

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



**Medicare Plan Payment Group**

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**DATE:** August 30, 2010

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

**FROM:** Cheri Rice /s/  
Acting Director, Medicare Plan Payment Group

Alan Constantian /s/  
Director, Information Services Design and Development Group

**SUBJECT: Announcement of November 2010 Software Release**

The Centers for Medicare and Medicaid Services (CMS) is continuing to implement software improvements to the enrollment and payment systems that support the Medicare Advantage and Prescription Drug (MAPD) programs. This letter provides detailed information regarding the planned release of systems changes scheduled for November 2010. This release will focus on improving the efficiency of our systems with improvements that will also affect plan processing.

The changes for the November 2010 release are categorized as follows and may require plan action:

1. [Report ESRD Beneficiary Dialysis and Kidney Transplant Information to Part D Plans](#)
2. [Coverage Gap Discount Amounts](#)
3. [Notification to Plans for "No Premium Due" Status](#)
4. [Provide Dual Status Code on the MMR](#)
5. [New Field on MMR – Part D Risk Adjustment Factor Type](#)
6. [Third Party Medicaid Periods Removed from User Interface Screen M236](#)
7. [MARx Updated Disenrollment Codes](#)
8. [Healthcare Reform Legislation Changes to Enrollment Election Periods](#)
9. [Part D Income Related Monthly Adjustment Amount](#)
10. [MSP Changes for 2011](#)
11. [New RxHCC Model Output Data File](#)
12. [2011 Part C Risk Scores for Chronic Care SNP New Enrollees](#)
13. [2011 Risk Scores \(Part D\)](#)
14. [Update Number of Uncovered Months \(NUNCMO\) Transaction 73 Change - Retaining Existing NUNCMO Value](#)
15. [Expansion of the Plan Payment Report Formats](#)

## **1. Report ESRD Beneficiary Dialysis and Kidney Transplant Information to Part D Plans**

Medicare Part B covers certain prescription drugs used in immunosuppressive therapy for ESRD beneficiaries following a Medicare-covered kidney transplant. Since these drugs are not covered under Part D for these beneficiaries, claims for these drugs should be denied by the Part D plan. To permit the Part D sponsor to determine whether an immunosuppressive drug should be paid by Part B or Part D, CMS will provide an ESRD kidney transplant indicator with the transplant date for transplants performed while the beneficiary was Medicare eligible. Also, as required by section 153(b) of the Medicare Improvements for Patients and Providers Act (MIPPA), effective January 1, 2011, CMS will implement a Part B bundled prospective payment for services provided by an ESRD dialysis facility that will include drugs for ESRD treatment that would otherwise be reimbursed under Part D. To permit Part D sponsors to edit for and appropriately reject claims for ESRD treatment-related drugs included in the bundled dialysis facility payment, CMS will provide an ESRD dialysis indicator with associated start and end dates to the Part D sponsor on the enrollment transaction reply report (TRR) and as necessary thereafter to report updated information. ESRD beneficiary dialysis and kidney transplant information will also be available to sponsors on the MARx UI.

Beginning with the November 2010 release, plans offering prescription drug coverage will begin to receive new TRCs that will, upon enrollment, notify the plan of a member's dialysis and/or kidney transplant period that overlaps the enrollment. They will receive TRCs to notify them when a beneficiary has received a kidney transplant or when their transplant period has ended.

Plans offering prescription drug coverage will also receive a one-time TRR providing the existing dialysis and transplant statuses of their members. They will receive this one-time TRR in mid-November.

Changes to the Table H-2 MARx Transaction Reply Code:

268 M – Beneficiary Has Dialysis - This TRC is returned on an enrollment. It is intended to supply the Plan with additional information about the beneficiary. Each TRC-268 returns start and end dates for each dialysis period that overlaps the enrollment period. There may be more than one TRC-268 returned.

The effective date for the dialysis period is shown in the Effective Date field (field 18). The end date, if one exists, is shown in Dialysis End Date (field 24).

269 M – Beneficiary Has Transplant - This TRC is returned on an enrollment. It is intended to supply the Plan with additional information about the beneficiary. Each TRC-269 returns transplant and failure dates for each kidney transplant that overlaps the enrollment period. There may be more than one TRC-269 returned.

The transplant date is shown in the Effective Date field (field 18). The end date, if one exists, is shown in Transplant End Date (field 24).

270 M – Beneficiary Transplant has Ended - This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary’s transplant has failed or was an error. The effective date of the failure or removal is reported in field 18 of the TRR record and in the EFF DATE column on the printed report.

137 M – Existing- Beneficiary Has Received a Kidney Transplant - This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary has ESRD and has received a transplanted kidney.. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report.

The Table H-2 Transaction Reply Codes and TRR layout changes are attached.

*Attachment A: [Table H-2 Transaction Reply Codes](#)*

*Attachment B: [TRR Data File Layout Update](#)*

## **2. Coverage Gap Discount Amounts**

Coverage Gap Discount (CGD) is a new Part D payment component taking effect with January 2011 plan payments. Calculation of Part D payments for each non-LIS enrollee in a Part D plan will include the new payment component. A per member monthly CGD rate will be developed in conjunction with the Part D bid.

This change implements updates to the prospective payment based upon the plan’s CGD rate. There will be annual reconciliations of CGD amounts after each payment year. That process will be described in a later communication. CMS will include the CGD amount in each non-LIS enrollee’s Part D monthly prospective payment. CGD prospective payments will also be adjusted for changes in enrollment and LIS statuses.

Prospective CGD payments will be included in summaries of the Total Part D Payment in the Monthly Membership Report (MMR) set. The MMR will also include a separate payment bucket for the CGD payment component, both at the detail and summary level versions of the MMR. The MARx UI screen M215 - Payment/Adjustment Detail will be expanded to display the CGD payment component. Note: The PACE MMR Detail Report print format will not include the CGD field.

The CMS Plan Payment Report (aka “Plan Payment Letter”) will be expanded to include plan level summaries of the CGD prospective payments. The Plan Payment Letter will also include information on CGD offsets taken from quarterly manufacturer invoices.

The Coverage Gap Discount is being implemented to support the Medicare Coverage Gap Discount Program as mandated in the Patient Protection and Affordable Care Act.

Prospective CGD payments will be paid to non-PACE, non-Employer only plans for non-LIS beneficiaries. MARx will display the coverage gap discount amount as part of payments and payment adjustments on the M203, M215, and M405 screens.

The following reports will be impacted:

- Monthly Membership Detail Data file
- Monthly Membership Summary Data Report
- Monthly Membership Summary Data file
- Plan Payment Letter Report
- Plan Payment Letter (PPR) Data file

The layouts for the MMSR, MMDR, MMSD and PPR are attached.

**Attachment C:** [Monthly Membership Detail Report Data File](#)

**Attachment D:** [Monthly Membership Summary Data File](#)

**Attachment E:** [Monthly Membership Summary Report](#)

**Attachment F:** [Monthly Plan Payment Report](#)

**Attachment G:** [Plan Payment Report Data File](#)

### **3. Notification to Plans for “No Premium Due” Status**

MA enrollees who elect optional supplemental benefits may also elect SSA premium withholding. In mid-November the MARx system begins preparing the premium records for the next year. Since MARx cannot anticipate what optional premiums an enrollee may elect for next year, an enrollee only paying optional premiums may go from “SSA Premium Withholding” status in one year to “No Premium Due” status for the next year. Currently plans receive no notification when this happens.

MA plans will be notified by a new report in “TRR format” called the No Premium Due data file identifying enrollees in a “No Premium Due” status for the next year. Plans should review the file and submit both a Miscellaneous Record Update (Transaction Code 74) to update the Part C premium Amount, and a Premium Withhold Option Update (Transaction Code 75) to request SSA Withholding Status for enrollees who are renewing both elections for the next year.

Plans will receive the new No Premium Due data file upon completion of the end of year payment processes in MARx. This process updates payment and premium data for the upcoming year. The new file will follow the layout of the TRR and will contain a new TRC 267. The purpose of the file is to communicate to the plans any beneficiary that has gone through the MARx end of year payment process for 2011 and has a Premium Payment Option (PPO) of ‘No Premium Due’ for the coming year. The file will only be created for MA and MA-PD plans; i.e., those types of plans that can have a Part C premium.

The transaction type code will be set to ‘01’.

New TRC Code 267 - PPO is set to No Premium Due Status -- This occurs as part of an end of year payment process for the coming year based on the upcoming year’s plan Basic Part C

premium. If the plan's basic Part C premium for the upcoming year is zero, the plan will receive this TRC and the member will be populated to the new file. If this is not the correct PPO for the member; i.e, the member has elected optional supplemental benefits with a premium due and SSA withholding, submit transaction types 74 and 75.

The Table H-2 Transaction Reply Codes, No Premium Due data file layout, and Report format are attached.

**Attachment A:** [Table H-2 Transaction Reply Codes](#)

**Attachment H:** [No Premium Due Data File Layout](#)

**Attachment I:** [No Premium Due Report Format](#)

#### **4. Provide Dual Status Code on the MMR**

The MMR will include a new field (Medicaid dual status code) that will provide the dual status code of the enrollee, if that enrollee has Medicaid status. The new field will be aligned with the already-existing Field 40 (Current Medicaid Status). If Field 40 indicates that the enrollee has Medicaid status, Field 85 will provide the dual status code for that enrollee. Field 40 indicates that an enrollee is Medicaid when that enrollee has a Medicaid period reported to CMS for either the month prior to payment or two months prior to payment. Please note that Field 40 and, thus the new field, are *not related to payment*, but are provided for purposes of benefits coordination and bidding.

The new field will be coded as follows:

The valid values when Field 40 = 1 are:

- 01 = Eligible is entitled to Medicare- QMB only
- 02 = Eligible is entitled to Medicare- QMB AND Medicaid coverage
- 03 = Eligible is entitled to Medicare- SLMB only
- 04 = Eligible is entitled to Medicare- SLMB AND Medicaid coverage
- 05 = Eligible is entitled to Medicare- QDWI
- 06 = Eligible is entitled to Medicare- Qualifying individuals
- 08 = Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB,QDWI or QI) with Medicaid coverage
- 09 = Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage
- 99=Unknown

The valid value when Field 40 = 0 is:

- 00 = No Medicaid Status

The valid value when Field 40 = blank is: Blank

The Dual Medicaid Status will be added to the Monthly Membership Detail Data File as field 85. The dual status code will indicate the beneficiary's type of Medicaid. The plans will receive

this information on a monthly basis instead of yearly. This information is used by the plans to develop their bids.

Medicaid Dual Status Code Entitlement status for the dual eligible beneficiary.

- 01 = Eligible is entitled to Medicare- QMB only
- 02 = Eligible is entitled to Medicare- QMB AND Medicaid coverage
- 03 = Eligible is entitled to Medicare- SLMB only
- 04 = Eligible is entitled to Medicare- SLMB AND Medicaid coverage
- 05 = Eligible is entitled to Medicare- QDWI
- 06 = Eligible is entitled to Medicare- Qualifying individuals
- 08 = Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB,QDWI or QI) with Medicaid coverage
- 09 = Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage
- 99=Unknown
- 00 = No Medicaid Status
- Blank

The layout for the MMDR report is attached.

*Attachment C: [Monthly Membership Detail Report Data File](#)*

#### **5. New Field on MMR – Part D Risk Adjustment Factor Type**

This field will be the Part D risk factor type that is used for the calculation of the Part D Direct Subsidy. The Part D risk factor is reported in field #87 on the Monthly Membership Report. The new field will be called “Part D RA Factor Type” and is in positions 456 and 457 of the MMR. The field values, and their descriptions, are below.

Field Value	Description
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

The layout for the MMDR report is attached.

*Attachment C: [Monthly Membership Detail Data File](#)*

## **6. Third Party Medicaid Periods Removed from User Interface Screen M236**

The Medicaid screen in the MARx UI will no longer show Medicaid from the Third Party file with dates after 2007. Risk adjustment does not use Third Party Medicaid dates after 2007.

If a record on the Third Party Medicaid table has a start date prior or equal to 12/31/2007 and either has an end date after 12/31/2007 or no end date then the end date shall be displayed as 12/31/2007 on the MARx M236 UI screen.

A note stating “This screen does not provide Medicaid periods for dates that are not used in calculating Part C risk scores.” will be displayed on the M236 UI screen to explain this.

## **7. MARx Updated Disenrollment Codes**

When submitting disenrollment transactions plans are required to include a disenrollment reason code. Currently, MARx displays a number of obsolete disenrollment reason codes. This system modification will retire the obsolete disenrollment codes and only display the valid reason codes plans should use for submission. This change will align the MARx system with the instructions provided in the CMS guidance. There are no changes to the existing valid disenrollment reason code values. Please refer to the Plan Communications User Guide (PCUG) and the CMS enrollment guidance for additional information on processing disenrollments.

If a Plan submits a disenrollment transaction for a beneficiary with an invalid Disenrollment Reason Code the transaction will not be rejected. The system will automatically default the disenrollment reason code to '99 – Other (Not Supplied by Bene)'.

The valid Disenrollment Reason Codes that may be submitted by Plans are:

- 11 – Voluntary Disenrollment Through Plan
- 91 – Failure to Pay Premiums
- 92 – Relocation out of Plan Service Area
- 93 – Lost Specific Plan Eligibility (SNP Only)

The valid Disenrollment reason codes that will be provided on the UI:

- 07 – For cause
- 11, 91, 92, 93

For retroactive disenrollments, only the four codes that are listed above as valid will be used.

## **8. Healthcare Reform Legislation Changes to Enrollment Election Periods**

The Patient Protection and Affordable Care Act (P.L. 111-148), as amended by The Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) eliminates both the Medicare Advantage (MA) Open Enrollment Period (OEP) and Open Enrollment Period for Newly Eligible Beneficiaries (OEP-NEW) as of the end of CY 2010. The law also adds a new election period, starting January 1, 2011, called the MA Disenrollment Period (MADP) which is a 45-day period every year that permits MA enrollees to return to Original Medicare. MARx will be updated to no longer accept election type code “O” (for the OEP) or “N” (for the OEP-NEW) in conjunction with these changes. A new election type code value of “D” has been established for the new MADP.

**Sunset of the MA-OEP and OEP NEW & Establishment of New Election Period -** MARx will reject election type code “O” (for the OEP) or “N” (for the OEP-NEW) for effective dates that reach beyond the statutory limitation imposed by the sunset of these periods. The OEP and OEPNEW election periods will still be accepted for valid retroactive entry of appropriate requests made prior to their sunset.

A new election type code value of “D” has been established for the MA Disenrollment Period (MADP). The MADP allows beneficiaries enrolled in an MA plan (including MA only and MAPD and excluding MSA) to disenroll from that MA plan. The MADP period is only valid for disenrollment transactions with an effective date of February 1<sup>st</sup> or March 1<sup>st</sup>. The MADP election period will be applicable to MA disenrollment requests received from January 1 – February 14 each year starting in 2011. The MA disenrollment transaction (code 51) must include Election Type Code = “D” to accurately reflect the use of the MADP.

The MADP also permits an individual who is using the MADP to disenroll from an MA plan to also elect a stand-alone Part D Plan (PDP). CMS has established a coordinating SEP for this Part D enrollment period. The PDP enrollment transaction must be submitted with the election type value of “S” to indicate the use of this coordinating SEP. The MADP election type (“D”) is not appropriate for submission on a PDP plan enrollment transaction.

## **9. Part D Income Related Monthly Adjustment Amount**

Section 3308 of the Patient Protection and Affordable Care Act (PL-111-148) amends section 1860D-13(a) of the Social Security Act to increase the monthly amount of the Part D base beneficiary premium beginning January 1, 2011 for individuals whose modified adjusted gross income exceeds the threshold amounts of \$85,000 (2010—for individual tax filers) and \$170,000 (2010—for joint tax filers). The Part D-Income Related Monthly Adjustment Amount (hereafter referred to as D-IRMAA) shall be paid through premium withholding. However, in cases where a beneficiary’s monthly benefit amount is insufficient to pay the D-IRMAA (i.e., where collection of D-IRMAA is not possible), the Social Security Administration (SSA) will enter into agreements with CMS, OPM, and the RRB to allow the beneficiary to be directly billed by the

respective Agencies. The Part D plan sponsors will **not** be responsible for billing or collecting the D-IRMAA. In the event an enrollee fails to pay his/her Part D IRMAA, CMS will disenroll the beneficiary after a grace period and appropriate billing has occurred. Disenrollments for failure to pay will not occur prior to April 2011. CMS is developing transaction reply code(s) related to automatic disenrollments in cases where individuals are disenrolled for failure to pay their D-IRMAA. These TRCs will be provided at a later date. Additionally, within the next few months, CMS will provide detailed guidance to Part D plan sponsors concerning any role they may have with respect to the implementation of the D-IRMAA.

## **10. MSP Changes for 2011**

The November 2010 release will implement the change to the ESRD MSP factors that were communicated in the “Advance Notice of Methodological Changes for CY 2011 for MA Capitation Rates, Part C and Part D payment and 2011 Call Letter”. The ESRD MSP Reduction will be calculated using one of two new factors, Transplant/Dialysis or Post Graft. Plans will receive Transaction Reply Codes notifying them of beneficiary MSP start and end dates.

Changes/Additions to the MARx Transaction Reply Codes:

245 I – Existing- Member has MSP period - The beneficiary has other insurance and Medicare is the secondary payer. This TRC notifies the plan of the start date of the MSP period and will also be returned when the MSP start date is being updated as a result of a MSP update notification.

280 I- New - Member’s MSP Period has ended - The beneficiary’s MSP period has ended. This TRC notifies the plan of the end date of the MSP period and will also be returned when the MSP end date is being updated as a result of a MSP update notification.

The ESRD MSP amounts will now be populated in the MSP Reduction Amount fields on the Monthly Membership Detail Non-Drug report and the MMR data file. They will be summarized on the Monthly Membership Summary Report. These amounts will also be shown on the M203, M215, M405 and M407 screens in the UI. Note that these displays will only occur if the MSP period begins after 2010; MSP reduction amounts resulting from pre-2011 periods will not be displayed in these fields.

The ESRD MSP flag on the MMR detail report and file will display separate values for transplant/dialysis and for post-graft. They are shown on the attached layouts.

The changes to the Table H-2 Transaction Reply Codes, MMR Data file, MMSR file and nondrug MMR Report file are attached.

***Attachment A: [Table H-2 Transaction Reply Codes](#)***

***Attachment C: [Monthly Membership Detail Data File](#)***

***Attachment D: [Monthly Membership Summary Data File](#)***

***Attachment J: [Monthly Membership Detail Report Formats – Non-Drug Plans](#)***

## **11. New RxHCC Model Output Data File**

MARx is increasing the record length of the following data files to 168 characters:  
RAS RxHCC Model Output Data File

This new file format reflects the Part D risk adjustment model changes indicated in the Announcement of Calendar Year (CY) 2011 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter, published on April 5, 2010.

Please note that the RxHCCs are different from 2010 to 2011. Therefore, the RxHCCs for the CY 2010 Part D payments will use the former 164 byte format, while the RxHCCs for the CY 2011 payments will use the new 168 byte format.

The new file format is attached:

**Attachment K:** [RAS RxHCC Model Output Data File Detail/Beneficiary Record \(new\)](#)

The file format for CY 2010 payments is attached below:

**Attachment L:** [RAS RxHCC Model Output Data File Detail/Beneficiary Record \(old\)](#)

## **12. 2011 Part C Risk Scores for Chronic Care SNP New Enrollees**

Beginning with the January 2011 payment, Chronic Care SNP (Special Needs Plan) plans will see a new risk factor specific to this type of plan. Enrollees in these plans who are considered New Enrollee (less than 12 months of Part B) will receive a Chronic Care SNP New Enrollee risk factor. The plan will be able to identify members who have this new factor used in payment by looking at the RA Factor Type Code or the Default Risk Factor Code in the Monthly Membership Report (MMR) data file.

### **RA Factor Code:**

SE=New Enrollee Chronic Care SNP

### **Default Risk Factor Code:**

7=Default Enrollee – Chronic Care SNP

The layout for the MMDR report is attached.

**Attachment C:** [Monthly Membership Detail Data File](#)

## **13. 2011 Risk Scores (Part D)**

Beginning with the January 2011 payment, plans offering prescription drug coverage will see new Part D risk factors in use. The new Risk Adjustment System (RAS) Part D risk factors are

broken down further from current New Enrollee and Community factors to consider Low Income status, ESRD status, Institutional status as well as New Enrollee or 'Continuing' status. The four multipliers that were in effect from 2006 through 2010 will no longer apply. For those members not yet in RAS, the default risk factors will use the following information to select an appropriate Part D risk factor: ESRD, low income, original reason for entitlement, as well as age and gender. The Monthly Membership Report (MMR) data file will be updated to include a column(s) to describe the Part D risk factor applied.

Updated Layout:

Part D Low-Income – From 2006 through 2010, an indicator to identify if the Part D Low-Income multiplier is included in the Part D payment. Values are 1 (subset 1), 2 (subset 2) or blank. Beginning 2011, value 'Y' indicates the beneficiary is Low Income, value 'N' indicates the beneficiary is not Low Income for the payment/adjustment being made.

Part D Low-Income Multiplier– The member's Part D low-income multiplier. NN.DDDD  
For payment months 2011 and beyond, this field will be blank.

Part D Long Term Institutional Indicator – From 2006 through 2010, an indicator to identify if the Part D Long-Term Institutional multiplier is included in the Part D payment. Values are A (aged), D (disabled) or blank. Beginning 2011, value 'Y' indicates the beneficiary is LTI, value 'N' indicates the beneficiary is not LTI for the payment/adjustment being made

Part D Long Term Institutional Multiplier – From 2006 through 2010, an indicator to identify if the Part D Long-Term Institutional multiplier is included in the Part D payment. Values are A (aged), D (disabled) or blank. Beginning 2011, value 'Y' indicates the beneficiary is LTI, value 'N' indicates the beneficiary is not LTI for the payment/adjustment being made.

The layout for the MMDR report is attached.

*Attachment C: [Monthly Membership Detail Data File](#)*

#### **14. Update Number of Uncovered Months (NUNCMO) Transaction 73 Change - Retaining Existing NUNCMO Value**

Currently, if a NUNCMO update transaction 73 is submitted with a Number of Uncovered Months value that exceeds the maximum possible value, MARx returns a TRC 216 (Uncovered months exceeds maximum possible value) and changes the uncovered months associated with the enrollment being modified by the NUNCMO update transaction 73 to zero (0). This can result in an existing uncovered months value changing from a number greater than zero to a value of zero.

This system modification will reject the NUNCMO update transaction 73 submission when the submitted NUNCMO value exceeds the maximum possible value and return a new TRC 300 ("NUNCMO Change Rejected; exceeds max possible value"). The existing NUNCMO will be retained and MARx will **not** record a default value of zero uncovered months.

**Please Note:** The NUNCMO maximum uncovered months value validation for enrollment transactions (60, 61, 62, and 71) will not change. Currently, if an enrollment transaction (60, 61, 62, 71) is submitted with a Number of Uncovered Months value that exceeds the maximum possible value, MARx returns a TRC 216 (Uncovered months exceeds maximum possible value) and sets the uncovered months value associated with that enrollment effective date to zero. The system will continue to accept the enrollment transaction and return an “informational” TRC 216.

Below are the updates for TRC 216 and the description for the new TRC 300. The reference to transaction 73 has been removed from TRC 216.

Code Type	Title	Short Definition	Definition
216 I	Uncovered months exceeds max possible value	NUNCMO EXDS MAX	<p>The Number of Uncovered Months provided on an accepted enrollment transaction (60, 61, 62,71) exceeds the maximum possible value. The Number of Uncovered Months value associated with the enrollment transaction has been set to zero (this value is referred to as the “incremental” number of uncovered months).</p> <p>This informational TRC is generated in addition to the transactions acceptance TRC.</p> <p><b>Plan Action:</b> Update the Plan’s beneficiary records to reflect the zero uncovered months associated with this enrollment transaction. If the number of uncovered months should be another value, review CMS enrollment guidance and correct the Number of Uncovered Months value using a new Number of Uncovered Months Record Update (73) transaction.</p>
300 R	NUNCMO Change Rejected; exceeds max possible value	NM CHG EXDS MAX	<p>A Number of Uncovered Months change transaction (73) was rejected because the Number of Uncovered Months provided exceeds the maximum possible value. The existing Number of Uncovered Months value associated with the enrollment being modified by the change transaction (73) has been retained (this value is referred to as the “incremental” number of uncovered months).</p> <p><b>Plan Action:</b> Review the number of uncovered months and/or the effective date submitted. If the number of uncovered months and/or the effective date should be another value, review CMS enrollment guidance and correct the Number of Uncovered Months value using a new Number of Uncovered Months Record Update (73) transaction.</p>

## **15. Expansion of the Plan Payment Report Formats**

The Plan Payment Report formats are being revised as of the January 1, 2011 payment reports. The report format is expanded to a tabular layout that is easier to process, Coverage Gap Discount payment amounts are added and more description is provided on the CMS Adjustments included in the monthly payment. A summary section is added to allow for tracking of balances carried over from the prior month to the current month and going forward.

The new Plan Payment Report format and Plan Payment Report Data File are attached:

***Attachment F: [Monthly Plan Payment Report](#)***

***Attachment G: [Plan Payment Report Data File](#)***

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 email at [mapdhelp@cms.hhs.gov](mailto:mapdhelp@cms.hhs.gov). Plans should contact their DPO Representative for questions regarding the changes to premium withhold processing or the Plan Payment Report. The DPO contact list is attached.

**DIVISION OF PAYMENT OPERATIONS (DPO)  
REGIONAL ASSIGNMENTS – June 2010**

Boston	Louise Matthews (410) 786-6903 <a href="mailto:Louise.Matthews@cms.hhs.gov">Louise.Matthews@cms.hhs.gov</a>
New York And PACE plans	William Bucksten (410) 786-7477 <a href="mailto:William.Bucksten@cms.hhs.gov">William.Bucksten@cms.hhs.gov</a>
Philadelphia:	James Krall (410) 786-6999 <a href="mailto:James.Krall@cms.hhs.gov">James.Krall@cms.hhs.gov</a>
Atlanta:	Louise Matthews (410) 786-6903 <a href="mailto:Louise.Matthews@cms.hhs.gov">Louise.Matthews@cms.hhs.gov</a>
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Dallas:	Mary Stojak (410) 786-6939 <a href="mailto:Mary.Stojak@cms.hhs.gov">Mary.Stojak@cms.hhs.gov</a>
Kansas City And Denver:	Terry Williams (410) 786-0705 <a href="mailto:Terry.Williams@cms.hhs.gov">Terry.Williams@cms.hhs.gov</a>
San Francisco And Seattle:	Kim Miegel (410) 786-3311 <a href="mailto:Kim.Miegel@cms.hhs.gov">Kim.Miegel@cms.hhs.gov</a>
Demos	Mary Stojak (410) 786-6939 <a href="mailto:Mary.Stojak@cms.hhs.gov">Mary.Stojak@cms.hhs.gov</a>
DPO Director	Marla Kilbourne (410) 786-7622 <a href="mailto:Marla.Kilbourne@cms.hhs.gov">Marla.Kilbourne@cms.hhs.gov</a>

Table H-2 Transaction Reply Codes

Code/Type *	Title	Short Definition	Definition
137 M	Beneficiary Has Received a Kidney Transplant	TRANSPLANT ADD	<p>This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary.</p> <p>CMS has been notified that the beneficiary has ESRD and has received a transplanted kidney.. The effective date of the change is reported in field 18 of the TRR record and in the EFF DATE column on the printed report.</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.</p>

Table H-2 Transaction Reply Codes

Code/Type *	Title	Short Definition	Definition
144 M	Premium withhold option change to direct bill	PREM WH OPT CHG	<p>CMS has changed the premium withhold option specified on the transaction to “D – Direct Bill” for one of the following reasons:</p> <ul style="list-style-type: none"> <li>• Retroactive premium withholding was requested.</li> <li>• The beneficiary’s retirement system (SSA, RRB or OPM) was unable to withhold the entire premium amount from the beneficiary’s monthly check.</li> <li>• The beneficiary has a BIC of M or T and chose “SSA” as the withhold option. SSA cannot withhold premiums for these beneficiaries (there is no benefit check to withhold from).</li> <li>• The beneficiary chose “OPM” as the withhold option. OPM are not withholding premiums at this time.</li> <li>• The Plan has submitted a Part C premium amount that exceeds the maximum Part C premium value provided by HPMS.</li> <li>• RRB Withholding was requested for an effective date prior to 11/01/2010.</li> </ul> <p>This TRC may be generated in response to an accepted enrollment, PBP change or Record Update transaction ( 61, 62, 71) or may be initiated by CMS.</p> <p><b>Plan Action:</b> Update the Plan’s beneficiary records to reflect the direct bill payment method. Take the appropriate actions as per CMS enrollment guidance.</p>
245 I	Member has MSP period	MEMB MSP Start	<p>The beneficiary has other insurance and Medicare is secondary payer.</p> <p>This TRC may be returned when the MSP start date is being updated as a result of a MSP update notification.</p> <p><b>Plan Action:</b> Update the Plan’s records accordingly.</p>

Table H-2 Transaction Reply Codes

Code/Type *	Title	Short Definition	Definition
262 R	Bad RRB Premium Withhold Effective Date	BAD W/H EFF DT	<p>A Premium Withhold Update Transaction (75) was rejected because request for RRB withholding is NOT allowed for effective date prior to 11/01/2010.</p> <p><b>Plan Action:</b> Correct the Effective date and resubmit.</p>
267 M	PPO is set to No Premium Due Status	PPO SET TO N	<p>This occurs as part of an end of year process based on the upcoming year's plan's Basic Part C premium.</p> <p><b>Plan action:</b> Submit a transaction to reset the C premium and to renew a request for withholding status if appropriate.</p>
268 M	Beneficiary Has Dialysis Period	DIALYSIS EXISTS	<p>This TRC is returned on an enrollment. It is intended to supply the Plan with additional information about the beneficiary. Each TRC-268 returns start and end dates for each dialysis period that overlaps the enrollment period. There may be more than one TRC-268 returned.</p> <p>The effective date for the dialysis period is shown in the Effective Date field (field 18). The end date, if one exists, is shown in Dialysis End Date (field 24).</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.</p>

Table H-2 Transaction Reply Codes

Code/Type *	Title	Short Definition	Definition
269 M	Beneficiary Has Transplant	TRNSPLNT EXISTS	<p>This TRC is returned on an enrollment. It is intended to supply the Plan with additional information about the beneficiary. Each TRC-269 returns transplant and failure dates for each kidney transplant that overlaps the enrollment period. There may be more than one TRC-269 returned.</p> <p>The transplant date is shown in the Effective Date field (field 18). The end date, if one exists, is shown in Transplant End Date (field 24).</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.</p>
270 M	Beneficiary Transplant has Ended	TRANSPLANT END	<p>This TRC is returned on a reply with transaction type 01. It is not a reply to a submitted transaction but is intended to supply the Plan with additional information about the beneficiary. CMS has been notified that the beneficiary's transplant has failed or was an error. The effective date of the failure or removal is reported in field 18 of the TRR record and in the EFF DATE column on the printed report.</p> <p><b>Plan Action:</b> Update the Plan's beneficiary records with the information in the TRR. Take the appropriate actions as per CMS enrollment guidance.</p>
280 I	Member's MSP Period has ended	MEMB MSP End	<p>The beneficiary's Medicare as Secondary Payer period has ended</p> <p>This TRC may be returned when the MSP end date is being updated as a result of a MSP update notification.</p> <p><b>Plan Action:</b> Update the Plan's records accordingly.</p>

## TRR Data File Layout Update

Field	Size	Position	Description
1. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Filler	1	42	Space
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
10. County Code	3	50 – 52	Beneficiary Residence County Code; otherwise, spaces if not applicable.
11. Disability Indicator	1	53	'1' = Disabled; '0' = No Disability; Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice; '0' = No Hospice; Space = not applicable.
13. Institutional/NHC Indicator	1	55	'1' = Institutional; '2' = NHC; '0' = No Institutional; Space = not applicable.
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease; '0' = No End-Stage Renal Disease; Space = not applicable.
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, Space = Entitled to Part A or B; Space reported with TRCs 121, 194, and 223, has no meaning.

## TRR Data File Layout Update

Field	Size	Position	Description
18. Effective Date	8	63 – 70	YYYYMMDD Format; Effective date is present for all Transaction Reply Codes. However, for UI Transaction Reply Codes (TRC), field content is TRC dependent: 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 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – “00000000” – End date removed. Original end date can be found in field 24.X, 091 – Previously reported incorrect death date, 121, 194, and 223 – PBP enrollment effective date.
19. WA Indicator	1	71	‘1’ = Working Aged; ‘0’ = No Working Aged,; Space = not applicable.
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	‘1’ = transaction created through user interface; ‘0’ = transaction from source other than user interface; Space = not applicable.

## TRR Data File Layout Update

Field	Size	Position	Description
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 13, 14, 18
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 17
c. Claim Number (new)	12	85 – 96	Present only when Transaction Reply Code is one of the following: 22, 25, 86
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 90 (with transaction type 01), 92
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 71
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 72
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 73
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 74
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75, 158, 159
j. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 77
k. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 78
l. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 79
m. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 66
n. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 67
o. Part A Reinstatement Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 80
p. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 81
q. Part B Reinstatement Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is 82

## TRR Data File Layout Update

Field	Size	Position	Description
r. Old State and County Codes	5	85 – 89	Beneficiary's prior state and county code; Present only when Transaction Reply Code is 85
s. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 35, 36, 45, 56
v. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when Transaction Reply Code is 100.
w. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 181.
x. Date Identifying Information Changed by UI User	8	85 – 92	YYYYMMDD Format; Field content is dependent on Transaction Reply Code: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
y. Modified Part C Premium Amount	12	85 – 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 182.
z. Date of Death Removed	8	85 – 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when Transaction Reply Code is 091.
aa. Revised End Date	8	85 - 92	YYYYMMDD Format; Present when Transaction Reply Code = 247.
bb. Dialysis End Date	8	85 – 92	YYYYMMDD Format; Will be present when Transaction Reply Code is 268 and the dialysis period has an end date.

## TRR Data File Layout Update

Field	Size	Position	Description
cc. Transplant Failure Date	8	85 – 92	YYYYMMDD Format; Will be present when Transaction Reply Code is 269 and the transplant has an end date.
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.
26. Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	CCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field will be spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. End Date	8	108 – 115	End date on the gap enrollment transaction.(63) Format: YYYYMMDD; Otherwise it is spaces.
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction type code is 71; otherwise, spaces if not applicable.
30. Application Date	8	124 – 131	The date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 – 133	'02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134 – 134	'Y' = Out of area; Space = field not applicable for TRCs 121, 194, and 223.
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.

## TRR Data File Layout Update

Field	Size	Position	Description
36. Election Type	1	154 – 154	<p>‘A’ = AEP; ‘E’ = IEP; ‘I’ = ICEP;  ‘O’ = OEP; ‘N’ = OEPNEW; ‘T’ = OEPI;  ‘S’ = Other SEP;  ‘U’ = Dual/LIS SEP;  ‘V’ = Permanent Change in Residence SEP;  ‘W’ = EGHP SEP;  ‘X’ = Administrative Action SEP;  ‘Y’ = CMS/Case Work SEP;  Space = not applicable.</p> <p>(MAs use I, A, N, O, S, T, U, V, W, X, and Y.  MAPDs use I, A, E, N, O, S, T, U, V, W, X, Y.  PDPs use A, E, S, U, V, W, X, and Y.)</p>
37. Enrollment Source	1	155 – 155	<p>‘A’ = Auto enrolled by CMS;  ‘B’ = Beneficiary Election;  ‘C’ = Facilitated enrollment by CMS;  ‘D’ = CMS Annual Rollover;  ‘E’ = Plan initiated auto-enrollment;  ‘F’ = Plan initiated facilitated-enrollment;  ‘G’ = Point-of-sale enrollment;  ‘H’ = CMS or Plan reassignment;  ‘I’ = Invalid submitted value (transaction is not rejected);  Space = not applicable.</p>
38. Part D Opt-Out Flag	1	156 – 156	<p>‘Y’ = Opt-out of auto-enrollment;  ‘N’ = Opted out of auto-enrollment;  Space = No change to opt-out status</p>
39. Premium Withhold Option/Parts C-D	1	157 – 157	<p>‘D’ = Direct self-pay;  ‘S’ = Deduct from SSA benefits;  ‘R’ = Deduct from RRB benefits;  ‘O’ = Deduct from OPM benefits;  ‘N’ = No premium applicable;  Option applies to both Part C and D Premiums;  Space = not applicable.</p>
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage; otherwise, spaces if not applicable.

## TRR Data File Layout Update

Field	Size	Position	Description
41. Creditable Coverage Flag	1	161 – 161	‘Y’ = Covered; ‘N’ = Not Covered; ‘R’ = Setting uncovered months to zero due to a new IEP; ‘U’ = Setting uncovered months to the value prior to using R; Space = not applicable.
42. Employer Subsidy Override Flag	1	162 – 162	‘Y’ = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan; Space = no flag submitted by plan.
43. Processing Timestamp	15	163 – 177	Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS
44. Filler	20	178 – 197	Spaces
45. Secondary Drug Insurance Flag	1	198-198	Type 61 & 71 MA-PD and PDP transactions: ‘Y’ = Beneficiary has secondary drug insurance; ‘N’ = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by plan..  Type 72 MA-PD and PDP transactions: ‘Y’ = Secondary drug insurance available ‘N’ = No secondary drug insurance available Space = no change.  Space returned with any other transaction type has no meaning.
46. Secondary Rx ID	20	199 – 218	Beneficiary’s secondary insurance Plan’s ID number taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
47. Secondary Rx Group	15	219 – 233	Beneficiary’s secondary insurance Plan’s Group ID number taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.

## TRR Data File Layout Update

Field	Size	Position	Description
48. EGHP	1	234 - 234	Type 60, 61, 71 transactions: 'Y' = EGHP; Space = not EGHP.  Type 74 transactions: 'Y' = EGHP; 'N' = Not EGHP; Space = no change.  Space reported with any other transaction type has no meaning.
49. Part D Low-Income Premium Subsidy Level	3	235 - 237	Part D low-income premium subsidy percentage category: '000' = No subsidy, '025' = 25% subsidy level; '050' = 50% subsidy level; '075' = 75% subsidy level; '100' = 100% subsidy level; Spaces = not applicable.
50. Low-Income Co-Pay Category	1	238 - 238	Definitions of the co-payment categories: '0' = none, not low-income '1' = (High); '2' = (Low); '3' = (0); '4' = 15%; '5' = Unknown; Space = not applicable.
51. Low-Income Period Effective Date	8	239 - 246	Date co-pay category became effective, YYYYMMDD ; otherwise, spaces if not applicable.
52. Part D Late Enrollment Penalty Amount	8	247 - 254	Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.

## TRR Data File Layout Update

Field	Size	Position	Description
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy as of the enrollment period start date. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279 - 284	Beneficiary's Part D Rx BIN taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
57. Part D Rx PCN	10	285 - 294	Beneficiary's Part D Rx PCN taken from the input transaction (60/61, 71, or 72); otherwise, spaces if not provided via a transaction.
58. Part D Rx Group	15	295 - 309	Beneficiary's Part D Rx Group taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
59. Part D Rx ID	20	310 - 329	Beneficiary's Part D Rx ID taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
60. Secondary Rx BIN	6	330 - 335	Beneficiary's secondary insurance BIN taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
61. Secondary Rx PCN	10	336 - 345	Beneficiary's secondary insurance PCN taken from the input transaction (60/61, 71, or 72); otherwise, spaces for any other transaction type.
62. De Minimis Differential Amount	8	346 - 353	Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. MSP Status Flag	1	354 - 354	'P' = Medicare primary payor; 'S' = Medicare secondary payor; 'N' = Non-respondent beneficiary; Space = not applicable.

## TRR Data File Layout Update

Field	Size	Position	Description
64. Low Income Period End Date	8	355 - 362	Date low income period closes. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
65 Low Income Subsidy Source Code	1	363 - 363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
66. Enrollee Type Flag, PBP Level	1	364 - 364	Designation relative to the report generation date (Transaction Date, field #22) 'C' = Current PBP enrollee; 'P' = Prospective PBP enrollee; 'Y' = Previous PBP enrollee; Spaces = not applicable.
67, Application Date Indicator	1	365 - 365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
68. Filler	135	366 - 500	Spaces

**Monthly Membership Detail Report Data File**

#	Field Name	Len	Pos	Description
1	MCO Contract Number	5	1-5	MCO Contract Number
2	Run Date of the File	8	6-13	YYYYMMDD
3	Payment Date	6	14-19	YYYYMM
4	HIC Number	12	20-31	Member's HIC #
5	Surname	7	32-38	
6	First Initial	1	39-39	
7	Sex	1	40-40	M = Male, F = Female
8	Date of Birth	8	41-48	YYYYMMDD
9	Age Group	4	49-52	BBEE BB = Beginning Age EE = Ending Age
10	State & County Code	5	53-57	
11	Out of Area Indicator	1	58-58	Y = Out of Contract-level service area Always Spaces on Adjustment
12	Part A Entitlement	1	59-59	Y = Entitled to Part A
13	Part B Entitlement	1	60-60	Y = Entitled to Part B
14	Hospice	1	61-61	Y = Hospice
15	ESRD	1	62-62	Y = ESRD
16	Aged/Disabled MSP	1	63-63	Y' = aged/disabled factor applicable to beneficiary; 'N' = aged/disabled factor not applicable to beneficiary
17	Institutional	1	64-64	Y = Institutional (monthly)
18	NHC	1	65-65	Y = Nursing Home Certifiable



## Monthly Membership Detail Report Data File

#	Field Name	Len	Pos	Description
20	LTI Flag	1	67-67	Y = Part C Long Term Institutional
21	Medicaid Indicator	1	68-68	Y = Medicaid Addon (RAS beneficiaries)
22	PIP-DCG	2	69-70	PIP-DCG Category - Only on pre-2004 adjustments
23	Default Risk Factor Code	1	71-71	<ul style="list-style-type: none"> <li>• Prior to 2004, 'Y' indicates a new enrollee risk adjustment (RA) factor was in use.</li> <li>• In the period 2004 through 2008, 'Y' indicates that a default factor was generated by the system due to lack of a RA factor.</li> <li>• For 2009 and after, for payments and payment adjustments and regardless of the effective date of the adjustment, the following applies: <ul style="list-style-type: none"> <li>'1' = Default Enrollee-Aged/Disabled</li> <li>'2' = Default Enrollee- ESRD dialysis</li> <li>'3' = Default Enrollee- ESRD Transplant Kidney, Month 1</li> <li>'4' = Default Enrollee- ESRD Transplant Kidney, Months 2-3</li> <li>'5' = Default Enrollee- ESRD Post Graft, Months 4-9</li> <li>'6' = Default Enrollee- ESRD Post Graft, 10+Months</li> <li>'7' = Default Enrollee Chronic Care SNP</li> </ul> </li> </ul> <p style="text-align: center;">Blank = The beneficiary is not a default enrollee.</p>
24	Risk Adjuster Factor A	7	72-78	NN.DDDD
25	Risk Adjuster Factor B	7	79-85	NN.DDDD
26	Number of Paymt/Adjustmt Months Part A	2	86-87	99
27	Number of Paymt/Adjustmt Months Part B	2	88-89	99

**Monthly Membership Detail Report Data File**

#	Field Name	Len	Pos	Description
28	Adjustment Reason Code	2	90-91	FORMAT: 99 Always Spaces on Payment and MSA Deposit or Recovery Records
29	Paymt/Adjustment/MSA Start Date	8	92-99	FORMAT: YYYYMMDD
30	Paymt/Adjustment/MSA End Date	8	100-107	FORMAT: YYYYMMDD
31	Demographic Paymt/Adjustmt Rate A	9	108-116	FORMAT: -99999.99
32	Demographic Paymt/Adjustmt Rate B	9	117-125	FORMAT: -99999.99
33	Risk Adjuster Paymt/Adjustmt Rate A	9	126-134	Part A portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
34	Risk Adjuster Paymt/Adjustmt Rate B	9	135-143	Part B portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
35	LIS Premium Subsidy	8	144-151	FORMAT: -9999.99
36	ESRD MSP Flag	1	152-152	As of January 2011: T = Transplant/Dialysis P = Post Graft Blank = ESRD MSP not applicable Prior to 2011: Format X. Values = 'Y' or 'N'(default) Indicates if Medicare is the Secondary Payer

## Monthly Membership Detail Report Data File

#	Field Name	Len	Pos	Description
37	MSA Part A Deposit/Recovery Amount	8	153-160	Medicare Savings Account (MSA) lump sum Part A dollars to be deposited/recovered. Deposits are positive values and recoveries are negative. FORMAT: -9999.99
38	MSA Part B Deposit/Recovery Amount	8	161-168	Medicare Savings Account (MSA) lump sum Part B dollars to be deposited/recovered. Deposits are positive values and recoveries are negative. FORMAT: -9999.99
39	MSA Deposit/Recovery Months	2	169-170	Number of months associated with MSA deposit or recovery dollars
40	Current Medicaid Status	1	171-171	Beginning in mid-2008, this field reports the beneficiary's current Medicaid status. (Prior to 11/07, Medicaid status was reported in field #19.) '1' = Beneficiary was determined to be Medicaid as of current payment month minus two (CPM -2) or minus one (CPM - 1),  '0' = Beneficiary was not determined to be Medicaid as of current payment month minus two (CPM - 2) or minus one (CPM - 1),  Blank = This is a retroactive transaction and Medicaid status is not reported.
41	Risk Adjuster Age Group (RAAG)	4	172-175	BBEE BB = Beginning Age EE = Ending Age Beginning in 2011, if the risk adjuster factor is from RAS, the Risk Adjuster Age Group reported will be the one used by RAS in calculating the risk factor

## Monthly Membership Detail Report Data File

#	Field Name	Len	Pos	Description
42	Previous Disable Ratio (PRDIB)	7	176-182	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On – Only on pre-2004 adjustments
43	De Minimis	1	183-183	'N' = "de minimis" does not apply, 'Y' = "de minimis" applies.
44	Beneficiary Dual and Part D Enrollment Status Flag	1	184-184	'0' - Plan without drug benefit, beneficiary not dual enrolled  '1' – Plan with drug benefit, beneficiary not dual enrolled  '2' –Plan without drug benefit, beneficiary dual enrolled  '3' Plan with drug benefit, beneficiary dual enrolled.
45	Plan Benefit Package Id	3	185-187	Plan Benefit Package Id FORMAT 999
46	Race Code	1	188-188	Format X Values: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. American Native

## Monthly Membership Detail Report Data File

#	Field Name	Len	Pos	Description
47	RA Factor Type Code	2	189-190	Type of factors in use (see Fields 24-25): C = Community C1 = Community Post-Graft I (ESRD) C2 = Community Post-Graft II (ESRD) D = Dialysis (ESRD) E = New Enrollee ED = New Enrollee Dialysis (ESRD) E1 = New Enrollee Post-Graft I (ESRD) E2 = New Enrollee Post-Graft II (ESRD) G1 = Graft I (ESRD) G2 = Graft II (ESRD) I = Institutional I1 = Institutional Post-Graft I (ESRD) I2 = Institutional Post-Graft II (ESRD) SE=New Enrollee Chronic Care SNP
48	Frailty Indicator	1	191-191	Y = MCO-level Frailty Factor Included
49	Original Reason for Entitlement Code (OREC)	1	192-192	0 = Beneficiary insured due to age 1 = Beneficiary insured due to disability 2 = Beneficiary insured due to ESRD 3 = Beneficiary insured due to disability and current ESRD 9=None of the above
50	Lag Indicator	1	193-193	Y = Encounter data used to calculate RA factor lags payment year by 6 months
51	Segment ID	3	194-196	Identification number of the segment of the PBP. Blank if there are no segments.
52	Enrollment Source	1	197	The source of the enrollment. Values are A = Auto-enrolled by CMS, B = Beneficiary election, C = Facilitated enrollment by CMS, D = Systematic enrollment by CMS (rollover)
53	EGHP Flag	1	198	Employer Group flag; Y = member of employer group, N = member is not in an employer group

## Monthly Membership Detail Report Data File

#	Field Name	Len	Pos	Description
54	Part C Basic Premium – Part A Amount	8	199-206	The premium amount for determining the MA payment attributable to Part A. It is subtracted from the MA plan payment for plans that bid above the benchmark. -9999.99
55	Part C Basic Premium – Part B Amount	8	207-214	The premium amount for determining the MA payment attributable to Part B. It is subtracted from the MA plan payment for plans that bid above the benchmark. -9999.99
56	Rebate for Part A Cost Sharing Reduction	8	215-222	The amount of the rebate allocated to reducing the member's Part A cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
57	Rebate for Part B Cost Sharing Reduction	8	223-230	The amount of the rebate allocated to reducing the member's Part B cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
58	Rebate for Other Part A Mandatory Supplemental Benefits	8	231-238	The amount of the rebate allocated to providing Part A supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
59	Rebate for Other Part B Mandatory Supplemental Benefits	8	239-246	The amount of the rebate allocated to providing Part B supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
60	Rebate for Part B Premium Reduction – Part A Amount	8	247-254	The Part A amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99

## Monthly Membership Detail Report Data File

#	Field Name	Len	Pos	Description
61	Rebate for Part B Premium Reduction – Part B Amount	8	255-262	The Part B amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
62	Rebate for Part D Supplemental Benefits – Part A Amount	8	263-270	Part A Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
63	Rebate for Part D Supplemental Benefits – Part B Amount	8	271-278	Part B Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
64	Total Part A MA Payment	10	279-288	The total Part A MA payment. -999999.99
65	Total Part B MA Payment	10	289-298	The total Part B MA payment. -999999.99
66	Total MA Payment Amount	11	299-309	The total MA A/B payment including MMA adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits -9999999.99
67	Part D RA Factor	7	310-316	The member's Part D risk adjustment factor. NN.DDDD
68	Part D Low-Income Indicator	1	317	From 2006 through 2010, an indicator to identify if the Part D Low-Income multiplier is included in the Part D payment. Values are 1 (subset 1), 2 (subset 2) or blank. Beginning 2011, value 'Y' indicates the beneficiary is Low Income, value 'N' indicates the beneficiary is not Low Income for the payment/adjustment being made.
69	Part D Low-Income Multiplier	7	318-324	The member's Part D low-income multiplier. NN.DDDD For payment months 2011 and beyond, this field will be zero.

## Monthly Membership Detail Report Data File

#	Field Name	Len	Pos	Description
70	Part D Long Term Institutional Indicator	1	325	From 2006 through 2010, an indicator to identify if the Part D Long-Term Institutional multiplier is included in the Part D payment. Values are A (aged), D (disabled) or blank. For payment months 2011 and beyond, this field will be blank.
71	Part D Long Term Institutional Multiplier	7	326-332	The member's Part D institutional multiplier. NN.DDDD For payment months 2011 and beyond, this field will be zero.
72	Rebate for Part D Basic Premium Reduction	8	333-340	Amount of the rebate allocated to reducing the member's basic Part D premium. -9999.99
73	Part D Basic Premium Amount	8	341-348	The plan's Part D premium amount. -9999.99
74	Part D Direct Subsidy Payment Amount	10	349-358	The total Part D Direct subsidy payment for the member. When POS contract (X is first character of contract number), then it is total POS Direct Subsidy for the member. -999999.99
75	Reinsurance Subsidy Amount	10	359-368	The amount of the reinsurance subsidy included in the payment. -999999.99
76	Low-Income Subsidy Cost-Sharing Amount	10	369-378	The amount of the low-income subsidy cost-sharing amount included in the payment. -999999.99
77	Total Part D Payment	11	379-389	The total Part D payment for the member -9999999.99.
78	Number of Paymt/Adjustmt Months Part D	2	390-391	99
79	PACE Premium Add On	10	392-401	Total Part D Pace Premium Addon amount -999999.99
80	PACE Cost Sharing Addon	10	402-411	Total Part D Pace Cost Sharing Addon amount -999999.99
81	Part C Frailty Score Factor	7	412-418	Beneficiary's Part C frailty score factor, NN.DDDD; otherwise, spaces
82	MSP Factor	7	419-425	Beneficiary's MSP secondary payor reduction factor, NN.DDDD; otherwise, spaces

## Monthly Membership Detail Report Data File

#	Field Name	Len	Pos	Description
83	MSP Reduction/Reduction Adjustment Amount – Part A	10	426-435	Net MSP reduction or reduction adjustment dollar amount– Part A, SSSSSS9.99
84	MSP Reduction/Reduction Adjustment Amount – Part B	10	436-445	Net MSP reduction or reduction adjustment dollar amount – Part B, SSSSSS9.99
85	Medicaid Dual Status Code	2	446-447	<p>Entitlement status for the dual eligible beneficiary.</p> <p>The valid values when Field 40 = 1 are:</p> <p>01 = Eligible is entitled to Medicare-QMB only  02 = Eligible is entitled to Medicare-QMB AND Medicaid coverage  03 = Eligible is entitled to Medicare-SLMB only  04 = Eligible is entitled to Medicare-SLMB AND Medicaid coverage  05 = Eligible is entitled to Medicare-QDWI  06 = Eligible is entitled to Medicare-Qualifying individuals  08 = Eligible is entitled to Medicare-Other Dual Eligibles (Non QMB, SLMB,QDWI or QI) with Medicaid coverage  09 = Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage  99=Unknown</p> <p>The valid value when Field 40 = 0 is:  00 = No Medicaid Status</p> <p>The valid value when Field 40 is blank is:  Blank</p>
86	Part D Coverage Gap Discount Amount	8	448-455	The amount of the Coverage Gap Discount Amount included in the payment. -9999.99

## Monthly Membership Detail Report Data File

#	Field Name	Len	Pos	Description
87	Part D RA Factor Type	2	456-457	Type of factors in use (see Field 67): 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, Blank when it does not apply.
88	Default Part D Risk Factor Code	1	458	1=Not ESRD, Not Low Income, Not Originally Disabled, 2=Not ESRD, Not Low Income, Originally Disabled, 3=Not ESRD, Low Income, Not Originally Disabled, 4=Not ESRD, Low Income, Originally Disabled, 5= ESRD, Not Low Income, Not Originally Disabled, 6= ESRD, Low Income, Not Originally Disabled, 7= ESRD, Not Low Income, Originally Disabled, 8= ESRD, Low Income, Originally Disabled, Blank when it does not apply.
897	Filler	0	-459-475	Spaces

*Monthly Membership Summary Data File*

#	Field Name	Len	Pos	Description
1	MCO Contract Number	5	1-5	MCO Contract Number
2	Run Date of the File	8	6-13	YYYYMMDD
3	Payment Date	6	14-19	YYYYMM
4	Adjustment Reason Code	2	20-21	Adjustment reason Code
5	Record Description	10	22-31	Description of the record: TOTAL PAYM ESRD HOSPICE MCAID OTHER WA OUTOFAREA DIR SUBSDY LIS CSTSHR EST REINS PACE PRM PACE CSHR PTC PREM RBT AB CSR RBT AB MSB RBT D PRRE RBT D SUBE PTB PRM RE B PRM RE A B PRM RE D BSF MNTHLY AD MSP COV GAP TOTAL ADJ HOSPIC ON HOSPIC OFF ESRD ON ESRD OFF INST ON INST OF MCAID ON MCAID OFF WKAGE ON WKAGE OFF NHC ON NHC OFF DEATH RETRO ENRO RETRO DISEN

*Monthly Membership Summary Data File*

				CORR PARTA RETRO SCC C CORR DEATH CORR BIRTH CORR SEX PTC RATE CORR PARTB DISENROLL P DEMO FACTO PTC RSK AD PTCRAF MID RETRO CHF HOSPICE RAT RTRO PTC P RTRO PTD L RTRO CST S RTRO EST R RTRO PTC R RTRO REBAT PTD RATE C PTD RAF SEG ID CHG PTDRAF MID RETRO MSP PLN SUB PREM ESRD MSP
6	Payment Adjustment Count	7	32-38	Beneficiary Count
7	Month count	7	39-45	For payment record it will always be 1 but for adjustment record it will be spaces
8	Part A Member count	7	46-52	For payment records, beneficiary count for Part A; for adjustment records, spaces
9	Part A Month count	7	53-59	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted for Part A
10	Part B Member count	7	60-66	For payment records, beneficiary count for Part B; for adjustment records, spaces
11	Part B Month count	7	67-73	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted for Part B
12	Part A Payment/Adjustment Amount	13	74-86	PART A Amount

*Monthly Membership Summary Data File*

13	Part B Payment/Adjustment Amount	13	87-99	PART B Amount
14	Total Amount	13	100-112	Total Payment/Adjustment Amount
15	Part A Average	9	113-121	Average Part A Amount per Part A Member
16	Part B Average	9	122-130	Average Part B Amount per Part B Member
17	Payment/Adjustment Indicator	1	131-131	'P' for Payments and 'A' for Adjustments
18	PBP Number	3	132-134	Plan Benefit Package Number
19	Segment Number	3	135-137	Segment Number
20	Part D Member Count	7	138-144	For payment records, beneficiary count for PART D; for adjustment records, spaces
21	Part D Month Count	7	145-151	For payment record it will always be 1 but for adjustment record it will be the number of months adjusted for Part D
22	Part D Amount	13	152-164	Part D Amount
23	Part D Average	9	165-173	Average Part D Amount per Part D Member
24	LIS Band 25% member count	7	174-180	Count of Beneficiary's in the 25% LIS band
25	LIS Band 50% member count	7	181-187	Count of Beneficiary's in the 50% LIS band
26	LIS Band 75% member count	7	188-194	Count of Beneficiary's in the 75% LIS band
27	LIS Band 100% member count	7	195-201	Count of Beneficiary's in the 100% LIS band





### Monthly Membership Summary Report

19 CORR PARTB E \$\$\$,\$\$\$,\$\$\$,\$\$9.99-	zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-
20 WKAGE \$\$\$,\$\$\$,\$\$\$,\$\$9.99-	zzzzzz9 zzzzzz9 zzzzzz9	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-
21 INSTNHC \$\$\$,\$\$\$,\$\$\$,\$\$9.99-	zzzzzz9 zzzzzz9 zzzzzz9	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-
22 DISENROLL PR \$\$\$,\$\$\$,\$\$\$,\$\$9.99-	zzzzzz9 zzzzzz9 zzzzzz9 zzzzzz9	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-

### Monthly Membership Summary Report

	1	2	3	4	5	6	7	8	9	0	1	1	2	3
	1	2	3	4	5	6	7	8	9	0	1	1	2	3
23 DEMO FACTOR	zzzzzz9	zzzzzz9	zzzzzz9											
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
25 PTC RSK ADJF	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9										
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
26 RISK ADJ FAC	zzzzzz9	zzzzzz9	zzzzzz9											
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
29 HOSPICE RATE	zzzzzz9	zzzzzz9	zzzzzz9											
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
30 RTRO PTD PM	zzzzzz9				zzzzzz9									
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
31 RTRO PTD LIP	zzzzzz9					zzzzzz9								
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
32 RTRO CST SHR	zzzzzz9					zzzzzz9								
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
33 RTRO EST REI	zzzzzz9					zzzzzz9								
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
34 RTRO PTC PM	zzzzzz9	zzzzzz9	zzzzzz9											
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
35 RTRO REBATE	zzzzzz9	zzzzzz9	zzzzzz9											
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
36 PTD RATE CHG	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9										
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
37 PTD RAF CHG	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9										
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
38 SEG ID CHG	zzzzzz9	zzzzzz9	zzzzzz9											
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
41 PTD RAF ONGO	zzzzzz9					zzzzzz9								
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
42 RETRO MSP	zzzzzz9	zzzzzz9	zzzzzz9											
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
43 PLN WVD PRM	zzzzzz9					zzzzzz9								
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														
TOTAL ADJUSTMENT	zzzzzz9	zzzzzz9	zzzzzz9	zzzzzz9										
\$\$\$,\$\$\$,\$\$\$,\$\$9.99-														

TOTAL ADJUSTMENTS

Months A :	zzzzzz9	Part A Amount :	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-
Months B :	zzzzzz9	Part B Amount :	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-
Months D :	zzzzzz9	Part D Amount :	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-

### Monthly Membership Summary Report

Number of Adjustments : zzzzzzz9

Total Amount : \$\$\$,\$\$\$,\$\$\$,\$\$9.99-

TOTAL PYMT AMT A	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-
TOTAL PYMT AMT B	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-
TOTAL PYMT AMT D	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-
SUM TOTAL AMOUNT	\$\$\$,\$\$\$,\$\$\$,\$\$9.99-

### Monthly Plan Payment Report

CMS MONTHLY PLAN PAYMENT REPORT

PLAN NUMBER : H9999  
 PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 PAYMENT MONTH : 08/2010  
 Run Date : 08/23/2010  
 REPORT SECTION: CAPITATED PAYMENT - CURRENT ACTIVITY  
 TABLE NUMBER : 1

PAGE: 1/5

ARC	PAYMENT TYPE	COUNT	PART A	PART B	PART D	NET PAYMENT
	PROSPECTIVE PART A PAYMENT	30,013	13,922,935.06			13,922,935.06
	PROSPECTIVE PART B PAYMENT	30,012		12,314,291.90		12,314,291.90
	PROSPECTIVE PART D PAYMENT	29,309			3,788,851.64	3,788,851.64
(01)	DEATH OF BENEFICIARY	80	-69,898.31	-61,241.89		-13,719.33
(02)	RETROACTIVE ACCRETION	527	229,997.69	201,512.01	73,704.78	505,214.48
(03)	RETROACTIVE DELETION	273	-151,632.43	-132,867.73	-42,636.73	-327,136.89
(06)	PART A ENTITLEMENT LOSS	6	-2,100.55	-1,863.46		-4,569.77
(07)	HOSPICE	137	-109,599.45	-95,176.25	0.00	-204,775.70
(08)	ESRD	7	30,818.40	36,294.14	0.00	67,112.54
(09)	INSTITUTIONAL	0	0.00	0.00		0.00
(10)	MEDICAID	71	33,170.80	34,729.67		67,900.47
(11)	RETRO SCC	43	-285.09	-249.67		-534.76
(12)	CORRECTION TO DEATH	0	0.00	0.00	0.00	0.00
(13)	CORRECTION TO BIRTH	0	0.00	0.00	0.00	0.00
(14)	CORRECTION TO SEX	0	0.00	0.00	0.00	0.00
(18)	A/B RATE	0	0.00	0.00	0.00	0.00
(19)	CORRECTION TO PART B ENT	6	-1,937.51	-1,697.54	-825.23	-4,460.28
(20)	WORKING AGED	0	0.00	0.00	0.00	0.00
(21)	NHC	0	0.00	0.00	0.00	0.00
(22)	RETRO DELETE DUE TO ESRD	0	0.00	0.00	0.00	0.00
(23)	DEMO FACTOR ADJUSTMENT	0	0.00	0.00	0.00	0.00
(25)	RETRO RA RECON	0	0.00	0.00	0.00	0.00
(26)	RETRO RA RECON (MID-YEAR)	0	0.00	0.00	0.00	0.00
(27)	RETRO CHF	0	0.00	0.00	0.00	0.00
(31)	PART D LOW-INCOME STATUS	143			10,664.66	10,664.66
(36)	PART D RATE	0			0.00	0.00
(37)	PART D RA FACTOR	0			0.00	0.00
(38)	RETRO SEGMENT ID CHANGE	0	0.00	0.00	0.00	0.00
(41)	PART D RA FACTOR(MID-YEAR)	0			0.00	0.00
(42)	RETRO ESRD MSP FACTOR CHG	0	0.00	0.00		0.00
TOTALS		90,627	13,881,468.61	12,293,731.18	3,815,434.03**	29,990,633.82

\*\* THE TOTAL PART D INCLUDES COVERAGE GAP DISCOUNT OF:  
 PROSPECTIVE = 999,999.99  
 ADJUSTMENT = -9,999.99  
 Total = 999,999.99

\*\*\*\*\*  
 \* CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING \*  
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Monthly Plan Payment Report

CMS MONTHLY PLAN PAYMENT REPORT

PLAN NUMBER : H9999  
 PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 PAYMENT MONTH : 08/2010  
 REPORT SECTION: PREMIUM SETTLEMENT  
 TABLE NUMBER : 2

PAGE: 2/5

PAYMENT CATEGORY	PART C	PART D	NET PAYMENT
PART C PREMIUM WITHHOLDING	1,276.00		1,276.00
PART D PREMIUM WITHHOLDING		11,495.00	11,495.00
PART D LOW INCOME PREMIUM SUBSIDY		271,863.70	271,863.70
PART D LATE ENROLL PENALTIES (DIRECT BILL)		-1,751.00	-1,751.00
TOTALS	1,276.00	281,607.70	282,883.70

\*\*\*\*\*  
 \* CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING \*  
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### Monthly Plan Payment Report

CMS MONTHLY PLAN PAYMENT REPORT

PLAN NUMBER : H9999  
 PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 PAYMENT MONTH : 08/2010  
 REPORT SECTION: FEES  
 TABLE NUMBER : 3

DESCRIPTION	INPUTS	PART A	PART B	PART D	NET PAYMENT
EDUCATION USER FEE:					
1) PART A AMT SUBJECT TO FEE	\$13,907,129.63				
2) X FEE RATE	0.00054	-7,509.85			-7,509.85
3) PART B AMT SUBJECT TO FEE	\$12,300,444.44				
4) X FEE RATE	0.00054		-6,642.24		-6,642.24
5) PART D AMT SUBJECT TO FEE	\$4,058,351.85				
6) X FEE RATE	0.00054			-2,191.51	-2,191.51
TOTAL					-16,343.60
COB USER FEE:					
1) PROSP D MEMBERS	29,309				
2) X FEE RATE	\$0.28			-8,206.52	-8,206.52
TOTALS		-7,509.85	-6,642.24	-10,398.03	-24,550.12

\*\*\*\*\*  
 \* CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING \*  
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### Monthly Plan Payment Report

PLAN NUMBER : H9999  
 PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 PAYMENT MONTH : 08/2010  
 RUN DATE : 08/23/2010  
 REPORT SECTION: SPECIAL ADJUSTMENTS  
 TABLE NUMBER : 4

CMS MONTHLY PLAN PAYMENT REPORT

PAGE: 4/5

DOC ID	DESCRIPTION	SOURCE	TYPE	Payment Category	PART A	PART B	PART D	NET PAYMENT
2010-1234	MSP ADJUSTMENT OWED FOR 2009	DPO	RSK	Capitated	-15,813.19	-13,854.80	0.00	-29,667.99
				Premium C	0.00	0.00		0.00
				Premium D			0.00	0.00
				LIS			0.00	0.00
<b>TOTALS</b>					<b>-15,813.19</b>	<b>-13,854.80</b>	<b>0.00</b>	<b>-29,667.99</b>

\*\*\*\*\*  
 \* CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING \*  
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 CGD = Invoice for Coverage Gap Discount  
 CMP = Civil Monetary Penalty  
 CST = Cost Plan Adjustment  
 PTD = Annual Part D Reconciliation  
 OTH = Other - non-specific adjustment group  
 RSK = Risk Adjustments

### Monthly Plan Payment Report

CMS MONTHLY PLAN PAYMENT REPORT

PLAN NUMBER : H9999  
 PLAN NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 PAYMENT MONTH : 08/2010  
 REPORT SECTION: PAYMENT SUMMARY  
 TABLE NUMBER : 5

PAGE: 5/5

SOURCE	PAYMENT SUMMARY	PAYMENT TYPE	PREVIOUS BALANCE	CURRENT ACTIVITY	NET PAYMENT	BALANCE FORWARD
TABLE 1	PART A	CAPITATED	0.00	13,881,468.61	13,881,468.61	0.00
TABLE 1	PART B	CAPITATED	0.00	12,293,731.18	12,293,731.18	0.00
TABLE 1	PART D	CAPITATED	0.00	3,815,434.03	3,815,434.03	0.00
TABLE 2	PART C PREMIUM WITHHOLDING	PREMIUM	0.00	1,276.00	1,276.00	0.00
TABLE 2	PART D PREMIUM WITHHOLDING	PREMIUM	0.00	11,495.00	11,495.00	0.00
TABLE 2	PART D LOW INCOME PREMIUM SUBSIDY	PREMIUM	0.00	271,863.70	271,863.70	0.00
TABLE 2	PART D LATE ENROLL PENALTIES	PREMIUM	0.00	-1,751.00	-1,751.00	0.00
TABLE 3	EDUCATION USER FEE	FEES	0.00	-16,343.60	-16,343.60	0.00
TABLE 3	PART D COB USER FEE	FEES	0.00	-8,206.52	-8,206.52	0.00
TABLE 4	DOC ID 2010-1234	SPECIAL ADJUSTMENTS	0.00	-29,667.99	-29,667.99	0.00
TOTALS			0.00	30,219,299.41	30,219,299.41	0.00

\*\*\*\*\*  
 \* CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING \*  
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## The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
<b>HEADER RECORD</b>					
1	Contract Number	1-5	5	Character	Contract Number
2	Record Identification Code	6-6	1	Character	Record Type Identifier H = Header Record
3	Contract Name	7 – 56	50	Character	Name of the Contract
4	Payment Cycle Date	57 – 62	6	Character	Identified the month and year of payment:
5	Run Date	63 – 70	8	Character	Format = YYYYMM Identifies the date file was created:
6	Filler	71 – 200	130	Character	Format = YYYYMMDD Spaces
<b>CAPITATED PAYMENT – CURRENT ACTIVITY</b>					
7	Contract Number	1-5			Contract Number
8	Record Identification Code	6-6			Record Type Identifier C = Capitated Payment
9	Table ID Number	7-7			1
10	Adjustment Reason Code	8-9			Blank = for prospective pay

## The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
					For list of adjustment reason codes consult Section H.3 of the <u>Medicare Advantage and Prescription Drug Plan Communications User Guide</u>
11	Part A Total Members	10-17	8	Numeric	Number of beneficiaries Part A payments is being made prospectively. Format: ZZZZZZZ9
12	Part B Total Members	18-25	8	Numeric	Number of beneficiaries Part B payments is being made prospectively. Format: ZZZZZZZ9
13	Part D Total Members	26-33	8	Numeric	Number of beneficiaries Part D payments is being made prospectively. Format: ZZZZZZZ9
14	Part A Payment Amount	34-46	13	Numeric	Total Part A Amount Format: SSSSSSSS9.99
15	Part B Payment Amount	47-59	13	Numeric	Total Part B Amount Format: SSSSSSSS9.99
16	Part D Payment Amount	60-72	13	Numeric	Total Part D Amount Format: SSSSSSSS9.99
17	Coverage Gap Discount Amount	73 – 85	13	Numeric	The Coverage Gap Discount Amount included in Part D Payment. Format: SSSSSSSS9.99
18	Total Payment	86- 98	13	Numeric	Total Payment Format: SSSSSSSS9.99
19	Filler	99 – 200	102	Character	Spaces

## The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
<b>PREMIUM SETTLEMENT</b>					
20	Contract Number	1 – 5	5	Character	Contract Number
21	Record Identification Code	6 – 6	1	Character	Record Type Identifier P = Premium Settlement
22	Table ID Number	7 – 7	1	Character	2
23	Part C Premium Withholding Amount	8 – 20	13	Numeric	Total Part C Premium Amount Format: SSSSSSSSS9.99
24	Part D Premium Withholding Amount	21 – 33	13	Numeric	Total Part D Premium Amount Format: SSSSSSSSS9.99
25	Part D Low Income Premium Subsidy	34 – 46	13	Numeric	Total Low Income Premium Subsidy Format: SSSSSSSSS9.99
26	Part D Late Enrollment Penalty	47 – 59	13	Numeric	Total Late Enrollment Penalty Format: SSSSSSSSS9.99
27	Total Premium Settlement Amount	60 – 72	13	Numeric	Total Premium Settlement Format: SSSSSSSSS9.99
28	Filler	73 – 200	128	Character	Spaces
<b>FEES</b>					
29	Contract Number	1 – 5	5	Character	Contract Number
30	Record Identification Code	6 – 6	1	Character	Record Type Identifier F = FEES

## The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
31	Table ID Number	7 – 7	1	Character	3
32	NMEC Part A Subject to Fee	8 – 20	13	Numeric	Part A amount subject to National Medicare Educational Campaign fees. Format:ZZZZZZZZZZ9.99
33	NMEC Part A Rate	21 – 27	7	Numeric	Rate used to calculate the fees for Part A. Format: 0.99999
34	Part A Fee Amount	28 – 40	13	Numeric	Fee Assessed for Part A Format:SSSSSS9.99
35	NMEC Part B Subject to Fee	41 – 53	13	Numeric	Part B amount subject to National Medicare Educational Campaign fees. Format:ZZZZZZZZZZ9.99
36	NMEC Part B Rate	54 – 60	7	Numeric	Rate used to calculate the fees for Part B. Format: 0.99999
37	Part B Fee Amount	61 – 73	13	Numeric	Fee Assessed for Part B Format: SSSSSS9.99
38	NMEC Part D Subject to Fee	74 – 86	13	Numeric	Part D amount subject to National Medicare Educational Campaign fees. Format:ZZZZZZZZZZ9.99
39	NMEC Part D Rate	87 – 93	7	Numeric	Rate used to calculate the fees for Part D. Format: 0.99999
40	Part D Fee Amount	94 – 106	13	Numeric	Fee Assessed for Part D Format: SSSSSS9.99
41	Total NMEC Fee	107 – 119	13	Numeric	Total NMEC Fee Assessed

## The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
	Assessed				for Part A, B and D Format: SSSSSS9.99
42	Total Prospective Part D Members	120 – 127	8	Numeric	Total members for Part D Format: ZZZZZZZ9
43	Rate for COB Fees	128 – 131	4	Numeric	Rate used to calculate the COB fees. Format: 0.99
44	Amount of COB Fees	132 – 144	13	Numeric	COB Fee Format: SSSSSS9.99
45	Total of Assessed Fees	145 – 157	13	Numeric	Total of all Fees Assessments Format: SSSSSS9.99
46	Filler	158 – 200	43	Character	Spaces
<b>SPECIAL ADJUSTMENTS</b>					
47	Contract Number	1 – 5	5	Character	Contract Number
48	Record Identification Code	6 – 6	1	Character	Record Type Identifier S = Special Adjustments
49	Table ID Number	7 – 7	1	Character	4
50	Document ID	8 – 15	8	Numeric	The document ID for identifying the adjustment.
51	Source	16 – 20	5	Character	The CMS division responsible for initiating the adjustments.
52	Description	21 – 70	50	Character	The reason the adjustment was made.

## The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
53	Type	71 – 90	20	Character	The payment component the adjustment is for. <ul style="list-style-type: none"> <li>- Civil Monetary Penalty</li> <li>- Cost Plan Adjustment</li> <li>- Annual Part D Reconciliation</li> <li>- Risk Adjustment</li> <li>- Coverage Gap Invoice</li> <li>- Other – default non-specific group.</li> </ul>
54	Adjustment to Part A	91 – 103	13	Numeric	Adjustment amount for Part A Format: SSSSSSSSS9.99
55	Adjustment to Part B	104 – 116	13	Numeric	Adjustment amount for Part B Format: SSSSSSSSS9.99
56	Adjustment to Part D	117 – 129	13	Numeric	Adjustment amount for Part D. Format: SSSSSSSSS9.99
57	Premium C Withholding Part A	130 – 142	13	Numeric	Adjustment amount for Premium Withholding Part A. Format: SSSSSSSSS9.99
58	Premium C Withholding Part B	143 – 155	13	Numeric	Adjustment amount for Premium Withholding Part B. Format: SSSSSSSSS9.99
59	Premium D Withholding	156 – 168	13	Numeric	Adjustment amount for Premium D Withholding.

## The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
60	Part D Low Income Premium Subsidy	169 - 181	13	Numeric	Format: SSSSSSSSS9.99 Adjustment amount for Low Income Subsidy.
61	Total Adjustment Amount	182 - 194	13	Numeric	Format: SSSSSSSSS9.99 Total Adjustments Format: SSSSSSSSS9.99
62	Filler	195 - 200	6	Character	Spaces
<b>Payment Summary</b>					
63	Contract Number	1 - 5	5	Character	Contract Number
64	Record Identification Code	6 - 6	1	Character	Record Type Identifier A = Payment Summary
65	Table ID Number	7 - 7	1	Character	5
66	Part A Amount	8 - 20	13	Numeric	Part A amount from Table 1 Format: ZZZZZZZZZ9.99
67	Part B Amount	21 - 33	13	Numeric	Part B amount from Table 1 Format: ZZZZZZZZZ9.99
68	Part D Amount	34 - 46	13	Numeric	Part D amount from Table 1 Format: ZZZZZZZZZ9.99
69	Part C Premium Withholding	47 - 59	13	Numeric	Part C Premium Amount from Table 2 Format: ZZZZZZZZZ9.99
70	Part D Premium Withholding	60 - 72	13	Numeric	Part D Premium amount from Table 2

The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
71	Part D Low Income Premium Subsidy	73 – 85	13	Numeric	Format: ZZZZZZZZZ9.99 Part D Low Income Subsidy amount from Table 2
72	Part D Late Enrollment Penalty	86 – 98	13	Numeric	Format: ZZZZZZZZZ9.99 Part D Late Enrollment Penalty amount from Table 2
73	Education User Fee	99 – 111	13	Numeric	Format: SSSSSSS9.99 Total NMEC fee from Table 3
74	Part D COB User Fee	112 – 124	13	Numeric	Format: SSSSS9.99 Total COB fee from Table 3
75	CMS Special Adjustments	125 – 137	13	Numeric	Format:SSSSSS9.99 Special CMS Adjustments from Table 4
76	Filler	138 – 200	63	Character	Format: ZZZZZZZZZ9.99 Spaces.

### No Premium Due Data File Layout

Field	Size	Position	Description
1. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Filler	1	42	Space
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Spaces
10. County Code	3	50 – 52	Spaces
11. Disability Indicator	1	53	Space
12. Hospice Indicator	1	54	Space
13. Institutional/NHC Indicator	1	55	Space
14. ESRD Indicator	1	56	Space
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code Defaulted to '267'
16. Transaction Type Code	2	60 – 61	Transaction Type Code Defaulted to '01' for special reports
17. Entitlement Type Code	1	62	Space
18. Effective Date	8	63 – 70	YYYYMMDD Format; Example: 20110101 (set to first of January of the year for which payment extension was run)
19. WA Indicator	1	71	Space
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Space
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Set to the report generation date.

### No Premium Due Data File Layout

Field	Size	Position	Description
23. UI Initiated Change Flag	1	84	Space
24. FILLER	12	85 – 96	Spaces
25. District Office Code	3	97 – 99	Spaces
26. Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	Spaces
27. End Date	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Spaces
29. Prior Plan Benefit Package ID	3	121 – 123	Spaces
30. Application Date	8	124 – 131	Spaces
31. UI User Organization Designation	2	132 – 133	Spaces
32. Out of Area Flag	1	134 – 134	Space
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; Default to '000' when blank.
34. Part C Beneficiary Premium	8	138 – 145	Part C Premium Amount (Since this report is only reporting on beneficiaries that have No Premium Due, by definition, this amount will be zero)
35. Part D Beneficiary Premium	8	146 – 153	Part D Premium Amount (Since this report is only reporting on beneficiaries that have No Premium Due, by definition, this amount will be zero)
36. Election Type	1	154 – 154	Space
37. Enrollment Source	1	155 – 155	Space
38. Part D Opt-Out Flag	1	156 – 156	Space
39. Premium Withhold Option/Parts C-D	1	157 – 157	'N' = No premium applicable;
40. Number of Uncovered Months	3	158 – 160	Spaces
41. Creditable Coverage Flag	1	161 – 161	Space
42. Employer Subsidy Override Flag	1	162 – 162	Space

### No Premium Due Data File Layout

Field	Size	Position	Description
43. Processing Timestamp	15	163 – 177	The report generation time. Format: HH.MM.SS.SSSSSS
44. Filler	20	178 – 197	Spaces
45. Secondary Drug Insurance Flag	1	198-198	Space
46. Secondary Rx ID	20	199 – 218	Spaces
47. Secondary Rx Group	15	219 – 233	Spaces
48. EGHP	1	234 - 234	Space
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	Spaces
50. Low-Income Co-Pay Category	1	238 – 238	Space
51. 51. Low-Income Period Effective Date	8	239 - 246	Spaces
52. Part D Late Enrollment Penalty Amount	8	247 - 254	Spaces
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Spaces
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Spaces
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Spaces
56. Part D Rx BIN	6	279 - 284	Spaces
57. Part D Rx PCN	10	285 - 294	Spaces
58. Part D Rx Group	15	295 - 309	Spaces
59. Part D Rx ID	20	310 - 329	Spaces
60. Secondary Rx BIN	6	330 - 335	Spaces
61. Secondary Rx PCN	10	336 - 345	Spaces
62. De Minimis Differential Amount	8	346 - 353	Spaces
63. MSP Status Flag	1	354 - 354	Space

**No Premium Due Data File Layout**

<b>Field</b>	<b>Size</b>	<b>Position</b>	<b>Description</b>
64. Low Income Period End Date	8	355 - 362	Spaces
65. Low Income Subsidy Source Code	1	363 - 363	Space
66. Enrollee Type Flag, PBP Level	1	364 - 364	Space
67. Application Date Indicator	1	365 - 365	Space
68. Filler	135	366 - 500	Spaces





Monthly Membership Detail Report Formats – Non-Drug Plans

*(below benchmark bid)*

1 2 3 4 5 6 7 8 9 0 1 2 3  
 123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123

RUN DATE: 20090124  
 PAYMENT MONTH:200902

MONTHLY MEMBERSHIP REPORT – NON DRUG  
 PLAN(Hzzzz) PBP(nnn) SEGMENT(mmm) PLAN NAME HERE

PAGE: 1

										REBATES							
BASIC PREMIUM		COST SHR REDUC	MAND SUPP BENEFIT	PART D SUPP BENEFIT	PART B BAS PRM REDUC	PART D BAS PRM REDUC											
PART A	N/A	\$SSS9.99	\$SSS9.99	\$SSS9.99	\$SSS9.99	\$SSS9.99											
PART B	N/A	\$SSS9.99	\$SSS9.99	\$SSS9.99	\$SSS9.99	\$SSS9.99											
CLAIM NUMBER		SURNAME	FIRST	DMG	BIRTH DATE	FLAGS				PAYMENTS/ADJUSTMENTS							
E AGE	STATE	P P	M F	A D	S C	MTHS	PAYMENT DATE	LAG	FTYPE	FACTORS	AMOUNT						
X GRP	CNTY	A A H E I	C R O D E E O M A B	O R R O S N N A A R D F G U M C	START	END	FRAILTY-SCORE	MSP	MSP								
I RA	DATE	A A B P D T C D L C N U P C P I DCG	REA	FCTR-A	FCTR-B	PART A	PART B	TOTAL	PAYMENT								
1234567890AB	F 8084 33800						200405 200405	Y	C	99.9999	99.9999	\$SSSS9.99					
FIRST	G 8084 19200206 Y Y N				1	Y Z9Z9	ZZ 1.0650 1.0650	\$SSSSSS9.99	\$SSSSSS9.99			\$SSSSSS9.99					
0987654321AB	M 8084 33800						200405 200405	Y	C	99.9999	99.9999	\$SSSS9.99					
SECOND	H 8084 19251008 Y Y Y Y				4	P N Z9Z9	ZZ 1.0650 1.0650	\$SSSSSS9.99	\$SSSSSS9.99			\$SSSSSS9.99					

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "2"	1 = Header, 2 = Details, 3 = Trailer
2	Health Insurance Claim Account Number	Char(12)	2	13	12	Also known as HICAN	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICAN consist of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12 byte account number.
3	Beneficiary Last Name	Char(12)	14	25	12	First 12 bytes of the Bene Last Name	Beneficiary Last Name
4	Beneficiary First Name	Char(7)	26	32	7	First 7 bytes of the bene First Name	Beneficiary First Name
5	Beneficiary Initial	Char(1)	33	33	1	1 byte Initial	Beneficiary Initial
6	Date of Birth	Char(8)	34	41	8	Formatted as yyyyymmdd	The date of birth of the Medicare Beneficiary

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
7	Sex	Char(1)	42	42	1	0=unknown, 1=male, 2=female	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
8	Social Security Number	Char(9)	43	51	9	Also known as SSN_NUM	The beneficiary's current identification number that was assigned by the Social Security Administration.
9	Age Group Female 0-34	Char(1)	52	52	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 0 through 34.
10	Age Group Female35_44	Char(1)	53	53	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 35 through 44.
11	Age Group Female45_54	Char(1)	54	54	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 45 through 54.
12	Age Group Female55_59	Char(1)	55	55	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 55 through 59.

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
13	Age Group Female60_64	Char(1)	56	56	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 60 through 64.
14	Age Group Female65_69	Char(1)	57	57	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 65 through 69.
15	Age Group Female70_74	Char(1)	58	58	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 70 through 74.
16	Age Group Female75_79	Char(1)	59	59	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 75 through 79.
17	Age Group Female80_84	Char(1)	60	60	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 80 through 84.

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
18	Age Group Female85_89	Char(1)	61	61	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 85 through 89.
19	Age Group Female90_94	Char(1)	62	62	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 90 through 94.
20	Age Group Female95_GT	Char(1)	63	63	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between age of 95 and greater.
21	Age Group Male0_34	Char(1)	64	64	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 0 through 34.
22	Age Group Male35_44	Char(1)	65	65	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 35 through 44.

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
23	Age Group Male45_54	Char(1)	66	66	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 45 through 54.
24	Age Group Male55_59	Char(1)	67	67	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 55 through 59.
25	Age Group Male60_64	Char(1)	68	68	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 60 through 64.
26	Age Group Male65_69	Char(1)	69	69	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 65 through 69.
27	Age Group Male70_74	Char(1)	70	70	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 70 through 74.

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
28	Age Group Male75_79	Char(1)	71	71	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 75 through 79.
29	Age Group Male80_84	Char(1)	72	72	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 80 through 84.
30	Age Group Male85_89	Char(1)	73	73	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 85 through 89.
31	Age Group Male90_94	Char(1)	74	74	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 90 through 94.
32	Age Group Male95_GT	Char(1)	75	75	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between age of 95 and greater.

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
33	Originally Disabled Female	Char(1)	76	76	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female aged (age>64) and original Medicare entitlement was due to disability.
34	Originally Disabled Male	Char(1)	77	77	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male aged (age>64) and original Medicare entitlement was due to disability.
35	Disease Coefficients RXHCC1	Char(1)	78	78	1	Set to "1" if applicable, otherwise "0"	HIV/AIDS
36	Disease Coefficients RXHCC5	Char(1)	79	79	1	Set to "1" if applicable, otherwise "0"	Opportunistic Infections
37	Disease Coefficients RXHCC8	Char(1)	80	80	1	Set to "1" if applicable, otherwise "0"	Chronic Myeloid Leukemia

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
38	Disease Coefficients RXHCC9	Char(1)	81	81	1	Set to "1" if applicable, otherwise "0"	Multiple Myeloma and Other Neoplastic Disorders
39	Disease Coefficients RXHCC10	Char(1)	82	82	1	Set to "1" if applicable, otherwise "0"	Breast, Lung, and Other Cancers and Tumors
40	Disease Coefficients RXHCC11	Char(1)	83	83	1	Set to "1" if applicable, otherwise "0"	Prostate and Other Cancers and Tumors
41	Disease Coefficients RXHCC14	Char(1)	84	84	1	Set to "1" if applicable, otherwise "0"	Diabetes with Complications
42	Disease Coefficients RXHCC15	Char(1)	85	85	1	Set to "1" if applicable, otherwise "0"	Diabetes without Complication

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
43	Disease Coefficients RXHCC18	Char(1)	86	86	1	Set to "1" if applicable, otherwise "0"	Diabetes Insipidus and Other Endocrine and Metabolic Disorders
44	Disease Coefficients RXHCC19	Char(1)	87	87	1	Set to "1" if applicable, otherwise "0"	Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders
45	Disease Coefficients RXHCC20	Char(1)	88	88	1	Set to "1" if applicable, otherwise "0"	Thyroid Disorders
46	Disease Coefficients RXHCC21	Char(1)	89	89	1	Set to "1" if applicable, otherwise "0"	Morbid Obesity
47	Disease Coefficients RXHCC23	Char(1)	90	90	1	Set to "1" if applicable, otherwise "0"	Disorders of Lipoid Metabolism

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
48	Disease Coefficients RXHCC25	Char(1)	91	91	1	Set to "1" if applicable, otherwise "0"	Chronic Viral Hepatitis
49	Disease Coefficients RXHCC30	Char(1)	92	92	1	Set to "1" if applicable, otherwise "0"	Chronic Pancreatitis
50	Disease Coefficients RXHCC31	Char(1)	93	93	1	Set to "1" if applicable, otherwise "0"	Pancreatic Disorders and Intestinal Malabsorption, Except Pancreatitis
51	Disease Coefficients RXHCC32	Char(1)	94	94	1	Set to "1" if applicable, otherwise "0"	Inflammatory Bowel Disease
52	Disease Coefficients RXHCC33	Char(1)	95	95	1	Set to "1" if applicable, otherwise "0"	Esophageal Reflux and Other Disorders of Esophagus

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
53	Disease Coefficients RXHCC38	Char(1)	96	96	1	Set to "1" if applicable, otherwise "0"	Aseptic Necrosis of Bone
54	Disease Coefficients RXHCC40	Char(1)	97	97	1	Set to "1" if applicable, otherwise "0"	Psoriatic Arthropathy
55	Disease Coefficients RXHCC41	Char(1)	98	98	1	Set to "1" if applicable, otherwise "0"	Rheumatoid Arthritis and Other Inflammatory Polyarthropathy
56	Disease Coefficients RXHCC42	Char(1)	99	99	1	Set to "1" if applicable, otherwise "0"	Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies
57	Disease Coefficients RXHCC45	Char(1)	100	100	1	Set to "1" if applicable, otherwise "0"	Osteoporosis, Vertebral and Pathological Fractures

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
58	Disease Coefficients RXHCC47	Char(1)	101	101	1	Set to "1" if applicable, otherwise "0"	Sickle Cell Anemia
59	Disease Coefficients RXHCC48	Char(1)	102	102	1	Set to "1" if applicable, otherwise "0"	Myelodysplastic Syndromes, Except High-Grade
60	Disease Coefficients RXHCC49	Char(1)	103	103	1	Set to "1" if applicable, otherwise "0"	Immune Disorders
61	Disease Coefficients RXHCC50	Char(1)	104	104	1	Set to "1" if applicable, otherwise "0"	Aplastic Anemia and Other Significant Blood Disorders
62	Disease Coefficients RXHCC54	Char(1)	105	105	1	Set to "1" if applicable, otherwise "0"	Alzheimer's Disease

## RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
63	Disease Coefficients RXHCC55	Char(1)	106	106	1	Set to "1" if applicable, otherwise "0"	Dementia, Except Alzheimer's Disease
64	Disease Coefficients RXHCC58	Char(1)	107	107	1	Set to "1" if applicable, otherwise "0"	Schizophrenia
65	Disease Coefficients RXHCC59	Char(1)	108	108	1	Set to "1" if applicable, otherwise "0"	Bipolar Disorders
66	Disease Coefficients RXHCC60	Char(1)	109	109	1	Set to "1" if applicable, otherwise "0"	Major Depression
67	Disease Coefficients RXHCC61	Char(1)	110	110	1	Set to "1" if applicable, otherwise "0"	Specified Anxiety, Personality, and Behavior Disorders

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
68	Disease Coefficients RXHCC62	Char(1)	111	111	1	Set to "1" if applicable, otherwise "0"	Depression
69	Disease Coefficients RXHCC63	Char(1)	112	112	1	Set to "1" if applicable, otherwise "0"	Anxiety Disorders
70	Disease Coefficients RXHCC65	Char(1)	113	113	1	Set to "1" if applicable, otherwise "0"	Autism
71	Disease Coefficients RXHCC66	Char(1)	114	114	1	Set to "1" if applicable, otherwise "0"	Profound or Severe Mental Retardation/Developmental Disability
72	Disease Coefficients RXHCC67	Char(1)	115	115	1	Set to "1" if applicable, otherwise "0"	Moderate Mental Retardation/Developmental Disability

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
73	Disease Coefficients RXHCC68	Char(1)	116	116	1	Set to "1" if applicable, otherwise "0"	Mild or Unspecified Mental Retardation/Developmental Disability
74	Disease Coefficients RXHCC71	Char(1)	117	117	1	Set to "1" if applicable, otherwise "0"	Myasthenia Gravis, Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease
75	Disease Coefficients RXHCC72	Char(1)	118	118	1	Set to "1" if applicable, otherwise "0"	Spinal Cord Disorders
76	Disease Coefficients RXHCC74	Char(1)	119	119	1	Set to "1" if applicable, otherwise "0"	Polyneuropathy
77	Disease Coefficients RXHCC75	Char(1)	120	120	1	Set to "1" if applicable, otherwise "0"	Multiple Sclerosis

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
78	Disease Coefficients RXHCC76	Char(1)	121	121	1	Set to "1" if applicable, otherwise "0"	Parkinson's Disease
79	Disease Coefficients RXHCC78	Char(1)	122	122	1	Set to "1" if applicable, otherwise "0"	Intractable Epilepsy
80	Disease Coefficients RXHCC79	Char(1)	123	123	1	Set to "1" if applicable, otherwise "0"	Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy
81	Disease Coefficients RXHCC80	Char(1)	124	124	1	Set to "1" if applicable, otherwise "0"	Convulsions
82	Disease Coefficients RXHCC81	Char(1)	125	125	1	Set to "1" if applicable, otherwise "0"	Migraine Headaches

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
83	Disease Coefficients RXHCC83	Char(1)	126	126	1	Set to "1" if applicable, otherwise "0"	Trigeminal and Postherpetic Neuralgia
84	Disease Coefficients RXHCC86	Char(1)	127	127	1	Set to "1" if applicable, otherwise "0"	Pulmonary Hypertension and Other Pulmonary Heart Disease
85	Disease Coefficients RXHCC87	Char(1)	128	128	1	Set to "1" if applicable, otherwise "0"	Congestive Heart Failure
86	Disease Coefficients RXHCC88	Char(1)	129	129	1	Set to "1" if applicable, otherwise "0"	Hypertension
87	Disease Coefficients RXHCC89	Char(1)	130	130	1	Set to "1" if applicable, otherwise "0"	Coronary Artery Disease

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
88	Disease Coefficients RXHCC93	Char(1)	131	131	1	Set to "1" if applicable, otherwise "0"	Atrial Arrhythmias
89	Disease Coefficients RXHCC97	Char(1)	132	132	1	Set to "1" if applicable, otherwise "0"	Cerebrovascular Disease, Except Hemorrhage or Aneurysm
90	Disease Coefficients RXHCC98	Char(1)	133	133	1	Set to "1" if applicable, otherwise "0"	Spastic Hemiplegia
91	Disease Coefficients RXHCC100	Char(1)	134	134	1	Set to "1" if applicable, otherwise "0"	Venous Thromboembolism
92	Disease Coefficients RXHCC101	Char(1)	135	135	1	Set to "1" if applicable, otherwise "0"	Peripheral Vascular Disease

## RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
93	Disease Coefficients RXHCC103	Char(1)	136	136	1	Set to "1" if applicable, otherwise "0"	Cystic Fibrosis
94	Disease Coefficients RXHCC104	Char(1)	137	137	1	Set to "1" if applicable, otherwise "0"	Chronic Obstructive Pulmonary Disease and Asthma
95	Disease Coefficients RXHCC105	Char(1)	138	138	1	Set to "1" if applicable, otherwise "0"	Pulmonary Fibrosis and Other Chronic Lung Disorders
96	Disease Coefficients RXHCC106	Char(1)	139	139	1	Set to "1" if applicable, otherwise "0"	Gram-Negative/Staphylococcus Pneumonia and Other Lung Infections
98	Disease Coefficients RXHCC111	Char(1)	140	140	1	Set to "1" if applicable, otherwise "0"	Diabetic Retinopathy

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
99	Disease Coefficients RXHCC113	Char(1)	141	141	1	Set to "1" if applicable, otherwise "0"	Open-Angle Glaucoma
100	Disease Coefficients RXHCC120	Char(1)	142	142	1	Set to "1" if applicable, otherwise "0"	Kidney Transplant Status
101	Disease Coefficients RXHCC121	Char(1)	143	143	1	Set to "1" if applicable, otherwise "0"	Dialysis Status
102	Disease Coefficients RXHCC122	Char(1)	144	144	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease Stage 5
103	Disease Coefficients RXHCC123	Char(1)	145	145	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease Stage 4

## RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
104	Disease Coefficients RXHCC124	Char(1)	146	146	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease Stage 3
105	Disease Coefficients RXHCC125	Char(1)	147	147	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease Stage 1, 2, or Unspecified
106	Disease Coefficients RXHCC126	Char(1)	148	148	1	Set to "1" if applicable, otherwise "0"	Nephritis
107	Disease Coefficients RXHCC142	Char(1)	149	149	1	Set to "1" if applicable, otherwise "0"	Chronic Ulcer of Skin, Except Pressure
108	Disease Coefficients RXHCC145	Char(1)	150	150	1	Set to "1" if applicable, otherwise "0"	Pemphigus

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
109	Disease Coefficients RXHCC147	Char(1)	151	151	1	Set to "1" if applicable, otherwise "0"	Psoriasis, Except with Arthropathy
110	Disease Coefficients RXHCC156	Char(1)	152	152	1	Set to "1" if applicable, otherwise "0"	Narcolepsy and Cataplexy
111	Disease Coefficients RXHCC166	Char(1)	153	153	1	Set to "1" if applicable, otherwise "0"	Lung Transplant Status
112	Disease Coefficients RXHCC167	Char(1)	154	154	1	Set to "1" if applicable, otherwise "0"	Major Organ Transplant Status, Except Lung, Kidney, and Pancreas
113	Disease Coefficients RXHCC168	Char(1)	155	155	1	Set to "1" if applicable, otherwise "0"	Pancreas Transplant Status
<b>The following fields are associated with the Rx HCC Continuing Enrollee Institutional Score only</b>							

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
114	Originally Disabled	Char(1)	156	156	1	Set to "1" if applicable, otherwise "0"	The original reason for Medicare entitlement was due to disability.
115	NONAGED RXHCC1	Char(1)	157	157	1	Set to "1" if applicable, otherwise "0"	Non Aged and HIV/AIDS
116	NONAGED RXHCC58	Char(1)	158	158	1	Set to "1" if applicable, otherwise "0"	Non Aged and Schizophrenia
117	NONAGED RXHCC59	Char(1)	159	159	1	Set to "1" if applicable, otherwise "0"	Non Aged and Bipolar Disorders
118	NONAGED RXHCC60	Char(1)	160	160	1	Set to "1" if applicable, otherwise "0"	Non Aged and Major Depression
119	NONAGED RXHCC61	Char(1)	161	161	1	Set to "1" if applicable, otherwise "0"	Non Aged and Specified Anxiety, Personality, and Behavior Disorders

## RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
120	NONAGED RXHCC62	Char(1)	162	162	1	Set to "1" if applicable, otherwise "0"	Non Aged and Depression
121	NONAGED RXHCC63	Char(1)	163	163	1	Set to "1" if applicable, otherwise "0"	Non Aged and Anxiety Disorders
122	NONAGED RXHCC65	Char(1)	164	164	1	Set to "1" if applicable, otherwise "0"	Non Aged and Autism
123	NONAGED RXHCC75	Char(1)	165	165	1	Set to "1" if applicable, otherwise "0"	Non Aged and Multiple Sclerosis
124	NONAGED RXHCC78	Char(1)	166	166	1	Set to "1" if applicable, otherwise "0"	Non Aged and Intractable Epilepsy

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (new)

Field #	Field Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
125	NONAGED RXHCC79	Char(1)	167	167	1	Set to "1" if applicable, otherwise "0"	Non Aged and Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy
126	NONAGED RXHCC80	Char(1)	168	168	1	Set to "1" if applicable, otherwise "0"	Non Aged and Convulsions
			168	168	168		

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (old)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "2"	1 = Header, 2 = Details, 3 = Trailer
2	Health Insurance Claim Account Number	Char(12)	2	13	12	Also known as HICAN	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICAN consist of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12-byte account number.
3	Beneficiary Last Name	Char(12)	14	25	12	First 12 bytes of the Bene Last Name	Beneficiary Last Name
4	Beneficiary First Name	Char(7)	26	32	7	First 7 bytes of the Bene First Name	Beneficiary First Name
5	Beneficiary Initial	Char(1)	33	33	1	1 byte Initial	Beneficiary Initial
6	Date of Birth	Char(8)	34	41	8	Formatted as yyyymmdd	The date of birth of the Medicare Beneficiary

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (old)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
7	Sex	Char(1)	42	42	1	0=unknown, 1=male, 2=female	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
8	Social Security Number	Char(9)	43	51	9	Also known as SSN_NUM	The beneficiary's current identification number that was assigned by the Social Security Administration.
9	Age Group Female 0-34	Char(1)	52	52	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 0 through 34.
10	Age Group Female35_44	Char(1)	53	53	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 35 through 44.
11	Age Group Female45_54	Char(1)	54	54	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 45 through 54.
12	Age Group Female55_59	Char(1)	55	55	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 55 through 59.
13	Age Group Female60_64	Char(1)	56	56	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 60 through 64.
14	Age Group Female65_69	Char(1)	57	57	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 65 through 69.
15	Age Group Female70_74	Char(1)	58	58	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 70 through 74.
16	Age Group Female75_79	Char(1)	59	59	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 75 through 79.

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (old)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
17	Age Group Female80_84	Char(1)	60	60	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 through 84.
18	Age Group Female85_89	Char(1)	61	61	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 through 89.
19	Age Group Female90_94	Char(1)	62	62	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 through 94.
20	Age Group Female95_GT	Char(1)	63	63	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 95 and greater.
21	Age Group Male0_34	Char(1)	64	64	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 through 34.
22	Age Group Male35_44	Char(1)	65	65	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 through 44.
23	Age Group Male45_54	Char(1)	66	66	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 through 54.
24	Age Group Male55_59	Char(1)	67	67	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 through 59.
25	Age Group Male60_64	Char(1)	68	68	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 through 64.
26	Age Group Male65_69	Char(1)	69	69	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 through 69.
27	Age Group Male70_74	Char(1)	70	70	1	Set to "1" if applicable,	The sex and age group for the beneficiary based on a given as of date. Male between

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (old)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
						otherwise "0"	ages of 70 through 74.
28	Age Group Male75_79	Char(1)	71	71	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 through 79.
29	Age Group Male80_84	Char(1)	72	72	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 through 84.
30	Age Group Male85_89	Char(1)	73	73	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 through 89.
31	Age Group Male90_94	Char(1)	74	74	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 through 94.
32	Age Group Male95_GT	Char(1)	75	75	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 95 and greater.
33	Originally Disabled Female	Char(1)	76	76	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female aged (age>64) and original Medicare entitlement was due to disability.
34	Originally Disabled Male	Char(1)	77	77	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male aged (age>64) and original Medicare entitlement was due to disability.
35	Disease Coefficients RXHCC1	Char(1)	78	78	1	Set to "1" if applicable, otherwise "0"	HIV/AIDS
36	Disease Coefficients RXHCC2	Char(1)	79	79	1	Set to "1" if applicable, otherwise "0"	Opportunistic Infections
37	Disease Coefficients RXHCC3	Char(1)	80	80	1	Set to "1" if applicable, otherwise "0"	Infectious Diseases

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (old)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
38	Disease Coefficients RXHCC8	Char(1)	81	81	1	Set to "1" if applicable, otherwise "0"	Acute Myeloid Leukemia
39	Disease Coefficients RXHCC9	Char(1)	82	82	1	Set to "1" if applicable, otherwise "0"	Metastatic Cancer, Acute Leukemia, and Severe Cancers
40	Disease Coefficients RXHCC10	Char(1)	83	83	1	Set to "1" if applicable, otherwise "0"	Lung, Upper Digestive Tract, and Other Severe Cancers
41	Disease Coefficients RXHCC17	Char(1)	84	84	1	Set to "1" if applicable, otherwise "0"	Diabetes with Specified Complications
42	Disease Coefficients RXHCC18	Char(1)	85	85	1	Set to "1" if applicable, otherwise "0"	Diabetes without Complication
43	Disease Coefficients RXHCC19	Char(1)	86	86	1	Set to "1" if applicable, otherwise "0"	Disorders of Lipoid Metabolism
44	Disease Coefficients RXHCC20	Char(1)	87	87	1	Set to "1" if applicable, otherwise "0"	Other Significant Endocrine and Metabolic Disorders
45	Disease Coefficients RXHCC21	Char(1)	88	88	1	Set to "1" if applicable, otherwise "0"	Other Specified Endocrine/Metabolic/Nutritional Disorders
46	Disease Coefficients RXHCC24	Char(1)	89	89	1	Set to "1" if applicable, otherwise "0"	Chronic Viral Hepatitis
47	Disease Coefficients RXHCC31	Char(1)	90	90	1	Set to "1" if applicable, otherwise "0"	Chronic Pancreatic Disease
48	Disease Coefficients RXHCC33	Char(1)	91	91	1	Set to "1" if applicable, otherwise "0"	Inflammatory Bowel Disease

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (old)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
49	Disease Coefficients RXHCC34	Char(1)	92	92	1	Set to "1" if applicable, otherwise "0"	Peptic Ulcer and Gastrointestinal Hemorrhage
50	Disease Coefficients RXHCC37	Char(1)	93	93	1	Set to "1" if applicable, otherwise "0"	Esophageal Disease
51	Disease Coefficients RXHCC39	Char(1)	94	94	1	Set to "1" if applicable, otherwise "0"	Bone/Joint/Muscle Infections/Necrosis
52	Disease Coefficients RXHCC40	Char(1)	95	95	1	Set to "1" if applicable, otherwise "0"	Behets Syndrome and Other Connective Tissue Disease
53	Disease Coefficients RXHCC41	Char(1)	96	96	1	Set to "1" if applicable, otherwise "0"	Rheumatoid Arthritis and Other Inflammatory Polyarthropathy
54	Disease Coefficients RXHCC42	Char(1)	97	97	1	Set to "1" if applicable, otherwise "0"	Inflammatory Spondylopathies
55	Disease Coefficients RXHCC43	Char(1)	98	98	1	Set to "1" if applicable, otherwise "0"	Polymyalgia Rheumatica
56	Disease Coefficients RXHCC44	Char(1)	99	99	1	Set to "1" if applicable, otherwise "0"	Psoriatic Arthropathy
57	Disease Coefficients RXHCC45	Char(1)	100	100	1	Set to "1" if applicable, otherwise "0"	Disorders of the Vertebrae and Spinal Discs
58	Disease Coefficients RXHCC47	Char(1)	101	101	1	Set to "1" if applicable, otherwise "0"	Osteoporosis and Vertebral Fractures
59	Disease Coefficients RXHCC48	Char(1)	102	102	1	Set to "1" if applicable, otherwise "0"	Other Musculoskeletal and Connective Tissue Disorders

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (old)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
60	Disease Coefficients RXHCC51	Char(1)	103	103	1	Set to "1" if applicable, otherwise "0"	Severe Hematological Disorders
61	Disease Coefficients RXHCC52	Char(1)	104	104	1	Set to "1" if applicable, otherwise "0"	Disorders of Immunity
62	Disease Coefficients RXHCC54	Char(1)	105	105	1	Set to "1" if applicable, otherwise "0"	Polycythemia Vera
63	Disease Coefficients RXHCC55	Char(1)	106	106	1	Set to "1" if applicable, otherwise "0"	Coagulation Defects and Other Specified Blood Diseases
64	Disease Coefficients RXHCC57	Char(1)	107	107	1	Set to "1" if applicable, otherwise "0"	Delirium and Encephalopathy
65	Disease Coefficients RXHCC59	Char(1)	108	108	1	Set to "1" if applicable, otherwise "0"	Dementia with Depression/Behavioral Disturbance
66	Disease Coefficients RXHCC60	Char(1)	109	109	1	Set to "1" if applicable, otherwise "0"	Dementia/Cerebral Degeneration
67	Disease Coefficients RXHCC65	Char(1)	110	110	1	Set to "1" if applicable, otherwise "0"	Schizophrenia
68	Disease Coefficients RXHCC66	Char(1)	111	111	1	Set to "1" if applicable, otherwise "0"	Other Major Psychiatric Disorders
69	Disease Coefficients RXHCC67	Char(1)	112	112	1	Set to "1" if applicable, otherwise "0"	Other Psychiatric Symptoms/Syndromes
70	Disease Coefficients RXHCC75	Char(1)	113	113	1	Set to "1" if applicable, otherwise "0"	Attention Deficit Disorder

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (old)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
71	Disease Coefficients RXHCC76	Char(1)	114	114	1	Set to "1" if applicable, otherwise "0"	Motor Neuron Disease and Spinal Muscular Atrophy
72	Disease Coefficients RXHCC77	Char(1)	115	115	1	Set to "1" if applicable, otherwise "0"	Quadriplegia, Other Extensive Paralysis, and Spinal Cord Injuries
73	Disease Coefficients RXHCC78	Char(1)	116	116	1	Set to "1" if applicable, otherwise "0"	Muscular Dystrophy
74	Disease Coefficients RXHCC79	Char(1)	117	117	1	Set to "1" if applicable, otherwise "0"	Polyneuropathy, Except Diabetic
75	Disease Coefficients RXHCC80	Char(1)	118	118	1	Set to "1" if applicable, otherwise "0"	Multiple Sclerosis
76	Disease Coefficients RXHCC81	Char(1)	119	119	1	Set to "1" if applicable, otherwise "0"	Parkinson's Disease
77	Disease Coefficients RXHCC82	Char(1)	120	120	1	Set to "1" if applicable, otherwise "0"	Huntington's Disease
78	Disease Coefficients RXHCC83	Char(1)	121	121	1	Set to "1" if applicable, otherwise "0"	Seizure Disorders and Convulsions
79	Disease Coefficients RXHCC85	Char(1)	122	122	1	Set to "1" if applicable, otherwise "0"	Migraine Headaches
80	Disease Coefficients RXHCC86	Char(1)	123	123	1	Set to "1" if applicable, otherwise "0"	Mononeuropathy, Other Abnormal Movement Disorders
81	Disease Coefficients RXHCC87	Char(1)	124	124	1	Set to "1" if applicable, otherwise "0"	Other Neurological Conditions/Injuries

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (old)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
82	Disease Coefficients RXHCC91	Char(1)	125	125	1	Set to "1" if applicable, otherwise "0"	Congestive Heart Failure
83	Disease Coefficients RXHCC92	Char(1)	126	126	1	Set to "1" if applicable, otherwise "0"	Acute Myocardial Infarction and Unstable Angina
84	Disease Coefficients RXHCC98	Char(1)	127	127	1	Set to "1" if applicable, otherwise "0"	Hypertensive Heart Disease or Hypertension
85	Disease Coefficients RXHCC99	Char(1)	128	128	1	Set to "1" if applicable, otherwise "0"	Specified Heart Arrhythmias
86	Disease Coefficients RXHCC102	Char(1)	129	129	1	Set to "1" if applicable, otherwise "0"	Cerebral Hemorrhage and Effects of Stroke
87	Disease Coefficients RXHCC105	Char(1)	130	130	1	Set to "1" if applicable, otherwise "0"	Pulmonary Embolism and Deep Vein Thrombosis
88	Disease Coefficients RXHCC106	Char(1)	131	131	1	Set to "1" if applicable, otherwise "0"	Vascular Disease
89	Disease Coefficients RXHCC108	Char(1)	132	132	1	Set to "1" if applicable, otherwise "0"	Cystic Fibrosis
90	Disease Coefficients RXHCC109	Char(1)	133	133	1	Set to "1" if applicable, otherwise "0"	Asthma and COPD
91	Disease Coefficients RXHCC110	Char(1)	134	134	1	Set to "1" if applicable, otherwise "0"	Fibrosis of Lung and Other Chronic Lung Disorders
92	Disease Coefficients RXHCC111	Char(1)	135	135	1	Set to "1" if applicable, otherwise "0"	Aspiration and Specified Bacterial Pneumonias

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (old)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
93	Disease Coefficients RXHCC112	Char(1)	136	136	1	Set to "1" if applicable, otherwise "0"	Empyema, Lung Abscess, and Fungal and Parasitic Lung Infections
94	Disease Coefficients RXHCC113	Char(1)	137	137	1	Set to "1" if applicable, otherwise "0"	Acute Bronchitis and Congenital Lung/Respiratory Anomaly
95	Disease Coefficients RXHCC120	Char(1)	138	138	1	Set to "1" if applicable, otherwise "0"	Vitreous Hemorrhage and Vascular Retinopathy, Except Diabetic
96	Disease Coefficients RXHCC121	Char(1)	139	139	1	Set to "1" if applicable, otherwise "0"	Macular Degeneration and Retinal Disorders, Except Detachment and Vascular Retinopathies
98	Disease Coefficients RXHCC122	Char(1)	140	140	1	Set to "1" if applicable, otherwise "0"	Open-angle Glaucoma
99	Disease Coefficients RXHCC123	Char(1)	141	141	1	Set to "1" if applicable, otherwise "0"	Glaucoma and Keratoconus
100	Disease Coefficients RXHCC126	Char(1)	142	142	1	Set to "1" if applicable, otherwise "0"	Larynx/Vocal Cord Diseases
101	Disease Coefficients RXHCC129	Char(1)	143	143	1	Set to "1" if applicable, otherwise "0"	Other Diseases of Upper Respiratory System
102	Disease Coefficients RXHCC130	Char(1)	144	144	1	Set to "1" if applicable, otherwise "0"	Salivary Gland Diseases
103	Disease Coefficients RXHCC132	Char(1)	145	145	1	Set to "1" if applicable, otherwise "0"	Kidney Transplant Status
104	Disease Coefficients RXHCC134	Char(1)	146	146	1	Set to "1" if applicable, otherwise "0"	Chronic Renal Failure

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (old)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
105	Disease Coefficients RXHCC135	Char(1)	147	147	1	Set to "1" if applicable, otherwise "0"	Nephritis
106	Disease Coefficients RXHCC137	Char(1)	148	148	1	Set to "1" if applicable, otherwise "0"	Urinary Obstruction and Retention
107	Disease Coefficients RXHCC138	Char(1)	149	149	1	Set to "1" if applicable, otherwise "0"	Fecal Incontinence
108	Disease Coefficients RXHCC139	Char(1)	150	150	1	Set to "1" if applicable, otherwise "0"	Incontinence
109	Disease Coefficients RXHCC140	Char(1)	151	151	1	Set to "1" if applicable, otherwise "0"	Impaired Renal Function and Other Urinary Disorders
110	Disease Coefficients RXHCC144	Char(1)	152	152	1	Set to "1" if applicable, otherwise "0"	Vaginal and Cervical Diseases
111	Disease Coefficients RXHCC145	Char(1)	153	153	1	Set to "1" if applicable, otherwise "0"	Female Stress Incontinence
112	Disease Coefficients RXHCC157	Char(1)	154	154	1	Set to "1" if applicable, otherwise "0"	Chronic Ulcer of Skin, Except Decubitus
113	Disease Coefficients RXHCC158	Char(1)	155	155	1	Set to "1" if applicable, otherwise "0"	Psoriasis
114	Disease Coefficients RXHCC159	Char(1)	156	156	1	Set to "1" if applicable, otherwise "0"	Cellulitis and Local Skin Infection
115	Disease Coefficients RXHCC160	Char(1)	157	157	1	Set to "1" if applicable, otherwise "0"	Bullous Dermatoses and Other Specified Erythematous Conditions

### RAS RxHCC Model Output Data File Detail/Beneficiary Record (old)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
116	Disease Coefficients RXHCC165	Char(1)	158	158	1	Set to "1" if applicable, otherwise "0"	Vertebral Fractures without Spinal Cord Injury
117	Disease Coefficients RXHCC166	Char(1)	159	159	1	Set to "1" if applicable, otherwise "0"	Pelvic Fracture
118	Disease Coefficients RXHCC186	Char(1)	160	160	1	Set to "1" if applicable, otherwise "0"	Major Organ Transplant Status
119	Disease Coefficients RXHCC187	Char(1)	161	161	1	Set to "1" if applicable, otherwise "0"	Other Organ Transplant/Replacement
120	Disabled Disease RXHCC65	Char(1)	162	162	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and Schizophrenia
121	Disabled Disease RXHCC66	Char(1)	163	163	1	Set to "1" if applicable, otherwise "0"	Disable (Age<65) and Other Major Psychiatric Disorders
122	Disabled Disease RXHCC108	Char(1)	164	164	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and Cystic Fibrosis
		<b>Total</b>	164	164	164		