 07/24/2015 22:16:03 | V |
| 02/01/2016 | | 0 | 0 | 11/23/2015 11:16:15 | V |
| 03/01/2016 | | 0 | 0 | 02/12/2016 19:19:42 | V |

| Employer Subsidy | | |
|---|-----|--|
| Start | End | |
| 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 |
| 01/01/2006 | 12/31/2006 | 100% | 2 | DEEMED |
| 01/01/2007 | 12/31/2007 | 100% | 2 | DEEMED |
| 08/01/2012 | 12/31/2012 | 100% | 2 | DEEMED |
| 01/01/2013 | 12/31/2013 | 100% | 2 | DEEMED |
| 01/01/2014 | 12/31/2014 | 100% | 2 | DEEMED |
| 01/01/2015 | 12/31/2015 | 100% | 2 | DEEMED |
| 01/01/2016 | 12/31/2016 | 100% | 2 | DEEMED |

Figure 1: HICN to MBI Crosswalk Data File

| 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. |

Figure 2: Agent Broker Compensation Data File

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 4 | Beneficiary ID | 12 | 10-21 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end |

Figure 3: Failed Payment Reply Report Data File

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 1 | Beneficiary ID | 12 | 1 – 12 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end |

Figure 4: Late Enrollment Penalty Data File

Detail Record

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 5 | Beneficiary ID | 12 | 15-26 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end |

Figure 5: Loss of Subsidy Data File

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 1 | Beneficiary ID | 12 | 1 – 12 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end |

Figure 6: Low Income Subsidy/Part D Premium Data File

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 1 | Beneficiary ID | 12 | 1 – 12 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end |

Figure 7: Daily Transaction Reply Report Data File

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 1 | Beneficiary ID | 12 | 1 – 12 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end |

Figure 8: Monthly Membership Data File

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 4 | Beneficiary ID | 12 | 20-31 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end |

Figure 9: Monthly Full Enrollment Data File

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 1 | Beneficiary ID | 12 | 1 – 12 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end |

Figure 10: Low Income Subsidy History Data File

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 4 | Beneficiary ID | 12 | 10-21 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end |

Figure 11: Monthly Premium Withholding Data File

Detail Record

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 5 | Beneficiary ID | 12 | 12-25 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end |

Figure 12: Medical Savings Account Deposit-Recovery Data File

Detail Record

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 4 | Beneficiary ID | 12 | 12-23 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end |

Figure 13: Monthly Medicare Secondary Payer Data File

Detail Record

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 2 | Beneficiary ID | 12 | 4-15 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end |

Figure 14: No Premium Due Data File

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 1 | Beneficiary ID | 12 | 1 – 12 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified with one space at the end |

Figure 15: Part B Claims Data File

Record Type 1

| Item | Field | Size | Position | Description |
|------|----------------|------|----------|---|
| 3 | Beneficiary ID | 11 | 7-17 | <ul style="list-style-type: none"> • Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then • MBI during and after MBI transition. <ul style="list-style-type: none"> ○ MBI is 11 characters, left-justified |

Attachment D: New Medicare Card Project and MARx - Frequently Asked Questions (FAQs)

1. **Question:** How much time will Plans have to update their systems with MBIs before CMS begins to send MARx output data files/reports with the MBI only?
Answer: CMS will send the “initial” (one time only) HICN to MBI Crosswalk file for past and present membership at the beginning of March 2018. This will give Plans a few weeks to update their systems prior to receiving MARx output data files/reports with the MBI beginning in April 2018.
2. **Question:** If a beneficiary has had more than one HICN will CMS assign an MBI for each HICN?
Answer: No, each beneficiary will be assigned one MBI, and this will appear with their current HICN on the crosswalk files.
3. **Question:** Can beneficiaries appear on one crosswalk file multiple times?
Answer: Yes. The crosswalk files will be distributed at the 5 digit Plan contract number, and broken down at the PBP level within the file. If a beneficiary has enrollment history with multiple PBPs within the same contract, then they will appear multiple times (one record for each PBP) in the “initial” (one time only) crosswalk file for that contract.
4. **Question:** Does CMS Plan to send test crosswalk files to Plans prior to the initial crosswalk file.
Answer: No. CMS has provided the HICN to MBI Crosswalk file layout, and also the characteristics and format of the MBI. Plans are welcome to use this information to create their own test data in advance of the transition.
5. **Question:** How will Plans be able to reconcile the CMS replies to a Plan submitted input transactions to MARx which contain a beneficiary Health Insurance Claim Number (HICN)?
Answer: As part of CMS’s responsiveness to Plans, the Daily Transaction Reply Report Data File will contain Plan submitted input transactions verbatim back to the Plan (Transaction Type “P”). Plans will have the data they submitted readily at hand when receiving and reviewing transaction replies. For reconciliation Purposes, Plans may use the Transaction Tracking ID as part of their input transactions to MARx. This will allow the Plan to reconcile Transaction Reply Codes to the input transaction submitted.
6. **Question:** After transition begins will the HICN be displayed in field 24 of the DTRR for any TRCs?
Answer: No, this field was intended to represent a “previous HICN” when there is a HICN change.
7. **Question:** Will Plans continue to receive a TRC on the DTRR to communicate when a beneficiary’s HICN changes after April 2018?
Answer: No. Plans will not be notified if a beneficiary’s HICN changes beginning in April 2018. In the rare case that a beneficiary’s MBI changes, starting in April 2018, the DTRR will communicate the MBI change using the same TRCs that are currently used to communicate HICN changes.

8. **Question:** With implementation of the MBI Plans will no longer be able to use the HICN format to differentiate between beneficiaries who receive benefits from the Railroad Retirement Board (RRB) versus the Social Security Administration (SSA). What if a Plan selects the incorrect agency when they submit a premium withhold request on behalf of a beneficiary?

Answer: If a Plan selects the incorrect agency for a premium withhold request MARx will automatically route the request to the correct agency. In this situation, for informational purposes, the Plan would receive either a TRC 255 (Plan submitted RRB W/H for SSA Beneficiary), or TRC 256 (Plan submitted SSA W/H for RRB Beneficiary).